

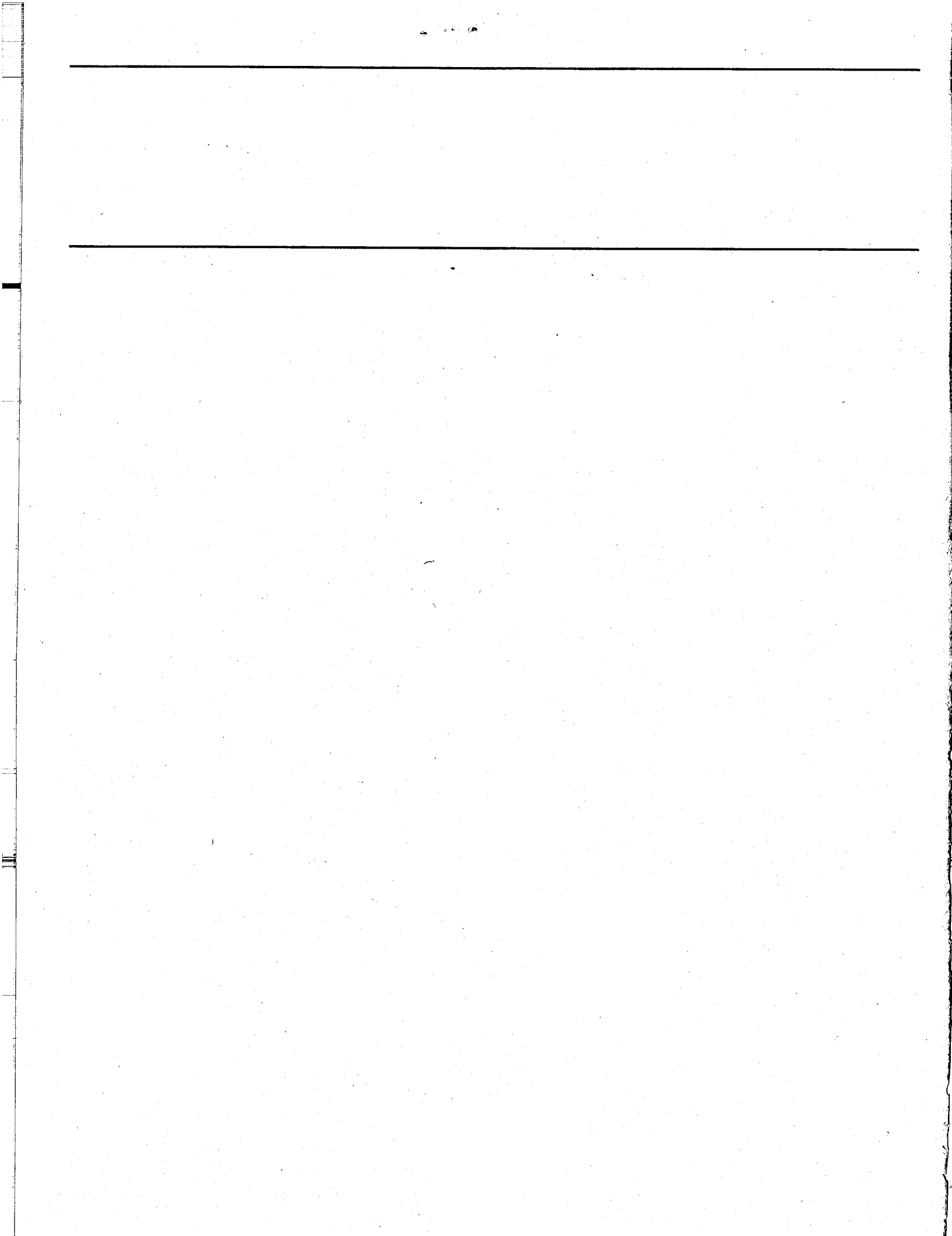
GAO

Health, Education and Human Services
Division

February 1998

Veterans' Affairs and
Military Health Care Issue
Area

Active Assignments



Foreword

This report was prepared primarily to inform Congressional members and key staff of ongoing assignments in the General Accounting Office's Veterans' Affairs and Military Health Care issue area. This report contains assignments that were ongoing as of February 2, 1998, and presents a brief background statement and a list of key questions to be answered on each assignment. The report will be issued quarterly.

This report was compiled from information available in GAO's internal management information systems. Because the information was downloaded from computerized data bases intended for internal use, some information may appear in abbreviated form.

If you have questions or would like additional information about assignments listed, please contact Stephen Backhus, Director, on (202) 512-7111; or Cynthia Fagnoni, Associate Director, on (202) 512-7202.

The first part of the report is devoted to a general description of the country and its resources. It is followed by a detailed account of the various industries and occupations of the people. The third part of the report is devoted to a description of the various educational institutions and the progress of education in the country.

The fourth part of the report is devoted to a description of the various public works and the progress of the construction of roads, bridges, and other public buildings. The fifth part of the report is devoted to a description of the various social and political organizations and the progress of the country in these respects.

The sixth part of the report is devoted to a description of the various scientific and literary organizations and the progress of the country in these respects. The seventh part of the report is devoted to a description of the various religious organizations and the progress of the country in these respects.

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The following information was obtained from the records of the
 Department of the Interior, Bureau of Land Management, on the
 subject of the land described in the foregoing instrument.
 The land described in the foregoing instrument is situated
 in the County of [County Name], State of [State Name], and
 is more particularly described as follows: [Description of land]
 The land described in the foregoing instrument is owned by
 [Owner Name], who is the holder of the title to the same.
 The land described in the foregoing instrument is subject to
 the following conditions, covenants, and restrictions:
 [List of conditions, covenants, and restrictions]
 The land described in the foregoing instrument is subject to
 the following conditions, covenants, and restrictions:
 [List of conditions, covenants, and restrictions]
 The land described in the foregoing instrument is subject to
 the following conditions, covenants, and restrictions:
 [List of conditions, covenants, and restrictions]
 The land described in the foregoing instrument is subject to
 the following conditions, covenants, and restrictions:
 [List of conditions, covenants, and restrictions]

IMPROVING MANAGEMENT AND ACCOUNTABILITY

TITLE: DOD'S MILITARY TREATMENT FACILITY (MTF) PHARMACIES AND CIVILIAN CONTRACTOR PHARMACY SERVICES (101604)

KEY QUESTIONS : DOD provides prescription drug services to over 8 million beneficiaries in military treatment facilities (MTF) & contractor retail and mail order pharmacies. However, beneficiaries do not have dependable access to a uniform pharmacy benefit, and Congress has raised cost concerns. Q1: Do DOD and its pharmacy benefit management (PBM) contractors have the information they need to effectively manage the pharmacy benefit? Q2: What are the merits and feasibility of using PBM practices, including a DOD formulary, to control pharmacy costs? Q3: What are the merits & feasibility of DOD's retail pharmacy proposal for getting access to federal prices for drugs as an alternative to TRICARE contracts? Q4: How might the MTF funding process affect pharmacy benefit access by beneficiaries?

TITLE: PERSIAN GULF ILLNESSES AND VA TREATMENT (101606)

KEY QUESTIONS : Many of the 697,000 veterans who served in the Persian Gulf War (PGW), report an array of physical symptoms including fatigue, skin rashes, headaches, muscle and joint pain, memory loss, shortness of breath, and sleep disturbance that they attribute to their service in the Gulf. The actual number of veterans affected by such symptoms is not known and some veterans complain that Department of Veterans Affairs' (VA) diagnosis and treatment are not coordinated and consistently available. We were requested to determine (1) how many veterans VA and DOD report as suffering from PGW-related illnesses, (2) how VA diagnoses, counsels, treats, and monitors PGW veterans and the health problems they report, and (3) veterans' satisfaction with the health care they receive from VA.

TITLE: REVIEW OF VA ACTIONS TO IMPROVE PROCESSING OF PERSIAN GULF WAR UNDIAGNOSED ILLNESS CLAIMS (105756)

KEY QUESTIONS : In 1994, Congress enacted legislation allowing VA to pay compensation benefits to vets for Persian Gulf related disabilities caused by undiagnosed illness. As of May 1997, VA had approved 8 percent of the 11,000 undiagnosed illness claims. Concerned about the low approval rate, GAO was asked to study how VA is handling compensation claims made by PGW veterans. (1) What efforts has VA undertaken to improve PGW claims processing since May 1996? (2) Is VA following its claims processing procedures for gathering evidence as it reexamines undiagnosed illness claims, specifically, those procedures not complied with prior to May 1996? (3) What are the potential advantages and disadvantages of VA's decision to decentralize claims processing from 4 to 58 regional offices?

TITLE: REVIEW OF VA COMPENSATION AND PENSION QUALITY ASSURANCE PROGRAMS (105757)

KEY QUESTIONS : VA delivers compensation and pension (C&P) benefits to over 3 million veterans and their dependents through an extensive regional office structure. Accurate and effective C&P claims processing by regional offices and actions taken by these offices and VA central office to minimize processing errors and inefficiencies have been subjects of continuing concern to veterans and the Congress. Q1 What are the most common claims processing errors made by regional offices? Q2 Do regional office and central office quality assurance programs effectively identify and reduce errors? Q3 Are lessons learned and best practices disseminated to and adopted by regional offices?

Veterans' Affairs & Military Health Care

TITLE: REVIEW OF BURIAL EXCEPTIONS AT ARLINGTON NATIONAL CEMETERY (ANC) (105760)

KEY QUESTIONS : Since 1967, Arlington National Cemetery (ANC) has granted exceptions (i.e., waivers) to allow the interment of individuals who have not met the statutory criteria for burial in ANC. Recently, questions have been raised about these waiver decisions. Q1: What changes have occurred in the criteria and process for granting waivers? Q2: Have waiver decisions been consistent with existing criteria? Q3: How many waivers have been requested and granted or denied during each administration? Q4: What is the basis for any increase or decrease in waivers granted or denied? Q5: How many times has the ANC Superintendent's waiver decision been overturned? Q6: How many Presidential waivers have been granted? Q7: To what extent were political contributions identified as the basis for waiver decisions?

TITLE: VA'S INTEGRATION OF CLINICAL SERVICES IN CHICAGO HOSPITALS (406131)

KEY QUESTIONS : (1) What options are feasibly available? (2) How may feasible options affect veterans, medical education, employees, and the local community? (3) How may feasible options affect VA's finances?

TITLE: THE STATUS AND FUTURE OF VA'S COMMUNITY BASED CLINICS (406135)

KEY QUESTIONS : (1) Is VA effectively planning new Community Based Outpatient Clinics (CBOCs)? (2) What is VA headquarters doing to ensure that the new CBOCs are operating efficiently and effectively?

TITLE: ASSESSMENT OF VA'S CONSOLIDATION OPTIONS AT FOUR CHICAGO AREA HOSPITALS (406143)

KEY QUESTIONS : The Veterans Health Administration (VHA) is restructuring to (1) give greater autonomy and control to its field managers, (2) increase efficiencies, and (3) reduce costs. VHA's Under Secretary of Health testified that hospital closures would be part of its restructuring process. To date, VHA has not recommended any hospitals for closure. VA is currently considering an integration of services between two of VA's four hospitals in the Chicago area. We were asked to assess (1) whether serving Chicago veterans in three hospitals is a viable option, and (2) the potential savings from serving veterans in three locations compared with the savings available for other options that VA is considering.

REFORMING VA AND DOD

TITLE: EVALUATION OF DOD'S MEDICARE SUBVENTION DEMONSTRATION (101607)

KEY QUESTIONS : The Balanced Budget Act of 1997 authorizes DOD to conduct a 3 year test of Medicare Subvention beginning January 1998, under which the Health Care Financing Administration will provide payments to DOD for Medicare-eligible retirees enrolled in DOD's TRICARE Prime health maintenance organization (HMO). The Act requires GAO to report annually on financial and program issues that include the following: To what extent has the test resulted in costs or savings to Medicare and DOD? What effect has the test had on military medical readiness and training? What has been the impact of the test on access to care for beneficiaries enrolled in the program and others? What health care plans were the primary health care sources for participants? How has the program impacted private health care providers?

Veterans' Affairs & Military Health Care

TITLE: PROPOSED CHANGES IN NAVY GRADUATE MEDICAL EDUCATION (101609)

KEY QUESTIONS : To meet downsized readiness requirements, the Navy plans to change its graduate medical education (GME) program--post med school physician training--including closing some GME at Portsmouth Virginia. The 1998 Defense Authorization Act suspended the changes while GAO reviews the Navy's plans. While Navy GME is our core focus, we also have a related committee request to review Army and Air Force GME. Q1) What led to a Navy GME Policy Council recommendation to change Navy GME, and are the other Services making similar changes? Q2) What were the desired effects of proposed changes by the Navy and any comparable changes by the other Services? Q3) What alternatives are available for achieving the Services' GME goals, consistent with the DOD-wide direction of GME?

TITLE: ANALYSIS OF BILLS TO AUTHORIZE FEHBP ENROLLMENT FOR SELECTED DOD BENEFICIARIES (101610)

KEY QUESTIONS : The Department of Defense (DOD) provides health care to about 75% of its eligible beneficiaries through military treatment facilities and the CHAMPUS program at an annual cost of approximately \$15.5 billion. Due to concerns about decreasing access to these facilities, several bills have been introduced that would authorize selected DOD beneficiaries to enroll in the Federal Employees Health Benefits Program. The requester has asked GAO to 1) compare the provisions of these bills, 2) to provide a summary of the major issues, and 3) comment on the positions of constituent groups. The Congressional Budget Office has been asked to prepare cost estimates for each bill and coordinate their work with the GAO.

TITLE: REVIEW OF VA HOSPITAL ISSUES AND MANAGEMENT OPTIONS FOR FUTURE (406117)

KEY QUESTIONS : 1. How does the efficiency of VA hospitals compare to that of private sector hospitals? 2. Is the supply of hospital beds likely to exceed future demand in VA and the private sector? 3. How do VA hospitals compare to private sector hospitals in terms of cost, quality, accessibility, and amenities? 4. What major policy issues face VA and the Congress?

TITLE: REVIEW OF VA'S VETERANS INTEGRATED SERVICE NETWORKS (VISN) STATUS (406133)

KEY QUESTIONS : (1) What progress have the networks and medical centers made to achieve VA's organizational goals? (2) What does VHA do to oversee the networks, including ensuring quality of care? (3) What issues may affect the current and future implementation of the VISN structure?

TITLE: VISN/VERA IMPACTS ON VA HEALTH CARE (406146)

KEY QUESTIONS : VA is restructuring its health care delivery to increase emphasis of outpatient care and cost efficiencies. VA created 22 Veterans Integrated Service Networks (VISN) as the basic management unit of VA health care. VA also implemented the Veterans Equitable Resource Allocation (VERA) system to more equitably allocate resources. Some VISNs are gaining resources and others are losing resources. The requesters have expressed concern that veterans' access to health care may be decreasing in VISN 3 (Bronx) because its resources are declining. Q1 Has access to services increased or decreased in VISN 3 (Bronx) and its facilities? Q2 How does this compare to national VA changes? Q3 What roles have VERA and other VA initiatives played in the changes in VISN 3 (Bronx)?

Veterans' Affairs & Military Health Care

TITLE: CENTRAL ALABAMA VETERANS HEALTH CARE SYSTEM USE OF INTERMEDIATE CARE TO MEET VETERANS' HEALTH CARE NEEDS (406147)

KEY QUESTIONS : VA operates medical facilities at Montgomery and Tuskegee Alabama. In May 1997, VA discontinued intermediate care at Montgomery; these facilities are located 35 miles apart and are referred to as the Central Alabama Veterans Health Care System (CAVHCS). Patients using the Montgomery facility are to be transferred to the Tuskegee facility when they need intermediate care. We agreed to examine VA's policies and practices for using intermediate care to meet veterans' health care needs in CAVHCS. What is VA's intermediate care policy? Who receives VA intermediate care in CAVHCS? Is CAVHCS appropriately applying VA policy? How has consolidation of intermediate care at Tuskegee affected CAVHCS veterans?

MOVING TO MANAGED CARE STRATEGIES

TITLE: TRICARE BENEFICIARY FEEDBACK (101600)

KEY QUESTIONS : (1) How is DOD obtaining and using feedback on TRICARE from its beneficiaries? (2) How do DOD processes for obtaining and using TRICARE beneficiary feedback compare with the civilian managed care community? (3) What does available TRICARE beneficiary feedback show about beneficiaries' perspectives on how well DOD is implementing TRICARE?

TITLE: MAXIMUM ALLOWABLE PAYMENTS TO INDIVIDUAL HEALTH CARE PROVIDERS UNDER CHAMPUS (101603)

KEY QUESTIONS : CHAMPUS Maximum Allowable Charges (CMAC) are based by statute on comparisons to Medicare rates to help control the DOD's health care costs. Complaints from doctors have led to congressional concerns that these rates may be too low, thus inhibiting doctors' participation in the program. This would adversely affect beneficiaries' access to care and out-of-pocket costs. (1) Does DOD's methodology for establishing CMAC rates comply with United States Code requirements? (2) How do CMAC rates compare to rates for similar services under Medicare? (3) What is the basis for physicians' complaints that CMAC rates are too low? (4) How is the balance billing limitation being enforced? (5) What is the effect of CMAC rates on physician participation?

TITLE: REVIEW OF CHALLENGES FACING DOD'S IMPLEMENTATION OF TRICARE (101605)

KEY QUESTIONS : 1) What is the status of TRICARE implementation? 2) To what extent is TRICARE meeting its goals for access, quality, and cost? 3) How could DOD better manage TRICARE implementation to achieve its goals for access, quality, and cost?

SERVING SPECIAL POPULATIONS

Veterans' Affairs & Military Health Care

TITLE: DOD'S DISABILITY RATINGS FOR MEMBERS OF THE ARMED FORCES WHO SERVED IN THE PERSIAN GULF (101608)

KEY QUESTIONS : Many of the 697,000 U.S. service members who served in the Persian Gulf Conflict report an array of medical symptoms that they attribute to their service in the Gulf. Some complained that the Department of Defense (DOD) lacked disability criteria for rating Persian Gulf illnesses and discharged or retired service members who were ill while denying military service connection for their conditions, and awarding low or no disability ratings. In October 1994, Congress directed the Secretary of Defense to revise the criteria used by Physical Evaluation Boards to permit accurate disability ratings for Persian Gulf illnesses. Our objectives are to describe DOD's revised criteria for Persian Gulf disability ratings.

TITLE: VA'S PERSIAN GULF SPOUSE AND CHILDREN EVALUATION PROGRAM (101611)

KEY QUESTIONS : Congress mandated VA to evaluate the health status of spouses and children of Persian Gulf War veterans, and contract for medical examinations. VA developed an examination protocol and contracted with affiliated medical schools to provide the examinations. The examinations were intended to gather relevant medical data to evaluate potential association between any illness or disorder of the spouse or child and the illness of the veteran. As of March 1997, 2,260 examinations had been requested and only 673 had been completed. Our objectives are to describe: 1) contracting issues with affiliated medical schools, 2) VA's outreach efforts, 3) medical protocol issues of this program, and 4) reasons why family members may not have kept examination appointments.

OTHER ISSUE AREA WORK - VAMH

TITLE: FUNDING AND ACCESS TO AIDS DRUGS (108305)

KEY QUESTIONS : 1. What are the sources, amounts, and purposes of HIV and AIDS treatment funds from the HHS budget? 2. To what extent are the funding uses similar? 3. What additional demands will be placed for federal HIV/AIDS funding for protease inhibitors? 4. How does access to drug therapies differ among state AIDS drug programs?

TITLE: SURVEY OF VA HEALTH CARE SERVICES PROVIDED TO WOMEN VETERANS (406139)

KEY QUESTIONS : Women veterans represent 4.5% of all veterans. By 2040, the percentage is expected to increase to 11%. Between 1982 & 1994, GAO cited deficiencies in VA health care services for women vets. The expected increase in the no. of women vets and the potential demand for sexual trauma counseling services raises concern about VA's capacity to provide these services. (1) To what extent are gender specific health care services available to women vets and to what extent do women vets utilize them? (2) What are the barriers to women vets obtaining health care services from VA? (3) What outreach efforts have VA/DOD undertaken to make women vets aware of the health care and counseling services available in VA? (4) What is VA doing to assess the effectiveness of its sexual trauma counseling program?

THE UNIVERSITY OF CHICAGO

PHYSICS DEPARTMENT

PHYSICS 311

LECTURE 1

LECTURE 2

LECTURE 3

LECTURE 4

LECTURE 5

LECTURE 6
