

106TH CONGRESS
1ST SESSION

S. 1956

To amend title 38, United States Code, to enhance the assurance of efficiency, quality, and patient satisfaction in the furnishing of health care to veterans by the Department of Veterans Affairs, and for other purposes.

IN THE SENATE OF THE UNITED STATES

NOVEMBER 18, 1999

Ms. SNOWE introduced the following bill; which was read twice and referred to the Committee on Veterans' Affairs

A BILL

To amend title 38, United States Code, to enhance the assurance of efficiency, quality, and patient satisfaction in the furnishing of health care to veterans by the Department of Veterans Affairs, and for other purposes.

1 *Be it enacted by the Senate and House of Representa-*
2 *tives of the United States of America in Congress assembled,*

3 **SECTION 1. SHORT TITLE.**

4 This Act may be cited as the “Veterans Health Care
5 Quality Assurance Act of 1999”.

6 **SEC. 2. FINDINGS.**

7 Congress makes the following findings:

1 (1) The Department of Veterans Affairs admin-
2 isters the largest health care network in the United
3 States, including 172 hospitals, 73 home care pro-
4 grams, more than 800 community-based outpatient
5 clinics, and numerous other specialized care facili-
6 ties.

7 (2) There are approximately 25,000,000 vet-
8 erans in the United States, including approximately
9 19,300,000 veterans of a period of war.

10 (3) The number of veterans seeking medical
11 care in Department medical facilities is increasing
12 nationwide.

13 (4) The fiscal year 1997 medical care caseload
14 of the Department was 2,700,000. The fiscal year
15 1999 medical care caseload of the Department was
16 projected to increase by 160,000 cases over the fis-
17 cal year 1998 caseload, and is projected to increase
18 by an additional 54,000 cases in fiscal year 2000,
19 resulting in a total caseload of 3,600,000 in fiscal
20 year 2000.

21 (5) The number of outpatient visits at Depart-
22 ment medical facilities in fiscal year 2000 is pro-
23 jected to increase by 2,500,000 over the number of
24 such visits in fiscal year 1999, to a total of
25 38,300,000 visits in fiscal year 2000.

1 (6) The average age of veterans is increasing.
2 The increase in the average age of veterans is ex-
3 pected to result in additional demands for health
4 care services, including more frequent and long-term
5 health needs.

6 (7) The Department is attempting to meet in-
7 creasing demand for medical care without substan-
8 tial increases in appropriations, mainly through ef-
9 forts to increase efficiency.

10 (8) The need to treat more veterans without
11 substantial increases in available resources has re-
12 sulted in serious concerns about the potential for
13 loss of quality of care and of patient satisfaction.

14 (9) Many of the regional networks and hospitals
15 administered by the Veterans Health Administration
16 report that timely access to high quality health care
17 may be jeopardized by inadequate funding.

18 **SEC. 3. SENSE OF CONGRESS ON MAXIMIZATION AND EFFI-**
19 **CIENT USE OF HEALTH CARE RESOURCES BY**
20 **THE DEPARTMENT OF VETERANS AFFAIRS.**

21 It is the sense of Congress that the Secretary of Vet-
22 erans Affairs should—

23 (1) require the directors of the Department of
24 Veterans Affairs health care networks to systemati-
25 cally share information on means of maximizing re-

1 sources and increasing efficiency without compro-
2 mising quality of care and patient satisfaction;

3 (2) require exchange and mentoring programs
4 among and between such networks in order to facili-
5 tate the sharing of such information;

6 (3) provide incentives to such networks to in-
7 crease efficiency and meet uniform quality and pa-
8 tient satisfaction goals; and

9 (4) institute a formal oversight process to en-
10 sure that—

11 (A) all such networks meet uniform effi-
12 ciency goals; and

13 (B) efforts to increase efficiency are equi-
14 table between and among such networks and
15 their facilities.

16 **SEC. 4. QUALITY ASSURANCE AUDITS BY INSPECTOR GEN-**
17 **ERAL OF THE DEPARTMENT OF VETERANS**
18 **AFFAIRS.**

19 Section 312 of title 38, United States Code, is
20 amended by adding at the end the following:

21 “(c)(1) In addition to the other responsibilities of the
22 Inspector General under this section, the Inspector Gen-
23 eral shall also conduct an audit of the quality of health
24 care furnished by each health care network, and by each
25 health care facility, of the Department.

1 “(2) Each audit under paragraph (1) shall measure
2 the following:

3 “(A) The quality of health care furnished by
4 the Department.

5 “(B) The satisfaction of patients with the
6 health care furnished by the Department.

7 “(C) Resource and financial management.

8 “(D) The extent to which the funds allocated to
9 health care programs of the Department are ade-
10 quate to support such programs.

11 “(3) An audit shall be conducted under paragraph
12 (1) for each health care network, and for each health care
13 facility, not less often than once every three years.

14 “(4) The Inspector General may make such rec-
15 ommendations to the Secretary regarding means of im-
16 proving the quality of health care furnished to veterans
17 as the Inspector General considers appropriate as a result
18 of the audits under this subsection.”.

19 **SEC. 5. INFORMATION ON EFFICIENCY, QUALITY, AND PA-**
20 **TIENT SATISFACTION IN PROVISION OF**
21 **HEALTH CARE BY THE DEPARTMENT OF VET-**
22 **ERANS AFFAIRS.**

23 (a) DISSEMINATION AND SHARING OF INFORMATION
24 ON EFFICIENT PROVISION OF HEALTH CARE.—(1) The
25 Secretary of Veterans Affairs, acting through the Under

1 Secretary for Health of the Department of Veterans Af-
2 fairs, shall provide for the dissemination and sharing with-
3 in and among Department of Veterans Affairs health care
4 networks of information designed to ensure that all De-
5 partment medical care centers meet uniform efficiency
6 standards in the provision of health care to veterans.

7 (2) The Secretary shall meet the requirement in para-
8 graph (1) through the publication of guidance materials
9 and best practice summaries and by such other means as
10 the Secretary considers appropriate.

11 (b) EFFICIENCY GOALS AND QUALITY AND PATIENT
12 SATISFACTION STANDARDS.—(1) The Secretary, acting
13 through the Under Secretary for Health, shall issue on
14 an annual basis efficiency goals and quality and patient
15 satisfaction standards in the provision of health care to
16 veterans for each Department health care facility. The ef-
17 ficiency goals and quality and patient satisfaction stand-
18 ards for each such facility shall be consistent with such
19 goals and standards as the Secretary shall establish for
20 the Department as a whole.

21 (2)(A) The Secretary shall, on an annual basis, sub-
22 mit to Congress a report on the extent to which each De-
23 partment health care facility met the efficiency goals and
24 quality and patient satisfaction standards for such facility
25 under paragraph (1) during the preceding year.

1 (B) Each report under subparagraph (A) shall set
2 forth a comparison between the performance of each De-
3 partment health care facility with respect to the efficiency
4 goals and quality and satisfaction standards for such facil-
5 ity for the year involved and the average performance of
6 all Department health care facilities with respect to such
7 goals and standards for such year. The comparison shall
8 be stated in a manner which permits a clear and under-
9 standable comparison of the performance of each facility
10 with the average performance of all such facilities.

11 **SEC. 6. OFFICE OF HEALTH CARE QUALITY ASSURANCE.**

12 (a) ESTABLISHMENT.—(1) Subchapter II of chapter
13 73 of title 38, United States Code, is amended by adding
14 at the end the following:

15 **“§ 7322. Office of Health Care Quality Assurance**

16 “(a) IN GENERAL.—There shall be within the De-
17 partment an office to be known as the ‘Office of Health
18 Care Quality Assurance’ (in this section referred to as the
19 ‘Office’). The Office shall be located for administrative
20 purposes within the Office of the Under Secretary for
21 Health.

22 “(b) DIRECTOR.—The head of the Office is the Direc-
23 tor of Health Care Quality Assurance.

24 “(c) STAFF AND SUPPORT.—The Under Secretary
25 for Health shall provide the Office with such staff and

1 other support as may be necessary for the Office to carry
 2 out effectively its functions under this section.

3 “(d) FUNCTIONS.—The functions of the Office are as
 4 follows:

5 “(1) To ensure the implementation of any rec-
 6 ommendations of the Inspector General of the De-
 7 partment as a result of audits conducted by the In-
 8 spector General under section 312(c) of this title.

9 “(2) To collect and ensure the dissemination of
 10 information on initiatives, programs, policies, proce-
 11 dures, strategies, and best practices that have been
 12 proven to increase efficiency and resource utilization
 13 without undermining quality or patient satisfaction
 14 in the furnishing of health care to veterans.

15 “(3) To take such other actions relating to the
 16 assurance of quality in the furnishing of health care
 17 by the Veterans Health Administration as the Under
 18 Secretary for Health considers appropriate.”.

19 (2) The table of sections at the beginning of chapter
 20 73 of such title is amended by inserting after the item
 21 relating to section 7321 the following new item:

“7322. Office of Health Care Quality Assurance.”.

22 (b) PLACEMENT IN OFFICE OF UNDER SECRETARY
 23 FOR HEALTH.—Section 7306(a) of title 38, United States
 24 Code, is amended—

1 (1) A survey of each health care network of the
2 Department, including a summary of the efforts of
3 each network to increase efficiency in the furnishing
4 of health care to veterans.

5 (2) An assessment of the extent to which such
6 networks, and the facilities within such networks,
7 are or are not implementing uniform, Department-
8 wide policies to increase efficiency in the furnishing
9 of health care to veterans.

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