

**STATE OF THE VA FACT SHEET**

May 31, 2017

1. **Access to Care**
	* Same Day Services for primary care and mental health initiated at all of our 168 medical centers.
		+ Over 22% of our patients are seen on the same day.
		+ 16% of primary care clinics are over 100% capacity
		+ 10% of community based clinics do not offer same-day services, by the end of the year 100% of them will offer same-day services
	* Posted wait time data for clinical appointments for all to see.
		+ No other health system in America does this.
2. **Paying Providers**
	* Community Care, especially the Choice Program, increased access to care for millions of veterans.
		+ Today we have 500,000 community providers in the network, and that number continues to grow.
	* Committed to working with the private sector to ensure more claims are submitted electronically to allow faster adjudication and payment.
		+ As of April 2017, only 65% of community care claims are submitted electronically.
		+ It takes the VA more than 30 days to process 20% of payments for clean claims – affecting over 25,000 providers across the country.
3. **Community Care**
	* Addressed how Choice is accessed and is committed to streamlining and improving how Veterans can access and utilize it by increasing the number of available facilities.
	* Due to existing rules and policies, only three DOD facilities are currently a part of our Choice Program. Veterans who need care in the community should be able to use any DOD facility, as long as it offers the care they need.
4. **Quality of Care**
	* Shared both our star ratings and comparisons between VA medical centers and local community hospital
		+ Identified 14 medical centers with 1 Star Ratings, meaning they are below the community standard of care.
		+ We are deploying teams and implementing performance plans at each of these centers.
	* Through the new choice plan, we will work to offer Veterans access to the best care in their community.
5. **Disability Claims and Appeals Backlog**
	* Currently have over 90,000 disability claims that are taking more than 125 days to process. Our goal is to cut this time by 50% over the next two years.
	* Initiated the Decision Ready Claims process to move toward a paperless process for claims and shorten the disability and appeals backlog process.
	* Working to make more information available to the Veteran concerning the status of their disability claim appeal.
6. **Improving IT Infrastructure**
	* Through budgeting and modernization initiatives, addressing the current IT infrastructure to improve and make key decisions regarding the update of the VA IT infrastructure by July of this year.
		+ Working to modernize the IT system by considering commercial, cloud-based solutions wherever possible
		+ Taking immediate steps to deal with out of date inventory systems, which made it difficult to ensure doctors and nurses had the proper supplies and equipment needed to care for Veterans.
7. **Capital Assets**
	* Our buildings and facilities are increasingly falling into disrepair.
		+ Facility Condition Assessments have identified critical infrastructure deficiencies of more than $18 billion that require remediation, including structural seismic, electrical distribution and mechanical systems such as heating and ventilation.
	* On average VA buildings are nearly 60 years old, with only half built since 1920.
		+ 449 buildings from the Revolutionary and Civil wars - of these 96 are vacant.
		+ 591 buildings built in the World War 1 era of which 141 are vacant.
		+ More than 400 vacant buildings and 735 underutilized facilities that are costing tax payers $25 million a year.
8. **Construction**
	* 11 Major Construction Projects totaling $1.4 billion were on hold because VA and the U.S. Army Corps of Engineers were working through differing processes and interpretation of appropriations rules.
		+ Congressional approval of a jointly proposed way forward will allow these projects to move ahead
	* Major Construction and Minor Construction Programs have large unobligated balances.
		+ Carried over into FY 2017 - $971 million in minor construction and $2.6 billion in major construction.
9. **Accountability**
	* Under current law, VA must wait at least one month to hold an employee accountable for misconduct or poor performance.
		+ Currently have around 1,500 disciplinary actions pending, meaning we are paying people who need to be fired, demoted, or suspended without pay for violating our core values.
	* Through legislation and Executive Orders, accountability at the VA took steps forward
		+ Will push for changes in existing legislation to ensure employees are held accountable across the VA.
		+ President signed Executive Order creating an Office of Accountability and Whistleblower Protection reporting directly to Secretary.
10. **Administration and Bureaucracy at VA**
	* Will establish a fully functioning Manpower Management Office by December of this year – a critical first step in establishing a Position Management system.
		+ Directed that VA Central Office remain under a hiring freeze as we consolidate program offices, implement shared services, and reduce our overhead by at least 10%.
		+ Pursuing legislation to expand graduate medical education training opportunities to help with staffing shortages.
	* Retaining and recruiting of healthcare providers and prosthetics representatives is difficult due to low salaries.
		+ The 2016 median salary for Biomedical Engineers is $85,620. The National VA average for Biomedical Engineers was $65,677, nearly 25% below the private sector ($20k difference).
		+ For Mechanical Engineers, that discrepancy is $15k or 18% below the national average ($84,190 vs. $68,800).
	* Reducing burdensome regulations that do not make sense and launching new tools that make it easier for Veterans to engage with VA.
		+ Looking for simpler ways for Veterans to interact with the VA online with easier-to-use modern websites with clear explanations and single log-on.
		+ Improved the www.Vets.gov website to enhance Veterans services and access.
		+ Adopted the American Cancer Society mammogram guidelines
		+ Restructuring our caregiver regulations to get services to Veterans and their caregivers who need them most.
11. **Waste, Fraud, and Abuse**
	* Prevented $27 million in fraudulent payments and identified potential duplicate payments of $24 million in FY16.
	* Announced Fraud, Waste, and Abuse Prevention advisory committee to be established in June.
12. **Addressing Veteran Suicide**
	* Authorized emergency mental health services for those that were other than honorably discharged – a population of service-members who are at the highest risk of suicide.
	* Launching a new initiative this summer – Getting to Zero – to help us end Veteran suicide. This is my top clinical priority.