



EL PASO VA HEALTH CARE SYSTEM (EPVAHCS) | EL PASO, TX

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Chairman of the Veterans Affairs & Rehabilitation Commission: Ralph Bozella (ex-officio)

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Chairman's Statement

In 2003, Ron Conley, The American Legion's National Commander that year, visited and assessed the delivery of health care at over 60 Department of Veterans Affairs' medical facilities across the country. Commander Conley wanted to assess the delivery of health care delivered to the nation's veterans to determine if the VA health care system was truly a "System Worth Saving." The following year, The American Legion passed a resolution making System Worth Saving a permanent program under the National Commander. The American Legion's National Executive Committee later realigned the program under the Veterans Affairs and Rehabilitation Commission.

After nearly two decades, The American Legion has conducted more than 150 System Worth Saving visits to VA/VHA medical facilities in the United States, its territories, and the Philippines. Over the course of those visits, The American Legion has played an integral role in shaping federal legislation that improves the delivery and quality of healthcare at VA/VHA medical facilities. Furthermore, each System Worth Saving visit culminates with a report that informs members of the American Legion and provides additional insight to the president of the United States, members of Congress, the Secretary of Veterans Affairs, and other senior leaders at the Department of Veterans Affairs/Veterans Health Administration about the challenges and best practices at VA medical centers.

Purpose

The American Legion conducted this System Worth Saving visit to the El Paso VA Health Care System (EPVAHCS) to assess current operations. The most recent visit to the El Paso facility occurred in 2013.

Scope

The American Legion performed assessments and observations through its System Worth Saving program. The American Legion limited its assessment to data provided by the facility's staff and observations at the William Beaumont Army Medical Center facility campus. The American Legion's System Worth

Saving team conducted structured and unstructured interviews with the medical center's executive and departmental staff about general business operations, clinical management, and patient access. EPVAHCS provided data through The American Legion's Mail-Out Questionnaire (MOQ). The SWS team also used the internally developed In-Facility Questionnaire as its primary tool for the on-site, structured interviews.

The SWS team did not review the hospital's or any Community-Based Outpatient Clinic's medical records, physically assess drug control practices, review physician prescribing profiles, or complaints lodged by patients or others to the Department of Veteran Affairs Office of the Inspector General about Waste, Fraud and Abuse. Furthermore, the SWS team did not visit either of the Community Clinics affiliated with the El Paso VA Health Care System; Eastside El Paso VA Clinic or Las Cruces, New Mexico Veterans Clinic, due to time constraints.

Overview

The El Paso VA Health Care System serves 60,356 eligible veterans in a service area that encompasses the Culberson, El Paso, Hudspeth, Jeff Davis and Presidia counties in Texas and Dona Ana County in New Mexico. More than 41,000 enrolled veterans receive health care at the main facility, which is located adjacent to the William Beaumont Army Medical Center (WBAMC) near Ft. Bliss, Texas.

The EPVAHCS is in the unique position of being an outpatient facility only, considering its current location adjacent to William Beaumont. The SWS team received data from the hospital indicating, outpatient encounters reached nearly 373,000 in Fiscal Year 2018. In FY2015, FY2016, and FY2017, outpatient encounters have steadily increased, and the workload is projected to grow roughly 10% during FY2019 to over 410,000 outpatient visits.

Town Hall Meeting

American Legion Post 58 in El Paso, Texas served as the host for the town hall meeting. Eighteen local veterans attended the town hall in addition to staff from the VA medical center. The



town hall meeting provided local veterans and their families an opportunity to discuss the quality of care at the local facility. The meeting was also used as a measurement of any status changes at the facility that may have occurred since the previous System Worth Saving site visit. An American Legion team visited the El Paso VA Health Care System in November 2013.

That evening the veterans and their families primarily discussed their issues related to filing claims and the adjudication of those claims for VA benefits. The site visit team recommended that veterans with claims issues contact the local service officer, and that a Regional Office Action Review site visit should take place at the facility.

The veterans also raised the following concerns:

- Choice payments from TriWest: veterans complained of denied payments from TriWest, which resulted in individual veterans harming their credit ratings. One veteran described his situation with TriWest as a “political football” that had been debated/discussed on multiple occasions with no resolution;
- The EPVAHCS located in a building adjacent to William Beaumont AMC and previously, the VA clinic used William Beaumont for emergency services. However, due to a change in priority William Beaumont stopped delivering emergency services to veterans. In the summer of 2018, active-duty personnel took precedent, and William Beaumont began to exclusively focus on handling the needs of recently deployed and returning service members.
- The EPVAHCS only has one medical provider in the women’s clinic and has been overwhelmed/overworked to the point of resigning. Also, EPVAHCS told women veteran patients they are required to see female doctors for their primary care.

Executive Briefings

Summary

Ms. Jeanette R. Evans, member of the Veterans Affairs and Rehabilitation Commission’s Health Administration Committee, led the SWS team for the site visit. Melvin Brown, Health Policy Program Coordinator, and leaders from The American Legion’s Department of Texas, Lloyd O. Buckmaster, Commander and, Bill West, Adjutant assisted during the visit to the clinic.

The SWS team began the first day of the visit by discussing the purpose and expectations of the SWS visit with the Executive Leadership of the facility. The SWS team conducted structured (planned questions) and unstructured (unplanned

or unscripted questions asked during discussions) interviews during the first day with the following facility staff sections: human resources, financial management, clinical service line management, business office, quality/safety/value services, woman veterans manager and the military sexual trauma program manager. Day one concluded with a tour of the medical center. The second day of the visit continued unstructured interviews with mental health, suicide prevention manager, patient advocate, supply management, facility management and the homeless veteran program manager. The site visit concluded with an exit briefing with the Executive Leadership Team (ELT).

NOTE: This report DOES NOT reflect every challenge/best practice mentioned in the interviews with the staff sections. It does, however, capture the reoccurring issues/facility highlights from the final day and a half of discussions.

Best Practices

1. NARCAN Initiative

The facility provided facility police officers training on how to administer NARCAN to veteran patients for emergency treatment of possible opioid overdose. This initiative and the subsequent training are credited with saving at least two lives at the time of the SWS site visit.

2. Elevator Wraps

The Department of Veteran Affairs has placed emphasis on combatting opioid abuse and overprescribing. The EPVAHCS implemented elevator wraps on two units to target critical messages to veterans, family members, and visitors. During this SWS visit, the messaging focused on opioids and the questions that veterans and their family members could ask their health care providers prior to taking opioids.

3. Clinical Services

During the unstructured interview process, the clinical line service managers identified the following best practices:

- The pharmacy started using telehealth services, which led to the unit receiving the most appointments of any pharmacy system in the Veterans Health Administration (VHA).
- Mental health increased usage of evidence-based therapy.
- Increased same day patient access. The Patient Aligned Care Teams (PACT) rotation system helps determine which teams will see unscheduled new enrollees on a given day.

4. Partnership with Public and/or Private Entities

The EPVAHCS has a strong and unique relationship with the William Beaumont Army Medical Center and the



Department of the Army. The system is attached to WBAMC and uses many of the center's services. The facility also has an agreement with the Armed Forces YMCA to provide yoga to veteran patients as part of the emerging VA's Whole Health initiative. The system also has an agreement with the city of Las Cruces, New Mexico, to use some of the city's space for the Home-Based Primary Care staff.

Challenges and Recommendations

1. Space

With few exceptions, the issue of adequate space continued to a recurring challenge which impacts patient access to care at multiple VA medical centers. The El Paso VA Health Care System has also expressed this as a concern. The following leadership and staff expressed the significant challenges they face with the lack of space: 1) Executive Leadership Team, 2) Financial Manager, 3) Quality/Safety/Value Manager and 4) Women's Health/Military Sexual Trauma Coordinator. The EPVAHCS lacks the ability for any of significant expansion, which has a direct and negative impact on their desire to hire additional staffing. The absence of sufficient space combined with the inability for expansion is a "significant issue" for the EPVAHCS again having a negative impact on veteran care, veteran access, and veteran patient satisfaction.

Recommendations:

- The American Legion will add El Paso to the list of other VA medical facilities that state the lack of adequate space is a significant challenge to providing care to the nation's veteran population. As stated in other reports, the MISSION Act's Modernization Committee will address space issues faced by VA medical facilities and recommend to the President of the United States which facilities should be prioritized for additional construction funding for expansion or modernization.
- If it has not already done so, The American Legion recommends EPVAHCS develop a request and a plan that outlines how the system can make use of the additional space in William Beaumont Army Medical Center once the AMC moves to its new facility on Ft. Bliss in 2020. This plan should be submitted to VA Central Office (VACO) to be shared with the decision makers in the Department of Defense responsible for medical facilities management.

2. Stability in Leadership

Executive Leadership has been a challenge at the EPVAHCS due to turnover in its executive leadership. The placement of the current Executive Leadership Team (ELT) of Mr. Michael Amaral, Director, Ms. Jamie Park, Associate Director, Ms.

Lenore Enzel, Nurse Executive and Dr. Brian Foresman, Chief of Staff has addressed this concern. These healthcare professionals have brought some hope and a sense of stability to the ELT in El Paso. This belief bolstered by the fact that Director Amaral and Nurse Executive Enzel previously held leadership roles at William Beaumont Army Medical Center while on active duty.

Recommendation: The American Legion recognizes for the first time in many years that the EPVAHCS has a stable leadership team in place and recommends that key service chiefs and other critical staff position vacancies continue to be filled sooner rather than later

3. Recruiting and Retention of Key Personnel

Recruiting and retention have been a problem across the VA medical system, which has had a direct impact on the continuity of care. In the EPVAHCS the issue is exacerbated by the fact that the El Paso community is an underserved medical area.

- Lack of space: It may take years to open new facilities as no expansion is possible at the William Beaumont facility. The inflexibility in contracting/leasing of space also prohibits the system from acting to meet their growing needs;
- Potential employees are reluctant to move to El Paso due to the negative reputation/perception of the neighboring Mexican city, Ciudad Juarez. Many potential employees cite an unwillingness to relocation due to security concerns of bringing families so close to the United States – Mexican border. There is a true misperception of the El Paso community, and potential employees remain uninformed of the facts until they visit;
- There is significant competition for local medical professionals. The civilian health care organizations in the immediate El Paso community pay much higher salaries depleting, the number of qualified and experienced health care professionals available to work at the EPVAHCS;

The issues of recruiting and retention at the EPVAHCS are inextricably tied to the challenges concerning space at the facility, the perception of unsafe living conditions in El Paso (living so close to the Mexican border), and the competition for local medical personnel.

Recommendations:

- The American Legion's second recommendation concerning the space issue, as stated above, also stands in reference to recruiting and retention. Facility leadership should send recommendations to VACO on acquiring space in the vacated William Beaumont AMC. The system may have qualified candidates to fill critical staff vacancies but without



adequate space to house staff the positions remain unfilled.

- Concerning the safety concerns of living in El Paso, which cause some potential health care providers to not relocate to El Paso, the facts of actual living conditions must be loudly and proudly proclaimed. El Paso, Texas is rated the sixth SAFEST metropolitan big city in the United States in 2019, “despite border and immigration controversies.” (Edwards, 2019) .
- The American Legion recommends using additional channels of communication, such as available media outlets (television/radio/internet/social media) as well as the Veteran Services Organizations (VSOs) like local American Legion posts and state departments to extol the positives of living in the El Paso community and working for the VHA at EPVAHCS.

4. No Shows for Appointments

EPVAHCS suffers from a high “No Show” appointment rate among their veteran patients. The Veterans Health Administration (VHA) must conduct research to grasp a better understanding behind this high no show appointment rate. They may even want to consider implementing accountability measures for veterans. It is important to note there is a tremendous costs in connection to high no shows rates. Research also reveals no show appointment rate can be significantly reduced with improved patient scheduling. Appointments that are made too far out for patients produce higher no show appointment rates.

Like other VA medical facilities, EPVAHCS deals with the issue of the “No Show” patient. Hospital officials admit experiencing frustration while seeking solutions to the problem.

Recommendation: The American Legion recommends EPVAHCS conduct research reducing no show appointment rate. No Show Appointments are an issue that plague civilian medical doctors, and FQHCs. Research has proven that No Show rates can be significantly reduced with improved patient scheduling. Appointments that are made too far out for patients produce higher no show appointment rates. EPVAHCS may also want to send data related to the number, type, and associated costs, of their high “No Show” rate to the SWS staff. Staff will review data, analyze patterns and trends, and make recommendations regarding potential actions VA/ VHA can take to resolve this challenge.

5. System Categorized as Strategic Analytics for Improvement and Learning (SAIL) Star Rating 1

The VHA end of year Hospital Star Rating uses a comprehensive performance improvement tool to address

quality of care relative to other VA medical centers. The rating system runs from 1 (lowest quality) to 5 (highest quality). At the end of the past three fiscal years (FY16, 17,18) the EPVAHCS received a SAIL star rating of 1. The negative connotation of being labeled a SAIL rating “1” facility presents a challenge to the EPVAHCS in terms of how the media portrays and the veteran patient perceives the level of care offered at the facility.

Conclusion

Observations

The SWS team visited the EPVAHCS primarily due to its designation as a SAIL 1 Ranking facility. However, our observations throughout our SWS visit reveal that SAIL 1 ranking may be inappropriate. Although the facility in El Paso is designated as a health care system, the EPVAHCS is a clinic that operates 8 a.m. – 4:30 p.m., Monday through Saturday. Any comparison of the EPVAHCS to other major VAMCs or health care systems that operate full hospital services 24 hours a day/7 days per week is not an “apples to apples” comparison. This comparison may potentially lead to a less than fair rating for the EPVAHCS and the negative perception the system has had for the past several years. The SAIL ratings have shown improvements for the facility over the last three years. The EPVAHCS has made improvements from the baseline, but not enough of an increase to change their SAIL category.

Now that the system appears to have a more stable and engaged leadership team focused on implementing improvements and enhancements to the system there should be a continued positive upward trend in the quality of care delivered to the veterans of the Greater El Paso community.