PALO ALTO VA HEALTH CARE SYSTEM (VAPAHCS) | PALO ALTO, CA

Date: February 4-6, 2019
Chairman of the Veterans Affairs & Rehabilitation Commission: Ralph Bozella (CO)
Veterans Affairs & Rehabilitation Division Director: Chanin Nuntavong (CA)
Veterans Affairs & Rehabilitation Commission National Staff: Roscoe Butler, (MD) Deputy Director of Health Policy
Hollywood Post 43: Department of California Commander Larry Leonardo

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.

Scope

The American Legion conducts between 12 and 18 System Worth Saving (SWS) visits per year based on reports from the VAOIG, media, VA SAIL rankings and requests from a veteran, caregiver, or a department of The American Legion, and members of Congress. Each SWS visit follows a triangular model depicted in Figure 1. The American Legion requests data from the VA medical center via a Mail-Out Questionnaire. The SWS team reviews the data and constructs an In-Facility Questionnaire used to conduct structured interviews with the Executive Leadership Team, department managers, and other staff.

The American Legion received non-confidential data and information from VAPAHCS. The SWS team reviewed data from Strategic Analytics for Improvement and Learning (SAIL) used to measure the quality of care at VA health care facilities and the Consumer Assessment of Healthcare Providers and Systems (CAHPS) to assess patient experience.

To complement the structured interview sessions, the medical center staff conducts a tour with the SWS team.

The SWS team did not visit any of the system's Community-based Outpatient Clinics, or CBOCs, to assess the presence of inventory problems. The team did not assess any of the current computerized inventory systems. Furthermore, the SWS team did not review any records, electronic or hardcopy that disclosed personal health information of patients or personal identifying information pertaining to employees.

Overview of VA Palo Alto Health Care System

Capitola, Monterey, Stockton, Modesto, and Sonora. These facilities provide some of the world's finest medical care and cutting-edge technology. The health care system provides health services throughout southern CA to 76,143 veterans and 67,006 unique patients.

VAPAHCS is a level 1 teaching hospital, providing a full range of patient care services, with state-of-the-art technology as well as education and research. VAPAHCS maintains one of the top three research programs in the VA. An affiliation with the Stanford University School of Medicine which provides a rich academic environment including medical training for

physicians in virtually all specialties and subspecialties.

Budget

The medical center reported their FY2019 budget as $884,048,619 and allocated as follows:

Medical Services	$649,350,629
Medical Support and Compliance	$72,061,855
Medical Facilities	$88,271,279
Medical Community Care and Choice	$74,364,856

A concern was raised that the medical center FY2019 Budget is $1.8 million short in medical support and $2.8 million short in medical facilities.

Human Resources

The VAPAHCS has 5,200 authorized positions and approval to fill 4,700 positions which include contractors and affiliates. The VAPAHCS identified having hiring challenges recruiting providers and VA police officers. On average, the onboarding process takes three months for providers and five to six months for police officers. The VAPAHCS does have Direct Hire Authority which is an appointing (hiring) authority that Congress grants to federal agencies for filling vacancies when a critical hiring need or severe shortage of candidates exists, as determined by the Office of Personnel Management (OPM). According to a June 14, 2018, VA OIG Report, 18-01693-196[1] ,titled "Determination of VHA's Occupational Staffing Shortage, FY 2018", VA Police had the seventh highest frequency with 52 facilities designating it as a shortage. While the VAPAHCS does use DHA to recruit police officers, due to the low grade of the position GS-6, and that Palo Alto is located in a highly competitive cost of living area, this makes it difficult for the VAPAHCS to complete with their local market. This information is validated in the VA OIG Report, 18-01693-196, which indicated that non-competitive salaries were also a top reason for VA Police staffing shortages. Facilities noted that many position descriptions and their associated pay determinations were too low to be competitive with private sector salaries.

Human Resource staff mentioned each service had been directed to review their authorized full time equivalent employee (FTEE) slots and identify any excess positions. Once this exercise is completed, any excess positions will be eliminated and a new organization chart will be created to reflect the VAPAHCS real authorized FTEE ceiling.

Mental Health Department reported the following vacancy rate as of Feb. 6, 2019

Mental Health Department	VACANCY RATE
Psychiatry	21.6%
Dom	13.0%
SW	35.0%
RT	12.5%
Psychology	16.3%
MH TOTAL	19.5%
MH Nursing	22.5%

Bed Count – Data provided by the VAPAHCS indicated they have a total of 766 inpatient beds. Their bed count is broken down as follows: 40 Psychiatry, 147 Domiciliary, 360 Community Living Center, 67 Internal Medicine, 42 Surgery, 30 Rehab Medicine, 43 Spinal Cord, and 27 Blind Rehabilitation beds.

Outpatient Wait Time - Data provided by the VAPAHCS indicates their average wait time for all clinics is:

- Average Established Patient Wait from Preferred Date – 2.5 days
- Established Patient Appointments – 4,358,170
- Average New Patient Wait from Create Date – 13.8 days
- New Patient Appointments - 730,636

Based on data provided by the VAPAHCS, for the last three fiscal years, the VAPAHCS has experienced a decrease in their unique veteran population. In FY2016, they reported having 68,652 unique veterans. In FY 2017, they report having 68,270, and in FY2018, they reported having 67,006 unique veterans.

In FY2018, the VAPAHCS closed out the fiscal year with 76,143 enrolled veterans while the number of women veterans appears to fluctuate. Based on data provided by the VAPAHCS, in FY2016 they reported closing out the year with 6,570 women veterans, and of that number 1,159 reported Military Sexual Trauma (MST). In FY2017, the number of women veterans dropped to 6,472, of which 1,198 reported MST. In FY2018 the number increased to 6,583, of which 1,242 reported MST.

Town Hall Meeting

Approximately thirty veterans attended the town hall meeting held on Monday, February 4, 2019, 7:00 p.m. at Post 564 in

1 Department of Veterans Affairs, Office of Inspector General. (2018). OIG Determination of Veterans Health Administration's Occupational Staffing Shortages.

Santa Clara, California. Palo Alto VA Health Care System Deputy Director Dan Kulenich represented the Executive Leadership Team. He was accompanied by Patient Advocate Candy Woodruff, Outreach Specialist Anna Culter, and Deputy Chief of Business Administration Services Imee Matagay. The American Legion Department of California was represented by Commander Larry Leonardo and Adjutant Paul Brown. Post 564 Commander George Gomer opened the meeting, introduced American Legion VA&R Chairman Ralph Bozella, who conducted the town hall meeting along with VA&R Division Director Chanin Nuntavong and Deputy Director for Health Care Roscoe Butler.

A positive interaction to include questions about Palo Alto VA health care, along with care issues by the veterans present ensued with answers provided by VA staff and the Legion VA&R team. Some of the veterans present were able to answer questions, concerns and contribute to the conversation due to their experiences at Palo Alto VAMC.

Veterans voiced praise for overall attitudes and experiences of care by the staff at Palo Alto VAMC. However, there was also an undertone concern that the health care has been "going downhill lately" particularly at the Menlo Park facility, with a recommendation for Palo Alto VA to work more closely with local veteran service organizations and to plan and implement better community relations.

Other concerns had to do with acoustics at the hospital where patients could hear other patients hollering at night, and they could also hear individual cases being discussed by providers and patients.

Some veterans expressed concerns about eligibility issues and the difficulty in acquiring VA identification cards. One veteran with foot problems had difficulty obtaining VA orthopedic shoes.

Many concerns about Agent Orange eligibility for health care services and the Blue Water Navy bill (S.299) were voiced. Those expressing this issue were directed to their Congressional or Senatorial offices as no representatives of these offices were present at the meeting. Discussion ensued about every time veterans lose benefits, it hurts the entire veteran community, and there was also concern about the difficulty in accessing community care and drive times to Palo Alto VA. This prompted a discussion about dental benefits. One veteran, in particular, lives on $12,000 gross Social Security benefits per year and is in dire need of dental services. He was referred to a VA social worker, and the national Legion team will attempt to find help through Soldiers Wish. Concerns about the Palo Alto VA pharmacy were also expressed.

Deputy Director Kulenich and his team responded to all of the concerns and pledged to work to resolve issues raised. He stated that the pharmacy needs work and that his concern is with all 69,000 unique veterans enrolled at the Palo Alto Health Care System. He noted that Palo Alto VA does, indeed, care which is why they attended this town hall meeting and conduct their own town halls. They are very responsive to veterans' needs and concerns and through their patient advocacy and outreach programs they work to help veterans and do not turn them away.

EXECUTIVE BRIEFINGS

Summary

The American Legion's SWS team conducted structured interviews with the VAPAHCS Executive Leadership Team (ELT). The SWS team uses a prepared questionnaire called the In-Facility Questionnaire to conduct its structured interview with the ELT and Service-Line staff. The SWS selected the questions based on data received from the medical center prior to the visit. Due to a scheduled engagement in VA Central Office, the Medical Center Director was unable to be present during The American Legion site visit. The following ELT members were in attendance: Daniel Kulenich, Deputy Director, Gary Mendez, Associate Director, Lawrence Leung, MD, Chief of Staff, Rina Shah, MD, Deputy Chief of Staff, Gloria Martinez, RN, Associate Director for Patient Care Services/Nursing Service, and Michelle Mountfort, RN Deputy Associate Director for Patient Care Services/Nursing Services.

In FY 2018, the VAPAHCS received a 2-star rating. To address their low rating, the VAPAHCS has developed a Strategic Plan which focuses on improving their star rating over the next three fiscal years (FY 19 – 21). Their goal is to increase their star rating over the next three fiscal years from a 2 to a 4 or better.

The medical center staff identified a number of challenges that are negatively impacting the medical center. The number one challenge is an inability to attract top talent to the VAPAHCS due to the medical center being located in a highly competitive cost of living area. According to bestplace.net[2] Palo Alto, CA, cost of living indices is 613.5. Cost of living indices is based on a US average of 100. An amount below 100 means Palo Alto is cheaper than the US average. A cost of living index above 100 means Palo Alto, California is more expensive. As you see in the below example, housing in Palo Alto US average is 1,756, with a median home cost of $3,284,200 compared to California, US average 169, median home cost $548,100

2 BestPlace.net

compared to the rest of the United States average 100, median home cost $216,200.

Cost of Living	Palo Alto	California	USA
Overall	614	169	100
Grocery	110.8	107.2	100
Health	94	93	100
Housing	1,756	293	100
Median Home Cost	$3,284,200	$548,100	$216,200
Utilities	90	102	100
Transportation	161	147	100
Miscellaneous	106	104	100

100=National Average

Meeting with Other VA Staff

Representatives from the Clinical Service Lines reported a challenge with patients staying in acute care beds longer because they are unable to place them in a Community Nursing home or State Veterans Home facility. It was further reported that over one-half of Community Nursing homes in the Bay area are closing and the ones remaining open are unwilling to accept Medicare-eligible veterans due to the Medicare reimbursement rate. The VAPAHCS has a full-service Community Living Center which is authorized 360 beds but is only operating 200 beds. When representatives from The American Legion questioned why the system only operates 200 Community Living Center beds, they were advised that the decision was due to staffing.

Challenge 1: The VAPAHCS resides in an exceptional competitive high cost of living area which impedes their ability to recruit and retain staffs

The competitive exceptional high cost of living area impedes VAPAHCS recruitment and retention efforts.

While many VA Health Care facilities experience challenges in recruitment due to pay limitations, the VAPAHCS challenge is unique in that not only do they have issues with pay parity, the VAPAHCS is located in an exceptional competitive high cost of living area where the median cost of a home well exceeds the median home cost in the United States. This makes it almost impossible for the VAPAHCS to compete with their local market where they can offer higher salaries than what the VAPAHCS can offer.

Under certain conditions, the Department of Defense offers service members a basic allowance for housing (BAH). DOD's Basic Allowance for Housing (BAH) is a U.S. based allowance prescribed by geographic duty location, pay grade and dependency status. It provides uniformed service members equitable housing compensation based on housing costs in local civilian housing markets within the United States when government quarters are not provided. A uniformed service member stationed outside the U.S., including U.S. territories and possessions, not furnished government housing, is eligible for Overseas Housing Allowance (OHA). As we met with VAPAHCS Executive Leadership staff, service-line managers, and support staff, the common concern was their inability to recruit and retain staff due to the exceptional competitive high cost of living in Palo Alto, CA. While the VAPAHCS System does provide government quarters to eligible employees, the number of government quarters are insufficient to meet their needs.

Recommendation: The American Legion will work with The American Legion Department of CA to draft a resolution urging Congress to pass legislation authorizing VA to offer eligible employees a housing allowance similarly to DoD basic housing allowance for service members. However, the resolution would limit VA's housing allowance to areas where the cost of purchasing, renting or leasing a home, condominium or apartment exceeds the median cost of housing in the United States.

Challenge 2: Medicare Rates proposed a challenge for Community Nursing Home Care.

VAPAHCS clinical staff reported challenges in placing veterans into a Community Nursing home because VA is only authorized to use Medicare rates. Under VA regulation and policies, VA reimburses Community Nursing Home facility based on per diem rates which are based on the Medicare prospective payment rates (PPS) for skilled nursing facilities (SNFs).

The American Legion does not have an official position on VA payment rates for Community Nursing Home Care.

Recommendation: The American Legion will request a meeting with VA Central Office Geriatric and Extended Care Service to discuss the medical center's concern. This will help in determining if this is a local or national issue, which will guide The American Legion in its decision on how to address this challenge.

Challenge 3. Difficulty placing patient's in Community Nursing home facilities

The medical center reported when a veteran's episode of inpatient care is completed, and the discharge plan calls for

the patient to be discharged to a nursing home facility, it is taking the VAPAHCS six months or longer to place a veteran in a community or state nursing home facility. The result is patients staying longer than normal which has negatively impacted their star rating. When we asked why is it taking so long to place veterans in a community or state nursing home facility, it was explained due to the Medicare reimbursement rate; it is difficult to locate a nursing home in the state that is willing to accept Medicare-eligible veterans.

Recommendation: The VAPAHCS has a 360 Bed Community Living Center, but their operating bed capacity is currently 200. The American Legion recommends the medical center do everything possible to increase the Community Living Center bed capacity to reach its authorized CLC bed capacity of 360.

Challenge 4. Veterans Referred to VAPAHCS by other VAMCs sometime are not eligible for Beneficiary Travel Pay

The VAPAHCS accepts patients in need of care from other VA Health Care facilities. When a veteran referred from another VA Medical Center to the VAPAHCS is discharged home, and the veteran is not eligible for beneficiary travel pay, this can create a challenge especially if the veteran does not have a family or someone to assist the veteran getting home. This situation is not unique to the VAPAHCS.

Recommendation: In 2017, The American Legion passed Resolution 64, titled "Department of Veterans Affairs Beneficiary Travel Program." The Resolution was created based on a similar challenging experience during another System Worth Saving site visit. The resolution includes four Resolved Clauses.

- Urge the Secretary of Veterans Affairs (VA) to seek adequate funding to accommodate the needs of the increasing demand for care, to include the need for providing return travel for veterans who have been transferred to distant Veterans Affairs medical centers for treatment, and subsequently discharged;
- Urge the Secretary of Veterans Affairs to revise beneficiary travel regulations to provide for return travel expenses for veterans discharged from distant Veterans Affairs medical centers from which they have been discharged, to include appropriate transportation and any supportive medications, medical devices and attendants as deemed necessary by the discharging facility;
- Urge Congress to provide dedicated funds to Veterans Affairs medical centers to defray the cost for return travel to a veteran's home or to the Veterans Affairs medical center that originally transferred a veteran to a distant Veterans Affairs medical center; and
- Urge the Secretary of Veterans Affairs to periodically review the adequacy of funding for travel funding to ensure veterans are not forced to bear the financial burden for return travel from distant Veterans Affairs medical facilities to which they have been transferred, and from which they have been discharged.

The American Legion will work with our Legislative division to seek Congressional support to sponsor a bill to address this challenge.

Best Practices

a) Women Veterans Program and Women's Health Center at VA Palo Alto Health Care System

Mission: VA Palo Alto Healthcare System continues to transform healthcare delivery to ensure that all women Veterans receive high quality, equitable, personalized and timely whole health care in a sensitive and safe environment at all points of care.

Vision: VA Palo Alto Health Care System's vision is to provide state of the art personalized, whole health care to women Veterans so that they recognize VA Palo Alto Healthcare System to be their treatment site of choice.

The VA Palo Alto Health Care System (VAPAHCS) Women Veteran's Program closely implements the detailed policies outlined in the VHA Handbook. These policies are the following:

- Health Care Services for Women Veterans Policy 1330.01(2)
- Women Veterans Program Manager 1330.02
- Maternity Health Care and Coordination 1330.03
- Emergency Medicine 1101.05(2)
- Coordination and Development of Clinical Preventative Services Guidance 1120.05
- Responsibilities of the National Center for Health Promotion and Disease Prevention (NCP) 1120

Policies (1330.01(2), 1330.02 and 1330.03) are reviewed by the Women Veterans Program Manager frequently and changes presented to Women Veterans Health Committee (WVHC) on a quarterly basis.

VAPAHCS Health Care System Memorandums further detail specifics of VHA Handbook Directive 1330.01. These Health Care System Memorandums or HCSMs are the following:

- Gender-Specific Care of Female Veterans No. 11-16-31
- Military Sexual Trauma Programming 116A-18-24
- Military Sexual Trauma (MST) Data Collection and

Reporting 136-17-09

- Sexual Assault Procedures 111-15-10
- Sexual Assault Reporting Requirements 07-18-15
- Ordering and Reporting Test Results 11-19-218
- Mandatory Reporting of Injuries from Assaultive/Abusive Behavior, Including Domestic Violence and Injuries from Deadly Weapons 07-16-05

The Women's Health Center (WHC) located at the VAPAHCS Palo Alto Division (PAD) delivers the highest level of comprehensive, personable and high-quality care to their Women Veteran population. As outlined in policy 1330.01 regarding Level 3 Women's Health (WH) structures, VAPAHCS WHC delivers comprehensive primary care by WH-PCPs and WH-PACT teamlets. The WHC has a separate entrance, waiting area and clinic space to deliver comprehensive primary care. This clinic space is dedicated to Women's Health and not utilized by other clinics. Specialty care delivered at the WHC is collocated with a trained and dedicated MSA and nursing staff. Some of specialty care provided by the WHC are the following:

b) VAPAHCS Women Veterans Program

- Full spectrum gynecologic care including Same Day access to LARC placement (IUD and Nexplanon), gynecologic surgery, gynecology-oncology surgery, endometrial biopsy, LEEP, colposcopy, in-clinic ultrasound, post-operative gynecologic care, initial infertility evaluation and gynecologic cancer care available five days a week
- The WHC has a total of three Gynecologists and one Gynecology Oncologist on staff with joint appointments at Stanford University Hospital
- Gynecologic care services are available with night and Emergency Department (ED) on-call seven days a week
- Intimate Partner Violence (IPV) screenings per protocol fully implemented at PAD (planned expansion to CBOCs)
- Point of Care (POC) pregnancy testing in WHC, ED and CBOCs
- Pharmacy services by a Women's Health Clinical Pharmacist (PharmD) and additionally support the WH Heart Prevention Program Clinic within WHC weekly
- Weekend clinic appointment availability
- Mental Health evaluations and treatment in psychology appointments four days a week with in-clinic CBT and psychiatry. The providers are available for any of the medical specialty clinics within WHC such as breast oncology, heart health and primary care. Additionally, mental health counseling is provided for anxiety, PTSD, depression, insomnia, stress, diabetes self-management, smoking cessation, weight loss, etc. Other treatment modalities provided on-site in WHC:
  - » Hypnosis for various issues and biofeedback
  - » Accepts referrals for positive screens for depression, problematic alcohol abuse or PTSD
  - » Multiple EBPs such as CBT, CPT, PE and ACT, including mindfulness
- WH Oncology for breast cancer care
- WH Pelvic floor Physical Therapy Clinic
- WH Rheumatology
- WH Neurology
- Comprehensive WH Pain Clinic staffed by a Pain Specialist (MD) with expertise in anesthesia pain procedures and acupuncture, a Psychologist and a Physical Therapist
- WH Massage offered in conjunction with polytrauma and recreational therapy
- WH Lactation area provided for nursing Women Veterans, visitors and employees

The WHC has a detailed Women's Health procedure manual that is updated frequently and was last reviewed and updated recently (February 2019). The procedure manual and the two-part electronic document list the Program's current PACT and gynecologic procedures with detailed lists of required instruments for each procedure and accompanied with colored photographs of the instrument layout to support standardized and streamlined set-up for each procedure. Additionally, the manual provides the following guidance:

- Instruction on opening and closing procedures
- Detailed descriptions of all seven WHC Specialty Clinics and PACT clinics

The WHC nursing staff, within their scope of practice, are trained to set-up, assist and/or participate in the procedures. Additionally, the WHC nursing staff are competent in knowledge of and locating the local HCSMs.

c) VAPAHCS Women Veterans Program

In compliance with 1330.01 and required breast care procedures, extensive mammography support, process and care coordination is conducted by the WH Case Manager. The primary care providers (PCPs) provide education about mammography offerings to eligible Veterans and screening mammogram reminders at specified intervals are instituted to improve compliance. The WH Case Manager, an RN, reviews all community care reports, assists patients (both Women

and Men Veterans) in the process of obtaining a screening or diagnostic mammogram and/or breast MRI through our Mammography Suite or through community care facilities. Mammography screenings are offered at PAD with walk-in appointments available Monday – Friday, 8:30 a.m. to 4 p.m. To support access to screening and diagnostic imaging services for all our Veterans, community care facility site appointments are facilitated for mammography/breast MRI testing closer to the Veteran's home and/or CBOCs. Standard work for the mammography process (based on breast imaging reporting and data system code) is followed to ensure the Veterans receive timely, outstanding quality breast imaging services, all necessary follow-ups and have a point of contact throughout the entire experience. Community care mammogram reports are documented in computerized patient record system (CPRS) upon receipt. Mammogram results are communicated to the Veterans by their PCP with a follow-up plan as needed. The WH Case Manager also collaborates with the PAD Mammography Technologist regarding screening mammography services. Care coordination within WH support timely appointment scheduling, referral approval status, and follow-up that supports the Veterans health care and patient satisfaction.

WH Maternity Care Coordination is and assigned as collateral duty to a WH RNP at VAPAHCS. In accordance to services ascribed in VHA Handbook Directive 1330.03, Maternity Care at VAPAHCS provide the following to pregnant Women Veterans:

- Breast pump to each woman veteran early in the maternity process
- Direct line phone access to the Maternity Care Coordinator (MCC) for any maternity/WH needs
- Every other month scheduled telephone calls with MCC
- PharmD and Gynecologic chart review of all newly pregnant Women Veterans with PharmD telephone calls to review medications and medication safety during pregnancy
- Local obstetrics and gynecology provider (VAPAHCS Chief of Gynecology MD) with clinic availability for consultation at PAD before they have established obstetrics care in the community
- VAPAHCS Chief of Gynecology is within the Department of Surgery and has a combined Stanford University Hospital appointment, actively cares for pregnant women and engages in general obstetrics and gynecologic care at Stanford University Hospital

Utilizing Lean processes, a daily nursing huddle and WHC huddle occurs with WHC staff to review any methods, equipment, supplies and staffing (MESS) issues that affect WHC operations and patient flow. These issues are identified and relayed on the "MESS Board" located in the WHC area to support accessibility and transparency for front-line staff as well as leadership accountability. The WVPM and WHMD conduct scheduled huddles twice weekly with WHC front-line staff (LVN, NA, MSA, psychologist) to review MESS issues, WH monthly campaigns, and environment of care (EOC) rounds.

Well-trained and engaged WH-PCPs and WH-PACT teamlets are available at each CBOC locations providing care locally, providing primary care services to 81-83% of the VAPAHCS Women Veterans who have WH-PCPs as their primary care provider. The Women Veterans Program Manager (WVPM) and Women's Health Medical Director (WHMD) conduct a monthly call with all the WH-PCP Champions and Nurse Liaisons from the CBOCs that is available in-person as well as via telephonic and Skype meetings presenting detailed information regarding upcoming monthly WH campaigns, local and community

d) VAPAHCS Women Veterans Program

Women-centric events, updates on policies, WH procedures, educational opportunities, environment of care weekly rounds and Women Veterans Program outreach and "in-reach" activities. The WH-PCPs names and designation are listed in the PCMM of CPRS. All WH-PCPs are identified by clinic naming of all new patient appointments with WH designations. These clinic identifiers enable front-line schedulers to book appointments for women veterans with WH-PCPs at the WHC or CBOCs.

Additional Best Practices for Women's Health at VAPAHCS include the following:

- Same and next day access to gynecologic specialty care without a consult: Partnership with Telephone Care Program (TCP) with updated procedure and standard operating procedure created in December 2018 to provide guidance for TCP RNs to contact PACT team or gynecology directly when women veterans call TCP with a women's health symptoms best served by a gynecologist. Women are offered local PACT, WH gynecology, or Women's Health same day per veteran choice according to triage algorithm. Real-time gynecologist consultation allows the patient to be scheduled in a clinic appointment with a gynecologist without a current active gynecology consult for same day or next day care. This further supports improved access for Women Veterans in addressing their specific needs.
- Focus on Patient Safety: Active discussion and continued training for Timeout prior to procedures. Detailed Timeout charts were created for each WHC exam room with Timeout

procedures reviewed with WHC staff. A copy of the Timeout chart can be provided upon request.

- Veteran Feedback: Collaboration with the VAPAHCS Veteran & Family Advisory Council on WH phone tree project
- Stranger Harassment Veteran Feedback Project: WH partnered with VAPAHCS Center for Innovation to Implementation to gather Veteran feedback on stranger harassment and collaborate on culture changes locally during 2017-2018.
- Quality Improvement and VISN Collaboration: VAPAHCS has been an active participant in an Evidence-Based Quality Improvement Collaborative (EB-QIC) initiative supported by the national VA Women's Health Research Network (WHRN): the PAD site was an active participant in a two-day regional launch of EB-QIC held in VISN 21 headquarters for all VISN 21 sites, and supported by VISN 21. Since then, Palo Alto has continued as part of a group of sites partnering together to work on optimizing abnormal mammogram follow-up processes. The local site projects use Evidence-Based Quality Improvement methods that involve collaboration between clinicians, managers, leaders and researchers. The EB-QIC projects developed at each site benefit from cross-site sharing of innovations and solutions.
- Other activities: Women's Counseling Center within the VAPAHCS (Menlo Park Division); Annual Breast Cancer Awareness Walk in collaboration with EEO Women's Federation, Peninsula Vet Center event participation in San Mateo and provision of VAPAHCS WH booklet resources; Mammography Suite opening (10/2018); National Baby Shower (5/2018); Kick-Off Heart Health for Women event system-wide (2/2019)

Video: VA Palo Alto Health Care System Goes Red!

1. Essential Elements of Convenient Care Process – Proof of Concept

- Calls come in to Nurse Triage Line for assessment and referral to Convenient Care.
- RN and MSA prepare a documentation packet including the Convenient Care Consult or a triage screening note and identify the primary care physician as a secondary signer on that note for situational awareness.
- RN/MSA uploads packet and the 10-0386 to the TPA portal.
- Contractor receives the 10-0386 and completes authorization and sends it to Convenient Care.
- The facility office of community care receives the consult (if consult is completed) and places it in a Scheduled status.
- The location where the Veteran will be seen, along with a list of eligible Heritage contract pharmacies, will be communicated to the Veteran.
- Veteran receives convenient care at designated facility.
- Utilizing the Heritage pharmacy contract. A Heritage provider can fill a 10-14 day supply of medication(s) prescribed to the Veteran. These prescriptions will be paid out of traditional non-VA Care Dollars.
- Medical documentation will be uploaded to the contractor Portal by community provider.
- The facility office of community care RN reviews medical documentation from the TPA portal, sends them to be scanned into the record and then closes the consult (if a consult was completed) or attached to the triage screening note, adding the PCP as a signer.

2. Community Care Consult Database

- Locally developed access database used to assign, monitor and manage workload of Community Care staff. Reports can also be pulled to assess workload and performance data.

3. Model of Care (MOC)

- MOC has been defined to better utilize available resources. This definition includes keeping complex care within VA and send less complex, encapsulated care to the community.
- MOC is determined by specialties, with facilitation and guidance by Office of Community Care Clinical Integration.
- Implementing MOC will be a challenge with the proposed eligibility and access standards of the Mission Act.