



**THE ENLISTED ASSOCIATION
OF THE NATIONAL GUARD
OF THE UNITED STATES**

**STATEMENT FOR THE RECORD
U.S. House of Representatives
Committee on Veterans' Affairs**

On

Commission on Care Recommendations

September 7, 2016

***Enlisted Association of the National Guard of the United States
3133 Mount Vernon Avenue
Alexandria, Virginia 22305
www.eangus.org***

The Enlisted Association of the National Guard of the United States (EANGUS) was created in 1970 by a group of senior Non-Commissioned Officers. It was formally organized / incorporated in 1972 in Jackson, Mississippi, with the goal of increasing the voice of enlisted persons in the National Guard on Capitol Hill for enlisted National Guard issues. Beginning with twenty-three states, EANGUS now represents all 54 states and territories, with a constituency base of over 414,000, hundreds of thousands of family members, as well as thousands of retired members.

Headquartered and with offices in Alexandria, Virginia, EANGUS is a long-time member of The Military Coalition (TMC) and is actively engaged with the Guard/Reserve Committee, the Health Care Committee, and the Veterans Committee. EANGUS often partners with other National Guard related associations such as the National Guard Association of the United States (NGAUS), the Adjutants General Association of the United States (AGAUS) and the Reserve Officers Association (ROA) to pursue common legislative goals and outcomes.

EANGUS is a non-profit organization that is dedicated to promoting the status, welfare and professionalism of enlisted members of the National Guard by supporting legislation that provides adequate staffing, pay, benefits, entitlements, equipment and installations for the National Guard.

The legislative goals of EANGUS are published annually. The goals and objectives are established through the resolution process, with resolutions passed by association delegates at the annual conference. From these resolutions come the issues that EANGUS will pursue in Congress, the Department of Defense, and in the Department of Veterans Affairs.

President – Chief Master Sergeant John Harris, US Air Force Retired

Executive Director – Sergeant Major Frank Yoakum, US Army Retired

Legislative Director – Mr. Daniel Elkins

Mr. Daniel Elkins

Daniel Elkins currently serves as the Legislative Director for the Enlisted Association of the National Guard of the United States (EANGUS). Mr. Elkins primary duties include the development of EANGUS's annual legislative priorities, directing the organizations congressional outreach, ensuring the expansion of military benefits, and managing nationwide grassroots advocacy. Prior to working for EANGUS, Mr. Elkins worked as a legislative associate for the Veterans of Foreign Wars of the United States (VFW). At the VFW, Mr. Elkins portfolio included legislative issues related to the National Guard, Economic Opportunity, and Defense Contracting. Mr. Elkins' close ties with Congress, and other federal agencies such as the Departments of Defense, Education, and Veterans Affairs often place him at the forefront of policy decisions affecting veterans. Additionally, Mr. Elkins maintains strong relationships with other Veteran Service Organizations, for-profit and non-profit stakeholders, and the National Guard Bureau. Mr. Elkins is a proud member of the Army National Guard and currently serves as a Sergeant in West Virginia's 19th Special Forces Group as a Green Beret. Prior to working as an advocate for veterans, and serving in the military, Mr. Elkins spent six years overseas working with nonprofit organizations in South America, sub-Saharan Africa, Europe, and the Middle East. Mr. Elkins is originally from Western Maryland, and currently lives in Washington with his wife Lauren.

The Veterans Health Administration (VHA) Care System

Recommendation 1: Across the United States, with local input and knowledge, VHA should establish high-performing, integrated community health care networks, to be known as the VHA Care System, from which veterans will access to high-quality health care services.

The Enlisted Association of the National Guard of the United States (EANGUS) recommends integrated, locally based health care networks that will take advantage of the current public and private health care infrastructure. These local networks will provide the aid necessary to serve their community's veterans and their health care needs. Furthermore, we recommend that the U.S. Department of Veterans Affairs (VA) remains the coordinator and guarantor of care for veterans. It is the VA's role to develop the systems necessary to equip veterans to make informed decisions on behalf of their health care needs.

While EANGUS supports the elimination of current wait-time and distance-based eligibility standards, we fully recommend that the VA remains the primary care provider for veterans when such care is readily available. When the VA is unable to be the primary care provider, veterans must be given the opportunity to present their personal preferences and needs to a VA health care professional in order to find a provider – whether they're private, public, or VA – that best suits them. This procedure would not only empower veterans to make informed decisions, but would also best utilize the networks within the VHA Care System.

We also recommend that the VA have the power to waive primary care referral for such specialty care like optometry and audiology that do not necessarily require a primary care consult.

And, while EANGUS is in support of a phased implementation of the VHA Care System that requires ongoing evaluation and management, we are not in agreement with **Recommendation Nine**. We recommend that the construction and integration of local networks be managed by a team of VA subject matter experts, receiving consistent guidance from local VA health care professionals and other Veterans Service Organizations.

Clinical Operations

Recommendation 2: Enhance operations through more effective use of providers and other health care professionals, and improved data collection and management.

EANGUS fully supports this recommendation to implement training programs for medical support assistants (MSA). MSAs will ensure that VA health care providers are able to spend more time actually treating veterans, rather than being tied down with administrative tasks.

In addition, the VA must also be able to keep up with the high turnover rates associated with MSAs and other entry-level positions at a local level. To do this the VA is currently implementing an expedited hiring process for MSAs as part of the MyVA transformation. EANGUS fully supports this initiative, but recommends that the VA have statutory authority to directly hire entry-level employees to fill high turnover positions.

Recommendation 3: Develop a process for appealing clinical decisions that provides veterans protections at least comparable to those afforded patients under other federally supported programs.

We support the recommendation to reform and enhance the current appeals process afforded veterans in order to mitigate disagreements between veterans and their health care providers, and to ensure that veterans obtain excellent and necessary medical attention.

Currently, veterans who disagree with their health care provider can appeal to that specific medical facility's chief medical officer. Veterans are only then able to appeal to their area's Veterans Integrated Service Network director (VISN), who rarely overturns a decision made by a medical center's chief medical officer. This decision by the VISN director is final unless veterans further appeal to the Board of Veterans Appeals. Given a time sensitive medical issue requiring immediate treatment, this is not an option, and veterans are left either untreated or subject to undesirable treatment plans.

Veterans have had vastly different experiences appealing clinical decisions within multiple VISNs due to the lack of a national, system wide appeals process. EANGUS is in favor of a systematic and dependable appeals process, and we strongly agree with the commission's recommendation to implement an interdisciplinary panel to revise the VA's clinical appeals process. This panel must safeguard veterans' ability to provide justification or evidence to support their appeals, which many VISNs do not permit, and to have the ability to appeal clinical decisions above the VISN level.

Recommendation 4: Adopt a continuous improvement methodology to support VHA transformation, and consolidate best practices and continuous improvement efforts under the Veterans Engineering Resource Center.

EANGUS is in agreement that the improvement of employee experience is an improvement to the VA health care system as a whole. When VA employees take pride in their work, they actively look for ways to improve the efficiency and productivity of their positions. However, there are not yet adequate processes for employees to identify problems or provide solutions. We support this recommendation to empower VA employees to identify and disseminate best practices, and to reward innovative employees who work to improve the care provided to veterans.

Health Equity

Recommendation 5: Eliminate health care disparity among veterans treated in the VHA Care System by committing adequate personnel and monetary resources to address the causes of the problem and ensuring the VHA Health Equity Action Plan is fully implemented.

EANGUS fully supports this recommendation. Health care disparities based upon social or economic status must be eliminated from the VA health care system. We have heard of women veterans being confused with and treated as caregivers or spouses, or having their veteran status being questioned because of their gender. All veterans must be treated with the dignity and respect they have earned and deserve, regardless of such difference as race, background, or gender.

We, therefore, strongly support implementing a cultural and military competence program throughout all VHA network providers and employees. It is crucial for veterans to receive informed care from health care providers who are aware their needs, and familiar with the health conditions associated with military service. This includes all VA health care providers as well as private providers within the integrated VHA network. The provision of cultural competence training will ensure that all veterans will receive care that is pertinent and tailored to their unique needs, and improve health care outcomes overall.

Facility and Capital Assets

Recommendation 6: Develop and implement a robust strategy for meeting and managing VHA's facility and capital asset needs.

We mostly agree with the Commission's recommendations regarding the management of capital infrastructure. In order to streamline the VA's ability to enter into necessary leases, and to lease unused property more efficiently, we support waiving congressional rules requiring budgetary offset, and to expand enhanced-use lease authority.

We also are in agreement with the Commission that the ability to reevaluate the total cost of multiple, minor construction projects is necessary. But, we recommend the VA have the ability to umbrella multiple, minor construction projects under one contract, if these projects interdepend upon each other for completion. Furthermore, we suggest the implementation of differing classifications of major construction projects to ensure that the building of new medical centers does not conflict or enter into competition with facility expansions or seismic corrections.

The Commission recommends a new board to analyze and recommend changes regarding the needs of current infrastructure to include the development of the VHA's integrated health care system. But we at EANGUS recognize that most of the functions of this recommended board are already being carried out by the Federal Real Property Council (FRPC) and the Strategic Capital Infrastructure Plan (SCIP). We do not believe that adding another stage of bureaucratic process will solve an already inefficient system. Instead, we urge congress to grant the VA the full authority to close facilities, or certain departments within facilities, as they see fit.

We at EANGUS do not agree with the Commission's recommendation to realign the Defense Base and Realignment Commission (BRAC). Currently, the SCIP already deals with the issue of closing inefficient and dilapidated property, but as it has already been stated, they have been mostly ineffective and unable to prune the current infrastructure in order to promote efficient growth of the VHA network. Again, we urge Congress to grant the VA the authority to oversee and dismantle current VHA infrastructure as they see fit, as this is the most cost effective and timely way to dispose of out-of-date and inefficient facilities in order to make room for the continual improvement of VHA's infrastructure.

Furthermore, we urge Congress to explore means to create more partnerships between the VA and the Department of Defense (DoD), in line with the example set by partnerships formed between the VA and DoD in Chicago. Their model of partnership has proven to increase budgetary savings, expand available scope of care, and increase the access of care for service members and veterans.

Finally, we encourage Congress to explore the model set by the National Guard in their continued pursuit to partner with local providers. The National Guard's model has improved the accessibility of care for service members and veterans where DoD infrastructure is not yet in place, and such a model within the VA could continue to bridge the gaps in the VHA network to provide necessary health care for veterans until infrastructure can catch up to current needs.

Information Technology

Recommendation 7: Modernize VA's IT systems and infrastructure to improve veterans' health and well-being and provide the foundation needed to transform VHA's clinical and business processes.

We at EANGUS support the Commission's recommendation to appoint a chief information officer (CIO) that focuses on efficient and strategic health care information technology (IT) in order to better serve the needs of the VA health care system. This CIO for the Veterans' Health Administration must work closely with VHA staff to efficiently implement IT systems that meet the needs of its users, and report to the *Veterans Affairs' Assistant Secretary for Information and Technology LaVerne Council* to maintain interoperability with the IT programs of the Veterans Benefits Administration and National Cemetery Systems.

We recommend that the VHA CIO have a multiyear budget that ensures health care programs are sufficiently supported and implemented.

We do not have a position on whether the VA should purchase a commercial, off-the-shelf, electronic health care system (COTS), or themselves develop an in-house electronic health care system. But, we strongly urge that the new electronic health care system be interoperable with the Department of Defense's Electronic Health Record system (EHR), regardless if it is a COTS product, or developed in-house. Investing in the interoperability of the VHA's and DoD's health record systems is the most cost effective and efficient solution. It will eliminate countless man-hour's squandered hunting down records for service members and veterans, and it will ensure that no service member or veteran will ever be denied care because of inefficient and outdated bureaucratic record keeping.

Supply Chain

Recommendation 8: Transform the management supply chain in VHA.

EANGUS fully supports this recommendation that aims to reorganize and standardize the VA's supply chain. This will effectively leverage economies of scale, increase responsiveness and efficiency of the supply-chain, and reduce operating costs.

This recommended transformation of the management supply chain must rely on local feedback and their buy-in to be successful. So, while each individual medical facility will no longer be able to dictate where their supplies are purchased, there must remain the option to request specific supplies and products in order to provide the best quality care. We see this as similar to the already-existing non-formulary requests for prescriptions that are not on the VA's formulary. Lastly, this recommended transformation must evaluate whether specified requests are preferred or clinically needed by veterans, such as prosthetics.

Board of Directors

Recommendation 9: Establish a board of directors to provide overall VHA Care System governance, set long-term strategy, and direct and oversee the transformation process.

EANGUS does not support this recommendation to establish a separate board of directors. We do not see current problems to be due to lack of management, but rather a lack of leadership in Veterans Affairs itself. This recommended governing board would be constituted of political appointees who, despite being health care executives, would not use the VA health care system. We do not believe that a separate board of appointees, having no real vested interest to improve the care and services for veterans, will outperform or better guide the VHA Care System transformation than improved leadership within the VHA itself.

Furthermore, we foresee that a governance board will not resolve the imbalance between capacity and demand that is pointed out in the Commission's report. It will instead introduce more bureaucracy, as this governing board would require yet another step for the approval of VHA budget requests, which currently still have to be approved by the Office of Management and Budget and appropriated by Congress. Rather than limiting how much care the VA is able to provide, we recommend a reformation of the congressional appropriations process. We, therefore, urge Congress to empower the VA so that it does not need to lean on outside accountability measures in order to effect the changes necessary for the system to prosper, but allow the VA to resolve internal issues themselves. This will ensure that the VA receives its required resources more efficiently so as to better serve the health care needs of veterans.

Leadership

Recommendation 10: Require leadership at all levels of the organization to champion a focused, clear, benchmarked strategy to transform VHA culture and sustain staff engagement.

EANGUS is in full support of this recommendation. As previously discussed in **Recommendation 4** and **Recommendation 5**, the continuous improvement of employee experience will not only sustain the transformation of the VHA health care system, but also work to restore and build up veterans' trust in their health care system.

Recommendation 11: Rebuild a system for leadership succession based on a benchmarked health care competency model that is consistently applied to recruitment, development, and advancement within the leadership pipeline.

EANGUS strongly supports this recommendation. We believe in the importance of a systematic plan of mentorship, advancement, and succession, and we recognize the need for nationally structured programs that will recruit, develop, retain, and advance high performing leaders. Strong leadership development programs will empower VA employees to fill vacant leadership positions in the future, effectively building a nationwide leadership team of seasoned and invested employees to run VHA medical facilities.

Recommendation 12: Transform organizational structures and management processes to ensure adherence to national VHA standards, while also promoting

decision making at the lowest level of the organization, eliminating waste and redundancy, promoting innovation, and fostering the spread of best practices.

EANGUS is in support of this recommendation. We agree with the Commission that rapid growth within the VA central office and VISN network has weakened authority, blurred respective roles, and confused the boundaries of responsibility of each branch, impairing the VA's ability to meet veterans' health care needs. The implementation of clear boundaries and responsibilities to separate and focus the VA and VISN will empower all available resources within both organizations to accomplish their distinct and necessary purposes for the sake of the VHA.

Recommendation 13: Streamline and focus organizational performance measurement in VHA using core metrics that are identical to those used in the private sector, and establish a personnel performance management system for health care leaders in VHA that is distinct from performance measurement, is based on the leadership competency model, assesses leadership ability, and measures the achievement of important organizational strategies.

EANGUS generally supports this recommendation. We agree that it is important to implement an objective performance management system that can evaluate results throughout the VHA Care System, and to hold VA leaders accountable to implement improvements.

However, we do not believe the metrics of performance measurement must be identical to those used in the private sector. These metrics ought to borrow the best practices currently employed in the private sector, while also giving allowances for the singular mission of the VHA, and the differences between private and public health care systems.

Diversity and Cultural Competence

Recommendation 14: Foster cultural and military competence among all VHA Care System leadership, providers, and staff to embrace diversity, promote cultural sensitivity, and improve veterans' health outcomes.

EANGUS fully supports this recommendation. As stated in **Recommendation 5**, enhanced cultural and military competence training ensures the equity, improves the quality, and efficiently tailors the care that veterans' need. It is crucial for veterans to receive informed care from health care providers who are aware their needs, and familiar with the health conditions associated with military service. The better informed and prepared VHA network providers become, the more cost effective and efficient the provision of care becomes, thereby sustaining the VHA itself, and better serving the service members and veterans in need.

Workforce

Recommendation 15: Create a simple-to-administer alternative personnel system, in law and regulation, which governs all VHA employees, applies best practices from the private sector to human capital management, and supports pay and benefits that are competitive with the private sector.

EANGUS does not support this recommendation of the Commission. Currently, there are already two separate agencies attempting to coordinate as a personnel system in order to recruit, hire, train, and manage a competent workforce for the VHA. As things stand, the current laws and regulations governing how government employees are hired, paid, and disciplined are not adequate for the sustenance of a high performing health care system. However, we do not see the solution coming in the form of yet another system. This will only lead to further confusion and more bureaucratic steps that muddle the actual execution of hiring, paying, and disciplining a competent workforce.

EANGUS recommends, rather, a transformation of the current two-party system, where both USAJobs and the VA clearly demarcate their target demographic and untangle from each other. We believe that if Congress grants the VA with more authority to navigate its own hiring practices, it will streamline the netting and implementation of a capable workforce for the VHA, and resolve the current problems within the VHA personnel system.

Recommendation 16: Require VA and VHA executives to lead the transformation of HR, commit funds, and assign expert resources to achieve an effective human capital management system.

EANGUS supports this recommendation. As discussed above, we fully support the empowerment and higher call of leadership within the VA to implement changes and safeguard this process of VHA transformation. We urge Congress to continue to empower the VA to manage its own employees and resources more fully, thereby streamlining the process of stabilizing an effective human capital management system, and removing the hurdles caused by external agencies that slow down the VA from accomplishing its unique goals.

Eligibility

Recommendation 17: Proved a streamlined path to eligibility for health care for those with an Other-Than-Honorable discharge who have substantial honorable service.

EANGUS supports this recommendation to provide eligibility to veterans with Other-Than-Honorable discharges, given that they are combat veterans, and their overall service is deemed to be honorable.

Recommendation 18: Establish an expert body to develop recommendations for VA care eligibility and benefits design.

EANGUS supports this recommendation. We have seen that past evaluations and changes to eligibility criteria resulted in increased access to care for previously uncared for populations of veterans, and eligibility was realigned to match with updated delivery models. Recognizing that the implementation of an integrated health care system will change the model of delivering care, and having seen the benefits of evaluating eligibility criteria, we support the idea of an expert body to evaluate potential access barriers and current eligibility criteria, and to make recommendations to the VA based upon their findings, in order to ensure that service-connected, homebound, and disabled veterans run into no barriers or delays that would keep them from service and care.