



(May 24, 2016)

In order to further improve the lines of communication and to respond to the concerns between the National VA Council and you our members, I have established a National VA Council Briefing. This NVAC Briefing will bring you the latest news and developments within DVA and provide you with the current status of issues this Council is currently addressing. I believe that this NVAC Briefing will greatly enhance the way in which we communicate and the way in which we share new information, keeping you better informed.

Alma L. Lee
National VA Council, President

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**In This Briefing: Jonathan Perlin's Letter**  
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Dear All,

I look forward to seeing everyone who can attend at our SMAG meeting on Wednesday. Although it is not part of the official agenda, I wanted to share with each of you a document that has created controversy among those with interest in the VA system.

As you may know the "Veterans Choice Act" called for a Commission on Care that reports to the President through the Secretary of Veterans Affairs. (Commission on Care website: <https://commissiononcare.sites.usa.gov/>) While the Commission has issued an official interim report (available at the previous link), a subgroup of 7 of the 15 members issued a "strawman" document. It is also available on the website at this link: <https://commissiononcare.sites.usa.gov/files/2016/03/2016.3.18-Proposed-Strawman-Assessment-and-Recommendations.pdf>

What has made the strawman controversial is the following quote from the synopsis:

Considering the “current state” of the VHA, both its strengths and liabilities, the Commission

recommends that VHA move forward, in a transformational way, to develop an integrated health

care system. This will involve networking and coordinating with community providers for care,

while, over time, reducing the VHA provider footprint. There is urgency, much improvement is

needed immediately in the care for veterans, and facilities that are no longer meeting the needs of

the VA and veterans should be transitioned. Yet, it must be recognized that any transformation of

this magnitude requires deliberate concurrent and sequential actions; and any “steady state” will

always be “evolving”. Thus, this transformational plan requires immediate drastic change

(perhaps over the next five years) to resolve the most urgent issues, though the overall

transformation will continue throughout the next two decades as facilities become obsolete,

veteran demographics and geography change so that more care is needed in some areas and less

in others; and new technology changes the nature of health care delivery. This will lead to the

closure of numerous VA health care facilities, with funding following the patients to community

providers.

My point in sharing this with you – though I would be surprised if you were not aware of the basic gist – is that I do not believe we can have an informed discussion of our agenda topics, without cognizance of this development.

Whatever the future of VA, I would observe that VA traditionally offers Veterans what others (even with robust insurance) do not necessarily have, a medical home, and what for Veterans would be difficult to recreate, a medical home with deep cognizance of military occupational health exposures and their sequelae.

Thanks to each of you for your commitment to America's Veterans through your service on the Special Medical Advisory Committee.

Jon