



# THE AMERICAN LEGION



2017 REPORT

# SYSTEM WORTH SAVING

Charles E. Schmidt, *National Commander*



OFFICE OF NATIONAL COMMANDER

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Dear Fellow Legionnaires,

The American Legion is an exceptional organization with an outstanding past and the promise of an even greater future. The same is true for health care in the United States delivered to our nation's veterans through medical centers established by the Department of Veterans Affairs (VA). Although health care is laden with constant change in both private and public sectors, VA medical centers encounter a bewildering stream of changes, operational challenges and chronic funding issues.

For instance, VA Secretary David Shulkin announced in June 2017 a new program called Veterans' Coordinated Access Rewarding Experience (CARE) Program. This new initiative will replace the Veterans Choice Program by giving veterans increased access to VA clinicians who will provide clinical assessments and determine if a referral to physician specialist within the VA or a provider in the community is appropriate. Under the Veterans Choice Program, veterans had to access community providers based on a set of administrative rules.

A program such as CARE is indicative of slow but positive change at the VA. In fact, it has been three years since the patient access and scheduling scandal in Phoenix, Ariz. During our System Worth Saving (SWS) visit to Phoenix in March 2017, the SWS team found remarkable progress in staffing and training schedulers, and a new executive director with a great vision, eager and committed staff, and streamlined processes. Veterans who attended the town hall meeting were generally pleased with the progress and the new director. While challenges remain, The American Legion is proud to attest that the VA is on the road to recovery.

Furthermore, other notable changes at the VA include Secretary Shulkin formally expanding emergency mental health care to former servicemembers with other than honorable discharges. This is the first time a VA secretary has implemented an initiative focused on a group of veterans challenged by mental health issues but needing stabilization in order to prevent them from committing suicide or harming others.

The American Legion shares credit with other veterans service organizations (VSO) for advocacy efforts that have brought positive changes at the VA related to health care. The SWS program serves all veterans who seek access, quality and timely medical services at VA medical centers. The program continues identifying best practices, resource allocation and challenges with capacity planning that VA health-care facilities engage daily. In addition, just as it has in the past, SWS is steadfast in finding solutions that benefit veterans and help leaders at the VA make the appropriate choices about health-care delivery.

I encourage readers of this report to review recommendations from the SWS visits in 2017. In keeping with tradition, The American Legion will also deliver the SWS 2017 report to Congress and the president. We are confident the 2017 SWS Report will help shape the new administration's agenda, as we all move toward sustaining the VA health-care system and moving farther down the path of recovery.



Respectfully,

Charles E. Schmidt  
National Commander

## CHAIRMAN'S STATEMENT FOR EXECUTIVE SUMMARY 2017

Dear Legionnaires,

As Chairman of the Veterans Affairs and Rehabilitation (VA&R) Commission, I am pleased to present the System Worth Saving (SWS) 2016-2017 Executive Summary. During the first six months of 2017, commission members and staff have conducted a combined 15 site visits to Department of Veterans Affairs (VA) medical centers and regional offices. As of July 1, we have four remaining SWS visits and five Regional Office Action Review (ROAR) visits planned for 2017.


Since the patient scheduling scandal three years ago, hospitals and community-based clinics experienced slow but steady progress across the 18 Veterans Integrated Service Networks (VISN) of the VA health-care system. Yet, with a new VA secretary, each SWS visit reveals new efforts by VA staff to redefine health care and recover from the scandal, access and quality of care for veterans; improving the accuracy and integrity of medical records; and protecting veterans from out-of-pocket costs of medical care for service-related illnesses and injuries.

It has been over three years since the VA wait-time scandal was uncovered throughout the VA health-care system, and VA's road to recovery has been slow. However, with a new VA secretary and leadership, we are seeing improvements in how VA delivers health care to our nation's veterans. As we travel across the country, we see recovery taking shape in almost every VA health-care facility. Through the SWS program, The American Legion continues building relationships with VA leaders that facilitate collaborative efforts to achieve goals that improve veterans' access to quality health care at VA health-care facilities. The System Worth Saving program, since its inception in 2003, continues being the primary means of evaluating progress, improving timeliness and ensuring the quality of care provided to our nation's veterans.

VA&R is pleased that since Secretary Shulkin's confirmation earlier this year, VA has taken bold steps to implement programs and initiatives that will better serve veterans across the country. Dr. Shulkin launched an online tool that makes scheduling patient consults more transparent and increases access to care for veterans. The tool allows veterans to access the average waiting times for visits to physicians in their local area, report their experiences scheduling primary and specialty-care appointments at specific VA facilities, and response times for urgent appointments or care. The web-based tool also allows veterans to compare private sector, and VA clinics and hospitals on a variety of quality and care metrics.

It has been an honor serving another year as chairman of Veterans Affairs and Rehabilitation Commission. As the VA continues its effort to reform the delivery of health care for veterans, The American Legion must ensure the VA health-care system becomes the best in the nation. I encourage all veterans and fellow Legionnaires to share their personal experiences with American Legion staff at the national headquarters in Washington, D.C. Only through open and honest dialogue and shared accountability can we safeguard a health-care system dedicated to not only serving our nation's veterans, but doing so at the highest possible standards.



  
Ralph Bozella  
Chairman, VA&R Commission  
The American Legion

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## COMPLETED 2016-17 SYSTEM WORTH SAVING SITE VISITS

Overton Brooks VA Medical Center – Shreveport, La.

VA Pacific Islands Health-care System – Honolulu

Greater Los Angeles VA Health Care System – Los Angeles

Tennessee Valley Health-care System – Alvin C. York Campus, Murfreesboro, Tenn.

VA Phoenix Health-care System-Phoenix, Ariz

VA Gulf Coast Health-care System – Biloxi, Miss.

Alaska VA Health-care System – Anchorage, Alaska

## 2017 FUTURE SYSTEM WORTH SAVING SITE VISITS

Aleda E. Lutz VA Medical Center – Saginaw, Mich.

Iowa City VA Health-care System – Iowa City, Iowa

Clement Zablocki VA Medical Center – Milwaukee

Chalmers P. Wylie VA Ambulatory Care Center – Columbus, Ohio

VA Montana Health-care System – Fort Harrison, Mont.

Manchester VA Medical Center – Manchester, N.H.

## COMPLETED 2016-17 REGIONAL OFFICE ACTION REVIEW VISITS

Columbia, S.C.

San Diego, Calif.

San Juan, P.R.

Albuquerque, N.M.

Fort Harrison, Mont.

Denver

Chicago

## 2017 FUTURE REGIONAL OFFICE ACTION REVIEW VISITS

Detroit

White River Junction, Vt.

Louisville, Ky.

Philadelphia

Los Angeles

Reports from the site visits can be found at [www.legion.org/systemworthsaving/reports](http://www.legion.org/systemworthsaving/reports)

## EXECUTIVE SUMMARY | A SYSTEM WORTH SAVING: 2017

By **Ralph P. Bozella**

Chairman, The American Legion Veterans Affairs & Rehabilitation Commission

### Background and History

Over the past three years, The Department of Veterans Affairs has been under intense scrutiny by the media, the U.S. Congress, VA Office of Inspector General (VAOIG), and our nation's veterans due to the outpatient wait time scandal and poor management oversight. Many have insisted on reforming the VA health-care system, while some have recommended privatizing the system. In 2016, The American Legion approved Resolution No. 372, Oppose Closing or Privatization of Department of Veterans Affairs Health Care System at its 98th National Convention in Cincinnati.

The American Legion remains true to one of its original purposes stated in the original chartering documentation, "to consecrate the efforts of its members to mutual helpfulness and service to the country." In 1919, an act of Congress created The American Legion as a patriotic veterans organization devoted to mutual benefit. Since then, The American Legion continuously remains committed to mutual helpfulness by ensuring that the VA health-care system continues intact and properly funded to achieve President Abraham Lincoln's charge:

*"To care for him who shall have borne the battle and for his widow, and his orphan."*

The American Legion's two premier programs that monitor veteran's health care and benefits are the System Worth Saving (SWS) site visits and the Regional Office Action Review (ROAR). The SWS program monitors VA health-care facilities, and the ROAR program identifies challenges related to veteran's benefits other than health care. These programs have evolved to become two of The American Legion's

### SWS Site Visit Selections

The 12 selected SWS site visits for fiscal year 2017 were submitted and approved during the 2016 Fall NEC meeting. To date, the Health Policy staff and VA&R Commission member(s) have conducted

premier programs. SWS pinpoints facilities that may be experiencing clinical and operational challenges and may benefit from a System Worth Saving town hall meeting, medical center site visit or a special purpose town hall meeting. An example of a special purpose town hall meeting was the one held at the Washington, D.C., VA Medical Center.

On April 13, The American Legion learned the Department of Veterans Affairs removed the director of the Washington, D.C., medical center following the release of an initial (VAOIG) report that cited critical safety and patient welfare concerns. On May 3, 2017, The American Legion hosted a town hall meeting at the Washington, D.C., VAMC to hear firsthand accounts from veterans and their families regarding medical care and other concerns. The American Legion also heard from the interim VAMC director and staff about the medical center's plans to address the concerns of those veterans.

American Legion National Commander Charles E. Schmidt praised VA Secretary Dr. David Shulkin for taking immediate and appropriate actions to relieve the medical center director from his position.

*"We believe this is a positive step in increasing accountability and we are hopeful that the new leadership will be able to resolve these issues quickly."*

While the VAOIG investigation is ongoing, The American Legion will continue to monitor the situation to ensure once the VAOIG final report is issued, its recommendations are adhered to in a timely manner.

eight SWS site visits, including one special purpose veterans town hall meeting.

The System Worth Saving site visit covers two and a half days, beginning with a veteran's town hall

meeting on the first day. The second and third days, the Veterans Affairs & Rehabilitation Commission member(s) and national staff visit the local VA health-care facility and meet with the executive leadership team and departmental staff to discuss challenges and best practices, and offer recommendations. The American Legion would like to understand the medical

### Regional Office Action Review (ROAR) Visits

Like the SWS program, The American Legion visits VA Regional Offices (VAROs) to review the quality of VA claims adjudications, interview VA employees, and discuss concerns with local American Legion claims representatives. The primary mission of the Regional Office Action Review is to improve the accuracy and delivery of disability compensation benefits to veterans. The American Legion dispatches a team of accredited representatives and seasoned attorneys to the VAROs to review a percentage of randomly selected claims

centers current situation, progress made since the last visit (if any), and strategic intent. At the end of each System Worth Savings site visit, a report is issued that is shared with the medical center, VA secretary and Under Secretary of Health, Congressional members, and the president of the United States.

adjudications and the overall development of VA claims at that facility.

The ROAR team has visited seven VA Regional Offices: Columbia, S.C. (Oct. 2016); San Diego (Dec. 2016); San Juan, P.R. (Feb. 2017); Albuquerque, N.M. (Mar. 2017); Fort Harrison, Mont. (Apr. 2017); Denver (May 2017); and Chicago (June 2017).

An additional five site visits remain: Detroit; White River Junction, Vt.; Louisville, Ky.; Philadelphia, Pa; and Los Angeles.

### System Worth Saving Visit Summaries

#### OVERTON BROOKS VA MEDICAL CENTER Shreveport, La.

**Date:** September 20-21, 2016

**Veterans Affairs & Rehabilitation Health Administration Committee Member:** Rickey Griffin  
**National Staff:**

Louis J. Celli Jr., *Director, Veterans Affairs & Rehabilitation*  
April Commander, *Assistant Director for Health Care*

#### BEST PRACTICES

The workforce analysis and action plans identified in the OBVAMC Workforce Succession Strategic Plan for FY2015-2021 has been developed to help all employees focus on the VHA, VISN 16, and OBVAMC's highest priorities and mission. The OBVAMC Workforce Succession Strategic Plan follows along the medical center's vision and mission of being veteran-centric, results-driven and forward-looking. The action plans include gaps in hiring and training in Mental Health, Women's Health, Geriatrics and Extended Care. Optional action plans are included to address education initiatives for employees with targeted disabilities, developing and enhancing the medical center's veteran workforce, addressing Equal Employment Opportunity barriers for staff and supervisors, and to increase the use of Alternative Dispute Resolution.

#### CHALLENGES

**The effects on veterans upon the New Orleans VA Medical Center becoming fully operational as veterans return to New Orleans for care:** Shreveport will continue to provide support to New Orleans with the more complex cases.

**Abuse of the Family and Medical Leave Act:** During the meeting with human resources personnel, concerns of staff abusing the policy were voiced and the need for action to be taken.

**Full-time Nurse Pool Manager needed for the Community-Based Outpatient Clinic:** It is difficult to manage the pool without a full-time manager. Potential applicants are overlooked; those in the pool may be under-utilized, and shifts are not being filled.

**The lack of primary care and mental health integration in Texarkana.**

**The clinical service line voiced budget constraints for recruitment/hiring:** The positions are advertised, the candidates are selected, then either the onboarding process is slow (sometimes three to six months) or the hiring department is informed that funding is not available for the position.

**The Choice Champion voiced billing issues:** While some changes have been made, billing issues remain. Veterans continue to receive a bill and payment to providers is delayed, or they are not paid at all, further increasing access time.

**The lack of funding and providers for the Military Sexual Trauma program:** If there were more funding and providers, a more innovative program could be developed.

#### RECOMMENDATIONS

The SWS team briefed the OBVAMC executive leadership on the above challenges, and they were encouraged to take appropriate action to ensure each recommendation has been thoroughly addressed. Staffing challenges are a national concern and are being discussed and addressed both at VA Central Office and in Congress.

- Suspected Family Medical Leave Act (FMLA) abuse is a growing problem across the federal landscape. Employee protections are necessary to ensure the maintained health and sustainability of the workforce, yet human resource managers need to be able to regain control of their effective labor schedules. There are wide variations in interpretations of the FMLA laws and policies, and a tendency to be overly cautious to avoid employer liability in fear of running afoul of employee protections law. This unsettled ability to effectively manage the workforce is degrading readiness and effectiveness, and promoting resentment between employees and managers.

- The American Legion recommends the VAMC consult with VA Central Office and the Department of Labor to

review FMLA procedures and employer and employee responsibilities, certification and recertification requirements, and protected and unprotected behaviors.

- The American Legion recommends the Overton Brooks VA Medical Center institute a wellness program that is able to effectively penetrate its catchment area. The facility trails the national average in a number of preventative medicine and wellness areas. Most concerning of these findings was timely suicide evaluation following a positive finding based on a depression or PTSD screen. As a point of clarification, The American Legion found the care provided at this facility to be excellent, based on patient satisfaction and return to clinic rates, and believe that patient population overall health care be increased through wellness intervention based on outpatient performance measures indicators that fall below the VA goal and national average.

#### **VA PACIFIC ISLANDS HEALTH CARE SYSTEM Honolulu**

**Date:** December 6-9, 2016

#### **Veterans Affairs & Rehabilitation Health**

**Administration Committee Member:** Past National Commander Ronald Conley

#### **National Staff:**

Roscoe G. Butler, *Deputy Director for Health Care*

#### **BEST PRACTICES**

- Robust and expanding telemedicine program, involving areas of service such as audiology, dermatology, primary and mental health care
- VAPIHCS was awarded an Office of Rural Health grant to develop and implement a “hub and spoke” primary and mental health capability during FY 2017.
- Rural spinal cord injury and respiratory therapy/home O2 services in remote island locations
- Evidence-based medicine educational seminar to be held in FY 2017
- Rural health education grants aimed at training and recruiting providers to VAPIHCS
- Affiliation Agreement and developing relationship with University of Guam, involving nursing and other health discipline training

- VAPIHCS collaboration and participation with Hawaii Health Information Exchange Consortium, allowing physicians and other medical providers to share information thereby enhancing medical care provided to veterans

- Continued success from the Hospital at Home Program that delivers home health care and reduces inpatient length of stay

#### **CHALLENGES AND RECOMMENDATIONS**

##### **Recruitment and Recruitment Incentives**

The VA allows VAPIHCS to offer approved recruitment incentives when competing with non-VA health-care providers to attract clinicians to Hawaii. According to the medical center’s Chief of Staff, community health-care institutions offer prospective candidates attractive incentives like education debt-reduction bonuses that help lower college debt for eligible job candidates. This type of incentive helps draw top talent to Hawaii. While the VA does offer that incentive, the money provided by VA to VAPIHCS for that purpose is not enough to attract physicians from other areas of the United States to relocate to Hawaii. Another major disincentive is the high cost of housing. According to a 2016 survey conducted by the Missouri Economic and Research Center, Hawaii was among the most expensive places to live in the United States. [www.missourieconomy.org/indicators/cost\\_of\\_living/index.stm](http://www.missourieconomy.org/indicators/cost_of_living/index.stm)

##### **RECOMMENDATIONS**

- The American Legion National D.C. staff and VA&R Commission will coordinate with The American Legion Department of Hawaii and the Department of Alaska to consider drafting two joint legislative resolutions. One resolution would authorize VAPIHCS and Alaska to pay a housing allowance to any health-care provider relocating to Hawaii or Alaska as an incentive to attract clinicians to these areas. Another resolution would seek to establish an education debt-reduction program that is specific to the VAPIHCS and VA Alaska Health Care System.
- VISN 21 should continue searching for a permanent, experienced director while ensuring all key leadership positions are filled with a sense of urgency.

*February 23, 2017, Update: The medical center is*

*now considering several qualified candidates for the position of director. Currently, the VA Central Office is conducting background checks of identified candidates. VAPIHCS anticipates an appointment of a permanent director soon.*

##### **Space**

The VAPIHCS is suffering from a lack of space as the veteran population grows in the area. According to a report published by the Veteran Affairs Office of the Inspector General (VAOIG) that addresses space and access concerns, VAPIHCS established plans for a new CBOC with 7,500 square feet on the windward side of Oahu. However, as of August 2016, leaders at VAPIHCS reported they had been unable to find a suitable location due to the constrained commercial lease market in the area. A commercial lease broker is assisting VAPIHCS with its search for additional space and will assist with the lease agreement once suitable space has been identified. Moreover, VAPIHCS has established an emergency lease at the downtown Federal Building for 5,000 square feet to support administrative functions, thus increasing space at the ACC for clinical functions.

VAPIHCS received approval for a 66,000 net-useable, square-foot multi-specialty CBOC that will to be located in the “western/leeward” area of Oahu. The project is scheduled for initiation in the year 2020 and will serve an estimated one-third of the veteran enrollee population on Oahu. This will almost double the capacity for the delivery of clinical care and offer convenient access to veterans who typically travel long distances at significant financial costs traveling to TAMC.

The American Samoan CBOC is located in Pago Pago in the South Pacific Ocean. The CBOC opened in 2008 and provides Primary Care and Mental Health services, and uses telehealth for many other services. Traveling specialty VA physicians also come from Honolulu to provide patient care. The CBOC is not equipped to provide emergency services. Veterans living in American Samoa, as a result of their citizenship, are eligible to receive services from the Lyndon B. Johnson Tropical Medical Center in Pago Pago for urgent and emergency care. Leadership informed us that the local community is trying to build a new hospital. Also, the availability of

travel can be difficult, as flights available to and from American Samoa and Oahu are limited to usually twice per week.

VAPIHCS also reported that renovations would expand mental health, physical therapy, and laboratory services at the American Samoan CBOC, which were scheduled for FY 2016. However, as of August 2016, executives at VAPIHCS continue working with VA’s Contracting Services to resolve construction and contracting issues.

The Guam CBOC is located in Agana Heights, Guam, and provides primary care, mental health, and specialty care in person and via telehealth. The CBOC is not equipped to provide emergency services and refers patients, via a sharing agreement, to the U.S. Naval Hospital which is located less than one mile from the CBOC.

Guam continues to experience recruitment challenges. In FY 2014 and 2015, 10 staff members left the Guam CBOC. The CBOC currently has seven vacant positions: two physicians, a psychologist, two specialty care nurses, a pharmacist and a social worker. The Guam CBOC has established a successful relationship with the University of Guam for training, attracting and recruiting graduates from the nursing and health-related degree programs.

The Guam CBOC occupies 5,818 square feet, which is not adequate to meet the present demand for care. VAPIHCS has received approval for a \$5.5 million construction project that includes renovating current space and adding an additional 2,800 square feet. The design phase was scheduled to begin in FY 2016, with an expected completion timeframe of two years. VAPIHCS plans to enhance current space to address its immediate needs through renovations.

##### **RECOMMENDATION**

- VAPIHCS executive leadership ensure that the space allocations for each of the above CBOCs is adequate to meet the current and future needs of veterans.

##### **Travel from American Samoa or Guam to the ACC**

According to the September 2016 OIG report, travel can be difficult, as flights to and from American Samoa and Oahu are limited. Due to VA’s rules governing eligibility for beneficiary travel, some veterans who live

on American Samoa or Guam and are referred to the ACC are ineligible for beneficiary travel and may forgo the needed health because they cannot afford the airfare to include the costs of an accompanying loved one.

#### RECOMMENDATIONS

- The American Legion National D.C. staff and VA&R Commission will coordinate with The American Legion Department of Hawaii and the Department of Alaska to consider drafting a joint legislative resolution.
- The legislative resolution would provide the authority for VAPIHCS and VAAHCS to pay for veterans' travel expenses who live on American Samoa, Guam or Alaska when referred to the parent facility by VA clinician and have no means to pay for the airfare.

#### Child Care Services

Women veterans find it difficult to take time off from work for visits to their health-care provider. Compounding this difficulty is arranging for child care to attend a medical appointment.

In 2012, the Women Veteran Task Force issued its report, which included a section on child care. The secretary's Advisory Committee on Women Veterans recommended that VA provide child care options for eligible veterans, utilizing public and private partnerships, in order to facilitate their access to quality health-care services. Under the Caregivers and Veterans Omnibus Health Services Act of 2010 (PL 111-163), Congress required VA to implement a two-year child care pilot in no fewer than three separate Veteran Integrated Service Networks. The law requires that the pilot program assess the feasibility and advisability of providing assistance for child care to qualified veterans receiving VA care.

Since many veterans, particularly women veterans, are the primary caretakers for young children, it is hoped these child care centers will make it easier for such veterans to utilize VA. In a survey, VA found that nearly one third of veterans were interested in child care services, and more than 10 percent had to cancel or reschedule VA appointments due to lack of child care. The intent is to diminish barriers for veterans who have difficulty keeping appointments due to child care obligations. The law limits the provision of child

care assistance to these pilot programs, and eligibility is defined as being for qualified veterans receiving VA health-care services on an outpatient basis at a VA facility. The pilot program authorized by Congress has ended, and there are still some VA medical centers that are not making child care available to veterans seeking care at their medical center.

#### RECOMMENDATION

- Request the VAPIHCS executive leadership explain the barriers to providing child care services to veterans so that The American Legion can take appropriate action to address this concern.

#### Key Leadership Turnover

VAPIHCS has experienced a high rate of leadership turnover in recent years. The lack of constant leadership is not good for any organization. It often limits the medical center from implementing new changes until a permanent leader is hired.

#### RECOMMENDATION

- VAPIHCS executive leadership should include in their strategic plan short- and long-term goals for stabilizing key leadership positions.

*Feb. 23, 2017, update: All top management positions, with the exception of the director, have been filled. The vacancy for chief of HR has also been filled. The new chief of HR has been well received and has proven to be a very effective, competent manager in a short period of time*

## VA GREATER LOS ANGELES HEALTHCARE SYSTEM

### Los Angeles

**Date:** January 23-25, 2017

#### Veterans Affairs & Rehabilitation Health

**Administration Committee Member:** Howard Darter

**National Staff:** Roscoe G. Butler, *Deputy Director for Health Care:*

#### BEST PRACTICES

##### Nursing

- Community Living Center (CLC) Nurse Managers' Bootcamp. The nurse managers in CLC had been in their positions for one year or less. The boot camp was created to provide them with knowledge and resources that would help them succeed. The boot camp was successful and led to the creation of a VISN-wide Nurse Manager Academy.
- CLC "Honoring Our Heroes" Resident Showcase Presentation – where facility staff present a resident who has volunteered to share their life story to other staff members and residents. This allows everyone involved to remember the "human" connection and the person behind "a patient."
- Call light system at the CLC. Call lights are no longer being answered at the desk, but now the staff come to the bedside directly.
- The CLC has weekly meetings with nursing risk management and the nurse managers with the residents of the CLC. This was organized by ADPCS and is a best practice, ensuring that each resident is heard and their concerns are addressed.
- RN New Grad Transition to Practice Program (TTP) including the "Veteran Connection" piece where it collaborates with the Volunteer Services and have each new grad RN participate at a veteran outreach event to engrain early on in their nursing career that VA nursing is a special kind of nursing.
- AcuStaf – Used by Nursing Service - use of scheduling software to improve efficiency and labor management.
- NP Transition Program – in order to provide support and help ensure success of new NPs graduating through

scholarship program (NNEI), VAGLHCS offers a transition program to allow a smooth transition from the RN role to the NP role.

- Utilization of the Bed Management Solution (BMS) for hospital throughput.
- Hiring Fair
- Evidence Based Practice Fellowship – nurses and allied health staff participate in a fellowship to create a project to improve patient care based on the evidence. This project has won ONS and other awards. It is unique because it focuses on staff nurses and allied health staff who do not have doctoral level education.
- Improving Quality of Health Care by Nurse Practitioners. Measuring a veteran's quality of health care managed by a nurse practitioner in a Veterans Affairs medical facility using Professional Practice Evaluation and Core Performance Measures.

#### Primary Care

- Primary Care Mental Health Integration – Mental health team is embedded into primary care clinic.
- Primary Care Health Coach Classes
  - » Biofeedback for medical conditions
  - » Mindfulness for Pain Management
  - » Get back to Sleep: insomnia class
  - » Healthy Living
- Primary Care PACT Titration Pharmacists – work with patients and PACT Team to improve diabetic control.
- Primary Care Shared Medical Appointments – multidisciplinary team works with a group of veterans to help improve diabetic control and blood pressure control.
- Direct Scheduling by PACT MSAs for:
  - » Audiology
  - » Optometry
  - » Echocardiogram
  - » Imaging/Ultrasound

#### Endocrinology

- For diabetics, aim for annual retinal screening, flu shots, and routine follow up of A1C and urinary protein to ensure the best outcome. These are all HEDIS

measures. Additionally, review VA database to seek out patients with poor glycemic control to try to help them.

- Working with Women's Health, Psychology, Pharmacy and Social Work to establish a multidisciplinary transgender program.
- Put together insulin algorithms for use on the inpatient service.
- Started a clinic dedicated to seeing follow up patients who present to the emergency room with poorly controlled diabetes.
- Have augmented tele-diabetes clinic to give care to a broader spectrum of patients who have trouble driving to get their subspecialty diabetes care.

#### **Gastroenterology and Hepatology**

- Colorectal Cancer Screening – Automated reminders for surveillance of polyps and for early cancers have endoscopic approaches to treatment using endoscopic mucosal dissection.
- Starting a trial funded by the National Cancer Institute for early detection of pancreatic cancer.
- New treatments for hepatitis C that result in an almost 100-percent cure rate.
- Since fatty liver and obesity are increasing in prevalence, started a clinical trial using Obeticholic acid that is IRB approved to study its utility and safety to treat fatty liver and prevent progression to cirrhosis.
- Have an outstanding informatics platform to track patients with liver fibrosis and cirrhosis using a non-invasive test called Fibroscan to identify higher-risk veterans and thereby prevent liver cancer.
- Developed a Doppler Probe to identify high risk vessels to effect treatment in patients presenting with non-variceal GI bleeding.

#### **Patient Centered Care**

- Welcoming new employees with a half-day Patient-Centered Care retreat.
- Engaging veterans with whole health/integrative health practices/pathways, including 5 week Intro to Relaxation for Self-Care Series, Meditative Movement, I rest Yoga, Healing Touch, Guided Imagery and Aromatherapy.

- Tai chi and yoga classes
- Training nursing holistic nursing techniques to offer inpatient and outpatient for decreased pain and overall well-being.
- Partnering with Integrative Medicine and Mental Health, HPDP and health coaches to provide interdisciplinary clinics such as Healing Touch during Ear Acupuncture, and Whole Health Orientation clinics.
- Partnering with nursing to offer interactive patient care via Get Well Network, including health education/wellness videos on inpatient unit.
- Providing employee wellness for staff via two employee gyms and Wellness is Now Program, along with health/wellness lunch and learn sessions.

#### **Mental Health**

- WLA VA offers a 10-week Comprehensive Pain Rehabilitation Program. The mission is to provide evidence-based treatment for chronic pain from an interdisciplinary perspective with Psychology, Physical Therapy, Occupational Therapy, Pain Medicine, and integrative and other modalities. Patients have improved mood, functioning and quality of life following participation. The program is CARF (Commission for Accreditation of Rehabilitation Facilities) accredited.
- Evidence-based Cognitive Behavioral Therapy (CBT) for chronic pain that reduces pain, anxiety, depression and disability
- Evidence-based substance use disorder treatment that uses CBT, Mindfulness, Motivational Interviewing and Contingency Management
- Mindfulness Programs, particularly Mindfulness Based Stress Reduction (MBSR) and Mindful Self-Compassion (MSC) recently were awarded a Best Practice Everywhere by Dr. Shulkin for 2016. MBSR provides veterans with the integrative health pathways to health and wellness increasingly in demand from veteran consumers and difficult to access in the private sector. A veteran is asking for whole person health approaches for both physical and mental health concerns that move away from a “pill for the ill” model of care and empowers veterans to engage with their care, and manage stress and chronic health conditions in their

lives. MBSR is an eight-week program of intensive mindfulness meditation training that improves depression, anxiety, and chronic pain while reducing suicidal ideation in veterans.

- Home Based Primary. Patients who are home-bound have a primary care team that comes to the home to provide care. Services include physicians, nursing, nutrition, pharmacy, occupational therapy and psychology.
- Tele-Mental Health (TMH). The VA is expanding mental health services to rural veterans by providing mental health services at Community-Based Outpatient Clinics via telecomm. Veterans talk via telecomm video to their providers to receive services that they otherwise would have to travel great distances to receive. Various locations within GLA have psychology, psychiatry and dementia care. Additionally, GLA is working to expand the availability of TMH into the home so that veterans with legitimate barriers to accessing MH care at a local facility (mobility barriers, great travel distance/time, etc.) can receive that treatment via computer/tablet from their homes.
- Primary Care-Mental Health Integration @ LAACC offers a number of evidence-based services
  - » Same-day mental/behavioral health appointments as part of veteran primary care services in accordance with the latest research of veteran preferences and treatment recommendations
  - » Biofeedback services for problems such as pain management and anxiety, as well as other common veteran struggles
  - » Mindfulness skills training including Mindfulness-Based Stress Reduction, an effective approach to reducing a variety of problems and improving quality of life
  - » Cognitive-Behavioral Therapy for primary care patients
  - » Acceptance and Commitment Therapy for primary care patients
  - » Primary care psychiatry services
- GLA offers the only Clinical Forensic Team in the country:
  - » The Clinical Forensic Team works with veterans

released from long-term institutionalization in prison and/or state forensic hospital (Atascadero State Hospital) that consequently are at high risk for poor community re-integration.

- » The Clinical Forensic Team serves as a bridge between prison/mental hospital and VA through pre-release clinical contact with the veteran and development of a GLA on-site housing/treatment plan.
- » The team's involvement is typically short-term (three to six months) though some veterans are seen for the duration of their parole placement
- » The VA-based Clinical Forensic Team currently consists of a VA outreach psychologist, psychiatrist and social worker.
- » These providers act as the veteran's guide through system. Services include:
  - ▶ Weekly contact to monitor progress
  - ▶ Liaison with the community housing partners
  - ▶ Transitional focus that is meaning-based to assist in reducing alienation in community
  - ▶ Liaison with additional VA mental health/health providers to facilitate integrated care
  - ▶ Interactions with parole/probation to fulfill supervisory mandates
- GLA mental health providers from LAACC & WLA collaborated on a pilot study from a dance movement program that showed reductions in stress levels following the dance/movement intervention in veterans diagnosed with PTSD. It was published in Federal Practitioner:
  - » Steinberg-Oren, SL; Krasnova, MT; Krasnov, I; Baker, MR; Ames, D. (July, 2016). Let's Dance: A Holistic Approach to Treating Veterans with Posttraumatic Stress Disorder. Federal Practitioner, Vol. 33, No.7, pp. 44-49.
- Sepulveda Ambulatory Care Center offers Introduction to Relaxation and Meditation Groups and Continuing Practice Groups, which:
  - » Improve veterans' access to health and healing practice
  - » Increase patient-centered care, access, efficiency, quality and patient empowerment through less-stigmatizing, trans-diagnostic care



- » Help veterans feel empowered to practice these life-long, no-cost skills on their own in daily life
  - ▶ After participating in a four-week group, patients report improvements in:
    - Depression
    - Anxiety
    - Suicidal ideation
    - Perceived stress
    - Need for pain meds
    - Sleep trouble
  - ▶ Those who were more severely depressed or anxious experienced more improvement
  - ▶ Those who participated in follow-up groups experienced more improvement

#### Dental Service

- GLA Dental Service excels in quality and safe veteran-centered care
  - » The highest standards of infection control and sterilization in accordance with the stringent Reusable Medical Equipment guidelines are accomplished to provide safe and quality dental care to all veteran patients.
  - » All dental unit waterlines are routinely tested for the delivery of safe patient care.
  - » To ensure the safe fabrication of quality dental appliances for all patients, the dental laboratories utilized assure that they do not use lead, they only use American products and they do not outsource overseas.
  - » GLA Dental Service provides dental care to the largest catchment of homeless veterans in the VA system, improving their quality of life as part of their road to recovery back into society.
- By maintaining one of the largest dental education programs in DVA with 4 GLA-sponsored Commission on Dental Accreditation accredited residency programs, two major affiliations with prestigious dental schools (UCLA and USC) and affiliations with several colleges of allied health, the GLA dental staff keeps abreast of current practices and advances in dentistry that definitely benefit the veterans and their dental care.
- GLA Dental Service has the only dental research fellowship program in DVA, and its prolific clinical

research program is cutting edge, demonstrating the relationship of certain medical conditions that are impacted by treating dental adjunct conditions.

#### Social Work

- Participating in a pilot project through the Wounded Warrior Care Network, a military and veterans charity service organization empowering injured veterans and their families, to help improve access to care and coordination of services for veterans across the nation. The facility is one of four VAMCs participating in this project to partner with academic medical centers to help post-9/11 veterans and their families to have access to needed care. VA GLAHS Social Work Service is partnering with University of California-Los Angeles (UCLA) Operation Mend Program. As part of the Wounded Warrior Care Network, the participating academic medical centers offer specialized clinical services to include two to three weeks of intensive outpatient program through multidisciplinary evaluation and individualized care. This collaboration will allow veterans to be seamlessly referred to the VA following clinical treatment, and facilitate better sharing of information relative to veterans and their medical needs.

- Ms. Kathya Merchan, VA GLAHS social worker, is the VA liaison for the Wounded Warrior Project (should this be Wounded Warrior Care Network). Merchan is at UCLA Operation Mend Program every Thursday to meet with veterans participating in the project, and is also part of the orientation team. Since June 2016, Merchan has assisted approximately 150 veterans who were receiving care at UCLA Operation Mend in connecting and reintegrating them to a VA medical center of their choice throughout the nation. This included, but was not limited to:

- » Assisting veterans get registered at VA of their choice
- » Coordinating care between herself and Transition Care Management coordinators at various VAs across the nation to ensure medical and mental health appointments are scheduled
- » Connecting veterans to VA regional office for VA benefits that they may be eligible for and housing resources.

#### Quality Management

- On the Road (OTR) Best Practice Tools sent out to all clinical staff for reminders and ensuring corrective protocol and polices are followed.

#### CHALLENGES

##### Vacancies

- The chief and assistant chief of Human Resources positions are vacant. In addition to the two top leadership vacancies in HR, there are 26 additional vacancies in HR. With the number of vacancies in HR, this poses serious challenges for the VAGLAHS, which has over 400 vacancies.
- The medical center reported having an authorized FTEE ceiling of 5,400 positions, of which 460 positions are vacant. H.R. has an authorized FTEE ceiling of 95 positions, of which 28 positions are vacant.

##### RECOMMENDATIONS

- The VAGLAHS executive leadership team should continue to explore all options to address their vacancy pool. Executive leadership tasked staff to develop a strategic plan to address this challenge.
- The American Legion will draft a resolution calling for all VA employee positions to be classified as patient safety and exempt from current and future hiring freezes. <https://www.law.cornell.edu/cfr/text/38/17.1000>
- VISN 22 is working with all VA health-care facilities to address its staffing needs. Due to the number of vacancies at the VAGLAHS, The American Legion recommends this be elevated to VA Central Office for immediate action.

##### Budget Flexibility

Executive leadership lacks the authority to move funds to budget categories (accounts) where funding is needed.

##### RECOMMENDATION

Since VA is restricted from transferring funds between accounts, this would require legislative changes. The American Legion will explore drafting a legislative resolution calling for Congress to provide VA the authority to transfer funding when appropriate.

#### Staff Recruitment and Retention

Lack of incentives to attract and retain good employees.

#### RECOMMENDATIONS

- The American Legion will schedule a meeting with VA Central Office to discuss what options are available to assist medical centers.
- Salaries are not competitive with salaries paid in the private sector for the same type of work.
- The American Legion will scheduling a meeting with VA Central Office to discuss what options are available to assist medical centers.

#### Education Debt Repayment Program

Insufficient funding for the Student Loan Repayment Program.

#### RECOMMENDATION

The American Legion will schedule a meeting with VA Central Office to discuss what options are available to assist medical centers.

## ALVIN C. YORK VA MEDICAL CENTER Murfreesboro, TN

**Date:** March 6-8, 2017

### Veterans Affairs & Rehabilitation Health

**Administration Committee Member:** George Harper

### National Staff:

Roscoe G. Butler, *Deputy Director for Health Care*

Edwin D. Thomas, *Assistant Director for Health Policy*

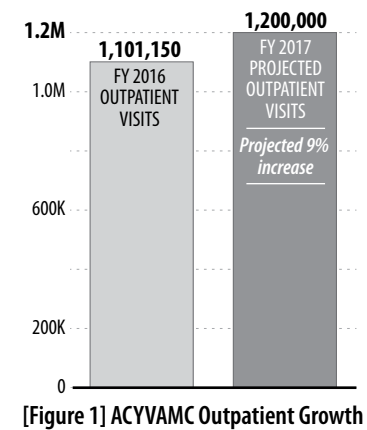
### BEST PRACTICES

- **New Hire On-boarding:** Human Resources developed a novel approach that significantly reduces on-boarding time after selection and a candidate given a firm job offer.
- **Maternity Program:** Maternity Care started a program that provides various incentives for expecting mothers to participate, including a new welcome packet for pregnant women that includes brochures and pamphlets on resources and preventative measures for the Zika virus.
  - » The hospital also developed a lactation room for employees but will also be available in the future for use by female veterans.
- **Organ Transplants:** ACYVAMC is a designated Center of Excellence for organ transplants and rated among the top four medical centers in Veterans Health Administration for quality for transplant surgeries.
- **Outreach/Communication:** Organizational leadership is the key to getting input from others, and open communication with stakeholders is critical to the success of any organization. The leadership at ACYVAMC recognizes communication with veterans and the general community is critical.
  - » The medical center consistently participates in meetings held by local veterans service organizations such as the U.S.O. and The American Legion. Leaders also conduct surveys and town halls, and participate on a Veterans' Advisory Council.
  - » Sponsors annual Veterans Day Parade; more than 1,300 veterans who participate
  - » Excellent partnership between ACYVAMC and Middle Tennessee State University.
  - » VA Voices: The medical center invites veterans to participate in a meeting held quarterly at the facility.
- **Secret Shoppers:** Persons acting as veterans seeking

medical care and services report their experiences to the medical center's executives. The goal of the activity is to facilitate excellent customer service and patient engagement at the medical center.

### CHALLENGES

- Budget constraints and current hiring freeze affects operational efficiency and patient care and safety
  - » ACYVAMC has 280 vacant positions slotted as "direct patient care"
  - » 172 FTEE vacancies
- A growing veteran population is putting a strain on the medical center relative to:
  - » Space
    - ▶ Increasing number of outpatient visits and encounters (Figure 1)
  - » Delivery of medical services
- VHA reduced the medical center's funding for FY2017 Veterans Choice Act payments by approximately 45 percent, although Choice card referrals increased 120 percent in the area (60,000 consults)
  - » Coordination of care between the medical center and Choice providers and billing are problems for ACYVAMC
- The diminishing square footage of the new facility in Chattanooga reduces the value the medical center might enjoy from being able to provide more space to serve veterans. The need for more exam rooms currently plagues the hospital.
- The medical center cancels surgeries because of shortages in funds to purchase needed equipment.
- The medical center cut its home-based primary care position and other positions in mental health and social work. Some vacancies have extended recruitment timelines. For instance, the medical center's current vacant position for a psychologist will take up to six



months to fill despite its best practices in Human Resources in the area of recruitment.

- » Coordination of the Veterans Choice Act and community providers not submitting documentation after a veteran's visit requires additional staff
- Executive staff expressed a problem with the hospital's public image. The local community and media strongly criticized the hospital's decision to purchase \$3 million in artwork.
  - » At the time of the purchase, hospital executives strived to enhance the aesthetic and therapeutic values associated with art. For instance, at the University of Kansas Health System, "Stroke patients, who have particular difficulty with the initiation of spontaneous speech, or with unilateral neglect of one side or the other, respond well when introduced to the variety of displayed artwork (HayMed, 2017)."
- Budget challenges also disrupt the hospital's ability to provide ongoing and effective training. The hospital competes with other hospitals in the VISN for training resources that acutely affects scheduling staff and Integrated Behavioral Therapy/MST
- Physician turnover
- Some older doctors do not want to see female patients
- TriWest is not educating physicians on what the Choice Program entails and the coordination needed
- Incompatibility between the new rules associated with Veteran Choice Program and the old rules that inhibit appropriate implementation
- Lack of clean, safe, affordable and permanent housing for homeless veterans

### RECOMMENDATIONS

#### Budget Constraints

- **Staffing/Hiring Freezes:** The American Legion will draft a resolution asking VA to exempt VA medical centers from future hiring freezes. All staff, medical or support, contribute to patient safety, patient satisfaction, and enhanced physical and mental health outcomes, including prevention of suicide and high employee morale.

▪ **Lack of Space/Construction Projects:** The American Legion has repeatedly asked VA and Congress to modernize physical facilities of VA medical centers to accommodate growth in veteran populations served now and in the future. Although VA has made some progress, The American Legion recommends that ACYVAMC conducts in-depth feasibility studies for all construction projects in the future. With a 55 percent decrease in space during the design stage of a new CBOC, ACYVAMC's feasibility studies should include, in addition to VA required information, a complete market analysis that provides VA with data and documentation fully substantiating the case for more space. The study should also outline an estimated "total costs" associated with the project including maintenance and required staff, along with the economic effect on patients and morale of staff,

▪ **Budget Growth:** Secretary Shulkin stated in a meeting with The American Legion on Feb. 27, 2017, that President Trump has plans to approve a new budget for the VA later in 2017 (Military, 2017). It is likely that VAMCs that have met compliance requirements through The Joint Commission and Commission on Accreditation of Rehabilitation Facilities (CARF) might receive first consideration for increases to their budgets.

» The American Legion recommends that ACYVAMC satisfies all "Insufficient Compliance" and "Partial Compliance" scores found in the November 2016 report of The Joint Commission. Moreover, all recommendations found in the 2015 CARF report should be met. The American Legion recommends active monitoring and evaluating patient safety goals for FY2017, particularly those goals for "Medication Use Processes."

#### Demographics

- The American Legion recommends the ACYVAMC obtain accurate data from credible sources about population growth trends in its catchment area.
- The American Legion also recommends the hospital collaborate more closely with community organizations responsible for economic development and monitoring the area's population growth.

- We recommend ACYVAMC work more closely with internal VA departments responsible for capturing critical veteran population data useful in developing budgets, recruiting plans and space requirements in the future.

#### **Aging Infrastructure**

- The American Legion continues working with VA and Congress on issues of aging physical assets and obsolete health information technology. The American Legion will continue addressing this need at both local and national levels. We recommend that ACYVAMC develops a list of deficiencies where physical plant and lack of technology affects the quality and timeliness of care.
- Additionally, not one VAMC should forgo performing needed surgery because of lack of medical equipment. This is an urgent matter directly and negatively affecting patient care prompting the following recommendation. ACYVAMC should submit a list of equipment to The American Legion National Headquarters. We will promptly bring the issue to VA's attention.

### **PHOENIX VA HEALTH CARE SYSTEM**

#### **Phoenix, AZ**

**Date:** March 20-22, 2017

#### **Veterans Affairs & Rehabilitation Health Administration Committee Member:**

Chairman Ralph P. Bozella

#### **National Staff:**

Roscoe G. Butler, *Deputy Director for Health Care*

Edwin D. Thomas, *Assistant Director for Health Policy*

### **BEST PRACTICES**

#### **Women's Health**

- The medical center sends its providers to receive training on women's health care. The medical and nursing professionals receive Continuing Education Units upon completion.
- The American College of Radiology awarded PVAHCS with the Award of Excellence for its Breast Health and Mammography Center.

- PVAHCS screens all women veterans for MST and mental health problems.
- The medical center hosts a program called "Moms and Babies." Two women veterans started the program.
- PVAHCS has a 30 percent market penetration for their Women Veteran Program.

#### **Cancer Program**

- PVAHCS maintains one of the best tumor registry programs in the VHA system.

#### **Suicide Prevention Team/Mental Health**

- Patient-Aligned Care Teams go to community-based clinic operations and includes a clinician who specializes in post-traumatic stress disorder.
- PVAHCS has one of the most robust PTSD programs in the country, with multiple screening processes and treatment modalities, and a close working relationship with the women veterans coordinator and homeless shelter coordinator.

#### **Process Improvement Initiatives**

- The assistant chief of Operations formed work groups to create efficient consult workflows.
- Additionally, the Process Improvement Initiative led to the executive director streamlining the call center and scheduling operations

#### **Homeless Shelter Program**

- Program director successfully obtained a \$1 million grant from the private sector to provide housing for 36,000 veterans.
- The homeless shelter operates with the philosophy of "Help people keep their home before they lose it." PVAHCS was the first VAMC to provide housing to veterans without any strings attached.

#### **Staffing**

- Since her arrival in October, the executive director has reduced the high turnover in departments historically known for constant employee defections, including:
  - » Housekeeping aides
  - » Medical support assistants
  - » Food service

### **CHALLENGES**

#### **Space/Growing demand for medical and mental health services**

##### **RECOMMENDATIONS**

- The new presidential administration has increased funding for VA. The medical center's executive leadership should continue developing business plans for approval through the Strategic Capital Investment Program (SCIP). PVAHCS should emphasize achieving the goal outlined in the handbook: "Improve the quality, access, and cost efficiency of the delivery of VA benefits and services through modern (i.e., newer and/or better conditioned) facilities that match the location of current and future demand" (VA SCIP, 2011).
- The PVAHCS should leverage their relationships with local veteran services organizations to help assist with matters of voicing issues about lack of space in which to deliver the appropriate care to veterans.

#### **Staffing (Physicians, Nurses, and Support Staff)**

##### **RECOMMENDATIONS**

- The American Legion recommends the hospital actively recruit Locum Tenens physicians through the VA Locum Tenens Program and VA Interim Hiring Program. Under the program, PVAHCS can contract with primary care physicians, nurse practitioners and physician assistants. The program touts that: "VA physicians earn market pay that is designed to be competitive with local physician labor markets. Exact starting salary is determined by a physician compensation pay panel, and is commensurate with your education and experience" (VA, 2017).
- The American Legion recommends the Patient Advocacy unit augment its staff with local VSO volunteers who can assist with bringing closure to cases or talking with veterans about their complaints.
- The American Legion recommends PVAHCS develop a business case outlining how cuts to the Educational Debt Reduction Program inhibits PVAHCS's ability to recruit and retain qualified medical staff. PVAHCS should then forward the document to The American Legion for inclusion in our executive summary that is delivered to members of Congress, the VA secretary and the president.

- The American Legion recommends sending to its Washington, D.C., office the additional rationale for upgrading the patient advocate positions from Grade 9 to Grade 11, including current and anticipated workload. We also recommend that you include any effect on the facility's budget or budget neutrality. The American Legion will include the passage in our letter to VA Central Office.
- The American Legion recommends involving local VSOs by informing them of job vacancies and hard-to-fill positions.

#### **Community Care/Veteran Choice Program**

##### **RECOMMENDATIONS**

- The American Legion is exploring the appropriate steps needed to create a change. We are meeting with subject matter experts at the VA to discuss Veterans Equitable Resource Allocation program. Once The American Legion has obtained proper knowledge, we will draft a resolution to support a change to the VERA model.
- The American Legion recommends meeting with executives of TriWest and local VSOs to share the issue of communication and return of crucial medical care records to PVAHCS.

#### **Constant Turnover of Executive Staff**

##### **RECOMMENDATION**

- The American Legion recommends the current executive team commit to remaining with PVAHCS until the medical center has recovered from its current situation stemming from the scandal occurring in 2014.
  - » Rationale: The current administration is strong and has a vision for the hospital, and a palpable sense of caring for veterans and the quality of health care at Carl T. Hayden Medical Center. Moreover, staff needs to sense a feeling of continuity at the medical center. This is very important since the turnover rate has been extremely high in the position of executive director.

#### **Women's Health/Military Sexual Trauma**

##### **RECOMMENDATIONS**

- When PVAHCS admits a woman to the hospital, The American Legion recommends alerting the Women Veterans Coordinator immediately.

- The American Legion recommends the medical center establish a separate “Waiting Room” for women suffering from traumatic brain injury/post-traumatic stress disorder or military sexual trauma and would like that option.
- The absence of childcare at VA medical centers inhibits access to medical care. Therefore, The American Legion recommends PVAHCS inquire about the extended federal pilot program that allows funding of childcare services offered to women veterans seeking medical appointments at VA medical facilities and during telehealth consults for rural residents. Likewise, The American Legion believe this will enhance access to care for women veterans and allows parity with leading private sector health systems that have offered childcare services for many years to both employees and patients.
- The American Legion recommends PVAHCS help women veterans seek stipends to pay for childcare as promulgated through Public Law 111-163, Title II, §205 that has been extended through Sept. 29, 2017.
- The budget constraints affect the successful promotion and implementation activities for Sexual Assault Awareness Month at PVAHCS. Women already feel alienated by a lack of programming activities focused on gender issues.

Therefore, The American Legion recommends PVAHCS work with the local American Legion post and national office staff, who will work with the VAVS chief to secure additional funding for promotional activities for future Sexual Assault Awareness Month activities.

- The Veterans Health Administration uses the Veterans Equitable Resource Allocation (VERA) model to provide funding to VISNs for patient care, services, and special programs such as the Sexual Assault Awareness Month. The American Legion recognizes the VERA model has limitations. The American Legion recommends exploring VERA with VA Central Office staff. The meeting will allow The American Legion to pursue resolutions, if warranted, that recommend changes or strengthening the model to effectively address the unique, local needs of VA medical centers.

#### **Rural Areas in Arizona – Transportation RECOMMENDATIONS**

- The American Legion recommends that PVAHCS explore hiring a mobility transportation coordinator to ensure transportation is coordinated for veterans seeking medical services and living in rural areas.
  - » Rationale: Rural areas present a constant challenge in the delivery of health services. In addition to diminishing numbers of general medical practitioners and specialists, transportation presents an additional layer of challenge. Phoenix does not offer public transportation outside its city limits. This is a chronic problem because a large number of enrolled and eligible veterans who seek medical care at PVAHCS live in rural areas.

- The American Legion recommends identifying a VSO eligible for grant consideration under Public Law 111-163, Title III, §307. Eligible VSOs or State Veteran Service Agency can use the grant award of up to \$50,000 to assist veterans in highly rural areas to travel to VA medical centers, and otherwise assist in providing transportation in connection with the provision of medical care to veterans in highly rural areas.

#### **Patient Wait-time Scandal RECOMMENDATIONS**

- The American Legion recommends PVAHCS continues being transparent, fostering open communication, and acting proactively to informing the public about the good activities and challenges at the medical center.
- The American Legion also recommends that PVAHCS continues working closely with VSOs and community-based organizations on matters where veterans and caregivers need to be informed.

#### **Business Operations RECOMMENDATIONS**

- The American Legion recommends PVAHCS keep its current posture of training and dedicated oversight of the team of medical support assistants.
- The American Legion also recommends that VA Central Office and VISN headquarters set realistic training schedules that do not cause unnecessary interference or interruption of call center operations.

#### **VA Office of the Inspector General’s 2016 Report on Delay in the Care of Lung Cancer Patient RECOMMENDATION**

- The American Legion recommends PVAHCS continue working to complete the outstanding OIG recommendations.
  - » Rationale: PVAHCS has closed three recommendations and requested closure on the four outstanding recommendations in its April 30, 2017, submission to the OIG.

#### **Budget (Facility) RECOMMENDATION**

- The American Legion recommends PVAHCS quantify budget shortfalls that affect quality of care and inhibit the purchase of medical equipment and supplies to perform surgeries in a letter to The American Legion. We will compile similar challenges at other VA medical facilities and submit a letter to the VA Central Office for prompt resolution

#### **GULF COAST VETERANS HEALTH CARE SYSTEM Biloxi, MS**

**Date:** April 3-5, 2017

**Veterans Affairs & Rehabilitation Health Administration Committee Member:** Steve Sweet  
**National Staff:**

Roscoe G. Butler, *Deputy Director for Health Care*  
Melvin J. Brown, *Assistant Director for Health Policy*

#### **BEST PRACTICES**

##### **Fiscal Services**

Outstanding leadership in the system’s business services resulted in a brilliantly executed budget program that closed out at \$472 million. GCVHCS is the only VISN 16 facility that did not have a budget deficit for the entirety of FY16.

##### **Care in the Community (CITC)**

GCVHCS led the initiative to have third-party administrator TriWest embedd staff in its facility. TriWest staff is actively engaged in assisting with timely dispositioning of Veterans Choice Program appointments. This initiative provides better

communication between TriWest and CITC providers and enhances customer service to Non-VA Care Coordination Service frontline staff and veterans.

##### **Logistics**

▪ Reduced inventory levels below 23 days of stock on hand level for each of the 12 months in FY16. Additionally, exceeded Medical Surgical Prime Vendor utilization compliance goal of 40 percent each of the 12 consecutive months, ranging from 58 percent to 72 percent compliancy, thereby putting the facility at the top of the VISN and VA nationwide. Received an award from the deputy secretary for this effort.

- Recognized as a Best Practice and Learning Resource for Reusable Medical Equipment.

##### **Engineering Service**

Received the Greenhealth Award, Partner for Change, presented for significant achievements in sustainability and demonstrating excellence in managing the resources utilized in serving veterans.

##### **VA/DoD Sharing Coordinator**

Improved business practices by developing a billing submission SOP for all DoD partners; streamlining the process by eliminating a persistent issue of double billing and duplicative work effort associated with the VA/DoD payment process. (Service, 2016)

#### **CHALLENGES AND RECOMMENDATIONS:**

**Future plans for a new outpatient clinic in Mobile, Ala., may be inadequate to meet the increasing demand for health services from a growing veteran population.**

##### **RECOMMENDATIONS**

▪ The Department of Alabama American Legion will request the national commander send a letter to the VA secretary requesting VHA re-evaluate the approved proposal for a new CBOC in Mobile, Ala., and ensure the proposal will meet the veteran projected growth over the next 20-30 years. If VA determines the size of the Mobile CBOC will be inadequate, a change order will be submitted prior to breaking ground to ensure the CBOC is right-sized.

- » Rationale: The Department of Alabama of The

American Legion believes that the announced plan of 65,000 usable square feet of space for the new CBOC will not meet the needs of the veterans in the Mobile catchment area as related to future potential for growth.

- The American Legion will send a letter of support recommending increased funding considerations so that the GCVHCS will not inhibit its efforts to increase space for medical services to veteran and meet future demands.

» Rationale: The American Legion recommends GCVHCS obtain data from various sources related to population growth trends in its catchment area. The data should come from trusted sources such as the VA National Center for Veteran Analysis and Statistics, U.S. Census Bureau and the local economic development office to verify demographic trends in the veteran population. Obtaining data from a variety of sources reduces potential criticism of bias and lack of objectivity.

#### **Poor Communications Systems at the Mobile CBOC RECOMMENDATION**

- The American Legion recommends that GCVHCS develop a list of deficiencies where aging facilities and obsolete technology affect the quality and timeliness of care.

» Rationale: The American Legion continues working with the VA and Congress on issues of substandard capital assets and obsolete Health Information Technology. The American Legion will continue addressing this need.

## **ALASKA VA HEALTHCARE SYSTEM**

### **Anchorage**

**Date:** May 1-3, 2017

#### **Veterans Affairs & Rehabilitation Health**

**Administration Committee Member:** Jeffrey Olson

#### **National Staff:**

Roscoe G. Butler, *Deputy Director for Health Care*

### **BEST PRACTICES**

- Working as a Joint Venture Hospital with the Air Force
- Maternity Care FAQs brochure
- Women Veteran Program Liaison Manual
- Ambulatory Care Sensitive Conditions
- Shining Star Employee Recognition Program
- Native/Tribal Health Organization Agreements – Care for Veterans through the use of agreements with the Native Health System
- Training staff in CBOCs to do foot/nail care – reducing the need for the podiatrist to trim nails rather than seeing specialty podiatry needs
- Using an organizational board to track performance measures and improvement projects

### **CHALLENGES**

#### **Choice**

Prior to implementation of the Choice program, according to AVAHCS staff, its Non-VA Community Care program was working exceptionally well until they were mandated to use Choice. In 2016, Reveal published a new article stating by the time the public learned that veterans had died while on secret wait lists in Phoenix and elsewhere, Alaska finally was in good shape. On June 1, 2014, there were 24 veterans on the state's electronic wait list – compared with 2,005 in Phoenix and 4,240 in the Tennessee Valley Healthcare System, the highest in the nation. Based on information published by Reveal from The Center for Investigative Reporting, they found Choice replaced a hard-won system with identical goals that was working and replaced it with Choice, which made it worse. In 2015, Dr. Baligh Yehia, Assistant Deputy Undersecretary for Health for Community Care, attended a town hall meeting at the Murie Auditorium

on the University of Alaska Fairbanks campus, where veterans voiced concerns about the Choice program. In light of congressional, as well as veterans' concerns, VA approved the AVAHCS to serve as a pilot site for piloting the appointment scheduling initiative.

### **RECOMMENDATION**

The American Legion recommends once the appointment scheduling initiative is completed, Dr. Yehia's offices should:

- Immediately evaluate if this initiative helped to improve services for veterans referred outside the AVAHCS to a non-VA provider.
- Decide if the changes should be implemented nationwide.

### **Staffing**

There is no medical school in Alaska, so all of the AVAHCS professional staff must be recruited from the lower 48 states or Hawaii. Shortage of recruitment, retention and relocation funds greatly decreases the AVAHCS ability to attract professional staff to Alaska.

### **RECOMMENDATION**

The Veterans Affairs and Rehabilitation Commission, along with American Legion national D.C. staff, coordinate with The American Legion Department of Hawaii and the Department of Alaska to consider drafting a joint legislative resolution that would provide the VAPIHCS and the AVAHCS special authority for recruitment, retention and relocation incentives that is separate and distinct to Alaska and Hawaii.

### **Alerts**

When the AVAHCS cannot schedule an appointment for a new veteran in a timely manner, the veteran is given the option to be referred out in the community under the VA Choice program to see a primary care provider. In accordance with VA policies, VA providers frequently receive clinical reminders to ensure certain screenings are completed. When a veteran is referred outside VA to see a primary care provider, the mandated screening exam like the MTS screening will not be performed unless the veteran has been scheduled back into the VA to see a VA provider. Some veterans who are seen outside the AVAHCS under the Choice program may

choose not to return to VA and continue receiving their care through Choice.

### **RECOMMENDATION**

AVAHCS must develop a process to ensure all new patients referred outside the VA through the Choice program complete all of the required mandated screening examinations.

### **Travel**

The AVAHCS is responsible for providing health care to veterans residing within a 586,400-square mile primary service area within VISN 20. Unlike the lower 48 states, the common mode of transportation is by air. Veterans in Hawaii experience similar transportation issues.

During our December 2016 System Worth Saving site visit to the VA Pacific Island Health Care System a recommendation was made that the Veterans Affairs & Rehabilitation Commission, along with American Legion national D.C. staff, coordinate with The American Legion Department of Hawaii and the Department of Alaska to consider drafting a joint legislative resolution. This resolution would provide the VAPIHCS and the AVAHCS separate and distinct beneficiary travel authority to assist with veterans' travel expenses if the veteran lives on American Samoa, Guam, or Alaska, is referred to the parent facility by a VA clinician and has no means to pay for the airfare.

### **RECOMMENDATION**

The Veterans Affairs and Rehabilitation Commission, along with American Legion national staff, coordinate with The American Legion Department of Hawaii and the Department of Alaska to consider drafting a joint legislative resolution that would provide the VAPIHCS and the AVAHCS the authority to pay for veterans' travel expenses if the veteran lives on American Samoa, Guam, or in Alaska, is referred to the parent facility and has no means of financial support to pay for their airfare.

### **Debt Forgiveness**

To attract out of state providers to community hospitals in Alaska, community hospitals are offering to pay off a provider's debt in exchange for them coming to work at their hospital. While VA has a debt reduction program, VA does not forgive providers debt in exchange for them accepting a position at a particular VAMC.

## RECOMMENDATION

The Veterans Affairs and Rehabilitation Commission, along with American Legion national D.C. staff, coordinate with The American Legion Department of Hawaii and the Department of Alaska in drafting a joint legislative resolution. The resolution would call for Congress to provide funding to support a debt forgiveness pilot program in Alaska and Hawaii. At the conclusion of the pilot, VA must evaluate the success or failures of the program and determine whether the program should be continued.

### Mat-SU CBOC

The CBOC is about 35 miles from the AVAHCS and resides in one of the fastest growing regions in Alaska,

which includes the towns of Palmer, Wasilla, Big Lake, Houston, Willow and Talkeetna. While the VA Police make frequent trips to the CBOC, law enforcement is provided by local authorities. Staff expressed concerns about the length of time it takes for local authorities to respond. During the exit briefing, Director Ballard stated the contract for the Mat-SU CBOC is up for renewal soon and they will be looking at other options, to include relocating the clinic.

## RECOMMENDATION

The American Legion recommend that the AVAHCS develop a detailed plan that takes into account all the pros and cons of relocating a CBOC and weigh each option carefully before taking action.

## Conclusion

In spite of the many challenges VA is facing, The American Legion believes Secretary Shulkin is working to implement changes to ensure no veteran is left behind. The American Legion applauds Dr. Shulkin for his can-do attitude for implementing changes to provide emergency mental health care to veterans with an other than honorable discharges, agreeing not to move forward to terminate veterans individual unemployable benefits,

withdrawing VA's appeal in the *Staab vs. McDonald* case, and the decision to purchase the same medical record system (Cerner) DoD purchased. These decisions demonstrate Dr. Shulkin is willing to make the difficult decisions, and The American Legion is ready to work with him in order to ensure the VA health-care system is preserved for our nation's veterans.



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