TOMAH VETERANS AFFAIRS MEDICAL CENTER | TOMAH, WI

Date: 22 June 2015
Assistant Director of Health Care: Patti Senft
Veteran Benefits Committee Members: Thomas P. Mullon, Chairman Health Administration Committee
H. Melvin Napier, Health Administration Committee Member

Overview

Medical Center Summary: The Tomah Veteran Affairs Medical Center (TVAMC) is a 266-bed facility located on a 171-acre campus in Tomah, Wisconsin, approximately 40 miles east of La Crosse, Wisconsin, along Interstate 90. The TVAMC operates four outpatient clinics and serves an estimated 58,786 Veterans in 16 counties in West-Central Wisconsin and one in Minnesota. The outpatient clinics are located in La Crosse, Owen, Wisconsin Rapids, and Wausau, Wisconsin.

Counties in their catchment area include Houston, Adams, Clark, Jackson, Juneau, La Crosse, Lincoln, Marathon, Monroe, Portage, Price, Taylor, Trempealeau, Vernon, Waupaca, Waushara, and Wood.

The TVAMC is a part of Veterans Integrated Service Network (VISN) 12, which also includes facilities in: Chicago, Hines (Maywood) and North Chicago, Illinois; Madison and Milwaukee, Wisconsin; and Iron Mountain, Michigan.

Mission Statement: Quality, Compassionate Care, Every Veteran, Every Day - Honor and serve Veterans by providing exceptional healthcare that improves their health and wellbeing.

Vision Statement: TVAMC will excel in patient-centered primary, mental health, rehabilitative and long-term healthcare, partnering with other Veterans Health Administration (VHA) and community organizations providing a fully integrated continuum of care. As a servant-led institution, TVAMC will develop a culture of excellence which is responsive to the changing needs of veterans. Initiatives will be shaped by technology, research and evidence-based practices. Care will be delivered by engaged collaborative teams in an integrated environment that supports learning and continuous and sustained improvement.

Executive Leadership

On Tuesday, June 23, 2015, Roscoe Butler, Deputy Director for Health Care, and Patti Senft, Assistant Director of Health Care met with the TVAMC executive leadership and staff to discuss the concerns brought up during the town hall meeting, as well as the mailed questionnaire that was provided to the medical center in advance of the site visit. In attendance for the entrance briefing with the executive leadership were Renee Oshinski, Acting Network Director; John J. Rohrer, Acting Director; Jeff Evanson, Acting Associate Medical Center Director; Dr. Joy Pica, Acting Chief of Staff; and Carlos Piraino, Associate Director for Patient Services.

Wait Times

During the meeting with the TVAMC's executive leadership, the director expressed that the average wait times for primary care (3.92 days), specialty care (8.65 days) and mental health care (2.21 days) was a combined average of both new and established patients. According to leadership, the biggest challenge the TVAMC faces with wait times is with optometry, as well as Wausau CBOC's Primary Care and outpatient mental health appointments. The most significant challenge to scheduling veterans' outpatient appointments in a timely manner is difficulty recruiting qualified providers.

Staff Vacancies

As of this visit, the total number of open staff vacancies is 141. The primary reasons for the vacancies are median salary, the weather, and a national shortage of primary care physicians. To address the shortage of primary care physicians, TVAMC utilizes licensed nurse practitioners.

The medical center human resource staff discussed the succession plan for the "hard to fill" positions. As part of their succession plan, they identified their top 10 occupation needs and the obstacles to filling them.

Top Ten Occupations
1 - 0180 Psychology
2 - 0602 Medical Officer
3 - 0610 Nurse
4 - 0620 Practical Nurse
5 - 0603 Physician Assistant
6 - 0633 Physical Therapist
7 - 0631 Occupational Therapist
8 - 0644 Medical Technologist
9 - 0660 Pharmacist
10 - 0801 General Engineering

PSYCHOLOGY: The rural nature of the Medical Center brings about difficulty in recruiting and retaining psychologists. The facility utilizes psychologists as an important part of the care team for the many veterans with mental health needs. The medical center currently has two vacancies for psychologists (one has been vacant since March 2014). Two more will be leaving the facility within the next 30 days. These vacancies are due to various factors such as locality, pay, and lack of job opportunities for spouses.

MEDICAL OFFICER: The rural nature of the Medical Center brings about difficulty in recruiting and retaining medical officers, especially in specialty areas. The facility has lost three medical physicians this year and continues to have vacancies from vacated positions in years past. We made an offer on one newly-vacated position and expect it to be accepted. For the physical medicine and rehabilitation position (also vacated this year), we were able to partially fill it using a fee for service appointment and we hired a mid-level orthopedic PA to pick up some of the workload. The third position vacated this year remains open. Aside from these positions, the medical center has three vacant physician positions. The Wisconsin Rapids position has been open since early 2013. The long-term care position has been open since January 2014. The acute position has been open since 2013. These long-term vacancies are due to various factors such as locality, pay, and lack of job opportunities for spouses. The medical center has experienced much difficulty in recruiting for these positions. Additionally, 20 percent of medical officers will be eligible to retire by 2021.
NURSE: This mission-critical occupation represents a significant percentage of the total workforce. Coupled with the fact that 13 percent of the nurses are eligible for retirement in 2015 and Tomah had a regrettable loss rate of 9 percent for nursing in 2014, it is placed on the top 10 list.

PRACTICAL NURSE: Practical nurses are utilized to enhance those acts that can be delegated by an RN to fulfill the licensed component of the staffing requirements and can be added as a critical occupation to fill licensed staff vacancies

PHYSICIAN ASSISTANT: The rural nature of the medical center and scarcity of providers brings about difficulty in recruiting and retaining mid-level providers. The medical center currently has nine vacancies for mid-level providers, although none were vacated this fiscal year. Three of these positions have been accepted by candidates. Four were newly created with Choice Act money. The home based primary care positions have been vacant since August 2014 and October 2013. These long-term vacancies are due to various factors such as locality, pay, and lack of job opportunities for spouses. The medical center has experienced much difficulty in recruiting for these positions.

PHYSICAL THERAPIST: This position is very difficult to recruit for in this geographical area.

OCCUPATIONAL THERAPIST: This position is very difficult to recruit for in this geographical area.

MEDICAL TECHNOLOGIST: Historically, this has been a hard to fill position. Furthermore, this position is on the national top 5 list.

PHARMACIST: Historically, this has been a hard to fill position.

GENERAL ENGINEERING: Due to the recent increase in the number of building maintenance and construction projects taken on by the facility, this position is critical to ensure that all applicable laws and regulations are followed, and that all of these projects are completed timely and appropriately. Historically, this position has been difficult to fill.

The top five physician and nurse list were based on projected retirements, hard to recruit and retain positions, as well as needs of the facility.

Some of the recruiting and retention actions include: broadening the publications for recruiting; working on providing/improving retention incentives; job fairs; improving cultivation of affiliate nursing students; increasing staff recognition opportunities; and increasing the conversion rate of VA Learning Opportunities Residency (VALOR) students to new residents.

Facility Demographics

The TVAMC has three main areas of focus: primary care; mental health; and long-term care services.

Medical services include acute inpatient care at the Tomah campus and primary care at each of the five sites of care. TVAMC also offers a range of specialty services, including physical medicine and rehabilitation, optometry, speech and audiology, dental, dermatology, podiatry, cardiology, respiratory therapy, chiropractic service and neurology at its main campus. There are ongoing efforts to increase specialty services offered at the main facility as well as the outpatient clinics through continued collaboration with Madison VA and expansion of telehealth services.

Mental health services include acute and long-term psychiatry treatment and residential care for substance abuse, post-traumatic stress disorder (PTSD) and vocational rehabilitation. Programs like the Mental Health Intensive Case Management (MHICM), the Psychosocial Rehabilitation and Recovery Center (PRRC) and homeless programs help support the patient's transition into and living in the community. Outpatient mental health services are provided at each of the five sites of care and are being expanded through telehealth.

Long-term care units provide skilled, rehabilitation, hospice, psycho-geriatric (dementia), and short and long term mental health care. The programs are supported by home and community based services including home based primary care, care coordination home telehealth (Tele-Buddy), homemaker/home health aide, contract respite/hospice and palliative care, geriatric evaluation clinic, community adult day health care and the community nursing home program. Tomah also has two Green Houses that are each 10 bed, long term care units that incorporate a "real home" environment.

Inpatient Program:

The TVAMC is authorized 266 inpatient beds and 246 are in operation. In FY 2014, the medical center had 2,025 admissions with an average daily bed census of 150.61 (FY15 to-date) community living center, 11.42 (FY15 to-date) for Acute, and Building 404 PTSD/SA- 27.04 (FY15 to-date).

As of the end of June 2015:

Bed Category	Authorized	Operating	Percent
Medicine (Acute medical)	10	10	100
Community living center (Long Term Care)	200	180	90
Psychiatry (Acute Psychiatry)	11	5	45
MHRRTP	45	45	100
Total	266	240	90

Outpatient Program:

In FY 2014, TVAMC had 259, 621 outpatient visits, and they are projecting a 2 percent increase this fiscal year.

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

- FY2014- $156,163,409
- FY2013- $155,895,641
- FY2012- $148,001,691

Strategic Plan

TVAMC's Senior Leadership Team established five strategic goals based on the Medical Center's core services and VA and VHA planning guidance. The five strategic goals are:

1. Become a center of excellence and regional resource for mental health care.
2. Achieve service excellence in primary and specialty care that is consistent across the facility service area (access, quality, efficiency, individualized, coordinated, and patient centered).
3. Become an innovator and regional resource for long term care services.
4. Effectively utilize medical center staffing, financial, and facility resources to support the Medical Center mission.
5. Provide veterans personalized, proactive, patient-driven healthcare (VHA goal and 7 strategies)

In December 2012, over 60 leaders and front-line staff gathered to perform a strategic Strength, Weakness, Opportunity and Threat (SWOT) analysis for each Medical Center Goal. A Quadrad champion, coordinators, and contributing areas were assigned to each goal. In preparation for the retreat, the participants reviewed the key information related to the goals they supported and solicited input from their staff. Information used in the review included:

- VA's Core Values
- VHA's Goals, Objectives and Strategies
- VHA's T-21 Implementation Guidance
- Market and facility projections from the VHA Healthcare Planning Model
- Information from TVAMC's Succession Management Plan
- Other National, VISN and local initiatives and measures
- Medical Center Initiatives and accomplishments from FY2012

The plan was updated for FY2014. The medical center director and senior leaders reviewed and updated the Medical Center Mission, Vision, Values and Goals. Leaders performed an external information with their teams and updated the SWOT analysis related to their specific goals. This information was used to update and refine their objective and initiatives. An emphasis was placed on creating more measurable objectives. The updated objectives and initiatives were reviewed at a retreat and approved by the medical center director.

The following is a summary of the Medical Center Goals, Objectives, Measures and Initiatives. They are not in any priority order. The proposed implementation timeframe is in parentheses following each initiative.

Goal 1: Become a center of excellence and regional resource for mental health care. (Mental Health)

Objective 1a: Develop specialized mental health programs and resources to meet local and regional needs.

Objective 1b: Simplify and clarify the process for access to mental health services.

Objective 1c: Offer timely access to outpatient mental health services.

70 percent of new patients will be seen in 14 days from creation date in Mental Health

Goal 2: Achieve service excellence in primary and specialty care that is consistent across the facility service areas.

Objective 2a: Achieve service excellence in primary and specialty care that is consistent across the facility service areas.

Objective 2b: Expand and combine clinical services in La Crosse by building a new La Crosse Outpatient Clinic.

Objective 2c: Expand the Wausau Outpatient Clinic and increase services through the lease process in 2015.

Goal 3: Become an innovator and regional resource for long term care services.

Objective 3a: Implement the Green House Program model in the new 10 bed homes.

Objective 3b: Develop an integrated medicine and mental health approach to oversight of residents on long term care units.

Objective 3c: Develop units to treat residents with different levels of dementia. (Dementia unit)

Objective 3d: Increase participation in home telehealth

Goal 4: Effectively utilize medical center staffing, financial, and facility resources to support the Medical Center mission.

Objective 4a: Educate Veterans, family members and community partners on VHA services and eligibility and promote proactive, preventative healthcare

Objective 4b: Identify high impact areas in the Veterans Equitable Resources Allocation (VERA) system for the Medical Center and develop an ongoing monitor and training program.

Objective 4c**:** Develop and implement processes to improve the projection and utilization of Non-VA Care utilization and expenditures**.**

Objective 4d: Establish financial management systems to improve resource management.

Objective 4e: Drive a culture of improvement at all levels of the organization utilizing lean management practices.

Objective 4h: Increase police involvement in the community and Medical Center to better serve Veterans, and provide a more secure environment for patients and staff.

Objective 4i: Plan and implement transition of non-IT programs to local facility management and operation.

Objective 4j: Coordinate transportation between Tomah and Madison.

Goal 5: Provide Veterans personalized, proactive, patient-driven healthcare.

Objective 5a: Educate staff on the principles of personalized, proactive, and patient-driven healthcare.

Objective 5b: Realign Medical Center Committees and teams to support personalized, proactive, preventative healthcare.

Objective 5c: Plan for and implement the personalized health approach in at least one clinic Patient Aligned Care Teams (PACT).

Objective 5d: Improve the cultural competency of staff related to native American veterans.

Enrollment

Noted in the FY2014 VHA Support Service Center (VSSC), the total numbers of veterans in the catchment area is 63,739. Of that number, the total number of enrolled veterans is 24,865 or 39.0 percent, and the number of unique veterans treated is 63,739. The number of enrolled veterans broken down by gender:

- Men- 23,564
- Women- 1,301

Non-VA Coordinated Care

	FY14	FY13	FY12
Authorized Care	$13,258,935	$17,485,137	$5,385,639
Unauthorized Care	$674,485	$1,430,887	$1,069,835
SC Emergency Care and NSC Mill Bill Emergency Care	$1,733,400	$1,419,560	$1,225,142

During the last fiscal year, The Medical Center paid out $95.95 in interest penalties on non-VA claims due to non-compliance of the Prompt Payment Act[1] of 1982, P.L 97-177

Choice Program Champion

When the Veterans Choice Act was passed, all VA Medical Centers were tasked with identifying staff at all facilities to be Choice Champions. These are staff that have the knowledge to be able to answer veterans' questions about Choice.

The Veterans Choice Act provided the veterans two options. To implement these options, all veterans were mailed a Choice Card:

The first options is what we call **Veterans Choice List** (VCL). This is when the veteran is already getting his care at the VA and his provider sees him and wants him back in a specific interval, but when we look, there is no opening within 30 days of the date the doctor wanted him back. We put him on the list that goes to HealthNet and we make an appointment at the VA even though it is out too far. We then inform the veterans that they can call HealthNet and see if they can get an appointment for that specific care at a private or non-VA facility.

The second option was a **Choice Card greater than 40 miles** that allows veterans that live more than 40 miles from the nearest VA facility to contact HealthNet to perhaps get an appointment closer to home in the private or non-VA facility. (Originally the 40 miles was as the crow flies, but that was changed to be 40 miles driving distance)

A third program was created, **Choice First**. This requires the VA Medical Centers to offer Choice First prior to utilizing Non VA Clinical Care. In this case, we call the veteran and ask him if he would like to use Choice First. Should he agree, HealthNet takes responsibility for trying to get him seen by a provider.

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

The most recent TJC was performed June 1-5, 2015, and CARF inspections were performed Feb. 10-11, 2014. Accreditations were received in both categories.

Also reported by the TVAMC were 30 data breaches. The following measures were put in place to address the data breaches:

- Education with employees and supervisors
- Privacy education during new employee orientation
- Weekly privacy rounds

Performance Measures

The primary source for VHA performance metrics is the Strategic Analytics for Improvement and Learning (SAIL) report. This is a risk adjusted model that provides an overview of facility performance. The overall ranking is in star rating ranging from 1 (low) to 5 (high). For the first quarter of FY15, TVAMC is rated as a 4-star medical center and ranks among the top in VHA in access and quality indicators. A few of the indicators rated lower are related to the inpatient care which is partially attributed to the low number of admissions and bed days of care. These include in-hospital complications, readmission rates, and 30-day mortality rates.

Performance metrics are assigned to the related Service Line Manager to manage. The scores are reported monthly at the facility Performance Measure Action Team. The assigned manager is required to provide an assessment and/or action plan for any measure falling outside the national target.

Avoidable Adverse Events:

Score is due to one case. No other cases for the 12-month period. Since most of the Urinary tract infectionss are in community living center, Tomah has established an Medical Center-wide Infection Control plan for catheter use for FY15 which includes education on use and documentation and clear protocols.

Centers for Medicare and Medicaid Services 30-day Risk Standardized Readmission Rate (RSMR): Chronic Heart Failure - Readmission Rate:

This is readmission for all cause. The Associate Chief of Staff for Medicine previously reviewed each case. The majority of readmissions were for diagnoses other than Chronic Heart Failure. A post-discharge phone call with Chronic Heart Failure-relevant questions was developed and this resulted in improvement in Chronic Heart Failure readmissions. The algorithm for Chronic Heart Failure treatment will also be reviewed/revised and provided to acute providers.

Pneumonia - Readmission Rate:

This is readmission for all cause. A large percent of the readmission are for other issues. A post-discharge phone call dialog addressing pneumonia will be developed for patients discharged with this diagnosis. The algorithm for pneumonia treatment will also be reviewed/revised and provided to acute providers.

Patient Satisfaction:

This is based on one question. On average, Tomah's score was 2.0 higher than the national average for all questions for 2014. Opportunities lie in improving care transition and communication with medication.

Best Place to Work:

No new data since FY13. Plans for FY14 include: improving supervisor training; expanding communication and staff engagement; increasing public recognition; expanding Civility, Respect, and Empowerment in the Workplace (CREW) across the facility; and improving provider and nurse retention. FY14 scores from the AES show little improvement.

RN Turnover:

Actions include: increasing RN supervision on the off shifts by hiring more Assistant Nurse Managers; assessing and developing actions for problematic areas; recruitment and retention incentives on select units; eliminating the current annual bumping practice and moving to working every other weekend; and increasing accountability.

Identified from the: ***http://reports2.vssc.med.va.gov/ReportServer/Pages/ReportViewer.aspx?%2fMgmtReports%2fVATR%2fSAIL_Prod%2fSAIL&rs:Command=Render***

Patient Aligned Care Team (PACT):

Adequate staffing:

Tomah VA follows the recommended PACT staffing ratio of 3 support staff per Primary Care Provider. In addition, our primary care provider panel assignments are monitored closely along with clinic access. Additional providers are added when needed.

Team Functioning:

As PACT is a team-based model, a high functioning team is essential. PACT teams at Tomah VA and our CBOC's have time blocked for daily huddles as well as routine staff meetings. In addition, part of PACT training sessions 2 and 3 includes identification of team goals and coaching.

Engaging Veterans:

PACT has been implemented in all clinics. Each team has a card that is handed out to veterans that lists his/her PACT team members, contact information, and other helpful phone numbers.

Performance Measure Improvements:

PACT measures are monitored routinely by the Medicine Service Line Manager through use of VSSC reports. Efforts are underway to re-establish a multi-disciplinary team that reviews the data, as well as reminding and encouraging teamlet members to routinely look at their panel specific data.

Primary Care Quality Improvement:

Data is routinely monitored and analyzed for trends, then shared with Primary Care staff during monthly service line meetings. Primary Care is included in strategic planning, and primary care retreats focusing on process and performance improvement have been held in the past.

Interdisciplinary Leader and Administrator Roles and Training:

An educational review and assessment is performed periodically to assess educational requirements and needs by program area and position. The specific courses are assigned in the VA educational system (Training Management System – TMS) which tracks completion and allows supervisors to review compliance.

Mental Health Care:

Primary Care Mental Health Integration (PCMHI) is ongoing at Tomah VA. Each team and CBOC have Mental Health Nurse Practitioners that function within primary care to see patients same day when needed, and arrange for appropriate follow up. In addition, new staff members are being hired to expand PCMHI and function in the role of care managers, social workers, etc.

Patient Safety

From Tomah's FY2014 Patient Safety Report- Improvement Actions and Activities:

- March 6, 2014, Tomah held its first joint mental health external stakeholder meeting with federal, state and local officials, Veteran Service Organizations, non-profit agencies, law enforcement, and Congressional representatives.
- April 10, 2014, 12 OEF/OIF/OND veterans participated in a focus group sponsored by the VA Medical Center Tomah's OEF/OIF/OND program to express their views of their medical care and treatment at Tomah and make suggestions for improvement.
- In August 2013, Patient Safety implemented the Weekly Patient Safety Call after participating in the American College of Healthcare Executive Seminar on Patient Safety and Error Reduction in 2012.
- Weekly Patient Safety Tips are published in the Tomah VA Medical Center daily briefing.
- Effective Sept. 23, 2013, ePER (Patient Event Reporting System) went live. It replaced ePIR (Electronic Patient Incident Report).
- Tomah VA Medical Center implemented classroom instruction on methods to prevent workplace violence.
- Tomah VA Medical Center participated in a four-month long webinar, "Reducing Falls, Incidence and Injury."
- In May 2014, barcode technology and real-time network connectivity were implemented to improve the accuracy of medication administration.
- Crash carts were redesigned to improve efficiency during a code.
- In June 2014, a ZOLL representative conducted defibrillator training with 81 clinical staff.

Outreach Activities

Tomah VA Medical Center participated in 48 outreach activities in FY 2014. They have participated in 20 outreach activities so far in FY2015, with a total of 30 outreach activities planned by the end of FY2015**.**

Chief for Voluntary Services:

Voluntary Services utilizes the monthly newsletter that is sent to current volunteers and state officials of various VSOs. Voluntary Service has reached out to community programs, especially Retired Senior Volunteer Program (RSVP) to recruit.

Tomah utilizes online volunteer services, such as "Volunteer Match," and works with The Chamber of Commerce and uses the TVAMC Facebook page to communicate needs and opportunities.

Contacted Coulee Region Humane Society to recruit Pet Therapy volunteer teams.

Volunteer of the Month program – each month, a volunteer's name is drawn from all the volunteers who worked the month before. An article is prepared for the volunteer newsletter, featuring that volunteer.

New volunteers' hours are tracked, and upon reaching the 25-hour milestone, they receive a personalized letter and TOMAH VAVS car magnet.

Town Hall

On Monday, June 22, 2015, Roscoe Butler, Deputy Director of The American Legion (Washington, DC office), moderated a Veterans Town Hall Meeting regarding the issues surrounding the Tomah VA Medical Center. The meeting had five veterans from the Tomah area. VA staff in attendance included Acting Network Director Renee Oshinski, Acting Director John J. Rohrer, Acting Associate Medical Center Director Jeff Evanson, Associate Director for Patient Services Carlos Piraino, Public Affairs Officer Matthew Gowan and Margaret Garland, CVSO Monroe County. American Legion Department and Headquarters staff in attendance included: Steve Krueger, National Executive Committee; David A. Kurtz, Department Adjutant; Tom Mullen and Mel Napier, Committee Members; Todd Steffel, Post Commander; Bruce Drake, Operation Comfort Warrior; Gerardo Avila, Deputy Director MEB/PEB; and Patti Senft, Assistant Director, Health Policy, VA&R. Aside from listening to concerns on the quality of care, benefits, wait times, and communication, the meeting also advised those in attendance of the Veterans Benefits Center (VBC) that would be held June 23-25.

As with previous town hall meetings, mixed reviews were heard from the veterans in attendance ranging from inadequate care that has been provided by the medical center, to praises for the rapid response times and excellent care. However, there were a few very specific complaints that were voiced:

1. Veteran very unhappy with the removal of Dr. Houlihan, and has not had a primary care psychiatrist since Dr. Houlihan left the facility.
2. Another veteran commented that the VA staff doesn't seem to work well together.
3. Veterans are having difficulty with the VA's Choice Program and that staff answering the phones regarding Choice seemed confused. The veteran expressed dissatisfaction that it takes MORE than 30 days to get an appointment.
4. Nevertheless, one veteran also expressed appreciation for the Tomah VA Medical Center and had no issues to report. "Tomah has put me back together and made me whole."All questions and concerns were answered and or addressed during the town hall by either the VBA or VHA side of the VA with the subject matter experts (SME's) helping to explain if the subject was still unclear. All were satisfied with the information that was provided at that time.

Veterans Benefits Center

Tuesday through Thursday, June 23-25, 2015, The American Legion set up our Veterans Benefits Center at The American Legion Post 201 in Tomah, Wis. American Legion staff, Roscoe Butler, Deputy Director for Healthcare, VA&R; Gerardo Avila, Deputy Director for MEB/PEB; and Patti Senft, Assistant Director for Health Policy, VA&R, collaborated with the VARO, VBA and VHA staff, and through this partnership 28 veterans and family members were provided assistance with enrolling into the VA Healthcare system, scheduling appointments, filing claims, and receiving education benefits information over the course of 2.5 days.

Challenges

1. The greatest challenge is flexibility in recruiting and retaining mental health professionals in this geographically rural area. This is exacerbated by a shortage of qualified Mental Health Care specialists, Primary Care Physicians, and Psychiatrists.

   Obstacles to recruiting include:

   ◊ Rural/remote location

   ◊ Winter weather

   ◊ Competitive salaries

   ◊ Continuing Medical Education (CME) is very onerous
2. Tomah does not currently have any relationships with the universities or technical colleges in Tomah or Madison.
3. Negative media reports about Tomah impact the ability to recruit and create a perception that Tomah is not a medical facility that can provide great medical care.
4. The Choice Program is confusing to explain to staff and veterans.

Recommendations

1. Approve salary flexibility and hiring incentives to attract applicants and retain hires — do whatever it takes without a salary cap.
2. Develop a strategic and ongoing relationship with the University of Madison and local universities and colleges in and around Tomah:

- ◊ There are five colleges within 50 miles of Tomah. The nearest college is Globe University La Crosse at a distance of 35.2 miles from Tomah center. There are two community and junior colleges within 50 miles of Tomah.
- ◊ Madison ranks nationally for top places in overall education. Madison is home to the University of Wisconsin-Madison, as well as Edgewood College, Madison Area Technical College, Herzing College, and Madison Media Institute. There are also satellite campuses of Lakeland College, Upper Iowa University, the University of Phoenix, Concordia University-Wisconsin, and Cardinal Stritch University.

3. Community leaders and stakeholders must be proactive and tell the "good news and success stories" to balance the negative stories that that get repeated over and over by the media.
4. Monitor the ability of staff to consistently and accurately answer questions about the Choice Program.

Footnotes

1 In 1982, Congress enacted the Prompt Payment Act (''Act''; Pub. L. 97–177) to require Federal agencies to pay their bills on a timely basis, to pay interest penalties when payments are made late, and to take discounts only when payments are made by the discount date.