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WOUNDED WARRIOR PROJECT
STATEMENT FOR THE RECORD
COMMITTEE ON VETERANS' AFFAIRS
UNITED STATES HOUSE OF REPRESENTATIVES

OCTOBER 24, 2017

Chairman Roe, Ranking Member Walz, and Members of the Committee:

Thank you for inviting Wounded Warrior Project (“WWP”) to offer our views on legislation currently under consideration by the Committee. WWP brings perspectives based on our first-hand experiences working directly with warriors who have sustained wounds, injuries, and illnesses since 9/11, and their families, through more than twenty comprehensive programs and services, as well as from our partnerships and collaboration with other community organizations who share our commitment to addressing the needs of wounded warriors and filling gaps in government care. We offer the following statement to assist the Committee in its review of pending legislation.

**Draft Legislation to establish a permanent Veterans Choice Program &
Draft Legislation entitled the “Veteran Coordinated Access & Rewarding Experiences (CARE) Act”**

As our community moves forward to forge a long-term replacement for the Veterans Choice Program, we must recognize that those who have put their lives in harm’s way deserve the best possible care, regardless of whether that care is delivered by the Department of Veterans Affairs (VA) or community providers. VA provides exceptional care for veterans and should be given the resources it requires to continue improving health care quality and availability, but leveraging non-VA care to expand options and improve outcomes for veterans is a necessary part of meeting them where they are and where they want to go in their recovery. As such, WWP supports a strong integrated health system that provides timely access to optimal care – a position based on feedback from warriors that provides unique insight to the needs of the post-9/11 generation of warriors we serve.

Since 2010, WWP has performed a comprehensive annual survey of our warriors to help the organization identify trends among this community, to compare their outcomes with those of other military and veteran populations, and to measure the impact and mix of WWP programs and services – all in an effort to determine how we can better serve veterans, service members, and their families. Our forthcoming 2017 Wounded Warrior Project Survey is based on the results of 34,822 completed surveys and weighted to produce estimates representative of the 2017 WWP population, which stood at 106,821 as of October 3, 2017.

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While the final report is being prepared, we are pleased to share several data points from our study that illustrate recent trends in the community and focal points for emerging veteran-focused public policy. Among the most salient points for the Committee to consider are the following:

- **Growing enrollment in VA health care:** Up three percentage points from the 2016 estimate, 73.6% of warriors are enrolled for Veterans Health Administration (VHA) benefits and services. This represents a three-year increasing trend.
 - While approximately forty percent of our nation’s veterans are enrolled for VHA care, this survey indicates that wounded veterans who served on or after 9/11 are more likely to use VA health care than other segments of the overall U.S. veteran population.
- **Use of VA primary care:** More than two-thirds (69.0%) of responding warriors with VA health insurance use VA as their primary health care provider. These veterans may have other insurance in addition to VA coverage.
 - Among warriors that do not use VA as their primary health care provider, the leading reasons why were difficulty accessing VA (43.5%), too much trouble or red tape (43.4%), and bad prior experiences at VA (43.4%).
- **Effects of physical health and mental health problems on activities:** Over 80% of warriors report that they were less productive than they would have liked because of their physical health or emotional problems. More than 8 in 10 warriors (82.2%) said that their physical health limited them in the kind of work or other activities they could perform in the past four weeks. More than 8 in 10 (83.9%) indicated that they were less productive than they would have liked because of emotional problems.
 - **Body weight:** In 2017, the average body mass index (BMI) for our warriors was 30.7, slightly above the cut-off for obesity, which is 30.0. More than 8 in 10 (86.7%) warriors reported a BMI exceeding the cut-off for being overweight.
- **Mental health care services – Access/Resources:** Among warriors, 51.7% had visited a professional to get help with issues such as stress, emotional, alcohol, drug, or family problems in the past three months, but access to care remains an issue. More than one-third of warriors (34.1%) had difficulty getting mental health care, or did not get the care they needed.
 - **VA scheduling:** Over one-third of warriors (34.8%) indicated that conflicts between their personal schedules and hours of operation of the VA sites were the reason they had difficulty getting mental health care – the most frequently cited reason in the survey.
 - **Geography:** There was a slight decrease from the 2016 estimate in the percentage of warriors mentioning a lack of resources in their geographic area as reason for difficulties in getting mental health care (24.7%, compared to 26.0% in 2016).
 - **Specialists:** Warriors seeking mental health care from a specialist – such as a psychiatrist, psychologist, social worker, or counselor – averaged 5.7 visits (3.0 mean) over a 3- month period.

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- **Encouraging trends:** While 34.8% of warriors indicated scheduling conflicts with VA as an impediment to receiving care, that percentage has declined from 37.5% in 2015 and 36.4% in 2016. Similarly, the percentage of those citing difficulty in scheduling appointments has decreased from 31.5% in 2015, to 30.9% in 2016, to 29.3% in 2017.
- **VA top-cited resource for mental health care:** Wounded warriors utilize various resources and tools to help address their mental health issues. VA was the most frequently cited resource (70.6%), continuing its trend as the most commonly used resource (66.1% in 2016).
 - **Quality:** In addition to being the most frequently used resource, VA care was also cited as the most effective (20.3%); talking to another OEF/OIF/OND veteran (14.9%) was second; prescription medicine was third (10.8%); and service dogs/pets/other animals was fourth (9.0%).
- **Physical health care services – Access:** More than 4 in 10 warriors (42.7%) had difficulty getting health care for physical injuries or problems in the past 12 months, or they put off getting care, or did not get the physical health care they thought they needed.
 - **Scheduling:** The most frequently cited reason was difficulty in scheduling appointments (39.1%).
 - **Encouraging trend – Access:** Similar to trends seen in mental health care access, difficulty in scheduling appointments was at its lowest point in three years, as the frequency has fallen from 42.4% in 2015, to 40.3% in 2016, to 39.1% in 2017.
 - **Discouraging trend – Specialists:** The percentage of veterans reporting that VA requirements make it difficult to get referrals to specialty treatment for physical problems has been growing since 2015. That percentage has risen from 29.6% in 2015, to 30.9% in 2016, to 31.1% in 2017.

While the 2017 Wounded Warrior Project Survey did not ask any questions related to the Veterans Choice Program or attempt to create control groups to assess the program usage or effectiveness, trends indicating improved access to care may reflect positive outcomes from the Veterans Choice Program. There is no doubt that veterans across the country have benefitted from the two pillars of the Veterans Access, Choice, and Accountability Act of 2014 (P.L. 113-146) – investing in VA’s internal capacity to meet rising demand for care, and improving access to community-based care to expand that capacity even further.

The 2017 Wounded Warrior Project survey clearly shows that the veterans we serve most frequently look to VA for care, but that difficulty scheduling appointments – whether due to bureaucratic morass or conflicts with VA hours of operation – remain an impediment to care. Taken together, these points provide a compelling reason to continue making investments in VA-based care while recognizing that there are still limits in VA’s capacity to meet demand for care. We urge the Committee to address pending legislation with an eye towards strengthening and modernizing VA-based health care and integrating community-based care to ensure timely and convenient access for all enrolled veterans.

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Moreover, WWP urges the Committee to consider the pending legislation as a vehicle to improving collaboration between VA and the nonprofit community and ensuring that VA has the requisite authorities to partner with private and nonprofit organizations to deliver care in new and innovative ways. As these organizations are often able to operate nimbly and with fewer restraints, several have become adept at identifying gaps in care, developing new and effective treatment strategies, and ultimately testing current ideas and practices for scalability in the future so that more veterans have access the best possible health care.

At WWP, we have seen first-hand how our community can work together to deliver effective care in the present and build the foundation for even better care in the future. In January 2016, WWP, Emory University, Massachusetts General Hospital, University of California at Los Angeles, and Rush University Medical Center officially started accepting wounded service members for a first-of-its kind mental health program, Warrior Care Network™. Warrior Care Network represents a three-year, \$100 million commitment made by Wounded Warrior Project and its partner academic medical centers (AMCs) to build a more systematic and evidence-based approach to post-traumatic stress disorder (PTSD) and traumatic brain injury (TBI) treatment, but that partnership extends even further.

While AMCs provide veteran-centric comprehensive care, aggregate data, share best practices, and coordinate care in an unprecedented manner, a Memorandum of Agreement (MOA) between WWP and VA has been structured to further expand the continuum of care for the veterans we treat. The MOA generates cooperation and collaboration on several levels while emphasizing objectives consistent with several principles of a strong, integrated health system including the need to improve access and timely care, provide care and support networks at the local level, and increase the number of community-based providers competent in caring for veterans.

To date, more than 2,300 wounded veterans across the country have received care through the Warrior Care Network, and we hope to reach thousands more in the years ahead. We believe that partnerships such as the Warrior Care Network embody the spirit of collaboration envisioned by community care integration, and we encourage the Committee to embrace legislative solutions that empower VA to identify and partner with organizations that are striving to build better models of care for the future.

In closing, we commend the Committee for prioritizing the need to replace the Veterans Choice Program with a carefully designed system that is accessible and efficient for veterans, accommodating and inviting for providers, and built to ensure a strong and stable integrated system of care for those who have bravely served our country. While WWP does not currently endorse either of the community care bills before the Committee today, we are encouraged by the inclusive nature that both VA and Congress have used in crafting their proposals for a long-term replacement for the Veterans Choice Program. We are eager to engage with Congressional stakeholders as these deliberations continue, and wish to make our resources available to help increase understanding of the profile and particular needs of post-9/11 wounded veterans, or how WWP and others are finding new and innovative ways to serve this population.

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