



HOUSE COMMITTEE ON  
**VETERANS' AFFAIRS**  
*Chairman Phil Roe, M.D.*

**H.R. 6066: To Improve the Productivity of the Management of Department of Veterans Affairs Health Care**

**Background:**

Recent analyses have called into question how well the Department of Veterans Affairs (VA) tracks provider productivity. For example, the 2015 Independent Assessment of the Health Care Delivery Systems and Management Processes of VA found that specialty providers are less productive than their private sector counterparts on two industry measures – encounters and relative value units (RVUs). RVUs are a commonly used measure of a provider's productivity that take into account the time, technical skill, mental effort and stress that are needed for a clinician to provide a given clinical service. More recently, a 2017 Government Accountability Office (GAO) report found that VA lacks complete and accurate information on clinical productivity and efficiency. GAO also found that VA Central Office does not systematically oversee productivity and efficiency, meaning it cannot ensure that low productivity and clinical inefficiencies are addressed at individual VA medical facilities.

H.R. 6066 would: (1) require VA to track RVUs for all providers and to ensure that all providers attend training on clinical procedure coding; (2) require VA to establish RVU-based performance standards to evaluate clinical productivity at the provider and facility level and remediation plans to address low clinical productivity and inefficiency; (3) require VA to report to Congress on the implementation of the bill.

**The Message:**

- Recent analyses have called into question how well VA tracks provider productivity.
- The tracking of RVUs would enable VA to better evaluate and account for provider workload and the availability of clinical services to best provide optimum access to veterans.
- This legislation will require VA to track RVUs for providers to accurately monitor clinical productivity at the provider and facility levels, as well as develop a plan to address low clinical productivity and inefficiency.