

Veteran Medical Care Support System in the USA: Part I

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Abstract

This article gives out some salient aspects of Veteran Affairs Health Care System (VAHCS) addressing Health Care of veterans in USA. This is the second article — part of a Trilogy— the first article having been published in USI Journal Apr - Jun 2020 on 'Evolution of Medical Care Support System in India'. It is a well-known fact that USA has the oldest and largest Veteran Healthcare System in the world. It's genesis is as old as 1865 and it has evolved in a robust system for veterans' health care and has large number of positives which can be emulated and adopted in Indian environment. This article covering various facets of Veteran Medical Care Support System in the USA is in two parts wherein this part is focusing on historical evolution, organisational details and eligibility conditions to avail benefits including Enrolment Priority Groups. Part II, which will be published in a subsequent issue, will focus on Medical Benefits, Medically Related Travel, Lodging & Daily allowance and other important aspects of execution / delivery of healthcare of veterans which is the key to its effectiveness.

Introduction

The United States of America (USA) has one of the largest and probably the best Veteran Medical Care System in the world known as Veteran Affairs Health Care System (VAHCS). The veteran medical care in the US is provided by Veterans Health Administration (VHA) under the Department of Veteran Affairs (VA).

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VHA is a government department and VAHCS is funded by the US Government. The VHA provides health care to approximately 9 million US Veterans with an approximate annual budget of \$85 Billion USD¹. This article takes a detailed look to understand the salient aspects of this mega medical scheme for veteran community of USA examine the feasibility of emulating best practices.

The VHA

The VHA is the largest of three administrations that make up the US Department of Veterans Affairs. VHA provides medical care to US armed force's veterans. VHA has evolved from a facility established for the federal veteran soldiers of the Union Army after the American civil war. It has progressed through various reforms over a period of time. A National Soldiers and Sailors Asylum was established in 1865 by a decree by the President of the US. It was renamed as the National Home for Disabled Volunteer Soldiers in 1873 which was the first federal institution created specifically for volunteer soldiers. It provided medical care and housing for thousands of Civil War Veterans and became the model for Veterans' hospitals later. Veterans of World War I became eligible for full benefits, including health care in 1919. The US President ordered additional consolidation through the creation of the Veterans Administration in 1930. In 1998, President Ronald Reagan upgraded Veterans Administration to a Cabinet-level Executive Department and it was then named the Department of Veterans Affairs. The Department of Medicine and Surgery of the Department of Veteran Affairs was renamed the Veterans Health Administration in 1991. Today VHA operates one of the largest Veteran health care systems in the world and continues to meet Veterans' changing medical, surgical and quality-of-life needs. VHA has opened outpatient clinics, established telemedicine facilities and other services to accommodate a diverse Veteran population. It continues to cultivate ongoing medical research and innovation to improve the lives of US Veteran population. The support provided to US veterans encompasses a very large canvas of life as against being limited to treatment of ailments.

Veteran Affairs Health Care System (VAHCS)

Eligible Veterans receive medical benefits, through VAHCS run by VHA. Once a veteran is enrolled in the VAHCS, he/she is assured of medical services as and when required. Health care is delivered

through highly qualified and dedicated health care professionals to meet the needs, irrespective of the treatment program and the location. VAHCS has nationwide coverage and new locations continue to be added to the system as per requirement. Presently, there are around 1,255 Veteran Affairs Health Care Centres nationwide. VHA's state-of the art electronic medical records allow health records to be completely portable throughout the country. If a member is travelling or living temporarily at a location away from primary treatment facility, one can seek treatment at any VAHCS facility anywhere across the US. This portability gives exclusive ease of availing medical benefits which is so critical as one grows older.

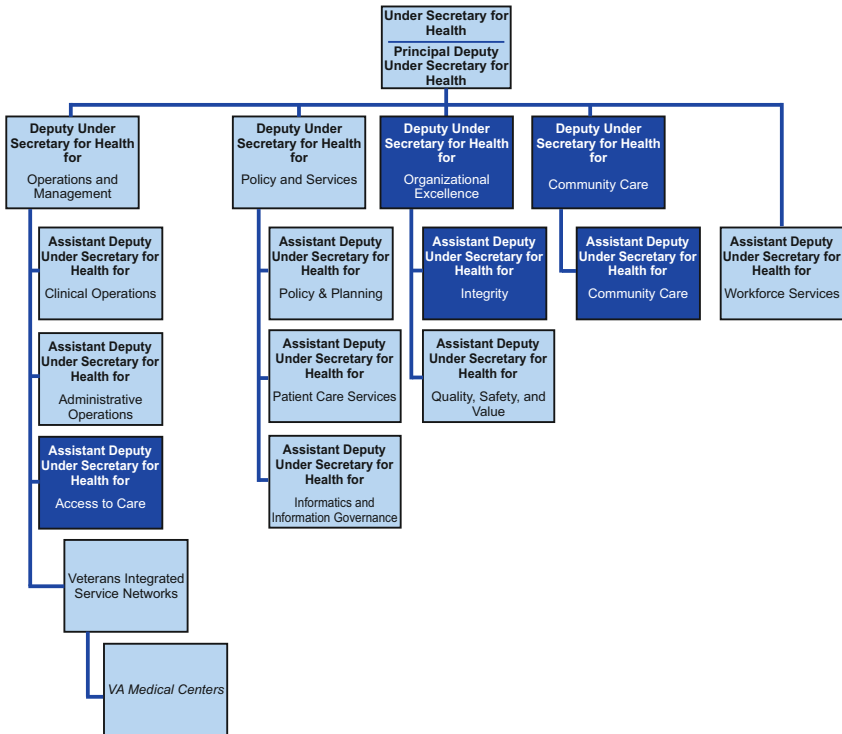
Generally, health care services will be provided at a VHA facility. This may be on-site during hospitalisation, at one of the primary or specialty care clinics or Community Based Outpatient Clinic (CBOC) or Health Care Centre (HCC), in a VA Community Living Centre or in a Residential Care facility. While VHA operates over 1255 healthcare facilities, not all services are available at every location. Sometimes, patients may need to travel to another VHA facility or VHA will authorise the patient to receive care at a Community Hospital / health centre [in US most private hospitals are classified as Community Hospitals/Health Centre] to receive the necessary treatment. In such cases, VHA will find the place best suited for the patient to obtain the required services based on medical need.

Organisation

The VHA is America's largest integrated health care system, providing care at more than 1,255 health care facilities, including 170 medical centres and 1,085 outpatient clinics, serving 9 million enrolled Veterans each year². The Office of the Under Secretary for Health (USH) is responsible for the management of VHA, the nation's largest integrated health care system. The four statutory missions of VHA are:

- To develop, maintain, and operate VAHCS for eligible Veterans.
- To administer a program of education and training for health care personnel of VAHCS.

- To conduct health care research.
- Provide contingency support for Department of Defence and Department of Health and Human Services (HHS) during times of war or national emergency.



Functions and Activities

The Under Secretary for Health manages the VHA. Function and activities of VHA are as under :

- Define ethics, vision, goals, principles, policies, and the command and control structure.
- Communicate VHA's vision, aims, principles, policies, to the Office of the Secretary, other VA departments, Veterans Service Organisations (VSOs) and other internal and external stakeholders.
- Establish committees, advisory groups, and review bodies as necessary to provide information and advice to the Under Secretary for Health.

- Implement VHA policies and programmes.
- Establish standards, policies, and positions regarding national workforce issues.
- Develop policies that provide equal treatment of Veterans through the most cost-effective means.
- Monitor the quality of health care with a goal of being a leader in the field of health care delivery.
- Define policies that articulate VHA's role in national health care reform initiatives.
- Planning of research programs, capital asset planning and management, and information management.
- Administers a program of education and training for health care personnel of VAHCS.

Eligibility

Anyone who has served in the US Armed Forces (army, naval, or air service) on active military duty and didn't receive a dishonourable discharge may be eligible for VA health care benefits. Some of the details are as under:

- If enlisted after 07 September 1980, or entered active duty after 16 October 1981, the person must have served 24 continuous months or the full period for which he was called to active duty. This minimum duty requirement may not apply for the conditions given below:
 - ☐ Was discharged for a disability caused/aggravated by active-duty service, or
 - ☐ Was discharged for a hardship or "early out", or
 - ☐ Served prior to 07 September 1980.
 - ☐ As current or former member of the Reserves or National Guard must have been called to active duty and completed the full period for which he was called to active duty. If a person had or has active-duty status for training purposes only, he doesn't qualify for VA health care.

- A person may qualify for enhanced eligibility status (meaning he will be placed in a higher priority group, which makes him more likely to get benefits) if at least one of the conditions listed below are met:
 - ☐ Receiving compensation from VA for a service-connected disability.
 - ☐ Discharged for disability due to service or disability that got aggravated during service.
 - ☐ Recently discharged combat Veteran.
 - ☐ In receipt of VA pension.
 - ☐ Former prisoner of war (POW).
 - ☐ Received the award of Purple Heart which is given in the name of president to those wounded or killed while serving on or after 05 Apr 1917 with US military (instituted on 22 Feb 1932).
 - ☐ Received a Medal of Honour which is the USA's highest and most prestigious personal military decoration to recognise acts of valour.
 - ☐ Served in Vietnam between 09/01/1962, and 07/05/1975.
 - ☐ Served in Southwest Asia during the Gulf War between 02/08/1990 and 11/11/1998.
 - ☐ Served at least 30 days at Camp Lejeune between 01/08/1953, and 31/12/1987.
 - ☐ Served in a theatre of combat operations after 11/11/1998, and was discharged or released from active service on or after 29/01/2003, and didn't receive a dishonorable discharge.

Enrollment Priority Groups

Priority Groups indicate wide reaching effort of the US Government to reach out to veterans. Eligible veterans are categorised into eight groupings³ based on disability, income, and special status. VA health care services are prioritised to “service-connected veterans” who were injured or became ill serving their country.

Details of these groupings⁴ are as under:

- **Priority Group 1**

- ☐ Veterans with 50% or more service-connected disabilities.
- ☐ Veterans who are unemployable due to service connected conditions.
- ☐ Veterans who have been accorded the Medal of Honor (MOH).

- **Priority Group 2.** Veterans with disabilities between 30% to 50%.

- **Priority Group 3**

- ☐ Veterans who are former POWs.
- ☐ Veterans awarded the Purple Heart Medal.
- ☐ Veterans discharged for a disability that was incurred or aggravated on duty.
- ☐ Veterans with service-connected disabilities between 10% to 30%.
- ☐ Veterans awarded special eligibility classification “benefits for individuals disabled by treatment or vocational rehabilitation”.

- **Priority Group 4**

- ☐ Veterans who are receiving aid and attendance or house bound benefits.
- ☐ Veterans who have been determined to be catastrophically disabled.

- **Priority Group 5**

- ☐ Nonservice-connected Veterans and non compensable service connected Veterans rated 0% disabled with annual income and /or net worth below the VA national income limit and geographically-adjusted income limit for their resident location.

- ☐ Veterans receiving VA pension benefits.
- ☐ Veterans eligible for Medicaid programs.
- **Priority Group 6**
 - ☐ Compensable 0% service-connected Veterans.
 - ☐ Veterans exposed to Ionizing Radiation during atmospheric testing or during the occupation of Hiroshima and Nagasaki.
 - ☐ Project 112/SHAD participants.
 - ☐ Veterans of the Mexican border period or of World War I.
 - ☐ Veterans who served in the Republic of Vietnam between January 09/01/1962 and 07/05/1975.
 - ☐ Veterans of the Persian Gulf War that served in the Southwest Asia Theatre of combat operations between 02/08/1990, and 11/11/1998.
 - ☐ Veterans who served on active duty at Camp Lejeune for not fewer than 30 days beginning 01/01/1957 and ending 3/12/1987.
 - ☐ Veterans who served in a theatre of combat operations after 11/11/1998.
 - ☐ Currently enrolled Veterans and new enrollees who were discharged from active duty on or after 28/01/2003, are eligible for the enhanced benefits for 5 years post discharge.
- **Priority Group 7.** Veterans with gross household income below the geographically adjusted income limit (GMT) for their resident location and who agree to pay copays.
- **Priority Group 8.** Veterans with gross household incomes above the VA national income limit and the geographically-adjusted income limit for their resident location and who agree to pay copays.

Summary

A closer look will reveal that the USA Veteran Health Care System occupies a place of primacy in the Government of USA which extensively supports it in terms of infrastructure and finances. The evolution has resulted in a network of facilities giving a distinct quantitative and qualitative edge to defence veterans which can be emulated in India as well. The third part of this trilogy which will follow in a forthcoming issue of the USI Journal will clearly articulate the contours of delivery of healthcare services and will be having valuable take aways for our Ex-servicemen Contributory Health Scheme (ECHS).

Endnotes

¹ “Annual Budget Submission - Office of Budget”. Retrieved 23 April 202, www.va.gov.com

² Veteran Affairs, VHA. Retrieved 20 April 2020, www.va.gov/health.

³ Veterans Health Administration. Retrieved 07 Jun 2020, www.va.gov/health

⁴ US Dept of Veteran Affairs. Retrieved 30 Dec 2019, www.va.gov.com