

General Comments

Adams alleged that:

- VA has “habitually” inflated the record of our medical system, inflating our achievements in ways that make it appear more successful than it is, “overselling” our progress in ways that assure Congress and others that we have enough resources to care for our soldiers.

VA’s response:

- The historic transformation of the Department of Veterans Affairs’ health care system has been lauded by the health care industry; professional journals; Members of Congress; newspaper and television reporters; governments around the world; and veterans themselves.
- In the past decade, VA has created the most comprehensive electronic health record system anywhere, which includes computerized, patient-specific clinical reminders allowing our clinicians to follow the best evidence-based practices and procedures in medicine. Both this system and our patient safety program have received Harvard University’s prestigious Innovations Award. And our system of performance measurements allows us to measure our progress in providing health care in areas like accessibility; patient satisfaction; restoration of function; and cost-effectiveness.
- The article accurately pointed out VA has “remade itself” in the past ten years, and “received glowing news coverage.” The author’s error came in attacking the quality of our system by using a few incorrect figures from a press release; disputing the definition of the word “team,” and discounting the integrity of the RAND Corporation, one of the nation’s best sources for independent evaluation. He makes a valid case that we need to be more careful with our numbers and our public statements, but does not challenge the basic truth stated in a recent letter from the Disabled American Veterans: “VA health care is a constant and shining emblem of how to reform a system for excellence.”

Issue 1: PTSD Teams

Adams Alleged that:

- Dr. Kussman claimed, in testimony, that VA has more than 200 PTSD treatment teams, and that our web site, and information they have “obtained” for us indicates that we have approximately 140 such teams. Accordingly, we have lied to Congress.
- At least 30 hospitals have neither PTSD teams nor any other kind of specialized PTSD programs, although all hospitals have at least one person who specializes in the ailment.

VA's response:

- VA currently has 231 PTSD treatment teams, specialists, or specialty programs at locations throughout the Nation, and will have 237 at the close of Fiscal Year 2007.
- Specialists always work in a collaborative, team-focused way with other mental health providers and primary care teams at facilities.

Issue 2: Access**Adams alleged that:**

- VA manipulates waiting times data through scheduler's errors and dishonest entries. They used information from the Inspector General's 2005 report on this subject.

VA's response:

- We have issued two policy memorandums on this subject: one on May 8, 2006 on how to properly schedule clinic appointments; and another on October 11, 2006 on how to manage the electronic wait list. As Adams wrote, we believe we have met the intent of the Inspector General's recommendation.
- We are looking at alternatives to the ways in which we measure wait times to make them less susceptible to scheduler errors.

Issue 3: Satisfaction**Adams alleged that:**

- VA's comparison on the 2006 ACSI reports deliberately overstated the difference between our scores and private industry.
- VA's scores are inflated because ACSI does not adjust for "age and gender differences," which, according to Adams, would reduce our lead in outpatient results from four points to three.

VA's response:

- A transposition error was made in the preparation of our January 10, 2007 press release on the subject, causing an overstatement of the difference between scores. The press release was used as the basis for subsequent statements on the subject, including Congressional budget testimony. VA did not realize the error until Adams pointed it out, and will take steps to correct any misinterpretations it may have created. We appreciate this being called to our attention.
- There was no intention to deliberately mislead anyone. VA has officially reported these numbers accurately to Congress in official reports, and has provided full copies of the report to the media (including Mr. Adams.) In any event VA continues to lead private industry in customer satisfaction, though the margins of lead fluctuate from year to year.

- We disagree with Adams' estimate of what age and gender adjustments would achieve. We do not know where his estimate comes from, because while we have more older veterans than the general population, we have many fewer women—and while older Americans historically have higher satisfaction scores than younger ones, women have historically higher satisfaction scores than men.
- We believe that age adjusted scores would still allow us to maintain our lead, by about the 3 points Adams estimates—and gender adjusted scores would increase the lead in our favor. In any event, we are still ahead.

Issue 4: Quality

Adams alleged that:

- The RAND study, which VA uses as evidence of our system's quality, has been repeatedly mischaracterized.
 - It is not completely independent, as it was funded by a VA grant;
 - is not recent, as data used in it is from 1997 to 1999;
 - does not show that VA performed better than any other health system in this country, as they allege VA has claimed; and
 - used poor data to support its claims.

VA's response:

- The RAND study is, in fact, one of the broadest studies of health care quality ever conducted. It is also among the most recent.
- Numerous other studies (including Jha, *et al* in the New England Journal of Medicine, and Kerr *et al* in the Annals of Internal Medicine) have reported similar findings.
- While VA did contribute some funding to the study, the preponderance of funding came from other sources. The study was published by the RAND Corporation, one of our nation's best sources for objective analysis, with a 60-year reputation for independent evaluation—and RAND continues to stand behind the study's conclusions.
- VA has never claimed that the study showed that we performed better than any other health care system in the nation. Dr. Perlin vehemently denies being quoted in the manner Adams cites.

Issue 5: Sidebar--Comparisons of Outcomes of Care

Adams alleged that:

- Other studies about outcomes of care comparing VA health care to that of other providers show that our outcomes are “about the same” as others, or even worse, in the case of death rates from heart attacks compared to Medicare outcomes.
- A study in the American Journal of Managed Care in 2004 concluded that comparisons among health care systems may not be possible.

VA's response:

- We do believe comparisons among outcomes of care are possible, and use a contractor to collect more than 100 performance measures on prevention, chronic disease, and acute care to compare performance between VA and private providers.
- We also collect a set of measures to mirror the Health Plan Employer Data and Information Set (HEDIS) measures collected and reported nationally for Commercial, Medicare and Medicaid managed care plan. For the fifteen indicators where there are comparable data, VA's performance exceeds other measured entities.
- We participate in the ORYX measurement system, part of the Joint Commission for the Accreditation of Health Care Organizations accreditation process. VA scores exceeded those of other organizations 34% of the time, were similar 57% of the time, and scored below others only 9% of the time.
- The 2004 study on heart attacks has been superseded by subsequent studies, one of which found that it included VA patients who suffered heart attacks after being admitted to a hospital for another medical problem—while excluding Medicare patients in similar situations. A soon-to-be-published study indicates that using uniform risk adjustment methodology, heart attack mortality was not greater than the Medicare population. Other published studies (Selim et al) show lower overall mortality in VA compared to the Medicare population.