



## VA EASTERN COLORADO HEALTHCARE SYSTEM | DENVER AND COLORADO SPRINGS, CO

**Date:** March 5-8, 2018

**Veterans Affairs & Rehabilitation (VA&R) Commission Member:** Chairman Ralph P. Bozella (CO)

**Veterans Affairs & Rehabilitation (VA&R) Commission Member:** Vice Chairman Health Committee James Stanko (CO)

**Veterans Affairs & Rehabilitation (VA&R) Commission Member:** James Hartshorn (CO), observer.

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

After nearly two decades, The American Legion has conducted more than 150 System Worth Saving visits to Department of Veterans Affairs/Veterans Health Administration (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 to improve the delivery and quality of health care at VA/VHA medical facilities. Furthermore, each System Worth Saving visit culminates with a report that informs members of The American Legion and provides fresh 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 purpose of the site visit to the Veterans Affairs Eastern Colorado Healthcare System (VA ECHCS) in Denver was to assess whether or not there were improvements in the areas of patient access to care, quality of care, and patient satisfaction since The American Legion's last visit in 2014.

According to a June 27, 2017, Denver Post article, entitled *Wait times at Colorado VA facilities among worst in the nation, new data show wait times* highlighted that veteran's wait times for medical care at the VA ECHCS were among the worst for VA facilities nationwide.<sup>1</sup>

In a November 16, 2017, Denver Post article entitled *Federal watchdog finds Colorado VA facilities used "unofficial wait lists" for mental health care* highlighting VA mismanagement and lack

of accountability at the PFC Floyd K. Lindstrom Community-Based Outpatient Clinic (CBOC) in Colorado Springs, CO. On November 16, 2017, the VAOIG released a report entitled *Review of Alleged Use of Inappropriate Wait Lists for Group Therapy and Post-Traumatic Stress Disorder Clinic Team, Eastern Colorado Healthcare System*.<sup>2</sup> The VAOIG report indicated that the VA ECHCS used unofficial wait lists for group therapies. Also alleged in the VAOIG report was that the PFC Floyd K. Lindstrom Community-Based Outpatient Clinic did not take timely action on Post-Traumatic Stress Disorder (PTSD) Clinic Team consults and falsified medical documentation following a veteran's suicide. Because of the findings, The American Legion decided to conduct a System Worth Saving (SWS) site visit to the VA ECHCS to assess the progress the medical center was taking to improve veteran's wait-times and alleged unofficial wait list being used for veterans seeking PTSD group therapy at the PFC Floyd K. Lindstrom CBOC in Colorado, Springs, CO.

During the briefing regarding unofficial wait time lists used for veterans seeking therapy by the PTSD Clinic Team (PCT) in Colorado Springs, CO, the VA ECHCS staff informed the SWS team that they did not agree with the VAOIG report, which indicated that they were keeping wait lists or secret wait lists for veterans seeking PTSD group therapy sessions. Leadership provided an explanation of what occurred to include the facility using interest trackers to keep track of veterans who were interested in a specific program or group for treatment and/or therapy. The VA ECHCS would start a group (ex. Anger Management) when there were 10 or more veterans interested in a particular group that would help in their mental health treatment. Veterans who were waiting for the group therapy or program to start were added to a list until the group had enough participants. It is important to note that all veterans on interest lists were already receiving individual Mental Health Outpatient care.

### Scope

The scope for The American Legion SWS visit to the VA ECHCS was to assess the overall performance of the medical center relative to the quality of care delivered to veterans who receive their health care at the VA ECHCS as previously reported in the VAOIG report and the Denver Post. The visit was also to



find out what the medical center's Executive Leadership Team (ELT) was doing to improve the overall performance of the health-care system related to the increased wait times reported in the VAOIG report regarding veterans wait lists used at the PFC Floyd K. Lindstrom Outpatient Clinic at Colorado Springs. The visit included a tour and briefing of the activation for the Rocky Mountain VA Regional Medical Center.

The SWS site visit team had structured and unstructured interviews with the VA ECHCS Senior and mid-management level staff. The interviews focused on the Executive Leadership Team, Quality Management staff, program service chiefs, and their staff. The SWS used internally developed questionnaires as its primary tool to lead the discussions.

Since access to care has been a recurring issue at the majority of Veterans Health Administration (VHA) medical centers, the SWS team interviewed the Chief of Human Resources to determine if the appropriate level of staffing existed at the facility. The structured interview with the Human Resources chief lasted 30 minutes and included the associate director. Discussions centered on staffing levels for physicians, nurses and other staff critical to health-care operations.

## Overview

The VA ECHCS covers more than 44,000 square miles, serving veterans living in Eastern Colorado and surrounding states. The VA ECHCS in Denver, Colorado is located in Veterans Integrated Service Network (VISN) 19 and is part of the VA Rocky Mountain Network. The VA ECHCS is a Joint Commission (JC) and Commission on Accreditation of Rehabilitation Facilities (CARF) accredited VA health-care system and is classified as a complexity level 1A VA health-care system. The VA ECHCS has 212 authorized beds in which 148 beds are operational. The VA ECHCS beds consist of 52 internal medicine beds, 36 psychiatry beds, 11 inpatient physical and rehabilitation beds, 30 medical-surgical beds, 10 medical intensive care unit beds (MICU), 14 Surgical Intensive Care Unit (SICU) beds, 19 Domiciliary beds, and 40 Nursing Home beds.

The VA ECHCS has affiliations with the medical, pharmacy, and nursing schools of the University of Colorado Health Sciences Center. The health-care system has Residency programs in Internal Medicine and Surgery and their subspecialties, as well as Psychiatry, Neurology, Physical Medicine and Rehabilitation (PM&R), Anesthesia, Pathology, Radiology and Dentistry. The VA ECHCS supports more than 164 medical residents, and trains over 400 allied health professionals. The health-care system has over \$23.1 million in funded research and 158 principal investigators conducting research.

The VA ECHCS provides comprehensive care through primary

care, specialty care, and long-term care. The health-care system has 10 Community-Based Outpatient Clinics (CBOCs) located throughout Colorado. These CBOCs stretch from metropolitan Denver to the southern tier of Colorado. The CBOCs are located in Alamosa, Aurora, Golden, Colorado Springs, Pueblo, La Junta, and Lamar. The health-care system also has two Primary Care Telehealth Outreach Clinics (PTOCs) in Burlington and Salida. The VA ECHCS also has a joint venture with the Department of Defense (DOD) ambulatory surgical center at the Air Force Academy, 10th Medical Group in Colorado Springs, CO. The VA ECHCS has a 40-bed Community Living Center (CLC) in Pueblo, CO. The health-care system also has freestanding health-care facilities to include the Jewell Polytrauma and Low Vision Clinic in Aurora, CO, the Homeless Domiciliary at Valor Point in Lakewood, CO and the Community Resource and Reference Center (CRRC) in Denver, CO. The VA ECHCS estimated catchment area consists of an estimated 291,642 veterans living in 26 counties of Colorado. The VA ECHCS employs 3,402 employees in which 1,128 or 33% are veterans that serve 128,350 enrolled veterans (114,213 male and 14,137 female veterans), and 95,970 unique veterans (84,783 male veterans and 11,187 female veterans).

As of February 22, 2018 according to the Department of Veterans Affairs (VA) Patient Access Data Report, the average wait times for veterans to receive health care at the VA ECHCS was as follows:

- Primary care average wait time-11.39 days, which is 7.17 days above the national average of 4.22 days,
- Specialty care average wait time-15.47 days, which is 6.65 days above the national average of 8.82 days, and
- Mental health average wait time-12.97 days, which is 8.68 days above the national average of 4.29 days.<sup>3</sup>

The VA ECHCS staff stated the reason for the increased wait times was due to not having enough staff to meet the increased demand of veterans, to include new enrollees, seeking health-care services.

In Fiscal Year 2017 (FY17) the VA ECHCS total operating budget was \$910,445,000; below is a breakdown of the budget and funding received:

- Administrative: \$51,301,000
- Medical Services : \$553,640,000
- Medical Facilities: \$51,452,000
- Medical Community Care in the Community (CITC): \$160,561,000 million
- Choice: \$46,332,000 million
- Medical Collection Funds: \$47,159,000 million



In Fiscal Year 2018 (FY18) the VA ECHCS total operating budget was \$790,899,000 million; below is a breakdown of the budget and funding received:

- Administrative: \$40,445,000
- Medical Services : \$507,876,000
- Medical Facilities: \$41,044,000
- Medical Community Care in the Community (CITC): \$161,613,000
- Choice: \$5,921,000
- Medical Collection Funds: \$34,000,000

As of April 11, 2018, the VA ECHCS stated that they have not received their full FY18 funding allocation because full funding has not yet been disbursed. At the time of the SWS visit, the VA ECHCS had \$30 million in Choice money left over from FY17 that was rolled over into their FY18 total Choice funding. The VA ECHCS has been allocated \$181 million in activation money for the Rocky Mountain Regional VA Medical Center (RMRVAMC).

### **Town Hall Meeting**

The SWS team held a veterans' town hall meeting at The American Legion Leyden-Chiles-Wickersham Post #1 in Denver, Colorado, to hear feedback from local veterans about the quality of care they receive at the ECVAHCS. Twenty-nine Colorado veterans, family members, several members of leadership from The American Legion's Department of Colorado, VA ECHCS director Sally Houser-Hanfelder, staff from the VA ECHCS communications team, and staff from the U.S. Congressional offices of Senator Cory Gardner and Representatives Ken Buck, and Ed Perlmutter attended the meeting. The town hall meeting gave VA ECHCS leadership an opportunity to address issues and concerns that were raised by attending veterans and their families.

Ms. Houser-Hanfelder addressed the veterans in attendance by sharing some highlights of what is occurring for enrolled veterans obtaining health care at the health-care system to include updates on the Rocky Mountain Regional VA Medical Center in Aurora, and directly addressed veteran issues and concerns. VA ECHCS staff met directly with veterans recording their name, telephone number, and addressing their concerns. A veteran in attendance expressed concerns with issues with the mental health clinic. Mental Health clinic staff did not have enough staff to spend the needed time with veterans requiring the services. According to the veteran, the average time psychologists meet with veterans is 30 minutes, which may not be enough time depending on the veteran's needs. The standard return appointment for VA is 30 minutes but can be changed dependent

on clinical need. The health-care system's leadership assured veterans in attendance that issues and concerns voiced would be addressed. SWS staff contacted the veteran to follow-up to see if the VA ECHCS contacted the veteran and the veteran stated that they did not.

During the town hall meeting, VA&R Chairman Ralph Bozella announced that The American Legion would award a \$16,000 check, through its Operation Comfort Warrior (OCW) program, to the ECVAHCS. Half of the money donated will be for an organ for the chapel at the RMRVAMC, and the other half of the money will go to providing necessary resources for the Women's Health Program, Residential Rehabilitation Post-traumatic Stress Disorder (RRPTSD) program, and the Veteran Voluntary Services (VAVS) program.

Overall, The SWS team and The American Legion Department of Colorado were extremely pleased with the results of the town hall meeting. Veterans were very satisfied with the quality of health care they were receiving at the ECVAHCS. Veterans in attendance stated they were displeased concerning the negative press in the media and by their congressional representatives about their medical center. The negative publicity does not reflect what veterans feel about their health-care system. The medical center director stated their communications team plan to meet with the local media outlets and congressional representatives on the progress of the new hospital.

### **Executive Briefings**

The SWS team along with the leadership from The American Legion's VA&R Commission and representatives from The American Legion Department of Colorado met with the medical center's executive leadership team. Medical Center Director Sally Houser-Hanfelder, Associate Medical Center Director Richard Tremaine, Chief of Staff Dr. Ellen Mangione, Associate Director, Patient Care Services Keith Harmon, Assistant Director Joshua Pridgen, Deputy Director Duane Gill, Acting Associate Director John Lheikke, and Health Systems Specialist to the Director Anthony Moorhead were present at the initial site visit and exit briefings. The meeting covered a wide-range of topics including: the recent issues raised in the VAOIG report regarding the CBOC in Colorado Springs, increased wait times throughout the health-care system, and the challenges that the medical center director, leadership team, and staff were facing as it relates to simultaneously running a hospital and activating the Rocky Mountain Regional VA Medical Center.

The SWS team also met with the clinical and operational management staff from the following program offices: Human Resources, Financial Management, Clinical Service Line Managers, Business Office, Quality, Safety, and Value, Women



Veterans, Military Sexual Trauma, Mental Health, Suicide Prevention, Patient Advocate, Supply Management, Facility Management, Voluntary Services and Homeless Veterans. The SWS team also took a tour of the Rocky Mountain VA Regional Hospital in Aurora, CO.

### **PFC Floyd K. Lindstrom Outpatient Clinic at Colorado Springs**

As of February 22, 2018 according to the Department of Veterans Affairs (VA) Patient Access Data Report, the average wait times for veterans to receive health care at the Floyd K. Lindstrom CBOC in Colorado Springs, CO was as follows:

- Primary care average wait time-9.23, which is 5.01 days above the national average of 4.22 days,
- Specialty care average wait time-27.77 days, which is 18.95 above the national average of 8.82 days, and
- Mental health care average wait time-19.66 days, which is 15.37 days above the national average of 4.29 days.<sup>4</sup>

On March 7, 2018, the SWS team along with the leadership from The American Legion's VA&R Commission and representatives from The American Legion Department of Colorado met with the executive leadership team in charge of the PFC Floyd K. Lindstrom Outpatient Clinic at Colorado Springs. Associate Director Richard Tremaine, Regional Director for Southern Colorado Kimberly Hoge, Deputy Chief of Staff, Southern Region Marlene Hassenfratz were present at the site visit meetings. The meeting consisted of a transparent discussion covering a wide-range of topics.

The Colorado Springs area consists of 98,000 veterans in which 30,000 are enrolled at the clinic. The outpatient clinic is 80,000 square feet and is one of the ten largest VA Outpatient clinics within the VA health-care system. The services provided at the clinic include Primary Care (22 Primary Aligned Care Teams), Specialty Care in the areas of: General Surgery, Orthopedics, Podiatry, Ophthalmology, Urology, OB GYN, Vascular, Audiology, Physical/Occupational Therapy, Optometry, and Pharmacy. Other services include Dental, Prosthetics, Social Work, Mental Health, Substance Abuse, Radiology and Imaging, Laboratory, Compensation and Pension (C&P), Compensated Work Therapy (CWT), Homeless Program, Pre and Post-Surgical clinic, telehealth (Anesthesia, Dermatology, Mental Health, Geriatrics), patient advocacy, and services provided by the Veterans Benefits Administration (VBA). The following surgical services are available at the outpatient clinic or at the Air Force Academy 10th Medical Group Ambulatory Surgery Unit: Gastroenterology, General Surgery, Ophthalmology, Orthopedics, Podiatry, and Urology. One of every three veterans residing in Colorado, live in the Colorado Springs area, making it one of the fastest

growing veteran populations within the state. In FY17, 16,000 DOD families moved into the Colorado Springs area. The main reason for the increased wait times at the clinic is due to increased demand placed on staff. For example, the numbers of veterans served at the clinic were as follows:

- In FY2013, there were 15 PACT teams serving 14,275 patients.
- In FY2014, there were 17 PACT teams serving 16,280 patients.
- In FY2015, there were 19 PACT teams serving 17,716 patients.
- In FY2016, there were 17 PACT teams serving 19,382 patients.
- In FY2017, there were 18 PACT teams serving 21,385 patients.
- In FY2018, there are 21 PACT teams serving 22,603 patients. The goal is to increase the PACT teams to 22.

The challenges cited by the clinic were inadequate staffing, lack of space to accommodate more staff and Primary Aligned Care Teams (PACT), and Choice program providers not paid in a timely manner by Health Net, the VA's third-party administrator (TPA).

### **VA ECHCS Voluntary Services (VAVS) Program**

During the discussions with the clinical staff, Assistant Director for Health Policy Melvin Brown took time to visit with the Chief of Voluntary Services Daniel W. Warvi to gain insight on the best practices concerning volunteerism at the ECVAHCS. Of the two hundred VA medical facilities where American Legionnaires volunteer, the ECHCS has the third highest total of regular scheduled and occasional volunteer hours with 33,275.50 hours accumulated in the fiscal year ending on September 30, 2017. Mr. Warvi noted that one of the keys to success in having high participation from volunteers is to successfully get younger veterans involved in the system's volunteer programs. Veterans in the 18-40 year old demographic are the key to preventing losses and/or downward trends in volunteerism. Strong volunteer leadership realizes that the key to successfully engaging the younger veteran population is to give them diverse and interesting things to do.

On day two of the site visit while in Colorado Springs at the Lindstrom clinic, Melvin Brown visited with the clinic's volunteer coordinator, Mr. Eddie Adelman, and briefly toured the clinic to observe the volunteer activities in Colorado Springs.

Of note is the implementation of the Red Coat Ambassador program, which will provide a new volunteer opportunity VA-system wide. At the time of the site visit, the VA ECHCS is recruiting for new volunteers to assist veterans, families and other guests navigate the new Rocky Mountain Regional VA Medical Center when it opens later in summer 2018. For more information on this new program, visit <https://www.volunteermatch.com>.



[org/search/opp2835467.jsp](https://www.americanlegion.org/search/opp2835467.jsp).

The overall impression of the visit is that both facilities visited are in good hands concerning volunteerism and are models that other VA facilities can emulate for better volunteer success.

### **Operation Comfort Warrior (OCW) Program**

On March 8, 2018, at the conclusion of the American Legion SWS site visit, Bruce Drake, Assistant Director for The American Legion's Operation Comfort Warriors grant program provided \$12,860.56 worth of needed health, comfort and recreation items to the ECVAHCS. The grant items were purchased after consultations with the hospital staff on their current unfunded needs and planned programs for their new facility location.

The grant purchases were comprised of assistance to several different hospital programs within the facility to include providing:

- *One Hammond Organ* for the new hospital's chapel that will better provide for patients and their families who wish to attend religious services while they are staying at the hospital.
- *Two multi-station cell phone/tablet chargers* that will be located at the Volunteer Driver Transportation desk at both hospital locations to ensure the patients and their drivers will have charged cell phones and tablets.
- *Ping-Pong table and accessories* for the in-patient Drug and Alcohol Treatment Clinic. The ping-pong table is wheeled, portable, can be stored vertically, and can be used as two project/craft tables when separated.
- *Ten New-Baby Wellness kits* purchased for veterans who have pre-natal health and child delivery within the Woman Veterans Clinic in the hospital.
- *Clothing items* for 30 homeless veterans or drug and alcohol treatment patients to be able to use for job search interviews at the conclusion of their stay at the hospital.
- *Arts and crafts materials* for the resident patients in the drug and alcohol and mental health-care clinics.
- *Recreational games and reading books* used throughout the hospital to ensure patient morale remain high while they are receiving care.

The OCW grant was completed upon final delivery and installation of the Hammond Organ within the new hospital chapel on March 21, 2018. All other items on the grant were purchased and delivered from local Denver merchants on 5-8 March 2018.

### **Rocky Mountain Regional VA Medical Center (RMRVAMC)**

On March 8, the SWS team toured the new hospital in Aurora,

CO. The 149-bed hospital is 1,200,000 sq. feet (double the current size of the old hospital in Denver) and is located on 31 acres next to a large medical campus. The RMRVAMC beds will consist of: 28 Intensive Care Unit (ICU) beds, 50 Medical Surgical beds, 10 Rehabilitation beds, 30 mental health beds, 30 spinal cord beds, 20 PTSD beds, 21 Dental rooms, 6 Gastrointestinal (GI) procedure rooms, seven Operating Rooms, one therapy pool, one Mammography Exam room, and one Positron Emission Tomography-Computed Tomography (PET CT) room.

The VA ECHCS plan is to transition most of the programs and services to the RMRVAMC when it opens. The following programs and services will remain at the VA ECHCS until they can transition to the RMRVAMC: Community Living Center (CLC), the Post-Traumatic Stress Disorder Residential Rehabilitation Training Program (PTSD RRTP), and some primary care services. Since the CLC was removed from the RMRVAMC project, they plan to close their CLC and will rely on their community-based system of nursing home care, state veterans homes and contract nursing homes until plans to create a CLC pass through the VA Strategic Capital Investment Planning (SCIP) process as they were taken out of the new hospital project. The RMRVAMC long-term nursing home plans are to construct a 30-bed CLC on the RMRVAMC campus.

The plan for the future is to construct a new PTSD RRTP on the campus of the RMRVAMC. An issue that was raised during the SWS briefing was there would not be enough primary care space to accommodate the primary aligned care teams (PACT) at the new hospital. In the interim seven PACT teams will remain at the VA ECHCS until space is available at the RMRVAMC to accommodate the additional PACT teams. Once all services has transition to the RMRVAMC and or a decision is made to construct a new PTSD RRTP and CLC on the campus of the RMRVAMC, VA plans to dispose of the VA ECHCS property.

### **Best Practices**

#### **Partnership with the Colorado Regional Health Information Organization Health Information Exchange (CORHIO-HIE)**

CORHIO-HIE is a nonprofit, public-private partnership that is improving health care quality for all Coloradans through cost effective and secure implementation of health information exchange (HIE). The CORHIO-HIE is a network for health information exchange comprised of 74 hospitals to include the VA ECHCS and more than 11,000 health-care participants including physicians, hospitals, behavioral health, emergency medical services, public health, long-term care, laboratories, imaging centers, health plans, and other community organizations. The VA ECHCS is a partner in the health information exchange that



assists their physicians to get faster, easier access to their patient health information when care is provided outside of the VA. Information is delivered in real-time to an electronic health record (EHR), or can be searchable through a web-based portal.

### **Women's Health Primary Care Providers**

In primary care services, the VA ECHCS has 72 (36 female and 36 male) Women's Health Primary Care Providers (WH-PCPs) at the VA ECHCS in Denver and at the nine Community Based Outpatient Clinics (CBOCs) that have been trained in women's health-care services to provide health care to their enrolled women veterans.

### **Maternity Coordinator**

The VA ECHCS has a maternity coordinator within the women veterans program responsible for organizing all of their expectant mothers' care inside and outside the health-care system. The VA ECHCS conducts several baby showers each year for their enrolled expectant mothers. These baby showers allow other women veterans to network and share similar experiences. The expectant mothers receive a bag of necessary supplies to care for their newborn children.

### **Recruiting Health care Providers**

In order to combat the recruiting challenges of health-care providers that the system faces, the VA ECHCS currently sends out letters to all licensed health-care providers within the state of Colorado to highlight the benefits of working at the health-care system.

### **Challenges**

During the meeting with the VA ECHCS leadership, team and staff identified the following as their top challenges.

#### **Access to Care**

Due to having five military bases within the VA ECHCS catchment area, new patient access in Primary Care and Specialty Care has been a continual challenge due to increased growth of veterans within the VA ECHCS catchment area. For example, the PFC Floyd K. Lindstrom CBOC in Colorado Springs, CO averages 25 new patients per day. The health-care system does not have enough providers to meet the demand of veterans enrolling at the health-care system. Rapid growth of the veteran population in the VA ECHCS is putting great strain on staff. In addition, the current infrastructure of the aging buildings and lack of space within the system are not meeting the health-care system's needs to provide care to their increased veteran population.

### **Activation of the Rocky Mountain Regional VA Medical Center**

The VA ECHCS staff is currently running a healthcare system with 13 sites of care and activating a new facility in Aurora, which is 30-45 minutes away from Denver. Employees are stretched between two sites and subsequently are working two jobs to activate the RMRVAMC. Employees at the health-care system are not able to focus on performance measures and Strategic Analytics for Improvement and Learning (SAIL) fully due to their activation responsibilities.

#### **Increased and continual media and congressional attention**

Due to the increased wait times for veterans to receive health-care services at the VA ECHCS and the increased oversight by Congress regarding the RMRVAMC there has been a lot of media and congressional attention placed on the health-care system causing staff satisfaction to decrease.

#### **Staffing**

At the time of the visit, the VA ECHCS employed 3402 employees and had 816 open positions, a (24% vacancy rate) with every program office reporting staffing shortages. During the town hall meeting, a veteran stated Mental Health clinic staff do not have enough staff to spend the needed time with veterans requiring the services.

The health-care system is prioritizing hiring towards filling the various positions that are needed to start providing services when the RMRVAMC opens in August 2018. With activating the RMRVAMC, the Human Resources Department has been pushed to the limit with hiring for two campuses. The VA ECHCS is in a competitive health-care market and competes with private sector health-care organizations like Kaiser Permanente. The health-care system has high turnover due to the higher wages offered in the community and due to having a number of Federal Agency opportunities within the Denver metro area.

### **Recommendations**

#### **Recruitment and Retention**

Every available means needs to be enacted to help solve critical recruitment and retention issues at the VA ECHCS so that continuity of care and leadership continues to stay constant. To improve enrolling more veterans into the VA health-care system, VA needs to do a better job through their communications department counteracting negative publicity and showing veterans and the American public why the VA health-care system is a good place to work.

VA also needs to improve their incentives to recruit and retain top talented health-care providers, management and professional staff to work and live in rural and/or highly rural areas where VA medical systems are located. VA needs to take under



consideration special salary rates, updating the antiquated General Scale (GS) Pay scale, and using incentives to help recruit and retain administrative, service-line and professional staff in order to stay competitive with the private sector.

The American Legion supports legislation addressing the recruitment and retention challenges that the Department of Veterans Affairs (VA) has regarding pay disparities among those physicians and medical specialists who are providing direct health care to our nation's veterans.

The Veterans Health Administration continues to develop and implement staffing models for critical need occupations; and, that VA work more comprehensively with community partners when struggling to fill critical shortages within VA's ranks.

### **VA Onboarding Process for Health-care Providers and Staff**

During the meeting with the service line chiefs, The American Legion SWS team was informed that the medical center is losing some qualified candidates to other health-care organizations within the community due to the lengthy VA onboarding process for new employees who were hired to work at the medical center.

The American Legion SWS team will meet with the VHA Office of Workforce Services to better understand the reasons why it takes so long to bring staff on board at the VA ECHCS and at VA health-care systems nationwide. The American Legion will also stress to VA that they look at strategies to shorten the onboarding process to reduce the shortages of critical need occupations.

### **Communication with External Stakeholders**

The VA ECHCS is fortunate to have a broad-based coalition of Veteran Service Officers and Veteran Service Organizations (VSOs) such as The American Legion Department of Colorado leadership who receive their health care at the medical center. The American Legion wants to see the VA ECHCS succeed to provide the best health care for veterans who live in Colorado

and within the catchment area of the health-care system.

The American Legion highly recommends that the medical center leadership maximize, to the extent possible, their relationship with these individuals and organizations to help communicate their messages, town hall meetings, and other significant medical center events.

### **Increase Veterans Access**

At the time of the site visit, the VA ECHCS was using 10 examination rooms at the PFC Floyd Lindstrom CBOC in Colorado Springs for Compensation and Pension (C&P) services for veterans. This space can be better utilized to increase veteran's access to primary care services. The administration is looking into this potential solution to alleviate the primary care access issue.

To increase veteran's access to health-care services such as Primary Care, The American Legion recommends that the VA ECHCS utilize all available space before contracting those health-care services out in the community.

### **Activation of the Rocky Mountain Regional VA Medical Center**

The American Legion recommends that the ELT be completely transparent with Congress, VA leadership, media outlets, and the veterans' community if challenges or barriers poses an issue with meeting the August opening.

### **Conclusion**

It was obvious to the SWS team that there were concerns regarding staff being stretched too thin due to staff providing health care and services to veterans at the VA ECHCS in Denver and trying to meet activation deadlines at the new hospital in Aurora, CO.

The American Legion will conduct a conference call in six months with Medical Center Director and staff to follow up on the progress of the medical center since the visit and to see if The American Legion's recommendations have been implemented.