

# NYU Langone internist calls for VA system reform

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An NYU Langone internal medicine specialist who served as a White House fellow at the US Department of Veteran's Affairs says the headline-grabbing failures of the VA health system's administration stand in sharp contrast to the highly rated care the system delivers.

In an editorial in *The New England Journal of Medicine* online June 5, Dave Chokshi, MD, MS, an assistant professor at NYU Langone Medical Center, says the paradox has created a watershed moment to reform and refocus the way the entire system is structured, staffed, and managed, while also building on its clinical excellence.

"With so much public attention focused on the VA's mandate to provide medical care, the time is right to broaden the discussion from access and correcting gaps in the system to actively thinking about how do we design a better VA system that best serves our nation's veterans' medical needs," says Dr. Chokshi.

In the commentary, Chokshi writes that persistent and systemic care-access problems, with long wait times for appointments and scheduling scams, contrast sharply with the documented experience of most veterans who, once in the hands of caregivers, achieve above-average health outcomes and receive high-quality [clinical care](#) backed up by laudable patient-satisfaction surveys and scores comparable to private health facilities.

Dr. Chokshi suggests key reforms he says will build on the VA's historic

inpatient strengths, including:

- changing the culture of the VA health care system with respect to communications, expectations, and accountability;
- creating new scheduling systems and rapid-response teams to deal with backlogs or surges in demand;
- hiring more [primary care](#) physicians to supply basic medical needs to the more than 1 million additional veterans enrolled in VA [health care services](#) since 2005;
- funding increased primary care using the \$9 billion already designated for primary care in the 2015 federal budget;
- attracting clinicians to practice in VA medical centers by establishing cooperative agreements with academic medical centers, where many skilled professionals already have a patriotic desire to help veterans in some meaningful, albeit part-time, way;
- establishing performance measures for access to, as well as delivery and cost of health services, and using the data to compare them with other medical facilities;
- renewing VA medical leadership by giving the secretary of the department more latitude in dismissing current executives who fail to meet performance measures that serve veterans' best interests (note: a bipartisan senate bill doing just that was announced last week.)

Dr. Chokshi says he was motivated to weigh into the current debate because the VA responded well to a previous "crisis of confidence" in the 1990s by transforming itself into a quality system for clinical care and averting threats of privatization. "Now it needs to protect the best elements of its infrastructure, build around...holistic care of each veteran, while embarking on another round of reforms," he adds.

**More information:** [www.nejm.org/doi/full/10.1056/JMp1406868?query=TOC](http://www.nejm.org/doi/full/10.1056/JMp1406868?query=TOC)

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