

HR 3230 - Veterans Access, Choice, and Accountability Act of 2014

Rep. Rogers

Author Intent: To improve certain aspects of Veterans Affairs' health care services.

Introduction

HR 3230 makes a variety of changes to the Department of Veterans Affairs health care services, including changes to improve:

- Access to care from non-department of Veterans Affairs providers;
- Health care administration;
- Health care staffing, recruitment and training;
- Health care treatment related to sexual trauma;
- Health care treatment related to traumatic brain injury; and
- Major medical facility leases.

HR 3230 specifically references the use of telemedicine in two sections.

Section 204: Improvement of access of Veterans to mobile vet centers and mobile medical centers of the Department of Veterans Affairs

Under the bill, the Secretary of Veterans Affairs (the Secretary) is required to improve access of veterans to telemedicine and other health care services through the use of mobile vet centers and mobile medical centers by providing standardized requirements for the operation of such centers. These requirements include:

- The number of days each mobile center is expected to travel per year;
- The number of locations each center is expected to visit per year;
- The number of appointments each center is expected to conduct per year;
- The method and timing of notifications given to individuals in the area.

Each of these mobile centers must have telemedicine capabilities, according to the bill. The Secretary is then required to submit a report to the Committee on Veterans Affairs of the Senate and House of Representatives on access to health care through the use of the mobile centers, including a description and analysis of the effectiveness of the use of the centers to provide telemedicine. The report can also include recommendations for an increase in the telemedicine capabilities of each center.

Section 303: Independent assessment of the health care delivery systems and management processes of the Department of Veterans Affairs

Under this section the Secretary is required to establish a clinic management training program to provide in-person standardized education on systems and process for health care practice management and scheduling to all employees. Part of the training will include how to optimize the use of technology including:

- Telemedicine;
- Electronic mail;
- Text messaging; and
- Such other technologies as specified by the Secretary.

In addition to specific references to telemedicine, HR 3230 also addresses the departments' overall use of technology.

Section 201: Independent assessment of the health care delivery systems and management processes of the Department of Veterans Affairs

Under this section, the Secretary would be obligated to enter into one or more contracts with a private sector entity to conduct an independent assessment of the hospital care, medical services and other health care furnished in medical facilities of the VA.

The assessment must address, among other things, the information technology strategies of the VA with respect to furnishing and managing health care, including an identification of any weaknesses and opportunities with respect to technology. They should especially focus on strategies around clinical documentation of episodes of hospital care, medical services and other health care. They would also be required to assess the scheduling system technology.

Section 203: Technology task force on review of scheduling system and software of the Department of Veterans Affairs

The VA would be required to enter into an agreement with a technology organization(s) that they can use as a technology task force to conduct a review of the needs of the VA with respect to their scheduling system and scheduling software.

Analysis

HR 3230 would expand access to care through the use of mobile vet centers and mobile medical centers, which would be equipped with telemedicine and required to travel a certain number of days, to a certain amount of locations, and book a certain number of appointments each year. There would also be rules around how the VA must make people aware that such a mobile center is coming to their community, which will make it easier for people to plan ahead and access the care they need.

Training VA staff on the use of technology is also an important step to ensuring telemedicine is used to its fullest capacity.

An independent assessment on the VA's use of technology and a technology task force to review their scheduling system and software will help the VA identify areas they can improve their technology, and overall health care system.
