VISN 4

Philadelphia VA Medical Center
Wilmington VA Medical Center
Louis A. Johnson VA Medical (Clarksburg, WV)
Philadelphia Veteran Affairs Medical Center

The American Legion visit to Philadelphia VAMC
April 26, 2006
Task Force Member: Past National Commander Ronald Conley
Field Service Representative: Daryl Puryear

The Philadelphia VA Medical Center (PVAMC) is a tertiary care facility that provides health care for some 433,000 veterans living in America's fifth largest metropolitan area and surrounding seven counties. The PVAMC, the second largest VA medical center in Pennsylvania, is a VA acute referral center for the tri-state area and offers a wide range of advanced high tech treatments for the special needs of veterans. PVAMC supports more than 150 acute beds and a 240-bed Nursing Home Care Unit. The Philadelphia VA Medical Center also maintains an active research program with more than 225 research projects underway, involving all clinical disciplines, with more than 155 investigators and technicians. Major research emphasis includes: substance abuse, nutrition, weight loss, rheumatology-immunology, cardiology, gastroenterology, Hepatitis C, Parkinson's disease, mental illness and health services research and development.

Fiscal The Philadelphia FY 2005 budget was $293.7 million; the FY 2006 budget is $301.9 million, an increase from FY 2005 of about 8.2 million—or a 2.8% budget increase from FY 2005 to FY 2006. The MCCF collection goal for FY 2005 was $18.6 million, whereas actual collections for FY 2005 were $20.4 million, a surplus collection of 1.8 million and collections rate of just over 109%. The FY 2006 collections goal is $22.6 million. Philadelphia suggests this $22.6 million stretch goal is a little too ambitious. It suggests that, although it will probably collect beyond last year’s $20.4 million, it will fall short of the $22.6 million. Philadelphia’s business office appears to decry the VHA policy requiring VAMCs nationwide to increase their MCCF collections by 10-15% annually. It suggests that these requirements are unreasonable and unfairly make VAMC budgets look better than they are, when a large portion of their budgets are actually coming out of the MCCF collections. Philadelphia reported that such “stretch” MCCF goals at other VAMCs across the nation are the reason that approximately 10% of all VAMCs are falling short in their MCCF collections.

Philadelphia has not used capital investment dollars to supplement its medical care budget and has been able to fully implement its varied medical and administrative programs unmolested by continuing resolutions for several years now. Philadelphia lists having to compete with other VAMCs for few resources, as one of its fiscal challenges. It also mentioned that it would benefit greatly from having a more timely and reliable budget via mandatory funding.

Enrollment & Access Philadelphia reported that over 90% of its new enrollees are in Primary Care, moreover that 98% of those enrolled in Primary Care (PC) are accessing their initial PC appointment within a 31 day period. 534 combat veterans have been treated at the Philadelphia VAMC so far. 12,000 priority group 8 veterans have sought access to healthcare at the facility since the January 17, 2003 cut-off date. Philadelphia’s
Seamless Transition Program, which assists active duty military with out-processing from the military to transitioning into veteran status and accessing VA health-care, is currently manned with 1.5 FTEE. VA Seamless Transition personnel provide the following services: outreach to National Guard and Reserve units; community coordination with Veterans Service Organizations (VSO’s); case management services; priority appointment scheduling; mental health/social work services direct to female OIF/OEF veterans in women’s health center; environmental agent examination protocols (Gulf Registry, Depleted Uranium Protocol examinations); assistance with registration, benefits coordination and filing of disability claims; referrals to community providers and Vet Centers as needed. The VA’s Seamless Transition personnel also educate medical center staff on OIF/OEF returning combat veterans programs. Finally, as part of seamless transition, the medical center provides liaison services for active duty soldiers being evaluated for medical discharge. There are approximately 6,000 OIF/OEF veterans currently in Philadelphia’s catchment area.

The Seamless Transition Program is currently working with the Vet Centers to establish a family support team. Philadelphia has also established crisis intervention protocol in tandem with its outreach activities for returning veterans. One problematic area within the program is the ability to provide timely access to requested and/or required medical appointments after the initial primary care appointment; military personnel processing out of the military are use to accessing medical care in a timely and immediate basis.

CBOCs The Philadelphia VAMC has four Community Based Outpatient Clinics: Horsham in PA and Fort Dix, Cape May and Gloucester— all in NJ. Gloucester is being expanded to double its current size. Cape May has a stable workload, but does not have full patient capacity. Horsham is not operating at capacity. Fort Dix has plenty of capacity remaining and is adding staff. These CBOCs are VA staffed and all provide mental health services to their veteran/patrons. Philadelphia is hoping to build another CBOC in Camden City, NJ.

Staffing and Affiliations PVAMC’s primary affiliations are with The University of Pennsylvania School of Medicine and The University of Pennsylvania School of Dental Medicine. PVAMC’s research and education programs benefit from this affiliation and from an affiliation with a host of other schools it works with on a lesser basis. PVAMC hosts 100 funded resident and fellowship positions to actively work in the education and research programs at the facility. The PVAMC was selected to serve as a Mental Illness Research Education and Clinical Center (MIRECC), a Parkinson’s Disease Research, Education and Clinical Center (PADRECC), and a Center for Health Equity, Research and Promotion (CHERP). The medical center is staffed with over 1,500 employees who support over 390 operational beds spread throughout the facility.

With regard to retention and recruitment of nurses, PVAMC does not experience much turn over in its nursing staff and has no problems in recruiting. Nurses usually leave through retirement. The medical center has, however, recently hired six new nurses to fill vacancies and, within the next ten years, will probably be looking for more due to the aging of its nurse population; this is a phenomena playing out in many VAMCs across
the country. PVAMC reported that it is looking into utilizing licensed practical nurses (LPNs), certified nurse’s assistants (CNAs), and nursing aides (NAs) more often.

With regard to physicians, the medical center reported that it uses a full range of incentives for recruitment and retention, including setting pays above the minimum for the grade for exceptional candidates, keeping abreast of competing salaries in the community to ensure staying competitive, offering recruitment incentives to attract the best candidates and retention incentives to retain the best candidates. PVAMC is currently utilizing Fee/Contract Physicians in Radiology, Cardiology, Urology, Gastro-Intestinal (GI), Neurology, Nuclear Medicine, Anesthesiology, and Radiation Therapy. Areas of need for Physician recruitment fall along the same lines but include Endoscopy. Finally, over the last three years, 18 employees have been activated for varying lengths of time ranging from several weeks to nearly a year and a half. Currently six still remain activated. To cover the possible lost production of said employees, supervisors were authorized to replace those activated with term or temporary hires.

**Physical Plant** The PVAMC has been providing health care to Philadelphia’s veterans for over 50 years. PVAMC is a VA acute referral center for the tri-state area and offers a wide range of advanced high tech treatments for the special needs of veterans. PVAMC reports that the continued upgrade of the existing physical plant is one of its top priorities. The HVAC and electrical systems are upgraded as it renovates areas of the medical center. It is in the process of upgrading its research facilities. It currently has one floor renovated and is completing a second. PVAMC reports it will solicit VACO and VISN in completing the remaining four floors. Philadelphia suggests that at present it has three ongoing minor construction projects: renovation of 3rd floor/research; pedestrian bridge; and renovation of 7th floor for Behavioral Health. The medical center reports that there are no major or minor construction projects planned for FY 06 and it hopes to get design funding for the renovation of the 2nd floor Research and Expand Specialty Clinics in the upcoming FY 07. PVAMC also operates a hoptel.

**Long Term Care, Mental Health, Homelessness** Long Term Care (LTC) at PVAMC provides a number of LTC interventions for veterans in need. PVAMC boast a 240 bed Nursing Home Care Unit (NHCU) that stays full most of the time. The NHCU makes an effort to ensure that those 70% service connected and higher get priority access. VA NHCU’s share in a system wherein, if a given facility has no space available for an eligible 70% SC or higher veteran, a search is made at other VA NHCU’s for an available space. PVAMC also provides Palliative & Hospice Care, and cares for some veterans diagnosed with Alzheimer’s, albeit without having a specific unit designated solely to Alzheimer’s care. PVAMC’s Palliative Care and Hospice Care Program, in unison with the Twilight Wish Foundation, has fulfilled a number of veteran’s final wishes prior to their passing away. PVAMC is the recipient of the Lillie A. Nelson Award for Ethics in Medicine for its work in Palliative and Hospice Care. PVAMC also provides LTC to veterans in the community through Grant Per Diem medical care programs like Adult Day Care and provides a number of in-home based forms of medical care such as Extended Homemaker Home Healthcare Aid, Home Based Primary Care, Skilled Nursing Care, and Home Health Care Aid. PVAMC is also beginning a Veteran
Visitation Program, wherein older Vietnam Veterans pay younger OIF/OEF veterans encouraging visits assisting them in their recovery.

Between 1995 and 2000, Mental Health (MH) Services resources and care at PVAMC were tapped and reduced, leaving MH gutted and operating on a fraction of what should have been the normal budget. With increasing demands from Vietnam/Baby Boomer Veterans--and recently from returning OIF/OEF veterans who are suffering with PTSD and other forms of mental conditions--the VA has seen the need to re-think its originally fragmented approach to the provision of MH service at Philadelphia. Consequently, MH services and resources at PVAMC have been in rebuild mode. Currently, Mental Health Services at PVAMC include the Mental Illness Research Education and Clinical Center (MIRECC), Sleep Center, Addiction Recovery Treatment Units, Methadone Maintenance Program; construction of the Center of Excellence in Substance Abuse Treatment, a 35-bed unit, will begin toward the end of April 2006. This construction is another step toward PVAMC developing a Substance Abuse Center that provides a full continuum of care, from acute and inpatient to outpatient care.

The Mental Health Strategic Plan has provided for an additional 1 to 1 ½ million dollars in support of MH services at CBOCs and various other mental health specialty programs. The Fort Dix CBOC has a “Wounded Warriors Program”, that among other things, provides supportive counseling to returning veterans and other veterans in the program. Some estimates suggest that 30-40% of veterans participating in OIF & OEF share a good propensity of being diagnosed with some form of mental illness. MH at PVAMC provides clinical assistance to military personnel for the Post Deployment Health Reassessment Program, which addresses physical and mental health issues that manifest three to six month period after deployment. The Mental Health Service at PVAMC utilizes a Mental Health Intensive Case Management system wherein veterans who suffer from chronic mental disability are followed up aggressively to monitor their usage of medication and how those medications affect them.

It is estimated that 5% of the total homeless population in Philadelphia are homeless veterans. PVAMC suggests there are 130 homeless veterans in Philadelphia. Though that seems like a low figure, especially for a major city, staff assured us that PVAMC’s Homeless Veteran Outreach Team works daily scouring the streets of the Philadelphia area, looking for homeless veterans. PVAMC personnel suggest the Homeless Outreach Team is routinely out until midnight from their daily homeless veteran searches. PVAMC has currently provided for some 90 Grant Per-Diem Beds in the community and will have about 150 beds ready by the end of the year. Many of the homeless suffer from dual diagnoses. PVAMC suggests that, of the homeless veterans enrolled at the facility, only two have been identified as OIF/OEF veterans. The Compensated Work Therapy/Transitional Employment Program (CWT/TE) is PVAMC’s vocational rehabilitation program for disadvantaged homeless veterans or disabled veterans, the goal of the program is vocational therapy and work restoration. PVAMC also provides a Homeless Multi-Service Center to homeless veterans. The Multi-Service Center coordinates required health (physical/mental), residential and/or occupational & rehabilitative care for homeless veteran patrons.
**Patient Surveys**  Four outpatient surveys were completed. The average distance travel to the facility was 18 miles, with the shortest distance being only 8 miles and the furthest distance was 34 miles. Three of the four veterans surveyed felt they would have no trouble at obtaining an appointment when they need one; the other one suggested it took three days to see a orthopedists to take a look at bones in her fractured knee. Three of the four outpatients felt the quality of their care was above average; one felt the quality of the care was “not very professional” because the receptionist treated her “as if [she] did not belong.” The quality issues raised to us by veterans were brought to the attention of the Director in our wrap-up session.

**Wilmington Veteran Affairs Medical Center**

*The American Legion visit to Wilmington VAMC*

*April 27, 2006*

*Task Force Member: Past National Commander Ronald Conley*

*Field Service Representative: Daryl H. Puryear*

The Wilmington VA Medical Center, a member of Veterans Integrated Service Network 4, combines a 58-bed hospital and 60-bed NHCU, both accredited by the Joint Commission on Accreditation of Healthcare Organizations with a VBA Regional Office and 2 Vet Centers (one on campus), offering veterans the unique opportunity to obtain health care, benefits services, and Readjustment Counseling at one location. Providing a wide spectrum of primary and tertiary acute and extended care inpatient and outpatient activities in an academic setting, Wilmington VAMC is also a certified community Cancer Center. Major specialties include medicine, neurology, and surgery. Subspecialties are present in most clinical areas.

**Fiscal**  The Wilmington FY 2005 budget was $84.5 million, whereas the FY 2006 budget for the Wilmington VAMC is $87.8 million; a $3.3 million dollar increase or just under a four percent increase from 2005. The FY 2005 MCCF collections goal was $7.1 million with actual collections totaling $6.3 million, a goal shortfall of about $800,000 representing an 89 percent total collection rate. Wilmington did report that though they do expect an increase in their MCCF collections from last year, they only expect to achieve 95 percent of the 2006 MCCF goal. In the interest of staying vigilant to improve collections rates, Wilmington has renewed efforts to ensure insurance identification assist veterans with reduction of co-pay payments; are continuing second reviews to identify missed billing opportunities; are re-examining eligibility data to ensure proper classification; ensures customer representatives have more patient contact, to assist veterans with payment options and has increased review of first party transactions. They also continue what they characterize as their “good” relationship with Health Information Management Service staff and the insurance companies.

Wilmington reported that they have a history of using capital investment dollars to supplement the medical care budget, but have not this year, yet. Wilmington lists their fiscal challenges as the volatility of utility costs in the coming months and the restrictive
nature of the fiscal appropriations system Veteran Affairs Central Office (VACO) currently utilizes in doling out needed financial resources. In the past, VACO instituted a “three pot” appropriations system whereby funding for facilities, medical care, and administration were supplied via individualized allotments strictly required to be solely spent on expenditures associated with the pot assigned. Albeit VACO saw this as the right thing to do for fiscal accountability sake, VAMCs are bemoaning this system. Wilmington and a few other VAMCs suggested the system is bad because it restricts the hands of the financial officer at the VAMC from being able to expeditiously utilize resources that may be left over in one pot for needs in another area. Such a wait carries with it the potential of having a negative domino like effect into other areas of operations at the hospital. A wait in getting permission from CO to utilize designated funds in another area means the slowing of services and the slowing of services to a veteran means dissatisfied veteran. Recently, VACO has expanded the scope of the individualized funding to now include individualized appropriations for Information Technology (IT). In reflecting how cumbersome this appropriations system is, Wilmington pointed out that now that IT has been included in the appropriations system, the ability to purchase a computer system for personnel at the facility is no longer in the hands of Wilmington, but must be routed through CO.

**Enrollment & Access**  Wilmington reported that for the year 2005, the timeline between submission of the 1010EZ and a veteran’s initial primary care appointment was approximately 10-20 days and no one had to wait over 30 days for an initial primary care appointment. Wilmington reports that over 90 percent of unique patients are enrolled in primary care. Approximately 470 OIF/OEF veterans are enrolled, which represent about 2 percent of their total patient care load.

**CBOCs**  Wilmington has three community based outpatient clinics: one in Millsboro, DE, one in Ventnor, NJ, and the last one in Vineland, NJ. Millsboro is a contract CBOC and has not reached capacity yet; Ventnor is a VA Staff CBOC and has not reached capacity as yet; and Vineland is also VA Staffed and is being expanded because capacity has been reached. Each CBOC does offer MH services to veterans. Wilmington has proposed the building of another CBOC in Dover, DE; plans call for it to be VA Staffed. There is concern however about the building of the Dover CBOC because the development plan has been on hold since December 2005 with no word coming from VA leadership. The concern is that there is political wrangling going on that is holding up the building process.

**Staffing & Affiliations**  Wilmington’s Affiliates are Jefferson Medical College of Thomas Jefferson University, University of Maryland School of Medicine, Temple University Dental School, Pennsylvania School of Optometry, Delaware State University, Delaware Technical and Community College, Immaculata College, LaSalle University, University of Delaware, University of the Sciences, Widner University, and Wilmington College. Wilmington has 35 residents from its’ primary affiliate, Thomas Jefferson Medical School in Philadelphia, PA. Wilmington also has a number of student nurses training at their facility. Wilmington has no J-1 Visa Physicians. Although the medical facility does train a good number of student nurses, the
VAMC has had no vacancies for the last few months and consequently have a waiting list of potential new hire nurses. Wilmington is factoring that within the next five years a large number of their nurses will be eligible for retirement and that many will probably take it. Contract/fee physicians are used in conducting compensation and pension examinations and also Wilmington utilizes a contract audiologist. Wilmington has 12 employees who are currently in the Guard or Reserves though none of them were on active duty at the time of our site visit. Wilmington is set to cover any employee called to active duty by distributing the duties of said employee to other employees or by temporarily filling behind the person.

**Physical Plant**  
Wilmington serves veterans from the state of Delaware, southern New Jersey, southeastern Pennsylvania, and the eastern shore of Maryland. A licensed childcare center is on site. The physical plant is in various stages of disrepair requiring substantial replacement of critical systems in the short term (3-5years). There is a shortage of usable space to allow for expansion of needed programs to accommodate the influx of new veterans, requiring construction dollars to correct. Fire and Safety upgrades are also being planned to address recently identified deficiencies. Primary utility systems such as elevators, telephone, HVAC and electrical are all identified as requiring significant work under the $36 million 5-Year Plan recently submitted to the Network for the facility. Another physical plant issue is the costs associated with the maintenance of unused facilities. 3 East and the 2nd floor of Bldg 6 total 10,000 and 4,000 square feet respectively and have recently become vacant with plans to renovate. Funding for renovation is pending. Considering it costs about $1 per square foot in annual utility costs, and an additional half of that to maintain the area, total costs to keep up the 14,000 sq. ft. vacant space come to about $21,000 annually. As stated earlier, there is a plan that has been submitted to the VISN to build a new CBOC in Dover. Finally, with regard to funding adequacy for ongoing construction projects at Wilmington, there were no approvals for the Wilmington facility of either major or minor construction dollars in FY 2006. They have a $6.6 million dollar request in for FY 2007 to expand and consolidate specialty procedures. Wilmington also runs a six-bed hotel that they wish to expand.

**Long Term Care, Mental Health, Homelessness**  
The Wilmington facility has a 60-bed Nursing Home Care Unit and provides a Hospice and Palliative Care Team to veterans in need. Wilmington has no Alzheimer’s Unit but Wilmington also provides community nursing home beds services, Home Based Primary Care services, Skilled Nursing Care through Homemaker Home Health Aides, and Adult Day Care services.

The Mental Health Strategic Plan has meant an expansion of MH services at Wilmington. The OIF/OEF and Substance Abuse Programs at Wilmington are both new editions to Mental Health Services at Wilmington. The OIF/OEF Program is staffed by a social worker designated solely for outreach efforts. Wilmington also has a PTSD Program headed by a psychologist. Wilmington’s Severe Mental Illness (SMI) Care Coordinator works with veterans who have chronic and severe forms of mental illness. Utilizing the Mental Health Intensive Case Management System, Wilmington monitors closely those
patients who have chronic and severe mental illness in order to help keep them aligned with their mental health/therapeutic regimens and medications prescribed by their physicians. The MHICM is staffed with a Social Worker and a Nurse. MH services are provided at each CBOC but the CBOC in NJ is actually staffed with a psychiatrist. Additionally, there is always a psychiatrist on call 24-7.

Wilmington reported that for a long time they had no sufficient homelessness service staff and would simply ship veterans out to Coatesville. For Homeless Veterans Wilmington offers a Compensated Work Therapy Program (CWT), Vocational Rehabilitation Program, and because many of the homeless often suffer from the comorbidity of Post Traumatic Stress Disorder and Substance Abuse-PTSD & Substance Abuse Program. Moreover, Wilmington, recognizing an immediate need, is working to establish a Transitional Residents Program. Wilmington suggests that VISN 4-wide, the VISN has been in contact with between 2500-2800 homeless veterans. Furthermore, in 2005 at Wilmington alone 300 unique homeless veterans were identified as well as the surfacing of more homeless female Iraqi vets. Wilmington is looking into mirroring a program in Baltimore, Maryland entitled The McVets Program. McVets is a Grant Per Diem program that utilizes former homeless veterans to help communicate and connect with current homeless veterans to help connect homeless vets to helpful resources.

**Patient Surveys** 10 patient surveys were completed; three inpatient surveys and seven outpatient. Of the three inpatients, the average distance traveled to get to the facility was 20 miles. Two out of the three inpatients felt the quality of care was “very good,” with one saying the care “was simply good.” Finally, two out of three inpatients characterized the quality of the food as ok, whereas one suggested the food was good. Of the seven outpatients, average distance traveled to the facility was 25 miles with an average wait time to be seen close to 20 minutes. Six out of seven outpatients felt they had an excellent chance of obtaining an appointment when needed. Six of seven outpatients characterized the quality of the care that they received as very good, whereas one characterized the quality of the care as “simply good.”

**Clarksburg Veterans Affairs Medical Center (Louis A. Johnson VA Medical Center)**

*The American Legion visit to the Clarksburg VAMC*
*April 21, 2006*
*Field Service Representatives: Daryl H. Puryear*

The Clarksburg VA Medical Center (VAMC) is located in Clarksburg, West Virginia and serves a veteran population of approximately 70,000 in north central West Virginia and adjacent counties in Maryland, Ohio and Pennsylvania. In FY04, the medical center treated 19,001 unique patients through 195,327 outpatient visits and 3,258 admissions. Inpatient services include acute medicine, surgery, acute psychiatry, Substance Abuse Residential Rehabilitation Treatment Program (SARRTP), PTSD Residential Rehabilitation Program (PRRP) and nursing home care. Outpatient services include ambulatory surgery, audiology, cardiology, dental, dermatology, diabetes, ENT,
gastroenterology, general internal medicine, general surgery, gynecology, hematology/oncology, infectious disease, nephrology, nutrition, occupational therapy, ophthalmology, optometry, pain, physical therapy, podiatry, primary care, prosthetics, behavioral medicine (including substance abuse, telepsychiatry, PTSD, etc.) pulmonology, recreation therapy, rheumatology, social work, speech pathology, urology and vascular surgery. Ancillary and diagnostic services include CT, EKG, laboratory, nuclear medicine, pharmacy, radiology, respiratory therapy and ultrasound.

**Fiscal**  The Clarksburg VAMC’s FY 2005 budget was $95.5 million and the FY 2006 budget was $89.2 million, a budget reduction of 6.3 million, or 7 percent. Clarksburg suggests that they received over $6 million in supplemental funding in FY 2005, which offset the budget reduction from 2005 to 2006.

Clarksburg’s FY 2005 MCCF collections goal was $6.4 million; $7.8 million was collected. Clarksburg attributed the $1.4 million surplus on revenue generating efforts namely, but also in efforts to develop a “team mentality.” Clarksburg co-locates its’ billing and coding sections in the same work space. Noticing that a majority of the staff did not possess the skills needed to attain the best MCCF collections flow, Clarksburg hired an outside contracting company to do its coding and billing and implemented training programs. The FY 2006 MCCF collections goal is $8.7 million; Clarksburg does not feel they will meet the target.

Major budgetary challenges include: patient care and capacity issues, for both the inpatient critical care beds/services and outpatient specialty services (cardiology, GI, etc.). Clarksburg turned over $1.2 million in capital investment dollars for medical operations needs. Clarksburg has increased patient out-sourcing and non-VA hospitalizations and also still faces rising costs of maintenance and modernization of an aging infrastructure. Moreover, Clarksburg explained that the medical center is currently going through a transition in its’ healthcare offerings. Clarksburg reported that about seven years ago they were operating under a “service line” model of healthcare provision wherein healthcare at Clarksburg was slimmed down to focus on offerings specific to the service line. Consequently human, fiscal, data, and equipment resources were lost during the slimming down; many veterans felt the plan was closing the facility altogether. Clarksburg administrative personnel revealed that the “service line” healthcare model has not proven itself to work well within Clarksburg. Workloads are on the increase and West Virginia National Guard members have been called to active duty for Operation Iraqi Freedom (OIF) and Operation Enduring Freedom (OEF) in heavy numbers, the facility finds that it really needs all those resources that were lost, impacting the medical center’s bottom line. Clarksburg is working feverishly under new management (the present director has been there six months) to reconstitute itself to provide workload increases. Top management is continuing to facilitate the transition towards expansion of services while working in a budget deficit.

**Enrollment and Access**  Clarksburg reported that for 2005 approximately 90 percent of all unique patients were scheduled for their initial primary care appointments within 30 days; furthermore, close to 100 percent of their enrollees are enrolled in Primary Care.
Clarksburg reports having served about 400 OIF/OEF combat veterans in 2005. There were approximately 1000 Priority Group 8 Veterans whom have filed for enrollment at the medical center since the January 17, 2003 cut-off. These priority group 8 veterans’ data are kept on file in the event that enrollment should be reopened to them. With regard to the Seamless Transition Program, Clarksburg has an OIF/OEF Coordinator and two case managers assigned to address these veteran’s special needs. In addition, enrollment clerks provide benefit information at the time of enrollment. Primary Care or other clinical appointments are promptly scheduled for OEF/OIF patients to fast track them through the system. A Medical Center Outreach Team was established in FY 2005 conducting outreach activities to enroll veterans, reservists, guard members and also offering benefit counseling and health screenings. In FY 2006, the medical center further enhanced outreach efforts with participation in four outreach activities and plans thirteen more over the next few months.

**CBOCs** Clarksburg currently has three Community Based Outpatient Clinics (CBOCs); Braxton County in Gassaway, WV, Wood County in Parkersburg, WV, and Tucker County in Parsons, WV. A fourth CBOC in Monongalia County, located within Morgantown, WV is proposed for FY 2007. Mental Health services are offered through Braxton County and Parkersburg CBOCs. The facility in Wood County is a very small clinic and does not offer MH care to patrons. Additionally, both the Wood and Parkersburg County CBOCs are VA Staffed whereas the Braxton County CBOC is a contract facility.

**Staffing and Affiliations** Clarksburg’s Affiliations include West Virginia University School of Medicine and School of Dentistry, United Hospital Center in Family Medicine, as well as a variety of Allied Health Affiliations. Many of the residents and Physician Assistants in training rotate through primary care. Clarksburg seems to have a wealth of these resources through their affiliates and it appears to have impacted their ability to offer first time PC appointments in a timely manner in quite a positive way. Clarksburg pointed out that they do in-fact utilize J-1 Visa Physicians, but could not recall how many they had currently at the medical center. They did, however mention that historically speaking most of the J-1 Visa Physicians who have worked at Clarksburg have converted over to H-1’s and stayed at the facility and in the VA. Apparently nurse recruitment is not an issue here either, the head nurse mentioned that they have a surplus of applications from nurses who desire to come work at Clarksburg; they attribute this to a good relationship with nursing affiliates. The nurse executives are looking into the criterion now for “Magnet Status” for its’ nursing program. “Magnet Status” recognizes the caliber of the nursing staff, and what that professionalism translates into in terms of patient care and health care services. Areas of difficult physician recruitment and areas where fee/contract physicians have been used are Orthopedics, Diagnostic Imaging, Nephrology, Podiatry, Ophthalmology, Otolaryngology, Dermatology, Gastroenterology, Urology, Cardiology, Colorectal Surgery, and Psychology. Of all the staff at the facility only one is currently activated. In ensuring that work responsibilities are continued, Clarksburg may hire temporary staff, detail other employees to cover areas vacated by activated employees, or even use overtime and compensatory time.
**Physical Plant**  Current construction projects taking place at Clarksburg include the first floor outpatient clinic, and all of Oncology/Ophthalmology, Physical Therapy, and Prosthetics are being relocated to the first floor, Ophthalmology is also being expanded. The travel office will become handicapped accessible. Construction should be complete by July 2006. The Chapel is being relocated to the area that was formerly the main entrance, a multimedia room is being constructed where the old chapel once was, a new handicapped accessible front entrance, a new MRI project, and the joint venture project with the State Nursing Home Program, wherein a new State Nursing Home facility is being built adjacent to the Clarksburg VAMC. In the Clarksburg/State nursing home sharing agreement, in addition to having supplied the State with the land necessary to build the new nursing home, the VAMC is slated to provide support services such as laundry and dietetic services. In addition to these construction concerns, the medical center recently submitted a five-year capital investment plan for 2007-2012. This plan will address the aging infrastructure and physical plant needs, as well as provide upgrades to modernize space with deficient clinical programs and other needs. The Outpatient Support Project 540-304 is a minor project which is fully funded and currently underway with an anticipated completion date in July 2006. This project will provide expanded outpatient clinical space and make services more accessible for veterans visiting the facility. Programs included in this project are oncology, rehabilitation, ophthalmology and prosthetics. Additional minor projects have been incorporated into the five-year capital plan. Clarksburg does operate a hotel.

**Long Term Care, Mental Health, and Homelessness**  Long Term Care offerings for Clarksburg includes Long Term Specialized Nursing care, Hospice Care, Rehabilitative Care, Long Term Care Wound Therapy, Nursing Home Care beds-of which Clarksburg has 21 in house, has two patients in contracted Adult Day Care, and 175 veterans provided care through contracted Home-maker Home Health Care. In a joint venture effort with the West Virginia State Veterans Nursing Home Program, a new State Nursing Home is being erected and attached to the Clarksburg VAMC, the construction is online to be completed in October 2006. Another factor Clarksburg reported that they are excited to strengthen their care coordination processes-now registering 30 participants, allowing the use of technology/equipment to monitor patient status at home for select diagnoses. In Mental Health, Clarksburg offers an in-house program that has recently been expanded to 10 operating beds; 3 acute psychiatry and 7 residential rehabilitation. The expansion is targeted for completion in June 2006. Under the Mental Health Strategic Plan Mental Health Services has received funding for program development and expansion in its’ Compensated Work Therapy Program (CWT), Mental Health Intensive Case Management (MHICM), Substance Abuse Treatment, and Mental Health Services at CBOCs. Clarksburg reported they provide Inpatient and Outpatient Psychiatric treatment services to veterans, telepsyche, outreach mental health services to returning OIF/OEF veterans, after care mental health programs for veterans after discharge from the medical center, a PTSD program-both inpatient and out, electro-convulsive therapy, and a host of other mental healthcare offerings. The Homeless Program at Clarksburg is linked up with the Mental Health Program. Veterans have access to the CWT program as well as needed medical care. Clarksburg provides homeless veteran outreach to an area
that spans through 26 counties in the central West Virginia area. The homeless program sees about 40-50 uniques annually.

**Patient Surveys** A total of eight patient surveys were completed; four outpatient and four inpatient surveys. Of the four-inpatient surveys, the average distance traveled by veterans to get to the facility was 44.75 miles. Three inpatients felt the quality of the food was good and one characterized it as fair. Three inpatients believed the care as above average and one characterized it as simply good. Of the four-outpatients surveyed, the average distance traveled was 42.25 miles. All four-outpatients felt they have had no problems obtaining an appointment and finally, three felt the quality of their care was above average, while one outpatient characterized his care as good.
Salisbury Affairs Medical Center (W.G. (Bill) Hefner VA Medical Center

The American Legion visit to Salisbury VAMC
March 10, 2006
Field Service Representatives: Daryl H. Puryear and Joseph L. Wilson

The Salisbury VA Medical Center is a 484-bed medical center located in Salisbury, North Carolina. Winston-Salem is the compensation and pension (C&P) clinic of jurisdiction for the State of North Carolina, facilitating the rating of veterans for compensation and pension purposes. Inpatient services are provided for acute medicine, cardiology, surgery, psychiatry, physical rehabilitation, intermediate, and extended care, neuropsychiatry services, psychiatric intensive care, and geropsychiatry. Primary and specialized outpatient services are provided at the medical center and outpatient clinics. Salisbury is recognized as one of the largest employers in Rowan County and enjoys the recognition and respect of the community through an active outreach program. Salisbury reports for the last five or so years that its workloads have been on the increase and that in the last two years its workload has more than doubled. Salisbury reports having some 60,000 veterans enrolled in primary care. It suggests that based upon this sharp increase in workload and in general the growing number of veterans migrating to the North Carolina--and more specifically Salisbury area--that VA Medical Center here has had to go through a transformation. Salisbury VA Medical Center was number 1 in the country for workload growth and, whereas historically the Salisbury VA Medical Center has been known primarily for its inpatient Long Term Care & Psychosocial Residential Rehabilitation Treatment Program and with Substance Abuse Residential Rehabilitation Treatment Programs, recently the facility has been undergoing a transformation to a full fledged tertiary care center. The Salisbury VA National Cemetery has expanded to the grounds of the Medical Center. This will create sufficient space for burials for the next 50 years.

Fiscal  The FY 2005 budget for Salisbury was $185.1 million and for FY 2006 it is $188.2 million, reported by Salisbury as representing the best budget in the entire Veterans Integrated Service Network 6. The budget increase was $3.2 million, which is actually an increase of just over 1.7% from 2005. The MCCF collections goal for FY 2005 was $17.4 million, whereas actual collections for 2005 were $18.7 million--a surplus collection of $1.3 million and a collections rate percentage of just over 107%. Salisbury reports that it has nearly doubled its collections efforts of the pasts by hiring new billing staff. It is now working to improve electronic capture of visit data for billing purposes. Although the hope is that the increased efforts will help it reach the FY 2006 MCCF “stretch goal” of $23.3 million, Salisbury has already stated that it does not feel that it will be able to reach such an inflated MCCF goal.

Salisbury has not had to use capital investment dollars to supplement its medical care budget. Major budgetary challenges for Salisbury are achieving the $2 million per month MCCF goal; funding physician pay increases from existing resources; funding pharmacy and other medical cost that are growing faster than average inflation/budget increases; increasing demand for specialty care services that it cannot provide onsite and therefore
must pay for in the community; having few in-facility care support slots, which precipitates the need to find the care support in the community—increasing operations costs; and finally providing additional space for clinics with limited funding for development of the space.

**Enrollment and Access**  
No service-connected veterans are waiting beyond 30 days for initial primary care appointments. For non-service connected veterans, there is a 30 day plus wait for initial PC appointment and a waitlist of 500 veterans. Salisbury reports 83% of its enrollees are enrolled in primary care and that approximately 657 OIF/OEF combat veterans are currently enrolled. Its seamless transition program offers the following services for newly discharged veterans: eligibility and enrollment assistance, health care (primary and specialty care), case management services (including personal contact made by telephone and/or mail on an as-needed basis), transitional group designed to educate veterans about services available to them, mental health groups (supportive and educational in nature that are designed to focus on readjustment issues as well as symptoms of readjustment and/or PTSD).

Evening groups are offered, but have not been well received. Outreach activities include offering assistance to the units of returning combat veterans, enrolling them in the system and conducting presentations for the family support group prior to the return of the veterans to their community. Salisbury works very closely with the Readjustment Counseling Centers in the immediate area, to include the Charlotte Vet Center—which has an assigned Global War on Terrorism (GWOT) expert. Salisbury reports 781 Priority Group 8 veterans have applied for enrollment since the January 17, 2003 cut-off and suggested there is no way for them to determine how much in lost income these un-enrolled veterans might represent.

**CBOCs**  
The medical center supports a CBOC in nearby Charlotte, and a satellite outpatient clinic in Winston-Salem, NC. Winston-Salem is the compensation and pension (C&P) clinic of jurisdiction for the State of North Carolina, facilitating the rating of veterans for compensation and pension purposes. With the population expansion of the Salisbury area, the Salisbury VAMC is also considering establishing CBOCs in Gastonia, Greensboro, and Hickory, NC.

**Staffing and Affiliations**  
The medical center is affiliated with Wake Forest University School of Medicine, with a focus on resident involvement in primary care, dermatology, rehabilitation, ophthalmology, otolaryngology, infectious diseases and psychiatry. Forty-five residents rotate through Salisbury and Winston-Salem Out-Patient Clinics. All residents are overseen by an attending physician who has primary responsibility for assuring the quality of care provided. The attending physician co-signs/addends all resident notes. Resident supervision is monitored by the ACOS/Research & Education through a periodic review of medical records to assure that there is documentation that the attending physician is involved in the care of the patient. Salisbury reports that it does well with nurse recruitment, however retention is a problem. Salisbury reports having one J-1 Visa Physician, who has worked extremely diligently and been quite helpful. Salisbury reports medical staffing recruitment difficulties in radiology,
dermatology, urology, internal medicine, emergency medicine, and gastroenterology. Salisbury utilizes Contract-Professional services in the following areas: temporary CRNAs, temporary radiology and neurologists services, radiology services (on-site), teleradiology services, staff practitioner supervision and glaucoma and retinal services, staff practitioner supervision and cataract surgery services, colonoscopy services, ENT/surgical clinics, orthopedic services, dermatology services. Salisbury is utilizing Fee Basis services in the following areas: dermatology, radiology, ophthalmology, nuclear medicine, optometry, internal medicine, Agent Orange exams, oral/maxillofacial, endodontist, and ENT. Notably, Dr. C. Steinberg, Salisbury’s Chief of Staff, has been able to recruit a quite exemplary host of specialty physicians from a number of renowned medical facilities from across the country. Since the beginning of the OIF/OEF activities and conflict, approximately 38 employees from Salisbury have been activated and deployed. In efforts to provide coverage, especially in several of the critical positions made vacant by the deployments, Salisbury double encumbered and developed contracts to meet the staffing needs and requirements.

**Physical Plant** On October 15, 1953, the medical center opened its doors to receive its first patients. There were 75 veterans, all from North Carolina, who arrive by bus with staff from a VA Medical Center in Augusta, GA. There were six physicians and eleven nurses on duty, along with other necessary auxiliary service personnel when the medical center opened. The hospital was officially dedicated on December 6, 1953, intended originally to serve as a Long Term Care and Mental Health facility. Today, the Salisbury (W.G. (Bill) Hefner) VA Medical Center is a 484-bed medical center located in Salisbury, North Carolina, with over 60,000 active/enrolled veterans using the facilities, and is increasingly being transformed into a tertiary care facility. Salisbury is currently in planning to develop and build its own radiology, oncology, and orthopedics program clinics onsite. Future construction plans also include renovations of the main hospital building to accommodate clinical support services and to make environmental improvements in areas for the chronically mentally ill. Additionally, as Salisbury moves closer toward becoming a full fledged tertiary care facility, there are a large number of construction projects in planning and taking place; an addendum of said varied major and/or minor construction projects is attached below.

**Long Term Care, Mental Health, and Homelessness** Because Salisbury was formerly a center for institutionalized Long Term Care (LTC) services for the VISN, it still has some 270 Extended Geriatric Care/Nursing Home Care beds. Albeit the focus of VA healthcare is certainly changing from the institutionalization model to the outpatient/in the community model of healthcare, the fact that major increases in the need for extended care with the migration of the baby-boomer generation simultaneously moving into senior citizen status supports the idea of high bed resources in LTC. In addition to those beds provided at the medical center, Salisbury also maintains about 24 veterans/patients in community nursing homes and about 142 veterans/patients in the Residential Care Placement Program. A 24-hour, 7-day a week telephone triage service is also provided to these veterans/patients as well. Other LTC services available for those utilizing LTC are Home Based Primary Care (HBPC) services, and Hospice Care services developed in a “social model” to accentuate a more homelike atmosphere for veterans. Another aspect
of LTC inter-woven into mental health care is the 55 bed Psychiatric Residential Rehabilitation Treatment Programs (PRRTP).

Additionally, the Mental Health Strategic Plan at Salisbury has meant the strengthening of mental health services there, making the MH program one of the strongest in the whole of VISN 6. Technically speaking, the MH Strategic Plan has meant the hiring of new social workers and six to eight new mental health professionals. It has translated into stricter screening procedures for veterans out-processing and transitioning from active duty into civilian life.

Every OIF/OEF veteran exiting the military and seeking enrollment at Salisbury is being screen for PTSD, depression, alcohol/substance abuse and infectious disease. Each veteran is then channeled into appropriate medical channels, depending on the results of the screening process.

In Salisbury’s group treatment modality, veterans are placed into proper group treatment meetings, depending on what they screened positive for. These programs last 16-18 weeks and incorporate the veterans’ family members. Salisbury also has some 20 inpatient PTSD beds for veteran suffering from severe chronic PTSD.

Salisbury, through the MH Strategic Plan, is offering individual therapy, couples therapy, varied psycho-educational events, and social events, all geared towards improving the veteran’s psychological health and well being. Salisbury reports that this time of transition provides opportunities to be innovative and fresh in treatment approaches. Salisbury is constantly involved in outreach projects at surrounding military installations and works closely with the designated Global War on Terrorism Expert (GWOT). Salisbury is offering MH Services at all their CBOCs. The Homeless Program at Salisbury is fully staffed with social workers and also offers a grant per diem provision for community agencies that render services to the homeless. The Homeless Program at Salisbury offers substance abuse treatment, smoking cessation programs, homeless hospice for the critically ill homeless veteran, as well as medical treatment for homeless veterans. Salisbury Homeless Program Staff actively searches for homeless veterans in the surrounding area.

**Patient Surveys**  A total of ten surveys were completed: four inpatient surveys and six outpatient surveys. Of the four inpatients, the average distance traveled was 25.2 miles. Of the four inpatients three characterized the quality of their care as above average and one characterized it simply as “fine”. With regard to the taste of the hospital food, three did not provide comment and one stated “hospital food is good for you but does not taste good”.

Of the six outpatients, the average distance traveled was 18.7 miles. The average wait time to see their respective physicians was 27 minutes. Of the six outpatients, three felt they could be seen practically anytime they needed to be; two felt their likelihood of obtaining an appointment when they needed it was fair; and one suggested that his ability to get an appointment when he needed one is “sometimes not a problem”. Of the six
outpatients, four characterized the quality of their healthcare as above average and the other two suggested the quality of their care was “fine” or “ok”.
<table>
<thead>
<tr>
<th>Project Number</th>
<th>Project Title</th>
<th>Status</th>
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</thead>
<tbody>
<tr>
<td>659-01-101</td>
<td>Replace Steam Lines Phase II</td>
<td>Project complete.</td>
</tr>
<tr>
<td>N/A</td>
<td>Develop Sleep Lab Bldg 21</td>
<td>Project complete and fully functioning</td>
</tr>
<tr>
<td>659-05-105</td>
<td>Renovate Ward 3-3 for Primary Care</td>
<td>Construction 25% complete</td>
</tr>
<tr>
<td>659-03-103</td>
<td>Medical Gases, B-2</td>
<td>Project complete</td>
</tr>
<tr>
<td>659-03-101</td>
<td>Replace Boiler Plant Components and Controls</td>
<td>Project complete</td>
</tr>
<tr>
<td>659-04-113</td>
<td>Advanced Food Preparation Cook/chill system – VISN initiative</td>
<td>Project complete</td>
</tr>
<tr>
<td>659-05-102</td>
<td>Renovate Ward 4-3 for Patient Safety</td>
<td>Construction 45% complete</td>
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<tr>
<td>659-04-103</td>
<td>Audiology Backlog Reduction</td>
<td>Project complete</td>
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<tr>
<td>659-05-112</td>
<td>Pavement and Sidewalk Repairs</td>
<td>Construction 98% complete</td>
</tr>
<tr>
<td>659-05-115</td>
<td>Relocate IV Mixture &amp; Chemo Room</td>
<td>Construction 98% complete</td>
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<tr>
<td>659-05-955</td>
<td>W-S OPC Renovate surgical space for MH Clinic</td>
<td>Design 50% complete</td>
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<tr>
<td>659-05-131</td>
<td>Replace Roof Building 19 Chapel</td>
<td>Construction 99% complete</td>
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<tr>
<td>659-05-132</td>
<td>Replace Roof Building 5</td>
<td>Construction 18% complete</td>
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<tr>
<td>659-05-101</td>
<td>HVAC Upgrade B2 Phase I</td>
<td>Construction 6% complete</td>
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<tr>
<td>N/A</td>
<td>Winston Salem Med Gas Upgrades</td>
<td>Project Complete</td>
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<tr>
<td>659-05-130</td>
<td>Install Fire Damper Access</td>
<td>Project Complete.</td>
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<tr>
<td>659-05-135</td>
<td>Install Concrete Floor Bldg 42 Gravel Pit for Storage</td>
<td>Construction 80% complete</td>
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<tr>
<td>N/A</td>
<td>Install Additional Nuclear Medicine Camera</td>
<td>Equipment in process of being procured</td>
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<tr>
<td>N/A</td>
<td>Install Replacement Radiographic Fluoroscopy X-Ray Unit</td>
<td>Equipment in process of being procured</td>
</tr>
<tr>
<td>659-06-101</td>
<td>HVAC Upgrade Phase II</td>
<td>Design is 75% complete</td>
</tr>
<tr>
<td>659-06-101</td>
<td>Upgrade Elevators and Dumbwaiters Building 2</td>
<td>Design is 75% complete</td>
</tr>
<tr>
<td>659-06-103</td>
<td>HVAC Upgrade Phase III</td>
<td>Design is 75% complete</td>
</tr>
<tr>
<td>659-06-106</td>
<td>Renovate /Upgrade utilities etc B42 &amp; 21 for Medical and G&amp;EC</td>
<td>Soliciting for A/E to Design</td>
</tr>
</tbody>
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Other Projects in Various Stages of Conception and Design

<table>
<thead>
<tr>
<th>Project Title</th>
<th>Status</th>
</tr>
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<tbody>
<tr>
<td>Repair Walls, National Cemetery in Raleigh, NC</td>
<td>Waiting for funding from National Cemetery Administration. No funding this Fiscal Year</td>
</tr>
<tr>
<td>Emergency Power for Main Chillers</td>
<td>Submitted for supplemental funding consideration.</td>
</tr>
<tr>
<td>Repairs to Roof and Concrete Deck, Pool Area B6</td>
<td>Submitted for supplemental funding consideration.</td>
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Minor Construction in Various Stages of Construction and Design

<table>
<thead>
<tr>
<th>Project Number</th>
<th>Project Title</th>
<th>Status</th>
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<tbody>
<tr>
<td>659-309</td>
<td>Renovate Surgical Suite</td>
<td>Construction 2% complete</td>
</tr>
<tr>
<td>659-310</td>
<td>Construct Tower for Specialty/Ancillary/Diagnostic Care Phase I</td>
<td>A/E to provided cost proposal to negotiate, reviewing proposal</td>
</tr>
<tr>
<td>659-311</td>
<td>Construct Tower for Specialty/Ancillary/Diagnostic Care Phase II</td>
<td>Project was submitted for design consideration for the FY08 funding cycle and did not make cut, will be resubmitted for FY08 consideration.</td>
</tr>
<tr>
<td>876-CMS-017</td>
<td>Development of 31 Acres NCS</td>
<td>Construction is 99% complete. Re-inspections are planned to close out this project.</td>
</tr>
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Major Construction

Charlotte Outpatient Clinic: Project has been approved by the Secretary of VA. Heidorn Development was selected. Space and function meetings have been held to begin the design phase. The new Charlotte SOPC is anticipated for activation in mid to late October/November 2007.

Major Project for Salisbury: A Major project currently in development for submission for funding consideration in FY 2008 would create a 108,000 square foot, two story clinical addition to the main medical center building (on the front and side) and connect Buildings 2 and 3. The concept paper ranked high nationally and was approved further development and consideration.

This project increases desperately needed specialty care and ancillary/diagnostic services, both designated as CARES Planning Initiatives. These expanded services would include: radiology and related specialties, orthopedics, urology, cardiology [including cardiac catheterization], surgical and related specialties [including dialysis and gastroenterology], non-surgical specialties [women’s clinic, ENT and dermatology], pathology and lab, primary care [specifically the Evaluation Center/Emergency Room area] and dental.