Navigating the VA in Transplantation

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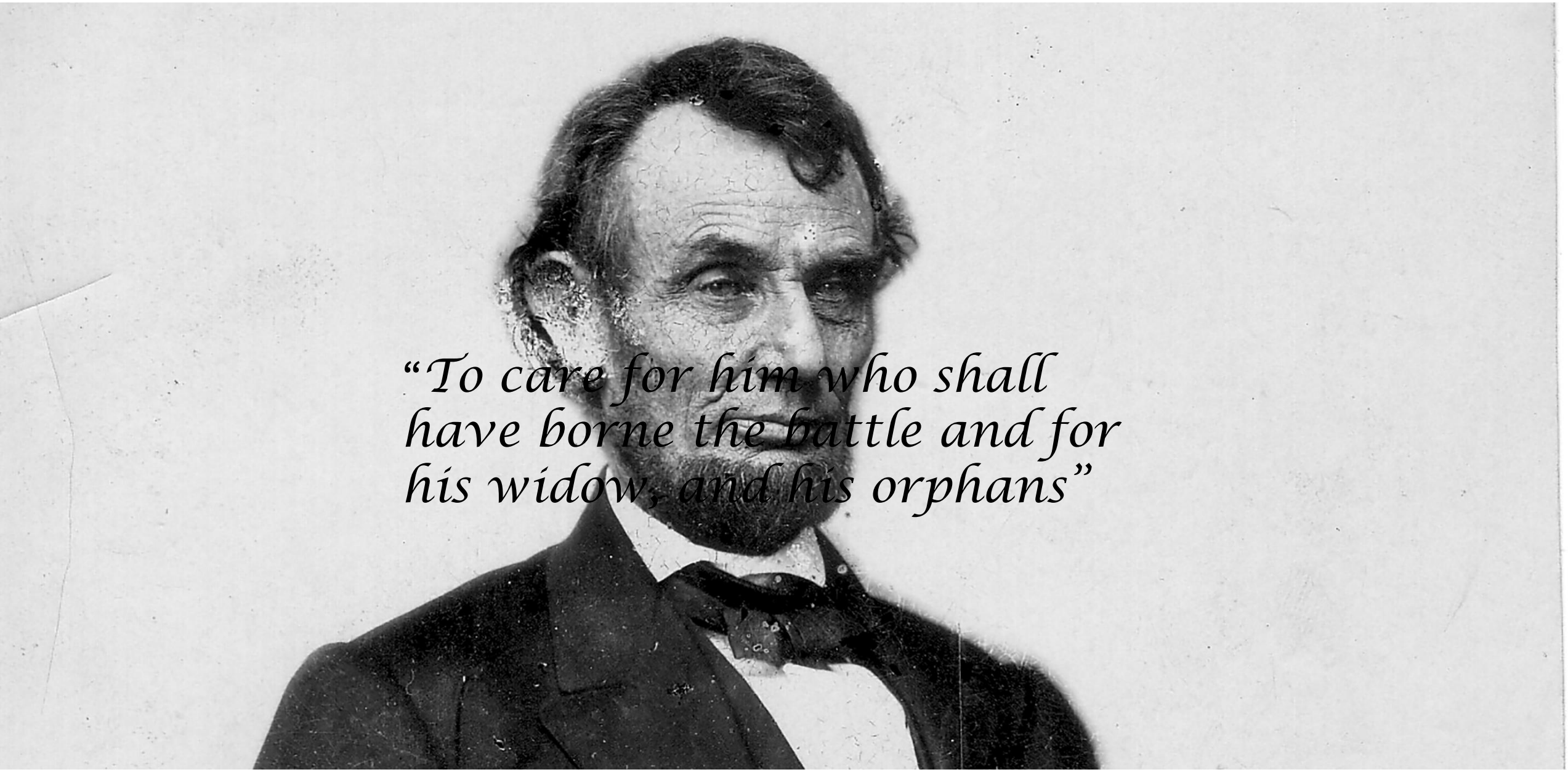
NOTHING TO DISCLOSE


I’m from the government,
and I’m here to help…

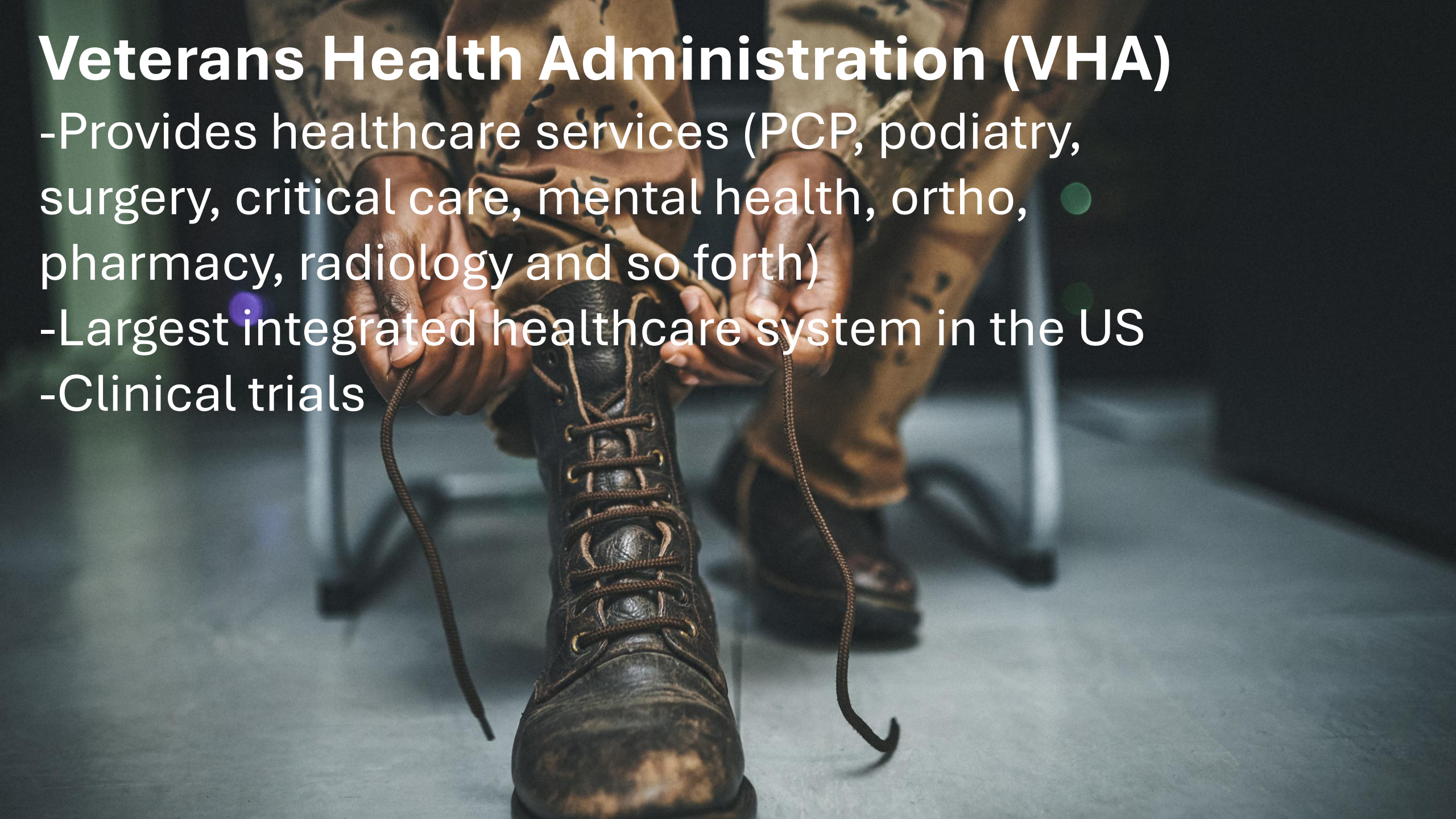

“To care for him who shall
have borne the battle and for
his widow, and his orphans”

THREE MAIN MISSIONS

National Cemetery Administration (NCA)

Manages and maintains national cemeteries as well as providing burial and memorial benefits


Veterans Benefits Administration (VBA)
Financial assistance
Disability compensation
Pensions
Home loans
Education benefits
Life insurance
Vocational rehabilitation



Veterans Health Administration (VHA)

-Provides healthcare services (PCP, podiatry, surgery, critical care, mental health, ortho, pharmacy, radiology and so forth)

-Largest integrated healthcare system in the US

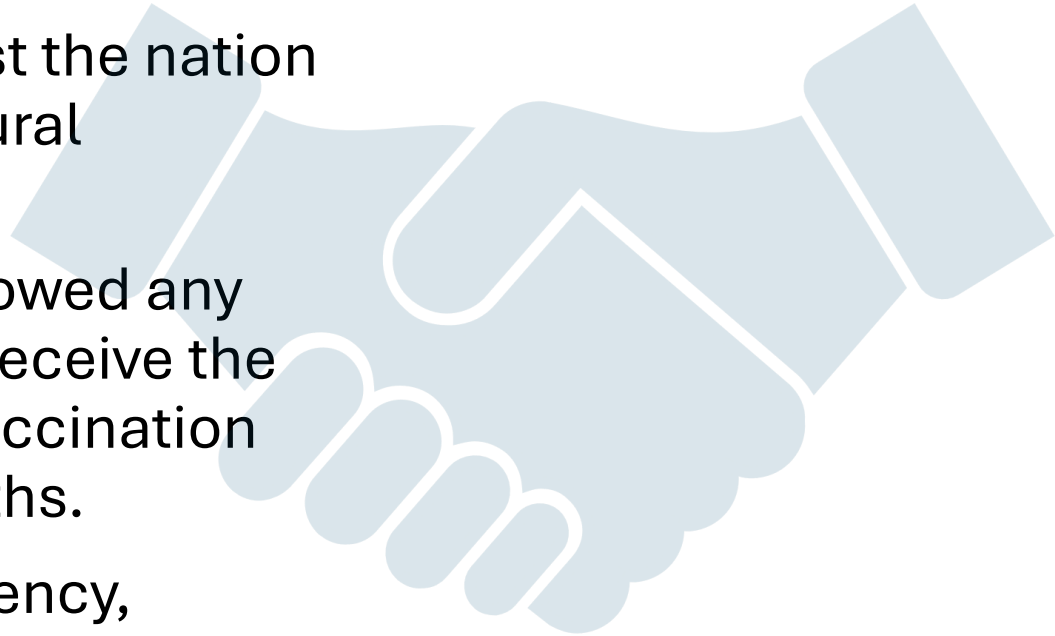
-Clinical trials

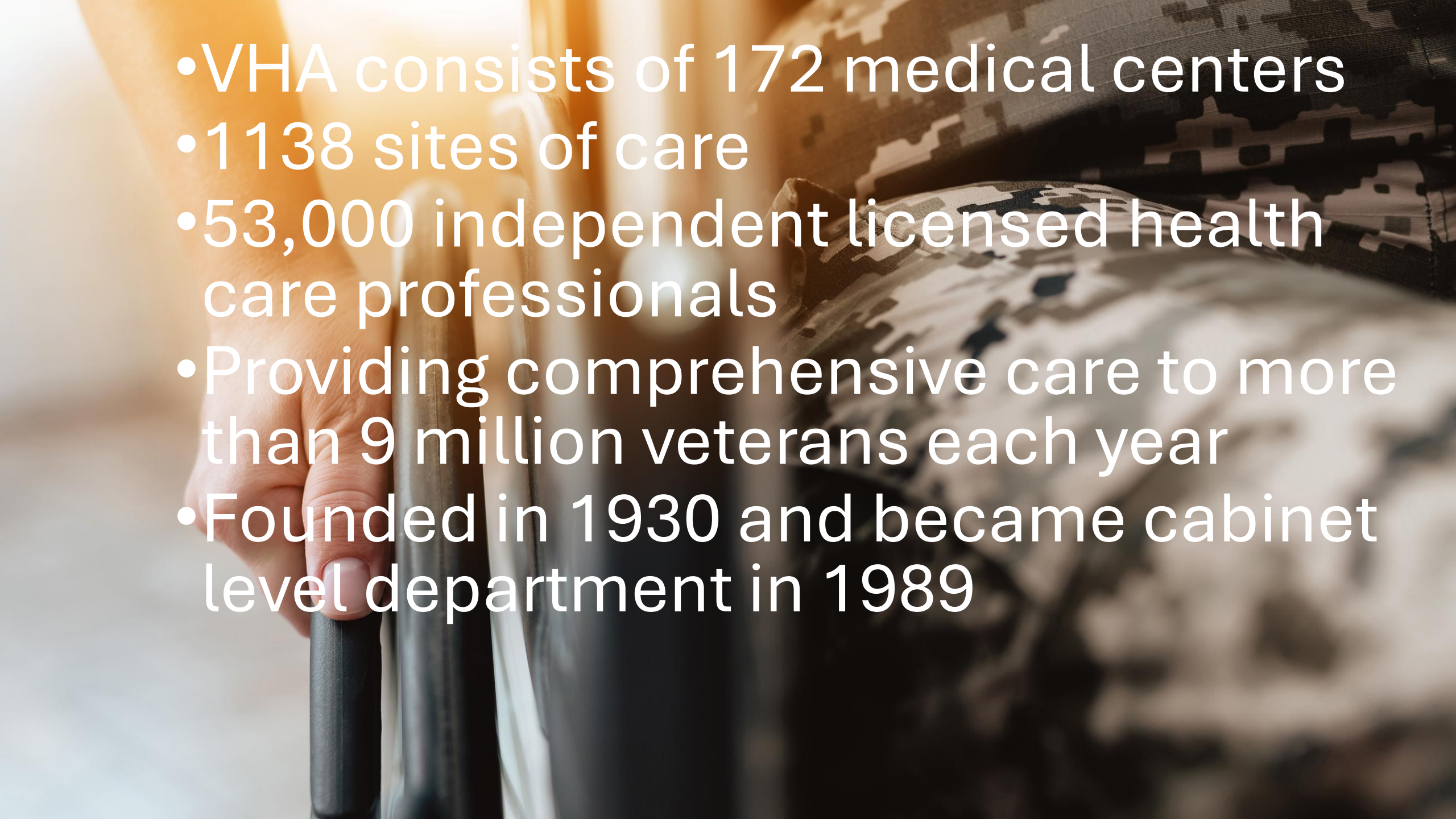
Fourth Mission of VA

Beyond serving veterans, the VA will assist the nation in response to emergencies, such as natural disasters and public health crises.

During the COVID crisis, the SAVE Act allowed any veteran, their spouses and caregivers to receive the vaccine regardless of eligibility. A large vaccination unit was set up in the parking lot for months.

If we are the closest hospital in an emergency, patient will be treated, stabilized, and transferred.




•VHA consists of 172 medical centers
•1138 sites of care
•53,000 independent licensed health care professionals
•Providing comprehensive care to more than 9 million veterans each year
•Founded in 1930 and became cabinet level department in 1989

Notable Achievements

- The VA was a pioneer in electronic medical records, fully implementing its system in 1996
- Graduate medical education, 75% US physicians have had some training at a VA hospital.
- Innovations developed within the VA system include, cardiac pacemaker and CT scanner. A team of VA researchers at the Buffalo VA pioneered the device in the late 1950's and implanted it into the first patient in 1960. The VA recognizes the pacemaker as one of its most important contributions to medical science.

Notable Achievements

- Development of the nicotine patch 1984
- Shingles vaccine (Zostavax in 2006)
- Played a crucial role in establishing widespread use of deep brain stimulation for Parkinson’s Disease
- VA Cooperative Studies Program (CSP) enables large, high impact clinical trials, leading to discoveries published in major medical journals.
- Million Veteran Program (MVP) drives research in genomics and personalized medicine
- Rapid test strips used for detecting diseases

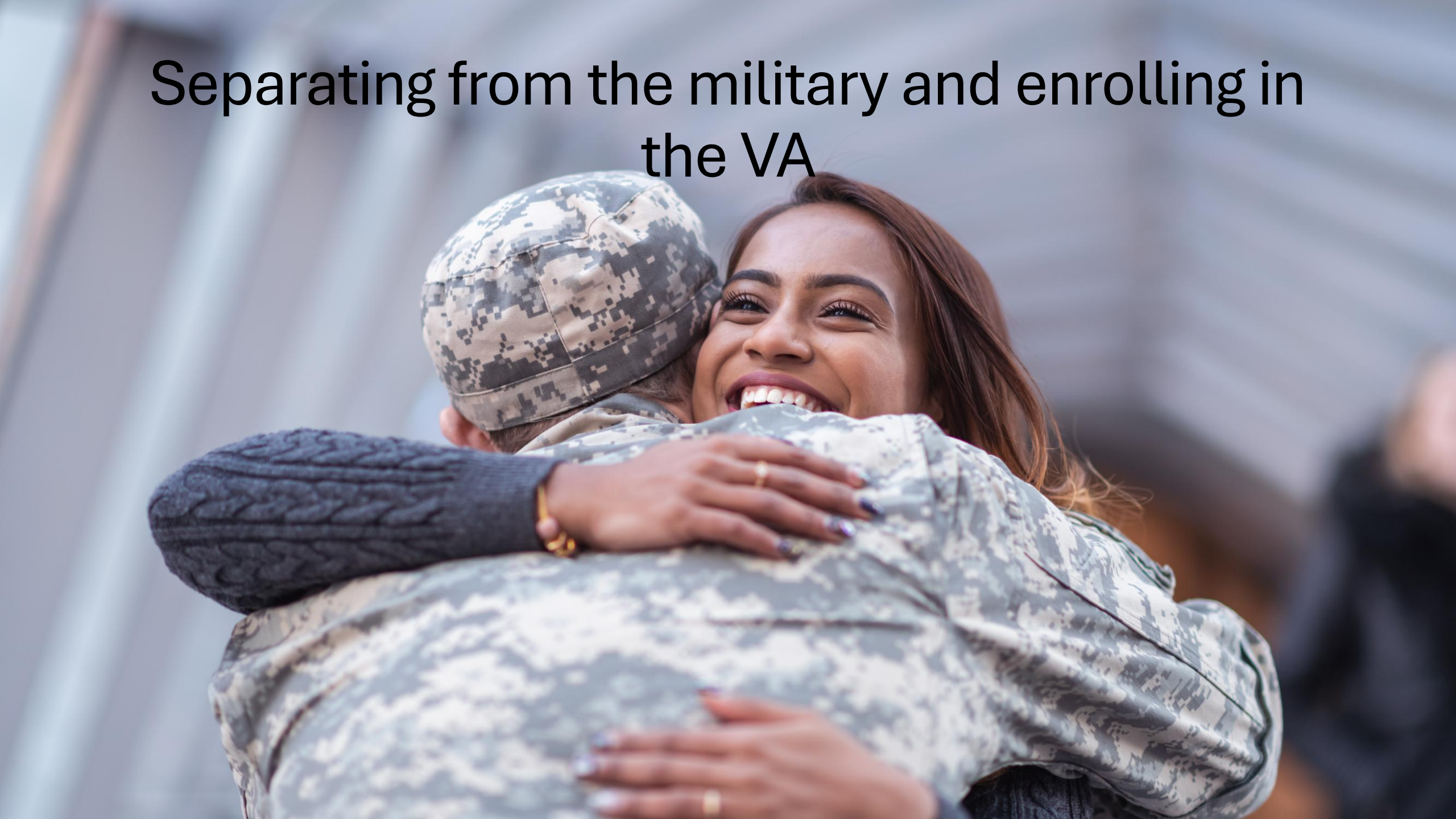
Notable Achievements

- The VA conducted the largest clinical trial of psychotherapy for PTSD.
- There were key VA antihypertensive trials and initiatives such as the trial that compared two common thiazide diuretics (2020); HCTC and chlorthalidone in preventing cardiovascular events and death. In the 1960's Dr. Freis led groundbreaking, placebo-controlled trials that demonstrated that treating HBP reduced deaths and complications like stroke and kidney damage.
- The VA has been instrumental in participating in head and neck cancer clinical trials.

Notable Achievements

- Early adopter of 3D printing, creating customized care such as hand and foot orthotics, prosthetic limbs, and reconstructive surgery. The VA was an early investor and options in 3D printing has allowed the department to innovate and improve veterans care. It allowed the VA to aid in COVID-19 response by partnering with FDA and NIH to make masks and face shields.

Separating from the military and enrolling in the VA



Types of Military Discharge

HONORABLE DISCHARGE

- Completed military service or discharged early through no fault of their own. Type of discharge a person receives if they complete their military contracted obligation with proper behavior and proficiency of duty. Entitles you to veteran benefit, if you otherwise qualify.

GENERAL DISCHARGE

- Means your service was “ok” but some problems occurred (minor misconduct) or failed to complete original service contract. Misconduct was not serious enough in civilian life (criminal conduct) but it disrupted military discipline and order. Usually entitled to many veteran benefits.

OTHER THAN HONORABLE (OTH) DISCHARGE

- AKA “bad paper discharge”, means you got “fired” from the military for doing something very bad and probably lucky to escape a court martial. Misconduct would be considered a misdemeanor in the civilian world. This type of discharge will affect your civilian employment, and veteran benefits usually are not authorized.

Who is eligible for VA healthcare?

- Not all veterans are eligible. In general, eligibility is based on length of military service, when service began, duration of service or active-duty service (Reserve and National Guard members)
- Having a health condition based on military service (service-related condition such as disability, MST).
- Income
- Eligible veterans are sorted into enrollment priority groups 1-8 which determines what extent they contribute to the cost of their care. Priority groups 7&8 are income based.
- Since 1980, eligibility for VA healthcare has expanded to cover more veterans, although the number of overall population of veterans has decreased, the number of veterans using VHA has increased.

MEANS eligibility for VA healthcare

- In 2003 the VA added MEANS testing for those lacking a service-related disability , therefore household income can determine enrollment eligibility and co-pays.
- Using 2023 income tax filing. This changes based on year and zip code.

-<$21,674-free VA healthcare, no Rx co-pays

-$21,675-$49,349-free VA healthcare for most types, Rx co-pays

->$49,350-$65,341-VA healthcare with co-pays for most type of care, Rx co-pays

->$65,341-no eligibility based on income, however VA disability rating or service history (POW, Medal of Honor, toxin exposure, certain areas during a conflict; Vietnam, Gulf War).

Department of Veterans Affairs

INSTRUCTIONS FOR COMPLETING ENROLLMENT APPLICATION FOR HEALTH BENEFITS

Please Read Before You Start . . . What is VA Form 10-10EZ used for?

For Veterans to apply for enrollment in the VA health care system. The information provided on this form will be used by VA to determine your eligibility for medical benefits and on average will take 30 minutes to complete. This includes the time it will take to read instructions, gather the necessary facts and fill out the form.

Where can I get help filling out the form and if I have questions?

You may use ANY of the following to request assistance:

- Ask VA to help you fill out the form by calling us at 1-877-222-VETS (8387).
- Go to www.va.gov/health-care for information about VA health benefits.
- Contact the Enrollment Coordinator at your local VA health care facility.
- Contact a National or State Veterans Service Organization.

Definitions of terms used on this form:

- SERVICE-CONNECTED (SC): A VA determination that an illness or injury was incurred or aggravated in the line of duty, in the active military, naval or air service.
- COMPENSABLE: A VA determination that a service-connected disability is severe enough to warrant monetary compensation.
- NONCOMPENSABLE: A VA determination that a service-connected disability is not severe enough to warrant monetary compensation.
- TOXIC EXPOSURE RISK ACTIVITY (TERA): Veterans who were exposed to one or more of the following hazards or conditions during active duty, active duty for training, or inactive duty training (this is not an all-inclusive list): air pollutants, chemicals, occupational hazards, radiation, and warfare agents. For more information visit https://www.publichealth.va.gov/exposures/.
- NONSERVICE-CONNECTED (NSC): A Veteran who does not have a VA determined service-related condition.
- REPORTABLE INCOME: The minimum amount of gross income required to file a Federal income tax return according to the Internal Revenue Code of 1954 Section 6012(a).

Getting Started: **ALL VETERANS MUST COMPLETE SECTIONS I - III.**

Directions for Sections I - III:

Section I - General Information: Answer all questions.

Type of Benefit Applying For:

- **Enrollment -** Veterans applying for enrollment for the Full Medical Benefits Package provide in 38 C.F.R. 17.38 must meet the eligibility requirements of 38 C.F.R. 17.36.
- **Registration** - For Registrations, only complete Sections I, II, and III. Enrollment not required - Veterans requesting an eligibility assessment, clinical evaluation, care or treatment pursuant to a special treatment authority provided in 38 C.F.R. 17.37:
  - Care for a Veteran with a VA service connected disability rating of 50% or greater
  - Care for a VA rated service connected disability
  - Care for psychosis or other mental illness
  - Care for Military Sexual Trauma treatment (MST)
  - Catastrophically Disabled Examination
  - A veteran who was discharged or released from active military service for a disability incurred or aggravated in the line of duty can receive VA care for the 12-month period following discharge or release
  - Care for a Veteran participating in VA's vocational rehabilitation program under 38 U.S.C. 31

Section II - Military Service Information: If you are not currently receiving benefits from VA, you may attach a copy of your discharge or separation papers from the military (such as DD-214 or, for WWII Veterans, a "WD" Form), with your signed application to expedite processing of your application. If claiming a Military Exposure, you may provide us a written statement, or statements from people who witnessed your claimed exposure(s). If you are currently receiving benefits from VA, we will cross-reference your information with VA data.

Section III - Insurance Information: Include information for all health insurance companies that cover you, this includes coverage provided through a spouse or significant other. Bring your insurance cards, Medicare and/or Medicaid card with you to each health care appointment.

Directions for Sections IV-IX:

Section IV - Dependent Information: Include the following:

- Your spouse even if you did not live together, as long as you contributed support last calendar year.
- Your biological children, adopted children, and stepchildren who are unmarried and under the age of 18, or at least 18 but under 23 and attending high school, college or vocational school (full or part-time), or became permanently unable to support themselves before age 18.
- Child support contributions. Contributions can include tuition or clothing payments or payments of medical bills.

Section V - Employment Information:

- Veterans Employment Status
- Date of Retirement
- Company Name
- Company Address
- Company Phone Number

Section VI - Financial Disclosure: ONLY NSC AND 0% NONCOMPENSABLE SC VETERANS MUST COMPLETE THIS SECTION TO DETERMINE ELIGIBILITY FOR VA HEALTH CARE ENROLLMENT AND/OR CARE OR SERVICES.

Financial Disclosure Requirements Do Not Apply To:

- a former Prisoner of War; or
- those in receipt of a Purple Heart; or
- a recently discharged Combat Veteran; or
- those who served in a toxic exposure risk activity (TERA); or
- those discharged for a disability incurred or aggravated in the line of duty; or
- those receiving VA SC disability compensation; or
- those receiving VA pension; or
- those in receipt of Medicaid benefits; or
- those who served in an Agent Orange exposure location; or
- those who served in SW Asia during the Gulf War between August 2, 1990 and November 11, 1998; or
- those who served at least 30 days at Camp Lejeune between August 1, 1953 and December 31, 1987.

You are not required to disclose your financial information; however, VA is not currently enrolling new applicants who decline to provide their financial information unless they have other qualifying eligibility factors. If a financial assessment is not used to determine your priority for enrollment you may choose not to disclose your information. However, if a financial assessment is used to determine your eligibility for cost-free medication, travel assistance or waiver of the travel deductible, and you do not disclose your financial information, you will not be eligible for these benefits.

Section VII - Previous Calendar Year Gross Annual Income of Veteran, Spouse and Dependent Children Report:

- Gross annual income from employment, except for income from your farm, ranch, property or business. Include your wages, bonuses, tips, severance pay and other accrued benefits and your child's income information if it could have been used to pay your household expenses.
- Net income from your farm, ranch, property, or business.
- Other income amounts, including retirement and pension income, Social Security Retirement and Social Security Disability income, compensation benefits such as VA disability, unemployment, Workers and black lung, cash gifts, interest and dividends, including tax exempt earnings and distributions from Individual Retirement Accounts (IRAs) or annuities.

Do Not Report:

Donations from public or private relief, welfare or charitable organizations; Supplemental Security Income (SSI) and need-based payments from a government agency; profit from the occasional sale of property; income tax refunds, reinvested interest on Individual Retirement Accounts (IRAs); scholarships and grants for school attendance; disaster relief payments; reimbursement for casualty loss; loans; Radiation Compensation Exposure Act payments; Agent Orange settlement payments; Alaska Native Claims Settlement Acts Income, payments to foster parent; amounts in joint accounts in banks and similar institutions acquired by reason of death of the other joint owner; Japanese ancestry restitution under Public Law 100-383; cash surrender value of life insurance; lump-sum proceeds of life insurance policy on a Veteran; and payments received under the Medicare transitional assistance program.

Section VIII - Previous Calendar Year Deductible Expenses

Report non-reimbursed medical expenses paid by you or your spouse. Include expenses for medical and dental care, drugs, eyeglasses, Medicare, medical insurance premiums and other health care expenses paid by you for dependents and persons for whom you have a legal or moral obligation to support. Do not list expenses if you expect to receive reimbursement from insurance or other sources. Report last illness and burial expenses, e.g., prepaid burial, paid by the Veteran for spouse or dependent(s).

Section IX - Consent to Copays and to Receive Communications

By submitting this application, you are agreeing to pay the applicable VA copayments for care or services (including urgent care) as required by law. You also agree to receive communications from VA to your supplied email, home phone number, or mobile number. However, providing your email, home phone number, or mobile number is voluntary.

Enrollment can be complicated !!

What the VA is and what it is not ....

We are not portable health insurance like BC/BS

We are a direct provider of medical services for eligible veterans

We do bill private health insurance for treatment of non-service-connected conditions

VA health care is funded through federal appropriations, not by premiums paid by individual veterans

Annual budget

- There is a VA budget approval process
- Needs to be approved by Congress (House and Senate), with the President signing the appropriation into law after final congressional passage.
- US Department of Veterans Affairs is requesting a total of 441 billion for fiscal year 2026. This is for all three agencies.
- Includes mandatory and discretionary spending.
- The VA budget has increased by nearly 300% in real inflation adjusted terms since 2000.

VA Budget includes funding for:

Medical care: covers hospital and outpatient services, Rx drugs, and medical supplies for eligible veterans, including community care options and specialized programs for suicide prevention and homelessness.

Education, training, and rehabilitation: this funding supports educational benefits, vocational training, and other rehabilitation services to help veterans transition to civilian life.

Benefits and Services: This area includes veterans' life insurance programs, death benefits for burial expenses, and support for home loan programs.

General Operating expenses and Administration: smaller portion of budget costs general cost of running departments within VA.

Research: funds medical and prosthetic research to develop new treatments.

When you call your local VA and state that your patient has “VA insurance”

this is what is on the other end of the line...

COMMON SCENARIO

- A veteran is receiving dialysis in the community under VA contract, is referred by their community nephrologist for transplant at community transplant center. That transplant center calls veteran’s home VA for transplant approval as the veteran has “VA insurance”.

- Veteran requires prior authorization for care at your facility, even in an emergency.

- In 2014, following widespread media coverage of long wait times at VHA facilities, Congress passed the Veterans Access, Choice, and Accountability Act of 2014, also known as the Veterans Choice Act . The Veterans Choice Program was an integral part of the Veterans Choice Act. It broadened the eligibility criteria for veterans who wanted or needed to access community care. This is care paid for by VHA but delivered by non-VHA providers. VA's Office of Community Care was established in 2015 to oversee the expansion of community care under the Veterans Choice Program.

Mission Act

- June 2018, the VA underwent a major transformation when the **M**aintaining **I**nternal **S**ystems and **S**trengthening **I**ntegrated **O**utside **N**etworks (Mission Act) went into effect. The Mission Act's aim is to improve the way healthcare is provided to veterans. Like Choice Care before it, the Mission Act allows for care in the community.

Care in the Community (CITC)

Allows for veterans to receive pre-authorized care at a non-VA facility for the following reasons

- Travel distance is too far
- VA does not provide the service
- It is in the veteran’s best medical interest

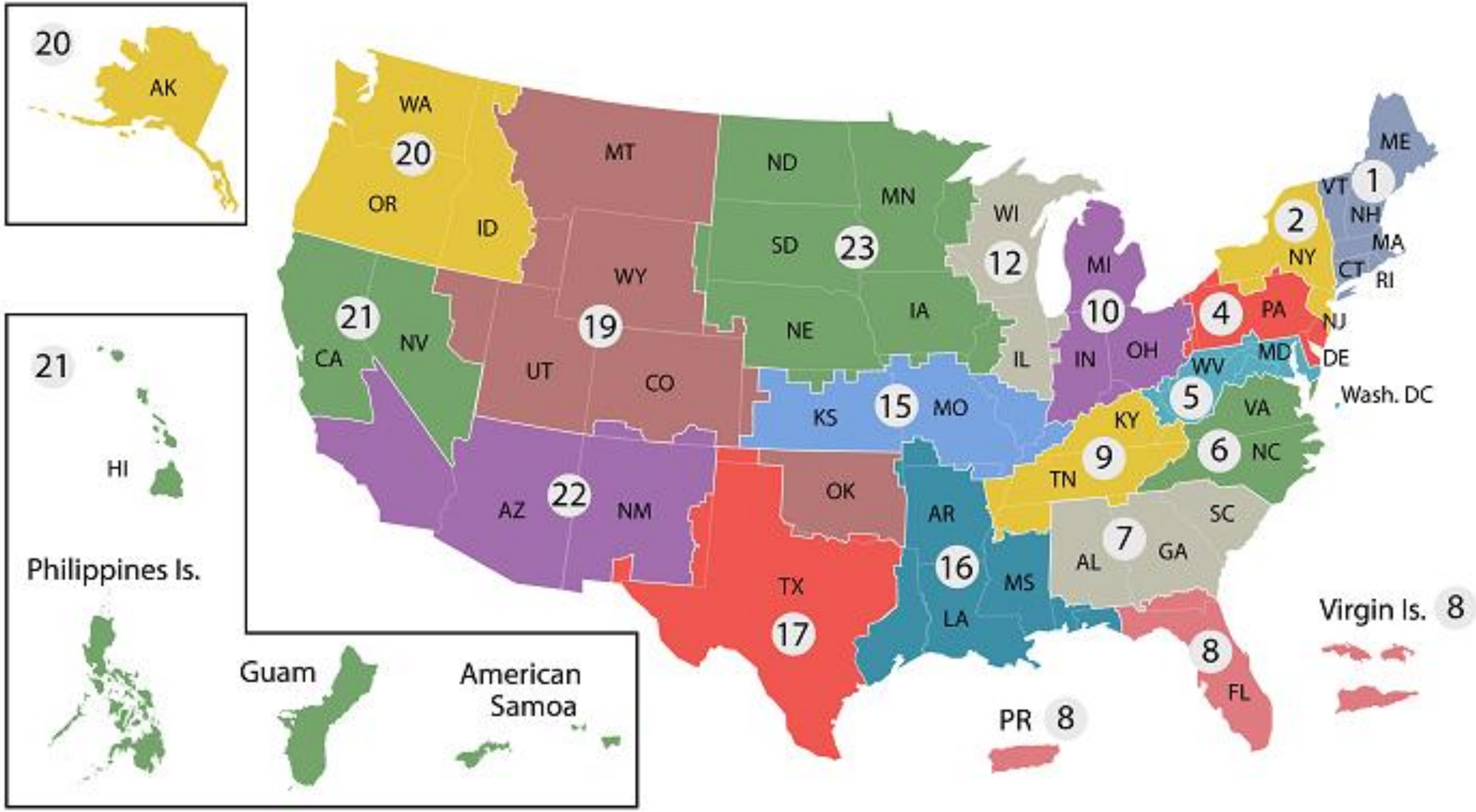
We have always had some form of CITC. What it did was allow veterans to receive care in the community, however it was under limited circumstance. A good example of this is driving hours to see primary care in a more rural state like Montana or a state that does not have a full-service VA medical center such as New Hampshire.

Let’s now get into the weeds about care in the community and transplant……

However, not this type of weed

VA National Transplant Program

- There are 17 VA transplant centers (VATC) located throughout the contiguous 48 states that perform some type of solid organ transplant and/or stem cell bone marrow transplant and cellular therapy.
- Each transplant center is located within a different VISN, and a veteran can be referred to any VATC, regardless of its location.
- VACO has created a comprehensive program for veterans which includes travel and housing at no cost to veteran and their support person. Reimbursement exists for travel costs (Uber, parking, luggage). There is some food reimbursement available for veteran and support person on a need basis.
- We are required have air ambulance travel available for VA transplant transport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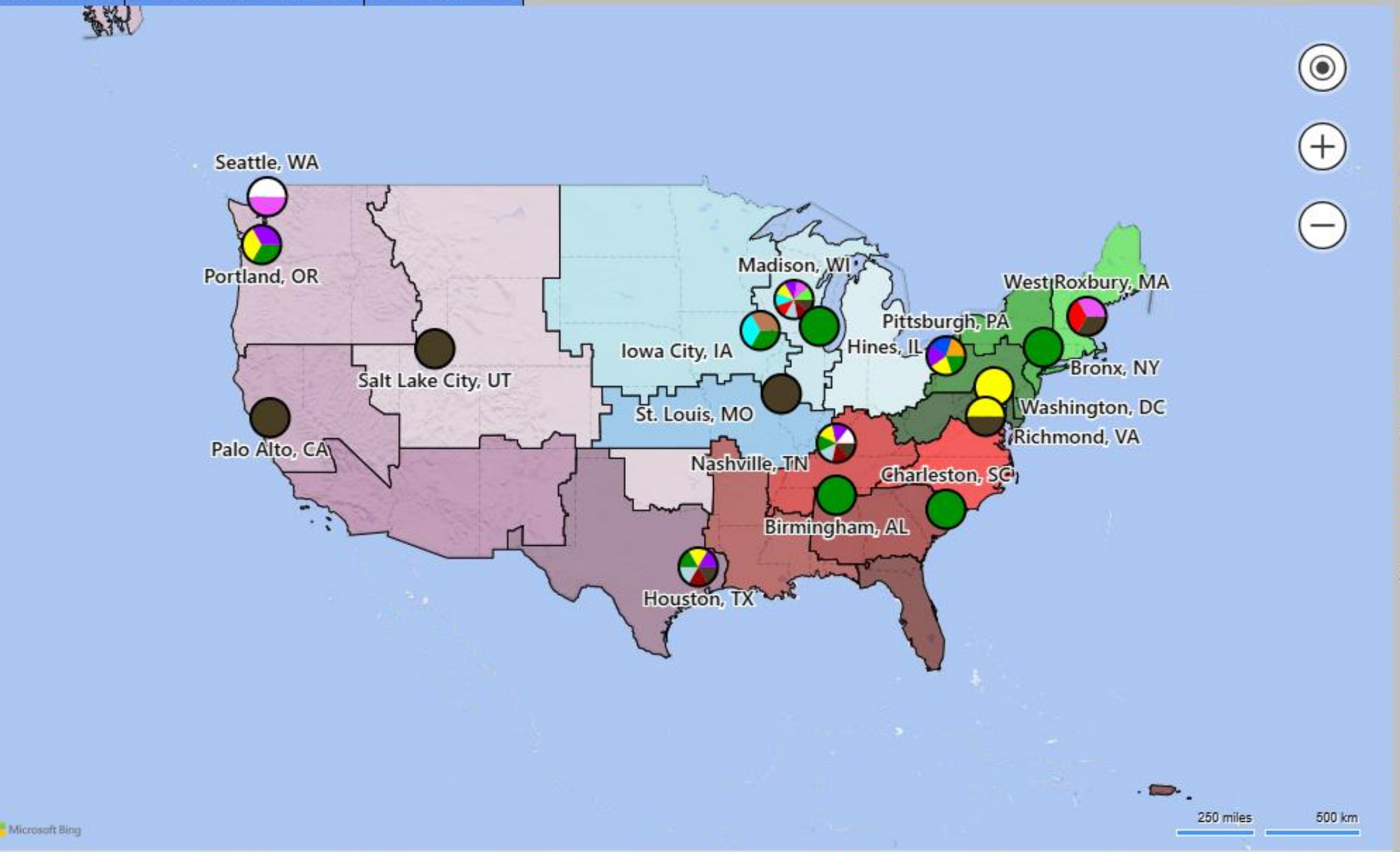


Transplanted Organs

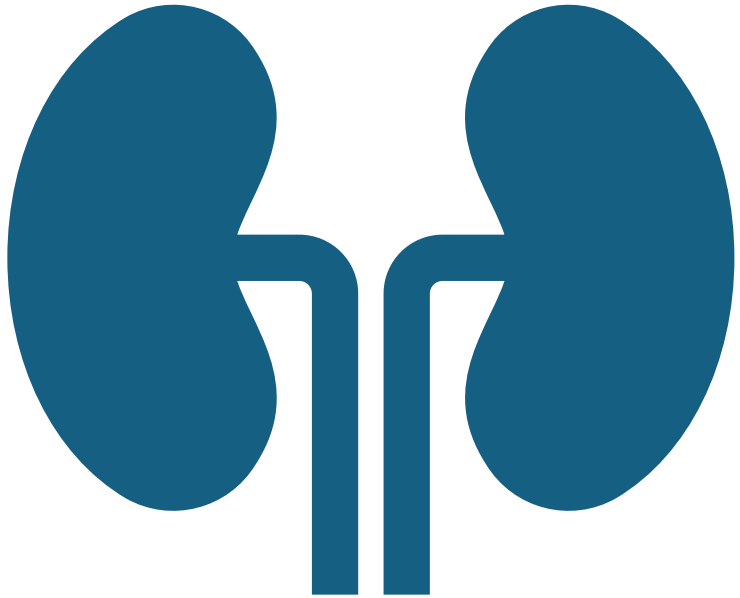
- Kidney
- Heart
- Heart-Kidney
- Heart-Liver
- Liver
- Liver-Kidney
- Kidney-Pancreas
- Pancreas
- Heart-Lung
- Lung
- Lung-Kidney
- Stem Cell
- Liver-Small Bowel
- Small Bowel

See Transplant Types

VISN 1 VISN 2 VISN 4 VISN 5 VISN 6 VISN 7 VISN 8 VISN 9 VISN 10
VISN 12 VISN 15 VISN 16 VISN 17 VISN 19 VISN 20 VISN 21 VISN 22 VISN 23

What the VA transplant process looks like at my facility?

- VA specialist or community specialist can refer veteran for transplant. At this point, the veteran is brought to my attention after a transplant consult is placed. Transplant referrals should not really be originating from PCP, with few exceptions.
- A comprehensive chart review is undertaken for any absolute contraindications for referral. It is the role of the transplant referral coordinator at the VA to screen and refer likely candidates.
- A face-to-face appointment is scheduled with veteran and their potential support person to discuss transplant options, what the work up entails, and any concerns about their eligibility. During this appointment, community transplant options are discussed as well. What I tell the veteran is “If the VA is going to authorize it, we have to follow the VA guidelines”
- In most situations, the veteran will be worked up for transplant eligibility through the VA prior to referral to community.
- We will complete cardiac, pulmonary, radiology, dental, SW, behavioral health, colonoscopy, and lab work.
- Veteran is eligible for listing at 2 VATC or 1 VATC and 1 community transplant center.



TRACER

- VA utilizes the **Transplant Referral and Cost Evaluation Reimbursement** system for review of referrals of potential transplant candidates and to capture transplant related care and events for veterans. For veterans seeking transplantation care at either VA or at a community program, the referring VA facility must submit a referral in TRACER. **We cannot bypass this process.** The transplant physician reviewer will review submitted testing and agrees or disagrees/raise concerns that veteran is a potential transplant candidate. At that point, the veteran would be scheduled for phase II evaluation at the transplant center or VACO is notified that veteran has opted for community transplant.

To qualify for CITC transplant, the following must be met

Travel distance to VA specialty service has to be > 60 minutes

Work up has been submitted to a VATC physician reviewer and VACO has been notified. At the Buffalo VA, the chief of service and the chief of staff must approve community referral.

Veteran wants to go into the community

They are aware of potential out of pocket expenses such as housing, food, and travel.

Standardized Episodes of Care

- Transplant Solid Organ Comp Eval
- Transplant Solid Organ, Wait List Management, Transplantation
- Transplant Solid Organ, Post-Transplant Follow
- Transplant Bone Marrow Comp Eval
- Transplant Bone Marrow Transplantation
- Transplant Bone Marrow, Post-Transplant Follow
- Chimeric Antigen Receptor T-Cell Therapy Eval
- Chimeric Antigen Receptor T-Cell Therapy Pre-Infusion
- Chimeric Antigen Receptor T-Cell Therapy Treatment

The content of the above SEOCs is as follows:

1. SEOC for comprehensive transplant evaluation
Includes consultation, testing, imaging and services for transplant evaluation
2. SEOC for wait list/transplantation
Includes consultation, testing, imaging and services for bone marrow transplantation, wait list management and transplant surgery for solid organ, and CAR-T therapy pre-infusion and treatment
3. SEOC for post-transplantation care
Includes consultation, testing, imaging and services for post-transplant care

There will not be a SEOC for post-transplant complications. A general SEOC should be used for these cases

Provider Resources & Reference Library

https://www.va.gov/COMMUNITYCARE/providers/reference.asp#Forms

Support resources

Resources for Veteran Care

Resources for Family Members

Forms

Contacts and Locator Links

Link to Provider Advisor-Past Issues

Provider Resources & Reference Library

Welcome to the Community Care Provider Reference Library! Here you will find key information and links to other information to make it easier for you to do business with VA.

Fact sheets, program guides and forms located throughout the Community Care provider website are housed on this page and cross linked with the topic.

- **Transplant Solid Organ Comp Eval**

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- **Transplant Solid Organ Comp Eval**

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- Third Party Payer Precertification Form VA is required by law to bill Third Party Payers (TPP) for care that is not for a Veteran's ServiceConnected/Special Authority (SC/SA) eligibility. This requires TPP precertification by the VA. Please attach any supporting clinical documentation. VA Medical Center (VAMC) Information Name of VAMC that referred Veteran: _____ Veteran Information Veteran name: _____ Last four of SSN: _____ Date of birth: _____ Veteran's address (Street, City, State, Zip Code): _____ Insurance presented by Veteran at time of appointment: _____ Subscriber ID presented by Veteran at time of appointment: Standardized Episodes of Care (SEOC) Information SEOC authorization: _____ Service planned (include CPT code): _____ Place of service: _____ Date of service planned: _____ Provider Information Provider name: _____ Phone number: _____ Provider address (Street, City, State, Zip Code): _____

Request for Service VA form 10-10172

- The goal is to ensure Veterans receive timely and high-quality care.
- A new veteran clinical appointment
- A hospital notification
- Referral from VA or community provider
- An inpatient or ED visit

This is not the process for transplant!

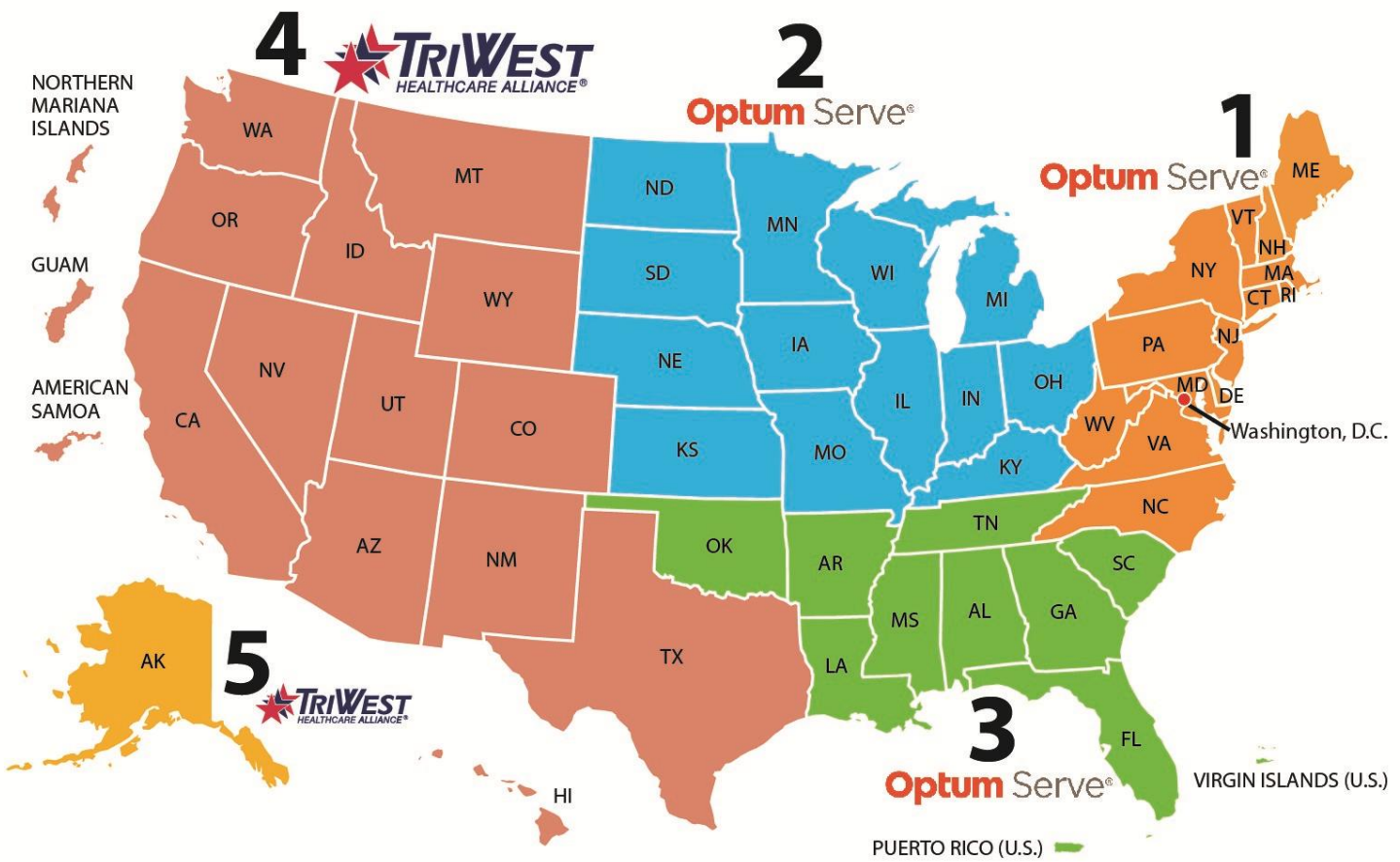
Common scenario: Local cancer center wants MM patient seen by transplant and cellular therapy and place a RFS for transplant even though they have a medical oncology authorization in place which already has embedded CPT codes for varying complexity outpatient consults. It sends my community care into a tizzy because they must act on it within 3 business days.

Does every VA follow the same process?

- Yes and no
- The TRACER submission is required for all transplant referrals; VATC or CITC. That means if you have a sick patient at your facility, and you are recommending heart transplant, no immediate transplant authorization can be given. You can get authorization for LVAD placement for patient stabilization, but transplant is a totally separate conversation. The veteran should be worked up as an outpatient but whether it is at their VA or your center, will be up to the individual VA. This may look differently for fulminant liver failure patient. The process still needs to be followed. It is important to be in touch with VA transplant referral coordinator.
- You may be given approval for work up, but the testing you have completed needs to be compiled and sent via TRACER to appropriate VATC for agreement and VACO notification. This process cannot be skipped!
- This process is the same for solid organ transplant , stem cell, or CAR-T.

Regional Networks

- CCN is comprised of five regional networks that serve as the contract vehicle for VA to purchase care for Veterans from community providers.
- Community centers are not required to enroll in Optum or TriWest. That means we cannot send veteran to facility for care.



What do you need to do to get a veteran listed?

-for starters, follow the VA process by reaching out to your local VA and talking to their transplant referral coordinator. **All patients referred to a community facility must first receive authorization from the referring VA.**

-clarify time frame you need approval by e.g., Stem cell transplant or CAR-T

-be aware that community care transplant listing has limitations, it's not really a blank check. Some places have a dedicated financial person who works with VA.

-the veteran should know their options and that will only come from a VA transplant referral coordinator. Out of pocket expenses need to be explained before community care referral is made !!!!!!!!!!

Issues that bottleneck the process

- Community care provider has referred veteran for transplant without prior VA authorization.
- Veteran has been using commercial insurance for community care and now wants VA to authorize transplant. This causes delays as transplant referral should come from VA specialist. PCP should not be authorizing a heart transplant referral.
- Community center is not aware what they are authorized to do already under existing SEOC.

Referring VA may not be full VAMC, might be a CBOC with PCP under VA contract. They sent veteran to community care for medical issue and they themselves might not be familiar with transplant procedure

Coordinator at referring VA might not be a non-clinical person. Some VA's use SW as transplant referral coordinator. The work up and referral for authorization then falls on someone else.

Veteran may not be authorized for transplant by VATC physician reviewer. That is then an issue for referring VA to see if they want to override. Issues can include medical reasons, social support, compliance…

What may be done differently from VA to VA.

-work up may done in the community as opposed to a VA. All depends on what the local VA can do and driving distance to get there, and timing it takes to get testing done. Also depends on whether that VA will authorize the cost of the community work up.

-post-transplant care may or may not be authorized long term in the community. This also may be organ specific (heart/lung) vs kidney. Will depend on what local VA can offer.

-These are not clearcut situations, and Mission Act criteria may not clear up the situation. There may be a loophole in the Mission Act and we decide.

Scenario

- Veteran lives an hour and twenty minutes from Buffalo VA and want to be referred to UPMC that is three and a half hours away for lung transplant. How would we handle this scenario? Majority of the work up would be done at our facility. Some could be done locally, under care in the community, such as colonoscopy but we would arrange for most of the testing to be done in house. Why? Our facility can do the testing, limits chasing down outside records that need to be included in the referral packet. This individual may end up at UPMC but not at this point. Will every VA handle it this way, probably not.

Reasons we don't refer to a community transplant center or veteran choses VA

- It's not in the BMI of the veteran. Wait time may be too long at certain center. VATC is better option for them
- Out of pocket expenses may be too much for veteran.
- Veterans prefer VA over non-VA
- There are just more perks for veteran at VA, and this includes linked medical records, VVC availability post-transplant, travel to and from VATC is covered.
- Wait time must meet wait time standards
- Veteran has burned that bridge, so to speak

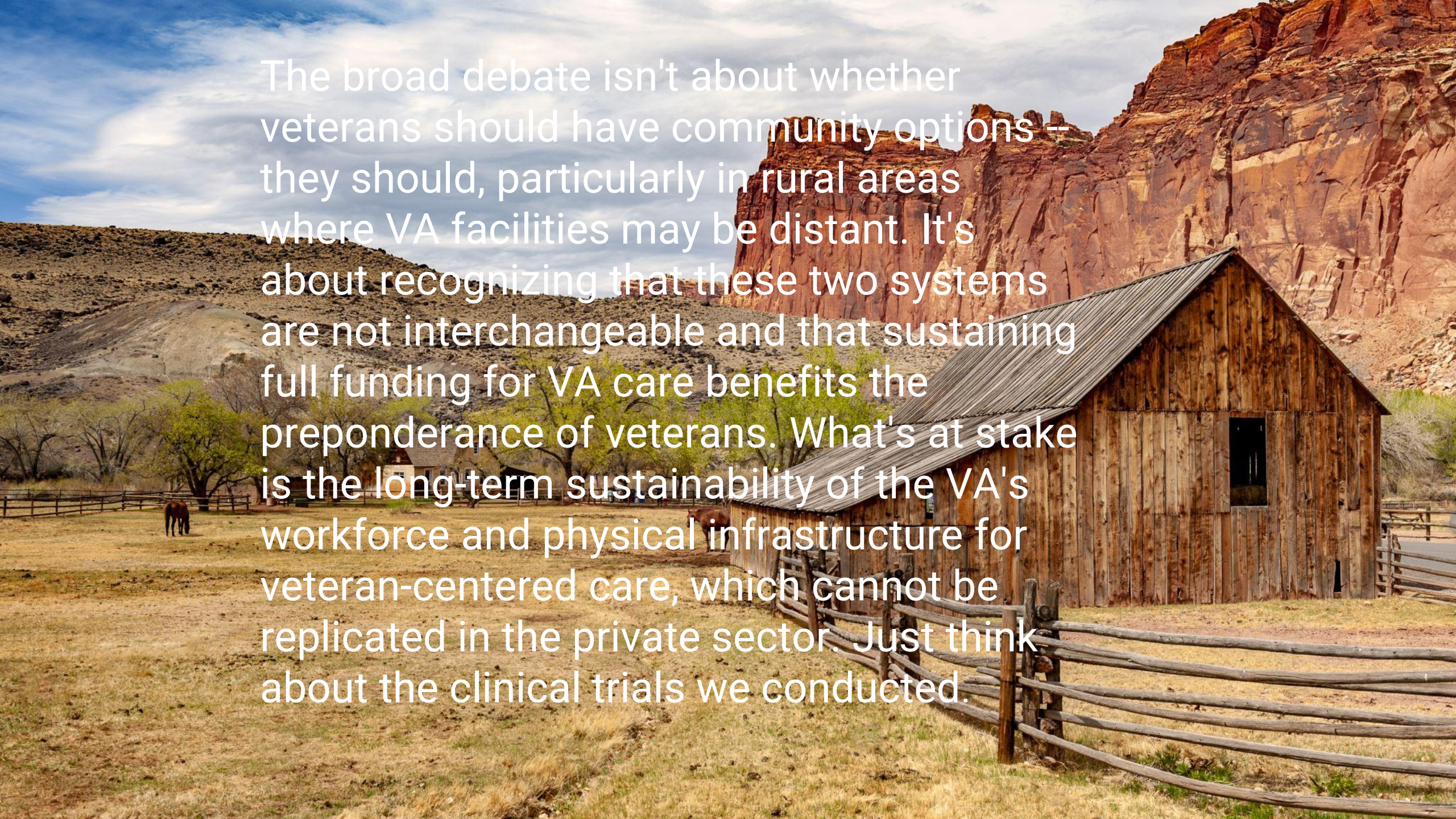
The downside to Care in the Community

- Increased cost
- Potential privatization of the VA
- Difficulties with access to care, especially for those in rural areas
- Community wait time is not always shorter
- Lack of training in dealing with veteran's issues (PTSD, MST)
- Loopholes need to be addressed
- Difficulty tracking and managing the overall health of veterans
- Community providers refuse to accept VA patients

The realities we see

- Veteran outburst in the community, can get them “Fired” from community provider.
- CC medical records are not being sent, and we can’t make them send us records, even though we may have referred veteran.
- Wait times are longer in the community. CC guidelines state the veteran must be seen in 30 days.
- Veterans' self refer to transplant center and are transplanted under their own payer source. I struggle to get scripts sent to me. E-scribe in this situation, is not an option.
- MISSION Act is a like a one size fits all policy that has real drawbacks. All medical procedures are not created equal!

You will hear people say that “Community Care is VA care”.


The broad debate isn't about whether veterans should have community options -- they should, particularly in rural areas where VA facilities may be distant. It's about recognizing that these two systems are not interchangeable and that sustaining full funding for VA care benefits the preponderance of veterans. What's at stake is the long-term sustainability of the VA's workforce and physical infrastructure for veteran-centered care, which cannot be replicated in the private sector. Just think about the clinical trials we conducted.


QUESTIONS?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