VISN 16

Overton Brooks VA Medical Center (Shreveport, LA)
Baton Rouge VA Outpatient Clinic
Southeast Louisiana VA Health Care System (New Orleans, LA)
Alexandria VA Medical Center (Pineville, PA)
VA Gulf Coast Veterans Health Care System (Biloxi, MS)
The Overton Brooks Veteran Affairs Medical Center (VAMC) is comprised of one VHA tertiary care facility in Shreveport, Louisiana as well as a system of community based outpatient clinics represented in Monroe, LA; Texarkana, AR; and Longview, TX. Overton Brooks VAMC is located in the northwestern corner of the state of Louisiana. The medical system covers five counties in Arkansas, ten counties in Texas and 15 parishes in Louisiana serving over 131,000 veterans. Overton Brooks VAMC is a tertiary care facility providing comprehensive healthcare through primary care and tertiary care in the areas of medicine, surgery, psychiatry, physical medicine and rehabilitation, neurology, oncology, dentistry, geriatrics, and extended care. Overton Brooks is part of the South Central VA Health Care Network, which includes facilities in Oklahoma, Arkansas, Texas and Mississippi.

Fiscal Overton Brooks VAMC budget for FY 2005 was $163 million. In FY 2006 it was $163 million, FY 2005 funding includes approximately $7 million in supplemental funding from South Central VA Health Care Network. With the allotted supplemental funding, the FY 2005 budget allowed the facility to maintain FY 2004 levels of services, open enrollment and staffing levels. The MCCF collection goal for FY 2005 was $14,082,404; $14,085,147 was collected. The collection goal for FY 2006 is set at $15,622,610. Management stated that given recent changes related to Medicare Remits Advisor (MRA) and the market penetration of Medicare A and B, it is not predictable if it will meet its FY 2006 MCCF goal. Therefore, the Medical Center has put a number of contracts in place to supplement its assigned work force. Overton Brooks has not had to use capital investment dollars to supplement its medical care budget. Major budgetary challenges include funding to maintain timely delivery of healthcare and the impact of the Physician’s and Dentist’s Pay Bill. The bill, with an estimated cost of $1.7 million, should greatly enhance the facility’s ability to hire specialists, but cost increases will impact the budget.

Enrollment and Access The time from veteran’s submission of an enrollment application (1010 EZ) and their receipt of initial healthcare is less than 30 days. The new enrollees are provided the opportunity to be seen on their desired date by the providers. Less than one percent, in all probability, exceeded the mandated thirty-day period. The wait time from primary care to specialty care is also thirty days or less. However, the urology clinic, the eye clinic and primary care at the Longview CBOC have a greater than thirty-day wait. To address these three areas, the following has been accomplished: 1) Advance Clinic Access reports indicate some improvement in wait times, such as in the eye clinic; 2) the urology clinic is in the process of redesigning their clinical profiles and also moving toward open access; 3) an additional provider has been sent to Longview CBOC to assist in decreasing the wait times.
Overton Brooks is recognized as the best in the network at Primary Care, with a low no-show rate. A new Centralized Scheduling Center with a toll-free number was implemented (staffed by six operators) to make and reschedule appointments. The facility averages approximately 3,600 Compensation and Pension exams annually and in some instances, fees out a portion of the exams to the community. Gulf War Registry exams are available through the facility. Fee/Contract physicians are utilized when the patient’s condition warrants immediate care that is unavailable within the VA Health Care System. A computer program was recently developed to track and trend fee basis services. This database knows what services are being fee-based, the cost, and how long the outcome of the service takes.

Currently, over 1,400 combat OEF/OIF veterans have a future appointment date at Overton Brooks. This represents approximately 3-5 percent of the current patient care load. Priority of care to this group of veterans is based on the medical necessity, i.e. urgent and emergency care is provided the same day, while all others are provided health care within the established guidelines. The Medical Center has networked with the 2nd Med Group leadership from Barksdale AFB and with local National Guard and Reserve units to get the word out about mental health care services offered for returning veterans at OBVAMC. Resources include a PTSD Clinical Treatment Team, and it has already seen an upsurge in referrals of veterans from OEF/OIF. In anticipation of growing needs in this area, an additional staff position was specifically designated to do outreach to OEF/OIF returnees. This position was awarded as a result of a successful application for external funding.

Affiliations and Staffing Overton Brooks VAMC is affiliated with the Louisiana State University School of Medicine in Shreveport, and is an important training site for residents and medical students. Other academic training affiliations include nursing, pharmacy, social work, respiratory therapy and numerous other health and health-related fields. Overton Brooks also has sharing agreements with 2nd Medical Group at Barksdale AFB and LSU Health Sciences Center.

Hiring incentives range from a recruitment bonus and moving expenses to tuition reimbursement. Ten percent of the staff are in the Guard or Reserves, approximately 150 in total. Six are currently activated; temporary positions are filling these shortages. Recruiting challenges include funding a gastroenterologist and cardiologist.

Physical Plant The facility was opened in 1950 and consists of 40 buildings on 48 acres. The Medical Center recently completed renovation of our Surgical Intensive Care Unit (SICU), including the installation of a new state-of-the-art patient physiological monitoring system on its Medical Intensive Care Unit (MICU). Physical security improvements were recently finished, augmenting monitoring, alarm, and locking systems for the facility. Projects recently completed were renovation of the front lobby (rearranged furnishings, new reception desk, and a Starbucks Coffee Shop), relocation of the inpatient dialysis and the sleep lab, and expansion of the chemotherapy unit to include
additional treatment rooms. Air-handling units that support parts of surgery, pharmacy and laboratory have also been replaced.

**Long Term Care, Mental Health and Homeless Services** Overton Brooks originally housed around 450 inpatient beds with minimal outpatient activity. Over the years, as healthcare has moved from the inpatient arena to outpatient services, the hospital has reduced the bed level from its original number to 128 beds today. Outpatient visits, in contrast, have spiked to well over 330,900 visits per year. The inpatient psychiatric ward has had a census increase, which presents challenges, since Shreveport does not have a designated Long-term care program. Although having a sharing agreement with Alexandria VAMC for long-term beds, the increase of displaced patient services has led to a crowding problem. The average length of stay in the inpatient psychiatric ward increased from five days to seven.

Mental health is looking for expansion funds to expand OEF/OIF programs and chemical dependency programs. Of five proposals, three have been approved. It was surprising to see that at Barksnell AFB, there were not psychiatrists staffed by DoD. The head of Mental Health at Overton Brooks was juggling his position at VA with outreach and seeing DoD personnel. Mental health wants to expand PCT program and see more active duty personnel so that service members will be covered. It is aware that veterans returning from OEF/OIF have high functionality and if this group is not approached and given treatment results quickly, they will not continue to come.

Mental health has a cognitive behavioral health program, where they look at the processes and question rather than just giving out medications. Patients are given a packet, explaining potential symptoms as a guide for self-treatment. A plan is written down which emphasizes relieve, prevention and how to expand life. A link was found that showed that patients with mental health problems present for other treatment problems additionally. The staff seems excited about their job and challenges ahead.

**Patient Surveys** There were different veteran perspectives of the group on pharmacy wait times. One said that the wait was 30 minutes or less and another claimed it was one to four hours, depending on how many patients and the time of day. The facility reports that the average waiting time for an outpatient window prescription after a patient has spoken to a pharmacist is 34 minutes as reflected by second quarter FY 2006 data. Pharmacy Service has a policy that, other than in emergency circumstances, only new prescriptions will be filled at the Pharmacy window. This reduces the patient volume at the window and keeps the waiting time to a minimum.

Before, veterans had to stand in line and often became frustrated and tired, but now a call number program and seating have improved the quality and perception of the department. The refill system seemed to have worked for all the veterans. Some veterans suggested having more social workers to handle long-term care issues and various patient inquiries and placement concerns. Other veterans mentioned that more volunteers were needed in the front desk lobby. All seemed grateful and happy with their care.
Southeast Louisiana Veterans Healthcare System (Baton Rouge Outpatient Clinic)

The American Legion visit to the Southeast Louisiana Veterans Health Care System
April 2, 2006
Task Force Member: Michael Suter
Field Service Representatives: Jacob Gadd

New Orleans VAMC’s previously established VA Outpatient Clinic in Baton Rouge, LA did not sustain damage during hurricanes Katrina and Rita and stand ready to serve veteran patients’ health care needs. There are nine clinic Physicians panels currently. With the uncertainty of patient load—as many patients have been displaced—addresses and contact information are updated on every visit. The clinic feels that in the next three months, most of the population will have settled and demographic data will be more accurate. Baton Rouge has a full pharmacy, mental health services, prosthetics, dental, radiology and laboratory. Radiology looks at some 30 studies a day, and CT services are fee-based to the community.

Fiscal The Baton Rouge budget falls under the supervision of the Southeast Louisiana and there are no billing or coders located on site. The clinic inputs Computerized Procedural Terminology (CPT) codes, which are then sent to the fiscal office. The FY 2005 budget for Southeast Louisiana was $7.6 million. Due to Hurricane Katrina the Medical Center does not have a posted budget yet for FY 2006. The FY 2005 budget did allow the clinic to maintain FY 2004 levels of services, open enrollment and staffing levels.

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<th>Pre-Katrina</th>
<th>versus</th>
<th>Post-Katrina</th>
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<tr>
<td>9.5 Physician FTE</td>
<td>9.625 Physician FTE</td>
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<tr>
<td>• 7.5 FT physicians (two recent hires with panel capped at 900 at that time)</td>
<td>• 8 FT physicians (includes newly detailed physician)</td>
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<td>• .375 Resident Supervisors</td>
<td>• .375 Resident supervisors</td>
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<td>• .125 Service Line Director</td>
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<td>• 1.5 Nurse Practitioners @ .75 each</td>
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Change in Workload Dec 04/Jan 05 compared to Dec 05/Jan 06

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<td>47 percent increase in visits</td>
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<td>23 percent increase in unique patients</td>
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Percent of Primary Care appointments seen same day

| July 05: 15 percent | January 06: 22 percent, or a 47 percent increase |

Baton Rouge Primary Care appointment wait list
There really is a very low no-show rate, less than 2 percent. This can be highlighted to the increase of staff as well as the veteran population realizing the importance of their appointments, given the demand. Of the 68 member staff detailed from New Orleans, Baton Rouge expects to lose the majority while continually having increases in demand for services.

**Changes** After Katrina, Baton Rouge instituted a new laboratory, sending specimens to the Alexandria VAMC to be processed. The laboratory department will be shut down and moved back to New Orleans. Baton Rouge is also losing its cardiology, urology and other specialized services to rebuild back in New Orleans.

The VA has proposed opening a replacement hospital in downtown New Orleans, in affiliation with Tulane University. As of now, VA is opening portions of other buildings and renting space to bring as many services back to New Orleans. The recommendation of opening a new VA hospital is currently being considered at by Congress.

As it is unclear where the veterans displaced by Katrina will finally settle. Baton Rouge clinic believes the next three months will determine the future location and where the veterans will go for VA services. The status quo is that most of the patients will relocate back to New Orleans VA Medical Center and Baton Rouge will again return to just being a traditional primary care clinic offering Mental Health, radiology and dental services, but not specialized care.

**New Orleans VA Medical Center, New Orleans, LA**

The American Legion Visit to the New Orleans VA Medical Center  
February 15, 2006  
Task Force Member: Michael Suter  
Field Service Representatives: Michael M. Smith

Prior to the cataclysmic effects of Hurricane Katrina at the end of August 2005, the New Orleans Medical Center provided primary, secondary and tertiary care to over 36,000 veterans throughout southeast Louisiana, the Mississippi Gulf Coast and the Florida Panhandle (see New Orleans Report for May 10-11, 2004). The VAMC in New Orleans, together with its Baton Rouge clinic, accommodated some 370,000 visits annually.

Today the VA Medical Center no longer exists as a functioning hospital; its functions being taken up by VA clinics across the state. The top floors of one of the old Medical
Center’s buildings, known as “10G” for its building location designator, is now being utilized as an outpatient clinic. Another floor is to open shortly, designated “9G”, with more to follow. The New Orleans PTSD program was slated to return in March but has, unfortunately, been delayed to this summer.

The question of whether the old facility will be able to rise Phoenix-like from the muck is still being pondered in Washington and within VA. There appears to be some sort of understanding with VA’s former affiliate Louisiana State University (LSU) that their association will continue.

**Fiscal** New Orleans budget for FY 2005 (Oct 1, 2004 to Sept 30, 2005) was $195 million, and according to management, was adequate to maintain FY 2004 levels of service, open enrollment and staffing levels. The budget (revised) for FY 2006 was $133 million, or a decrease of almost one-third—reflecting the unprecedented fall off in patients caused by Katrina. This is a “preliminary approved budget figure” with funds being held in reserve by the VISN in case of unpredicted demands on the system. About half of the city’s population has moved away, so predicting when and if they will return makes projection of future uniques at the New Orleans facility very difficult. In fact, the challenge of managing a system with so many imponderables would seem to make long-term decision-making, or even budgeting, a real nightmare.

The MCCF goal for the last fiscal year, $12,051,275, has actually been increased slightly to $12,114,725, highlighting the inherent unreality and artificiality of some of these MCCF goals. Apparently revising this year’s MCCF number radically downward to reflect New Orleans’ dramatic drop in patients—with no inpatients--was not an option, probably because recognizing reality would have forced the rest of the VISN to take up the slack, and setting the other VAMCs unrealistic goals. And to simply reduce the MCCF numbers as set by VACO (which would make little sense, since the veterans have to be treated somewhere) would create a slight shrinkage in the FY 2006’s VHA budget, since these numbers are part of VA’s bottom line of “appropriated” funds (i.e. it would make it look like less money was being spent on VA politically). Therefore the MCCF goal must remain as an increase.

**Enrollment and Access** Though enrollment has taken a precipitous drop (since so many enrollees have left the area), there is “a limited availability of specialty care clinics” due to the loss of the main Medical Center in downtown New Orleans. Waiting time for specialized care “varies” according to management. A “consult center” has been set up with consults receiving a priority appropriate to the problem. Sometimes the MD will confer with the specialist rather than sending the patient in to the specialist for a separate appointment.

Presently there is only a two-week lag between a veteran’s submitting an enrollment application and the receipt of initial health care.

In one sense, access has improved since the Katrina disaster because VA was forced to set up a very decentralized system composed of many “instant CBOCs”, due to the
deactivation of the main hospital and the dispersal of much of the city’s population to the countryside.

**CBOCs** The new crop of “instant CBOCs” across southern Louisiana is probably the most extraordinary result of Katrina. On top of an already functioning major clinic in Baton Rouge, New Orleans VA has opened a slew of smaller clinics. Though only serving outpatients, these clinics at La Place, Hammond and Slidell are housed in a range of different structures from air-conditioned tents to modern clinical office space. They sprang to life in most cases just a few days after Katrina, originally as emergency locations to handle casualties from Katrina, but eventually as part of the VA system.

VA also has expanded services at the new clinic in Baton Rouge, just opened in June 2004, but already overburdened from the press of new patients flooding into the Baton Rouge area, which has doubled in population. Fortuitously, the old, former Baton Rouge clinic was able to be converted by VA to administrative space, which, like the medical, also has become more decentralized.

**Affiliations and Staffing** The New Orleans VA has been affiliated for decades with LSU and Tulane, whose Schools of Medicine formed a unique campus with VA in downtown New Orleans. It will be a challenge to reproduce that partnership either at the old site or at a new one, with the latter being the more likely outcome. LSU and VA have already made it clear that they want to recreate their affiliation in New Orleans itself, but the mechanics of how they will go about this mammoth, multi-billion dollar project is, as of yet, unclear. It was reassuring, during the site visit to the 10-G clinic, to spot a gaggle of medical residents from Tulane doing their accustomed rounds, despite press reports of Tulane’s cutting its commitment to its Medical School. VA staff said the cuts in teaching staff at Tulane Medical School would be only for the duration.

As regards to staffing, the picture is surprisingly encouraging, given the enormous problems faced by VA after Katrina. Though with staff scattered around the country and across the state, the personnel function must be uniquely challenged. The real test is to reconstruct a team now dispersed, with a patient population that is almost as spread out and may, in fact, never return. Though the New Orleans VA is reduced to the size of an outpatient clinic, it is concentrating on the future and retains senior staff for all service lines and functions including ambulatory care, finance, pathology and lab, though these functions are now distributed across Louisiana.

Surprisingly, the perennial difficulties recruiting nurses, has not been that much of a problem for New Orleans. According to Associate Director, Patient Nursing Services, Thelma Gray-Bechnell, RN, New Orleans has never had to work at recruiting nursing staff. VA has a lot of young nurses from BSN programs, while New Orleans has taken pains to avoid the “Nurses eat their young” syndrome, where new recruits to the profession may have their attitudes poisoned by older, disgruntled employees. New Orleans has developed a carefully thought out Preceptor Program that provides a practical grounding for new nurses in VA techniques and mission. Apparently leadership and training paid off during the ordeal of Katrina and its aftermath when the Medical Center
had to evacuate almost the entire hospital including some 90 inpatients, 27 at the Nursing Home, with 11 patients on ventilators. Not a single patient was lost, and the evacuation was carried out with conspicuous, and nationally praised, success.

**Physical Plant** To the Questionnaire’s query, management provided a detailed page and a half reply enumerating a litany of destruction that has rarely been equaled in VA’s history.

Though wind damage from the hurricane was quite manageable (a dozen windows blown out, considerable damage to the roof), it was the flooding which wreaked the real havoc, disabling most of the electrical and mechanical systems that are required to keep a modern high rise operating, particularly in the hot, humid environment of southern Louisiana.

Renovating the fifty-year old hospital complex will require hundreds of millions, and the consensus would appear to favor simply starting afresh, probably in another part of the city. The price tag for a new structure is estimated at approximately one billion dollars. Though no final decisions have been made, the working assumption in New Orleans is that VA and the Federal Government will live up to their commitments.

**Long Term Care, Mental Health and Homeless Services** Nursing Home patients were successfully evacuated and set up in nursing homes outside New Orleans, mostly under contract. Both mental health and homeless services have been severely impacted by Katrina and its aftereffects.

Like other specialties, mental health care has become focused at Alexandria (LA), and Jackson (MS) VAMCs.

The most serious concern relates to the care that VA is able to provide for PTSD. According to management:

About 70% of mental health patients presenting to the New Orleans clinic are PTSD veterans. The PTSD program is now slated to return to New Orleans this summer. However, no specialized PTSD services are being provided, and the PTSD treatments provided are handled by mental health professionals without adequate background to treat this unique population. There are presently no resources devoted to providing outreach to veterans who may have developed PTSD as a result of hurricane-related trauma.

Homelessness, of course, has always been a problem in New Orleans, as with many big cities. But after Katrina, it has become basically Job One. It was not clear what kind of role is envisaged for VA’s homeless program in the face of this monumental challenge.

**The Evacuation** Though it might seem from news reports that with Katrina everything that could possibly go wrong in New Orleans did, it might also be said that the reverse
would almost seem to be the case for the VA Medical Center, where leadership, planning and professional training came to the fore in the face of almost overwhelming adversity.

Key to the situation, and where other institutions fell down, was communications and transportation. There seemed to be no thought given by civil authorities to the vulnerabilities of these two critical elements. Though there had been an emergency plan in effect for years, it was largely ignored. It seems amazing that in an age of cordless phones and satellite communications that the first inkling the VA’s Director had of the impending catastrophe was his visual observation of a gradual rise in what at first appeared to be hurricane-related flooding in the street. Nonetheless VA did in fact have an advantage even here, since it was able to maintain some degree of contact via the VA Police communications system.

Transportation was the other critical factor. Finding any way out once the waters had risen was a challenge, particularly given the scarcity of suitable rolling stock (most of the city buses remained idle during the evacuation before Katrina and were parked in low lying transit lots that subsequently flooded). But in a masterstroke worked out somehow between the facility’s Director and Washington, military vehicles were provided through the National Guard and were able to rescue all patients, and all staff, who needed to evacuate. This last involved a complicated military-like maneuver, involving big wheeled military trucks driven through the flooded streets to a dry staging area where the evacuees were transferred to buses, which then proceeded to New Orleans’ Louis Armstrong Airport where several C-131’s were sent to fly them out.

Behind this formidable logistical operation was a heroic professionalism of the VAMC’s staff, the leadership of its senior management and its Director, and the now famed CPRS system and other VA innovations that proved successful beyond the normal requirements of first class patient care.

But there may be a moral here beyond the justly celebrated performance of VA’s employees. No matter how successful the medical side of the equation, the VA experience would have been as catastrophic as that in the rest of the city, both civil and medical, without the remarkable cooperation between the Medical Center and Washington. Since VA is a Federal facility, one would expect they would be able to work closely with headquarters, but in fact communication anywhere was extraordinarily difficult. Most significantly, VA’s Central Office, apparently, was able to pull strings all over town to enlist the National Guard, somehow requisition the buses, and even get the military to provide air transport.

Just as importantly they were able to prevent FEMA from commandeering their transport, as had happened with some other local hospitals with results that are now infamous. During Katrina, FEMA gave only grudgingly and often with almost impossible paperwork requirements, but it took gladly, often with zero documentation and zero rationale—either legal or operational. According to one senior staff member, it even appeared at one point that FEMA was going after VA’s buses, too, but apparently someone intervened.
It would be useful if, somehow, we could learn from this juxtaposition of what went very right and what went so very wrong. Commitment at the Federal level appears to have been essential for the happy outcome at VA; disorganization and a lack of coordination or even a sense of urgency bedeviled the local and Federal effort from before Katrina even made landfall (e.g. why was evacuating the poorer members of the citizenry by bus and train not ever an option?).

The lessons to be learned here are pretty clear. But the learning process has not even begun.

**Alexandria Veteran Affairs Medical Center**

*The American Legion visit to the Alexandria VA Medical Center*

*April 5, 2006*

*Task Force Member: Michael Suter*

*Field Service Representatives: Jacob Gadd*

Alexandria Veteran Affairs Medical Center (VAMC) has two Community Based Outpatient Clinics (CBOCs) in Lafayette serving the Lafayette Parish and a second in Jennings serving Jefferson Davis Parish and surrounding parishes. VAMC Alexandria is categorized as a primary and secondary care facility. Comprehensive acute and extended health care is provided on a primary and secondary basis in areas of medicine, surgery, psychiatry, physical medicine/rehabilitation, neurology, oncology, dentistry, geriatrics, and extended care. Surgical (in-patient and ambulatory) and medical services are provided through two wards, five operating rooms, a Post-Anesthesia Care Unit, and ICU. Tertiary care services are provided through referrals primarily to VAMC’s in Shreveport, LA, Jackson, MS, and Houston. The extended care program consists of two Nursing Home Care Units, including an 18-bed Alzheimer’s Unit. Alexandria is one of three Specialty Referral Facilities in the VISN for acute and intermediate psychiatric care.

*Fiscal*  Alexandria’s budget for FY 2005 was $110 million. In FY 2006, it was $116 million, representing an increase in funding of about 6 percent. The MCCF collection goal for FY 2005 was $11,379,786; $9,831,242 was collected. The collection goal for FY 2006 is $10,707,889, a 6 percent decrease from last year’s goal. This is one of the first times that the MCCF goal was decreased to compensate for the facility not being able to meet the assigned goal. Alexandria will not be able to meet the assigned goal this year because first party billing was suspended, due to hurricanes Katrina and Rita. The Medical Center is in the process of optimizing its use of a third party vendor called Quadramed to improve its collection rates in the future.

Capital investment dollars were used to supplement its medical care budget. Major budgetary challenges include: trying to implement programs without additional funding, an increased workload due to Katrina, and the delayed funding mechanism. Three million
dollars or close to 3 percent of the FY 2005 budget went to Fee-Basis Services. That figure for FY 2006 (through 3/31) is $1,649,619.

**Enrollment and Access** Alexandria has a potential veteran population of over 100,000 veterans and an active patient roster of 30,000. The facility reports that 85.3% of veterans who have submitted an enrollment application for initial primary healthcare access that healthcare in less than 31 days. In order to improve waiting times, the Medical Center is continually making efforts to recruit new physicians and other providers and to restructure clinics and workload. The hospital has experienced a dramatic reduction in waiting times but still feels that it can improve. Of particular concern to Alexandria is the Gastroenterology clinic, for which numbers were not shared. The Medical Center is working on implementing Advanced Clinical Access, starting through the Lafayette CBOC. The facility completed 4,065 C&P examinations and covered the costs through its own budget. It also provides Gulf War Registry Exams.

According to CARES testimony in August 2003, it was noted that there is a gap in primary care access and acute hospital services within the Louisiana market. A lot of specialty issues have moved from Alexandria to Shreveport, a distance of 120 miles away. When queried about the access issue of patients having to drive from Alexandria to Shreveport, the respondents indicated that patients have seemed to be resigned to the drive. When asked how families of patients felt about family members being hospitalized 120 miles away, the response was they seemed to be accepting it.

Upon our further discussion of the access issue, it was found that in one particular case, a veteran had to receive knee injections for three straight weeks, which required him to go to Shreveport from Alexandria for each shot. The topic of fee-basing such an issue in the local community for the added convenience of the veteran led to an underlying rule that if a VA sister facility offers the service, then it should provide it.

**Affiliations and Staffing** Alexandria VAMC shares an affiliation with Tulane University School of Medicine (with residency programs in preventive medicine and ophthalmology) and LSU Medical School (with residency programs in family medicine, clinical pharmacology, and physician assistants) and many other smaller affiliations.

Staffing remains a concern, due to budget cutbacks. There is a shortage of doctors and nurses in inpatient acute care staff. Recently, the hospital lost their orthopedic service, which has led to veterans being sent to Shreveport for care. Fee/Contact physicians are used for cardiology, urology and psychiatry. The Physician’s Pay Bill is estimated to allow increases under $100,000, although the precise amount has not been determined and is pending VA Central Office approval. Alexandria utilizes a full range of options available in recruiting the best candidates, like special salary rates for inpatient nurses, education debt reduction and recruitment bonuses.

**Physical Plant** Alexandria is replacing an extended care ward of 38 beds in Building 2. The project will add a new wing to Building 45, which has 116 nursing care beds. The 1929-vintage structure of Building 2 has significant structural, mechanical, and
environmental problems, and the project will accommodate the patient load with contemporary clinical standards. Other non-recurring maintenance infrastructure needs include upgrading the Fire Alarm and Detection System, renovating the food service preparation and renovating of a MRI/CT Suite.

**Long Term Care, Mental Health and Homeless Services** The VA Nursing Health Care Unit has 154 beds; this number is the same bed level as before enactment of the veterans’ Millennium Health Care Benefits Act of 1999. The Medical Center has a sharing agreement with Shreveport to assist with its inpatient load. This agreement has been difficult for Alexandria because of the increase in workload due to Katrina. There are 60 veterans in contract nursing homes. Alexandria has a separate 18-bed Alzheimer’s Unit, with enclosed walking yard. The Alzheimer’s Unit has a bird aviary that seems to comfort the patients when they walk into the entrance. There is a hoptyl program that is offered to patients’ families. Home-Based Primary Care supports chronically ill, bed-bound, or housebound veterans with services from medical, nursing, social work, nutrition and rehabilitative care as an alternative to institutionalized care. There is a licensed Adult Day Care Program, which provides contract services for thirteen veterans, teaching participants and caregivers the knowledge and skills necessary to manage care requirements in the home.

Mental health care services include a vocational rehabilitation specialist, substance abuse chemical dependency program, PTSD services and military sexual trauma. Alexandria VA has an active outreach effort targeting returning OIF/OEF troops. The Medical Center has received funding for an OEF/OIF Program Outreach Team. It will include one social worker (coordinator), Psychologist, and a program support assistant. They will provide coordination, case management, outreach and educational services to all combat veterans.

The facility has also received funding for a PCT Team (PTSD Clinical Team), which will include a psychologist, a social worker, and a half-time physician. They will provide comprehensive PTSD treatment services to veterans. The facility currently treats 685 returning veterans. The percentage of returning veterans presenting with mental health, PTSD, or combat stress is 70%, a drastic contrast from what Central Office is base lining, which is only 18-20%.

**Patient Surveys** This meeting consisted of several veterans. Some challenges and complaints that were common among the group were getting appointments and treatment in the oncology, cardiology, urology and orthopedic areas. There were mixed emotions about the travel between Alexandria and Shreveport and it was mentioned that Alexandria provides shuttle service to and from Shreveport. Some veterans did not want to accept the travel pay, as they felt that some veterans needed the money for prescriptions and other medical care. One veteran felt that the travel pay from his home to Alexandria VA was too little. All the patients felt that their quality of care was “99.9% really good.” Most of the group lived in a 14-mile radius from Alexandria VA. None complained about the parking, and said that golf carts that run around the clock were very helpful.
VA Gulf Coast Veterans Health Care System, Biloxi, MS

The American Legion visit to the Biloxi VA Medical Center (VAMC)
February 13, 2006
Task Force Member: Michael Suter
Field Service Representatives: Michael M. Smith

The VA Gulf Coast Veterans Health Care System, a two-division hospital (Biloxi and Gulfport), is privileged to serve over 46,000 veterans along the Gulf Coast. The Biloxi, Mississippi Division, overlooking the picturesque Back Bay of Biloxi, offers an array of services, including inpatient general medical, surgical, intermediate, nursing home and domiciliary care. Specialty and primary care are also available at the Biloxi Division. Co-located on the Biloxi campus is one of the national shrines to America’s veterans, the Biloxi National Cemetery. Cleaning crews have cleared roads at the Veterans Health Care System in Biloxi of trees and other debris caused by Hurricane Katrina. Buildings on the Biloxi campus received minor damage to roofs, windows and some electrical/mechanical systems. The Biloxi Back Bay floodwaters came within inches of flooding the building where all power is supplied to the Biloxi Division. The facility is one of two hospitals still operating in that community. The Gulfport Mississippi Division, located on the sandy white beaches of the Gulf of Mexico, took the brunt of Hurricane Katrina’s tidal surge, completely destroying buildings and rendering the facility irreparable. The decision was made to evacuate before the storm hit, with all patients moved safely to other VA medical centers. The Gulfport campus had provided a broad range of both inpatient and outpatient mental health services, primary care services and had a long-term care dementia unit. The Gulfport facility has been fenced off and secured until a decision is made on its disposition. A plan to consolidate all health care on the Biloxi campus is underway. A system of community based outpatient clinics (CBOC) provides care close to the veteran’s home. Primary care and specialty services are available to the veterans along the Alabama Gulf Coast and the Florida Panhandle at outpatient clinics in Mobile, Alabama, and Pensacola and Panama City, Florida.

Fiscal The Gulf Coast Veterans Health Care System, Biloxi, budget for FY 2005 (FY05) was $192,784,224. The FY 2006 (FY06) budget was $197,018,000; however, the total loss of health care and facilities at the Gulfport Campus has made the total dollars for FY06 somewhat of a moving target. Mr. Charles Sepich, Medical Center Director, and Mr. Wayne Deal, Chief Financial Officer, indicated the fiscal support from VISN 16 would be adequate. The MCCF collection goal for FY05 was $13,459,006 and the actual collection was $12,716,036. The MCCF goal for FY06 is $14,128,875. At the time of this visit, it was unknown whether this goal would be obtainable. The effects related to Hurricane Katrina have greatly impacted collection efforts. The major budgetary challenge at this time is the recovery from Hurricane Katrina. At some point it will be necessary to perform some maintenance to clear debris in order to make the property safe.

Enrollment and Access The time between a veteran’s submission of an enrollment application (1010 EZ) and receipt of initial primary health care depends on the veteran’s
priority group assignment. Priority group one veterans, service connected (SC) at 50 percent or greater receive an appointment within 30 days of a desired date. SC veterans seeking appointments for a SC condition receive an appointment within 30 days of a desired date. Non-service connected (NSC) are either assigned and given an appointment or placed on a waiting list. Currently there are 896 veterans waiting for an initial appointment. Wait time for a veteran referred from a primary care clinic to a specialty clinic is dependent on several factors. If the referral is emergent or urgent the veteran is seen within 24 to 72 hours. If the consult is routine, the veteran will be seen within 30 days or within the timeframe specified by the referring physician. Persian Gulf War (PG 1) veterans or SC veterans seeking care for their SC condition that cannot be seen within 30 days are given appointments in the community. Currently, the medical center is using fee/contract physicians for cardiology, orthopedics, Home Health, Sleep Studies and Dialysis. Approximately 10 percent of the health care budget goes to fee base/contract physicians. Appointment “no shows” are relatively low at the CBOC’s; however, in the areas devastated by Hurricane Katrina, veterans had to leave the area for safety leaving no address or telephone number. The scattering effect of these veterans has made it practically impossible to notify patients of their appointments. This system has absorbed both patients and employees from the New Orleans VAMC since Hurricane Katrina. Some veterans are now using local CBOC’s or other VAMC’s across the country. The Gulf Coast Veterans Health Care System currently has 1,030 OEF/OIF veterans enrolled in primary care.

Affiliations and Staffing  The Gulf Coast Veterans Health Care System, Biloxi, has affiliations with Eglin AFB, Hurlburt Field, Keesler Air Force Base, Louisiana State University, Navy Hospital Pensacola, Tulane University, Tyndall AFB, and the University of South Alabama. Several of the military bases currently have sharing agreements allowing CBOCs to be constructed adjacent to base hospitals. Hiring incentives to fill current vacancies range from recruitment and relocation bonuses, full relocation packages, and student loan repayments. Biloxi completed 7,688 Compensation and Pension examinations in FY05.

Currently 95 employees are in the Guard or Reserves and 16 have been activated. Upon return from active duty, these employees are entitled to a position at the same pay rate they were in prior to activation. Their benefits are continued during their activation at no cost to the employee. To compensate for the lost production of an activated employee, the position may be filled temporarily, or VA may find remaining staff to absorb the workload, depending on the situation.

Physical Plant  At this time, funding for ongoing major and minor construction is very good. The major construction project to construct a new Outpatient Clinic in Pensacola is well underway as a design/build project. A major project to consolidate the Biloxi and Gulfport campuses is under design, with construction expected to start in 2006 or early 2007. Other minor construction projects are underway to address the space and function issues.
Another major construction project for consolidation of services on the Biloxi campus is currently in the design phase. Interim projects include the acquisition of modular buildings for temporary administrative and storage space and the renovation of Building 19 for inpatient psychiatry.

**Long Term Care, Mental Health and Homeless Services**  The facility is currently authorized 718 beds broken down to reflect 515 operating beds; 40 Medical/Surgical beds; 160 Nursing Home care unit beds; 144 Mental Health beds, and 171 Domiciliary beds. In addition, this facility provides a variety of programs to care for veterans including: Outpatient Substance Abuse Treatment, Post Traumatic Stress Disorder Treatment (PTSD), Day Treatment, Pain Management, Spinal Cord Injury Program, Women Veterans Program, Visual Impaired Services Team (VIST), Homemaker/Home Health Aid (HHHA) Program, Hospice and Respite Care, Home Based Primary Care, Telephone Advice Program (TAP), Veterans Industries Program and Graduate Training Program.

**Patient Survey**  Stopping to talk with a veteran or a family member gives the best overall picture of this medical system. In primary care the patients were, for the most part, very satisfied with the whole system. Appointment times were called early and hardly ever longer than about five minutes. A dependent wife was visiting her husband in the long-term care unit. When asked what she thought of her husband’s care she said, “He gets the care he needs and everyone is so polite and willing to spend time explaining to me what medicines he is on and why. There is no better place than this hospital, as far as I am concerned.” One veteran lying in a hospital bed stopped me to see what I was doing. He saw my American Legion hat and informed me that he also was a member. He said he gets the best treatment at the VAMC and everyone is so happy. Almost everyone we talked to was impressed with how clean the hospital is kept, but they also all agreed that VA needs more money to operate and take care of veterans; no veteran should be turned away or told he/she is not eligible for VA Health Care.
Central Texas Veterans Health Care System

The American Legion visits to the Temple VA Medical Center, March 21, 2006 and Waco VA Medical Center, March 22, 2006

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Central Texas Veterans Health Care System (CTVHCS) is one of the largest integrated healthcare systems in the Department of Veterans Affairs. CTVHCS is comprised of the Olin E. Teague Veterans’ Center (Temple), the Waco VA Medical Center, the Thomas T. Connally VA Medical Center (Marlin), and five outpatient clinics. CTVHCS has one of the largest inpatient psychiatric facilities, and one of 10 Blind Rehabilitation Centers in the country. The four Community-Based Outpatient Clinics (CBOCs) are in Palestine, Brownwood, Cedar Park and Bryan/College Station plus an expanded outpatient clinic in Austin. CTVHCS provides service to 437,504 veterans in 32 Texas counties, has facilities in five Congressional Districts and covers 28,608 square miles. The mission is to “honor America’s veterans by providing exceptional health care that improves their health and well-being.” Most specialty medical care is provided by the Temple VA hospital and inpatient psychiatric and blind rehabilitation services are provided by the Waco VA hospital. The Marlin facility is closed, awaiting action by DVA either under CARES or possibly converting to use by the state. It was temporarily opened after Hurricane Katrina as a 250-bed federal medical facility.

Fiscal   CTVHCS budget for FY 2005 was $276 million. In FY 2006, it was $281 million, representing an increase in funding of about 2%. The FY 2005 budget did allow the facility to maintain FY 2004 levels of services, open enrollment and staffing levels. However, there have been delays in purchasing of equipment required for patient care and the necessary medical and surgical supplies needed. Some equipment and maintenance funds have been diverted to patient healthcare, which requires VISN approval. The MCCF collection goal for FY 2005 was $16,175,027; $15,497,870 was collected. The collection goal for FY 2006 has increased to $17,525,940, even though CTVHCS was short $677,157 last year. CTVHCS hopes to meet assigned goal during FY 2006 but is not sure it will because it does not offer medical services that bring in high reimbursement rates; collections come mostly from claims less than $200 each. It is felt that the assigned goal is too high for the type of services that are offered within its health care system.

Enrollment and Access   The time from a veteran’s submission of an enrollment application (1010 EZ) and his/her receipt of initial healthcare is, overall, under one month. 94% of new applicants received the appointment within 30 days, 286 waited longer. In FY 2005, CTVHCS did 11,699 Compensation and Pension examinations. It provides Gulf War Registry Exams, Agent Orange Registry, Ionizing Radiation Registry, Chosan Reservoir Registry, and SHAD examinations upon request. CTVHCS has enrolled a total of 1,795 OEF/OIF veterans. In FY 2005, 817 returning veterans were treated out of the total 68,485 VERA and Non-VERA unique patients. 72,000 unique patients are predicted for FY 2006.
**Physical Plant**  CTVHCS is proposing several infrastructure improvements. In Austin, this includes establishing a new specialty clinic to expand the services available there, as this is the largest growing veterans population in the system. In Temple, proposed improvements include Ambulatory Care and Spinal Cord Injury (SCI) and converting a basement for Physical Medicine & Rehabilitation Service (PM&RS). CTVHCS has also proposed expanding the College Station CBOC by adding a new building, completing the second floor of the research building, establishing a wet lab building dedicated to cancer and cardiovascular studies, expanding

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**Temple VA Medical Center**

**Primary Care**  There is currently no wait list for services. The facility is beginning to integrate Advance Clinical Access into the patient appointment process, aiding patients with choices in determining appointment times. Temple does not have an Emergency Room; it utilizes services offered in community. There is a walk-in acute center, and if a patient wants to be seen, staff does not turn patient away. 69.8% of the patient population is actively enrolled in Primary Care. In FY 2005, there were 792,408 outpatient visits. The facility will be expanding Teague Tower by widening the first floor, which will double the primary care areas, and by adding 29 rooms and four spinal cord injury treatment rooms. Currently, the closest spinal cord injury program is in San Antonio.

**Affiliations**  CTVHCS has affiliations with the Texas A&M University Health Science Center, College of Medicine and 125 affiliations in 51 allied health program areas. CTVHCS continues to train over 1,000 students/residents each year in fields such as medicine, nursing, dentistry, pharmacy, lab, dietetics, radiology, pathology, and many others. The healthcare system just recently added the University of Texas Medical Branch in Galveston, making CTVHCS one of the few VA Hospitals to offer two affiliations. During junior and senior years, students are able to stay in housing on hospital grounds. The same day of the visit, the Director had a meeting with Texas A&M to propose having an Assistant Dean position on Temple VA to help with students on their third and fourth year rotations.

CTVHCS has a joint venture with Darnel Army Community Hospital, Fort Hood, Texas. It will be designated a medical center on May 1, 2006. There are VA personnel--paid by DOD--at the medical center who see veterans and active duty soldiers. There is a point of contact for mental health care embedded there to help soldiers who are transitioning from active duty.

**Long Term Care**  There are 177 medical/surgical beds, 272 Nursing Home Care Unit beds, 24 palliative care beds and a 408-bed VA Domiciliary. Temple provides institutional care to its veterans but also contracts 75 veterans to the community through 29 contracted nursing homes. The facility provides skilled nursing, for higher acute level patients and contracts out the restorative care. It costs VA four times as much to have patients in VA care, compared to the daily rate in community. Temple realigned its services to more of a gero-psychiatry focus, as psychiatric disease behavior affects care,
but the patient still needs treatment for other medical issues. There is also a 160-bed State Veterans Nursing Home located on the hospital grounds.

There is a home health aid program with 153 patients currently. Agencies go to the home of the patient and help with custodial care (bathing, dressing, cleaning home, etc.). A Care Coordination Program assists patients with Congestive Heart Failure and Diabetes and helps monitor health status, which aids in fewer admissions.

Domiciliary Located on the hospital premises, the Domiciliary is a 408-bed complex offering medical, psychiatric and rehabilitative interventions. Programs currently available are: Substance Abuse Treatment, Vocational Rehabilitation and Health Maintenance Program. Substance Abuse Treatment (SATP) provides comprehensive assessment and treatment services to veterans with alcohol and/or drug abuse and dependence problems. Vocational Rehabilitation therapy is a four-month treatment program that assists eligible veterans toward becoming gainfully employed, productive citizens. Through networking with community agencies and local businesses, the goals addressed are satisfactory employment, adequate housing and transportation, maximum productivity and reintegration into the community. The Health Maintenance Program is designed to maintain, prevent, and/or delay the degradation of veterans with physical or mental disorders. The facility just obtained a grant for a 16-bed program for women veterans who have experienced sexual trauma. A grant has also been approved to build a gymnasium on the site to add quality of life to inpatients in the programs.

Waco VA Medical Center

Waco VA Medical Center is a multi-VISN referral facility for chronically mentally ill patients and a national referral facility for blind rehabilitation. The hospital has 30 buildings on 123 acres with 285,424 feet of vacant space. Built in 1932 for WW1 era veterans, the hospital was expanded in 1945 to accommodate WW2 veterans. Since then, a couple small buildings have been constructed. All of the buildings are on the national historic registry.

Primary Care There are 9,600 veterans enrolled currently. In FY 2005, there were in excess of 130,000 encounters between primary and specialty care. The primary referral care center is at the Temple VA facility, approximately 40 miles away. Primary Care overbooks appointments based on the fifteen to twenty percent no-show rate; this being further based on the fact that many of those patients have mental health related illnesses. Waco offers a group clinic, or Shared Medical Clinic (SMC), bringing together volunteer patients with same health-related issues under one provider. A provider can see twenty patients in less than an hour, increasing workload efficiency by 300 percent. The peer support through shared programs is an additional benefit. There are not any key vacancies within Primary Care. Emergencies are handled through the Waco Community.

Center of Excellence to Focus on Mental Health/PTSD Needs

The joint congressional conferees on the FY 2006 DVA budget directed the DVA to designate 3 Centers of Excellence to focus on mental health and PTSD needs. One of
these centers is to be at the Waco VAMC. The DVA Central Office has no idea what specifically these centers are to be, how they are to be staffed, and no monies were specifically designated in the FY 2006 DVA budget for them. The DVA CO conducted a site visit to the Waco VAMC to discuss its center and to see what facilities may be available at Waco for such an activity. It requested the Waco mental health staff to submit an initial budget for the establishment of a Center of Excellence. While the establishment of such a center may aide in retaining the Waco VAMC as a viable facility (it was selected to be closed under the CARES process and, as such, has also been directed not to conduct any significant facility maintenance projects), with no Central Office guidance on how to organize and no specific funds being identified or made available, it is difficult to see how veterans requiring mental health care are to be benefited. Of interest is that the DVA FY 2007 budget proposal currently being considered contains no specific fenced Center of Excellence funds.

The Waco VA Medical Center operates 191 psychiatry beds and is ahead of the curve (Mental Health Strategic Plan) on recovery, peer support, community outreach, and vocational rehabilitation. Currently, a research study is being conducted to find who is vulnerable/resilient to PTSD. The study looks to understanding how genes, brain and environmental factors may predispose some veterans to the illness. The funding of mental health has historically not kept pace with the increase of services. In this new generation of returning veterans with PTSD symptoms, the facility feels money should be allotted clearly and be separated.

**Blind Rehabilitation Center** The center is one of 10 in the VA healthcare system. There is a waiting list to get the specialized service throughout VA--almost 1000 veterans at the end of February, 2006. This particular center has a 15-bed unit with an 11-week wait time in enrollment. Services lead to independent living for the patient. To date, two Iraq veterans have been seen by the Center.