VISN 9

Lexington VA Medical Center
VA Tennessee Valley Health System (Alvin C. York-Murfreesboro Campus)
Louisville VA Medical Center
James H. Quillen VA Medical Center (Mountain Home, TN)
Lexington Veteran Affairs Medical Center

The American Legion visit to Lexington VAMC
February 13, 2006
Task Force Member: Past National Vice Commander Todd White
Field Service Representatives: Daryl H. Puryear

The Lexington VA Medical Center is a fully accredited by Joint Commission on Accreditation of Healthcare Organizations (JCAHO) (2004), two-division, tertiary care medical center with an operating bed complement of 107 hospital, 20 PTSD (PRRTP) and 61 nursing home care beds. The veteran population in the primary service area is estimated at more than 92,000. The Lexington VAMC is part of the VA Mid-South Healthcare Network, which includes six VA medical centers in Kentucky, Tennessee and West Virginia and community-based outpatient clinics (CBOCs) in those states as well as Arkansas, Mississippi, Virginia and Indiana. Acute medical, neurological, surgical and psychiatric inpatient services are provided at the Cooper Drive Division (CDD), located adjacent to the University of Kentucky Medical Center. Other programs there include: outpatient primary and specialty service care including ambulatory surgery and women’s health. The Leestown Division (LD), located five miles from Cooper Drive, offers nursing home care, which includes hospice and respite services, a 20-bed inpatient Post-traumatic stress disorder (PTSD) treatment unit as well as primary care and several outpatient mental health modalities including substance abuse treatment. The VISN 9 telephone care program is also housed there. This medical center was selected for the 2002 John M. Eisenberg Patient Safety Award. This award, co-sponsored by the National Quality Forum and the JCAHO, is presented in four different categories. Lexington was recognized for advocacy as it relates to the medical center's honesty policy on medical errors.

Fiscal  Lexington’s FY 2005 budget was approximately $172 million and the FY 2006 budget was approximately $178.2 million, a difference of about $6.2 million. This represents a budget increase of just over 3%. The FY 2005 MCCF collection goal was $14 million whereas actual collections for FY 2005 were just over $13 million. This represents a collections percentage rate of just over 92%. The MCCF FY 2006 collection goal is $14.7 million and Lexington feels strongly that it will reach this collections goal. Lexington reports that it did not have to use capital investment dollars to supplement their medical care budget in FY 2005 but are unsure whether it will not have to use said resources for medical care in FY 2006. Lexington reports its major budgetary challenges to be meeting patient access requirements in terms of timeliness/location and increased costs of constantly evolving technology.

Enrollment and Access  Lexington reports that none of its service-connected veterans has had to wait beyond thirty days for their initial primary care appointment and 610 non-service connected veterans are currently on a 30 days and pending waiting list for their initial primary care appointment. About 85% of the total enrollees at Lexington are in Primary Care. About 450 OIF/OEF veterans were treated at Lexington for FY 2005; as of May 10, 2006 that number had risen to 606. That number continues to rise as newer
OIF/OEF combat veterans enroll regularly. Lexington reports that it works hard to ensure that they receive prompt attention and care. With regard to the seamless transition program Lexington is providing case management services to ensure smooth transition of wounded active duty soldiers from military treatment facilities to the Lexington VAMC. It has also developed a process for making sure that newly discharged veterans are given an appointment for a complete physical within 30 days of enrollment and given information about their benefits. Additional activities include sending weekly reports of how many new combat veterans have enrolled at the facility and any active duty soldiers that are admitted for treatment. Lexington has also visited with and transferred newly discharged veterans to their system from the private sector. About 1,235 Priority group 8 veterans have applied for enrollment since the January 17, 2003 cut-off date; the amount of lost income this represents was reported as too convoluted a factor to determine.

CBOCs  Lexington VAMC operates a community-based outpatient clinic (CBOC) in Somerset, Kentucky, which provides primary care services to veterans in southern Kentucky and northern Tennessee. Under the Capital Asset Realignment for Enhanced Services (CARES) initiative, the medical center has been approved (budget pending) to open CBOCs in Morehead and Hazard, Kentucky in 2005 or early 2006, and there is also consideration being given to additional CBOCs in Berea and London, Kentucky.

Staffing and Affiliations  Lexington VA Medical Centers affiliates are the University of Kentucky, Eastern Kentucky University, Kentucky State University, Midway College, Bellarmine University, Spalding University, and University of Louisville. However the majority of student trainees at Lexington VA Medical Center are from the University of Kentucky. Lexington VAMC has a disbursement agreement for resident coverage with the University of Kentucky. Through the disbursement agreement, it pays for a line of 86 residents in various medical specialties. There are over 500 individual residents in the University program that may rotate through one of these lines at different times. The services provided by residents and fellows are critical to meet the needs of the veterans/patients, both on an inpatient and outpatient basis. Lexington currently has no J-1 Visa physicians but does have a cardiologist and two HI physicians on H1B Visas. Lexington reports that by being able to sponsor Visas for physicians, it is able to recruit and fill vacancies with very qualified physicians for some very scarce specialties. Lexington reports that so far, of all those physicians for which it has sponsored Visas, all have been of the utmost value to the facility and patients.

Medical staffing areas where recruitment has been difficult for Lexington have been cardiology (especially interventional), primary care, nephrology, GI, Radiology, and Emergency Room. Lexington does not utilize any contract physicians on an in-house basis, however it is contracting with outside agencies in the community for radiation therapy, cardiac surgery, and allergy. Moreover some fee for services physicians are used in C&P Exams, Surgery, and also in Mental Health services provided at the Somerset CBOC. To date, four employees have been activated and deployed for OIF/OEF; their duties have been covered by existing staff. Additionally, Lexington had 11 employees deployed for two weeks under the Disaster Employee Medical Personnel System (DEMPS) for 14-day deployments. Their workload too, was covered by existing
staff members.

**Physical Plant**  The Lexington VA Medical Center was established in 1931 and is located in Kentucky's second largest city with an estimated population of over 200,000. The medical center serves a predominantly rural population spread throughout central and eastern Kentucky and adjoining parts of Indiana, Ohio, West Virginia and Tennessee. Lexington reported that the status of the availability and/or adequacy of funding for ongoing major and minor construction projects through FY 2006 is currently unknown.

**Long Term Care, Mental Health, Homelessness**  Lexington operates a 61 bed Nursing Home Care Unit (NHCU). The Nursing Home includes hospice and respite care services and at Lexington in general Geriatric Evaluation Services are provided. In mental health Lexington offers 20 inpatient PTSD (PRRT) beds, outpatient PTSD care services, mental health clinic, and a substance abuse treatment program. On April 8, 2005, Kentucky Department of Veterans Affairs opened its long-sought Homeless Veterans Transition Facility at the Leestown Division of the Lexington VA Medical Center, in partnership with the Volunteers of America. What started out as a 20 bed facility grew to 40 beds in January 2006 and as of February 2006, 30 homeless veterans had actually enrolled in the program. In addition to rooms and regular meals, multiple services are provided here such as drug and alcohol abuse counseling, education referrals, employment and job training referrals, and assistance with permanent housing.

**Patient Survey**  (We arrived in Lexington late due to inclement weather & were unable to administer the surveys)

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**Murfreesboro VA Medical Center (VA Tennessee Valley Health System-Alvin C. York-Murfreesboro Campus)**

*The American Legion visit to Murfreesboro VAMC*

*February 16, 2006*

*Task Force Member: Past National Vice Commander Todd White*

*Field Service Representatives: Daryl H. Puryear*

The Murfreesboro VA Medical Center is a part of the VA Tennessee Valley Healthcare System (TVHS) and provides primary care and subspecialty medical, surgical, and psychiatric services to veterans. The campus provides long-term rehabilitation and nursing home care, and serves as a VISN 9 resource for the long-term inpatient care of psychiatric patients. The medical center has a well-established primary care program and provides subspecialty care in dermatology, gastroenterology, hematology/oncology, infectious diseases, neurology, pulmonology, nephrology, rheumatology, and sleep evaluation.

**Fiscal**  The budget for the VA Tennessee Valley Healthcare System (TVHS), which includes Murfreesboro’s for FY 2005 was $368.2 million; whereas the FY 2006 budget was $372.7 million, a difference of 4.5 million--representing just over a 1.2% budget
increase. Murfreesboro’s MCCF collections goal for FY 2005 was $24.5 million, whereas actual collections were $26.4 million, a surplus of $1.9 million and collections rate percentage of about 108%. The MCCF collections goal for FY 2006 is $28.5 million and the VAMC does feel that it will meet this goal. It attribute its surplus collections to physician education about proper coding procedure, a stronger focus on obtaining third party insurance information during enrollment, and some logistical changes in the outpatient and inpatient coding process. Murfreesboro suggests its self-monitoring has paid off. Murfreesboro suggests it has not had to use capital investment dollars in their medical care expenses and that major budgetary challenges include meeting performance goals with available resources, increasing costs for drugs, medical supplies, and prosthetics, and ensuring budgetary resources are adequate, and distributed appropriately among the various appropriations.

**Enrollment and Access** Murfreesboro reports it has experienced a 6% workload increase in uniques so far this year. It reports eligible enrolled veterans are seen for their initial PC exams within 30 days. Apparently non-service connected veterans are currently experiencing a 34-day wait for those having their initial primary care appointments. In order to address any delays in initial primary care appointments it has incorporated Saturday clinics for initial PC appointments and is in the midst of constructing new clinic space for primary care appointments. Murfreesboro suggests it has about 80% (some 62,302) of its total uniques (first time ever seen) enrollee for this year in primary care. Within the Tennessee Valley Healthcare System, which includes Murfreesboro, there are currently some 1,104 OEF/OIF veterans, approximately 1.3% of its total FY 2005 workload, receiving treatment. Murfreesboro suggests that since the January 17, 2003 cut-off, there have been approximately 7,000 Priority Group 8 veterans to apply for enrollment and apparently their information is kept on file in-case access to VA Health Care is reopened up to them. Murfreesboro suggested it has no way of computing possible lost income figures in association with the 7000’s un-enrollment.

**CBOCs** Murfreesboro has a total of nine Community Based Outpatient Clinics (CBOCs) within its jurisdiction; five are VA staffed and the other four are contract clinics. The CBOCs under Murfreesboro that are in Tennessee are Chattanooga, Knoxville, Tullahoma, Clarksville, Dover, Cookeville, and Vine Hill, TN; along with Fort Campbell & Bowling Green both in Kentucky. All the CBOCs are either at or near capacity. All Murfreesboro’s CBOCs are offering Mental Health care to patrons. Murfreesboro CBOCs are now also offering same day access via a tele-health system. A patron calls into the CBOC and a nurse walks the patron through his varied signs and symptoms he may be experiencing, provides the patron with a variety of options in association with said signs and symptoms, one of which is to come in to be seen that day.

**Staffing and Affiliations** TVHS (Murfreesboro) is affiliated with the graduate medical education programs of Vanderbilt University School of Medicine and Meharry Medical College. Murfreesboro reported that it did employ a few J-1 Visa Physicians and that those physicians were fulfilling their medical care responsibilities quite well. Physician recruitment issues at Murfreesboro were reported as being in cardiology, orthopedics, and “specialty care pretty much across the board”. FTEE recruitment trouble areas were
listed in Ultra-Sound Technicians, Nurses in both Medicine and Surgery, CRNA’s, and Pharmacists. Murfreesboro is utilizing Fee/Contract Physicians in the community in cardiology, internal medicine, radiology, psychiatry, orthopedics, physical therapy, home health, dialysis, dental, allergy, and psychology and in house in cardiology, radiology, internal medicine, and psychiatry as well. Currently, seven of Murfreesboro’s staff members have been activated. To cover their workloads, new hires have been brought on, overtime given, and additional assignments for other employees are steps that have all been taken.

Physical Plant
There are currently no ongoing major or minor projects at the Murfreesboro campus (Alvin C. York), although significant improvements have been made in some of the patient care areas. Buildings 8 and 9 were renovated as part of a major project completed last year. Murfreesboro has a number of projects that have been planned but not approved and funded just yet: upgrading fire alarm system and electrical distribution system, renovating the food service kitchen and chilled water loop system, continuing lead abatement and slate roof replacement, continuing asbestos abatement, repairing the road and sidewalk, replacing of air handling unit (Building 5), and replacing and renovating of aquatic therapy pool and surrounding area. Murfreesboro does offer hotel service based on referral by Social Work Services.

Long Term Care, Mental Health, Homelessness
Murfreesboro provides long-term rehabilitation and nursing home care, and serves as a VISN 9 resource for the long-term inpatient care of psychiatric patients and as such has some 245 Long Term Care beds. Murfreesboro offers both inpatient and outpatient Geriatric and Extended Care (GEC) Services. The six inpatient units (TCU/1B, 8A, 8B, 9B, TCU East & lastly West) provide an array of long term care services including 10 hospice beds, 4 long term ventilator beds, 17 skilled nursing beds, Dementia patient care, ambulatory inpatient psychiatric patient care, rehab care for stroke, myocardial infarction, amputee, and orthopedic procedure and de-conditioning patients, and nursing home care services to chronically ill patients unable to live in the community on their own.

Outpatient Services provided in the LTC sleeve of Murfreesboro include Contract Home Health Care, Contract Adult Day Health Care, Homemaker and Home Health Aide, Community Residential Care, Respite Care, Home Hospice Care, Contract Nursing Home Care, Care Coordination, Geriatric Evaluation and Management, and the Geriatric Research Education and Clinical Center Program.

Mental Health Services at Murfreesboro includes a Post Traumatic Stress Disorder and Residential Rehabilitation Program which is Murfreesboro’s way of providing psychological, psychiatric, nursing, social work and overall clinical services to those in a rehabilitation program type setting; a Psychology Section provides individual and group counseling/psychotherapy; pain assessments, consultation services to medical units, neuropsychological Testing; and the Clinical Psychology Intern Program. Inpatient Acute Psychiatric Services at Murfreesboro’s are 60 inpatient beds-30 acute inpatient psychiatry and 30 sub-acute psyche beds that simply provide the veteran with a few more
days of inpatient care after the lion's share of their inpatient care have been spent. Female and Male veterans alike are treated for acute psychiatric conditions.

Outpatient psychiatric services at Murfreesboro consist of Psychiatric Ambulatory Services (PACS). PACS is comprised of Outpatient Services, Psychiatry Walk-In Clinic, Consultation and Liaison, Compensation & Pension Examinations, and Resident Physician Training. Clinical activities include psychiatric triage consultation and liaison, psychiatric evaluation, and medication management. Mental Health Intensive Case Management at Murfreesboro works to help veterans with chronic forms of mental illness obtain better outcomes from their treatment regimens. This program works to reduce the inpatient frequency and length of stay; provide a better quality of life for veterans with chronic mental illness in the program; and promote independent functioning and rehabilitation for each veteran in the program.

The Substance Abuse Residential Rehabilitation Treatment Program provides services that have been enhanced and expanded to better serve veterans. These services include Intensive Outpatient Program (IOP), Residential Lodging while in IOP, Halfway House, Aftercare Counseling, Golden Circle Meetings, Smoking Cessation Program, and Compensated Work Therapy Program.

The Homeless programs at Murfreesboro include three areas of assistance: the Healthcare for the Homeless Veteran Program (HCHV) provides a social work team to assist homeless veterans with getting scheduled healthcare appointments in the Tennessee Valley Healthcare System; the Grand and per diem program or G&PD provides recovering veterans from substance abuse the opportunity to move into a VA supported halfway house in the community and provides assistance with locating employment, housing and aftercare support; and the Veterans Administration supported housing program or VASH—which is the final phase of homeless program assistance. In VASH, a veteran who has completed a G&PD program and who is eligible for Metro Housing is placed in an apartment and case managed by a Homeless Program Social Worker.

**Patient Surveys** A total of six patient surveys were completed; five were inpatient surveys and one was outpatient. Of the 5 Inpatient surveys the average distance traveled in order to get to the Murfreesboro facility was 48 miles. Moreover, of the Inpatient Surveys completed three characterized the quality of the care they received as good; two characterized the care as excellent. In commenting on the quality of the food, two felt the food was fair; the other three felt the food needed much improvement. The outpatient respondent traveled about 30 miles to get to the Murfreesboro facility, whereas the nearest CBOC was only 15 miles from the residence. The outpatient respondent reported to have never had problems obtaining an appointment when he has needed one and characterized the care received as excellent.
The Louisville VA Medical Center is an active, affiliated acute care and outpatient facility located near downtown Louisville and overlooking the Ohio River. Additionally, the medical center operates an approved TRICARE family practice and an outpatient mental health and behavioral sciences program at satellite locations within the Louisville area. The Louisville VA Medical Center, also a tertiary care facility, is classified as a Clinical Referral Level 2 Facility. While Louisville VAMC is a TRICARE provider, all patients under this provider, to include CHAMPVA, are referred to the Coast Guard Base.

Fiscal The Louisville facility’s FY 2005 budget was $177.9 million and the budget for FY 2006 is $179.2 million, a .7% increase. Management’s thoughts on collection efforts are positive. The business office contracted with a collection agency and MCCF collections for FY 2005 were $16,117,853 million of a $16,093,000 goal (100.6%). The FY 2006 goal is $17.8 million and management anticipates meeting their goal. For FY05, the facility did not utilize any capital dollars to supplement the medical care budget, however, the budgetary challenges included the necessity of waiting lists with current funding levels.

Enrollment and Access The majority of applications or enrollments at the Louisville facility are processed as they are received, usually within 5 to 7 working days. Service-Connected veterans, zero to one hundred percent, receive initial healthcare from a primary care provider within 30 days. There are 35,000 veterans seen annually. Each physician is assigned 1400 patients. The medical center has over thirty three thousand (Ninety percent) veterans assigned to a primary care provider. Priority is given to veterans 50% and over, to include, OIF/OEF veterans. The facility works in an up-close, concerted effort to ensure that OIF/OEF veterans or veterans in imminent danger are seen within 30 days.

The total number of patients seen at the Louisville facility for FY 2005 was 39,476. Since April 2004, Louisville has registered, treated, or scheduled compensation and pension examinations for 818 returning OIF/OEF veterans and as of FY2005, approximately 800-900 veterans have received treatment. This represents 2% of the patient care load at this medical center.

Non-Service Connected veterans are placed on an Electronic Waiting List (EWL) until space becomes available. The Louisville Primary Care Unit occasionally holds Saturday clinics for veterans waiting on their initial care. As a result of the Saturday clinic (August to December 2005), over 600 veterans were removed from the waiting list. As
of January 2006, 1600 Non Service-Connected veterans were on the EWL awaiting initial primary care. To accommodate the veterans on the EWL, the primary care clinics are in the process of increasing additional capacity. The Primary Care Unit is also working to get another service provider to accommodate the Non Service-Connected veterans.

CBOCs The Louisville facility operates a total of four Community Based Outpatient Clinics (CBOCs), to include, Shively and Dupont, which are located in the greater Louisville area, and Fort Knox, KY, and New Albany, IN. The CBOCs are near 100% of their capacity. The network is asking to reprioritize the current CBOCs before adding more. The medical center has partnered with the Department of Defense (DOD) and is tasked with operating major clinics at Stanford Field/Fort Knox. This includes a new MRI project.

Affiliations and Staffing The Louisville facility is affiliated with the University of Louisville and the University of Indiana Southeast. They have also established an ongoing valor program on local campuses to recruit potential employees. The facility is also currently working in consortium with the Jewish Hospital’s Limb Reconstruction project to assist veteran amputees. There has been difficulty recruiting Dermatologists, Radiologists, Anesthesiologists, and Certified Registered Nurses (CRNA). To alleviate this problem, Louisville offers recruitment/relocation bonuses, tuition reimbursement, and competitive salaries to recruit the aforementioned, to also include Gastroenterologists and Cardiologists.

Louisville uses Fee/Contract physicians in Radiology, Dermatology, Radiation Therapy, Gynecology, Neurosurgery, Orthopedic/Spine, Optometry, Cardiovascular Surgery, Anesthesiology, and Periodontal Surgery. Fee Basis services for FY2005 referred to the community a fee-for-service budget of $10,664,221 million. They are also conducting studies to ascertain what salaries attract, obtain and retain potential employees for these much needed positions. In addition, the facility has a contractual obligation to employ 3 or 4 J-1 visa physicians.

The Louisville Security heightened the threatcon for the entire campus when 9/11 security measures were established. The facility police officers’ salaries are competitive with the private sector, consequently ensuring a high retention rate. There are currently approximately 35 employees in the guard/reserve (The number fluctuates from day to day). Since September 11, 2001, there have been 24 employees activated.

Physical Plant The Louisville facility is currently undergoing renovations on 4th Floor North. The 4th Floor North’s main problem is lack of restrooms. The overall renovation will result in accommodation of special needs patients, to include, spinal injury patients. Memphis, Tennessee is the designated center for spinal injuries.

The Louisville facility has completed a Heating, Ventilation, Air Conditioning (HVAC) and Electrical study and is planning a replacement of its Electrical and HVAC systems. There is a continuous effort to conduct facility assessments and improvements to provide a safe environment. The Louisville facility reports that funding for FY2006 is adequate
Long Term Care, Mental Health and Homeless Services  

John Dandridge, Jr., the Network Director of VISN 9, has placed an emphasis on the Mental Health program. Mr. Dandridge’s efforts to improve mental health include a weekly assessment report. Louisville VAMC has 22 patients enrolled in the inpatient Acute Psychiatric Unit. According to management, the Louisville VAMC Mental Health program is currently comparable to the programs in the private sector. The facility reports that Mental Health was able to see all veterans within 30 days. There is currently no waiting list in the Louisville Mental Health program. This facility previously ranked last in terms of providing mental health. The VISN 9 Network has recognized the commendable efforts of the Louisville Mental Health Program.

Louisville’s Long Term Care (LTC) currently consists of an inpatient 4-bed Hospice Unit, a Home-Based Primary Care program (also managed by VA staff), and a Mental Health Home-Based Primary Care program consisting of Geriatrics and Extended Care. The Home-Based programs are also equipped with Telecare services to ensure that the patient is safely involved in his or her own care. Louisville has also contracted with various home agencies to provide a variety of Hoptel services. These services include 85 beds contracted within the community; 85% of these patients are diagnosed with substance abuse. The Homeless Veteran program, located at the St. Johns Center, is part of the Louisville VAMC Mental Health Program. The Louisville VAMC with the Kentucky Department of Veterans Affairs and the city of Louisville has coordinated several Stand Downs for the homeless. There were a total of 167 veterans receiving services in 2005.

Louisville reports that the number of OIF/OEF veterans is substantial. The number of women with symptoms of Post Traumatic Stress Disorder (PTSD) has increased as compared to women during the Vietnam Era. Of the 800 to 900 OIF/OEF veterans who have come into the system, only 10% have followed through. Mental Health reports that most of the veterans deny they need these services due to wanting to remain in the military. They also report that the term “depression” deters the veteran from following through with the services. In an effort to alleviate the stigma and educate the veteran that his or her treatment is transitional, Social Workers, Psychiatrists, and Psychologists are all stationed in one unit.

Patient, Family and Employee Surveys  

There were a total of six patients interviewed at the Louisville VAMC; two of which were inpatients and four outpatients. They all live between five and fifty miles away from the facility. One patient stated that he had problems with medication. He stated that he was prescribed 10mg pills but received 20mg pills with no pill splitter. A fellow veteran intervened and stated that pill splitters are provided at the Pharmacy window. The patients’ overall feelings of treatment at the Louisville VAMC facility were noted as “good” or “fine.”
James H. Quillen VA Medical Center

The American Legion visit to James H. Quillen VA Medical Center
March 8, 2006
Field Service Representatives: Joseph L. Wilson and Daryl H. Puryear

The James H. Quillen VA Medical Center (Quillen VAMC) is a tertiary care facility equipped with a comprehensive health care system that also provides primary care and long-term care in areas of medicine, surgery, psychiatry, physical medicine and rehabilitation, neurology, oncology, dentistry, geriatrics, and extended care. There is also a U.S. National Cemetery located on the grounds.

Fiscal The James H. Quillen VA Medical Center’s FY2005 budget was $178.7 million and the budget for FY2006 is $182 million, a 2% increase. MCCF collections for FY2005 were $16,824,918 of a $16,500,000 goal, a surplus of $324,918. The FY2006 goal is $19,389,407. Management anticipates that meeting that goal would be extremely difficult but states that they are working to improve collection rates by billing all the insurance cases on file and back billing as far as allowed by insurance companies on all new insurance finds. They state that they are also working diligently to find new insurance and bill everything billable in fee and prosthetics, to include, verifying service connection status to make sure they are accurate for billing versus not billing.

For FY2005, Quillen VAMC did not utilize any capital dollars to supplement the medical care budget, however, funds that were allocated to the facility were used for capital investment. At current, the facility’s major budgetary challenges are ensuring that projects are funded and completed. The Quillen VAMC’s FY2006 goal is to provide quality and timely service for 35,500 veterans.

Enrollment and Access The Quillen VAMC is equipped with 135 inpatient beds and a 24-hour Emergency Room (ER). About 70% of admissions come through the ER. The facility reports that the diversion rate has been cut in half. Neurosurgery is not done at Quillen but the diversion is not more than a mile away.

Quillen VAMC reports that there are 35,000 enrolled beneficiaries, 28,000 of who are receiving Primary Care, Women and Domiciliary Health Services. The amount of time it takes for a veteran to submit an enrollment application and receive his or her initial healthcare is within seven days. During that time the patient is notified whether or not they are eligible for VA healthcare. If the patient has requested primary care on their application, their name is electronically sent to the primary care clinic and the patient is contacted within a workday, with an appointment.

Quillen VAMC Primary Care reports that these appointments are well within a 30-day timeline. However, if the veteran does not request primary care, they are sent a card stating their eligibility in the VA system, and what to do if they decide later if they decide
they want primary care. When and if the veteran does request primary care, the appointment will be scheduled within 30 days of the contact.

The Quillen facility reports that they are committed to providing specialty care appointments within 30 days. The only exceptions are when the appointments are to other VA facilities for services not available at their respective facility or for hard to obtain local specialties, such as, Rheumatology.

As of FY2005, approximately 600 OIF/OEF veterans have received treatment, an average of 10 to 20 being seen weekly. There is a social worker designated to outreaching returning OIF/OEF veterans. The facility reports to have an aggressive outreach program that includes many members of the Medical Center and Vet Center staff, VSOs, community partners such as education coordinators, and family resource providers.

CBOCS Quillen currently has 18 Community Based Outpatient Clinics (CBOCS) in its jurisdiction. Four of the 18 are primary sites; branching from the four are 14 sub sites due to the geography (mountainous range). The VA Central Office has given Quillen permission to open a new CBOC in Morris Town, Tennessee (An hour away from Quillen), to service the Hamlin County vicinity. There is presently a second request for a CBOC in FY2007 for Washington County, Tennessee. There are currently 3300 enrolled beneficiaries at all of the aforementioned CBOCs.

Quillen reports that these new CBOCs are warranted due to the 6 to 7% patient growth. The new CBOCs will also be more convenient, access-wise, as well as, satisfaction to the patient. Quillen also substantiates the need for more CBOCs through patient satisfaction surveys, which have reported CBOC scores to be higher than the main facility’s scores.

Staffing and Affiliations Quillen VA Medical Center is actively affiliated with the James H. Quillen College of Medicine at East Tennessee State University (ETSU). The medical school is housed on the grounds of the VA Medical Center through a leasing agreement. There are also nursing student affiliations with East Tennessee State University, University of Tennessee, Vanderbilt University and five other nursing schools. There is also a Doctor of Nursing and Science program at ETSU; Quillen currently has an employee (will be the second graduate in December) in the program. There are other major university affiliations with the medical center, to include, dentistry, pharmacy, social work, and psychology.

The Quillen VAMC is currently offering hiring incentives such as, permanent change of station move, recruitment bonus, relocation bonus, education debt reduction, and higher step within grade. Quillen uses 7% of the budget for Fee/Contract Physicians, in specialties such as, Neurosurgical, Retinal, Gastroenterology, Dermatology, Sleep Studies, and Urology. Management reports that nurses are difficult to retain. They have however, increased recruiting efforts from ETSU, King and Milligan Colleges, and Northeast Technical
College. Quillen currently employs J-1 Visa Physicians, which make up 10 to 15% of the physician group.

There are currently 59 employees in the Guard or Reserves, in which 3 are activated. During their activation, the employees are compensated through military leave, annual leave or LWOP. The VA also provides differential pay, as well as, compensation for lost production by employing contract employees.

The Quillen Security heightened the threatcon by increasing FTE and constructing fences. They also changed radio systems to obtain better frequency. These changes were funded from within the Quillen VAMC. Quillen Security reported that their recidivism and retention rate within the respective facility was moderate. Since September 11, 2001, 3 to 4 employees have departed for more competitive paying positions within other governmental agencies such as Homeland Security.

Physical Plant The Quillen VAMC facility, considered a secondary facility in the event of a national emergency, reports they have no major construction projects for FY2006. The Minor projects for FY2006 have been submitted to the VISN for review and approval for funding.

Long Term Care (LTC), Mental Health and Homeless Services. John Dandridge, Jr, VISN 9 Director and Quillen Acting Associate Director, Juan Morales, formed a Mental Health council, which also includes a veteran as a member of the Mental Health Council. This Peer Support Council was implemented during the most recent meeting of the Best Practices Conference.

The Quillen VAMC offers geriatric and rehabilitation services through its 120-bed Nursing Home Care Unit. The facility also operates a 348-bed domiciliary that offers a variety of treatment options, which includes a Homeless inpatient treatment program and Homeless Outreach. The Health Care for Homeless Veterans (HCHV) program (located on Quillen campus), which provides assessment, support counseling, referral, educational groups, and redirection to assist clients in establishing suitable living environments and independence in the community. Included in this program is a Licensed Clinical Social Worker (LCSW) Program Coordinator, two LCSW Liaisons for Grant/Per Diem Programs, and a Program Support Assistant. The HCHV staff also functions as VA Liaison with community agencies who provide service to the areas homeless population.

The Quillen Mental Health and Behavioral Sciences Service (MH&BSS) staff manages direct patient care in one acute care ward area 24 hours per day. There’s also an Interdisciplinary Team (to include psychiatrists, residents, medical students, physician assistants, RN’s, LPN’s, LCSW’s, psychologists and psychology technicians, chaplains, occupational therapists and dieticians) assess each patient and formulate an individualized treatment plan and discharge plan for each patient admitted to the acute psychiatry ward.

Outpatient Mental Health services consists of several sections. Quillen VAMC’s outpatient mental health services are coordinated with Primary Care Clinics through a Service Agreement in keeping with Advanced Clinic Access (ACA) principles so that patients with selected mental health diagnoses are treated within the patient’s own Primary Care Clinic.
The staff assigned to the Mental Health Intensive Case Management program is charged with maintaining veterans with mental health disorders at their highest possible level of functioning in the community. The Quillen VAMC received approximately $2 million dollars through the Competitive Grant process to increase Post Traumatic Stress Disorder (PTSD) services.

The facility reports that their PTSD program is the busiest in VISN 9 with 28,000 veterans, to include OIF/OEF veterans. To date there have been 38,000 outpatients screened for PTSD, depression, and infectious diseases. Those who screen positive are offered a referral to existing programs. As of March 2006, over half of the outpatients seen were screened for PTSD.

The Quillen VAMC Early Intervention and Substance Abuse program was provided with a specialist to work in the clinic to assist veterans diagnosed with substance abuse. The facility also provides Telehealth services. These services are delivered on contract through the Grant and Per Diem Program. There are three services in Memphis (112 veterans), four in the Tennessee Valley, and three in Louisville and one each in Lexington and Mountain Home.

**Patient, Family and Employee Surveys** There were a total of seven patients interviewed at the Quillen VAMC; three of which were inpatients and four outpatients. They all live within ten miles of the facility. All inpatients felt that the meals provided were good. All outpatients waited from 15 minutes to 2 hours. All patients felt that their overall treatment was “fair” to “great.”
VISN 12

Iron Mountain VA Medical Center
William S. Middleton VA Medical Center (Madison, WI)
Jesse Brown VA Medical Center (Chicago, IL)
Edward Hines, Jr. VA Hospital (Hines, IL)
VA Iron Mountain Health Care System (Iron Mountain VA Medical Center)

The American Legion visit to the Iron Mountain VA Medical Center
May 16, 2006
Task Force Member: Past National Commander Ronald Conley
Field Service Representatives: Jacob Gadd

The Veterans Affairs (VA) Iron Mountain Health Care System is a primary and secondary level care facility with 17 acute medical/surgical operating beds, and five observation beds. The hospital relies on tertiary care facilities in Veteran Integrated Service Network (VISN) 12 in Milwaukee and Madison, WI due to its limited emergency and acute inpatient care services. Iron Mountain Health Care System serves a geographically remote area of the northern Midwest United States with the Iron Mountain VA Hospital and Community Based Outpatient Clinics (CBOCs) in Ironwood, Hancock, Marquette, Sault Ste. Marie (Kincheleoe), Menominee, MI and in Rhinelander, WI. Iron Mountain employs a state-of-the-art telemedicine technology, and is a leader in rural health care delivery across VA.

Fiscal

Iron Mountain’s budget for FY 2005 was $62.8 million. In FY 2006, it was $63.6 million. The FY 2005 budget did allow Iron Mountain to maintain FY 2004 levels of service, open enrollment and staffing levels. The only adverse impact of the last continuing resolution was temporary. Some construction projects were curtailed for design, bid and construction until the final few months, instead of having the year to complete the process. The delayed receipt of construction funding was the facility’s major budgetary challenge. The facility did not have to use capital investment dollars to supplement its medical care budget. The hospital’s budget is split into four piles: medical administration, medical services, medical facilities and medical information technology. Because Congress keeps passing continuing resolutions on the budget, projects have to be deferred and needed equipment is also delayed.

Utility costs changed dramatically during the FY 2005. Natural gas had an 82 percent increase in costs and price. There was a 39 percent increase in costs of gasoline, when comparing 10/01/05 prices to 5/16/06 prices. There was a two percent decrease in the amount paid for electricity from the first half of FY 2004 to second half. Even though electric rates increased approximately $.01/kilowatt, costs for the latter period decreased due to less consumption.

The Medical Care Collection Fund (MCCF) goal for FY 2005 was $6,787,984; $6,556,846 was collected. The MCCF collection goal for FY 2006 is $6,955,984. MCCF is directed through an outsourced Product Line. The hospital is responsible for MCCF but does not have any real control on what its target is or if it will achieve it. It is uncertain if it will make its goal. The facility’s product line (outsourced fiscal department through the network) predicts that Iron Mountain is on target for making 100% of goal. To improve on collection rates, Iron Mountain has implemented scanning
of insurance cards, trained coders, and improved medical records documentation through better training of providers.

**Enrollment and Access** There is only one primary care team at the hospital. It has over 17,000 unique veterans. This is an increase of 2,300 to 2,700 veterans. It does not know how many Category 8 veterans have been turned away. The time between veteran’s submission of an enrollment application (1010 EZ) and his/her initial receipt of healthcare is currently 30 days. Out of the total of 1,088 enrollment applications, 97 exceeded 30 days. Wait times for veterans referred by their primary care practitioners to specialty care clinics are as follows: Dental: 18 greater than 30 days; Orthopedics: 1 greater than 30 days; Audiology: 101 greater than 30 days and Endoscopy: 284 greater than 30 days. Approximately 1,160 compensation and pension exams are conducted annually. Funding for the exam is included in the budget. The facility also provides Gulf War Registry Exams.

Operation Enduring Freedom (OEF) and Operation Iraqi Freedom (OIF) veterans are at the top priority of care for enrollment and access. They are scheduled within 30 days of request. Currently, 318 OEF/OIF veterans are being treated, representing two percent of the hospital workload. Physical therapy has not seen any OEF/OIF veterans and stated that Milwaukee is where they are going for this service.

The facility is using a little over $1 million for Fee Basis Services in FY 2006. The specialty areas fee-based out are as follows: optometry, chiropractor, ophthalmology, neurology, podiatry, orthopedics and urology. The facility was not aware of its cancellation percentage; this percentage including how many patients cancelled and how many appointments were cancelled by the facility.

**Physical Plant** Iron Mountain is seeking upgrade of the pharmacy clean room, expansion of pharmacy and urgent care, upgrade medical gas duct and elevator air handling unit, repair exterior masonry, upgrade and move the computer room, and renovate dietetics. No major construction projects have been requested for several years. A minor project for a Nursing home care unit was approved for construction in FY 2006. Bids have been solicited and the process is going forward. The approved project will double the space of its nursing home, though will not increase the beds. The new section will have two veterans per room and a bedroom and shower for all 40-beds. It currently has four veterans per room and a bedroom and shower for all 40 beds. Future initiatives include expanding telemedicine to all CBOCs and increasing space at the Hancock and Menominee, MI clinics.

**Affiliations and Staffing** Iron Mountain has active affiliations with Bay de Noc College for LPN, RN and phlebotomy students; Northern Michigan University for RN and Nurse Practitioner students; and Wisconsin Technical College for phlebotomy students.

The home nursing care unit is short three staff positions. Right now it is in the process of hiring, but it has had to work overtime to meet the care given. It is funded to take care of 40 veterans, but since 2003, it has only had an average of 34. Recruitment of physicians...
for primary care and in the CBOCs has been a challenge. One of those positions is for a surgical chief. It has other positions that need to be filled and management feels it will. It is not clear on the positions that were open or how many.

The impact of the physician’s pay bill on Iron Mountain’s medical care budget is estimated to cost $250,000 to $300,000, depending on hiring outcomes of current vacant positions. Iron Mountain’s recruitment incentives include: a generous benefits package, competitive wages and desirable working conditions, tuition reimbursement, permanent change of station, recruitment allowance, retention allowance and limited moving expenses for first time VA employees. The facility does not employ any J-1 or H-1 Visa physicians.

Long-Term Care and Mental Health

Iron Mountain’s Nursing Home Care Unit has 40 authorized beds, with an average daily census of 34. The nursing home care unit includes extended care rehabilitation, geriatric care, general nursing home care and palliative care. There is no waiting list currently. Iron Mountain does not have an Alzheimer’s/Dementia unit. Hospice and Palliative care is provided by the facility, but there are not any designated beds. The facility also contracts out some of the hospice and palliative care services to the community. A 12-bed hoptel program offers lodging to veterans and families, if needs dictate an overnight stay. Iron Mountain does not have a long-term care program but monitors with a telephone care and help buddy program. There is not a home care program; the facility offers a telecare unit only. There are six veterans on this program and it is looking to expand to 15 veterans. The facility contracts out long-term care. The state nursing home does have a waiting list.

Iron Mountain is committed to providing clinical time, tele-mental health services, and mental health resources to OEF/OIF veterans and insuring the staff is adequately trained in this area. The facility will receive grant money to expand mental health services in Post-Traumatic Stress Disorder (PTSD), tele-psychiatry and CBOC outreach. Currently, 25 percent of mental health staff are actively involved in coordination of treatment for OEF/OIF veterans and serve on Iron Mountain’s OEF/OIF team. The facility treated 144 unique OEF/OIF veterans, with 14 of them receiving mental health services.

In response to calls from DoD regarding blast injuries, the VA arranges follow-up appointments based on the requests received. It provides returnees with information on veterans’ benefits and an enrollment package; it continues to conduct outreach to newly returned soldiers.

William S. Middleton Memorial Veterans Hospital (Madison VA Medical Center)

The American Legion visit to the Madison VA Medical Center
May 16, 2006
Task Force Member: Past National Commander Ronald Conley
Field Service Representatives: Jacob Gadd
The Veterans Affairs (VA) Hospital in Madison is a highly affiliated acute care facility providing comprehensive tertiary care in medicine, surgery, neurology, and psychiatry. Inpatient care is offered on three medical-surgical units, one inpatient psychiatry unit, and two intensive care units. Outpatient services include primary and specialty clinics, ambulatory surgery, mental health and substance abuse with 18 Domiciliary beds. Four Community-Based Outpatient Clinics (CBOCs) are staffed by VA employees; one additional clinic is on contract.

**Fiscal** Madison’s budget for FY 2005 was $119.2 million. In FY 2006 it was $136.7 million. The FY 2006 budget did allow Madison to maintain FY 2005 levels of service for veterans. However, staffing was decreased by 25, from 856.4 FTEE to 831.3 over the course of the year due to budget concerns. This resulted in many clinics increasing their waiting times. The hospital does not have financial managerial control. It is outsourced as the Product line, which covers MCCF, Lab, and the call center. If one of the four piles of money, medical administration, facilities, services and information technology runs short, it can swap funds within the VISN. If the VISN cannot facilitate the transfer of appropriations, it has to go through Central Office for approval. Fuel and utility costs have increased by $400,000 this year, with a total cost for utilities at $2.9 million. Because of the lack of flexibility between the four piles, it is hard to make payroll at the end of each quarter.

The Medical Care Collection Fund (MCCF) collection goal for FY 2005 was $14,051,900; $14,502,530 was collected. The MCCF goal for FY 2006 is $16,221,002; the facility is somewhat optimistic about meeting the goal. Currently, it is $350,000 behind in collection and may possibly fall ten percent short. Madison feels part of its management efficiencies is aggressive MCCF goals.

Uncertainties created by the Continuing Resolution inhibit Madison’s ability to plan programmatic changes in its services (i.e., staffing for Care Coordination/Home Telehealth, the MOVE program, etc.). In addition, the capital budgets are held back, precluding award of design contracts for building modifications early enough in the year to allow for award of construction contracts in the latter half of the year. Capital funding has, so far in FY 2006, been largely withheld at the Veteran Integrated Service Network (VISN) level in anticipation of shortfalls in the operating budget. When asked if the facility had to use equipment dollars to fund capital improvement projects, it was found that approximately $300,000 of operating funds was spent on capital equipment and improvements.

**Enrollment and Access** The time between veteran’s submission of an enrollment application (1010 EZ) and his/her initial receipt of healthcare is usually 30 days; some are 30-45 days. Average wait times for cardiology, orthopedics and combined eye care are 39, 44, 48 days respectively. There are currently 650 Operation Enduring Freedom (OEF) and Operation Iraqi Freedom (OIF) veterans enrolled for care from a pool of 1,394 identified discharged military members in their catchment area. This is roughly two percent of the almost 34,000 veterans currently enrolled at Madison and its CBOCs. Approximately, 74 percent of veterans in the catchment area come from Wisconsin, 23
percent from Illinois and 3 percent from the other 48 states. There were 32,185 unique patients seen during FY 2005.

There are eight J-1 Visa physicians employed by Madison. They are fulfilling their contractual obligations and three-year commitments. VA competes with private, low-income areas in the recruitment of these overseas physicians, making it difficult to attract and retain those physicians after their three-year commitment. The Federal Government has now put a limit on these doctors coming into the country and they go into a pool that all hospitals can bid on. Since VA cannot be a leader in salaries, it is behind the rest of the hospitals, and affect the critical need specialties VA needs. Priority group 8 veterans’ information is kept on file and 2,219 have applied since the 2003 cutoff. Just last year there were 560 veterans applying. Madison conducts close to 2,360 compensation and pension exams each year and covers the cost of those exams. It also provides Gulf War Registry exams.

The top ten inpatient diagnoses within Madison are congestive heart failure, coronary atherosclerosis, pneumonia, other chest pain, chronic obstructive pulmonary disease, degenerative joint disease, acute renal failure, alcohol/drug abuse or dependence, acute myocardial infarction and psychoses. The top ten outpatient encounters are hypertension, hyperlipidemia, diabetes mellitus type II, atrial fibrillation, depressive disorder, PTSD, drug dependence, COPD, chronic paranoid schizophrenia and hearing loss.

Specialty areas where fee/contract physicians are utilized include: cardiac anesthesiology, cardiology, cardiovascular surgery, dermatology, general anesthesiology, general surgery, hematology, infectious disease, internal medicine—weekend and night coverage, internal medicine for CBOC and Madison clinics, mental health—Rockford CBOC, nephrology, neurology, neuroradiology, neurosurgery, nuclear medicine, oncology, orthopedic surgery, otolaryngology, peripheral vascular surgery, plastic surgery, podiatry, pulmonary, surgical pathology and urology. Approximately, $5,100,000 of Madison’s budget goes to Fee Basis Services.

There are four primary care teams in Madison with 3,100 unique veterans in each primary care unit. All veterans have same day appointments. The cancellation by the hospital of appointments versus veterans missing appointments is unclear. It combines the figures in the computer as “missed opportunities.” Madison says it is about eight percent.

**Physical Plant** The original intent of the 1950’s era facility was to treat tuberculosis patients; therefore, rooms were designed to have one veteran bed and bathroom. Most patients’ room provide a sweeping panorama of the Ohio River, making a valuable adjunct to the healing process. Madison is looking to renovate the canteen dining area for improved efficiencies and to eliminate certain code violations in the space. There are also a number of HVAC issues and building envelope repairs necessary to ensure functioning of the physical plant. No expenditures are being made toward unused facilities. A proposed future plan includes erecting a tower to create more parking spaces. Through the Capital Assets Realignment for Enhanced Services (CARES), the
facility was recommended for a 75 nursing care beds. There is great need for these 75 nursing care beds and Madison resubmitted this project is a minor project because it has been passed over in the major construction budget now for two years. All capital funding is being held back creating project and planning postponement.

Affiliations and Staffing Madison is affiliated with the University of Wisconsin’s Medical School and Hospital, boasting affiliations and sharing agreements which are extremely active. The two institutions share many resources, including nuclear medicine, angiography, autopsy, and organ transplantation programs. Training programs include medicine, surgery, mental health, neurology, general pathology, neurosurgery, social work, occupational therapy, nursing and pharmacy. Through the collaboration of VA and the University of Wisconsin, pathology specimens are combined from surgeries and the turnaround time is exactly the same. The facility is looking at combining computer infrastructures to provide a bidirectional system.

Madison has a staff level of around 900 FTEE professional, administrative and support personnel provide service to more than 34,000 veterans treated annually, either inpatient or outpatient. Over 400 volunteers donate more than 73,000 hours each year of their time. Currently, there are 112 salaried physicians (71.75 FTEE), 533 privileged physicians, 25 nurse practitioners (22.2 FTEE), 226 registered nurses (206 FTEE), 71 licensed practical nurses (57.5 FTEE) and 26 nurses’ assistants (24 FTEE). The budget caused a decrease in staffing by just over 25 from 856.4 FTEE to 831.3 and increased the waiting times for veterans. There are nursing shortages. Staffing has been increased through the CBOCs though. Hiring incentives Madison offers are: recruitment and relocation incentives, as well as above minimum salary step appointment. The impact of the physicians pay bill on the budget is close to $520,000. The pay bill has helped with the retention of staff.

Long-Term Care and Mental Health and OEF/OIF Veterans Madison’s authorized acute bed level is 87, with 72 now operating and an average daily census of 58. If it had more staff, it could fill these empty beds. There is a nursing shortage. Occupancy rate is approximately 81 percent. In FY 2005, there were 3,556 admissions with an average length of stay at 6 days. Madison does not have an Alzheimer or dementia unit. It does have hospice and palliative care. There is an 11-bed hoptel offered for lodging of patients or family members. One registered nurse is dedicated to a care coordination program. By allowing the veteran to be treated through telehealth advances, the hospital reduces inpatient levels and the veteran is in a comfortable environment.

There are 655 veterans enrolled in mental health, 120 of which are women. Madison is in the process of offering mental health case managers for all of its CBOCs. Mental health partners with the Veteran Centers and the State Department of Veteran Affairs. The hospital received a grant for the Tele-Buddy system. If a veteran with mental health problems misses an appointment, VA staff contacts the veteran. It currently has 12 veterans in contract nursing homes, with as many as 15 veterans. There are six veterans in adult day care at a cost of $44 per day, and they go three times per week. VA has a
grant per for diem beds for the homeless supportive living. It does not have domiciliary beds.

Madison has a designated Point of Contact (POC) to provide outreach services on request and with the Wisconsin Department of Military Affairs to meet with Guard Units who are returned from or scheduled for deployment. There are less than 12 OEF/OIF homeless veterans. Madison hosted a two-day conference for veterans and families with a title of “Seamless Transition: The Journey from Battlemind to Peace of Mind.” Madison also works closely with the Veteran Benefits Administration to ensure that claims are filed or in the process. It just received the DoD list of local active duty members involved with the Physical Evaluation Board process (PEB). The list included six personnel, all of whom will be contacted as part of VA’s efforts to provide case management and outreach to PEB candidates.

**VA Jesse Brown Health Care System (Jesse Brown VA Medical Center)**

*The American Legion visit to the Jesse Brown VA Medical Center*

*June 20, 2006*

*Veteran Affairs and Rehabilitation Chairman: K. Robert Lewis*

*Veteran Affairs and Rehabilitation Director: Peter Gaytan*

The Jesse Brown VA Medical Center's (VAMC) is a 205-bed inpatient facility (188 acute care beds and 17 long-term care beds) as well as a system of Community Based Outpatient Clinics (CBOCs) represented in Beverly, Chicago Heights and Adam Benjamin, Jr., IL and one in Crown Point, IN. Jesse Brown is a tertiary care facility classified as a Clinical Referral Level 1 Facility. It is a teaching hospital, providing a full range of patient care services, education and research. Comprehensive health care is offered through primary and tertiary care in the areas of medicine and rehabilitation, neurology, oncology, dentistry and geriatrics.

**Fiscal** Jesse Brown’s budget for FY 2005 was $249 million. In FY 2006, they are projecting a figure upward of $250 million. When queried about whether the FY 2005 budget allowed the facility to maintain FY 2004 levels of service, open enrollment and staffing levels, the facility revealed all was maintained for FY 2005. There was a minimal impact with the last continuing resolution, with no services being eliminated or reduced. Staff was asked, however, to maintain the same spending levels as the previous year. Some purchases were delayed, but not enough to impact upon the medical center or negatively affect patient care. The facility did not have to use equipment dollars to fund capital improvement projects or operating repair work nor has capital investment dollars been used to supplement the medical care budget.

The Physicians Pay Bill annual cost at Jesse Brown VAMC is $1.9 million. Approximately, $2.6 million was spent on Fee Basis Services in FY 2006. Currently, Fee Basis is used for Eye, Dental and Hemodialysis. They do not have contracts with specific providers. Cases are processed and paid based on services provided after the initial
request is approved by the requesting service’s chief, Chief of Staff, Assistant Medical Center Director, and Chief of Patient Administration Service.

The MCCF goal for FY 2005 was 15.2 million. Total collections to that goal were $16.8 million, exceeding the goal by over 11 percent. The FY 2006 MCCF collection goal is $18.4 million and they are making strides toward that goal. Jesse Brown has undertaken a number of options to improve their MCCF collection rates. Medical records abstractors are now available on the floor to tell providers if information is missing. Ongoing series of coding training are being held so providers are informed of requirements. By expediting delinquent discharge summaries, coders can use that information to accurately close out Patient Transfer File (PTF) records. The facility has developed and is implementing the use of patient encounter forms that coders must validate, reducing date of discharge to date of PTF closeout. They are currently focusing on capturing workload with third part revenue potential and eliminating the backlog in outpatient billable encounters.

**Physical Plant** Jesse Brown has no major physical plant issues at this time. Several Non-Reoccurring Maintenance (NRM) projects have been approved for funding to support physical plant issues that require immediate attention. There are not any unused facilities. Services in the Lakeside CBOC have been consolidated to the lowest eight floors to reduce costs and enhance safety. Per the Capital Asset for Realignment for Enhanced Services (CARES) plan, that building was sold to Northwestern Memorial Hospital last year and Jesse Brown is leasing backspace through the end of 2007, although plans are underway to vacate the building by the end of this year.

Currently, the only major project underway is converting a former church into a 141-apartment residential facility for transitional housing for homeless veterans. Jesse Brown will also work with Catholic charities by moving the Beverly CBOC one block from St. Leo’s site (the church) to offer primary care, mental health and other specialty services. Four minor construction projects and 28 NRM projects include renovations or modifications to existing buildings on the main campus and the Adam Benjamin, Jr. VA Outpatient Clinic.

**Enrollment and Access** The time between veteran’s submission of an enrollment application (1010 EZ) and his/her initial receipt of healthcare is within 30 days. There is not a wait list for primary care. Veterans enrolled can be seen the same day, if that is their preference. The average wait time for veterans referred by their primary care practitioners to specialty care clinics is 27 days for Audiology, 12 days for Cardiology, 8 days for Orthopedics, 13 days for Urology, 15 days for Eye, 2 days for Mental Health and 19 days for GI. During FY 2005, 24,125 Compensation and Pension examinations were performed at Jesse Brown. The medical center’s budget provides for funding, including costs for two full and part-time physicians on weekdays and one full-time Fee-Basis physician on Saturdays. Jesse Brown also offers Gulf War Registry Exams. Approximately 555 OEF/OIF veterans are identified as outpatient veterans receiving care through Jesse Brown, or 1.3 percent of their workload. Per VA regulations, OEF/OIF veterans receive priority and appointments within 30 days.
Affiliations and Staffing

Jesse Brown has active affiliations with the Northwestern University Feinberg School of Medicine and the University of Illinois at Chicago College of Medicine. Over 900 University residents, interns, and students are trained at the Jesse Brown VAMC each year. There are also nursing student affiliations with the University of Illinois, Rush University and Loyola University as well as affiliations with the University of Illinois and Malcolm X College involving dentistry, nutrition, pharmacy, social work, and psychology. Through sharing agreements there is collaboration in the areas of Radiation therapy, Sleep lab, Liver Transplants, Dialysis and Gynecology. Senior Management believes the affiliations with both universities are very beneficial.

Jesse Brown offers various recruitment options such as: a recruitment and retention bonus for positions hard to recruit. The Physician’s Pay Bill will cost the facility $1.9 million annually. Physical therapists and nuclear medicine staff have been difficult to recruit and retain.

Long-Term Care and Mental Health and Homeless Services

Jesse Brown’s Mental Health Service line has received authorization and funding to hire a psychologist and clinical nurse specialist. They are presently in the interview process. The Medical Center’s two OEF/OIF points of contact, Dr. Ken Khuans and Mike Konkoly, MSW are very dedicated towards this cause and have developed a personalized program to assist OEF/OIF veterans in any way. The Medical Center sends a welcome home letter to newly discharged veterans in their service area and Dr. Khuans personally telephones veterans that have received a medical discharge.

Edward Hines, Jr. VA Health Care System (Hines VA Medical Center)

The American Legion visit to the Hines VA Medical Center
June 22, 2006

Veteran Affairs and Rehabilitation Chairman: K. Robert Lewis
Veteran Affairs and Rehabilitation Director: Peter Gaytan

The Hines VA Medical Center offers primary, extended and specialty care and serves as a tertiary care referral center for Veteran Integrated Service Network (VISN) 12. Specialized clinical programs include Blind Rehabilitation, Spinal Cord Injury, Neurosurgery, Radiation Therapy and Cardiovascular Surgery. The hospital serves as the VISN 12 southern tier hub for pathology, radiology, radiation therapy, human resource management and fiscal services. Hines offers 472-beds and seven Community-Based Outpatient Clinics (CBOCs) represented in Oak Park, Mantero, Elgin, Oak Lawn, Aurora, LaSalle, and Joliet. Nearly 551,914 patient encounters occurred in FY 2005, providing care to 53,517 veterans, primarily from Cook, DuPage and Will counties.

Fiscal

Hines’ budget for FY 2005 was $315 million. In FY 2006, they are projecting to receive $325 million. When queried about whether the FY 2005 budget allowed the facility to maintain FY 2004 levels of service, open enrollment and staffing levels, the facility revealed their struggle to maintain services and operate within the original budget.
obligation assigned by the VISN. The Congressionally approved supplemental allowed Hines to fully fund their equipment and construction needs for FY 2005.

In regards to the impact of the last continuing resolution, all patient care direct needs were met. Generally, however, continuing resolutions have had a negative impact on sound budget management and budgetary decisions for the fiscal year, due to uncertainty with the appropriation. The major budgetary challenge affecting the facility were the rising cost of pharmaceuticals, correct building infrastructure needs and annual salary increases, generally implying that a 4-5 percent budget increase is necessary to cover these costs, assuming all other variables are constant. The facility has not had to use equipment dollars to fund capital improvement projects or operating repair work.

It is too early to project the long-term impact of on The Physicians Pay Bill at this time. However, the physician increases will be taken out of the facilities existing budget allocation. The specialty providers utilized by Fee-Basis include: anesthesiology, radiotherapy, cardiothoracic surgery and the Oak Lawn CBOC primary care team staff. Approximately, $3.5 million of Hines’ budget is dedicated to Fee-Basis.

The MCCF goal for FY 2005 was $26,665,197; $27,579,386 was collected. The FY 2006 MCCF collection goal is $30,243,441 and the facility realizes this figure to be a challenge. Hines has taken many steps to improve their MCCF collection rates. They have added contract coders to decrease the backlog created by numerous computer changes in early FY 2006 (implementation of eMRA, QuadraMed). Under review are the inpatient billing cycles to insure that all professional fees are being captured. Hines’ is working through rejections to insure that the bill can be resubmitted. Through education of providers, Hines’ can insure that they are documenting correctly to code and bill as appropriately as possible.

**Physical Plant**  
Hines has one of the largest physical plants in the VHA system. There is the constant need to maintain and attempt to upgrade the many old buildings. The physical plant issues related to maintaining the old buildings consume a distortional amount of resources. During this past year, they have experienced multiple steam and water line failures, as these are all original equipment to the facility. Hines has made great strides in pursuing initiatives to better use vacant buildings as evidenced by the recent occupation of Building 14 and 53 by the Catholic charities of the Archdiocese of Chicago. Buildings 12,13, and 53 remain vacant. They are submitting an enhanced use plan to VA Central Office to pursue a joint research facility in the area of Building 51.

Currently, six minor construction projects are underway to accommodate areas including: Emergency Department, Eye and ENT Clinics, Surgical and Medical Intensive Care units, Hematology/Oncology and Surgical Inpatient Unit. In the spring of 2005, Hines opened new facilities for the Spinal Cord Injury and Blind Rehabilitation Centers. Both buildings, which were an outcome of the VA Capital Assets for Realignment for Enhanced Services (CARES) initiative, provide a state-of-the-art environment for these special emphasis programs that have a historic presence on the Hines campus. Hines recently completed construction and activation of a new SICU on the second floor,
Building 200 (Main hospital) and construction has been started to consolidate all ICU’s on the same floor. Additionally, the fourth floor, Building 200 was recently renovated and activated for the establishment of ambulatory care clinics.

Looking towards the future, Hines has submitted a proposal for a new clinical tower to provide a state-of-the-art facility for their acute care patients as well as various support services. By centralizing acute care within one modernized tower, Hines will seek to demolish old, outdated vacant buildings that continually need maintenance.

Enrollment and Access

The time between veteran’s submission of an enrollment application (1010 EZ) and his/her initial receipt of healthcare is within 30 days. Only .05 percent of their patients were not seen within the 30-day timeframe. When queried about the wait time for veterans referred by their primary care practitioners to specialty care clinics, Hines reported adhering to VHA directives concerning access to primary and specialty clinics. Currently, Hines is not using the electronic wait list for any subspecialty clinics. Hines performed 2,771 patient requests for Compensation and Pension (C&P) exams during April 2005 and April 2006, accruing 4,671 visits, which is a 14 percent increase over the same time frame last year. VA providers perform C&P exams as part of their regular workload through the use of four consultants and one Fee provider.

There were 441 Operation Enduring Freedom (OEF) and Operation Iraqi Freedom (OIF) veterans treated during the past fiscal year, constituting one percent of Hines workload. The total OEF/OIF populous is about five to six percent of Hines workload. OEF/OIF veterans receive the highest priority of care, and by Hines recently becoming a designated Level II Polytrauma Center; these veterans have and will continue to receive comprehensive medical care.

Affiliations and Staffing

Hines is affiliated with approximately 70 colleges and universities for the purpose of educating technicians, undergraduate and graduate students in 40 different associated health professions. Hines is institutionally affiliated with Loyola University of Chicago, Stritch School of Medicine, and also maintains an affiliation with the University of Illinois College of Medicine, Chicago. Of the 1,150 students educated at Hines during fiscal year 2005, 719 were medical, podiatry, and ophthalmology residents, and 431 were associated health trainees. Hines funded 150 of those residents. Hines continues to broadly interact in continuing education pursuits with departments of many and varied educational institutions including Continuing Education Centers.

Hines offers various recruitment options including: a salary retention increase for Police Officers, recruitment/retention bonuses for SCI nurses and retention bonuses for Imaging Personnel (MD and technicians).

Mental Health

Hines offers an extended care center, hospice care, respite care, dual diagnosis substance abuse program and homeless chronically mentally ill program. Hines has a point of contact/case manager handling OEF/OIF veterans. The facility has
identified a mental health team for PTSD and Combat stress issues. A case manager coordinates veterans’ issues with the Vet Centers and VBA offices. The case manager also provides outreach to families, local Guard units by sending letters to recent discharged OEF/OIF veterans from the DoD mailing list. All programs have been fully funded within existing resources.

Blind Rehabilitation Center  After twenty years of planning and two years of construction, the new Central Blind Rehabilitation Center (CBRC) opened in May, 2005. The multimillion-dollar facility has 50,000 square feet surrounding a 5,600 square foot courtyard. The facility provides 34 veteran rooms, with easy accessibility and each contains a private bath. There are Independent Living Program (ILP) apartments designed to give the veteran, who lives alone, the opportunity to shop for food, prepare meals and perform daily housekeeping chores while implementing the skills learned within the CBRC. Those skills provided include: visual, orientation and mobility, living and manual training. Visual skills help the veterans utilize their remaining vision through the use of low vision scanning and eccentric viewing techniques. These tasks include reading printed material, seeing television, seeing to engage in home repairs and to read signs at a distance. Orientation and mobility skills heighten individual travel ability in familiar and unfamiliar environments including indoor, residential, business and rural areas. Living skills address personal grooming, food preparation, eating skills, household management, time management, and labeling techniques. Manual skills reinforce sensory awareness from basic tasks such as using power tools, woodworking machinery, leatherwork, copper tooling, home mechanics, small engine repair, woodworking, etc.

VA North Chicago Health Care System (North Chicago VA Medical Center)

The American Legion visit to the North Chicago VA Medical Center
June 21, 2006
Veteran Affairs and Rehabilitation Chairman: K. Robert Lewis
Veteran Affairs and Rehabilitation Director: Peter Gaytan

The North Chicago VA Medical Center's (VAMC) mission is, “We are a caring community, proud to provide patient centered, coordinated health care to Veterans, Navy and all VA/DoD sharing patients.” The medical center consists of 150 operating hospital beds, 204 nursing home care beds, and 105 domiciliary beds that include homeless and alcohol/drug abuse programs. North Chicago has a system of Community Based Outpatient Clinics (CBOCs) represented in McHenry and Evanston, Illinois and Kenosha, Wisconsin. A Vet Center is co-located with North Chicago’s Evanston CBOC. North Chicago serves as the long-term care referral center for this area’s medical and mental health patients.

Fiscal  North Chicago’s budget for FY 2005 was $121 million per initial General Purpose Allocation, excluding IT funding, special purpose, NRM, Equipment, VISN Service lines, and other funding adjustments. The facility also received $8.5 million in supplemental funding during FY 2005. In FY 2006, they received $134 million, which
represents their initial General Purpose Allocation. When queried about whether the FY 2005 budget allowed the facility to maintain FY 2004 levels of service, open enrollment and staffing levels, the facility revealed only open enrollment was maintained for FY 2005. There was a minimal impact with the last continuing resolution, with no services being eliminated or cut back on. The major budgetary challenge affecting the facility was the funding for maintenance and repair work to maintain the physical plant. Funding for construction projects has been held until late in the year, which decreases the amount of time to award the projects. The facility has not had to use equipment dollars to fund capital improvement projects or operating repair work. The Physicians Pay Bill long-term impact that North Chicago is anticipating is neutral resource shift, moving away from fee basis/contract physicians to full-time and part-time staff employees. North Chicago paid $1,077,574 in Fee-Basis Services during FY 2005. This figure includes consultant fee services; contract hospital fees, Department of Defense Sharing and adult day home care contracts.

The MCCF goal for FY 2005 was __ million. Total collections to that goal were $9,283,241. The FY 2006 MCCF collection goal is $10,359,379 and the facility is projecting a 97 percent collection rate. North Chicago is currently eliminating a backlog in outpatient potentially billable encounters. The backlog is the result of implementing new software mandated by Central Office, which created a learning curve for both coders and billers, slowing down the normal business process.

**Physical Plant**

North Chicago maintains an aging physical plant and utilizes a combination of Capital and maintenance funding to sustain an appropriate environment of care for patients, visitors and staff. An energy savings initiative is underway to replace aging steam and condensate piping to increase energy efficiency.

The current major construction project within the facility is expanding surgery with four new surgical rooms and remodeling the existing four surgery rooms. The project includes a four-bed stage 1 recovery and 14 preparatory rooms. The minor project under construction is renovating wards 3A and 4A in building 131. This project includes a total remodel and architectural finishes with the wards, providing 1-2 patients per bedroom with private and semi-private toilet and shower facilities. All new spaces will be ADA HDCP compliant.

**Enrollment and Access**

The time between veteran’s submission of an enrollment application (1010 EZ) and his/her initial receipt of healthcare is within 30 days. There are not any veterans known that had to wait over 30 days in the past year. The wait time for veterans referred by their primary care practitioners to specialty care clinics is less than 30 days, except for Dermatology, Pulmonary, Eye and Urology. During FY 2005, North Chicago performed 5,083 disability examinations for Compensation and Pension purposes. The exams were all done by VA providers with costs as part of patient care allocation. Approximately 1,611 Priority Group 8 veterans have applied since the January 17, 2003 cutoff and their applications are processed, entered into the VISTA system and kept on file shall the ban become lifted.
Operation Enduring Freedom (OEF) and Operation Iraqi Freedom (OIF) veterans receive same day priority care during work hours and immediate priority following evenings and weekends. North Chicago receives and expedites requests and referrals for clinical services. Transitioning OEF/OIF veterans get priority scheduling in the OIF Exam Clinic in Special Medical Exams Section/Medical Service, generally within 1-2 weeks. The clinical exam is focused on the exposures/hazards specific to OEF/OIF theaters of combat operation and the documentation includes military history, exposure history, current complaints or residuals, and final assessment. The work-up is part of the computerized medical record and is available to any clinician. Approximately 230 OEF/OIF veterans are identified as outpatient veterans receiving North Chicago services.

**Affiliations and Staffing**  
North Chicago shares affiliations with the Rosalind Franklin University of Medicine and Science, which is located adjacent to the medical center on land leased to it from VA. North Chicago provides training in audiology/speech pathology, biomedical engineering, dental assisting, medical technology, pharmacy, nursing, physical therapy, podiatry, psychology, social work, and many other areas. Over 400 residents, interns and students were trained at North Chicago in FY 2005.

Staffing remains a concern, due to budget cutbacks. There are no J-1 Visa physicians practicing within North Chicago. Long recruitment delays persist with the hiring of a cardiologist, endocrinologist, anesthesiologist, and specialty nurses. Other recruitment difficulties include hiring full-time LPNs, medical coders and medical clerks.

North Chicago offers various recruitment options including: a recruitment incentive, relocation incentive and appointment above minimum step rate as hiring incentives. These incentives can be up to 25 percent of their salary. Also offered, on a limited basis, are some educational pay back opportunities.

**CBOCs**  
Of the three CBOCs under North Chicago, two (Kenosha and Evanston) are at or very near capacity. McHenry CBOC added a physician when a nurse practitioner took another position at the medical center. This added capacity of 400 additional patients. Presently, there is room for an additional 260 patients. North Chicago believes McHenry will be at capacity within 18 months. All CBOCs are well versed and practice the Advanced Clinical Access principles. VA providers staff all three CBOCs and none are new CBOCs.

**VA/DOD Partnership**  
The US Navy completed the signing of a historic merger between the VA and DoD. The agreement created a new federal healthcare facility, which is the first of its kind, under joint management by VA and DoD. Historically, VA and DoD partnered in sharing physical therapy/occupational rehabilitation, ICU care, major joint replacement surgery, general surgery, radiology coverage and Navy Hospital Corps School two-week didactic training at North Chicago VA Medical Center. Phase 1 of the merger consisted of transferring Mental Health and DoD Blood Donor Center services; and changing reimbursement methodology (TRICARE, medical hold patients using marginal cost direct reimbursement). The Navy leased VA laboratory space, while VA
purchased blood products saving a $3 Million dollar cost. Phase 2 constructed four new operating rooms and expansion of existing Emergency Department. Thereafter, a transfer of inpatient med/surg/pediatric ward, operating room, ICU, ER Service and reimbursement methodology were facilitated. Phase 3, or the Federal Health Care Facility designation, began a $130 Million Navy construction project including: $60 Million to construct 201,000 ft ambulatory care center, $13 Million to renovate 45,000 ft existing North Chicago space, $5 Million construction of parking structure, $30 Million Supporting facilities (electricity, water, sewer, etc.) and $22 Million for other projects. This phase will begin in FY 2007 and be completed in FY 2010 integrating both healthcare organizations.

Long-Term Care and Mental Health and Homeless Service  Under the Millennium Health Care Benefits Act of 1999, North Chicago had 232-beds designated for long-term care. That level today has reduced to 204. North Chicago does not offer an Alzheimer’s or Dementia unit. North Chicago has designated 10-beds for hospice and an additional 10 for Palliative care. An in-house Hospice team diligently serves in accommodating these patients. None of the hospice beds are contracted nor are any occupied by a non-veteran. A two-bed hotel is offered to patients or family members when needed. There is a 186-bed domiciliary, with an average daily census of 141. Some 81-beds in the domiciliary were closed because average daily census was below capacity, allowing for the reduction. There were not any services eliminated by this reduction.

North Chicago has ten veterans in contract nursing homes in the community. All of the CBOCs have assigned psychiatrist time and are in the process of adding a social worker to provide additional mental health care there at the CBOCs. North Chicago has more than 250 patients at each of the CBOCs receiving mental health care. Mental health services increased the facility’s budget with new monies needed to add a social worker and to establish a designated Post Traumatic Stress Disorder (PTSD) Clinical Team.