

Failing VA Medical Center Recovery Act (H.R. 3234)

Introduced by U.S. Representative Martha Roby (AL-2)

"This is the 'anti-bureaucracy.' This is the team no complacent VA employee wants to see coming because they know that the status quo is about to get shaken up."

WHAT: A bill to compel top Department of Veterans Affairs officials to intervene and take over failing VA medical centers, offering the Department new tools to do so and putting responsibility squarely on the Secretary of Veterans Affairs for turning broken systems around.

WHY: The VA lacks the organizational structure and systemic tools for swiftly addressing problems at the worst performing VA medical centers. Also, with responsibility spread throughout the sprawling bureaucracy, there is little accountability at the very top for turning around an especially troubled system.

Nowhere has this been more evident than at the Central Alabama Veterans Health System, which has languished under poor leadership for years. Numerous consultant teams and review boards deployed by Washington have failed to achieve the needed personnel and cultural changes because they are not empowered to do so. The VA needs a team of leaders who are equipped with the expertise to identify solutions and the authority to execute them.

HOW:

1. Recruit and establish a team of the best managers, administrators, and medical professionals that the VA has to offer using special incentives provided;
2. Assign the team directly to a presidentially-appointed Under Secretary who has a direct line of access to the Secretary of the VA;
3. Require the team to takeover a small number (2-7) of the worst VA facilities in the nation, removing the medical centers from the failed local and regional VA leadership;
4. Give the team enhanced legal authorities (hiring, firing, contracting) on day one so it has the tools necessary to truly make a difference in performance once they arrive, and;
5. Impose statutory reporting requirements so that Congress, the President, and the public have a clear report card on the team's progress.

Key Components

A. Office of Failing Medical Center Recovery

- Led by the Under Secretary for Failing Medical Center Recovery, a Presidential Appointee confirmed by the Senate;
- Consists of personnel with experience in:
 - Business Administration
 - Human Resources
 - Congressional Relations
 - Non-Department Health Care
 - Additional needed expertise determined by the Under Secretary
- Assumes the managerial and day to day operations of failing medical centers and has a rapid deployment team to deploy to failing facilities;
- Operates independently of Veteran Integrated Service Network;
- Empowered with Direct Hiring Authority, Enhanced Personnel Accountability Authority (Terminations and Transfers), and Simplified Contracting Authority;
- Equipped with incentives for hiring rapid deployment staff:
 - Favorable for Promotion w/ two year Tour
 - Compensation at 125% Prevailing Salary Schedule
 - Educational Reimbursement

B. Determination of Failing Medical Centers

- Key health care metrics used to assess medical center performance:
 - VA's existing Strategic Analytics Improvement and Learning Data (SAIL);
 - Published on Federal Register
 - National Medical Center Ranking (Excellent, Satisfactory, Poor, Failing)
- Determination
 - The Secretary must identify two to seven medical centers as failing based on the rankings assessed under the Key Health Care Metrics;
 - A medical center is deemed recovered and its failing identification revoked when it achieves a "Satisfactory" rating (30th-89th percentile) for three consecutive quarters.

C. Additional Requirements

- The Inspector General is required to prioritize investigations related to failing medical centers; and
- The Office of Accountability and Review is required to prioritize whistleblower retaliation cases at failing medical centers.