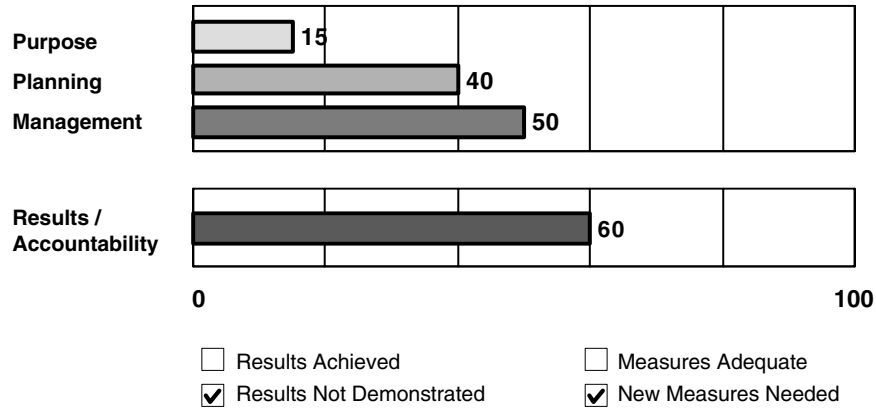


Program: Medical Care

Agency: Department of Veterans Affairs

Bureau: Veterans Health Administration



Key Performance Measures

Year Target Actual

Long-term Measure: Chronic Disease Index II Metric measuring the effectiveness of health providers in treating conditions including heart disease, hypertension, diabetes, depression, smoking cessation, and others. Components of this index are currently used by the private sector (hospitals and accrediting agencies).	2001	77%	77%
	2002	78%	80%
Annual Measure: Waiting Times for Primary Care Percentage of patients seen within 30 days of their desired appointment date	2002	88%	89%
Annual Measure: Patient Satisfaction Measures (outpatient) Percentage of patients who responded that they were pleased with the care received during their visit through a mailed survey following an appointment	1999	79%	65%
	2000	67%	64%
	2001	67%	65%
	2002	67%	71%

Rating: Results Not Demonstrated

Program Type: Direct Federal

Program Summary:

The VA medical care program provides health care services to an estimated 4.4 million veteran patients. Veterans may receive health care at any of VA's 162 medical centers, 800 clinics, nursing homes and other facilities at little or no expense. The benefit package includes primary, specialty, and surgical care, nursing home and non-institutional long-term care, drugs, and other related services.

Findings and determinations:

1. The score is low mainly because there is no clear consensus among components of the Congress, the Administration, and the public on VA's medical care mission. Historically and legislatively, the core mission is to provide care to higher priority veterans (those with service-connected disabilities, the poor and other veterans with special needs); however, VA has been providing an increasing amount of care to non-disabled, higher income veterans since eligibility reform in 1996. These non-disabled wealthier veterans have grown from 2 percent in 1997 to 31 percent of enrollees in 2002.
2. The growth in the enrollment of non-disabled wealthier veterans has contributed to VA's long waiting lists for appointments, and has diverted some attention away from caring for higher priority veterans.
3. VA has made progress in meeting most of its long-term goals, especially those related to quality. The annual key performance measures monitor progress in meeting long-term goals. Improved long-term planning is needed in areas such as infrastructure, long-term care, DoD coordination, and providing care to the most needy veterans.
4. VA is collecting data to measure efficiency and this measure will be refined in 2003.

In response to these findings:

1. The Budget assumes that in early 2003, VA will focus on higher priority veterans by limiting enrollment. There will be no further expansion of enrollment by lower-priority veterans who have not yet sought care from the VA.
2. The Budget proposes increased cost sharing for all other lower-priority veterans.
3. VA will provide institutional long-term care for veterans with a disability rating of 70 percent or greater (no affect on current institutionalized patients)

(For more information on this program, please see the Department of Veterans Affairs chapter in the Budget volume.)

Program Funding Level (in millions of dollars)

<u>2002 Actual</u>	<u>2003 Estimate</u>	<u>2004 Estimate</u>
21,515	22,815	25,406