



EL PASO VA HEALTH CARE SYSTEM | EL PASO, TX

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National Task Force Member: Chairman, Ralph P. Bozella

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Overview

The El Paso VA Health Care System (EPVAHCS) serves veterans in far southwest Texas and Doña Ana County, N.M. The EPVAHCS includes the main health-care facility located adjacent to William Beaumont Army Medical Center (WBAMC) on Ft. Bliss, Texas, and two VA-staffed community-based outpatient clinics (CBOCs) – one in Las Cruces, N.M., the second at the Sierra Providence Eastside Center in east El Paso. A workgroup currently is seeking to acquire a larger space for the Las Cruces CBOC to accommodate the increasing number of veterans seeking care there. The new, larger facility is scheduled to open in fiscal 2015. In January 2014, a request for bids will be published for a primary care telehealth outpatient clinic to be located in Marfa, Texas. The clinic will allow veterans living in rural communities to have appointments with providers using the latest in video health technology without the time-consuming and costly travel to EPVAHCS.

The EPVAHCS has a joint venture with WBAMC that allows both entities to maximize resource utilization. Through the joint venture, VA purchases emergency room service and inpatient care for acute medical, psychiatric and surgical emergencies. The joint venture has increased patient access in general and vascular surgery.

The American Legion last visited the EPVAHCS in February 2004. During the visit, EPVAHCS saw its major fiscal challenge as providing a spectrum of services when it was not an inpatient facility and had to fee-out for services, most notably from WBAMC. Since then, EPVAHCS has increasingly used WBAMC for services not available at EPVAHCS, to include mammography services, increased Women's Health Services, and joint endoscopy service through a Joint Incentive Fund grant. EPVAHCS also increased new mental health services (homeless programs, suicide prevention, post-traumatic stress disorder, etc.). EPVAHCS also implemented the use of My HealthVet, health promotion disease prevention, medical foster homes, home-based primary care, palliative care and Integrated Disability Evaluation System (IDES).

The EPVAHCS also acquires services from local hospitals and other VA medical centers within the VA Southwest Health Care Network, which serves West Texas, New Mexico and Arizona.

Budget

El Paso has consistently had high non-VA/fee costs. As WBAMC is preparing to move into FY 2017, the possibility of these costs increasing is high. Decreasing non-VA costs in lieu of declining budgets is a necessity. The following actions will be taken to ensure EPVAHCS decreases fee costs: optimizing alternate methods of health-care delivery, acquiring infrastructure to meet growing demands for services, strategically planning with WBAMC to coordinate probable future requirements for inpatient and outpatient services, and using Patient-Centered Community Care (PC3) contracts, as they are made available. In addition, EPVAHCS is working with the chief of staff and the director to reduce purchased-care costs in the community and brings the services back to the VA.

The budget for FY 2014 is \$122.887 million; EPVAHCS claims it will be sufficient to meet budget needs.

Staffing

Since 2003, EPVAHCS significantly increased staffing to meet clinical needs. To meet staffing needs HR specialists participated in technical career field training, and then assigned Service Line-specific requirements.

Psychiatrists, nurse practitioners and registered nurses are in high demand, and recruitment is difficult due to competitive salaries with the private sector. El Paso is designated a medically underserved area, according to U.S. Department of Health and Human Services guidelines. EPVAHCS is meeting with universities, such as Texas Tech University, to recruit more physicians.

Over the next five years, 274 employees will be eligible for retirement. To prepare for vacancies, EPVAHCS monitors retirement eligibility data, and historical and retirement trends. Essential personnel are notified, and assessment of the position and/or hiring activities are initiated. Once employees express interest in retirement, submit an application or indicate expected retirement date, the information is notated on a staffing spreadsheet for planning and hiring activities.

Enrollment/Outreach

Over the past 10 years, EPVAHCS implemented the Eligibility One-Stop-Shop and My HealthVet. EPVAHCS leads the nation



in percentage of enrolled veterans participating in My HealtheVet. During our town hall meeting, veterans expressed appreciation of My HealtheVet and the positive experiences they have had with the program.

EPVAHCS has 70,296 veterans in their catchment area. Of these, approximately 37,000 are enrolled, while 30,477 are unique users. With the steady increase of enrolled veterans, EPVAHCS faces the challenge of enough primary care providers to offer quality care to the veterans.

EPVAHCS makes a substantial effort to provide outreach, especially to OEF/OIF/OND veterans with the following programs: Demobilization (During this event, EPVAHCS offers new veterans the opportunity to enroll into VA health care and provide contact information about the OEF/OIF/OND program nearest the veteran's home), Post-Deployment Health Re-assessments (PDHRA) and Yellow Ribbon, Welcome Home Celebrations, Community Outreach, Social Media, and Peer-to-Peer Readjustment counseling.

Mental Health

Several programs and initiatives have happened for EPVAHCS since 2003. The list includes, but is not limited to, the Peer Support Program, OEF/OIF Program, the Integrated Disability Evaluation System (IDES), the Suicide Prevention Program, and the implementation of evidenced-based therapies (cognitive processing therapy, prolonged exposure, motivational interviewing/enhancement therapy, etc.). EPVAHCS has constructed a new wing to allow additional mental health services and added three times the mental health staff it had in 2003.

Currently, EPVAHCS is challenged with the lack of psychiatrists working for the medical center, and veterans have been unsatisfied with the 20-minute mental health appointments. EPVAHCS is looking to hire a supervisory psychiatrist as part of its effort to address the demand for psychiatrists. The psychiatrists at EPVAHCS are overloaded, and the medical center needs to recruit more psychiatrists to meet the need and avoid burning out the current staff. For FY 2014, EPVAHCS hopes to successfully recruit for its mental health vacancy positions, improve access to care, assess space needs and collaborate with the newly established Veterans Mental Health Council.

Intensive Care Unit

EPVAHCS does not currently have an intensive care unit (ICU); however, if a veteran is in ICU in the community, EPVAHCS helps to coordinate transportation to another VA facility if long-term care is expected and the veteran is stable to travel. If not, EPVAHCS monitors daily inpatient stay through their Utilization Management (UM) nurse.

Long-Term Services and Support

As an outpatient facility, EPVAHCS does not have in-house long-term services. Nevertheless, EPVAHCS offers support services for veterans who may need long-term care or assistance with activities of daily living. Some programs include home hospice, Caregiver Program (divided into general, which provides information and services to support family caregivers within veteran families, and the Family Caregiver Program for post-9/11 veterans who suffered serious physical or psychological injury in the line of duty that resulted in need for family members to provide a great deal of care or monitoring); homemaker/home health aid; home respite care; medical foster homes (MFH); and home-based primary care. The average daily census for these programs was 221.6 at the end of fiscal 13.

EPVAHCS currently has three approved VA medical foster homes; the fourth home was expected to be approved in late November 2013. To track the veterans living in medical foster homes, EPVAHCS conducts monthly interviews/assessments of the veterans at the MFH and speaks with the caregiver(s) to discuss issues, such as falls, change in mental/emotional status, appetite, behavior, the veteran's adjustment to the MFH and other concerns raised by the caregiver in the home.

EPVAHCS will continue to expand services in alignment with VISN 18's goals, and provide proactive and personalized, patient-driven health care.

Homeless Coordinator

Over the past 10 years, EPVAHCS implemented several programs to combat veteran homelessness in the El Paso area. For example, the Grant and Per Diem Program (GPD) has been offered annually to fund El Paso's community agencies to provide service to homeless veterans. EPVAHCS has increased the use of homeless vocational rehabilitation, as well as the Housing and Urban Development-Veterans Affairs Supportive Housing (HUD-VASH) Program.

Due to its unique relationship with the WBAMC, EPVAHCS's IDES program works directly with Department of Defense and active duty servicemembers leaving the military. EPVAHCS's OEF/OIF program coordinator works directly with transitioning servicemembers to coordinate interagency programs and services to prevent veteran homelessness. The medical center held a mental health summit bringing together community and government agencies to discuss gaps in services and ways to bridge those gaps. The medical center has a Compensated Work Therapy Program that works with federal, state, and local agencies – as well as community partners, stakeholders and the workforce – to find employment for veterans.



Based on the 2013 Point-in-Time Survey from Jan. 24, 2013, there were 158 homeless veterans. Of those, 102 were in some sort of shelter, leaving 56 of them on the street. EPVAHCS has received 205 HUD/VASH vouchers. Of these, 149 have been awarded to single male veterans, 20 to single women veterans and 25 to veteran families. There were 11 vouchers still available.

EPVAHCS is affiliated with the Aliviane Halfway House in Socorro, Texas, which assists homeless veterans in the medical center's catchment area. During the site visit, the System Worth Saving Task Force visited the Aliviane Halfway House and found the distance – 20 miles - challenging for veterans who need to receive treatment from EPVAHCS. Though Sun Metro has bus routes from Aliviane to EPVAHCS, a one-way trip can take up to three hours. EPVAHCS has hired a mobility manager to oversee wheelchair-accessible vans that will provide transportation for veterans who reside in outlying areas.

Information Technology

Since 2003, there have been several advancements and initiatives for EPVAHCS's information technology; many of the advancements deal with the various ventures with the WBAMC. The joint ventures in the transmission of information between VA and DoD have greatly increased the ability to care for the patients at the EPVAHCS.

Most of the complaints about the telephone system in FY 2012-2013 involve connectivity and ease of use issues. EPVAHCS currently is in the process of upgrading the phone network in Office of Information and Technology Region 1 of the VA, which will include replacement of the outlying Shortel system at the CBOC and out sites, and replace them with an updated Cisco Telephone Network. Additionally, a call center with dedicated staff was established to respond to incoming calls in a timely, efficient manner, thus avoiding long wait time for veterans seeking information and appointments.

In regards to scheduling, the average wait time for a primary care appointment is 18 days, 47 days for specialty care and 16 days for a mental health appointment. If the veteran has an urgent condition, they are then taken to Primary Care to be triaged. Nevertheless, scheduling has been a challenge for EPVAHCS; providers overbook patients and take walk-ins to provide additional access.

For the future, EPVAHCS intends to upgrade the telecommunications systems inside the facility and at all the outlying CBOCs. EPVAHCS and WBAMC would like the opportunity to test exiting software such as JANUS to allow for an easier view of both Computerized Patient Record System and DoD health information as they continue to do more joint venture activities.

Construction

Since 2003, EPVAHCS has added an additional building that houses all mental health services, occupational therapy, physical therapy, and some space for the Special Exams Unit (SEU) and Financial Resource Management Service.

With the recent implementation of the Strategic Capital Investment Planning (SCIP) Program, EPVAHCS has been provided a better view of actual requirements based on workload, both current and predicted, and an avenue for proper prioritization of projects. Staff at EPVAHCS believes the SCIP is a great process. Improvements in advance planning and occasional redundancy would make it even better.

EPVAHCS is planning to build a dental building, and has several Non-Recurring Maintenance (NRM) projects involved with assumption of space in WBAMC. Nevertheless, EPVAHCS has communicated concern of what will be done with WBAMC once all of the services have moved in 2017. The American Legion highlighted the importance of letting local veterans service organizations know the status and recommended EPVAHCS communicate their plan with WBAMC, once it is known. The NRM projects include the restructuring of space in the current buildings; however, none of these projects are approved due to being out-of-year requirements.

Patient Advocate

At EPVAHCS, patient satisfaction is tracked through their Patient Centered Medical Home (PCMH) Survey of Healthcare Experiences of Patients (SHEP). As an overall communication plan, the PCMH SHEP is reported through committees and leadership within EPVAHCS. The results are also released to all service and section chiefs monthly, along with their patient advocate data.

In FY 2012 – through education, training and feedback from veterans – EPVAHCS's Veterans-Centered Care met the network director's assigned performance measures VISN target of 67 percent, with a score of 68.9 percent. In FY 2013, the SHEP Survey instrument was changed to the PCHM survey. A comparison of PCMH May's data in 2013 showed EPVAHCS was in line with or exceeded other facilities' scores in six out of the seven composite scores. Moving forward, EPVAHCS will be implementing TruthPoint in an effort to get real time point-of-service data. The data will help EPVAHCS identify process improvement opportunities in a timely manner.

As an outpatient facility, EPVAHCS physicians do not round in the traditional sense. They monitor the care veterans receive as inpatients through a review with the Integrated Care Service two to four days each week. The American Legion recommend-



ed EPVAHCS ensure more rounding is completed for veterans receiving care at WBAMC.

Town Hall Meeting

The veterans' health-care town hall meeting took place at American Legion Post 58 in El Paso on November 18, 2014. The purpose of the town hall meeting was to discuss how the medical center's partnership with WBAMC was going, as well as the sub-topics involved in the several areas of focus for VA's accomplishments and progress over the past 10 years.

During the meeting, the veterans expressed mixed feelings with medical center's partnership with WBAMC, and did not feel they were receiving the highest level of care when treated at WBAMC. They also expressed frustration with the enrollment process, the fragmented level of mental health care, the ability to reach an actual operator with the phone system, and articulated fears of keeping physicians at the EPVAHCS. One veteran expressed dissatisfaction with the prosthetics offered, as well as VA's offered clothing allowance.

Nevertheless, the veterans in attendance were positive about EPVAHCS' aggressive implementation of My HealtheVet, and were impressed with their ability to quickly refill their prescriptions and get a response from their primary care provider. The issues, concerns and best practices discussed during the town hall meeting were expressed to the appropriate leadership at the medical center.

Best Practices

EPVAHCS has done a phenomenal job with its My HealtheVet One-Stop-Shop setup. During the time of the System Worth Saving Task Force's visit, EPVAHCS was leading the nation in the percentage of enrolled veterans participating in My HealtheVet. Out of the 70,926 veterans in the medical center's catchment area, 37,000 were enrolled and 30,477 were unique users for FY 2013. The American Legion recommended EPVAHCS continue its successful One-Stop-Shop process with My HealtheVet.

EPVAHCS offers complementary and alternative medications, such as yoga, guitar lessons, and sleep hygiene, which offer a variety of different practices necessary to have normal, quality nighttime sleep and full daytime alertness.

With their Veterans Transitional Living Center (VTLC), EPVAHCS has had a success rate of 85-90 percent of veterans moving from VTLC to independent housing.

Facility Challenges and Recommendations

Challenge 1: The current situation with the future of WBAMC is uncertain and troubling for veterans in the area, and veterans need to know where they will be able to receive their health care.

Recommendation: The American Legion highlighted the importance of letting local veterans service organizations know the status of obtaining WBAMC when it is vacated, and recommended EPVAHCS communicate its plan with WBAMC, once it is known.

Challenge 2: During the town hall meeting, veterans expressed that 20 minutes has not been an ample amount of time for mental health appointments. Likewise, with the demand for psychiatrists, mental health staff has been overloaded with patient appointments and mental health appointment times and frustrations are built up through long waiting lists.

Recommendation: The American Legion recommended mental health staff limit their use of computers during appointments. Veterans expressed frustration with staff using computers during appointments, and need to know how computer use is beneficial to both parties. The American Legion also recommended further reliance on local Vet Centers. Vet Centers provide a broad range of counseling, outreach, and referral services to eligible veterans in order to help them make a satisfying post-war readjustment to civilian life. In addition, all Vet Centers maintain non-traditional appointment schedules, after normal business hours, to accommodate the schedules of Veterans and their family members.

Challenge 3: Veterans receiving care at WBAMC should not be forgotten. Staff from EPVAHCS need to know how care is going at WBAMC and ensure veterans' needs are still being met.

Recommendation: The American Legion recommended EPVAHCS ensures more rounding is completed for veterans receiving care at WBAMC.

Challenge 4: While EPVAHCS's My HealtheVet coordinator does a huge amount of outreach, the medical center should consider tailoring outreach to every era of veteran (Vietnam, Gulf War, OIF/OEF, etc.) to ensure no one is left behind.

Recommendation: The American Legion recommended EPVAHCS specify outreach for every era of veteran.

Challenge 5: Veterans may not feel comfortable responding to one question regarding military sexual trauma (MST), however, if prompted more than once, the veteran may consider addressing past issues.

Recommendation: The American Legion recommended MST questions are asked more than once.