



## **VA BUTLER HEALTHCARE SYSTEM | BUTLER, PA**

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**National Task Force Member:** Chairman, Ralph P. Bozella

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### **Overview**

The VA Butler Healthcare System (VA BHS), built in 1938, is a Complexity Level 3 health-care system serving approximately 43,409 veterans residing in Western Pennsylvania's five counties: Butler, Armstrong, Clarion, Lawrence, Mercer and Eastern Ohio. With approximately 1.5 million veterans living in Pennsylvania, it has one of the largest veteran populations in the country. VA BHS, is part of VA's Stars and Stripes Veterans Integrated Services (VISN) Network 4, serving veterans since 1947. The VA BHS provides enrolled veterans primary, specialty, and mental health care in an outpatient or long-term care setting. The medical center does not have acute care services such as an operating room, emergency department, intensive-care unit, or inpatient medical or surgical units.

The VA BHS is housed on 88 acres totaling 425,000 square feet of health-care space that includes a comprehensive outpatient clinic, community living center and a domiciliary for homeless veterans. VA BHS has five community-based outpatient clinics (CBOCs) located in Armstrong, Cranberry Township, Clarion, Lawrence, and Mercer counties that provides health care services to enrolled veterans.

Since 2003, VA BHS has been transformed culturally by building a new domiciliary, remodeling the community living center into a home-like environment and opening a new CBOC located in Cranberry Township. Additional cultural transformations include expanding medical center and CBOC outpatient services; meeting physical and mental health needs of enrolled Operation Enduring Freedom, Operation Iraqi Freedom, and Operation New Dawn veterans; providing gender-specific health-care services to enrolled women veterans; and successfully enrolling 10,000 veterans into My HealtheVet.

### **Construction**

Since inception, the medical center has gone through several construction projects and upgrades to accommodate its growing veteran population's health-care needs. Due to its size, VA BHS is classified as an independent outpatient clinic. Since 2003, the health-care system completed projects to improve how it delivers health care to enrolled veterans, including a community living center (CLC) built in 2011 and a new home-like domiciliary built in 2013.

In FY 2013, the VA BHS made progress on its strategic capital investments plan and construction projects, such as completing the construction of a new home-like CLC to replace the medical center's 60-bed CLC that was being housed in a more institutional environment, providing its veterans with a residential environment with private rooms and private bathrooms.

The health-care system's dedication to improving infrastructure and environment for delivering efficient and effective patient care was demonstrated through the support and commitment for a new 168,000-square-foot Health Care Center (HCC) to replace the existing outpatient clinics. The HCC was approved in 2010 by Congress under Public Law 111-82 as a major lease and is being managed by VA Central Office of Construction and Facilities Management (CFM). The new HCC, located in Butler, will provide patients and staff state-of-the-art equipment and space for outpatient ambulatory clinics, services, and support facility to improve the efficiency of space and operations, increase capacity to expand services, and avoid expensive costs in maintaining the infrastructure of a 75-year-old building. The new HCC is slated to open in FY 2017. The construction delay for the new HCC was because the initial contract was cancelled by CFM due to issues they had with the initial contractor. The delay of the HCC is a concern to the medical center in regards to getting back the trust of the community.

### **VA Butler Healthcare System Health Care Center (HCC) Construction**

In October 2009, the U.S. Congress passed Public Law 111-82, which authorized approximately \$150 million dollars for VA to award seven Veterans Health Administration Health Care Center (HCC) leases in Montgomery, Ala.; Loma Linda and Monterey, Calif.; Charlotte and Winston-Salem, N.C.; and Butler, Pa.. The funding under PL 111-82 for the Butler HCC facility was \$16.5 million. The lease for the Butler HCC was awarded in May 2012.

The construction was scheduled to start in spring 2013 and conclude in 2015; however; after an extensive review by the Department of Veterans Affairs Office Inspector General and the VA Office of Acquisition, Logistics, and Construction, the VA decided to terminate the \$75-million construction contract for cause in August 2013. The decision by VA was to officially



terminate the lease that it had in place with the Westar Development Company based in Aurora, Ohio, to construct the Butler HCC. The termination of the lease by VA was as a result of falsifying representation by the company, to include misleading statements in the paperwork during the bidding process.

On December 4, 2013, VA announced that it plans on awarding another contract to build the HCC in spring 2014. As a lease, it cannot be built on government-owned property. There are four locations within three miles of the main campus under consideration for locating the center in order to meet the needs of the health-care system and the veteran community. The award of the lease is expected to occur in May 2014, followed by a 31-month construction period.

## **Budget**

Since 2003, the VA BHS has increased the medical center budget for homelessness, mental health, caregiver support, substance abuse, homeless dental, emergency management, telehealth, and patient-centered care teams programs. The fiscal year (FY) 2014 medical center budget is \$106.46 million, an increase of \$21 million from fiscal 2013. The VA BHS is looking forward to the future by moving its current outpatient services to a new leased health-care center (HCC) facility within the next five years to streamline services and improve access for veterans. This new venture will improve the quality of care and accessibility of health-care services provided to veterans.

In FY 2012, the medical center received \$9.6 million special purpose funding for the medical, facility, and administration. In FY 2013, funding decreased by \$1.4 million (\$8.1 million), and FY 2014 resulted in another funding decrease of \$113,000 (\$8.048 million). With the fiscal year decreases, the medical center believes it has enough special purpose funding to enhance and provide quality services without reducing programs offered to their veterans. Staying within budget, the medical center plans to increase veteran satisfaction and awareness with health counseling and services, and is committed to eliminating homelessness, providing superior health care to those veterans, being the employer of choice, improving geriatric care for the aging veteran population and personalizing health care by expanding telehealth services.

Since 2003, the VA BHS has managed Non-VA Care Coordination (NVCC) costs by maintaining its budget, improving the overall claims processing system, looking for innovative ways for in-house care, and moving towards national contracts for specialty health care services in the areas of dialysis, podiatry, gastrointestinal and gastrourology services, and dermatology. The medical center stated 10 percent of its annual budget, approximately \$8.5 million, is dedicated to medical services not

offered in-house and offered in the community, accommodating the veteran geographically.

In FY 2013, the VA BHS NVCC totaled \$2.7 million for the areas of hematology and oncology, emergency room and urgent care visits, physical therapy, home health, and ophthalmology. Over the past four years, the health-care system successfully reduced fee costs by \$4 million by monitoring and placing measures into place to reduce costs. The challenge that the medical center has as an outpatient facility is managing the continuing change of the fee-basis costs on a yearly basis.

## **Staffing**

Since 2003, the VA BHS staffing has undergone the following initiatives:

The Mental Health Hiring Initiative was the result of an Executive Order signed on Aug. 31, 2012, which requires the Veterans Health Administration to hire additional mental health clinical and non-clinical staff. The VA BHS benefited from the Executive Order by having the ability to hire one additional full-time equivalent employee (FTEE) psychologist, one FTEE certified registered nurse practitioner, and 3.0 Peer Support Specialists who are engaged in their own recovery and assist others in their mental health treatment. These newly created positions will ensure VA BHS is providing the best mental health care to enrolled veterans.

Currently, 181 (32.2percent) of the 562 people employed by the health-care system are veterans. In fiscal 2013, 13 employees (2.3 percent) of the VA Butler Healthcare workforce, were eligible to retire; over the next five years, the health-care system has 187 employees eligible for retirement. The future plan for the health-care system's anticipated retirements is to formally and informally train current staff for seamless transitions and continuity of care for enrolled veterans. Each year, the facility prepares a succession plan, identifying areas within the health-care system for leadership employee development, and offers mentorship and preceptor programs.

The VA BHS FY 2104 staffing goals are committed to developing a diverse workforce by increasing employment of veterans, employees with disabilities and employees from under-represented ethnicities. To effectively and efficiently control the recruiting and retention rates, the Human Resources department works with program managers to forecast and predict vacancies. To fill vacant positions rapidly and seamlessly, the health-care system has continuous announcements for the critical positions. The health-care system utilizes the Technical Career Field (TCF) Recent Graduate Program to train new employees in areas where there is a need for advanced training. Currently, the health-care system has two TCF recent graduates in accounting and human resources who will eventually assist in the succession planning.



The VA BHS exceeded VA's FY 2014 hiring goal of 80 percent position fills within 60 days. Butler currently is at 84 percent of positions within 60 days. Butler also exceeded the VA goal in FY 2013 by achieving 88 percent.

## **Enrollment/Outreach**

The VA BHS provides outpatient care, mental health and long-term care services to the following veterans: 30,000 enrolled, 18,860 unique; 1,092 enrolled, 777 unique women veterans; and more than 2,800 enrolled Operation Iraqi Freedom (OIF), Operation Enduring Freedom (OEF) and Operation New Dawn (OND) veterans. The catchment area consists of 43,708 veterans, of which 3,185 are women veterans. With the recent implementation of the Affordable Care Act, the health-care system has had no significant increase in enrollment; however, it is experiencing a 4-5-percent increase per year in outpatient visits. The medical center (to include the community-based outpatient clinics) is averaging 140,000-170,000 outpatient visits per year. Since 2009, the health-care system has seen an increase of 40,000 outpatient visits. In 2009, the health-care system had 127,545 outpatient visits and 167,456 outpatient visits in 2013. Also since 2009, the health-care system has seen an increase of more than 1,400 unique veterans seen at the main facility in Butler, as well their CBOCs in Cranberry Township, Ford City, Foxburg, Hermitage, and New Castle, Pa.

To increase overall veteran enrollment, the VA BHS implemented several programs since 2003. Major programs attracting veteran enrollment include homeless initiatives, expanding benefits for veterans with traumatic brain injury, expanding mental health eligibility and access, expanding women veteran gender-specific health-care services, OEF/OIF/OND eligibility expansion and the My HealtheVet initiative. One of the VA BHS's major accomplishments since 2003 was to enroll more than 10,000 veterans in the My HealtheVet program. The health-care system has been the role model by exceeding VISN 4 standards in terms of processing new veteran enrollee applications with 15 days. The medical center also successfully exceeded the national enrollment average of online applications. The national average for online application processing is 48.1 percent, while the VA BHS is at 58 percent, effectively processing applications within five business days.

Future VA BHS enrollment priorities are increasing total unique visits, and increasing its enrollment numbers for Vietnam veterans, women veterans, and OEF/OIF/OND veterans to utilize the VA for their medical services by educating them on the benefits they earned.

If the VA opens enrollment to Priority Group 8 veterans, VA BHS can ultimately see an increase in veteran enrollment. This benefits the medical center in recruitment of providers and staff

to provide care. The increase of veterans can receive their care at the CBOCs if necessary.

VA BHS has a strong outreach program with Slippery Rock University, Butler Community College, and Clarion University to assist veterans with their benefits and assist in enrolling them into the VA health-care system. During outreach events, the medical center schedules appointments and assists with enrollment on-site, resulting in no delays for veterans to receive health care. A challenge for the VA BHS is to identify health-care providers that provide gender-specific health-care services within the community for their enrolled women veterans.

## **Mental Health**

Since 2003, VA BHS initiated and implemented mental health programs and initiatives, improving its mental health service line for enrolled veterans at the medical center and CBOCs. The health-care system's outpatient mental health services are patient-centered: the patient and family are involved in the overall treatment plan. Mental health services the health-care system offers are integrated within the primary care aligned teams (PACT) at the medical center and within its CBOCs. Outpatient mental health services are offered through the Center for Behavioral Health and through its new 36,400-square-foot residential domiciliary, housing 56 beds – including four bedrooms dedicated to women veterans. The domiciliary offers homeless veterans a home-like environment by providing necessary amenities. The mental health outpatient services provided for veterans are substance abuse, PTSD therapies, suicide prevention, telemental health and a mental health intensive care management program. The residential domiciliary offers veterans all the services the Center for Behavioral Health offers, including vocational rehabilitation, serious mentally ill treatments and therapies, homeless services that include Housing Urban Development and Veterans Affairs Supportive Housing (HUD/VASH) vouchers, compensated work therapy and Transitional Rehabilitation. The Commission Accredited Rehabilitation Facilities identified the medical centers domiciliary as a best practice for veteran involvement in the treatment plans.

Programs implemented over the past 10 years include completion of the mental health hiring initiative, and creating a suicide prevention coordinator, primary care mental health integration team and a local recovery coordinator position. VA BHS revamped its post-traumatic stress disorder services into a staged approach to treatment, starting with veteran education before moving into evidence-based psychotherapies. The medical center is the first within VISN 4 to offer in-home cognitive behavioral therapy. VA BHS offers veterans complementary and alternative medicine in the areas of exercise classes, yoga, zumba



ba, chiropractic care, massage therapy, nutritional and wellness classes, and implementation of acupuncture in FY 2014.

VA BHS future goals and priorities for improving its mental health service line in an outpatient and residential living setting include improving telehealth capabilities, such as offering clinical telehealth services to veterans home and within their academic affiliations; providing clinical treatments where veterans are located, continuing integration of mental health services in current PACT model of care; and improving quality-based treatment therapies and care for veterans who reside in the domiciliary, with the ultimate goal to successfully reintegrate veterans into the community. The main challenge that the VA BHS mental health service line has is the transition from the Diagnostic Statistics Manual (DSM) IV to the DSM V.

### **Long-Term Services and Support**

Since 2003, VA BHS opened a 30-bed community living center (CLC) in the fall of 2011 to accommodate its veteran population with long-term medical care. In the summer of 2014, the healthcare system will complete the final phase of its 52,300-square-foot, 60-bed CLC. Upon completion, each veteran will enjoy private bedrooms equipped with Internet access, a study and private bathroom. The CLC is a cultural transformational model of care consisting of home-like neighborhoods offering veterans amenities. Two physicians and a nursing staff provide 24-hour care to residents in a non-institutional healthcare setting. Services provided in the CLC are hospice, rehabilitation, restorative, dementia, palliative and skilled nursing care.

The medical center has an in-house Adult Day Health Care (ADHC) program to help elderly veterans within its catchment area stay healthy, active and social. The ADHC program allows caregivers a break from providing constant care to loved ones. The ADHC program has a staff of 3.5 FTEs, including a kinesiologist who provides socialization skills, basic medical services and therapeutic care to enrolled veterans five days per week. The health-care center's goals for the ADHC program are to expand the programs to other counties within its catchment area.

VA BHS expanded its non-institutional care programs by providing two Home Based Primary Care (HBPC) programs consisting of interdisciplinary teams that provide medical services, including respite care within the veterans' home.

Future plans for VA BHS long-term services are to continue to assess non-institutional care programs as more veterans choosing to receive medical care in their homes, continue with the cultural transformation and improve veterans' surroundings to make them more home-like, and to continue to grow the HBPC and Home Health Aid programs.

### **Homeless Coordinator**

For VA BHS to meet Secretary of Veterans Affairs Eric Shinseki's goal of eliminating veteran homelessness by 2015, the medical center implemented programs and services to accommodate the homeless veterans within its catchment area. Since 2003, many programs have been implemented:

- The enhancement of the Domiciliary Residential Rehabilitation Treatment Program ) facilities to accommodate female veterans;
- Distributing 115 Department of Housing and Urban Development Veterans Affairs Supportive Housing (HUD-VASH) vouchers to partnering housing authorities in Butler and Lawrence counties;
- Establishing a contract for emergency housing at the 88-bed Tomorrow's Hope, a transitional housing and service center for veterans;
- Establishing a partnership with the VA Pittsburgh Healthcare System to utilize 10 grant per diem beds at the 268-bed Mechling-Shakley Veterans Center;
- Establishing the veterans justice outreach and the veterans court programs in Beaver, Butler and Mercer counties;
- An enhanced used lease to house 16 senior homeless veterans; and
- Creating a Commission on Accreditation of Rehabilitation Facilities Accreditation Domiciliary and Compensated Work Therapy and Transitional Residence program.

In the winter of 2013, VA BHS opened a new 36,400-square-foot, five-building, 56-bed domiciliary providing residential rehabilitation for male and female veterans who suffer substance abuse, homelessness and behavioral health issues. The domiciliary consists of group therapy rooms, recreation center, computer room, dining hall, life skills training room and craft room. All townhomes provide veterans a home-like atmosphere, such as a washer and dryer and modern furniture. Veterans are responsible for the cleaning, cooking, purchasing groceries and doing their own laundry.

VA BHS plans to expand their programs by providing more services and housing for homeless veterans by enforcing six pillars to end homelessness: outreach and education, treatment services, preventative services, housing and supportive services, income/employment/benefits, and relationships with community partnerships.

### **Information Technology**

Since 2003, VA BHS implemented the following Information Technology (IT) upgrades: implementing tele-health; the Con-



tinuous Readiness in Information Security Program; a help desk; upgrading every major VistA application to enhance health-care services; and renovating a data center.

The health-care system staff is trained during first-call responses and are evaluated by a 30-second resolve time performance measure implemented to improve patient satisfaction. The medical center has a call center for expediting specialty clinic appointments. The health-care system has a My HealtheVet coordinator and VISN telehealth coordinator located on campus to assist veterans with registering in My HealtheVet and for telehealth services.

The health-care system implemented and expanded telehealth services and technicians in affiliated CBOCs by adding via telehealth dermatology imaging through the store-and-forward program, retinal imaging, TeleMove, tele-chaplaincy, tele-palliative care, clinical video telehealth, tele-amputee, tele-women's health and tele-speech therapy. In FY2013, the health-care system served 2,000 unique veterans through telehealth programs. The home telehealth programs served more than 3,000 veterans, while the clinical video telehealth programs served more than 2,500 veterans.

For the future, the health-care system plans to increase IT services by deploying health information systems to support the needed medical services, deploy communication infrastructure to support new medical systems, implement computer systems to support veteran-centered care, continue to support the PACT implementation, support after-hours access; support IT activation throughout the CLC; and support future IT activation in the Health Care Center. The significant challenge that the facility faces is the age of its current phone system, which is more than 17 years old; the VA BHS is planning to replace its telephone switch in 2014.

## **Patient Advocate**

The health-care system defines patient satisfaction as overall patient experience and their perception of the quality of care provided to them. The health-care system provides its veterans personalized, proactive and patient-driven care. The Patient Advocate department consists of one patient advocate and one customer service representative to facilitate and expedite solutions, resolve issues and concerns, and provide exceptional customer service to veterans. In FY 2013, the health-care system focused on improvements to the veteran experience reflected in veteran satisfaction scores. Customer service improvements the healthcare system incorporated include: expanding the call center to improve veteran access, videotaping provider encounters with veterans to evaluate provider patient experience, integrating mental health into the current PACT model of care, personally interviewing patients on health-care experiences and incorporating patient satisfaction into current related performance measures.

The patient advocate is responsible for tracking satisfaction measures and official patient complaints. The patient advocate serves on the veteran satisfaction committee, monitors all complaints, deals with congressional inquiries, and participates in medical center continuous quality improvement projects. Patient satisfaction measurements are tracked through the health-care system by number of complaints, assessments, observations, and feedback from staff and veterans.

## **Veteran Town Hall**

The veteran health care town hall meeting took place at American Legion Post 778 in Lyndora, Pa., on Jan. 20, 2014. Twenty veterans and Rep. Mike Kelly, (R-3rd District) attended the meeting. The veterans expressed concerns, but were overall satisfied with services and care they receive at VA BHS. A few veterans from the Military and Veterans Association of Congressional District 3 articulated two main concerns to VA BHS leadership: delay in construction of the new health care center and staffing at the medical center's Adult Day Health Care program. VA BHS leadership team addressed the veterans' issues and concerns.

## **Best Practices**

VA BHS demonstrated several best practices throughout the system, including:

- There is an Alcoholics Anonymous group located on campus so veterans can take advantage of the peer support meeting to continue the recovery process.
- Upon enrollment, veterans receive a detailed handbook explaining services available throughout the health-care system.
- To increase numbers beyond the 10,000 veterans enrolled in the My HealtheVet program, the medical center assists veterans with signing up in the program upon enrollment into the health-care system. All providers encourage their veterans to enroll.
- Veterans and family members are encouraged to be involved in the overall behavioral health treatment plan.
- The health-care system and community partners sponsor open houses at the community based outpatient clinics to enroll new veterans and educate to them on services available to them.
- To increase the patient experience, the health-care system has put into place a physician-patient videotaping program to evaluate and assess physician and patient interactions. These sessions are used as training tools to improve the veteran's health-care experience.
- The health-care system enrolls new veterans and schedules veteran health-care appointments on-site at outreach events to improve access and wait times for veterans.



## Facility Challenges & Recommendations

*Challenge 1:* There seems to be mistrust between the local veteran community and the VA BHS regarding dissemination of information. Information about construction delays and restructuring of hospital programs such as the HCC and the Adult Day Health Care are not being communicated in a timely manner to veterans who receive their care at VA BHS.

**Recommendation:** VA BHS has to be transparent when dealing with the local veteran community. The American Legion recommended the utilization of veteran service organizations to help communicate and advertise their message to veterans within their catchment area.

The VA BHS responses to recommendation No. 1 made by The American Legion's SWS Task Force are:

VA Butler Healthcare plans to keep Veterans, stakeholders, staff, and the community informed on programs, initiatives, and shares information in many ways – including quarterly town hall, Veterans Advisory Council (VAC), VAVS, staff meetings, newsletters, mailings, local radio programs, podcasts, regular media stories, annual report, social media (ex. Facebook), etc. These forums and methods are used to communicate with and keep stakeholders informed on a variety of topics including new services, plans, programs, performance measures, survey results and outcomes (examples include Joint Commission, CARE, OIG CAP, All Employee Survey results, Continuous Quality Improvement (CQI), high reliability culture, etc.). VA Butler Healthcare holds regular quarterly meetings with the VSOs to keep the constituents up to date on the care provided to Veterans as well as to seek input from the group regarding any issues, problems, and/or related matter.

*Challenge 2:* The patient satisfaction data at the medical center needs to improve. The health-care system does not have a real-time patient satisfaction tool. It currently utilizes a phone survey to receive feedback from veterans regarding patient experiences. It also relies on Survey SHEP scores to monitor and track patient satisfaction.

**Recommendation:** Through the assistance from the VISN, The American Legion recommended that VA BHS needs to adopt and implement a real-time patient satisfaction tool such as Truth Point or Press Ganey to monitor and track patient satisfaction efficiently, effectively and consistently.

The VA BHS responses to recommendation No. 2 made by The American Legion's SWS Task Force are:

Patient satisfaction is defined by the Veteran experience and their perception of the quality of the care provided. VA Butler Healthcare provides personalized, proactive, patient-driven

care. It is important that every Veteran get the services they are eligible for, are treated as participants in their care; and everyone participating with the VA is treated with dignity and respect as individuals. We closely monitor all patient satisfaction metrics to evaluate our performance and ensure Veterans are satisfied with their care.

VA Butler created a pro-active phone power assessment seeking out Veteran satisfaction of their PCP team and seeking ways to identify opportunities for improvement. The results were that PCP providers all ranked above 95% satisfaction by Veterans individually. Identified challenges in the efficiency of the system of healthcare lead to a system redesign of the entire Primary Care system to provide faster processing of services.

As a result of a desire to improve Veteran Satisfaction average scores with the Voice of the Veteran survey regarding the call center, VA Butler Healthcare developed and implemented a communication action tool. Not only did Veteran satisfaction scores improve, but also VA Butler Healthcare received a first place award (The Under Secretary for Health Systems Redesign Champion Award) for this effort. VA Butler Healthcare and other VAMCs, coordinate with the VISN and National Leads to share Best Practices which provides all VA facilities the opportunity to adopt programs and continually improve the services we provide to our Veterans. Twice a year, providers are video-taped during interactions with Veterans and then provided feedback on their communications skills. VA Butler Healthcare also conducts real time assessments of Veteran Satisfaction through phone calls and face to face interactions. This provides the opportunity to address Veteran concerns in a timely fashion. VISN and National Patient advocates meet via phone conference monthly to discuss issues, share best practices and provide training with national policy experts

*Challenge 3:* The health-care system's outreach can improve in all of its hospital's programs, such as enrollment, recruitment, women veterans health care, homeless veterans programs, long-term care, mental health, domiciliary and staff openings.

**Recommendation:** The American Legion recommended that the health-care system utilize available resources, such as local media, community partnerships and veteran service organizations. Communication will educate the veteran community on services available at VA BHS. The staff at the medical center can attend VSO district and department meetings, conferences, conventions, and submit hospital information via VSO newsletters.

The VA BHS responses to recommendations No. 3 made by The American Legion's SWS Task Force are:

VA Butler Healthcare has expanded and plans to continue to



include less traditional events to make contact with Vietnam Veterans, Women Veterans, Persian Gulf Veterans & OEF/OIF/OND Veterans specifically. The Outreach Committee has been expanded to include core position which has resulted in a higher visibility level for VA Butler Healthcare in our catchment area. Goals: Increase total Uniques; Increase Vietnam Veterans utilizing VA; Increase OEF/OIF/OND utilizing VA; Increase Women Veterans utilizing VA; Continue open house events at the CBOC's; Work on retention for VABHC staff; continue educating Veterans on benefits available to them Increase enrollment and vested Veterans by focusing on Vietnam Veterans, OEF/OIF/OND, and Women Veterans including the retention of current Veterans served. This will be done by continuing open house events, participating and taking advantage of planned events in the community and at the CBOC's to increase Veteran awareness and education on benefits at the national and local level.

*Challenge 4:* On a daily basis, the medical center is sending 25-30 patients to the VA Pittsburgh Healthcare System (1.5 hours away) to be seen. Appointments cannot often be rescheduled due to weather and other unforeseen circumstances.

**Recommendation:** The American Legion recommended that the medical center assess if another provider should be hired

to work in Butler to provide the same services they receive in Pittsburgh so veterans can receive care closer to home.

The VA BHS responses to recommendations #4 made by The American Legion's SWS Task Force are:

VA Butler Healthcare has carefully evaluated this recommendation. The number of Veterans VA Butler transports to VA Pittsburgh on a daily basis averages 15-20 rather than 25-30. Also, because of the number of different specialties provided by VA Pittsburgh and the low volume of Butler Veterans requiring access to those specialties, it is not feasible to hire additional providers at Butler to address the Veteran's needs. In some cases VA Butler can fee the specialty services in the Veteran's community to make access to the services more convenient. In addition, VA Butler Healthcare continues to expand the use of telehealth technology to make access to specialized care for our Veterans more convenient. Examples of this include, but are not limited to, the following: Teleretinal, Teledematology, Tele-EKG, Telepulmonary, Telepsychiatry, Telespeech. These allow Veterans to receive services at Butler by providers at VA Pittsburgh connected electronically.