VA Black Hills Health Care System| Hot Springs, South Dakota

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Overview
The Department of Veterans Affairs (VA), Black Hills Health Care System (BHHCS), was established in 1996 through the combination of the Fort Meade and Hot Springs, VA Medical Centers, approximately 90 miles apart. The BHHCS is a 77-acre campus located in Hot Springs, in the Black Hills of western South Dakota. The campus opened in 1907 as Battle Mountain Sanatorium; which was one of ten original Old Soldier’s Homes in the United States; however, the VA hospital did not begin construction until 1925. BHHCS provides primary and secondary medical and surgical care, along with residential rehabilitation treatment program (RRTP) services, extended nursing home care and tertiary psychiatric inpatient care services for veterans that reside in South Dakota, portions of Nebraska, North Dakota, Wyoming, and Montana. BHHCS has ten Community-Based Outpatient Clinics (CBOC), located in South Dakota and Nebraska that provide medical care to rural and highly veterans within their catchment area.

The VA BHHCS is part of the Veterans Integrated Service Network (VISN) 23 Midwest Health Care Network, with facilities in Iowa, North Dakota, Minnesota, Nebraska, and South Dakota.

Fiscal
BHHCS budget for Fiscal Year (FY) 2010 was $142 million. The FY 2011 budget was $147 million, an increase of approximately $5 million. The FY 2011 appropriations are as follows: medical received $113.5 million, facility received $25.8 million, and administration received $17.6 million. The FY 2012 budget was $142.5 million, a decrease of approximately $4.5 million. The FY 2012 appropriations are as follows: medical received $99.9 million, facility received $22.1 million, and administration received $14.1 million. The VA BHHCS received supplemental funds from the VISN in FY 2010 for $1.7 million and $4.8 million for FY 2011. VISN 23 has provided the needed resources to sustain the medical center through their reconfiguration efforts.

From January 2011 through January 2012, the campus spent approximately $1.7 million dollars on veteran beneficiary travel. In FY 2010, $23.3 million or approximately 16.2 percent of their budget went to Fee Basis Services, due to long travel distances. In FY 2011, $26.1 million or approximately 18.3 percent of the BHHCS budget went to Fee Basis Services. The facility mainly utilizes fee/contract physicians for urology, hospitalists, Emergency Department/Urgent Care, ENT, Podiatry, Ophthalmology, mammography and Psychiatry. The breakdown of fee expenses for the following medical services were as follows: Optometry ($11 million), Inpatient Care ($9.7 million), Community Nursing Home Care ($1.3 million), Home Based Primary Care ($2.4 million), Mill Bill, ($1.1 million), and Unauthorized ($5 million).

The FY 2010 Medical Care Collections Fund (MCCF) expected goal for the BHHCS was $16.6 million and their FY 2010 actual collections were $15.7 million which is approximately $1 million less than their projected goal. The FY 2011 MCCF expected goal for the facility is $16.4
million and they collected $15.8 million. In FY11, the medical system received $18 million for specific purposes. The BHHCS has implemented ways to improve their collection rates such as: billing for prosthetics, durable medical equipment (DME), and oxygen. In April, the BHHCS will be starting to utilize the Central Plains Consolidated Patient Account Center (CPAC) located in Leavenworth, Kansas.

**Enrollment, Accessibility, and Continuum of Care**
There are approximately 31,000 veterans in the BHHCS catchment area which includes Ft. Meade and Hot Springs. There are 1,171 veterans in the Fall River County/Hot Springs catchment area. In FY 2011, the BHHCS has seen 20,421 unique veterans, and had 239,297 outpatient visits. In FY 2011, the BHHCS-Hot Springs campus had 77,626 outpatient visits, 670 inpatient admissions, and had 3,127 primary care veteran enrollees. The number of outpatient visits includes lab specimens that were processed in the Hot Springs lab, but the veteran may have been seen at one of the VA Black Hills medical clinics. The periods of services for the medical center were as follows: World War II (282), Pre-Korean War (12), Korean War (326), Post Korean War (246), Vietnam Era (1,207), Post Vietnam Era (314), Persian Gulf War (465), and other conflicts (17).

The BHHCS has a combination of full-time, fee basis and contract providers working in the Compensation and Pension (C&P) Department. In FY 2011, the medical center completed 1,855 C&P examinations. The average processing days (APD) to complete a C&P exam is less than 30 days most months. There have been periods of time where the medical center has exceeded 30 days when staff were absent from the facility due to military deployments, staff vacations, and extended leaves. The BHHCS had 2,869 Priority 8 Veterans since the January 17, 2003 cutoff.

During FY 2011, the Average Length of Stay (ALOS) for in-patients was 10.96 days, including the Community Living Center (CLC), and 63 days in the Residential Treatment Program. For FY 2012 first quarter, the Average Daily Census (ADC) for the in-patients beds was 5.3 days, CLC beds was 4.2 days, and 78 days for the domiciliary beds.

**Staffing and Affiliations**
In 2011, the system had 1,063 total employees, including 374 employees who work at the Hot Springs campus. The medical system has affiliations with the University of South Dakota School of Medicine, South Dakota State University school of Nursing and Pharmacy, and other programs for psychology, podiatry, and optometry.

**Physical Plant**
The physical plant deficiencies are based on their Facility Condition Assessment (FCA) database. There is a total cost of $35.8 million for plant deficiencies. Specially, needed improvements are mechanical of (air handlers, building management system, steam piping, boilers), and architectural (signage, interior/exterior finishes, asbestos abatement, historical papers, ADA accessibility, fixed equipment.) Currently, the medical facility has nine mechanical and architectural projects scheduled to address some of the noted deficiencies. The medical center also has nine upcoming projects in FY 2012 to correct these deficiencies.
**Long Term Care, Mental Health and Specialty Care**

The Medical Center has ten acute medical beds and seven Community Living Center (CLC) beds on campus. The medical center has rooms dedicated for bariatric, respite, hospice, and palliative care within their facility. The Hot Springs campus currently has a part-time hospice and palliative care, and accepts veterans needing hospice care to any of the open beds. The medical center offers veteran’s hospice services through available VA purchased home hospice, or community hospice care.

The BHHCS Mental Health department has 60 employees located at the Hot Springs campus that are all trained in the therapies that provide seamless and integrated care to the Veterans within their catchment area. The Mental Health department at the Hot Springs campus performs all of the evidence based treatments and therapies such as Prolonged Exposure Therapy (PET), Cognitive Processing Therapy (CPT) and Eye Movement Desensitization Reprocessing (EMDR). In FY11, there were 1,621 unique patients including 229 women veterans that were seen for mental healthcare services on an outpatient basis at the Hot Springs campus.

During the 4th quarter of FY11 the facility increased their Post-Traumatic Stress Disorder Cohort by 12 beds. The Mental Health examinations for Compensation and Pension exams are done at the Hot Springs campus. The BHHCS-Hot Springs offers outpatient mental health treatment, outpatient psychotherapy treatments, residential treatment for PTSD and substance abuse/dependency, residential work therapy programs for homeless veterans, and transitional residence services.

All veterans are screened in Primary Care for depression, Post Traumatic Stress Disorder (PTSD), alcohol misuse, and suicidality. There has been one completed suicide in FY11 that was attached to the Hot Springs campus. The BHHCS has 500 homeless veterans within their catchment area. The BHHCS currently has drop in centers, and women veteran’s center located in Rapid City, South Dakota to house homeless veterans.

The BHHCS has a woman’s veteran’s health care program designed to meet their primary care and gender specific medical care of nearly 1,600 enrolled women veterans. The Women’s Veteran program at the Hot Springs campus has about one third or approximately 533 of the 1,600 system wide enrolled women veterans that are receiving comprehensive female health care to include primary care, gynecological care, patient education, reproductive health care, preventive health screenings, and counseling/treatment for a variety of mental health issues.
**PTSD Programs**
The BHHCS screens all veterans for Post-Traumatic Stress Disorder (PTSD) in Primary Care. Veterans who are screened positive are referred for clinical treatment through their Mental Health Department where a diagnostic evaluation is performed. If a veteran is diagnosed with PTSD the medical center offers the veteran options for specialized medical treatment programs. The veteran options are either to participate in a residential and/or as an outpatient or to continue their medical care in the general mental health clinic. The BHHCS utilizes a variety of evidence based psychotherapies and pharmacology for their medical treatments. The BHHCS-Hot Springs residential program has a reputation across the country as a surreal place where veterans want to come to seek treatment as a result of their effective, high quality, and increased demand for services. Veterans enjoy the holistic mental health care they receive in a beautiful tranquil environment.

In FY 2011, the BHHCS had 1,560 (18.5 percent) unique OEF/OIF veterans diagnosed with PTSD. The BHHCS does not evaluate for PTSD as part of the TBI evaluation process due to the parallel symptoms of both signature wounds. Veterans are referred for further mental health evaluations and medical treatment in addition to their Traumatic Brain Injury (TBI) medical care.

**TBI Programs**
In FY 2011, the BHHCS screened 72 veterans for Traumatic Brain Injury and 41 were found to be positive (diagnosed with TBI). Veterans who test positive for TBI are referred to a variety of offered services by the Polytrauma/TBI clinic such as: Audiology, Speech Therapy, Neuropsychology, Occupational Therapy, and Sleep Hygiene. When an Operation Enduring Freedom (OEF) and Operation Iraqi Freedom (OIF) veteran receives care at the BHHCS for TBI a provider automatically uses the VHA mandated TBI Clinical Reminders.

**OEF/OIF/OND Programs**
The BHHCS has 2,944 Operation Enduring Freedom (OEF), Operation Iraqi freedom (OIF), and Operation New Dawn (OND) veterans that are enrolled. In FY 2011, there were 1,560 veterans treated and 788 veterans in the first quarter of FY 2012. The OEF/OIF/OND program staff at Hot Springs consists of a program manager, case manager, and a transitional program assistant. The staff participates in several outreach programs within the BHHCS community and with the service members and families of Ellsworth Air Force base. The BHHCS provides outreach to their OEF/OIF/OND veterans through telehealth services at the CBOC’s for vocational guidance and employment counseling, health benefit enrollment, and assistance with transition to civilian life.

**Community Based Outpatient Clinics**
There are nine CBOC and one VA Compensated Work Therapy Program clinics that fall under the jurisdiction of the BHHCS. The CBOCs are located in Rapid City, Pierre, Winner, Eagle Butte, Rosebud/Mission, Pine Ridge, South Dakota, Newcastle Wyoming, Scottsbluff and Gordon Nebraska. The services that the CBOCs offer are: primary care/case management, mental health/counseling, telehealth. In FY 2011, BHHCS CBOCs had 44,161 visits to their CBOCs.
Overall Challenges
The BHHC challenges are the following:
- Declining veteran population
- Only 39 percent of enrolled veterans reside within 60 miles of the medical center
- Hot Springs Domiciliary is not compliant with Americans with Disabilities Act (ADA) the building is not completely handicapped accessible with limited elevators, ramps steeper than mandates, and bathroom accessibility. Regardless of ADA code, this building should be completely handicapped accessible for disabled veterans.
- Over the past 18 months Hot Springs averages five hospital inpatients daily which is insufficient to maintain staff demand.
- Limited specialty care and surgical procedures due to insufficient veteran case load, resulting in recruitment and retention of specialty and professional staff.
- Costly maintenance of infrastructure requires diverting resources from direct care.
Proposal of Reconfiguration of Services

Summary
VA is proposing a reconfiguration of the services provided within the catchment area of the VA Black Hills Health Care System (BHHCS). The reconfiguration would call for the closing of the VA Medical Center in Hot Springs, opening a new Community Based Outpatient Clinic (CBOC) in Hot Springs, transferring some services to Rapid City, and using Fee Basis at Fall River Hospital.

Timeline
The closing would be put into three phases:
Phase 1 (1-2 years) would include:
• Transfer of inpatient, Community Living Center, urgent care services to Fall River Hospital and other facilities
• Design and build new Rapid City Multi-Specialty Clinic
• Design new Rapid City Domiciliary (with intent to be at same location as clinic)
• Build New Hot Springs CBOC
Phase 2 (2-4 years) would include:
• Occupy New Hot Springs CBOC and new Rapid City Domiciliary and Clinic
Phase 3 (5 years) would include:
• Explore opportunity for repurposed Hot Springs Campus buildings

The American Legion Department of South Dakota Concerns
At the 2011 State Convention, The American Legion Department of South Dakota passed a resolution that the VA Medical Center and Domiciliary continue to remain in Hot Springs. Other comments and feedback expressed by the Department was that the facility may be old, but appears to be in excellent condition. The department has never received an answer from VA as to the cost to bring the facility into compliance with the ADA standards. The veterans in Hot Springs feel the proposal process is moving too fast. There are many questions yet to be asked and answered. Deadlines have been set without question or communicating a fully developed plan based on facts to the veterans the facility serves. This issue is too important to the veterans supporting the Hot Springs VA Medical Center.

Other concerns voiced were, about the privatization of health care for veterans, local medical facilities not being familiar with veterans; the veteran becoming just a number, questions about the quality of care for veterans under this plan and the distance to travel for health care and neighboring states wanting to use the Hot Springs VA. Veterans claim the BHHCS had dismantled the facility by inaccurately recording patient numbers to justify the hospital’s proposal to reconfiguration medical services. As a result, no facts were produced, but many services offered in past years are gone.
Community Concerns

- VA staff and local businesses have considerable concerns of job retention. At a population of only 4,000, the medical center provides significant economic stability to the Hot Springs Community.
- Travel distance may become more of an issue if services are relocated to Rapid City and/or Fort Meade, which is approximately a 1.5 hours from Hot Springs.
- Staff and other community member’s home values may decline.
- School District’s staff may suffer job retention and funding may decline.
- Since constructed in 1907, concerns of its historic preservation are in question.
- The local hospital may not be able to meet the needs of these veterans from Hot Springs.

National American Legion Recommendations

- VA should not relocate and/or close medical services until a new facility is in place in order to accommodate the health care needs of the veterans in the Hot Springs catchment and/or surrounding areas.
- VA should maintain the same level of care and/or services, and provide equal understanding of veteran’s health care needs, if contracted to non-VA medical facilities.
- If the VA Medical Center was to be closed, VA should plan to open a super CBOC to provide both primary and specialty care services.
- VA should keep the domiciliary on the Hot Springs Campus to provide long-term/extended care to meet veteran’s long term care needs.
- The VAMC should search for opportunities to make use of the State Veterans Home in Hot Springs.
- Future plans should reflect necessary services that veterans in the Hot Spring’s catchment and surrounding areas need.
- Without viewing a finalized contract with the local hospital in Hot Springs, The American Legion at this time cannot ensure reconfiguration of inpatient services will provide the same quality of care that veterans are currently receiving at the Hot Springs Campus.