



## Congress and VA evaluate facilities and resources

By [Andis Robeznieks](#) | November 11, 2015

An independent panel set up by Congress said that in order for the Department of Veterans Affairs to address the problems plaguing its health system, an independent panel should be formed to “optimize facilities resourcing and lines of service.”

The panel would have powers similar to the Department of Defense's Base Realignment and Closure (BRAC) Commission that pared down military bases.

Congressmen said they would take up the idea, first presented in [a 168-page report \(PDF\)](#) that recommends an integrated systems approach to transforming the VA health system's governance, leadership and operations, as well as data and tools used at the VA's 1,600 healthcare sites, under advisement. The report is a result of the Veterans Access, Choice and Accountability Act of 2014.

In particular, the report emphasized that VA facilities “are not effectively linked to workload growth; existing space is not being used at its highest efficiency; and expected funding levels do not support identified capital needs.”

The report also notes how a “misalignment of accountability and authority exists within a broader VHA culture characterized by risk aversion and lack of trust.”

Sen. Johnny Isakson (R-Ga.) and Rep. Jeff Miller (R-Fla.), who respectively chair the Senate and House Committees on Veterans Affairs, [issued a joint statement](#) vowing action on the report's recommendations.

“This is not just another report to sit on a shelf collecting dust,” the legislators said. “Failing to act on its findings would be a great disservice to the men and women who have worn the uniform, and to the values that make our nation great.”

Neither Isakson or Miller could be reached for comment by deadline.

Congress has already failed to act on the findings, according to Dr. Kenneth Kizer, who served as VA undersecretary for health from 1994 to 1999 and served as an independent authority on the report.

Kizer, director of the Institute for Population Health Improvement at UC Davis Health System in Sacramento, Calif., said perhaps the most important—and overlooked—fact in the report appears in a footnote. That footnote states how the new report is the product of a review of 137 previous VA health assessments conducted between 1998 and 2015 by the [Government Accountability Office](#), the Veterans Administration, the [Office of the Inspector General](#) and other sources. Those reports contained 790 findings

about the VA health system, “many of which are overlapping,” according to the footnote.

“Why weren’t the recommendations from all the other reports acted on?” Kizer asked, adding that the scheduling and access problems and their attempted cover-up that led to the resignation of VA Secretary [Eric Shinseki](#), prompting lawmakers to seek reforms were “nothing new when they finally surfaced in the way that they did.”

The new report is valuable however, because it consolidates the findings of those other investigations, Kizer said, adding that its weakness is that it doesn't analyze the root causes of the VA's problems.

“Understanding why the bad things happened is critically important if you're going to fix them,” Kizer said.

While not entirely opposed to the idea of a having a BRAC Commission evaluate VA facilities, Kizer is not sure it's necessary, although he does believe the department's healthcare facilities have not kept up with the move toward more outpatient care and population growth in its Southern regions.

“I closed quite a few VA hospitals when I was at the helm,” Kizer said. “If it's the right thing to do, it can be done.”

Congress, however, historically resists shutting down VA facilities, even if it is analyzing a services imbalance.

Through the use of telemedicine and other technologies, Kizer said the need for VA facilities to provide face-to-face services has decreased.

“One of the key issues that colors a lot of the concern is 'What does it mean to have access?' ” he said. “We have to redefine what access means.”

Kizer also noted that the VA's mission and commitment to serving its patient population still attracts skilled professionals. While the VA has prioritized hiring new clinicians, Kizer thinks more attention should be directed towards retaining its existing providers. Problems that thwart that retention include micromanagement by centralized leadership and too many performance measures that don't measure the right things, he said.

“Field leadership—those who work where the care is actually delivered—feels very disempowered and feels that the VA has become a very hostile place to work,” Kizer said. “So, one of the things you're seeing is an exodus from the VA.”

Vanessa Lech, an Army veteran, agreed with many of Kizer's comments. Lech comes from a military family and is married to a “career soldier.”

She was working toward a career with the VA, but is currently on unpaid leave after filing several whistle-blower complaints. Lech said the new report reveals a risk aversion

that is present at all levels of the organization. Staff are afraid to speak out against manager misconduct or unsafe working conditions despite promised reforms, she said.

“I remember being warned by others about not speaking up or my career could be over,” Lech said. “Unfortunately, it was very accurate.”

Shortly after the congressional report was released in September, the VA released its own report calling for an “enterprise-wide transformation called MyVA.”

[MyVa](#) proposes the consolidation of community care programs and business processes into one New Veterans Choice Program. Its goal is to improve choice and access at VA facilities and in the community, the report outlined.

The VA's report seeks “legislative authority to conduct a review of existing facilities and make changes based on excess capacity.”