Wounded Warrior Project
4899 Belfort Road, Suite 300
Jacksonville, Florida 32256

O 904.296.7350

F 904.296.7347

WOUNDED WARRIOR PROJECT

Statement of
Matt Brady
Director of Complex Case Coordination

Before the

SUBCOMMITTEE ON HEALTH
COMMITTEE ON VETERANS' AFFAIRS
U.S. HOUSE OF REPRESENTATIVES

"Care Coordination: Assessing Veteran Needs and Improving Outcomes"

June 13, 2023

Chairwoman Miller-Meeks, Ranking Member Brownley, and distinguished members of the House Committee on Veterans' Affairs Subcommittee on Health – thank you for inviting Wounded Warrior Project (WWP) to submit this written statement for the record of today's hearing on care coordination at the U.S. Department of Veterans Affairs (VA). Care coordination is critically important to those who rely on VA for health care, particularly for those with multiple conditions and providers, and those who receive care within VA and its network of community-based providers. We appreciate your attention to this topic and are pleased to share our perspective.

Wounded Warrior Project was founded to connect, serve, and empower our nation's wounded, ill, and injured veterans, Service members, and their families and caregivers. We are fulfilling this mission by providing more than 20 life-changing programs and services to over 190,000 registered post-9/11 warriors and 48,000 of their registered family members. As our programs have evolved alongside those we support over the past 20 years, filling gaps in government-provided services has been an enduring focus that has fostered close familiarity with VA's ability to coordinate care for veterans.

To be clear, there is no shortage of VA programs to support veterans and their families. However, in that abundance, many in this population remain confused by the number and types of VA services, employee roles in their delivery, and eligibility criteria. As such, WWP has often filled a void by assisting warriors and their families with navigating the VA system to help better ensure positive outcomes and coordination. This support – which can be provided through different WWP programs – is particularly important for the specific population of veterans that WWP serves.

Based on data from our 2022 Annual Warrior Survey, nearly four in five WWP warriors have a VA disability rating of 70% or higher. Typically, our warriors have multiple cooccurring diagnoses (94%), with the most common being sleep problems, post-traumatic stress disorder (PTSD), anxiety, and depression. Over 90% of warriors report having health care coverage through VA and nearly 60% use VA-only providers to receive their primary care. 55% of those warriors who use VA providers for their primary care report that VA was either extremely helpful or very helpful in coordinating their primary care. Nearly 45% of warriors who use VA providers for their primary care report that VA was either somewhat helpful or not at all helpful in coordinating their primary care.

With these warriors in mind, WWP has purposefully set out to build and maintain a series of programs to help increase the quality of interactions with the VA health system and ensure the best results for those we serve. Three of those programs stand out in particular.

***Independence Program*: Helping veterans live more independently and with better quality of life in consideration of moderate to severe brain injury, paralysis, or neurological/neurodegenerative conditions.**

The Independence Program is a partnership between WWP, the warrior, and his or her family or caregiver, and is uniquely structured to adapt to their ever-changing needs. This program pairs warriors who rely on their families and/or caregivers with a specialized case management team, paid for by WWP, to develop a personalized plan to restore meaningful levels of activity, purpose, and independence into their daily lives. These teams focus on increasing access to community services, empowering warriors to achieve goals of living a more independent life, and continuing rehabilitation through alternative therapies.

Services are highly individualized and supplement VA care, including: case management, in-home care, transportation, life skills coaching, traditional therapies (physical, occupational, speech, etc.), alternative therapies (art, music, equine, etc.), and community volunteer opportunities. These services are provided for free and augment or complement what our warriors receive from VA. For many, this is an opportunity to participate in the types of daily tasks and meaningful activities others take for granted. It also provides anecdotal evidence to indicate that veterans fitting this profile may require more consistent care coordination service:

- WWP assisted an Army veteran who, because of his injuries, was honorably discharged after two deployments to Iraq. He now requires supervision and assistance with his activities of daily living, as well as instrumental activities of daily living due to a severe neurological disorder. His caregiving situation became unstable with his previous spouse not being able to provide care to him or their children. The family moved in order to get support from the veteran's mother, who is now the primary caregiver. Without the support from the caregiver, the veteran would be at significant risk for institutionalization. The Independence Program assisted the veteran with transferring care to the new VA facility and implementing some community support services so he can engage in meaningful activities at home. Unfortunately, the veteran and his family became homeless after they were evicted from their home. The Independence Program

stepped in to provide financial assistance and temporary housing for the family. Additionally, the Independence Program staff contracted a local case manager to assist the veteran with identifying primary care and mental health providers at the local VA; supported the veteran with enrolling his kids into school; placed mental health counseling referrals for the kids; referred the veteran to a financial counseling program; and assisted with application process for a new apartment. After a year in the Independence Program, veteran is attending all medical appointments at the VA, making timely payments on his bills, obtained his driver's license, purchased a car, and is working with a community support specialist to build structure and consistency at home.

- WWP has also helped a 23-year-old Army veteran who was injured in a fall resulting in a spinal cord injury, paraplegia and traumatic brain injury (TBI). The soldier was residing in an ADA accessible Barrick at the Soldier Recovery Unit in San Antonio, Texas when the Independence Program connected with him. He required assistance with activities of daily living including transfers and bowel/bladder care. He also had undetermined cognitive deficits as a neuropsychological evaluation had not yet been completed. He did not have access to transportation and could not get to appointments, grocery shop, or access his community independently. At the time of discharge, he did not have a comprehensive discharge plan, ADA accessible housing, or an identified caregiver. This veteran was at significant risk of homelessness, institutionalization or further injury without supervision and supports put in place. The Independence Program connected this veteran to a community-based case manager who supported the veteran in securing ADA housing, setting up VA Homemaker and Home Health Aide (HHA) in-home supports, and Community Support Specialists to assist the veteran in scheduling and attending medical appointments. The veteran also engaged in recreational therapy to address his reintegration into his community and participated in financial counseling. WWP also collaborated with the veteran's VA social worker to ensure physical therapy was conducted in his home, that he was provided a shower chair, had access to VA transportation and ensured a neuropsychological evaluation was scheduled with his local VA. His community-based case manager, provided by WWP, continues to work with the VA to ensure these in home supports are managed by the VA moving forward.

In addition to these specific case studies, WWP also surveyed our veteran and caregiver population to gather insight about how care and services might be better coordinated at VA, specifically with the VA's Program of Comprehensive Assistance for Family Caregivers (PCAFC). In May 2022, WWP surveyed a subset of veterans and caregivers (13,000) who previously indicated: a need for aid & attendance services, being housebound, requiring instrumental support or currently participating in WWP's Independence Program. Data from this survey strongly supports the idea that veterans and caregivers benefit from enhanced care coordination and that more effective communication about VA's programmatic offerings is needed.

Over half of respondents reported they never participated in PCAFC (51.2%) or were denied (11.3%). For those that never participated in PCAFC, 67% were not aware of PCAFC and their potential eligibility. Nearly 24% were ineligible under the previous PCAFC rules. The lack of awareness about PCAFC eligibility in our sample population, despite disclosing a disability rating of 70% or higher, where a significant majority reported a need for 50 hours per week of caregiver assistance due to physical injury and/or mental injury, is concerning. Additionally, we surveyed our constituents about utilization of other VA entitlement programs that can support aid & attendance, such as VA special monthly compensation (SMC). SMC is a benefit paid directly to veterans that specifically supports aid & attendance. Despite the high disability rating, the requirement for aid & attendance, and the reliance of our population on a caregiver, 71.8% do not receive SMC. In sum, we believe these findings suggest improved care coordination and commitment to raising awareness of programs for more severely wounded, ill, or injured veterans would result in better utilization among those who would qualify for them.

Based on the experience of our Independence Program, we have the following calls to action for the subcommittee to consider:

- **Ensure that policies are in place to increase awareness and accessibility of programs for those with heightened needs**. WWP supports the *Elizabeth Dole Home Care Act* (H.R. 452, S. 141), particularly key provisions that would instruct VA to provide informal Geriatrics and Extended Care (GEC) program assessment tools to help veterans and caregivers identify expanded services they are eligible for, and assist caregivers denied or discharged from PCAFC into other VA-provided home-cased care and support. Such support can also be found in the community and advanced through measures like Section 2 of the *Caregiver Application and Appeals Reform Act of 2023* (S.1792), which WWP also supports. Improving veteran and caregiver knowledge of VA program intricacies and providing clearer direction of how they can be used is a less formal variety of care coordination that should help many.

  Additionally**,** WWP has found that establishing treatment and support programs may simply not be enough. Overlapping resources and nonuniform availability of federal, state, and local resources require a broad community effort to connect those in need with the services created for them. For this younger generation, VA's nomenclature has an impact. The word "Geriatric" – in reference to VA's GEC program office – can be a source of confusion or deterrence for both the veteran and their case manager or social worker to seek services even as veterans under the age of 65 already represent 27% of those served by VA's long term support services.[1]

  To overcome even this most basic barrier as well as others, a menu of available program options tailored to the veteran/family and based on his or her needs and eligibility would maximize the use and impact of those services. In addition, younger veterans with long term care needs and their caregivers are often overlooked for programs like Veteran

[1] U.S. DEP'T OF VET. AFFAIRS, FISCAL YEAR 2024 BUDGET SUBMISSION, Medical Programs and Information Technology Programs at VHA-198, https://department.va.gov/administrations-and-offices/management/budget/ (last visited June 9, 2023).

Directed Care and Home-Based Primary Care because they are a small – but vulnerable – portion of the eligible population. In many cases, they are in desperate need of these services but simply are not aware they exist. Because this population is relatively small and geographically diverse, increased training to identify younger veterans in need of long-term support services may be needed.

- **Continue to foster VA collaboration with community-based non-profit organizations, and state and local governments to increase the availability of care coordination services in the community**. WWP was pleased to advocate for passage of the *Commander John Scott Hannon Veterans Mental Health Care Improvement Act* (P.L. 116-171) that signed into law in 2019. Section 201, the Staff Sergeant Parker Gordon Fox Suicide Prevention Grant Program, established a 3-year grant program to provide grants for upstream community-based suicide prevention efforts. These grants are awarded to organizations working to provide or coordinate suicide prevention efforts within their communities, including by providing case management services. WWP supports these ongoing efforts and encourages continued collaboration between VA, community organizations, and state and local governments to collaborate and provide additional case management services to veterans.

  While the Fox Grant Program is focused on suicide prevention services and expressly includes case management service as a (see *Hannon Act*, Sect. 201 (q)(11)(A)(v)), this model of collaboration between VA and community may also find success in a program dedicated specifically to care coordination.

***Complex Case Coordination*: Helping veterans in need of immediate mental or physical health care access high quality VA or community-based services as soon as possible.**

Wounded Warrior Project's Complex Case Coordination (C3) team serves warriors with complex challenges that are often multi-faceted and require urgent action. They connect warriors to internal and external resources and treatment options to provide them with immediate assistance. When working with warriors, the C3 team assesses each of their unique needs and works with them to develop an individualized plan. They work to identify the resources that will best meet the warrior's needs and often act as a liaison between VA, the Department of Defense (DoD), and private community resources throughout the course of the warrior's treatment.

The C3 team works a case in three phases. First, they work to ensure the warrior is safe and stable, conducting an assessment and determining their needs. The second is to maintain the situation while they work to build an action plan, mobilize resources, and advocate for the warrior's needs. The third is the transition, where the team coordinates wrap around services and conducts follow-up.

As VA is one of our most critical partners, C3 has a strong record of collaborating with VA's Central Office (VACO), every Veteran Integrated Service Network (VISN), and nearly every VA Medical Center (VAMC). The C3 team works with VA providers and social workers to not only coordinate care, but to facilitate the resolution of complex needs, including housing insecurity, justice involvement, military sexual trauma (MST), substance use, and mental health,

or cognitive challenges. With over 1,200 cases over the last four years, we have seen the impact and efficacy of case coordination result in improved outcomes and often, a restored confidence for the veteran in VA healthcare.

When working a case, the C3 team assesses what VA resources may be available to immediately address a warrior's needs. Whether it's a mental health social worker, Military2VA Case Manager, MST, or U.S. Department of Housing and Urban Development-VA Supportive Housing (HUDVASH) program lead, these dedicated VA employees work in coordination with WWP to assist warriors. In some extremely complex cases, C3 will enlist assistance from VISN Chief Mental Health Officers or even VACO when clinical care needs are not being met, there is inconsistent policy execution, or care plan execution is unable to be resolved. In the past, they have been extremely helpful in elevating these issues and working with WWP to find a quick resolution.

Based on our experience of helping wounded veterans through C3 and the associated perspectives of working with VA to advocate for their needs, we have the following recommendations for the subcommittee:

- ***Create a system that helps centralize care coordination and patient advocacy – particularly for those with complex needs.*** Wounded Warrior Project supports the creation of a system to help centralize care coordination and patient advocacy, especially for those veterans with the most complex needs. This approach should include a mechanism to help identify those most in need of assistance with care coordination, through screening during enrollment, identification by providers and social workers of current enrollees, and a process for veterans and caregivers to self-identify as in need of these services. Additional elements should include a central hub for coordinating care across different healthcare settings to ensure that all providers involved in the veteran's care have access to the necessary information and can collaborate effectively, as well as the ability for health advocates (like WWP) to intervene and assist with necessary appeals.

  WWP would also recommend the designation of a VA social worker, at each VAMC, with enhanced authority to serve as the subject matter expert for the facility. This social worker would provide mentorship, oversight, and assistance to other social workers executing care coordination at the service level and would have the authority to expedite needed care across all service areas while facilitating communication between different providers, and helping veterans navigate the healthcare system. An additional consideration may be for training and accreditation for veteran service organizations (VSOs) to be able to engage directly with this designated social worker on behalf of a veteran. It is also essential that we empower veterans (or their designated advocates) to actively participate in their care by providing them with adequate information, resources, and education about their health conditions, treatment options, and available support services. This allows veterans to make informed decisions, effectively communicate their needs, and take ownership of their health.

Inspiration for additional improvements to case management, especially for those with more complex needs, can be found in the Federal Recovery Coordination Program (FRCP) that previously assigned recovering Service members with recovery care coordinators responsible for overseeing and assisting the Service members through their entire spectrum of care, management, transition, and rehabilitation services available from the federal government. This model which developed a holistic care plan for the veteran, with the authority to see it through, was more effective in our experience, than the current model of indirect liaisons.

Given how often veterans receive care outside of VA facilities, it is also necessary to ensure that medical information is appropriately communicated, and that care coordination exists between all primary, specialty, and residential care providers. Care plans, treatments, and the availability for continuing pharmaceutical support of treatments must be communicated effectively to those provider teams involved in an individual's care, whether inside or outside of VA.

- **Establish a consistent access standard for VA's Mental Health Residential Rehabilitation Programs.** Another way to address care coordination at VA is by establishing a consistent access standard for VA's Mental Health Residential Rehabilitation Programs (MH RRTPs). Currently, the access standards established by the *VA MISSION Act* (P.L. 115-182 § 104) and memorialized in the Code of Federal Regulations (38 C.F.R. § 17.4040) do not, in practice, extend to mental or substance use disorder (SUD) care provided in a residential setting. VA has maintained adherence to access standards for this type of care through Veterans Health Administration (VHA) Directive 1162.02, which establishes a priority admission standard of 72 hours and, for all other cases, 30 days before a veteran must be offered (not necessarily provided) alternative residential treatment or another level of care that meets the veteran's needs and preferences at the time of screening.

  Unfortunately, this policy has not been uniformly applied across the VA system and WWP has seen many examples of veterans forced to wait longer than 30 days for residential treatment, and not being offered care in the community as required. Interim care offerings have included telehealth and virtual intensive outpatient programs that are less than what the veteran ultimately needs and desires. These care options tend to be less intensive, less effective, and have poorer outcomes than the residential care options they are intended to supplant. Other issues WWP has seen involving care within MH RRTPs includes poor communication of records between VA and community residential care, lack of appointment follow-up, and prescription updates.

  We believe by establishing a consistent access standard for MH RRTPs, veterans will not only receive more standardized, quality, and timely care, but we will also see an improvement in some of these other issues currently associated with RRTP care more generally. To that end, WWP appreciates and supports Section 2 of the *Veteran Care Improvement Act* (H.R. 3520), which would codify an access standard for RRTP programs. However, we would also recommend expanding the terms of that section to

include other varieties of RRTP care like its specialty tracks for PTSD, MST, and severe mental illness.

<u>Warrior Care Network</u>: Helping reduce gaps and inefficiencies in mental health care delivery through innovation and collaboration.

Wounded Warrior Project's Warrior Care Network (WCN) is a two-week intensive outpatient program where warriors learn how to minimize the interference of mental health issues in their everyday lives. WWP partners with four academic medical centers across the country to provide this treatment to help warriors manage their PTSD, traumatic brain injury (TBI), SUDs, and other mental health conditions.

WCN academic medical center (AMC) partners provide veteran-centric comprehensive care, share data and best practices, and coordinate care in an unprecedented manner. This program's partnership with VA has helped create a broad continuum of support that is critical to successful outcomes for veterans. In 2016, the VA and WWP created a first-of-its-kind partnership, signing a Memorandum of Understanding (MOU) aimed at ensuring continuity of care and successful discharge planning for Warriors receiving treatment from both WCN and VA. This partnership included providing VA staff to assist part time at each AMC facilitating coordination of care and integrating the AMC care team.

The MOU and partnership were expanded and enhanced in 2018, establishing four full time VA Liaison positions, embedded at each AMC. The VA Liaisons are responsible for ensuring that medical records are seamlessly shared between VA and WCN, that warriors are fully registered with VA, and that they get follow up care appointments after WCN graduation at the VA. In 2022, the VA renewed the MOU for a third time, continuing to fund one VA Liaison at each AMC site. Each VA liaison facilitates national referrals throughout the VA system as indicated for mental health or other needs. During 2022 alone, VA Liaisons served 708 warriors. Over the FY 18-22 period (beginning when VA Liaisons were assigned):

- 88% of veterans served by Warrior Care Network took advantage of connecting with a VA Liaison.
- More than 3,000 referrals for VA care were opened. Among the most requested appointments were mental health care, VA benefits, and primary care.
- More than 19,000 hours of collaborative hours between VA Liaisons and academic medical center employees and veterans.

In sum, Warrior Care Network results and collaboration with VA has validated our belief that community-based, veteran-centric, intensive mental health and substance use care can lead to exceptional health improvements and increased engagement between veterans and VA when properly structured and managed. While we realize that this level of VA interaction and embedding with community care providers may not be reproducible at large scale, we remain committed to the following calls to action:

- **Leverage innovation programs and investments to explore long term solutions for improved care coordination**. One approach could be to elevate VA's commitment to exploring innovative

programming approaches by elevating the Center for Care and Payment Innovation (CCPI) to the Secretary's office rather than an entity within VHA, as outlined in Section 206 of S. 1315, the *Veterans' Health Empowerment, Access, Leadership, and Transparency for our Heroes Act*. The bill would also require CCPI to establish pilot programs for the development of innovative approaches to testing payment and service delivery models, expand CCPI's mandate to include pilot programs that increase productivity and modernization, and accelerate CCPI's operational tempo. Strengthening CCPI may allow for VA to transform and improve veteran care, while reducing costs and administrative burdens.

Additional Calls to Action that can Improve Care Coordination

Continue Drive Towards Electronic Health Record Modernization (EHRM)

As DoD and VA continue push towards interoperability, we cannot lose sight of the goal of widespread and efficient adoption of electronic health record (EHR) systems. This will ultimately allow for seamless sharing of medical information, treatment plans, and progress updates. It also mitigates the risk of fragmented care. We believe a successful deployment of a fully integrated and user-friendly EHR will create efficiencies and result in better quality of care, improved identification of high-risk patients, an overall higher quality of life for veterans, and most significant to today's discussion, improved care coordination.

Wounded Warrior Project continues to share the larger communities' concerns with the ongoing delays and issues surrounding the EHRM efforts. WWP was pleased to see the recent announcement that VA renegotiated their EHR contract with Oracle Cerner to include additional performance metrics and accountability measures. We are encouraged to see Congress playing a larger role in oversight and believe all stakeholders must be held accountable to ensure high levels of interoperability and data accessibility between VA, DoD, and commercial health partners.

As the EHRM process continues to play out, WWP encourages Congress to look at the lessons learned from the DoD implementation of MHS GENESIS. The DoD MHS GENESIS electronic health record will provide DoD's 9.6 million beneficiaries and over 200,000 medical providers with a single, common record of medical and dental information. It is deploying in 23 "waves" and is currently 81% complete with full deployment expected by the end of 2023. While the initial deployment was not without its challenges, it is now expected to fully deploy within budget and on time. One aspect of the deployment that proved successful for DoD throughout this process was a system integrator approach. This approach involves using a government contractor to coordinate the integration and implementation of the single, common record. We encourage Congress to evaluate the differences in these implementation efforts and consider additional models, including this system integrator approach.

Continue to Leverage Telehealth

Wounded Warrior Project continues to believe in the importance of telehealth and asks that you continue to leverage its benefits for the veteran community. Telehealth and telemedicine services should be expanded to improve access to care, especially for veterans in

remote areas. Telehealth enables virtual consultations, remote monitoring, and the delivery of healthcare services, reducing the need for veterans to travel long distances for appointments.

While telehealth has been critical to expanding access to health care services; telehealth cannot simply replace in-person service delivery. Consumers, in consultation with their providers, must be able to choose whether telehealth or in-person services are most appropriate for their needs. Some plans have implemented strategies to limit consumers' options by offering "telehealth only" or "telehealth first" coverage, which bars or limits access to in-person care. For individuals who need a higher level of outpatient care, residential care, or inpatient care to treat their MH/SUD condition(s), a "telehealth only" option can negatively impact treatment options, further delay an appropriate level of care, and can be a significant financial barrier if individuals find they must pay out-of-pocket for additional services.

We support telehealth provisions in S. 1315, the *Veterans Health Empowerment, Access, Leadership, and Transparency for our Heroes Act of 2023,* and H.R. 3520, the *Veteran Care Improvement Act of 2023*. Both bills include measures that would require VA to discuss telehealth options for care, both at VA and in the community, if telehealth is available, appropriate, and acceptable to the veteran. We ask that Congress continue to work with VA and other stakeholders to ensure that the necessary balance is found between the efficiencies of telehealth and veteran preference.

Stabilize the Clinical Care Workforce

WWP has been encouraged by recent efforts to address the workforce shortage and high turnover rates at VA. In the first five months of fiscal year 2023, nearly 10,000 new employees were hired at VHA and as of March, they were 44% of the way toward their goal of hiring 52,000 new employees[2]. However, we continue to be concerned by reports of high numbers of vacancies, often resulting in long wait times and disjointed care for veterans. We believe that more can be done to help recruit and retain the best talent to ensure veterans are receiving timely and quality care.

Congress can address some of these issues by passing S. 10, the *VA CAREERS Act*. This bill would set higher base pay caps for VA physicians, podiatrists, optometrists, and dentists, making VA a more competitive option for providers. The bill would also improve VA's ability to hire at rural VA facilities by providing them with the ability to buy out the contracts of some private-sector health care professionals in exchange for employment at rural facilities. Additionally, it would allow VA to pay for licensure exam costs for future clinicians participating in VA scholarship programs and expand eligibility for health care staff to be reimbursed for professional education costs.

To ensure veterans are receiving the best possible care, with minimal interruptions, WWP believes it is essential that VA be given the resources necessary to adequately recruit and retain

[2] Eric Katz, *VA Is Hiring at a Record Rate. Employees Say It's Still Not Enough*, GOVERNMENT EXECUTIVE (March 21, 2023), *available at* https://www.govexec.com/workforce/2023/03/va-hiring-record-rate-employees-say-its-still-not-enough/384257/.

top talent to care for veterans. We encourage Congress to monitor this issue and ensure VA has the resources they need to achieve this goal.

Focus on PACT Act-related Care Needs

For two decades, Service members who were deployed to post-9/11 battlefields were exposed to dangerous fumes from burn pits and other toxic chemicals. After the 117th Congress passed the *Sergeant First Class Heath Robinson Honoring our Promise to Address Comprehensive Toxics (PACT) Act of 2022* (P.L. 117-168), many veterans now suffering from respiratory conditions, cancers, and other serious illnesses have access to VA care for those disorders. Under the *PACT Act*, recently discharged combat veterans now have a 10-year enhanced enrollment period (up from 5 years), and veterans who were discharged more than 10 years ago have a limited one-year period to enroll for care (October 1, 2022, to September 30, 2023). Even more may now seek care for conditions that are now more likely to be service connected.

While VA deserves praise for all of its implementation efforts, expansion of health care under the PACT Act has highlighted gaps in care coordination for cancer care. As noted in a recent Government Accountability Office report and experienced by WWP's C3 team, VHA does not have a policy that addresses cancer surveillance or assign responsibility for cancer care coordination.[3] Given the success that VA has had using social workers in fields like traumatic brain injury and spinal cord injury to coordinate ancillary care for patients, we believe a similar policy should be in place for oncology patients.

CONCLUSION

Wounded Warrior Project thanks the Subcommittee on Health and its distinguished members for inviting our organization to submit this statement. We are grateful for your attention and efforts to ensure that veterans receive the best possible care and outcomes through the Veterans Health Administration, particularly through well-coordinated care. We look forward to continuing to work with you on these issues and are standing by to assist in any way we can towards our shared goal of serving those that have served this country.

[3] OFF. OF INSP. GENERAL, U.S. DEP'T OF VET. AFFAIRS, INADEQUATE COORDINATION OF CARE FOR A PATIENT AT THE WEST PALM BEACH VA HEALTH CARE SYSTEM IN FLORIDA iii (Mar. 2023).