

Partnered Evidence-Based Policy Resource Center

POLICY BRIEF

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The MISSION Act

Alex Woodruff, MPH, VA Boston Healthcare System
Policy Analyst, Partnered Evidence-Based Policy Resource Center

Elsa Pearson, MPH, VA Boston Healthcare System
Senior Policy Analyst, Partnered Evidence-Based Policy Resource Center

Melissa Garrido, PhD, VA Boston Healthcare System
Associate Director, Partnered Evidence-Based Policy Resource Center

Steven Pizer, PhD, VA Boston Healthcare System
Chief Economist, Partnered Evidence-Based Policy Resource Center

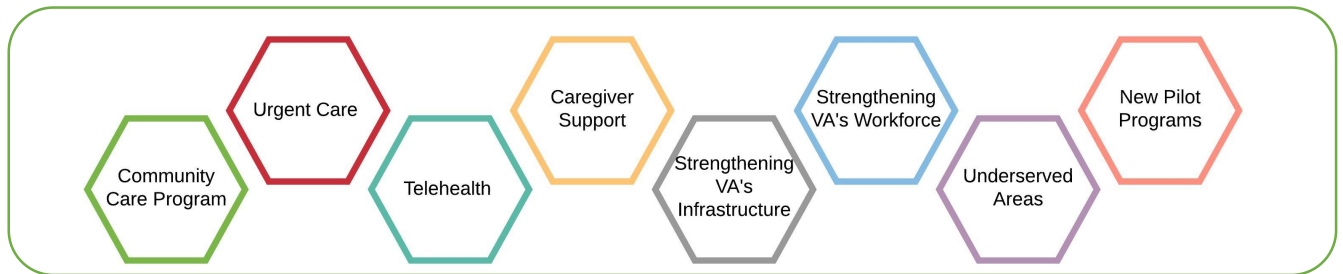


U.S. Department of Veterans Affairs
Veterans Health Administration
Quality Enhancement Research Initiative

“To establish a permanent community care program for veterans, to establish a commission for the purpose of making recommendations regarding the modernization or realignment of facilities of the Veterans Health Administration, to improve construction of the Department of Veterans Affairs, to make certain improvements in the laws administered by the Secretary of Veterans Affairs relating to the home loan program of the Department of Veterans Affairs, and for other purposes.”

The MISSION Act of 2018 made significant changes to the way the Department of Veterans Affairs (VA) and the Veterans Health Administration (VHA) deliver health care to Veterans.¹ The law contains over fifty sections designed to improve Veterans’ access to care, strengthen the VA workforce and infrastructure, and launch numerous initiatives to support Veterans.

Overview of the MISSION Act



Community Care Program



The MISSION Act established the Community Care Program, intended to help “furnish hospital care, medical services, and extended care services to covered Veterans” (Title I, Sections 101-109). This initiative built on the existing Veteran’s Choice program, expanding access to care by consolidating community care benefits into one streamlined program. Through the Community Care Program, VA is required to coordinate care for eligible Veterans at outside facilities if certain conditions cannot be met at a VA facility.²

Providing care outside of VA depends on the availability of a large provider and administrative network. The MISSION Act empowered VA to set community care pricing, streamline payment methods, develop a tiered community care provider network, and create administrative infrastructure to coordinate care (Title I, Sections 101-144). Quality and access standards are further defined to ensure that Veterans are able to seek community care where VA resources are insufficient.

Urgent Care



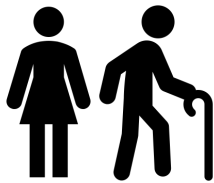
Long wait times or geographic barriers can make it difficult for Veterans to access VA services for emergency care. The MISSION Act expanded VA beneficiaries’ access to urgent and emergency care in the community (Title I, Section 105). To be eligible for this service, Veterans must be enrolled in VA benefits and have received care from a VA or VA-approved community provider in the past twenty-four months. Urgent care benefits apply to in-network facilities and incur co-payments based on priority group. This allows Veterans to seek timely care for urgent conditions and receive some routine services such as flu shots and short-term prescriptions at various locations. Administratively, the MISSION Act allowed VA to create an infrastructure of in-network urgent care clinics to serve veterans.

Telehealth



Telehealth is a powerful tool to connect patients to health care.³ The MISSION Act recognized and expanded the use of telehealth for VA care in several capacities (Title I, Section 151). Most notably, the launch of the “Anywhere to Anywhere” program authorizes the use of telehealth across state lines, particularly in underserved areas.¹ Importantly, this law expanded the use of telehealth for mental health and suicide prevention services, deepening the resources the VA provides to protect the mental health of its beneficiaries. To implement these services, the VA also launched a video connectivity platform to provide remote care and improve VA communications.⁴

Caregiver Support



Caregivers play a key role in the care of VA beneficiaries. The MISSION Act expanded the availability of the Program of Comprehensive Assistance for Family Caregivers, which provides financial support to those taking care of eligible Veterans (Title I, Sections 161-163). This benefit was previously only offered to those injured during or after 2001, but will now be offered to all injured Veterans. This expansion provides greater assistance for Veterans who need support with activities of daily living, such as feeding or bathing, or supervision due to traumatic brain injury, psychological trauma or other mental disorders. This program provides education courses, peer support, mentorship, training, and other resources to caregivers.

Strengthening VA's Infrastructure



Many of VA's buildings and medical facilities are outdated and need renovations. As of 2017, VA buildings were, on average, 60 years old.⁵ The MISSION Act created the Asset and Infrastructure Review (AIR) Commission to evaluate and recommend changes to VA infrastructure (Title II, Sections 201-213). This increases VA's ability to manage its real estate portfolio and modernize its facilities. The AIR commission will hold public meetings and submit formal recommendations for the modernization and renovation of VA facilities during 2022 and 2023.

Strengthening VA's Workforce



Creating and retaining a qualified VA workforce is critical to service delivery and preventing health care shortages in underserved areas. The MISSION Act generously expanded VA's efforts to recruit medical talent (Title III, Sections 301-306). Specifically, the law significantly increased the education debt reduction program, expanded graduate medical school education in medically underserved areas, and implemented the “Veterans Healing Veterans” program – a pilot to provide scholarships for Veterans to obtain a medical degree in exchange for a period of VA service.

New Assistance for Underserved Areas



The MISSION Act laid out a new initiative to help VA facilities obtain the resources they need to provide care (Title IV, Section 401). The underserved program identifies medical centers, community-based outpatient clinics, and other VA facilities that have an imbalance between their supply of VA care and their enrolled Veterans' demand for VA care.⁴ These facilities are identified through supply and demand modeling and the most underserved are required to submit annual action plans outlining their proposed mitigation strategies to improve Veteran access to care.

Pilot Programs



The MISSION Act also emphasized innovation in care delivery and payment through various pilot programs.

- Title I, Sec. 152: VA Innovation Center to test innovative models of care delivery and payment in VA.
- Title IV, Sec 402: A pilot program to use Mobile Deployment Teams to supplement existing VA resources at the most underserved facilities.
- Title V, Sec. 506: A program to promote behavioral health, mental health, and substance use disorder treatment by integrating peer specialists into patient aligned care teams in primary care settings.
- Title V, Sec. 507: A two-year test pilot on the use and impact of medical scribes on clinic function, efficiency, and care quality.

PEPReC's Involvement with the MISSION Act

PEPReC has been asked to lead a number of MISSION Act initiatives. Collaborating with the Office of Veterans' Access to Care (OVAC), PEPReC developed the supply and demand models used for the underserved program (Sections 401 and 402). These models have been successfully deployed for two years to generate a list of underserved facilities in primary care and guide mitigation strategies to rectify these inequities. The next steps are to develop similar models for specialty care. Also with OVAC, PEPReC is assisting with the implementation of the medical scribes pilot (Section 507) through site randomization and program evaluation. Lastly, PEPReC is providing demonstration design and evaluation support for the VA Innovation Center's care delivery and payment pilot programs (Section 152).

References

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About PEPReC Policy Briefs

This evidence-based policy brief is written by Partnered Evidence-based Policy Resource Center (PEPReC) staff to inform policymakers and VHA managers about the evidence regarding important developments in the broader health system and economy. PEPReC is a QUERI-funded resource center that collaborates with operational partners to design and execute randomized evaluations of VHA initiatives, develops and refines performance metrics, and writes evidence-based policy briefs. *The views expressed in this article are those of the authors and do not necessarily reflect the position or policy of the Department of Veterans Affairs or the United States government.*

