VISN 20........................................................................................................

Boise VA Medical Center
Spokane VA Medical Center
Jonathan M. Wainwright VA Medical Center (Walla Walla, WA)
VA Puget Sound Healthcare System (Seattle, WA)
Portland VA Medical Center
Boise VA Medical Center

The American Legion visit to Boise VA Medical Center
May 15, 2006
Task Force Member: John McKinney
Field Service Representative: Joseph L. Wilson

The Boise VA Medical Center (VAMC), operating within the Veterans Integrated Service Network (VISN) 20, provides primary and secondary care through tertiary services. These services include aging, clinical pharmacology, neuro-pharmacology, cardiovascular pharmacology, pulmonary physiology and pharmacology, immuno-pharmacology, infectious disease, and physician diagnosis.

Boise VAMC’s primary service area has a radius of approximately 160 miles, with an estimated veteran population of 70,000. Boise is actively involved with health care delivery throughout the entire state of Idaho and has cooperative agreements with Mountain Home Air Force Base, Indian Health Service, U.S. Forest Service, and the State of Idaho.

Fiscal The Boise VAMC’s FY 2005 budget was $91.3 million and the budget for FY 2006 is $91.7 million; a .4 percent increase. Boise reports that it had to cut back on services and programs as a result of overall budget difficulties in VISN 20, which were a major obstacle in FY 2005; difficulties also caused a VISN-wide hiring freeze during the last 2 quarters of the fiscal year.

MCCF collections for FY 2005 were $8,478,759 million of an $8,876,075 million goal; a 4.7 percent increase. Boise reports it will likely not meet its goal due to the impact of MRA and Advanced Clinical Access. Management also states that while there is always room for improvement in their billing process, it is not leaving enough on the table to compensate for the impact of reduced collections resulting from the implementation of MRA and the decreased number of billable episodes.

Enrollment and Access During FY 2005, Boise VAMC’s outpatient visits totaled 171,950. Boise also provided comprehensive health care services to approximately 20,000 unique patients. Management reports the wait-time of service-connected veterans submitting an enrollment application (1010EZ) and receipt of their initial healthcare appointment exceeded 30 days during FY 2005. The exception included applicants for urgent or emergent care, in which case, all were expedited as necessary.

The Boise VAMC currently has a waitlist of 1,674 actual patients. Although it reports that 90 percent of the patients on the waitlist were there for medication, Management is currently recruiting for more physicians to eliminate the waitlist.

The average wait-times for veterans referred by their primary care practitioners to specialty care clinics were as follows: Gynecology averaged a wait-time of 42 days; Orthopedics averaged a wait-time of 65 days; Endocrinology averaged a wait-time of 127
days; Urology averaged a wait-time of 137 days; Ophthalmology averaged a wait-time of 12 days; and Hematology/Oncology averaged a wait-time of 25 days.

The Boise VAMC reported that the wait-times to see providers varied due to the type of provider. New patients are waiting on an average of three to six months. For non-service connected veterans, wait-times exceeded one year. Management stated more providers are required to maintain the growing demands of current and prospective veterans.

Community Based Outpatient Clinics (CBOCs) The Boise VAMC currently operates CBOCs in Twin Falls and Ontario, Idaho. VA employees staff the Twin Falls facility, while mental health staff conducts groups at the latter. Twin Falls has enough staff for a capacity of 2,700 patients. It currently has 2,400 patients and a waitlist of approximately two hundred. Management plans to hire another provider to eliminate Twin Falls’ waitlist altogether.

Boise VAMC, in partnership with Idaho State University, recently submitted an application for an additional CBOC in Salmon, Idaho. Its plan for Salmon is to provide Telehealth services to surrounding areas. Management also reported the pending construction of a new CBOC in Canyon County, Idaho. Although the opening of a facility in Canyon County would prompt a shortage in staff at Twin Falls, Management states it will have a contingency plan in place.

Affiliations and Staffing The Boise VAMC is affiliated with the University of Washington School of Medicine, the Boise State University School of Nursing, and Idaho State University and its College of Pharmacy. It also accommodates numerous internship programs. Boise has also established a relationship with the University of Washington School of Medicine to create the Management Efficiency Project (MEP), which has attracted physicians to the community. The presence of these respective physicians allows Boise to function as a miniature tertiary care unit.

The Boise VAMC has a relationship with Mountain Home Air Force Base (AFB), which is funded through a joint incentive fund. This relationship has enabled Boise to save approximately $500k annually. Boise reports the growth of uniques but no staff change within the past two years.

Management reports that nurses have done an outstanding job in terms of recruiting. The vacancy rate is approximately two to five percent. The nursing staff has 20 plus years at Boise. Nursing management reports its high retention rate is due to the attractive incentives presented to current and prospective nurses.

The Boise VAMC is using Fee/Contract physicians for Orthopedics, Gynecology, Nephrology, Oncology, ENT, Gastroenterology, Dermatology, Cardiology, Neurology, Neurosurgery, Podiatry, and Rheumatology. Boise reports that the Physician Pay Bill will cost it approximately $500,000 annually. It also states that the authorization with the Physician Pay Bill has been approved and is in place but not the funding.
Boise currently has 16 employees in the Guard or Reserves. At the present, one employee is activated. The facility compensates for these employees, placing them on Leave Without Pay status. However, the VA covers life and health insurance for one year. To further compensate for the absence of an activated employee, Management states that the remaining Boise staff work together to fill the voids created.

**Physical Plant** The Boise VAMC’s most pressing physical plant issue involves an overall lack of space due to its significant workload growth pattern for the past 10 years. The CARES analysis suggests that the Boise facility will require 50,000 to 60,000 square feet to meet veteran’s needs during the next six years.

For the FY 2006, the Boise VAMC has only one minor project approved and in progress. The A&E firm was selected for the project, “The Clinical Tower,” and is expected to complete the design in early FY 2007. The building will be ready for occupancy in FY 2008.

Boise reports that it did not use capital investment dollars to supplement its medical care budget. It states that there is no funding being used for facilities; this is a result of limited unused space, however, the vacated specialty care space at the facility will give primary care more space. There is also currently a dispute with the historic society over Building four, which requires $250,000 to renovate 1200 square feet.

**Long Term Care (LTC), Mental Health and Homeless Services** The Boise VAMC’s Extended Care Unit (ECU) has the ability to hold a capacity of 35 beds. It is currently accommodating 25 patients. These patients consist of males and females whose functional capacities have declined. This in turn includes any treatment that can’t be handled within the local or respective community of the veteran. Boise does feel there is better medical treatment for heart conditions, as well as other ailments.

The ECU also has reserved beds for hospice patients. Boise states that there is a growing need for LTC; however, it currently does not have space to accommodate more veterans, due to the budget. It also states that it is unable to fill the remaining beds, due to lack of staff.

The Boise VAMC states it is currently in the process of implementing the mental health programs, including the recruitment of a funded Operation Iraqi Freedom and Operation Enduring Freedom (OIF/OEF) coordinator. Boise VAMC has been working in conjunction with Mountain Home Air Force Base since 2003, treating active duty mental health patients.

Boise Mental Health currently reports a total of 600 OIF/OEF veterans; of which 100 have been diagnosed with Post Traumatic Stress Disorder (PTSD). Boise’s main focus continues to be immediate treatment for returning OIF/OEF veterans. To encourage OIF/OEF veterans to visit the VAMC, Boise gathered information about potential conditions that may these respective veterans.
The Boise catchment area is extremely widespread. Due to its vastness, Boise has established contractual agreements with the State Veterans Homes (SVH). These respective SVH’s are compensated through per diem.

**Patient, Family and Employee Surveys** There were a total three veterans interviewed at Boise VA Medical Center; two of which were outpatient and one inpatient. All veterans interviewed resided between 30 and 125 miles of Boise. Their outpatients’ wait time ranged from 30 minutes to six months. Each patient’s feelings about getting an appointment when needed ranged from okay to good. Their overall feelings of treatment at the facility ranged from good to very well. The one family member randomly interviewed reported that her spouse receives good treatment.

**Spokane VA Medical Center**

_The American Legion visit to Spokane VA Medical Center_
May 19, 2006
_Task Force Member: John McKinney_
_Field Service Representative: Joseph L. Wilson_

The Spokane VA Medical Center (Spokane VAMC) operates 36 hospital beds and 32 in the rehabilitation-oriented nursing home, including 10 hospice beds. Its main emphasis centers on providing primary and secondary care, to include preventive health and chronic disease management.

_Fiscal_ The Spokane VAMC’s FY 2005 budget was $90.5 million and the budget for FY 2006 is $91 million. Although the aforementioned figures suggest a .05 percent budget increase, management states the normal operating budget increased 3.5 percent. Although it has not used capital investment dollars to supplement its medical care budget, Spokane reports that its major budgetary challenge is the continued demand for primary care and subspecialty care.

MCCF collections for FY 2005 were $6.9 million of a $6.1 million goal. Spokane’s MCCF collection goal for FY 2006 is $6.3 million. Management feels the facility will meet its 2006 goal. It estimates a collection total of $6.5 million.

_Engrollment and Access_ Spokane, Washington is home to approximately 100k veterans. As of FY 2005, Spokane VAMC enrolled a total of 30,000 veterans. Of the total enrolled, Spokane VAMC saw 23,000. Management states the facility is changing as the remaining 70,000 are beginning to enroll.

Management reports the wait-time of service-connected veterans submitting an enrollment application (1010EZ) and receipt of their initial healthcare appointment is within 30 days. Veterans with eligibility for priority scheduling are always seen within 30 days of the date of request. Veterans not eligible for priority scheduling may
experience delays or be placed on a waiting list. Spokane reports that delays and waiting lists vary from specialty to specialty and it continuously searches for enhancements and improvements to increase capacity. The waiting list at Spokane is currently 2,000 and expected to rise to 3,000 by the end of FY 2006.

Spokane’s current list of patients waiting greater than thirty days for clinical care include: Dental at 338 days; Audiology at 1 day; Neurology at 28 days; Primary Care at 1,989 days; Optometry at 739 days; and Podiatry at 50 days.

Community Based Outpatient Clinics (CBOCs) The Spokane VAMC operates a mobile clinic and currently has no CBOCs. The mobile clinic is outfitted with two exam rooms and provides selected primary services to veterans living in remote areas outside of the metropolitan Spokane locale. Each visit to the respective site(s) lasts from one to three days. The disadvantage of the Mobile Clinic is it doesn’t have the capacity to see the seriously ill folk. Spokane will be opening a stationary CBOC in Wenatchee in FY 2007. This facility will house a mental health unit. There are also future plans to construct a CBOC Coeur d’Alene, Idaho, but no tentative date.

Affiliations and Staffing Spokane VAMC is affiliated Eastern Washington University, Gonzaga University, Pacific University, University of Washington, Washington State University, Apollo College, Rocky Mountain College, Walla Walla College, North Idaho College, Community Colleges of Spokane, and Sacred Heart Medical Center. Sacred Heart is the only medical facility in the state of Washington licensed to perform open-heart surgery.

Spokane VAMC also has sharing agreements with the 92nd Medical Group at Fairchild Air Force Base, Indian Health Services for Native Americans, and the Idaho and Washington State Departments of Veterans Affairs for the care of state home residents in Lewiston, Idaho, and Spokane. The facility also provides administrative support to the Vietnam Veterans Outreach Center, also in Spokane, Washington.

Spokane states that funding and employees have increased since the inpatient population growth from 14k to 21k. That means the facility’s Full Time Equivalent Employee (FTEE) rate is up four percent. Staffing in FY 2006 has increased to date, by point seven percent.

Management states that the shortage of physicians may have increased the patient waiting list. The difficulty in hiring more physicians may be due to the vast difference in pay between the private sector and Spokane VAMC. Spokane’s advantage over the private sector is its lifestyle benefits. However, the workload for physicians has increased and doctors are working longer days. There has also been a decrease in lifestyle benefits. Management admits that the abovementioned may be pushing doctors away.
Spokane is also currently in need of three nursing assistants at its Nursing Home Care Unit. It feels there is not enough FTEE’s. However, the facility has an abundance of Registered Nurses (RN) and Licensed Practical Nurses (LPN).

Spokane VAMC reports The Physician’s Paybill allows the VA to conceivably pay more money. Management is currently working to fill two physician vacancies. It has been given the authority to hire for one position. The Bill also allows Spokane to recruit physicians from the same occupation pool as the private sector.

Physical Plant Spokane VAMC reports that its physical plant issues involve office and exam room space for primary care and subspecialty providers. Management states it currently has no projects classified as minor or major construction projects. However, there were a number of general construction projects that received funding near the end of FY 2005 that could utilize an additional $4 to $5 million.

Due to the increased funding provided in FY 2005, Spokane can spend approximately $800k on the MRI Unit in FY 2006. Currently, 80 percent of the facility has been renovated. Construction at Spokane has been mapped out to the year 2012.

Long Term Care, Mental Health and Homeless Services The Spokane VAMC wants Long Term Care to eventually transition effectively to the veteran patient’s home of residence. It currently has contracts with 21 nursing homes in the community. The nursing home has a “Daily Living Center” to assist the veteran with transitioning to their home of residence. Spokane also uses the State Veterans Home to accommodate the patient overflow. To sustain or improve costs and care, the nursing homes cost $180 a day per diem. The nursing home contract budget this year is $2.6 million.

The mental health clinic is located on the Spokane VAMC’s 7th floor. There are a total of 4,000 patients. This represents 20 percent of the total patients at Spokane. This outpatient center employs three social workers, a psychologist, and seven substance abuse counselors to accommodate these patients.

Spokane is currently treating 642 enrolled Operation Iraqi Freedom/Operation Endure Freedom (OIF/OEF) combat veterans. This represents less than one percent of the overall workload. Spokane has also dedicated FTEE to the OIF/OEF Seamless Transition effort by creating a full time OIF/OEF Coordinator responsible for case management of all OIF/OEF veterans. It has also dedicated a clinical social worker to the OIF/OEF program to perform Post Traumatic Stress Disorder (PTSD) and other mandated screenings on all OIF/OEF veterans.

Spokane VAMC has seen about 240 OIF/OEF veterans to date. These particular veterans have been diagnosed with early symptoms of PTSD. There are also problems with substance abuse and sexual trauma. Sexual trauma has been evident among male and female veterans, with the majority being female.

Management reported the homemaker, adult day health, adult daycare, and home respite care has no waiting list. This may be due to the facility’s decision to contract out adult
day health. The adult daycare program is similar to the adult day health program, but without the professional staff. These programs are $32 daily as opposed to the $180 a day that is expended in the abovementioned program.

Spokane reports that it is difficult to place Dementia and Alzheimer patients due to the change from lock facilities and lack of space. One alternative is to place these respective patients in the Geriatric Unit at the American Lake facility.

The Spokane facility has a homeless veteran’s program. This program employs three case managers. Management reports that veterans visit often but then disappear. It stated one or two OIF/OEF veterans might have ended up homeless.

Patient, Family and Employee Surveys There were a total of five veterans interviewed at Spokane VAMC; three of which were outpatient, and two inpatients, and one family member. All veterans interviewed live between three and 150 miles of Spokane. Their average wait time to see a provider was thirty minutes. The patients’ overall feelings of treatment at the facility ranged from good to great.

Jonathan M. Wainwright VA Medical Center, Walla Walla, WA

The American Legion visit to Jonathan M. Wainwright VA Medical Center
May 17, 2006
Task Force Member: John McKinney
Field Service Representative: Joseph L. Wilson

The Jonathan M. Wainwright VA Medical Center (Wainwright VAMC) is a traditional primary and secondary care facility that also provides psychiatry, substance abuse residential rehabilitation, and Compensated Work Therapy (CWT) programs. Wainwright is part of the Veterans Integrated Service Network 20 (VISN 20) and serves veterans residing in a 42,000-square-mile primary service area within the VISN.

Fiscal The Wainwright VAMC facility’s FY 2005 budget was $47.7 million and the budget for FY 2006 is $48.2 million, a 1.04 percent increase. Wainwright reports its major budgetary challenge is funding to address specialty care.

MCCF collections for FY 2005 were $3.7 million of a $3.6 million goal. Wainwright’s MCCF collection goal for FY 2006 is $3.7 million. Wainwright states it does not feel it will meet its MCCF collection goal. It feels it is due to insurance companies constantly denying request for payment. It further states, to improve collections, It is continually following up on Third Party and First Party delinquent accounts. Management is also in the process of hiring a Registered Nurse to work directly with MCCF/coding accuracy, as well as insurance companies.
Wainwright recently requested funding for equipment and received it only after using capital dollars. VISN 20 states that it has always maintained a reserve for the VISN’s VA Centers to obtain emergency equipment.

Enrollment and Access During FY 2005, Wainwright VAMC provided care to 30,000 outpatient visitors. The Primary Care Unit is split into four teams with three support people. Wainwright currently sends and/or refers 95 percent of its patients for tertiary care to VA Puget Sound Health Care System or Portland VA Medical Center. The direct scheduling in Portland allows Wainwright to make the appointments as soon as the consult request is obtained from the physician.

Management is expecting to hire two more providers to assist in accommodating approximately 1,000 patients. Wainwright VAMC reports a point four percent decline in new unique patients during FY 2005. Management is optimistic on increasing the uniques by the next year. Wainwright’s goal for FY 2006 is to increase its uniques by three percent.

Wainwright VAMC currently has a total of 213 patients on the Electronic Waiting List (EWL). Of the total, there are 46 patients waiting 30 days or less and 167 patients waiting greater than 30 days. Wainwright VAMC reports that the time it takes a veteran to submit an enrollment application (1010EZ) and his/her receipt of initial healthcare is seven working days. All veterans’ applications are processed within the aforementioned period of time, loaded and enrolled into the system. There are exceptions, such as instances where are items missing from the applications: for example, DD-214’s.

All mandatory patients, 50 percent or more service connected, Operation Iraqi Freedom and Operation Enduring Freedom (OIF/OEF), and those wanting to be seen for their specific service connected disabilities, are culled from general applications and processed and scheduled within 30 days. Wainwright VAMC reports that during the last two years, it has been increasingly difficult to accommodate these applicants due to having to maintain an EWL, which has placed the primary clinic beyond its normal capacity.

Management reports that the wait-time for veterans referred by their primary care practitioners to specialty care clinics is 30 to 60 days or sooner, based upon the urgency. The specialty care clinics at Wainwright VAMC continue to have patients on the waitlist for Optometry, Dental and Audiology. Management states that it is mainly due to the amount of practitioners in each clinic; they are overworked chiefly attempting to manage the large amount of requests being sent to these areas. The VISN reports it will be providing funds to assist in reducing wait lists.

Wainwright VAMC scheduled and performed a total of 523 Compensation and Pension examinations during FY 2005. The examinations performed in Oregon, Idaho, and Washington State QTC were subsidized by Wainwright. It also provided Gulf War Registry Examinations.
Community Based Outpatient Clinics (CBOCs) The Wainwright VA Medical Center operates CBOC in Richland and Yakima, Washington. Wainwright employees staff both CBOCs. Richland and Yakima CBOCs provide primary medical and mental health care with full-time staff. The clinics also contract locally within their respective communities and surrounding areas for stat lab, x-ray, and pharmacy.

Both CBOCs have a total of 365 patients waiting to receive or wanting care or an appointment. Richland CBOC currently has a total waitlist of 180 patients. Of the total, there are 29 patients waiting 30 days or less and 151 patients waiting longer than 30 days. Management explains the reason for the waitlist is due to shortage of a provider. A new provider will arrive in July. It was stated that the facility should not have a waitlist once the provider arrives. It currently utilizes a local contractor, until that provider arrives.

Yakima CBOC, mainly a mental health facility, currently has a total of 185 patients on the Electronic Wait List (EWL). Of its total, there are 32 patients waiting 30 days or less and 153 patients waiting longer than 30 days. Due to its growth, Yakima has expanded to the old Social Security building in Yakima, Washington. The facility also has a homeless outreach social worker to accommodate 12 veterans. Both Richland and Yakima CBOCs currently have volunteer programs in conjunction with Wainwright VAMC. The American Legion has volunteered a total of 854 hours between Wainwright VAMC and its CBOCs.

Affiliations and Staffing The Wainwright VAMC is affiliated with various colleges and universities, to include Walla Walla Community College, Walla Walla College, University of Washington, Columbia Basin Community College, Washington State University, Pacific University, Illinois College of Optometry, and Eastern Washington University. It is also in affiliation with the Illinois College of Optometry in which it also provides housing for the College’s Optometry Interns.

Wainwright is also in consortium with Walla Walla Community College’s Nursing Program to prepare its graduates for employment in various mediums of the medical field. Management states that the private sector attracts nurses with assurance of higher salaries.

Although Wainwright VAMC is currently without a director, the VISN 20 network reports that a new director will be in place by the end of the summer. Recruiting for the new director will begin by the end of May of 2006. Recruitment at Wainwright VAMC is difficult. Management reports that it has lost three physicians, which in turn forced the closure of acute beds and the after-hours walk-in clinic. Management states that it took 26 months just to recruit a physician. To compensate for the loss of these physicians, Wainwright uses fee to contract out to two area hospitals for displaced patients.

To recruit and retain employees, Wainwright offers the following hiring incentives: advances in pay for new employees; critical position pay; dual compensation waivers for re-employed annuitants: higher rates of additional (premium) pay; incentive awards programs; individual appointment above the minimum rate of the grade; recruitment,
relocation, and retention incentives; special salary rates; student loan repayment program; superior qualifications appointments; travel/transportation expenses for interviews and/or new appointments.

In addition, Wainwright offers the following extensive employee benefits: Thrift Savings Plan (401K); health and life insurance; long term care insurance; flexible working hours; employee assistance program; health care screenings; VA Learning Online; observed holidays; annual leave; sick leave; family and medical leave; court leave; bone marrow/organ donor leave; military leave and reinstatement; child care subsidy; and transit benefit subsidy.

Currently, eight percent of Wainwright’s budget goes toward fee basis services. These specialty services include dermatology, podiatry, gastroenterology, ENT, and cardiology. The Wainwright facility states that the cost of fee basis has dramatically increased. After a recent study, the facility found that this was due to fee being used as a first resort. It has since restructured the priority of fee. The restructuring slowed the cost down to 25 percent.

Wainwright has employee(s) serving in the Guard or Reserves. At present, none are activated.

Physical Plant The VISN has lobbied for funding to conduct minor projects at Wainwright VAMC. Management reports that there has not been a major construction project in 50 years. The facility receives $700k annually to conduct ongoing maintenance.

The Wainwright VAMC facility reported that there would be no major or minor construction projects until the Capital Asset Realignment for Enhanced Services (CARES) process is complete. However, VISN 20 provided the facility with $1.6 million in additional funding for projects in FY 2005. In FY 2006, the VISN has given Wainwright an additional $610,000 for projects.

Wainwright’s unused facilities, the old quarter’s buildings, have been uninhabited and there are currently no funds being used to maintain these structures. However, a new program that began in April 2006, Employee Wellness, uses Quarters one--the old commander’s house--for exercises and health promotion classes.

Long Term Care, Mental Health and Homeless Services The Wainwright VAMC recently received funding to accommodate 400 OIF/OEF patients over the next six months. There are currently 500 OIF/OEF veterans enrolled. Wainwright reports that it has taken in 80 of the 500 OIF/OEF veterans. Most of these OIF/OEF veterans have early symptoms of Post Traumatic Stress Disorder (PTSD). They also have legal and substance abuse issues. Management states it will have capacity for more subsequent to the arrival of the 400 OIF/OEF veterans scheduled.
As mandated by the Millennium Bill, Wainwright has five veterans in respite care. If there are no beds available at the facility, or the veteran chooses not to remain, there are community nursing homes designated by the VAMC. Management states that Wainwright currently has room to accommodate these veterans, however, it is looking into adding respite services in the home. Although there are hospice programs in the veterans’ respective community, Wainwright VAMC has six beds to accommodate veterans requiring hospice care. All veterans requiring this care receive it immediately.

Wainwright VAMC reports that it could use various specialty accommodations to include, a Geri Psyche facility. The closest facilities are in Palo Alto and Sheridan. In acquiescence with the Seamless Transition Program, Wainwright VAMC has also assigned a social worker to veterans identified as “Polytrauma”. Management reports that all OIF/OEF veterans are scheduled into Primary Care and Mental Health Clinics within 30 days. There is currently no waiting list in mental health.

For veterans who do not qualify for psychiatry, substance abuse or homeless programs, there is an outreach addition sub-acute detox program at Wainwright VAMC and Yakima and Richland CBOCs. There are also chemical dependency groups at all three aforementioned facilities. Wainwright currently has seven Post Traumatic Stress Disorder (PTSD) groups while Richland CBOC has two.

Wainwright VAMC also has a special unit for women with issues of sexual assault and sexual trauma.

Patient, Family and Employee Surveys There were a total of three veterans and a family member interviewed at the Wainwright VAMC. Of the three, two were inpatients, and one, an outpatient. All interviewed live within 30 minutes of the facility. The patients’ overall feelings of treatment at the Wainwright VAMC ranged from “okay” to “excellent”.

VA Puget Sound Healthcare System, Seattle, WA

_The American Legion visit to VA Puget Sound Healthcare System_
_April 10, 2006_
_Task Force Member: John McKinney_
_Field Service Representative: Joseph L. Wilson_

The VA Puget Sound Healthcare System (VA Puget Sound) is a Primary and Tertiary (Specialty) Care facility that operates two central Divisions, American Lake in Tacoma, WA and Beacon Hill in Seattle, WA. The Healthcare System serves as a major referral center for veterans in Alaska, Idaho and Eastern Washington. VA Puget Sound is part of the Veterans Integrated Service Network 20 (VISN 20).
**Fiscal** The VA Puget Sound facility’s FY 2005 budget was $336.9 million and the budget for FY 2006 is $348 million, a 3.29 percent increase. VA Puget Sound reported that it was challenged with aligning services to meet a 4.36 percent growth in workload from FY 2004 to FY 2005, as well as a budget deficit that was identified early in the fiscal year. Supplemental funding that was received in the Third Quarter of FY 2005 allowed the facility to increase capacity to address the needs of specific certain clinical areas with high demand. Management also reports that due to the inability of budget numbers (funding) to accommodate some positions, such as administrative services, its staffing was cut. These problems arise as a result of not knowing what the final budget is.

MCCF collections for FY 2005 were $18,807,383 million of a $19 million goal. VA Puget Sound’s MCCF collection goal for FY 2006 is $20.5 million. In spite of its $192,617 deficit, VA Puget Sound management feels it will meet the FY 2007 mark as it is already on target to achieve this goal. This is due to the amount of monies collected with 25 percent less the personnel. Management has also created an initiative to assist meeting the goal by contracting with Public Consulting Group (PCG) to identify new insurance policies for patients whose information in the current database has not been updated to reflect that they do not have private insurance.

**Enrollment and Access** In FY 2005, VA Puget Sound provided approximately 550,000 outpatient visits, and nearly 10,000 inpatient admissions. According to Management, patient enrollment in VA Puget Sound’s primary care program increased from 39,860 in FY 2004 to 42,214 in FY 2005, while staffing levels shifted down from 2,610 FTEE at the end of FY 2004 to 2,501 FTEE by the close of FY 2005.

Priority veterans, such as veterans who have an imminent need for medical care, OIF/OEF veterans, and 50 percent service connected veterans or greater, are normally scheduled for care within 30 days of submission of an enrollment application. VA Puget Sound reports that through Advance Care Access (ACA), the average waiting time for an appointment is two days. The Telehealth program continues to be used to reduce backlog.

As of January 2006, the overall average patient wait time for veterans referred by their primary care practitioners to specialty care clinics is 36.7 days, to include combined primary care waiting the least amount of time at 11.7 days and Orthopedics waiting the lengthiest at 66.6 days. The other clinics include, Audiology at 28.2 days; Cardiology at 24.1 days; Urology 41.7 days; Combined Eye Care at 53.5 days; Combined Mental Health at 36.3 days; and Gastroenterology (GI) at 31.7 days. VA Puget Sound reports that once identified, all OIF/OEF veterans are immediately enrolled.

**Community Based Outpatient Clinics (CBOCs)** VA Puget Sound operates a total of eight CBOCs, to include, Factoria, Bremerton, University of Washington (UW) Physicians Federal Way, Kent, Richland, UW Physicians Shoreline, and UW Physicians Woodinville (Seattle);
Bremerton CBOC provides preventive health care and screening, periodic physical exams, management of chronic medical illnesses like diabetes and hypertension, treatment of minor injuries and infections, and organization of referrals to VA Puget Sound for specialty care.

The UW Physicians Shoreline clinic provides primary medical and mental health care, with full-time UW Physicians staff. All specialty care is referred to VA Puget Sound, Seattle Division. Urgent medications are filled at a local contracted pharmacy on assignment with the VA.

**Affiliations and Staffing** VA Puget Sound is affiliated with the University of Washington Medical School. $8.8 million dollars is allocated for training for 511 physicians rotating through 125 positions. There are also additional educational institution affiliations in dentistry, pharmacy, social work, and psychology. VA Puget Sound trains approximately 1,000 health care professionals yearly.

VA Puget Sound allocated $27 million of its budget for Fee Basis Services. It employed Fee/Contract physicians in Psychiatry, Nuclear Medicine, NeuroRadiology, Orthopedics, General Surgery, Ophthalmology, Plastics, Dermatology, Arthritis, Oncology, and Gastroenterology (GI). It also has Medical Officers of the Day (MOD’s) that are also fee. According to the Director of Health Plan Management, there was a big jump in fee basis. The number of patients seen expands five percent or more annually. Accordingly, there were no recurring dollars to specialty care due to the issue of staffing the Intensive Care Units (ICU’s).

Management reports a difficulty in hiring physicians, nurses, and clerical personnel. The primary incentives offered by VA Puget Sound are Recruitment/Relocation Incentives and Education Debt Reduction (EDRP). For example, all positions within the Polytrauma Unit are filled with the exception of a Rehabilitation Nurse. It is also lacking a Psychiatrist. An education debt reduction plan was created as an incentive to encourage employees to further education to qualify for such positions. Under the Physicians Pay Bill for FY 2006, an estimated $4 million was set aside for the additional pay.

VA Puget Sound has approximately 64 employees in the Guard and Reserves. Thirteen of those employees are currently activated. During their activation, the VA compensates these employees by presenting the option to use military leave, annual leave, or compensation time. VA Puget Sound compensates for the loss of each employee by redistributing the workload, and in some cases employing temporary personnel.

**Physical Plant** The VA Puget Sound facility has acquired funding for the FY 2006 for six (6) seismic projects, four (4) of which have been completed. Although six (6) projects were approved, it states there are two (2) major seismic projects pending decision. VA Puget Sound was awarded for FY 2007, funding for a new Nursing Home/Dementia Care Facility, which will be constructed at the American Lake Division.
Long Term Care, Mental Health and Homeless Services VA Puget Sound has nursing home components at both the Seattle and American Lake Divisions. Seattle houses a rehabilitation-focused nursing home, while American Lake has a Dementia unit. VA Puget Sound is one of five facilities across the country selected for a Fisher House. It is looking to raise $2 million to build a 21-bed facility or $1 million to build an eleven-bed facility (Fisher House). It is restricted from using appropriated funds for this project.

The VA Puget Sound has implemented a Deployment Health Clinic to provide care for those who recently returned from active duty and served in a theater of combat operations. If eligible, the veteran is provided with medical care for two years from discharge date of active duty. The care will be provided for conditions possibly related to service, regardless of income status.

VA Puget Sound had 19,183 OIF/OEF veteran visits in FY 2005, of which, 2,000 were treated. Management reports that the number of current visits is low compared to the previous 2,201 daily visits. It also reports that dental needs are full, due to the request for dental care by returning troops. To date, there have been approximately $500k dollars used for the dental program.

In FY 2005, VA Puget Sound saw 1,707 OIF/OEF patients, which represented 4% of the patient population. VA Puget Sound is an active partner with the Department of Defense (DOD) through Fort Lewis and Madigan Army Medical Center in providing a Seamless Transition Program.

These services include assisting OIF/OEF veterans with identifying care and support in their home communities. Most services requested by OIF/OEF veterans include medical care, C&P claim assistance, vocational rehabilitation, dental, counseling, education, marital counseling, and mental health care.

VA Puget Sound’s provision of Geriatrics and Extended Care (GREC) is one of five nationwide. GREC also consists of an education and research side. It is the largest contract nursing home program within the Puget Sound System, with 180 beds. Management reports there is difficulty recruiting nurses due to a competitive private sector. To obtain and retain nurses, VA Puget Sound has implemented a sign-on and recruitment bonus. There are also staff development programs, competitive pay, and educational programs. Its major concern is losing a potential employee to the private sector.

Patient, Family and Employee Surveys There were a total of five veterans and one family member interviewed at VA Puget Sound VAMC; five of which were outpatient and one family member. They all live between five and 1425 miles of VA Puget Sound. Their average wait time to see a provider ranged from immediately to 45 minutes. The patients’ overall feelings of treatment at the facility ranged from pretty good to outstanding. The family member randomly interviewed, reported that her spouse receives excellent care.
Portland VA Medical Center

The American Legion visit to Portland VA Medical Center
April 13, 2006
Task Force Member: John McKinney
Field Service Representative: Joseph L. Wilson

The Portland VAMC is a Primary Care, Acute Medical/Surgery, Specialty Medicine, Nursing Skilled Care Unit, and Liver and Renal Transplant facility. Portland consists of two campuses located in Portland, Oregon, and Vancouver, Washington. Portland is part of the Veterans Integrated Service Network 20 (VISN 20). The Vancouver Division, the medical center’s second campus, is located eleven miles north of the Portland Division in Vancouver, Washington. The former Vancouver VA Hospital was integrated in 1980 with the Portland VA Medical Center.

Fiscal The Portland VAMC facility’s FY 2005 budget was $323.8 million and the budget for FY 2006 is $336.8 million, a 4.01 percent increase. Portland Management reports FY 2005 as a challenging year due to some reduction in staff and an increase in waiting lists. To offset the emergent waiting list, it has implemented Advanced Clinic Access (ACA). It is also the recipient of a significant amount of year-end supplemental funding which allowed it to actively fill previous vacancies and reduce waiting lists.

MCCF collections for FY 2005 were $13,751,239 million of a $14,821,455 million goal. Portland’s MCCF collection goal for FY 2006 is $20.5 million. Portland states there are major problems with billing for pharmacy; however, it believes its goals will be met as a result of successfully examining the ACA program, billing and outsourcing.

Enrollment and Access Portland VAMC reports that primary care growth has increased to 70 percent over the past three years. In FY 2005 there were 36,000 patients enrolled. Currently, there are approximately 41,000 patients enrolled in primary care, an eleven percent increase. Prior to the veteran’s receipt of his/her initial healthcare, each veteran’s application is reviewed for priority group, service connection, and medical urgency.

Since October 2005, only veterans with “high” priority (PG1, OEF/OIF, transfers from other VA’s seeking care for service connected conditions only) have been consistently scheduled for appointments within 30 days. The current number of veterans waiting more than 30 days for initial healthcare appointments, as of April 1, 2006, is 3630.

Portland reports that the wait time for veterans referred by their primary care practitioners to specialty care clinics is at an average of 25.3 days, to include: Plastic Surgery Carpal Tunnel New at four days, Neurosurgery at eight days, Podiatry at eleven days, Hematology/Oncology at twelve days, Endocrinology at fourteen days, Vascular at eighteen days, Rheumatology at 20 days, Ortho New – PA and Urology Oncology at 21 days, Neurosurgery Spine and Urology Women’s at 24 days, Renal at 28 days, Pulmonary at 29 days, Infectious Disease at 30 days, ENT Head & Neck at 31 days,
Cardiology (Electrophysiology) and Cardiology (General) at 33 days, Dermatology, Gastroenterology, and Urology at 35 days, General Surgery at 36 days, Ear/Nose/Throat (ENT) at 37 days, Plastic Surgery at 50 days, and Geriatrics at 61 days.

Management reports that lack of space and providers are Portland’s major constraints. Currently, over 80 percent of patients have access to care within two weeks. It stated it is in the process of creating a means of reducing the wait time to one week.

Community Based Outpatient Clinics (CBOCs) The Portland VA Medical Center operates CBOCs in Bend, Salem, and Warrenton (Camp Rilea), Oregon. The mental health clinic in Longview, Washington was opened in response to community interests. It was staffed with one mental health member. Due to lack of patients presented for care, the clinic closed in 2005. There was also a difficult time staffing the clinic. Longview’s unit and essentials have since been transferred to the Vancouver VAMC. Portland VAMC reported the approval of two more clinics, to be opened within the Metro area (Metro East and West).

The first planned CBOC, Metro West, will be on 20,000 square foot of space on the west side of Portland near St. Vincent Hospital. The second planned CBOC, Metro East, will be located on the southeast side of Portland, which consist of the largest population of veterans. Metro South, which is part of the CARES program, has a tentative date of 2008 or 2009, but no current approval by the VA central office.

Affiliations and Staffing The Portland VAMC is affiliated with various universities throughout Oregon, California, and Washington state. Portland’s major academic affiliate, Oregon Health Sciences University (OHSU), the only medical school in Oregon, is connected by a 660-foot “sky bridge” to the VA. Portland currently leases out three wards to OHSU at a rate of $2 million annually. Although there is a concern of accommodation for the veteran, Portland stated that the contract with OHSU does not interfere with providing the veteran with space. It further stated that the current waitlist is due to need for personnel, which are difficult to obtain and retain due to competitive salaries and incentives in the private sector.

Portland VAMC reports that $18.9 million goes towards their Fee Basis Services for various specialty programs. They are short of an Orthopedic Surgeon due to pay. Portland, aside from fee basis and appropriated funding, can only accommodate Orthopedic Surgeons at $270k; they are paid $400k in the private sector. There are no other means of retention for Orthopedic Surgeons. Management reports that recruiting Intensive Care Unit (ICU) nurses is extremely difficult. In FY 2005 nurses were given a ten percent pay raise in one year just to catch up with the going salaries in the private sector. The other alternative is to train current employees to perform these respective duties. Portland predicts that approximately $50 million will be spent on Fee Care.

The Portland facility recently received funding from VA Central Office for one full-time Neuropsychologist and one half-time Psychiatrist for OEF/OIF. Neuropsychology referrals have been up 60 percent, primarily due to traumatic brain injury in Iraq.
Portland is also in the process of recruiting a full-time Psychiatrist to work half-time on funded research in the genetics of PTSD and half-time serving the needs of veterans.

**Physical Plant** The Portland VAMC facility received $5 million in non-recurring maintenance funds; up from the usual $3.2 million annually. The facility’s fourth floor is currently being renovated to accommodate a Gastrointestinal Unit (GI). This project is considered minor construction, which ranges from $500k to $7 million. Portland stated in FY 2005, it purchased $10 million dollars in equipment but still has equipment needs, due to the expiration of equipment life cycle. It had taken capital dollars and spent it on healthcare instead of equipment.

**Long Term Care, Mental Health and Homeless Services** The Portland VAMC reports it does not have adult day health care, due to lack of funds. During construction, there was space reserved to build an Outpatient Care Unit, but no space for Long-Term Health. Portland operates the only secured Acute Mental Health Ward (located on the fifth floor) in the Veterans Integrated Services Network (VISN) 20. Portland also has a Parkinson and Multiple Sclerosis (MS) program. The substance abuse program services, mainly located at the Vancouver VAMC, are operated throughout the various Portland CBOCs.

Portland has a 72-bed facility at the nursing home, with 8 beds dedicated to hospice. Currently, the length of stay for the veteran patient in comparison to 1998 is less than half. Since 1998, Portland has lost beds. Throughout the Portland vicinity, there are a total of 40 facilities; 29 are non-contract and eleven are contract facilities.

Long before the mandate initiative, Portland had been involved with the Seamless Transition Program. It was among the first to form a statewide group of over 80 members including National Guard (which is the mainstay of Oregon OEF/OIF service men and women), Oregon DVA, Federal and State Labor, family groups, CHAMPUS, TRICARE, Indian Health, Oregon Business Alliance, Statewide Vet Centers, VBA, state legislators and congressional members. This group is responsible for assuring that all needs of returning veterans are met.

**Patient, Family and Employee Surveys** There were a total of seven veterans and one family member interviewed at Portland VAMC; six of which were outpatient, one inpatient, and one family member. They all live between three and 300 miles of Portland. Their average wait to see a provider ranged from less than fifteen minutes to two weeks. The patients’ overall feelings of treatment at the facility ranged from good to great. The one family member randomly interviewed reported that her spouse receives very good care.