



SOUTHERN OREGON REHABILITATION CENTER AND CLINICS | WHITE CITY, OR

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Veterans Affairs & Rehabilitation (VA&R) Commission Member: Jacqueline M. Collison (OR)

American Legion Department of Oregon: Department Commander and Acting Department Adjutant Gene Hellickson, Past Department Commander and Department Finance Officer Bob Huff

Veterans Affairs & Rehabilitation (VA&R) National Staff: Assistant Director for Health Policy Warren J. Goldstein

Chairman's Statement

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 (SWS) 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 SWS 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 healthcare at VA/VHA medical facilities. Furthermore, each SWS 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 VA Southern Oregon Rehabilitation Center and Clinics (VA SORCC) in White City, OR, was to assess the availability of mental health services. Also according to the April 15, 2018 VA Patient Access Data Report, the medical center is above the national average for veteran wait times in the areas of primary care and specialty care. This was the first SWS visit to the VA SORCC in White City since the System Worth Saving program started in 2003.

Scope

The scope for The American Legion SWS visit to the VA SORCC was to assess allegations that services for veterans were found to be unavailable in the following areas: Occupational Thera-

py (OT), Physical Therapy (PT), Case Management discharge planning, and Mental Health identified in the Department of Veterans Affairs Office of Inspector General (VAOIG) report.

On May 17, 2017, the VAOIG released a healthcare inspection report entitled *Alleged Program Mismanagement and Other Concerns at the VA Southern Oregon Rehabilitation Center and Clinic*. The VAOIG conducted a health care inspection on November 26, 2014, in response to allegations concerning program mismanagement and other concerns at the VA SORCC in White City, OR. The VAOIG during their review did not substantiate any of the allegations identified in the report and made no recommendations to the leadership.

Overview

Since 1949, the VA SORCC, located in the Rogue Valley of Southwestern Oregon has been serving veterans. The VA SORCC located on 170 acres is the only freestanding mental health residential rehabilitation center in the VA healthcare system. The VHA defines this type of health care as a residential rehabilitation program that provides short-term rehabilitative and long-term health maintenance care for veterans requiring minimal medical care. The VA SORCC serves as a national and regional resource for veterans experiencing homelessness, chronic mental illness and substance use disorders. The VA SORCC provides veterans-centered multidisciplinary residential treatment in the areas of psychiatry, psychology, social work, vocational rehabilitation and physical health.

The VA SORCC in Veterans Integrated Service Network (VISN) 20 is part of the Northwest VA Health Care Network, which includes facilities in Oregon, Washington, Alaska and part of Idaho. The VA SORCC is a Joint Commission (JC), Commission on Accreditation of Rehabilitation Facilities (CARF) and College of American Pathologists (CAP) level three accredited VA medical center. The VA SORCC has 255 authorized beds, of which 230 beds are operational. The VA SORCC provides veterans residential treatment care in the areas of psychiatry, addictions, medicine, biopsychosocial and physical and vocational rehabilitation.

The VA SORCC houses an ambulatory care center that provides primary care, dental, mental health care and sub-special-



ty health care to veterans living in four rural counties (Jackson, Josephine, Klamath and Lake) in Southern Oregon and Northern California. The VA SORCC offers enrolled veterans outpatient specialty care services in the areas of audiology, compensation and pension (C&P), sleep treatment, dental, dermatology, optometry, orthopedics, physical medicine and rehabilitation, podiatry, radiology, and respiratory therapy. To improve access to care, the medical center offers tele-dermatology and tele-radiology. In addition to the main medical center in White City, health care services are offered to veterans in two rural health care community-based outpatient clinics located in Klamath Falls and Grants Pass, Oregon. The VA SORCC catchment area consists of 36,527 (33,357 male and 3,170 female) veterans. The VA SORCC employs 700 employees in which 264 or 37.71% are veterans that serve 20,733 enrolled veterans (19,360 male and 1,410 female veterans, and 13,830 unique veterans; 12,788 male veterans and 1,042 female veterans).

As of April 15, 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 SORCC were as follows:

- Primary care average wait time-**11.53 days**, which is **7.53 days** above the national average of **4.00 days**,
- Specialty care average wait time-**16.93 days**, which is **8.97 days** above the national average of **7.96 days**, and
- Mental health average wait time-**4.48 days**, which is **.04 days** below the national average of **4.52 days**.

In Fiscal Year 2017 (FY17) the VA SORCC total operating budget was \$121 million. Below is a breakdown of the budget:

- Administrative: \$12.6 million
- Medical Services : \$72.6 million
- Medical Facilities: \$9.8 million
- Medical Community Care and Choice: \$23.2 million
- Medical Care Collections: \$2.8 million

In Fiscal Year 2018 (FY18) the VA SORCC total operating budget is \$135,086,832. Below is a breakdown of the budget:

- Administrative: \$14,890,505
- Medical Services : \$81,266,568
- Medical Facilities: \$ 10,255,952
- Medical Community Care and Choice: \$28,673,807

The Senior Executive Leadership Team at the VA SORCC is quite new to their positions. The VA SORCC Senior Management Team (Quadrad) tenure is as follows:

- Medical Center Director - 2 years 7 months
- Chief of Staff - 2 years 10 months
- Associate Director - 3 months
- Associate Chief Nurse Executive -1 year

Town Hall Meeting

The SWS team held a veterans town hall meeting at the Medford American Legion Post #15 in Medford, Oregon to hear feedback from local veterans and their families about the quality of care that they receive at the VA SORCC. Twenty-five veterans, family members, as well as leadership from The American Legion's Department of Oregon, VA SORCC Director Phillip Dionne and several members of the staff, along with staff from the U.S. Congressional office of Representative Greg Walden, and Jackson County Commissioner Bob Strosser attended the meeting. The purpose of the town hall meeting was to hear firsthand from veterans concerning their health care experiences at the VA SORCC and for healthcare system leadership to address issues and concerns that veterans had regarding their health care experiences.

Mr. Dionne brought with him a number of staff members to visit one-on-one with veterans who had specific concerns or issues regarding their care that they receive at the VA SORCC. Medical center staff assured veterans in attendance that their issues and concerns voiced would be addressed appropriately. The VA staff in attendance stated that they have been aware of the issues raised by a few of the veterans and that they have been working diligently with them to get their issues resolved.

Overall, The American Legion SWS team and The American Legion Department of Oregon were pleased with the results of the town hall meeting and that leadership brought several staff members to participate in the town hall meeting. Veterans in attendance were very satisfied with the current leadership and felt that the quality of health care they were receiving at the VA SORCC was very good.

Executive Briefings

The SWS team met with the medical center's executive leadership team. Medical Center Director Philip Dionne, Chief of Staff Dr. Dhanani Shawkat, Associate Chief Nurse Executive Dr. Susan Thurston, VA Chief of Police Don Jeter, and Public Affairs Officer Rhonda Haney were present at the initial site visit and exit briefings. The meeting consisted of a transparent discussion covering a wide-range of topics including the recent issues raised in the VAOIG report and the increased veterans wait times in the VA Patient Access report.

The SWS team also met with the clinical and operational management staff from the following program offices: Human Re-



sources, 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 and Homeless Veterans.

Best Practices

Relationship with External Stakeholders

The VA SORCC has a special relationship with their external stakeholders such as The American Legion. The leadership and staff consider their veteran service organizations (VSOs) part of the organization and a partner in the decision-making process.

The VSOs are partners in the Community Veterans Advisory Committee (CVAC) meetings that are held at the VA SORCC with the VA Leadership Team. This committee discusses changes, improvements, and any issues the VSOs bring to the monthly meeting for their members needing resolution. The CVAC has been held for the past two years under the current VA SORCC Director and has been an avenue for meaningful discussions for the veterans who utilize the VA SORCC. The VA SORCC leadership collaborates with the Jackson County Allied Veterans Council, an organization of all VSOs, the military department, Oregon Worksource, Employers Support of the Guard and Reserve (ESGR) and congressional staffers monthly in the community. The VA SORCC leadership are members of the Jackson County Veterans Advisory Committee, and serves as advisors to the County Board of Commissioners who also meet monthly. The American Legion partners with the VA SORCC leadership in community outreach events and holding Veterans Town Halls in American Legion posts throughout the VA SORCC catchment area. This activity has been performed on a quarterly basis and has been met with positive results with veterans. Veterans are given the opportunity to speak with VA SORCC leadership and the community regarding concerns, issues and to provide positive feedback with their VA experience. The Community Veteran Engagement Board (CVEB) and national VA will be presenting a certificate of Community Service Partnership and Cooperation to the CVAC at their next event. Due to their work, the CVAC, CVEB, and national VA recognize this as a best practice and will be studying how community involvement positively affects the relationship with the VA SORCC.

Internal Patient Experience Surveys

To provide high quality health care to enrolled veterans, the VA SORCC Chief of Staff has designed and implemented an internal primary care and specialty care services satisfaction/effiveness patient experience survey. The survey is given to veter-

ans after their medical appointments at the medical center. The VA SORCC staff uses the patient experience surveys as a tool to gauge the veterans' overall health care experiences at the medical center and for the ELT to receive suggestions from veterans to improve the overall health care services and programs offered at the medical center.

Discharge Planning

After veterans complete their health care appointment, they receive a detailed written medical summary from their health care provider. The written summary includes what occurred during the visit encompassing physician's notes, comments, prescriptions, future appointments, any referrals to specialty health care services, as well as any additional information the veteran needs to know in order to improve their overall health and wellness.

Challenges

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

Recruitment and Retention

The VA SORCC has difficulties recruiting and retaining qualified health care professionals such as mental health, primary care physicians, and other clinical providers. The difficulties for the medical center include being located in rural southern Oregon, where access to medical schools, educational facilities or programs that train health care providers and prepare them for licensure is extremely limited. The nearest medical school to the VA SORCC is located over four hours away in Portland, OR.

Recruitment and retention of qualified mental health professionals, including psychiatrists, psychologists, psychiatric nurse practitioners, social workers and psychiatric nurses are extremely hard to fill. The VA SORCC has significant challenges with understaffing. Currently, the mental health service line has 82.5 vacancies (31.5% vacancy rate). Of those vacancies, at the time of our SWS site visit, the VA SORCC has 33 candidates in the pre-employment process working toward a firm offer of employment. Barriers include the rural location of the medical center and the salary disparity with private health care organizations.

The VA SORCC has to compete with two large health care organizations in Medford that compete for highly qualified health care providers, the Asante Rogue Regional Medical Center and the Providence Medford Medical Center. These two health care organizations employ over 2,000 employees who reside in the Medford area and are competing for the same health care professionals such as physicians and registered nurses. The two hospitals offer significant financial incentives such as a 30% increase in salary for health care providers to continue their em-



ployment rather than go and work at the VA. These financial incentives make it extremely difficult for the VA SORCC to recruit and retain health care providers.

Coordinating Care in the Community

Since the VA SORCC is a rural site, TriWest the medical center's third-party administrator (TPA) for the Choice Program, has had difficulties in recruiting providers to enroll as a participating network Choice provider. Due to slow payments to Choice providers, a number of community mental health and neurosurgery providers are no longer accepting referrals from TriWest. The VA SORCC is in the process of finding more providers and for continuity of care are transitioning those veterans to providers who are accepting traditional non-VA care funding. The VA SORCC has 73 provider agreements with community care facilities and utilizes these agreements when Tri-West is unable to refer a patient to a Choice Network provider.

With limited providers in the catchment area, the VA SORCC is sending veterans to areas outside of their catchment area, which requires veterans to travel great distances for their health care needs. The Portland and Roseburg VA health-care facilities are at full capacity and notified the VA SORCC that they can no longer accept patients from the VA SORCC catchment area.

Recommendations

Recruitment and Retention

Every available option should be explored to help solve this critical issue at the VA SORCC. For example, VA 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 consider 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.

Coordinating Care in the Community

In GAO report 18-281, VA's Choice Program: Improvements Needed to Address Access-Related Challenges as VA Plans Consolidation of its Community Care Programs, GAO cited VA for lack of timely payments to network providers. The lack of timely payments has created a significant challenge for the VA SORCC and has established an adversarial relationship between the VA SORCC and their community network providers. The American Legion recommends the VA SORCC:

- Take immediate action to address the late payments to Choice network providers.
- Schedule a town hall meeting with Choice Community Network Providers and potential new network providers to engage in a transparent discussion on how to improve relationships.
- Develop a list of options the VA SORCC can act on to improve the Community Care program and relationship with community providers.
- Schedule a town hall meeting with veterans, and congressional members to inform them on the steps the VA SORCC is taking to improve access to care in the community.
- Establish a timeline for implementing improvements.

Conclusion

It was obvious from the SWS team throughout the various meetings with the executive staff, service line chiefs, and program office staff that they were pleased with how Mr. Dionne and his ELT are dedicated to moving the VA SORCC to a high quality medical facility that provides veterans with the services and programs they need. It was noted during the visit and by meeting with the VA SORCC staff that the allegations highlighted in the VAOIG report stating that services for veterans were found to be unavailable were not identified.

To improve enrolling more veterans into the VA Healthcare 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.

The American Legion will conduct a conference call in six months with Mr. Dionne and staff to follow-up on the recommendations.