VA SOUTHERN NEVADA HEALTH CARE SYSTEM | LAS VEGAS, NV

Date: May 24-25, 2016
Assistant Director for Health Care: April Commander
VA&R Commission National Commander's Representative: Jeffrey L. Olson
Health Administration Committee Member: Jeanette Rae

Overview

Since 1972, the VA Southern Nevada Healthcare System (VASNHS) has been improving the health of the men and women who have so proudly served the nation. They consider it their privilege to serve veterans' health care needs in any way they can. Services are available to more than 240,000 veterans living in the catchment area. In addition to the main facility in Las Vegas, they offer services in six community-based outpatient clinics (CBOCs).

Within the sunny Las Vegas valley and surrounding areas, VASNHS provides health care services to more than 45,000 patients yearly, exceeding 450,000 outpatient visits per year. This comprehensive VA Medical Center is a 90-bed inpatient facility with state-of-the-art medical and diagnostic services. Other services provided by VASNHS include a 20-bed inpatient psychiatric treatment ward that opened on April 15, 2013. A number of outpatient services are available at the medical center to include but are not limited: Behavioral Health, Community Resource and Referral Center (CRRC), Health Promotion and Disease Prevention, Traumatic Brain Injury (TBI) and Visual Impairment Services.

Facilities for each of these, plus an administrative and education building, are linked by a central pedestrian spine. Pulled together and interconnected, the buildings are actually separate. This design makes the facility "veteran friendly". Services provided by VASNHS continue to expand to meet the demands of the dynamic growth.

Town Hall

On Monday, May 23, 2016, Department of Nevada Adjutant Lionel Motta moderated a veterans' town hall meeting regarding the care received at the VASNHS. Present, were a small group of veterans; representatives from the offices of Congresswoman Dina Titus (D-NV-1), Congressman Joe Heck (R-NV-3), and Senator Harry Reid (D-NV); three members of the leadership staff from the Department of Veterans Affairs; six members of The American Legion from the Department of Nevada; April Commander, Assistant Director for Healthcare and Crystal Jackson, Media Relationship Manager, The American Legion (TAL) Headquarters Staff.

The meeting was held in an open forum; and all in attendance were afforded an opportunity to voice concerns, issues, and/or appreciation for the VASNHS.

The topic of the Choice program was the first discussion. The associate director stated that the VA cannot pull monies from one pot to put into another to extend the life of a program. It was noted that the Choice program is running out of money.

A discussion of the Veterans Integrated Service Networks (VISNs) eventually taking over Human Resources. Many hope that this is not the case, as it has been proven not to work, according to sources from the VA.

A lead volunteer stated that his biggest complaint is trying to understand why the VA eliminated the pharmacy. As many prescriptions cannot come by mail and many veterans do not drive. It was recommended for the veterans to utilize the bus drivers' services to travel to the hospital and clinics to make appointments since there is a low number of veterans that use the buses and the driver can wait for them.

A Marine veteran shared his story: He was called to active-duty four times and four times he was injured. He received a therapy dog that cost $5000 to train and is now doing very well.

A female veteran had an issue with the Choice program: Five months of waiting to get an MRI with contrast. She had no direct way to contact Choice. For three days, she was asked the same questions and on the third day, she was told there was no record of their calls to her and no services for MRI with contrast offered in her area. A staff Physician's Assistant (PA) took action and got the veteran the test she needed.

The chief of staff shared his concerns with the Choice program regarding potential delays with radiation treatments, thus making the Choice program less reliable.

Another veteran who also volunteers at the VASNHS, stated that "This is his fourth director". He stated, "Only thing worse than a grumpy old man, is a grumpy old vet!" This veteran, however, had a good experience with the Choice program in that he received an appointment in two days after calling Choice.

At the Las Vegas VAMC, approximately 40 percent of the employees are veterans. It is believed that because of this high percentage of veteran employees that there are things that cannot

be replicated or duplicated outside of the VA, such as the TBI/PTSD care and limb replacement...VA does it better than anyone!

Adjutant Motta called for final testimonies and concerns then closed the town hall meeting.

Executive Leadership

On Tuesday, May 24, Assistant Director for Health Care, April Commander, VA&R Commission Member, Jeanette Rae, and National Commander's Representative, Jeff Olson met with the VASNHCS executive leadership and staff to discuss the concerns addressed during the town hall meeting as well as the questionnaire that was provided to the medical center in advance of the site visit. In attendance for the entrance briefing with executive leadership were: Medical Center Director, Peggy Kearns; Associate Director, William Caron; Chief of Staff, Dr. Ramu Komanduri; Associate Director, John Stelsel; Deputy Chief of Staff, Milan Parekh; and Associate Director for Patient Care Services, Jennifer Strawn.

Discussed were the challenges the medical center has continued to encounter, such as vacant critical positions and the implementation of Veterans Integrated Network System (VISN) 21 methods.

The numerous vacant provider positions, further supported the most significant reason that impacted the medical center's ability to schedule veterans' outpatient appointments in a timely manner in certain specialties and primary care. Additionally, it was voiced that Nevada is underserved with regard to physicians and nurses and VASNHS is actively working with the State of Nevada, community hospitals, and academic facilities to recruit medical students who will practice in the area.

Per national staff request, VASNHS provided an abbreviated strategic plan for FY16. The plan outlined the facility's priorities:

- Veterans
  - » Develop a new Veteran Experience Service
  - » Establish a Veteran Experience Board
  - » Add veteran members to governance board
  - » Conduct four (4) Veteran's Town Halls with one (1) being held outside of the medical center
- Access
  - » Refine the consult process to reduce pending consults
  - » Establish two (2) Patient Aligned Care Teams (PACT) at the medical center
  - » Expand Mental Health Intensive Case Management (MHICM) utilizing existing resources
  - » Identify high veteran population areas for Home Based Primary Care (HBPC) expansion
- Contact Centers
  - » Serve as a pilot site for national VHA Phone Tree Initiative for suicide prevention
- Compensation and Pension
  - » Meet 20 day average processing time for C&P
- Homelessness
  - » Sustain functional zero for homeless veterans employee experience
- Employee Experience
  - » Roll out Leaders Developing Leaders program with a 75 percent participation rate
  - » Conduct quarterly employee town halls
  - » Develop a facility iCare video and monthly newsletter
  - » Develop All Employee Survey action plans for each service
  - » Charter an Employee Engagement Board
- Staffing
  - » Maintain supportable FTE levels and fill critical positions
  - » Continue to expand partnership with the University of Nevada Las Vegas (UNLV) Medical School

Human Resources

At the time of this visit, the total number of staff vacancies was 217, for a combined total of 2,357 Full-Time Employees (FTE) and Part-Time Employees (PTE) positions. Of the open positions, roughly 170-180 were for providers. Due to VA's pay scale for physicians, recruitment and retention still remained a challenge for the organization.. VASNHS had a general facility workforce succession plan which is used for the recruitment of specific, current, and future vacancies. As noted, some of the hard to fill physician positions were within the following areas: Otolaryngology (ENT), Orthopedics, Vascular Medicine, and Psychiatry. At the time of the visit the facility was 93 percent staffed.

The following were the challenges voiced by HR staff:

- HR turnover rate of 15 percent
- VA's physicians and police officer pay rates cannot compete with that of the community. Therefore, security risks are of major concern.
- Volunteers are required to undergo the same badging process as federal employees which can make it difficult for them to

start right away. Volunteers are low priority compared to doctors, nurse, and other employees.

- Education Debt Reduction Program (EDRP) limit was increased, but the funding for the program remains stagnant

Financial Management

According to the information contained within the mail-out questionnaire in FY15, the medical center had 797,804 outpatient visits (projecting over 853,946 for FY16, potentially a 1-percent growth), and total admissions for FY15 were 5,266.

Funding allocated for the past three fiscal years:

Fund	FY13	FY14	FY15
Medical Support & Compliance	$38,945,217.01	$34,999,943.70	$31,098,242.00
Medical Services	$343,101,128.34	$364,805,051.42	$388,606,878.20
Medical Facilities	$41,015,133.53	$54,937,175.28	$44,185,509.57
Grand Total	**$423,061,478.88**	**$454,742,170.40**	**$463,890,629.77**

Clinical Service Line Managers

Clinical Service Line Managers reported that the Primary Care Teams present, no less than twice per month, the status of staffing and service demands to executive leadership. To review current staffing status, the National Demand Supply Calculator Tool is put in place and used to predict upcoming staffing needs based upon demand.

Primary Care continues to aggressively recruit for vacant positions. Within the Primary Care arena exists the Primary Care Oversight Committee (PCOC), which brings together (Providers, Nursing, Health Administration Service and Patient Safety) to discuss operational, practice and performance improvement issues within the PACT model and develop strategies to enhance the Veteran Experience.

To improve team functioning, PACT orientation is completed following new hire orientation and training is provided from the PACT Center of Excellence.

To maintain a positive rapport with veterans, VASNHS is creating a Veteran Experience Council and a Veteran Engagement Committee. Patient Advocate Liaisons are available in the clinics to assist Veterans. Veterans are encouraged to enroll in My HealtheVet and use secure messaging and nontraditional appointments as well as the traditional clinic visits to connect with their PACT to address their needs and concerns.

To help foster the integration of primary and mental health programs, VANSHS has Behavioral Health Interdisciplinary Program (BHIP) mental health providers that offer walk-in clinics at the four (4) primary care clinics.

Business Office

The VASNHS catchment area covers the following counties in Nevada: Clark, Lincoln, and Nye, which includes a total of 228,027 veterans. Of the total number of veterans in the catchment area, 71,620 are enrolled; and of the enrolled veterans, there are 4,861 women, 52,525 men, 57,386 uniques, and 4,298 OEF/OIF/OND veterans. VASNHS also treats patients from Arizona, California and Utah, as well as "snow birds" from the mid-west and Eastern US.

The VASNHS Non-VA Coordinated Care Program (NVCC) expenditures report, as of May 2016, is listed below.

	FY13	FY14	FY15
Authorized Care	$50,281,400.64	$54,613,509.80	$57,490,411.51
Unauthorized Care	$2,593,263.87	$3,849,377.90	$2,906,939.62
Mill Bill (SC & NSC)	$6,899,923.34	$11,756,298.42	$9,406,836.95
Total	$59,774,587.85	$70,219,186.12	$69,804,188.08

According to the responses in TAL's external questionnaire, late payment fees paid out by the medical center for FY15 for non-VA claims due to non-compliance of the Prompt Payment Act were $445.09.

Other concerns that the Business Office staff voiced pertained to the issues with the Choice program and TriWest. Implementation of the new contract created scheduling issues where TriWest could not contact the veterans and veterans reported that they were scheduled to incorrect clinics, thus causing further delays in access to treatment. The frontline staff also stated that there was very little recovery time provided to implement new changes in the program.

Quality Management

Prior to the site visit, the Joint Commission (JC) conducted an inspection of the medical facility (hospital, home care, and behavioral health areas) on January 28-31, 2014. The Behavior Health Care segment did not require improvements. However, the hospital and home care areas received minor deficiencies regarding Evidence of Standard Compliance (ESC). The hospital was given 60-90 days to correct deficiencies and received full JC accreditation in March 2014.

The last Commission on Accreditation of Rehabilitation Facilities (CARF) inspection was conducted during May 2015. The

area that was inspected was the Psychosocial Rehabilitation (Adults) Program. The accreditation for the area inspected will expire in March of 2018. No recommendations were noted within the reports.

Women Veterans Program

The women's clinic had approximately 1,936 users for FY15 with approximately the same number users for the current year. The clinic is staffed with three (3) PACT providers, one (1) gynecologist, two (2) licensed practical nurses, and three (3) registered nurses pending on-boarding.

The clinic held four (4) outreach events both during FY15 and 16. The events were:

- Go Red Campaign in February
- Women's History Month in March
- Women's Health Week in May
- Breast Cancer Awareness Month in Octobe

Other services that were highlighted were:

- Pharmacy located women's clinic
- Treatment of transgender veterans
- Military Sexual Trauma (MST) Coordinator on site
- Procedure rooms with private restrooms
- Successful Women's Health Summit of 2016: Morning and afternoon panels, with 77 participants and 33 vendors

Homeless Program

On Wednesday, May 25, the team requested a visit to the local homeless shelter. The bus shuttled the team over to the Salvation Army, which is partnered with the Department of Veterans Affairs (VA) in an effort to end homelessness among veterans and to provide recovery support.

With 60 staff members, the shelter provides temporary/emergency housing for men, women and families (at the time of the site visit, no women/children were present). Providing housing for families poses a significant challenge for the facility.

The shelter offers Supportive Services for Veteran Families (SSVF), services for the very low income to help obtain and maintain stable housing; Community Integration Program (CIP), and long-term transitional housing and support for 20 veterans to overcome serious life situations, such as drug dependency/abuse. The shelter also provides computer training and training in culinary arts, which is a favorite among the veterans.

The total capacity of the shelter is 500, with the social workers seeing 50-60 veterans a day. While the veterans are at the shelter, they must be working on a transition plan to permanent housing.

The day shelter is operational from 11:00 am to 7:00 pm and costs $10.00 per night or can be paid monthly. The shelter provides roughly 1000 meals per day thanks to donations from the various community partners. The shelter also receives bus passes for their residents.

In December 2015, Zappos donated Target gift cards to each resident, individually worth $750.00. On April 18, 2016, the shelter held a job fair where some 32 veterans were in attendance and 20 of those veterans were hired on the spot!

To provide tranquility and peace, the chapel is open nightly until 7:00 pm.

Vet Center Visit

Following the visit to the homeless shelter, the team was greeted at the Vet Center. The center has six (6) counselors that see about 200-300 clients regularly. One new employee works at the center on a part-time basis and handles the administrative duties. This employee also serves as the outreach coordinator, attends TAPs briefings and partners with a car club to conduct outreach events.

The center offers one-to-one counseling as well as group sessions. Although woman veterans are welcomed at the center, very few attend. However, the counselors do see any women veterans, as they service the rural areas of the catchment area and may encounter them during their travels.

Like other Vet Centers, services offered include readjustment counseling; MST counseling; bereavement counseling; and couple/family counseling, just to name a few.

Security remains a challenge with the center as there was an incident when an unknown person wandered into the building. The police and an ambulance were called to the scene, although it took some three hours before the police arrived and no ambulance ever responded. Fortunately, no one was injured.

The center lacks a monitoring system but does have an intercom system. The staff did voice the desire to relocate to a safer environment or more secured building. Other challenges of the center are the desire to conduct an outreach event to help those veterans that have had an unpleasant experience with the VA, but who still need help; and connecting with younger veterans from more recent conflicts.

Challenges

The VASNHS provided The American Legion their top ten list of challenges as part of the mail-out questionnaire. In reviewing the list, item #8 was omitted due to fact that Compensa-

tion and Pension Appeals are handled by the Veteran Benefits Administration and the medical center has no jurisdiction over these matters.

The following challenges below were reviewed and discussed with leadership. The overall recommendation provided to management was that they should escalate these challenges to the VISN level to assess each item to determine the impact they have on the veterans' access to health care. The local VA and VISN should work with The American Legion to ensure adequate resources and funding are allocated to these problematic areas to improve the veteran experience at the VASNHS.

Challenges

1. **Budget for FY17:** Potential loss of significant activation funding. The inability to predict the amount of activation funding makes planning for needed positions very difficult. In addition, the Veteran's Equitable Resource Allocation (VERA) model is not designed for new facilities. VERA funding is based on workload from the previous two (2) years.
2. **The Choice Program:** TriWest's efficiency has improved. However, coordination of care due to the existing infrastructure remains difficult. In addition, Choice allocated funding has to be specifically spent on the Choice Program.
3. **Growth:** Unprecedented growth in VASNHS in veterans treated. FY14=11% growth; FY15=6% growth; FY16=5% growth (to date). VASNHS has experienced 29% overall growth in the last five years. Veterans treated in FY15 were 57,386. FY15 outpatients visits were 797,804 (7% increase from FY14). VASNHS is outperforming actuarial predictions for growth.
4. **Recruitment and retention:** Nevada ranks 46th in physicians per capita and 50th in nurses per capita. Las Vegas does not currently have an allopathic medical school. This impacts VASNHS' ability to recruit and retain scarce medical professionals. They cannot pay physicians the salaries or offer them the type of recruitment incentives that the private sector offers.
5. **Onboarding process:** Due to VA Human Resources requirements, the onboarding process may take several months, which may result in the loss of qualified candidates for hire and delays in resourcing services.
6. **Scheduling:** VA will be implementing a new scheduling program with an approximately 3-month window for training. This expedited implementation process will require local staff to become experts and then provide training for all of the other staff within the facility; thus, taking them away from their day-to-day responsibilities.
7. **Unsupported Information Technology (IT) Infrastructure:** VA was once the leader in electronic medical records. With the separation of IT from the facility, innovation has been stagnant for several years. The leadership strongly support realignment of IT under medical center leadership and the promotion of decentralized innovation.
8. **Provider overtime rules:** Currently, by-law, VA physicians are available 24/7. VA physicians' salary assumes coverage for that period of time and there is no opportunity to achieve overtime. Leadership would like to be able to provide overtime to physicians to increase access, achieve performance goals, and increase continuity of care.
9. **Image Promotion:** The VA implemented and created numerous outstanding and cutting edge advancements in the healthcare industry. However, due to current restriction, the VA is unable to advertise these positive contributions. In addition, the media generally focuses on negative stories. Furthermore, there are super-PAC like organizations that are funded by private entities to discredit the VA and work towards privatization. The VA needs a better method to promote the good stories.