

**NATIONAL EXECUTIVE COMMITTEE  
OF  
THE AMERICAN LEGION  
INDIANAPOLIS, INDIANA  
OCTOBER 17 – 18, 2012**

**Resolution No. 46: Department of Veterans Affairs (VA) Non-VA Care Programs  
Origin: Veterans Affairs and Rehabilitation Commission  
Submitted by: Veterans Affairs and Rehabilitation Commission**

WHEREAS, Title 38, United States Code, Section 1703a states when Department of Veterans Affairs (VA) facilities are not “capable of furnishing economical hospital care or medical services because of geographical inaccessibility or are not capable of furnishing the care or services required, the Secretary may contract with non-Department facilities in order to furnish medical care”; and

WHEREAS, According to the Veterans Health Administration (VHA), if a medical service or procedure cannot be provided in a timely manner by VHA due to capability, capacity or accessibility, the service may, with approval, be fee-based or contracted outside of VA; and

WHEREAS, In congressional testimony in 2012 The American Legion stated, “The American Legion urges VHA to reconsider its national non-VA purchased care policies to allow VA Medical Centers to use their best judgment and discretion to prevent veterans from being forced to drive hours to a VA facility for several routine and reoccurring appointments”; and

WHEREAS, Many of the 152 VA facilities have different policies and procedures with the justification, approval and appeals process for non-VA purchased care decisions, which does not always take into account the veterans’ unique medical situation and distance they travel to their closest facility; and

WHEREAS, VA does not in all cases require non-VA providers to complete a formal military/veteran culture or evidence-based treatment training prior to contracting veterans to these providers for care; and

WHEREAS, Non-VA providers do not have full access to VA’s Computer Patient Record System (CPRS) which would allow the contracted community provider the ability to review the patient’s full history; meet all of the quality of care screening and measures tracked in CPRS; and the contracted community provider has to mail hard copies of the encounter back to the VA medical center which can take weeks or months to load into the veteran’s medical record; and

WHEREAS, VA is developing a Patient Centered Community Care Program to create centrally supported health care contracts and provide veterans with coordinated, timely access to care from a comprehensive network of VA and non-VA providers; and

WHEREAS, VA is also developing a non-VA care coordination program to improve and standardize their processes for referrals to non-VA care which includes ensuring timely receipt of clinical documentation from non-VA providers and improved coordination of care between VA and non-VA providers; and

WHEREAS, VA does not have a tracking system nationally to ensure that national or local contracts do not lapse, such as the case with a contract that took four years to resolve in Martha’s Vineyard between the VA Medical Center; now, therefore, be it

**RESOLVED, By the National Executive Committee of The American Legion in regular meeting assembled in Indianapolis, Indiana, on October 17-18, 2012, That the Department of Veterans Affairs (VA) develop a well-defined and consistent non-VA care coordination program, policy and procedure that includes a patient-centered care strategy**

**which takes veterans' unique medical injuries and illnesses as well as their travel and distance into account; and, be it further**

**RESOLVED, That VA develop and ensure with all non-VA care contracts that non-VA providers complete military culture, awareness and evidence-based treatment training to ensure veterans receive the same or better quality of care standards that they would if they received this care within VA; and, be it further**

**RESOLVED, That VA provide non-VA providers with full access to VA's Computer Patient Record System (CPRS) to ensure the contracted community provider can review the patient's full history; allow the community provider to meet all of the quality of care screening and measures tracked in CPRS; and speed up receipt and documentation from the non-VA provider encounter to ensure it is added to the veterans' medical record; and, be it further**

**RESOLVED, That VA continue to improve its non-VA care coordination through the newly established Non-VA Care Coordination (NVCC) program office to improve and standardize their processes for referrals to non-VA care; improved collection of non-VA care documentation into the veterans' medical record; and improved coordination of care between VA and non-VA providers; and, be it finally**

**RESOLVED, That VA develops a national tracking system to ensure that national or local purchased care contracts do not lapse.**