Journal of Pain Research

Dovepress
Taylor & Francis Group

Open Access Full Text Article

EDITORIAL

The Need for Urgent Action and Reform: Is the Veterans Administration's Pain Care Under Fire?

Krishnan Chakravarthy[1–3], Michael E Schatman[4,5]

[1]Department of Anesthesiology and Pain Medicine, VA San Diego Healthcare, San Diego, CA, USA; [2]Innovative Pain Treatment Solutions and Surgery Center, Temecula, CA, USA; [3]Solaris Research Institute, Temecula, CA, USA; [4]Department of Anesthesiology, Perioperative Care and Pain Medicine, NYU Grossman School of Medicine, New York, NY, USA; [5]Department of Population Health – Division of Medical Ethics, NYU Grossman School of Medicine, New York, NY, USA

Correspondence: Michael E Schatman, Department of Anesthesiology, Perioperative Care & Pain Medicine, NYU Grossman School of Medicine, 550 First Avenue, New York, NY, 10016, USA, Tel +1 425 647 4880, Email Michael.Schatman@NYULangone.org

Recently, there have been numerous reports that the United States Department of Government Efficiency (DOGE) is estimating that 80,000 employees of the Department of Veterans Administration (VA) hospital system may lose their jobs imminently.[1] Given the longstanding shortage of employees in the VA system, the government introduced the Veterans Choice Program (VCP) in 2014, which allows veterans to see community-based, non-VA providers, aiming to reduce lengthy wait times and the necessity of onerous travel.[2] The VCP was part of the Veterans Access, Choice, and Accountability Act of 2014, which was signed into law by President Obama.[2] The current use of the VCP is the primary mechanism to attempt to provide timely care to veterans. Despite this initiative and the addition of 52,000 employees during the Biden administration, wait times for both specialty care and primary care increased between 2021 and 2024.[3] Although there are reports that the federal government is interested in privatizing veterans' healthcare, the ballooning cost of community care from $15 billion in 2018 to $28.5 billion in 2023 makes it likely that the current proposed approach will reduce these increasing costs and thus access to healthcare services.[4] Furthermore, based on the current state of affairs, half a percent of the VA's workforce has been fired, with plans to reduce the VA by another 16%.[5]

While we have significant reservations that these DOGE cuts may negatively impact the health care of our nation's veterans, we are particularly concerned by the potential consequences these staff reductions could have on pain care within the VA system. The current administration's efforts to enhance efficiency by reducing resource utilization represent a notable departure from previous approaches and appear misaligned with existing data on veterans' access to care. For many pain specialists working within the VA, these changes introduce considerable challenges to an already complex system striving to deliver the highest quality care to those who have bravely served our country. Upgrades to electronic medical records, broader access to fluoroscopy suites across all VA centers, and expanded availability of operating rooms for advanced pain and spine treatments highlight the urgent need for strategic reform and proper action. Rather than employing a broad and indiscriminate approach to cost reduction, a more precise and strategically targeted methodology is warranted to enhance efficiency.

While the federal government's initiative through DOGE to enhance cost-efficiency by drawing from private sector models may have merit in certain contexts, there is growing concern that such efforts may inadvertently compromise the quality and availability of pain care for the millions of veterans living with chronic pain. To mitigate this risk, a more deliberate, nuanced, and data-driven approach to cost containment is required. Immediate action is indeed necessary; however, it must be informed by careful consideration of the specific needs and operational realities of individual medical centers and departments. Efficient care delivery must be grounded in a framework that allows for tailored resource allocation and strategic planning at the site level. Furthermore, greater accountability is needed across all levels of the VA system—from central leadership to individual departmental administration—to ensure that institutional goals are met without sacrificing the standard of care. Without this level of precision, a broad and indiscriminate approach to restructuring may inadvertently undermine access to high-quality care for one of the nation's most deserving patient populations.

Received: 28 April 2025
Accepted: 6 May 2025
Published: 8 May 2025

In light of this, we propose the following recommendations and suggest areas for improvement:

1. Incorporate more interdisciplinary pain care models across all centers to enhance collaboration among pain physicians, primary care providers, and surgeons.
2. Review of space and facility requirements to bolster access to more cutting-edge therapies.
3. Increase the availability of board-certified pain physicians.
4. Reframing of pain physicians in the VA as not only being able to provide pharmacotherapy but also interventional treatment.
5. Increase the focus on creating an efficient electronic medical record (EMR) software versus outdated EMR systems.
6. Apply more top-down consistent vision and mandates that can affect change at a departmental level and are supported by senior leadership.
7. Increase review and accountability of VCP with a focus, at the minimum, on effectiveness, short- and long-term outcome tracking, and return on investment.

Although reform within the VA pain care system is clearly warranted, DOGE's proposed "chainsaw strategy" would benefit from a more precise and targeted approach based on each individual VA center. While the effort to integrate private sector models into VA pain management is well-intentioned, it is imperative that such efforts to improve efficiency do not come at the expense of essential services. A broad, generalized restructuring risks undermining the delivery of comprehensive, high-quality care for the millions of veterans living with chronic pain—individuals who have selflessly served the nation and deserve thoughtful, tailored solutions.

> On the battlefield, the military pledges to leave no soldier behind. As a nation, let it be our pledge that when they return home, we leave no veteran behind. Dan Lipinski

Disclosure

Dr Michael Schatman is a senior medical advisor for Apurano Pharma, outside the submitted work. The authors report no other conflicts of interest in this work.

References

1. Trump administration plans to cut 80,000 employees from VA | AP News. Available from: https://apnews.com/article/veterans-affairs-cuts-doge-musk-trump-f587a6bc3db6a460e9c357592e165712. Accessed April 13, 2025.
2. Using the Veterans Choice Program - Public Health. Available from: https://www.publichealth.va.gov/exposures/publications/oef-oif-ond/post-9-11-vet-fall-2015/veterans-choice-program.asp. Accessed April 13, 2025.
3. Exclusive | VA Secretary Doug Collins vows more cuts. Available from: https://nypost.com/2025/03/22/us-news/va-secretary-doug-collins-vows-more-cuts/. Accessed April 13, 2025.
4. Veterans Fear Trump Administration Plans to Privatize VA Health Care | military.com. Available from: https://www.military.com/daily-news/2025/03/25/veterans-fear-trump-administration-plans-privatize-va-health-care.html. Accessed April 14, 2025.
5. Chaos at the V.A. Inside the DOGE Cuts Disrupting the Veterans Agency - The New York Times. Available from: https://www.nytimes.com/2025/03/09/us/politics/veterans-affairs-doge-cuts.html. Accessed April 13, 2025.

https://doi.org/10.2147/JPR.S533050