

United States Senate

WASHINGTON, DC 20510

October 29, 2015

The Honorable Robert A. McDonald
Secretary
United States Department of Veterans Affairs
810 Vermont Avenue N.W.
Washington, DC 20420

Dear Secretary McDonald,

We are troubled that the Department of Veterans Affairs (VA) continues to struggle with providing timely health care to many of our nation's veterans, even after Congress provided the VA with enhanced authorities and additional funding to hire new employees and implement the Choice Card program. The situation in San Antonio, Texas, provides the latest example. VA patient access data indicates that, as of October 1, 2015, more than one-fifth of all appointments scheduled at the South Texas Veterans Health Care System (STVHCS) exceeded a wait time of 30 days. We are left to conclude that this data foreshadows an impending access to care problem within the STVHCS.

Addressing this foreseeable increase in actual wait times is our principle concern, and we are confident that you share in our desire to find a solution. In order to help the VA improve access to care for our veterans, Congress needs a full understanding of the current challenges faced by the VA and the actions that have already been taken to mitigate these problems. We seek information on the causes of this specific increase in wait times at STVHCS and any corrective efforts thus far by STVHCS administrators. To that end, we request the following information regarding STVHCS:

1. The monthly average of patients seeking access to medical care each month in FY2015, broken into primary, specialty, and mental health care categories.
2. The monthly average of patients seeking access to medical care each month in FY2015 who were unable to be seen inside the VA network within 30 days, broken into primary, specialty, and mental health care categories.
3. Of those veterans who were unable to be seen inside the VA network within 30 days, the number that were provided access to outside care through the Choice Card program, broken into primary, specialty, and mental health care categories.
4. Of those who were offered outside care through the Choice Card program, the number who declined to take advantage of that program, broken into primary, specialty, and mental health care categories.
5. A breakdown of the number of primary, specialty, and mental health care providers authorized in the STVHCS.
6. A breakdown of the number of primary, specialty, and mental health care provider positions that were not filled during each month of FY2015.

The Honorable Robert A. McDonald

October 28, 2015

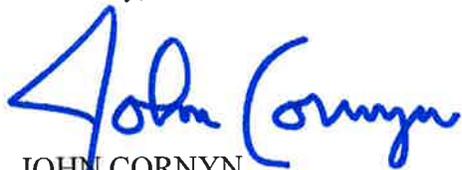
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7. A breakdown of the number of primary, specialty, and mental health care provider positions that were in the hiring process during each month of FY2015.
8. A breakdown of the average length that it takes to hire primary, specialty, and mental health care providers.
9. A breakdown of the percentage of primary, specialty, and mental health care providers who successfully completed the hiring process once it began.
10. The average size of the patient panels for primary, specialty, and mental health care providers for each month of FY2015.

We understand that the VA is finalizing a consolidation plan to simplify community care options; however, if the VA has additional recommendations regarding the most effective way to streamline and improve VA mechanisms that are beyond your authority to implement, please identify and explain those.

Thank you for your efforts and for working to improve the quality of veteran health care. We would appreciate your response by November 30, 2015. We look forward to your input and working to ensure that all of our veterans receive better access to health care.

Sincerely,



JOHN CORNYN
United States Senator



TED CRUZ
United States Senator