



VA PITTSBURGH HEALTH CARE SYSTEM | PITTSBURGH, PA

Date: August 2-3, 2016

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

Veterans Affairs and Rehabilitation Director: Louis J. Celli, Jr.

Assistant Director for Health Care: April Commander

Overview



The VA Pittsburgh Healthcare System (VAPHCS) serves the tristate area of Pennsylvania, Ohio and West Virginia and is comprised of two clinical care campuses in Pittsburgh, as well as five community-based outpatient clinics. The University Drive acute care facility has 146 operating beds distributed among medicine, surgery, neurology and critical care. A range of outpatient services and 78 secure, private psychiatric beds are also located at this campus. The H.J. Heinz campus is home to a 262-bed Community Living Center as well as an ambulatory care center that offers outpatient services including dental, primary care, pharmacy, and rehabilitation. The campus also offers a 65-bed Veterans Recovery Center and 31 rehabilitation treatment beds.

Town Hall Meeting

The Town Hall meeting took place at American Legion Post 145, Crafton, PA. on Monday, August 1, 2016, at 7:00 p.m. Attendees included local military veterans, The American Legion's Department of Pennsylvania leadership, state congressional staff, Pittsburgh VA Healthcare System (VAHCS) leadership and national staff from The American Legion's National Headquarters in Washington, D.C.

Many of the concerns voiced by veterans at the meeting referenced the controversial Choice Program where military veterans are given the option to seek care outside of the VA and have

VA pay for their health care. But more often than not, veterans have complained that late payments from VA have negatively impacted their credit ratings. Choice was implemented in 2014 to help alleviate long wait times at VA.

"It doesn't work the way that it was intended, and it is not financially feasible," said American Legion Veterans Affairs and Rehabilitation Division Director Louis Celli. He added that any future expansion or extension of Choice not only would place a financial burden on military veterans, but also on VA since it would exceed the department's \$165 billion budget by more than a whopping \$435 billion.

One veteran stated that the service he has received at private practices through the Choice Program has been poor in comparison to his primary care at the VA. "They don't know how to deal with veterans and veterans' issues," he said. After receiving negative MRI results at a private health care facility, the veteran went to his local VA, where providers found a cancerous lump in his throat and were able to provide him with life-saving treatment.

In addition to the Choice Program, participants were also disgruntled with navigating the complexities of other programs within the VA system. "I feel like they're shoving me under the rug," said one veteran, who has had difficulty receiving a wheelchair from the local VA. He alleges that the VA denied his claim for a wheelchair because his home does not meet standards for disability devices. "That's blatant discrimination," the veteran strongly expressed. The wheelchair previously provided to the veteran by the VA did not adequately support his rugged lifestyle as a hunter, but VA agreed to work with him to provide him with a more all-terrain wheelchair.

The VA Pittsburgh Healthcare System Acting Associate Director Alan Petrazzi offered to personally help the veterans in attendance. "We're concerned about the issues that we are hearing tonight," he said. "Please give us a change to rectify these problems."

While phone wait times were an issue for the Pittsburgh VAHCS in the past, Petrazzi added that its records indicate that those wait times have decreased from 45 minutes to mere seconds. But one veteran's testimony told a different story.

"You can't get through," said the veteran, who has had issues



contacting the VA to refill his prescriptions and receiving them by mail in a timely fashion. But his concerns with the long phone wait times went beyond his own. “Suppose there is a military veteran [calling] who wants to commit suicide?” he asked. “You can’t get through.”

Dave MacMillan – Congressional staffer for Congressman Michael Doyle, (D-Pa). – concluded the meeting with a letter from Congressman Doyle. “As the son of a World War II combat veteran, Congressman Doyle is deeply aware of the hardships that our armed forces endure on the battlefield, the sacrifices that they make, and the challenges they face when they return home... When news broke about the long waiting times at VA health care facilities across the country in 2014, Congressman Doyle worked with Congressman Murphy to find out how long veterans were really waiting for care at the Pittsburgh VA. Once they learned that some veterans had been waiting two years for appointments, they put on a full-court press to get those veterans the care they needed and eliminate unreasonable waiting times.”

Executive Leadership Briefing

To rectify many of the concerns raised at the town hall meeting, The American Legion’s Department of Pennsylvania and American Legion National staff met with the VAPHCS leadership from different departments on Wednesday, August 3, 2016, to assess processes and procedures that need improvement. The VAPHCS executive team included Medical Center Director Karin McGraw, Deputy Director Barbara Forsha, Acting Associate Director Alan Petrazzi, Acting Chief of Staff Dr. Jeff Peters, Associate Director Patient Care Services Dr. Ira Richmond, and Executive Assistant to the Director Jo Petro.

Exit Briefing

On August 3, 2016, the SWS team conducted an exit briefing with the VAPHCS executive leadership. Executive staff included Karin McGraw, Medical Center Director; Barbara Forsha, Deputy Director; Alan Petrazzi, Acting Associate Director. Dr. Ali Sonel, Chief of Staff; Dr. Ira Richmond, Associate Director Patient Care Services; and Jo Petro, Executive Assistant to the Director were also in attendance.

Findings and recommendations were discussed, as well as procedures for processing the report.

After a report is completed, it is submitted to the hospital’s Public Affairs Officers, who are provided two weeks to review and return the report. If conflicting information is identified, a conference call is scheduled to discuss concerns.

Afterward, the medical center is provided a final copy. Ultimately, the reports become a part of a larger report outlining The

American Legion’s 2016 – 2017 System Worth visits. The Executive Summary will be released at the 2017 National Convention. The report is shared with the House and Senate Veterans Affairs Committees, the VA Secretary, the Under Secretary of Health and the President of the United States.

Best Practices

The VAPHCS leadership identified the following best practices:

- Infectious Disease: World class water safety program
- Interventional Pulmonology: Advanced Bronchoscopy Services offered
- Sleep Medicine: robust in laboratory and out of laboratory sleep evaluation program
- Cardiology
 - » Stents (Door to Balloon time)
 - » Cardiac Rehabilitation Program
 - » Heart Failure Mortality
- Nephrology
 - » Dialysis program
 - » Renal Transplant Program
- Endocrinology: Telehealth
- Gastroenterology
 - » Advanced Endoscopy Capability (i.e. ERCP)
 - » Hepatology / Liver Transplant Program
- Dermatology: Veteran-Centric Tele-dermatology Program

Challenges

1. Acting leadership is a problem systematically.
2. Unfulfilled GI Provider Positions: Salary structure is not competitive with the local community.
3. Unfilled MSA and PSA positions: Impaired by job reclassification process
4. Lack of Call Center: This is unlikely to be improved by Butler VA Call Center (national mandate).
5. Veterans Choice Program: VA is unable to provide “warm handoffs”.
6. Lack of space: There is insufficient space for exam and provider offices.
7. Slow contracting process
8. Siloed Information Technology Support
9. Delays with HR: job classification, posting, and hiring



Recommendations

1. Leadership should continue to identify spacing needs through the Strategic Capital Investment Program (SCIP) and leverage their relationships with local veterans' service organizations to champion their cause.
2. To address the nursing benefit packages and physician pay, leadership and human resources should research other avenues to ensure that the salaries and benefit packages remain competitive with the private sector.