GEORGE E. WAHLEN VA MEDICAL CENTER | SALT LAKE CITY, UT

Date: May 11-12, 2016
Deputy Director of Veterans Affairs and Rehabilitation (VA&R) Division: Roscoe Butler
Assistant Director for Health Care: April Commander
Health Administration Committee Members: Terry Schow and Karen O'Donohue

Overview

The George E. Wahlen Department of Veterans Affairs Medical Center is a mid-sized, affiliated, tertiary care facility with 121 authorized active beds. It is a teaching facility that provides a full range of patient care services, with state-of-the-art technology as well as education and research. Comprehensive health care is provided through primary care, tertiary care, and long-term care in areas of medicine, surgery, psychiatry, physical medicine and rehabilitation, neurology, oncology, dentistry, and geriatrics.

The VA Salt Lake City Health Care System (VASLCHCS) research program includes a Geriatric Research Education and Clinical Center (GRECC), Mental Illness Research, Education and Clinical Center (MIRECC), and Research Enhancement Award Program (REAP). VASLCHCS is considered a national leader in research and rural health care initiatives including the Western Region Rural Health Resource Center and Community Care Home Telehealth coordination in areas of mental health, retinal care, and primary care as well as various specialty care disciplines. Other areas of excellence and growth for the facility include mental health enhancements, services for Operating Enduring Freedom/Operation Iraqi Freedom/Operation New Dawn (OEF/OIF/OND) veterans, and primary care for women veterans.

VASLCHCS consists of the George E. Wahlen Department of Veterans Affairs Medical Center and ten (10)Community Based Outpatient Clinics (CBOCs) in Utah, Idaho, and Nevada. The medical center has an active academic affiliation with the University of Utah and a host of other education institutions. A full range of tertiary services is provided, including a regional heart transplant program operated in conjunction with the University of Utah. VASLCHCS is part of the Veteran Integrated System Network (VISN) 19, which includes facilities in Utah, Wyoming, Montana, Colorado, Idaho, and Nevada.

Additionally, VASLCHCS is one of two VISN 19 facilities involved in pilot programs for Virtual Lifetime Electronic Records (VLER). The Specialty Care Access Network-Extension for Community Healthcare Outcomes (SCAN-ECHO) program will expand to Salt Lake City (SLC) to provide primary care providers the opportunity for specialty consultative services with affiliated medical schools at both tertiary medical centers. VASLCHCS will also further expand Primary and Specialty Care Services through the development of Specialty Care Neighborhood Teams.

Due to the recruitment challenges faced by rural areas, VASLCHCS is also piloting a mental health hub to assist with mental health Compensation and Pension (C&P) examinations, Integrated Disability Evaluation System (IDES) examinations, and evidenced therapy for remote locations.

Executive Leadership

On Wednesday, May 11, American Legion Deputy Director for Health Care, Roscoe Butler and Assistant Director for Health Care, April Commander met with executive leadership to discuss the previous evening's town hall meeting's concerns and responses to a questionnaire that was sent to the medical center prior to the site visit. Executive leadership included Medical Center Acting Director, Shella Stovall, Chief of Staff, Dr. Karen Gribbin, Associate Director, Warren Hill, Acting Associate Director for Patient Care Services, Michelle Bird, and Associate Director for Quality and Safety Systems, Nena Saunders.

Access

During the meeting, the acting director reported that the new patient average wait time for primary care is 8.4 days with an established average wait time of 3.2 days. Specialty care averages 20.9 and 7.7 days, respectively, while mental health care stands

at 8.8 and 2.6 days, respectively. The most challenging areas wait times are among the optometry, neurology, physical therapy, integrative health, sleep medicine, orthopedics, gastroenterology, endoscopy, and holistic pain medicine specialties. Factors impacting the facility's ability to schedule the appointments include space availability, staffing, Choice provider recruitment, and decreased utilization of the Choice program for community care eligible veterans.

Staff Vacancies

There are 328 vacant positions, 19 of which are for providers. The VA's pay scale remains a barrier to physician recruitment even though incentives such as work life flex plan, limited retention, telework and every other Friday off are offered. VASLCHCS has a general facility workforce development and succession plan; however, it does not specifically address a plan to recruit for specific current and future vacancies. The average position vacancy is 116 days.

Hiring barriers include a lack of budget, space, equipment and HR resources, pending classifications, resource board approval, and individual services areas choosing not to recruit. The VA Deputy Secretary has mandated 80% of all hires will take no longer than 60 calendar days from the day a request is submitted to Human Resources (HR) until a tentative job offer is made. As of fiscal year 2016, 2nd Quarter, VASLCHCS had achieved 83.91%.

Facility Demographics

VASLCHCS offers home-based primary care, prosthetics, dental, audiology, mental health services, mental health intensive case management, palliative care, pharmacy, and services for the homeless. Veterans Justice Outreach, OEF/OIF/OND Services, Women's Health Services, Holistic Medicine, Caregiver Support, Medical Foster Home, Vocational Rehabilitation, Physical Medicine Rehabilitation, and TeleHealth Services departments are also available.

VASLCHCS has 121 authorized and operating room beds broken down as follows: Surgical ICU: 10 beds; Medical ICU: eight (8) beds; Telemetry: 14 beds; Acute Surgery: 20 beds; Acute Medicine: 33 beds; Mental Health: 21 beds; and Substance Abuse: 15 beds.

The following chart is a complete breakdown of the daily census for each inpatient program as of March 2016:

March 2016	182 31	Admits	Disch	Inter Ward Gain	Inter Ward Loss
MEDICINE	MICU	32	19		
	TELEMETRY	74	78		
	ACUTE MEDICINE	150	151		
	REHAB	1	5		
ACUTE-REHAB SUBTOTAL		151	156	0	0
MEDICINE TOTAL		257	253	0	0
SURGERY	SICU	43	9		
	ACUTE SURGERY	72	100		
SURGERY TOTAL		115	109	0	0
PYSCHIATRY	IPU	32	35		
PSYCHIATRY TOTAL		32	35	0	0
MONTHLY HOSPITAL TOTAL		404	397	0	0
CUMULATIVE HOSPITAL TOTAL - FY 2016		2280	2290	-	-
DOMICILIARY	SARRTP	13	11		
DOMICILIARY TOTAL		13	11	-	-
CUMULATIVE DOMICILIARY TOTAL - FY 2016		69	67	-	-
MONTHLY HOSPITAL TOTAL WITH DOMICILIARY		417	408	0	0
CUMULATIVE HOSPITAL TOTAL WITH DOMICILIA		2349	2357	-	-

Pat. Days of Care	Pts Rem	Beds	Pts Treatd	Total Gains	Total Loss	ADC	BED OCC	ALOS
147	5	8	24	32	19	4.74	59.27	7.74
288	10	14	88	74	78	9.29	66.36	3.69
521	14	28	165	150	151	16.81	60.02	3.45
87	1	5	6	1	5	2.81	56.13	17.40
608	15	33	171	151	156	19.61	59.43	3.90
1043	30	55	283	257	253	33.65	61.17	4.12
142	7	10	16	43	9	4.58	45.81	15.78
313	11	20	111	72	100	10.10	50.48	3.13
455	18	30	127	115	109	14.68	48.92	4.17
618	21	21	56	32	35	19.94	94.93	17.66
618	21	21	56	32	35	19.94	94.93	17.66
2116	69	106	466	404	397	68.26	64.39	5.33
12507	-	-	-	-	-	68.72	64.83	5.46
450	14	15	25	13	11	14.52	96.77	40.91
450	14	15	25	13	11	14.52	96.77	40.91
2316	-		-	-	-	12.73	84.84	34.57
2566	83	121	491	417	408	82.77	68.41	6.29
14823	-	-	-	-	-	81.45	67.31	6.29

The medical center had 687,393 outpatient visits (projecting over 721,762 for this fiscal year, potentially a one-percent growth), and total admissions for fiscal year 2016 were 4,669.

Please note the funding allocated for the past three fiscal years:

	Medical Care	Choice	NVCC	Total Medical Care
Fiscal 2014				$423,493,288
Fiscal 2015	$394,582,342	$41,224,360	$48,944,813	$484,751,515
Fiscal 2016*	$397,980,780		$72,129,859	$470,110,639

**Fiscal 2016 is an estimate*

Strategic Plan 2013-2017

The VASLCHCS utilizes Workforce Development and Strategic Planning Committee (WDSPC) to review and advise on workforce planning and implementation of workforce initiatives. Labor Partnership and Equal Employment Opportunity representatives actively participate in quarterly meetings and serve in a decision-making and advisory role. The chair of the WDSPC reports to and seeks recommendations from the Executive, Engineering, Financial Management Services (FMS) representatives and the All Employee Survey (AES) coordinator.

VASLCHCS Strategic Initiatives

1. Full Implementation of Patient Aligned Care Teams (PACT)
2. Engagement of the Office of Patient Centered Care and Cultural Transformation
3. Enhancement of mental health care
4. Increasing access to care (to include same day appointments)
5. Improve patient satisfaction ratings.

VASLCHCS Cultural Diversity Initiatives

1. Provide workplace civility and respect training.
2. Provide lesbian, gay, bisexual, and transgender (LGBT) training.
3. Provide diversity awareness training.
4. Provide diversity communication training.
5. Identify barriers to hiring and advancement of minorities.
6. Identify recruitment opportunities at minority outreach activities.
7. Identify barriers to hiring and advancement for individuals with disabilities.

VASLCHCS Fiscal 2013-2017 Goals

1. Invest in building an engaged and continuously developing workforce.
2. Improve internal and external customer service processes.
3. Engage in activities that improve the patient experience as measured by satisfaction surveys.
4. Provide a physically and psychologically safe environment for all patients, visitors, and staff members.
5. Develop a culture of continuous improvement.
6. Be good stewards of our nation's resources to deliver the most value to our veterans.

The workforce analysis and action plans identified in the VASLCHCS Workforce Succession Strategic Plan for fiscal 2015-2019 have been developed to help all employees focus on the Veterans Health Administration (VHA), VISN 19, and the VASLCHCS's highest priorities and mission.

Enrollment

VASLCHCS total catchment area is 125,000 square miles between Utah, parts of Nevada, and parts of Idaho. The following data is by state, NOT by catchment area.

Utah and counties

- Number of veterans: 152,000
- Number of enrolled veterans: 57,373
- Number of unique patients treated: 35,133

Salt Lake County, Utah County, Davis County, Weber County, Washington County, Cache County, Tooele County, Box Elder County, Iron County, Summit County, Uintah County, Sanpete County, Wasatch County, Sevier County, Carbon County, Duchesne County, San Juan County, Millard County, Emery County, Morgan County, Juab County, Grand County, Kane County, Beaver County, Garfield County, Wayne County, Rich County, Piute County, & Daggett County

Idaho and counties

- Number of veterans: 132,000
- Number of enrolled veterans: 58,147
- Number of unique patients treated: 41,251

Bear Lake County, Caribou County, Teton County, Madison County, Fremont County, Franklin County, Oneida County, Bannock County, Power County, Bingham County, Jefferson County, Clark County, & Bonneville County

Nevada and counties

- Number of veterans: 228,000
- Number of enrolled veterans: 105,904
- Number of unique patients treated: 69,442

Elko County & White Pine County

In the VASLCHCS catchment area there are a total of 205,000 veterans within 44 counties. The number of veterans enrolled to date is 61,238; total unique veterans for FY15 is 55,929; the number of unique men is 51,428 and number of unique women is 4,447. To recap, there are 61,238 enrolled; 44,044 not enrolled; 11,311 in the process; and a total of 116,593 for the health care system.

Non-VA Coordinated Care Program (NVCC)

NVCC expenditures as of 03/23/2016:

	FY2013	FY2014	FY2015
Authorized Care	$48,513,742.29	$50,516,398.88	$62,101,812.40
Unauthorized Care	$627,792.12	$710,112.38	$529,769.76
NSC Mill Bill Emergency Care	$3,469,767.71	$3,613,977.31	$5,004,114.28
Total	**$52,611,302.12**	**54,840,488.57**	**$67,635,696.44**

According to the responses in TAI's external questionnaire, penalty fees paid out by the medical center for fiscal 2015 for non-VA claims, due to non-compliance of the Prompt Payment Act were $700.57.

Some $44 million dollars were collected for Salt Lake City (SLC) during fiscal 2015, averaging around $32 million dollars per year.

There are 16 scheduling clerks with a goal of seven days to secure a veteran appointment. Resources must be taken from scheduling to track patient results. Five personnel then work eight hours per day to contact 50 to 60 providers per day.

There are complaints of lost relationships within the Choice Care Program due to HealthNet's failure to reimburse health care providers. As a result, some providers are now refusing to treat veterans, thus causing the veterans to have to travel further distances for care.

The Joint Commission (TJC) and Commission on Accreditation of Rehabilitation Facilities (CARF)

Prior to the site visit, TJC conducted its inspection of the medical facility (hospital, home care, and behavioral health areas) on February 19, 2016, but the reports were not available at the time of the SWS team's site visit.

The last CARF inspection was November 19-21, 2014, and covered Psychosocial Rehabilitation and Recovery Center, Substance Abuse Residential Rehabilitation Treatment Program (SARRTP), homeless program, and Vocational Rehabilitation Program. The accreditations for these areas expires during February and December 2017. No recommendations were noted within the reports.

Sensitive Personal Information During fiscal 2015, the medical center reported 13 data breaches, of which, 10 were due to mishandling personal information, and the remaining three were due to erroneous mailing information. "Regardless of the type of incident, the first step of prevention is training the staff on the proper handling when incidents arise. Being proactive is the thought." Staff is trained to take the following steps when sensitive information is sent out unencrypted:

1. Attempt to recall the message.
2. Reach out to the recipients of messages which cannot be recalled, and request the unintended recipient delete and purge email.
3. Delete and purge the email of the sender.
4. Notify the Information Security Officer (ISO).
5. Report incident to the Network and Security Operations Center (NSOC) .

Outreach Activities

VASLCHCS conducts roughly 25 outreach events each fiscal year. Outreach activities include formal presentations given at care centers, nursing homes, and military installations. Fun outreach events include the Utah State Fair, Armed Forces Day, career fairs, and other internal medical center events to drive awareness, enrollment, and participation in VA Health Care. VASLCHCS also has many area partners that work in close cooperation to promote their services for the improvement of veterans' lives.

The Veterans Advisory Council (VAC) hosts four (4) on-site meetings; six (6) off-site meetings among Elko, Nevada, Idaho Falls, Idaho and Pocatello, Idaho counties; and eight (8) assisted living and senior centers across the Wasatch Front.

The medical center promotes a healthy amount of advertising and press to keep VA's message proactive and in the forefront of the community's thinking.

Events held in addition to fiscal 2016 projected outreach activities include:

- Armed Forces Day: Gallivan Center, May 21
- Hill Air Force Base (HAFB) Air Show: HAFB, June 25-26
- Salt Lake County Job Fair
- National Veterans Wheelchair Games: Salt Lake City, June 27 – July 2
- Utah State Fair: Utah State Fair Grounds, September 8 – 18
- Prisoner of War (POW) Luncheon
- Veterans Day: November 11
- HAFB Retiree Appreciation Day
- Patient Aligned Care Team (PACT)

Rural provider recruitment and licensed practical nurse staffing for the PACT teams remains a challenge, so VASLCHCS has made a request for leadership to review the need for additional PACTs to meet the new panel sizes recently calculated.

To improve team functioning, ongoing Virtual PACT Training is available with multiple email alerts to PACT staff and leaders.

Primary Care

To improve the quality of primary care, the VASLCHCS redesigned one or two Community Based Outpatient Clinics (CBOCs) to more accurately reflect the PACT physical model to allow for better interdisciplinary team discussions. Placing the veteran in the center of their care, "veteran driven" is now a discussion in specialty clinics as they strive to improve better care coordination and involvement of the veterans.

To enhance the role development of PACT staffing, the medical center updated the registered nurse (RN) Care Manager as well as the licensed practical nurse (LPN) functional statements, protocols and performance standards.

The structure in primary care leadership is revising its scope and structure and looking to decide on the best organizational leadership. A Group Practice Manager (GPM) for primary care is one of the options being considered.

To help foster the integration of primary and mental health programs, mental health is now embedded into the primary care arena, and all CBOCs are staffed with social work and mental health providers. The medical center has a seriously ill mental health (SIMH) PACT as well.

Women Veterans Program

The women's clinic had approximately 1,400 users for fiscal year 2015 with approximately the same number users from the previous year. The clinic is staffed with two (2) primary care physicians, one (1) pharmacist, one (1) physical therapist, one (1) gynecologist, and one (1) nurse practitioner to provide care to women veterans. Mammograms, however, are not performed at this facility.

The patients can access their care over the phone with the clinic. Clinic services include aquatics therapy, yoga, behavioral health therapy, links to job and career counseling, educational opportunities, vocational rehabilitation, domiciliary care, management of depression, anxiety and stress, adjustment from deployment, general health services, and counseling and treatment for alcohol and drug abuse; violence and abuse; parenting and caregiver issue; and military sexual trauma (MST).

The clinic usually hosts six (6) women veterans events each year and holds quarterly Women's Advisory Board meetings with a non-VA employee representative.

Military Sexual Trauma (MST)

MST staff consists of one (1) 0.5 FTE MST Coordinator, one (1) 0.5 FTE Warrior Renew Coordinator, one (1) part-time dedicated Peer Support Specialist, and several MST points of contact throughout the Mental Health Service. They offer a limited number of MST-specific clinical services, conduct outreach events/activities both on and off campus within the SLC community, and provide education and training opportunities for students. For the first time, the medical center is offering MST-specific rotations and specialization for Psychology Practicum Students, pre-doctoral Psychology Interns, and Psychiatry Residents from the University of Utah during the 2016-2017 academic year.

MST

Current Offerings: General

- Medication Management
- Case Management
- Symptom-Focused Treatments For PTSD
- Individual Therapy
- Ladies Night Out Group
- Recreation Therapy Activities
- Integrative Health Options

Current Offerings: MST Specific

- MST Coping Skills Groups (men only)
- Women's Empowerment to Recovery Group

Proposed Offerings

- Women's MST Coping Skills Group (Summer/Fall 2016)
- LBGT Coping Skills Group (Summer 2016)
- MST Start Point Class (Fall 2016)
- Trauma-Focused Treatment

Current Offerings: General

- Evidence-Based Treatment via PTSD Clinic
- Dialectical Behavior Therapy Program
- Sexual Assault Response and Resource Teams (SARRT)
- Track B: Residential Program

Current Offerings: MST Specific

- MST-Specific Cognitive Processing Therapy (CPT)
- Warrior Renew Program (women only)

Proposed Offerings

- Men's Warrior Renew cohort (Summer 2016)

Post-traumatic Growth and Aftercare Phase

Current Offerings

- Post-traumatic Growth Group
- Couples Therapy
- Recreation Therapy
- Peer Support Specialist Training

Current Offerings: MST Specific

- Outreach and Education Opportunities

Proposed Offerings

- Aftercare/Continuity Group
- Community Integration Activities

Resources

Resources are limited, and evenly shared between psychology and MST.

Major Construction

Construction was scheduled to start October-November 2016, to expand the emergency room, but services were not anticipated to be interrupted. There are six (6) operating rooms (all not operational), but there is a six (6) to 10-year plan to increase the numbers.

Mental health services are available 24/7, but additional beds and staff are needed.

Valor House (Homeless Shelter)

The Valor House is the result of a partnership between the VA and the Salt Lake City Housing Authority which allows 72 veterans to live on campus with in-house supportive services and nearby essential medical care. The average age of residents at Valor House is 54. To build the Valor House, the VA contributed one million dollars towards the cost of 4.1 million dollars while the land is being leased for one dollar per year over the next 75 years. The facility has been in operation for three years. Utah is considered to have zero homeless veterans, as there are more resources than homeless veterans.

Vet Center

On Thursday, May 12, 2016, the SWS team visited Salt Lake City Vet Center. The center has been in its current location for the past four to five years and has a 10 full-time staff with authorization to add another counselor to the group. There are about 300 active cases receiving services such as readjustment counseling, MST counseling, bereavement counseling, and couple/family counseling. The Vet Center has a working partnership with the community, and eligibility was changed recently to open up services to more veterans. The center holds outreach events at least every three days.

The facility has two (2) security cameras and a silent alarm and is not manned for monitoring.

Town Hall

On Tuesday, 10 May 2016, Roscoe Butler moderated a veteran's town hall meeting that included approximately 57 veterans and six (6) members of the executive leadership from the Department of Veterans Affairs. Representatives from the offices of Congresswoman Mia Love (R-Utah), Senator Mike Lee (R-Utah), and Congressman Chris Stewart (R-Utah) also participated.

The meeting was conducted in open forum style and all were given the opportunity to express concerns, issues, and appreciation for the VASLCHCS.

The majority of the veterans provided positive remarks regarding their care at VASLCHCS. One

veteran stated "The VA saved my life 18 years ago and my care was better than that of a civilian facility. It's a privilege to use the VA!"

A 30-year disabled veteran complained of pain medications being cut off by the VA due to possible addiction, although VA has continued to treat him. Dr. Gribbin, chief of staff, educated on opioid addiction and alternative treatments. Two years ago, the VA started an opioid initiative to improve patient and community safety and opioid education. The veteran suggested that the pain medications be decreased or tapered before being discontinued.

A spouse offered that her husband had used the VA for several years and it had been a good experience. The VA resolved issues as needed and today the couple's grandson uses the VA as well.

A Korean War veteran rated the SLC VA 98 out 100 points!

A Vietnam veteran stated that he did not join the VA until he was 65 years old and as a cancer patient who is allergic to narcotics. The veteran stood and shouted, "Don't let the government privatize the VA!"

A Korean War veteran voiced "Korean War veterans are the most forgotten, but I love the SLC VA and (I am) very proud of the SLCVAHS."

One veteran told of how he had received bilateral knee surgeries, "one good and one bad." He has a shoulder problem but receives care outside of the VA for this with satisfactory results. He voiced concerns that the VA is a closed system that cannot extend beyond middle management. He further complained of patients with substance abuse were "kicked to the curb," and noted that

he had been unable to obtain treatment for plantar fasciitis before purchasing shoe inserts on his own. He also stated that he had prostate cancer, and compared his treatment with those offered in Europe and Japan (not stating a negative or positive). A VA representative responded to the veteran with the challenges that the VA faces with mental health (substance abuse) as well as the commitment of the VA employees.

Department Service Officer, Karen O'Donohue, spoke about the Choice program, how the VA recruits physicians, and the newest orthopedic technology for prosthetics.

VA&R Commission Member Terry Schow discussed after-hours staffing shortages and addressed non-emergent use of the emergency room.

Deputy Director Roscoe Butler spoke a few minutes about the "Strawman Report" and asserted that The American Legion and the five other major veterans service organizations (VSOs) adamantly oppose the privatization of the VA.

Speaking on behalf of Congressman Chaffetz, Ian Campbell elicited suggestions from the veterans on how to improve the Choice Program. One veteran suggested that Congress invest in the military and those who served to keep us free.

VFW Past Department Commander and patient Matthew Stuart is another satisfied customer. He spoke of how the VA is not only good for veterans but good for America, and the many disciplines that are trained by the VA.

A representative for Congresswoman Mia Love stated that his office rarely receives calls from dissatisfied veterans—most pertain to pension and retirement. The representative also spoke of a bill regarding benefits ending the month prior to the death of the veteran.

Mr. Butler called for final testimonies or concerns and then closed the town hall meeting.

Best Practices

1. Spirit of collaboration and teamwork.
2. Employee satisfaction
   - Celebrations
   - Opportunities
   - Leadership development
   - Employee wellness
   - Performance pay
3. Affiliation relationship
   - Physician joint appointments
   - Nursing accreditation
   - Post-baccalaureate transition to practice
4. Culture of quality and safety
   - Leadership model
   - Diffused throughout the organization
5. Proactive approach to problem-solving.
6. MST screening is 99%; if yes, a consult for treatment is generated.

Challenges

1. **Budget Allocation:** Limits equipment purchased to emergency purchases

Recommendation: Advancement in modern medicine is a daily occurrence. While The American Legion understands that VA must impose budget constraints, we also believe that restricting to only emergency purchases prevents VA medical centers from ensuring they have the best equipment available to meet the needs of veterans. The American Legion recommends the executive leadership continue to work within local and national guidelines to ensure they continue to provide the best health care to veterans, which includes having state-of-the-art equipment. Executive leadership should endeavor to discuss these issues when they meet with VSOs. The American Legion can address these concerns at the local as well as at the national level, but only if made aware of such issues.

2. **Aging infrastructure:** Many areas of the facility need to be upgraded.

Recommendation: Management should continue to evaluate overall needs utilizing the Strategic Capital Investment Planning (SCIP) Process and submit requests to address their local needs. As needed, seek assistance from The American Legion's local office who can help champion your needs.

3. **VA construction allocation:** Takes years and then cost increases

Recommendation: The American Legion has testified before Congress expressing concerns about VA's construction process, to include the time it takes to complete a project and cost overruns. Ensure your local VSOs, especially The American Legion, are engaged in your construction initiatives. The Department of Utah American Legion can help to ensure appropriate funding is allocated to meet your local needs.

4. **Lack of space**

Recommendation: Executive leadership should consult with the Enhanced-Use Lease (EUL) program director to discuss viable agreements on procuring underutilized properties and or buildings that may be used to provide additional care to veterans.

5. Choice Program

Recommendation: The American Legion has expressed serious concerns about the Choice program and the lack of contract compliance from HealthNet. Executive leadership should continue to work within the scope of VA policies and explore all available options. The American Legion will continue to address Choice contract concerns with VHA's Deputy Under Secretary for Health for Community Care.

6. Contracting: Delays in procurement

Recommendation: The American Legion fully understands the issues centralizing VA's contracting and procurement process has created. In October 2012, The American Legion adopted Resolution 44, which calls for decentralization of Department of Veterans Affairs programs to include contracting. The American Legion recommends leadership continue to work within the boundaries available to them, while The American Legion continues to advocate for a change to VA's procurement process.

7. Inconsistency of position classification throughout the VA

Recommendation: The American Legion has addressed this concern at the national level and is informed by VHA Central Office that VHA is considering centralizing classification. The American Legion is monitoring this closely.

8. Competitive salaries

Recommendation: The American Legion has repeatedly testified before Congress in support of competitive salaries. Leadership should continue to utilize all options available to them outlined in current law. The American Legion will continue to advocate for competitive salaries to ensure VA remains competitive with community health care facilities and can attract highly qualified health care professionals.

9. IT system: VA's Computerized Patient Record System (CPRS) is behind current technology

Recommendation: Over the years, the VA Inspector General has issued numerous reports addressing concerns with VA's electronic health records commonly referred to as CPRS. The American Legion has testified before Congress on multiple occasions about these concerns as well. Executive leadership should continue to work within established polices to address local needs. Since CPRS is a national issue, The American Legion will continue to advocate for ensuring VA's electronic health information system is 21st century; is interoperable so that all VHA health care facilities, the Department of Defense and local community healthcare providers can communicate health information on a single platform.