



ORLANDO VA MEDICAL CENTER | ORLANDO, FL

Date: February 10 – 12, 2014

National Task Force Member: Chairman Ralph P. Bozella

National Senior Field Service Representative: Roscoe Butler

Overview

The Orlando VA Medical Center (OVAMC), serving an area of more than 90,000 veteran patients in East Central Florida, is one of seven members of the VISN 8 Healthcare System. The OVAMC includes the medical center, the community living center, the Residential Rehabilitation Program, the Viera Outpatient Clinic, the Daytona Outpatient Clinic, and four community-based outpatient clinics (CBOCs) located in Clermont, Kissimmee, Leesburg and Orange City.

In addition to the main facility in Orlando, outpatient services are available at a number of CBOCs located in Daytona Beach, Viera, Clermont, Kissimmee, Leesburg, Orange City, Crossroads Annex and Lake Nona Annex.

The OVAMC is slated to open a new hospital in 2014. The medical center will be located on a 65- acre campus in south-east Orange County. The 1.2- million- square- foot facility will have a large multispecialty outpatient clinic, 134 inpatient beds, 120 community living center beds, a 60-bed domiciliary, and administrative and support services. The center will be co-located with the University of Central Florida College of Medicine, the Burnham Institute, the University of Florida Academic and Research Center, and Nemours Children’s Hospital in the Lake Nona area known as the “Medical City.” Construction completion for the facility is currently projected for December 2014.

Construction

The OVAMC construction budget for the past three fiscal years.

FY 2011	FY 2012	FY 2013	FY 2014
\$9.5 million	\$9.8 million	\$16.6 million	\$4.1 million

The OVAMC identified only one major project planned or underway at the medical center, which is the completion of Lake Nona Medical Center. A minor project identified, planned, or underway at the medical center was identified as Research Phase 2A

The OVAMC reported that they have approximately 43 non-recurring projects planned or underway at the medical center.



Budget

Fiscal Year	Medical	Facility	Administration
FY 2012	\$385,320,982	\$43,562,842	\$45,723,010
FY 2013	\$428,197,443	\$40,216,381	\$48,890,637
FY 2014	\$507,894,162	\$35,376,661	\$53,488,898

The current budget is \$596.8 million, which includes Activations, Special Purpose and Prosthetics funds. Major initiatives for Orlando is the completion and opening of new medical center approved in 2006 with an estimated cost of \$665 million, transition/separation from Tampa VAMC in 2006 (emerged as station 675), and increase access and consistently increase unique patients (fiscal 12 - 97,164; fiscal 2013 - 98,770; 1.7-percent increase).

Non-VA

In 2007, the Fee Basis Unit formally broke away from the James A. Haley VA and became its own department belonging solely to the OVAMC. In May 2009, Non-VA Care instituted the usage of a standardized Fee Basis Claim System in order to process claims electronically instead of using paper claims. This ultimately led to improved efficiencies in handling and processing claims. The Integrated Health Service was initiated on Oct. 4, 2010, in an effort to create a combined unit made up of the Fee Basis Section and the Care Management Section to ensure coordination of Non-VA Care for veterans. In 2011, Community Health was added to the services provided by Integrated Health



Service. Non-VA Care was formalized nationally as the Non-VA Care Coordination (NVCC) System in order to standardize the methods in which care is provided across all facilities in the Department of Veterans Affairs system.

Non-VA Claims Workload

Fiscal Year	Received	Processed
2011	258,830	243,414
2012	257,504	287,754
2013	299,357	264,564
YTD	169,017	183,808

Medical Care Cost Recovery (MCCR)

In 2006, the OVAMC separated from Tampa when the Consolidated Patient Accounts Center (CPAC) transition already started. Orlando collections have been consistently increasing every year. They have a strong and close communication and professional work with the CPAC staff located in Orlando.

Goals and Collections

Fiscal Year	Collections
2011	25,589,398
2012*	31,671,739
2013*	33,867,098

*CPAC

Beneficiary Travel Expenditures

FY11	Expenditures
Emergency	\$402,768.36
Special Mode	\$715,791.09
Compensation and Pension	\$200,156.15
Mileage	\$2,614,632.21
TOTAL	\$3,933,347.81

FY12	Expenditures
Emergency	\$494,349.87
Special Mode	\$1,255,591.45
Compensation and Pension	\$200,888.94
Mileage	\$2,229,822.14
TOTAL	\$4,180,652.40

FY13	Expenditures
Emergency	\$633,370.17
Special Mode	\$1,569,390.24
Compensation and Pension	\$150,934.96
Mileage	\$2,429,583.89
TOTAL	\$4,783,279.26

Staffing

The OVAMC currently is in the process of opening its new medical center in Lake Nona and becoming a 24/7 Medical Center. During the next five years, the Staffing section will be dedicated to recruiting and identifying highly qualified and talented candidates to provide impeccable patient care to its veteran population.

Staffing's goals include identifying hard-to-fill occupations prior to the opening of the new medical facility and identifying highly qualified candidates to fill these positions. Staffing is also committed to the timely recruitment of staff members to assist in the process of providing training and education, as well as to provide a seamless transition to the new medical center. This goal also includes complying with the president's hiring initiative and continuing to fulfill its commitment to recruit and hire veterans.

The OVAMC follows VA guidelines regarding veterans preference in hiring veterans. The OVAMC utilizes Title V, Title 38 and Hybrid referrals, as well as utilizing Direct Hire authorities for 30 percent or more service-connected veterans.

Staffing works closely with Vocational Rehabilitation for its hard-to-fill positions. During this past year, staffing has partnered with the Veterans Benefit Administration to allow its students to partner with the OVAMC to gain valuable work experience. As a result of this partnership, many of these students have been hired into permanent positions.

The OVAMC has two internal leadership development programs. The first program is the VISN 8 Competency Development for Leaders in the 21st Century Leadership Development Program. This program is reserved for staff members at the GS-9 to GS-15 pay grades.

The second program is the Positive Results in Diversity Enhancement Leadership Development Program. This program is broadly targeted to the GS-1 through GS-8 pay grades, with the primary target audience at GS-6 through GS-8 pay grades.

OVAMC also has an external leadership program that is covered under the administrative intern/recent graduate programs of the Health System Management Trainee Program, - also known as Graduate Healthcare Administration Training Program.



Given the recent mental health initiatives implemented through the VA, OVAMC's greatest shortage is with specialized mental health positions, including physicians, social workers,

psychologists and nurses. While mental health is able to fill 111 of the 114 mental health positions, the last two psychologists and one physician positions are proving to be hard-to-fill.

OVAMC Historical Workforce Summary Table

Historical Category	2009	2010	2011	2012	2013	Avg
Employees Onboard at End of FY	1837	1855	2074	2385	2555	2148.4
% Change from Previous Year Onboard	16.70%	-0.96%	11.81%	15.00%	7.13%	9.93%
Average Onboard	1764	1936	1949	2210	2464	2064.9
FTE at End of FY	1855	1838	2057	2367	2537	2130.8
Voluntary Retirements (CSRS & FERS)	22	36	48	39	39	36.8
Disability Retirements	5	6	6	7	6	6
Special (Early Out) Retirements	0	0	0	0	0	0
Resignations	37	61	43	61	96	59.6
Transfers to Other Government Agencies (352G)	16	16	8	4	6	10

Enrollment/Outreach

The OVAMC reported having 266,581 veterans in its catchment area in the following six counties: 65,116 in Brevard, 30,636 in Seminole, 17,152 in Osceola, 67,832 in Orange, 32,329 in Lake and 53,789 in Volusia .

Of the 266,581 veterans reported in its catchment area, 106,294 were enrolled at the OVAMC in fiscal 13. The breakdown of veterans enrolled at the OVAMC by counties is Brevard, 21,816; Seminole, 7,990; Osceola, 6,061; Orange, 23,316; Lake, 12,347; Volusia, 18,152; and other, 16,612.

The OVAMC reported having 98,770 unique veterans in its catchment area.

Unique patients by county

County	FY11	FY12	FY13
(12009) Brevard, FL	20,091	21,172	21,362
(12069) Lake, FL	8,736	8,592	8,377
(12095) Orange, FL	20,851	21,891	23,097
(12097) Osceola, FL	5,176	5,530	5,850
(12117) Seminole, FL	7,418	7,675	7,912
(12127) Volusia, FL	17,043	17,456	17,667

In 2003, there was very little emphasis placed on veteran outreach within VA. The OEF/OIF National Program Office was developed in 2007, and veteran outreach consisted of provid-

ing outreach support to returning military members through the DoD's Yellow Ribbon Program.

The OVAMC outreach goals/priorities for fiscal 2014 consist of: Coordination of all outreach programs within the facility fall underneath the guidance of an outreach committee.

Expanding the focus of outreach efforts at local colleges/universities to increase veteran student enrollment and awareness of VA benefits and services.

Continue to provide outreach support to all areas within the six- county OVAMC catchment area.

Retention of veterans who are unassigned, non-vested, using pharmacy only, "lost users" and potential "lost users."

The OVAMC utilizes its Facebook page as another tool for engagement. Not only does it disseminate important information to veterans, their families and the community, but it allows them to react and ask questions. In the past two years, OVAMC has seen significant growth of the Facebook page "likes," comments and likes on its postings. also It has also seen growth in personal messages being sent to its Facebook account. Facebook has an insight section that provides an analysis of OVAMC's page so it can track how people visit its page and what they like to see. This information has allowed OVAMC to tailor its posts and the time in which it sends out posts. Its social media has relied solely on Facebook, which has its limitations. In February 2014, OVAMC planned on rolling out its own Twitter account, using Twitter to gain more media attention and to send out up- to- date tweets for the medical center and its facilities.



The OVAMC coordinates all outreach efforts with its local and state veteran service organizations through their participation in the facility's outreach committee. There is joint collaboration to provide support to all events within its six county catchment areas, and this data is collected and tracked via the outreach committee.

The OVAMC has partnered with numerous non-profit and other community agencies to provide education on VHA resources and other veteran benefits. For example, in fiscal 2013 OVAMC partnered with the Orange County Library System by hosting veteran resource seminars at various locations within the county to educate veterans on enrollment and the Affordable Care Act.

Mental Health

Since 2003, the OVAMC has implemented or expanded the following mental health treatment programs:

- Suicide Prevention
- Mental Health Intensive Case Management Program
- Veteran Justice Outreach
- Expansion of Grants and Per Diem Beds
- The Department of Housing and Urban Development – VA Supportive Housing (HUD-VASH) Program
- Expansion of Mental Health Residential Rehabilitation Treatment Programs Beds
- Suboxone
- Mental Health Primary Care Integration
- Post Deployment
- Traumatic Brain Injury
- Full Hiring and implementation of Peer Support Services throughout Mental Health programs.

The OVAMC offers two Complementary and Alternative Medicine programs, Tai Chi and acupuncture.

The OVAMC currently fee bases out any inpatient care. The OVAMC has integrated mental health treatment into its primary care settings, including the women's health clinic. Specialty mental health also treats a large number of women veterans in all areas across the continuum: military sexual trauma (MST), substance abuse and homelessness.

The OVAMC offers outpatient women's clinic wellness classes for female veterans. This is a series of weekly groups that alternate topics such as managing medical concerns, improving sleep and reducing pain, managing mood and healthy relation-

ships. These groups are available to women veterans whether or not they are enrolled in the women's primary care clinic. The groups are held at the women's clinic located at Lake Baldwin campus, OVAMC.

There are a variety of trauma-specific services offered to women who have experienced MST and/or other sexual traumas, including individual and group evidence-based psychotherapy, skill-building and basic recovery groups. Although these groups are not women-only groups, female veterans may opt for individual therapy if that is their preference.

Long-Term Support and Services

Since 2003, the OVAMC has implemented the Homemaker/Home Health Aide, In-Home Respite, Contract Adult Day Healthcare Care Program in two counties, Community Nursing Home, Medical Foster Home (MFH) and Home Based Primary Care (HBPC) in all six counties. In addition, both HBPC and MFH have been sanctioned. A palliative care coordinator was hired, and a palliative care consult team was developed. The Community Living Center relocated to the new building in Lake Nona.

Goals for 2014 include implementation of the Veteran Directed Program, expansion of ADHC into other counties, and the addition of new CNH to offer services in other communities. OVAMC also plans to increase the HBPC census. This expansion will include the addition of in home care to veterans on ventilators and Home Tele-health in HBPC.

The OVAMC plans to increase the non-institutional care average daily census and reduce the number of CNH unique veterans. In addition, preparation for hospice in acute/critical care and CLC will continue, and there will be a new medical and nurse practitioner residency program in geriatric medicine.

While the Millennium Healthcare Act requires VA to maintain and/or restore nursing home care bed capacity to the 1998 level of 13,391 beds, the OVAMC CLC continues to maintain capacity, with a focus on short term rehabilitation admissions. While the OVAMC does not have a hospice care unit, there are 15 beds in the CLC for hospice and palliative care.

There were 14 veterans in OVAMC's MFH program at the time of the visit. There is a MFH coordinator who tracks and monitors these veterans, and care is provided in the residence by the HBPC Team.

Homelessness

Since 2003, the OVAMC has implemented, participated in or expanded the following Homeless veterans programs: VA Supported Housing (HUD-VASH), Grant and Per Diem Tran-



sitional Housing, Homeless Outreach, Veterans Justice Outreach, Supportive Services for Veterans Families, Domiciliary for Homeless Veterans, Contract Emergency Housing, stand downs, National Homeless Hotline, and multiple community collaborative efforts.

Currently, the OVAMC has 905 HUD-VASH vouchers allocated to the OVAMC; 231 were issued in 2012 and 202 in 2013.

The number of homeless, at-risk for homeless, or formally homeless Veterans served

	FY06	FY07	FY08	FY09	FY10	FY11	FY12	FY13
Male	155	833	1312	1602	2274	2505	3315	4876
Female	12	51	66	100	185	249	352	573

The estimated number of homeless veterans in different Continuums of Care (CoC) are estimated by HUD. These estimates are done through a Point-in-Time count. The CoCs served by the Orlando VA are FL-507, FL-508 (partially), FL-513, and FL-504 (partially).

OVAMC provides funding for the following homeless programs: Salvation Army, Orlando (Contract Emergency Housing), Bridges, Brevard County (Grant and Per Diem), Center for Drug Free Living (men), Orlando (Grant and Per Diem), Center for Drug Free Living (women and children), Cocoa (Grant and Per Diem), Coalition for the Hungry and Homeless, Brevard County (Grant and Per Diem), Volunteers of America (VOA), Brevard County (Grant and Per Diem), Haven Recovery, Volusia County (Grant and Per Diem), Homeless Services of Central Florida (HSN), Seminole County (Grant and Per Diem), The Salvation Army, Daytona (Grant and Per Diem), Transition House (men), Osceola County (Grant and Per Diem), Transition House (men), Osceola County (Contract Emergency Housing), Transition House (women and children), Osceola County (Grant and Per Diem), Tree of Life Ministries, Orlando (Grant and Per Diem), and Veterans Transitional Facility, Brevard County (Grant and Per Diem).

Information Technology and Scheduling
Since 2003, the OVAMC Office of Information and Technology has implemented or expanded the following programs: Administrative Vista System created for IFCAP, PAID and AMES/MERS packages in support of an independent Orlando VAMC in 2007, Daytona Beach OPC in 2008, and Clinical Vista System created to complete the separation of patient care documentation between Orlando VAMC and Tampa and North Florida / South Georgia VAMCs. This included enrolling 85,000 patients into the new Orlando Vista / CPRS system and providing dual access to the clinical staff for the medical record (CPRS) and all medical images (Vista Imaging) in 2009.

The Office of Information and Technology supported the Orlando VAMC in activating the following locations:

- Kissimmee -1999

- Orange City - 2008
 - Leesburg - 2008
 - Clermont - 2009
 - Daytona Vet Center
 - Clermont Vet Center
 - Orlando Mod Buildingx2
 - Lake Nona Activation Resident Engineer Trailer
 - Viera Expansion
 - OCCC
 - Simulation Learning Center facility
 - Daytona Wellness Center
 - Daytona West Side Pavilion
 - Crossroads Annex
 - Lake Nona Annex
 - Lake Nona Warehouse
 - Lake Nona DOM Building for administrative staff
 - Lake Nona CLC – 120- bed inpatient facility (see details below)
 - Created a totally automated IT equipment request system
 - Created a totally automated Computer Access Request process that starts in HR and includes all required approving of officials before the request reaches OIT
 - Assisted in the Activation of the Lake Nona Domiciliary facility (Feb 2014)
 - Assisted in the Activation of the Lake Nona CLC, including many new high tech systems to the new facility that include patient/guest wireless system, Distributed Antenna System for cell phone, pager and Public Safety signal coverage inside the facility
 - Windows 7 upgrade to all Orlando PCs
- PIV only access for a majority of the staff at the Orlando VAMC



The OVAMC reported that their average established appointment wait time for primary care and specialty care was reported for fiscal years 2013 and 2014 as follows:

Fiscal Year	Primary Care	Specialty Care
2013	27.1	25.8
2014	26/9	23.8

During our site visit, OVAMC reported having 2,400 patients on their Electronic Wait List.

Patient Centered Care

Since 2003, the OVAMC has worked to establish a patient centered care environment by implementing and or expanded the following programs:

- Designated as a Center of Innovation by the Office of Patient Centered Care and Cultural Transformation
- Purchased Get-Well Network for new hospital
- Introduced new CAM therapies (Yoga/Mindfulness Based Stress Reduction/Tai Chi)
- Farmer’s Market with cooking demos
- Patient- centered hiring initiative
- Virtual Hospital

Patient Advocate

The OVAMC uses the Survey of Healthcare Experiences of Patients/Centered Medical Home Scores, Patient Advocate Tracking System (PATS) and local questionnaires to track and measure patient satisfaction.

Based on a Survey of Healthcare Experiences of Patients/Patient Centered Care Medical Home the OVAMC reported that survey results:

OVAMC		National
Access	38.7	39.4
Communication	73.4	73.6
Comprehensiveness	71.3	61.8
Medication Decisions	62.1	61.8
Office Staff	62.3	68
Staff Management		
Support	59.9	57.2

**Survey results were based on FY 2013 first three quarters.*

Town Hall Meeting

The veterans’ health-care town hall meeting took place on Feb. 10, 2014, at American Legion Post 286, 529 Fairlane Ave., Orlando. The purpose of the town hall meeting was to hear from veterans who receive their care and services from the OVAMC, and obtain their perception about the care and services they receive, as well as the accomplishments and progress the medical center has made over the past 10 years.

During the town hall meeting, veterans raised concerns about the delay in the construction of the new VA medical center in Lake Nona. The medical center was originally set to be completed in 2012, but due to delay after delay, veterans are uncertain when the new facility is scheduled to open.

Veterans also indicated that the women’s health program is not up to par with other VA medical centers, veterans expressed experiencing problems locating parking spot, and said wait time for specialty care appointments are lengthy.

Best Practices

The OVAMC listed the following as their best practices:

- Designated as a Center of Innovation by the Office of Patient Centered Care and Cultural Transformation. The OVAMC indicated it have embarked on a journey of improving patient satisfaction by improving the “halls and walls,” as well as hiring the best- fit staff for positions.
- All patients seen by their PCP are screened by nursing and PCPs for depression, PTSD, MST, alcohol use and suicidality. Co-located staff provides any support needed by PACT team they are assigned to in regards to further intervening if PCP or staff is unsure of veterans risk level.
- Creation of Platinum Mental Health treatment teams.
- Use of evidence-based treatments. Availability of EBP’s to all veterans with tracking and monitoring of treatment outcomes through the use of clinical reminders being utilized.
- Providing local trainings in evidence-based treatments ongoing national trainings with an increase of regional trainings.
- Ongoing education in psychological treatments.
- Treatment Team case discussions
- Mental Health grand rounds.
- Mental Health Suite used in interdisciplinary manner across all mental health programs.
- National model for primary care- mental health integration.
- Interdisciplinary team approach for chronic pain, including embedded psychological services.



Facility Challenges and Recommendations

Challenge 1: Prior to 2005, local VHA OI&T staff had the ability to make modification to class I software. In 2005 VA centralized all IT budgeting, planning and development including putting full control of the department's IT budget and staff under the VA's Office of Information and Technology in Washington, D.C. VA Handbook 6402, "Modifications to Standardized National Software," policy requires that all instances of VistA will install and run the certified national software on the Gold Disk. The handbook further states that local enhancements to, or modifications of, Protected National Software, in part, or in whole is prohibited. (Refer to Appendix E for a complete list of Protected National Software). OVAMC staff indicated that this policy has limited local medical center staff creativity, who have helped to make modifications to VistA to include VHA's computerized medical record program, which lead to enhancements to VA's class 1 software. Staff further indicated that the lack of input from clinical staff to create programs that will simplify the clinicians work, does not allow clinicians to utilize their time effectively. Instead of reducing the time in front of the computer, most newly created programs require more computer time. The second issue is the concern that there is no succession plan within the computer programming departments. CPRS is a GUI front end for a MUMPS based software; there is a shortage of MUMPS programmers as VA MUMPS programmers retire it is becoming more and more difficult to staff these positions. This provides a risk of reduced support in the future.

Recommendation: Since this is a national issue, The American Legion will need to refer this on to VA Central office for their review and response.

Challenge 2: The OVAMC has experienced challenges with the centralization of contracting, especially when it relates to the building of the new VA medical center. The example given was an attempt to substitute originally ordered sound-proof windows for the new OVAMC for lower cost items. As it was explained to the task force, this is not an acceptable option due to the new VA medical center is right in the flight path of the Orlando International Airport.

Recommendation: The American Legion adopted Resolution 44, "Decentralization of Department of Veterans Affairs Programs" at its 2013 National Convention. The resolution supports VA restoring contract-making authority to VA medical centers. The American Legion will continue to fight to have contract-making authority restored at the local medical center level.

Challenge 3: Parking spaces are limited at the OVAMC, and if a veteran doesn't arrive early, they may have to drive around to locate a parking space. If a parking space is not located on

grounds, they may have to park off grounds. With the Community Living Center and domiciliary recently move into the new facility located at Lake Nona, this has freed up parking spaces. When parking is full to capacity, parking is permitted on the grass. Additionally, the OVAMC advertises on a weekly basis to employees about the Transit Benefit Program and their partnership with Lynx, and currently have 30 active employee vanpools as a result.

Recommendation: Until the OVAMC moves into the new facility, the OVAMC executive leadership should continue to explore options for improving on-site parking.

Challenge 4: OVAMC executive leadership and staff reported that the new hospital being built at Lake Nona will not be large enough to support all of the outpatient clinical services required by the OVAMC. The OVAMC executive leadership has submitted a request to VA Central Office to retain some outpatient services at its current location, 5201 Raymond St., and is waiting on a final response.

Recommendation: The OVAMC executive leadership should work with the Department of Florida American Legion to obtain support by way of an American Legion resolution to support maintaining outpatient clinical services at their current location.

Challenge 5: The OVAMC staff indicated they have 2,400 patients on their EWL.

Recommendation: The OVAMC executive leadership should take action to reduce the number of patients on the EWL by use of extended-hour clinics, fee basis or other available options.