



GRAND JUNCTION VETERANS HEALTH CARE SYSTEM | GRAND JUNCTION, CO

Date: April 26-27, 2016

Veterans Affairs & Rehabilitation (VA&R) Commission Chairman: Ralph Bozella

Health Administration Committee Vice Chairman: James Stanko

Team Leader for Health Policy: Edward Lilley

Overview



The American Legion's System Worth Saving (SWS) team conducted a site visit to the Grand Junction Veterans Health Care System (GJVHCS) in Grand Junction, Colo. Accompanying the SWS Team were key leaders of The American Legion Department of Colorado's staff: Jay Bowen, senior vice commander; Lou Brackett, junior vice commander; Dean Casey, department service officer; and Julie Dominguez-Aysse, chaplain for the Department of Colorado's Auxiliary. Prior to the site visit, American Legion Post 50 held a town hall meeting at the Veteran's Memorial Community Center in Palisade, Colo., to hear direct feedback from veterans about their health-care experiences at the GJVHCS. When The American Legion last visited GJVHCS in 2010, some of the challenges facing the system included insufficient facility space, recruitment of health care providers, parking shortage, a delayed budget, centralization of contract control at the Veterans Integrated Service Network (VISN) level, and a lack of information technology strategy, all of which degraded the system's effectiveness.

GJVHCS sites include four locations serving more than 37,000 veterans residing throughout Western Colorado: Grand Junction VA Medical Center in Grand Junction, Community-Based Outpatient Clinics (CBOCs) in Montrose and Craig, and Glenwood Springs Telehealth Clinic in Glenwood Springs. GJVHCS operates a total of 61 beds, 31 of which are designated for acute, surgical, and psychiatric inpatient services. The Community Living Center offers 30 beds for long-term care, skilled care, hospice, and rehabilitation needs. GJVHCS also provides a full

array of outpatient services, including primary care, behavioral health, pre- and post-operative care, health screenings, diagnostic testing, laboratory, patient education, diabetes management, and immunizations.

GJVHCS was the recipient of the 2001 Presidential Award for Quality, and the 1999 Robert W. Carey Quality Award Trophy. It is the first and only VA organization to earn the Presidential Award for Quality.

Executive Leadership Briefing

The SWS Team met members of the executive leadership team of GJVHCS, including Marc Magill, director; Dr. Srinivas Ginjupalli, acting chief of staff; Betty Kendall, acting associate director; and Michelle Mountfort, acting associate director for Nursing / Patient Care. Leadership reported their perception of the top challenges faced by GJVHCS:

- **Choice Program:** Approximately 75 percent of veterans' concerns voiced at the town hall meeting involved the Choice Program. The director explained that when Choice was first introduced, VA lacked centralized staff training on how to manage inquiries. He recently appointed a Choice Champion to help veterans navigate the program's use.
- **Recruitment:** Leadership cited the challenge to attract physicians to rural areas such as Grand Junction.

Based on feedback from the town hall meeting, concern was raised regarding inadequate communication between veterans and GJVHCS. Jim Stanko, Vice-Chairman, Health Administration Committee addressed concerns regarding appointment letters. The VA website MyHealtheVet was presented as an effective tool to assist veterans in keeping track of their health care. However, many veterans are not aware of MyHealtheVet. Both teams agreed it is imperative to ensure that veterans receive timely and appropriate responses to their concerns, and are educated on the resources available to veterans.

Human Resources (HR) Department

GJVHCS reported approximately 72.25 vacancies broken down by the following:

- **Psychiatry:** nine vacancies
- **Physical Medicine and Rehabilitation:** four vacancies



- Radiology: one vacancy
- Health Information Management Service: one vacancy
- Engineering: one vacancy
- Quality Management: two vacancies
- Surgical: seven-and-a-half vacancies
- Customer Relations: two-and-three-quarters vacancies
- Medicine: nine-and-a-half vacancies
- Pharmacy: two vacancies
- Medical Administration Service: four vacancies
- Environmental Management Service: five vacancies
- Chief of Staff: two vacancies (Radiology/Surgery)
- Office of the Director: four vacancies
- Vet Center: one vacancy
- Logistics: two vacancies
- Patient Care Services: 11-and-a-half vacancies
- Fiscal: one vacancy
- Office of Information & Technology: two vacancies
- Nutrition & Food Service: one vacancy

GJVHCS uses the following sources to fill vacancies:

- Recruitment with USA Staffing / VA Careers and Colorado Mesa University
- Recruitment/relocation incentives for new employees
- Reviewing special salary rates for clinical occupations where the pay has lost pace with the community

Human Resources (HR) staff reported that pay greatly impacts staff turnover, especially for registered nurses. Navigating USA-jobs has also proved difficult for prospective candidates, but staff has been able to mitigate some of this by attending job fairs. The facility utilizes the Education Debt Reduction Program while they grapple with 14 percent locality pay in Grand Junction. HR staff highlighted the fact that more than 35 percent of the facility's staff are veterans, which is higher than the national average.

Medical Center Budget

GJVHCS Chief Financial Officer (CFO) James Schulz reported that the facility balanced their budget in fiscal 2015, and expects the same for fiscal 2016. When asked about the facility's jump from \$18 million in fiscal 2014 to more than \$37 million in fiscal 2015 for authorized care through the Non-VA Care Coordination, the Chief Financial Officer (CFO) elucidated that the facility was mandated to increase non-institutional care. With

regards to the Choice Program, the facility is working with HealthNet to increase the efficiency of claims pay.

Non-VA

The following shows how much the Non-VA Coordinated Care (NVCC) Program spent at GJVHCS:

Description	FY13	FY14	FY15
Authorized Care	\$15,160,561	\$18,470,406	\$37,453,532
Unauthorized Care	\$44,336	\$137,030	\$93,917
SC Emergency Care, and NSC Mill Bill Emergency Care	\$589,403	\$926,783	\$1,398,609
Totals	\$15,794,300	\$19,534,219	\$38,946,058

¹The medical center paid out \$976.27 in interest penalties due to non-compliance of the Prompt Payment Act of 1982, PL 97-177.

Total Appointments Scheduled	Primary Care Avg. Wait Time	Specialty Care Avg. Wait Time	Mental Health Avg. Wait Time
8,671	6.69	13.05	2.34

Outpatient Wait Time Results²

Per GJVHCS, the following factors impact their ability to schedule outpatient appointments in a timely manner:

- Geographic isolation
- Difficulty for the aging rural population to travel
- Communications infrastructure
- Aging regional infrastructure
- Lack of staffing

Facility Demographics

Operating Beds:

- Surgery - 10
- Internal Medicine - 13
- Nursing Home - 30 (Within the Community Living Center)

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.

² Source: VHA Access Audit for the period ending 4/15/2016



- Inpatient Psychiatry – 8

Average Daily Census for Inpatient Programs:

- Intensive Care Unit – 1.41
- Inpatient Psychiatry – 3.68
- Medical/Surgical – Acute Care – 8.57
- Community Living Center (CLC) – 27.63

Strategic Plan

GJVHCS implements multi-level strategic planning to form the GJVHCS Strategic Plan, and to define how leadership makes strategic planning decisions. All facility construction projects are driven from a facility Master Space Plan, and the Action Plan developed through the VA's Strategic Capital Investment Planning (SCIP) process. Many variables are considered within these strategies, including facility infrastructure conditions, space and equipment needs--including high technology and high-cost equipment, population needs-based planning, existing space available, and resources available to enhance existing space.

An interdisciplinary approach is used to prioritize initiatives and is vetted locally at the VISN (Veteran Integrated Service Network) level; the VISN 19 Capital Asset Manager utilizes the VA national resources depending on the scope and category of project. Planning is projected on short range (one year) and longer range (two to ten years). A copy of the current Master Space Plan and SCIP Action Plan, as well as project status is available upon request. Grand Junction has coordinated a week in June 2016 with the Office of Capital Asset Management and Engineering Services to complete the tri-annual update of the facility Master Space Plan. Grand Junction is actively preparing materials required for the full VISN 19 Integrated Planning sessions that will start in fiscal 2017.

Secondly, the facility strategically implements plans representing current VA and Veterans Health Initiative special projects, priorities, and programs. Examples include specific areas such as mental health, suicide prevention and awareness, elimination of veterans' homelessness, pain management, access improvement and treatment of women veterans. Progress toward meeting specific metrics, goals, and objectives of these plans are regularly reviewed at various levels of the GJVHCS governance structure. GJVHCS provides individual meetings with program leaders and staff involved in the daily operation as needed. Planning frequency depends on the particular initiative, including direction or guidance from VA.

Grand Junction has secured over \$3.3 million in rural health funding in salary and facility funds to start a new pain management clinic in fiscal 2016, and has aggressively pursued hir-

ing Veterans Access, Choice, and Accountability Act of 2014 (VACAA) funded positions and obligating VACAA-funded construction projects to improve veteran access to care. Grand Junction has embraced the implementation of Patient Aligned Care Team Space Module Design (PACT) concepts in its new 17,000 square foot primary care expansion project, to contribute to the smooth transition to a PACT integrated model of clinical services once the new addition is complete in fiscal 2018.

Finally, GJVHCS is actively implementing the VA/VHA MyVA Transformation. This represents the VA's current strategic approach to meeting the needs of veterans at all levels of the organization. It includes 12 breakthrough priorities as well as MyVA Transformation objectives of Improving the Veteran Experience, Improving the Employee Experience, Improving Internal Support Services, Establishing a Culture of Continuous Improvement and Enhancing Strategic Partnership. At GJVHCS, the medical center director and associate medical director provide Leaders Developing Leaders training to first and second-line supervisors on cascading the Strategic Plan throughout the organization.

There are a variety of formal and informal teams using methodologies such as LEAN Six Sigma; Rapid Process Improvement; and Plan, Do, Study, Act (PDSA). These teams operationalize specific initiatives defined and developed to support the plan. The timeframe of these planning efforts is both short and intermediate range (1-3 years). Grand Junction also hosted a Healing Environments engagement in December 2015 to provide key staff members with valuable training, which resulted in facility improvement projects that enhance the patient care experience. Grand Junction is committed to developing mentors, as demonstrated by the facility hosting the new Mentor Training and Train-the-Trainer instructor courses in April 2016.

Business Office

Of the 37,000 veterans that live within the catchment area of GJVHCS, 13,556 are enrolled in the VA's healthcare system. Of those enrolled, 12,340 are male, and 1,100 are female (26 were unknown). GJVHCS serves 15 counties in Colorado, two in Utah and one in Wyoming. To boost enrollment and awareness, GJVHCS averages eight to ten outreach events monthly (120 events annually). Events include suicide awareness and prevention, Agent Orange exposure education, women's health-specific briefings, open houses, meet-the-director forums and veteran's town hall meetings. Unfortunately, due to the increased workload associated with the Choice Program, outreach efforts have been curtailed in 2016, and no more than 50 events are expected to be scheduled.

During the meeting with the Business Office, the SWS Team was



able to discuss the facility's challenges with the three categories of the Choice Program: Choice First (when service is not provided at the VA), Choice Waitlist (when the appointment cannot be scheduled within 30 days) and Choice 40 (when the veteran lives more than 40 miles from a VA health facility without a primary care provider). According to their Choice Champion, the Choice Program has no real accountability, and the facility is often burdened with dealing with the veteran's same issue multiple times. The continuum of care with the Choice Program is lacking, especially when the veteran participates in Choice 40.

Women Veterans

The GJVHCS operates Model 1 General Primary Care Clinics. VHA defines a Model 1 clinic as a comprehensive primary care clinic for the woman veteran who has a designated Woman's Healthcare Primary Care Physician (WH PCP), who is interested and proficient in women's health. Women veterans are incorporated into the WH PCP panel and seen in a gender-neutral Primary Care clinic. Mental health services for women are jointly located in a general gender-neutral Primary Care Clinic per the Primary Care-Mental Health Integration. Timely referral to specialty gynecology service is available either on-site or through fee-basis, contractual or sharing agreements, or referral to other VA facilities within a reasonable traveling distance (less than 50 miles).

The SWS team was informed that there are no plans in the design to include a new women's Veterans Clinic.

According to the facility, 731 women currently utilize the Women's Clinic, and this number continues to increase each year. There are 956 women enrolled, and Grand Junction has 2,800 women veterans in its catchment area. At this time, GJVHCS has three female primary care and two women mental health nurse practitioners. There are also five female psychiatrists, four women nurse practitioners, three women RNs, one female social worker, and one female peer support specialist.

Annually, there are six events held and hosted by Grand Junction's Women's Health Clinic: Go Red for Women Expo, Women Veterans Reception at the National Disabled Veteran Winter Sports Clinic, Women Veterans Social, Lunch and Learn, Breast Cancer Awareness Expo, and a baby shower.

Construction

The Physical Medicine and Rehabilitation Service (PMRS) minor construction project is building a new 20,000 square foot building. Substantial completion of construction is planned for some time around May 2017, with activation around July 2017.

The new Primary Care addition will be up to a 17,000 square foot addition to the main hospital and a 5,000 square foot ren-

ovation. VA is in the process of soliciting an architectural design firm for the project. The building design will be completed around August 2017 and construction around March 2020.

Survey of Healthcare Experiences of Patients (SHEP)

The GJVHCS relies primarily on information obtained from Surveys of Healthcare Experiences of Patients (SHEP) to gauge patient satisfaction and determine how GJVHCS compares with other VA health care facilities. SHEP gathers data related to patient perceptions of the quality of care received and compares it with the Veteran Healthcare Service Standards.

Town Hall

On Tuesday, April 26, 2016, The American Legion hosted a town hall meeting at Legion Post 50 in Palisade, Colo. to discuss the patient experience at GJVHCS. There were approximately 130 people in attendance, including GJVHCS executive leadership, officers from The American Legion Department of Colorado, and representatives from offices of Senator Michael Bennet and United States Representative Scott Tipton.

Several veterans complained that when they were seen at a Non-VA hospital for emergency care, the claim for payment was later denied by the VA. It was explained that in accordance with VA regulations and policies, the admission of a veteran to a non-VA facility at expense of the Department of Veterans Affairs must be authorized in advance. Once VA is contacted by telephone, telegraph or other communication, VA will determine whether the veteran is eligible for payment of non-VA emergency care, and will inform the person if the hospitalization is authorized. If VA is not contacted within 72 hours, VA will consider the claim unauthorized, and the claim will be processed in accordance with a different set of regulatory guidelines.

During the town hall, veterans and their dependents offered support for GJVHCS. However, almost 75 percent of the complaints were about the Choice Program that has more often than not failed our nation's veterans. GJVHCS leadership responded, "Choice is not something that we have local control over. If it worked the way it was supposed to, it would be seamless to you, and it would be seamless to my facility." The director added that he has hired additional people to handle Choice issues and to assist with navigation of the program.

The administration has agreed to follow up on all issues raised during the town hall meeting and to provide a report to The American Legion.

Operation Comfort Warriors

Through Operation Comfort Warriors (OCW), The American



Legion donated more than \$3,300 worth of items to GJVHCS. Included in the items were four new trail bicycles to be used in the facility's recreational therapy program for patients dealing with post-traumatic stress disorder.

"It's very meaningful, because I think it opens up the ability for (veterans) to further integrate into things that will help their treatment, regardless of what that treatment is," Grand Junction VAMC Director Marc Magill said. "I think it's been proven the recreational therapy – whether something as simple as model building or whether it's riding a mountain bike – that's where some pretty outstanding outcomes can occur.

"Good health is not always achieved in the medical center. It can be achieved on a mountain. That's what that type of donation means. It's something that the veteran and/or their family may not have access to. It's very meaningful."

The donation also included six portable DVD players, 30 plastic modeling kits, clothing and hygiene items for the hospital patients in the Community Living Clinic, and specialty items for the women's health clinic.

Department of Colorado Legionnaires, including some from Post 200 in Grand Junction, helped facilitate the donation. Post 200 Commander Dallas Hanson and Adjutant Jim Park were on hand April 27 to make the donation.

"It's honestly amazing," Hanson said of making the donation. "Going out with (OCW Coordinator) Bruce Drake and doing the whole purchase, being able to help a local business...knowing that we have the ability and capability to be able to provide like this to our VA and help our veterans here, it's awesome."

Magill said the donation shows the strength, and importance, of VA's relationship with The American Legion. "I think it's important because we have a common partnership with a common goal: to continuously improve services for veterans," he said. "That partnership is so important."

Best Practices

GJVHCS staff shared several examples of how the facility is veteran-centric and has implemented best practices:

- **Choice Champion and Choice RN:** To combat all of the negativity and confusion surrounding the Choice Program, the medical center has a full-time Choice Champion and very recently hired a Choice RN to assist veterans in navigating the program.
- **Women veterans outreach:** The SWS Team was overall impressed with how well the women veterans outreach has been going, and the facility has a small gap between women enrolled and women in the catchment area.

- **Homeless prevention:** The facility has an exceptional homeless prevention program, and its homeless coordinator reported that on average, it has been able to house homeless veterans within a week and a half. During the visit, the facility reported 39 homeless individuals (self-identified as veterans during the most recent point-in-time survey) in the facility's catchment area.
- **Justice Outreach:** The facility has an excellent Veterans Justice Outreach Program, and its Justice Outreach coordinator visits nearby correctional facilities to conduct outreach for veterans approaching their release date to ensure an easier transition.

Key Challenges

1. **Choice Program:** When Choice was rolled out, VA lacked centralized training for local VA medical centers. In some instances, HealthNet needed six months or more to reimburse providers. Scheduling Choice appointments is also an issue, and the medical center is left entirely out of the loop with veterans eligible for Choice via the 40-mile rule (this results in no continuum of care).
2. **Staffing:** During The American Legions SWS site visit, GJVHCS reported approximately 72.25 vacancies. The rurality of the medical center has made it difficult to attract new physicians. There is a 14 percent locality pay in Grand Junction; the facility is in desperate need of an increase to make the positions more attractive to prospective candidates. Currently, it takes between 4-6 weeks for new hires, and this timeframe is too long and can dissuade candidates from staying with the VA.
3. **Women Veterans Healthcare:** Without a private clinic, women veterans have little to no privacy when seeking care at GJVHCS. It was also reported that women veterans' mammography results are not returned to the clinic following Choice appointments.
4. **Non-VA Emergency Care:** Veterans seem to be unfamiliar with VA's regulatory requirement that requires veterans to notify VA within 72 hours after admission to Non-VA health care facility for emergency care.
5. **Medication Refills:** VA is mailing out medication refills to veterans even if the veteran does not contact the VA to have their medication refilled. During the town hall meeting, veterans who are required to pay a copayment for their medication raised concerns about this new practice.
6. **Communication:** The patient advocates at GJVHCS seemed overwhelmed and burned out, and reported that they were not able to answer every veteran's call. This can result in a



very negative perception of the medical center.

7. MyHealtheVet: Not all GJVHCS veterans are knowledgeable about MyHealtheVet, which is VA's online personal health record. MyHealtheVet was designed for veterans, active duty service members, dependents, and caregivers.
8. Survey of Healthcare Experiences of Patients (SHEP): Information from SHEP is not real time, and does not represent a current reflection of what is the current status at a VA health care facility.

Recommendations:

1. Choice Program: The medical center needs to hold workshops to educate veterans on how to use the Choice Program.
2. Staffing: The Department of Colorado American Legion will review whether the Legion has a position on VA locality pay and whether the Legion's position can help to support GJVHCS' need for increasing their locality rate.
3. Women Veterans Healthcare: The American Legion recommends that the Executive Leadership consider including a women veterans Clinic in its new construction plan.
4. Non-VA Emergency Care: The Executive Leadership should ensure that information on VA's process for obtaining Non-VA Emergency Care is available in writing, as well as on display throughout the medical center. Leadership may also consider producing a flyer or refrigerator magnet to remind veterans and their families about the VA's 72 hours policy.
5. Medication Refills: The Medical Center should revise their policy and contact veterans to confirm the need before mailing prescription refills.
6. Communication: To address the Patient Advocate Concerns, the Executive Leadership should conduct a root cause analysis to determine whether the current process they have in place is effective in addressing patient concerns. Furthermore, leadership should ensure that there are adequate processes, procedures, and goals in line with VA standards, such as the Patient Advocate's standard for returning veteran's phone calls.
7. MyHealtheVet: More outreach needs to be conducted on the benefits of MyHealtheVet to the veterans in the catchment area of GJVHCS.
8. Survey of Healthcare Experiences of Patients SHEP: Rather than relying solely on SHEP, GJVHCS should hand out brief satisfaction cards that are in compliance with OMB and VA directives, to gauge a more accurate veteran's experience while receiving care.