Would Privatization of the VHA System Improve Cost, Quality, and Access to Care for Our Veterans?

John W. Sealey, DO

HPF Graduation Presentation
Sept. 19, 2015
Introduction

- What does privatization mean?
Background

- VHA system includes
  - 152 hospitals
  - 800 community based outpatient clinics
  - 126 nursing homes

- Coordinated, holistic care tailored to veteran population

- Uniform electronic medical record

- From 2001-2014 VHA enrolled population has increased 78%

- Idea of privatization of the VHA is not a new idea
Cost of Care

“VHA’s full range of services would have cost about 21% more via the private sector”

American Legion's written testimony to the House Committee on Veteran's Affairs 1/28/15
Access Issues

- Waiting times
- Location of clinical facilities
- National distribution of physicians
- Continuing transition from inpatient to outpatient care
Stakeholders

AMVETS

Concerned Veterans for America

Veterans of Foreign Wars of the United States

Paralyzed Veterans of America
Unintended Consequences

- Sending veterans to an already overburdened system
- Disproportionally affecting most vulnerable veterans
- Possibility of increasing veteran out of pocket costs or decreasing care sought
Summary

VA Stats from 2013:

- 90 Million Outpatient Visits
- 236,000 Health Care Appointments
- 90% Approval Ratings from Veterans

All major Veterans Service Organizations agree: Privatizing the VA would HURT VETERANS.

VoteVet campaign
Recommendations

- Policy priorities the VHA should consider in order to increase the number of primary care practitioners
  - Streamlining the J-1 Visa process
  - Create incentives to recruit military physicians
  - Expand the scope of other primary care providers
  - Allow combat medics and corpsmen to work in the VHA
  - Tailor more customer service towards VHA physicians
  - Increase primary care physician salaries
  - ABPS an acceptable board certification for employment