



CHALMERS P. WYLIE VA AMBULATORY CARE CENTER | COLUMBUS, OH

Date: September 12-14, 2017

Veterans Affairs & Rehabilitation Commission: Patrick Grzybowski

National Executive Committee (Alternates): George Mussi, Suzette Price-Heller

Department of Ohio Commander: Stanley Pleasant

Veteran Affairs and Rehabilitation Division, Assistant Director, Health Policy: Edwin Thomas

OVERVIEW

Chalmers P. Wylie is a Department of Veteran Affairs (VA)/ Veterans Health Administration (VHA) Ambulatory Care Center (VAACC) that has grown from 450 employees several years ago to its present state of 1,500 employees. The facility provides comprehensive outpatient, home-based care, primary care, behavioral health, geriatric care, pharmacy services, and surgical services. Under its current leadership, Wylie VAACC has earned the highest- complexity- level 2 for an ambulatory care center. The Veterans Health Administration projected nearly 400,000 outpatient visits at Wylie VAACC in Fiscal Year 2017. The ambulatory center cares for 40,000 Unique Patients including nearly 3,000 Unique Women Veterans.

Wylie VAACC is located in Veterans Integrated Service Network or VISN 10. The VAACC serves veterans in 13 counties in Ohio. Located in Columbus, Ohio, Wylie VAACC oversees four Community Based Outpatient Clinics (CBOCs), and a Veterans Readjustment Counseling Center in the heart of downtown Columbus. VISN 10 is also home to 10 VA medical centers, the independent Columbus, OH Ambulatory Care clinic, and 63 CBOCs. The catchment area for the VISN includes the lower peninsula of Michigan, Ohio/Northern Kentucky, and Indiana. The VISN provides acute, ambulatory, and mental health care to more than 685,000 veterans.

Mission, Vision, and Strategic Goals

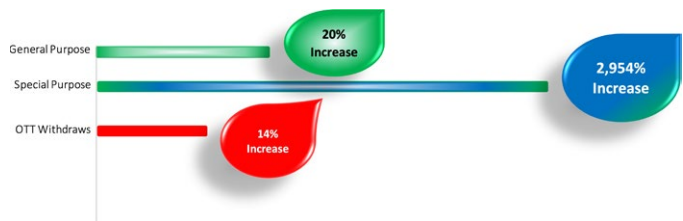
Wylie VAACC mission is to “Honor America’s Veterans [sic] by providing exceptional and personalized care that improves their health and well-being.” Leadership envisions Wylie as a “leader in Veteran healthcare excellence”.¹ Wylie VAACC’s strategic goals over the next five years include:

- **Advancing Health and Well-being** – Wylie’s executive leadership team proposes accomplishing this goal by improving the quality of life for both veterans and employees. They add “innovative technologies and practices” as the vehicles that will help them achieve this goal.
- **Veteran Experience** – The executive staff identifies areas of performance such as scheduling appointments, efficiency, and courteous care as part of its long-term strategic goals.

- Employee Engagement
- Research and Education
- **Access to Care** – The executive team believes in identifying and acting on clinics that demonstrate a need for improvement in the areas of efficiency, growth, and reorganization. Staff also stated they would like to build processes to market access to care [for] veterans.

Budget Status

Wylie VAACC experiences year-over-year growth in its General Purpose (GP) fund \$147.2 million (FY2015) to \$176 million (FY2017). The ambulatory care center’s Special Purpose (SP) fund grew from \$2.4 million to \$73.3 million over the same two-year period. Off-the-top (OTT) Withdraws (spend) also increased from (-\$47.4) million in the FY 2015 to (-\$54.1) million in FY 2017. OTT Withdraws includes spending for Consolidated Mail Pharmacy Operations and Non-VA Care Medical and Pharmacy System or FEE. OTT is a debit account where spending actually increased. Total funding for local programming at Wylie increased by approximately 73%.



TOWN HALL MEETING

Nearly 40 veterans attended the town hall meeting at The American Legion Post 532 in Columbus, Ohio. Wendy Hepker, Executive Director, attended the town hall meeting. Ms. Hepker answered many of the veterans’ questions for nearly two hours. Ohio Department Commander, Stanley Pleasant, presided over the meeting.

Congressional staff members Adam Williams and Michael Dustman from the offices of Senator Robert Portman (R) and Representative Steve Stivers (R), respectively, attended the town hall meeting. In fact, both answered questions about health care



benefits, pending state and federal legislation, and federal health policy concerning the new CARE Program. Veterans asked questions about the look of the new CARE/Veterans Choice 2.0 program. Mr. Williams and Mr. Dustman answered the majority of those questions in a way that satisfied veterans and benefit to the town hall meeting.

Ms. Hepker answered 90% of all questions. Veterans were mainly concerned about their inability to get appointments and changing primary care doctors without notice to patients. However, the medical center did not view this as a challenge because most of the issues with scheduling happened with the third party. The medical center notifies veterans via email and about changes concerning primary care physicians when they log in to their accounts. Ms. Hepker also fielded questions from veterans after the meeting about various operational issues including patient engagement and health benefits. Ms. Hepker scheduled a personal meeting with several veterans appropriately addressed in a public forum.

Overall, the town hall meeting was a success. The SWS team addressed several issues with the facility's leadership discovered during the town hall meeting. With 40 veterans, Congressional staffers, local staff from The American Legion, and the director of the VAACC, the discussion was very amiable, professional, and beneficial for those veterans who found on-the-spot resolutions to their problems or were able to secure an appointment with Director Hepker.

EXECUTIVE LEADERSHIP BRIEFING

During the System Worth Saving sessions with the executive leadership team at Wylie VAACC, they identified the following as their "Top Challenges."

Challenges

Challenge 1: Lack of Space

The executive team and clinical line managers identified the lack of space to accommodate and provide care to a growing veteran population. Although recently renovated, the leadership team feels that the facility has already outgrown its capacity to serve patients. Some clinicians and administrative staff must travel across town to see patients or attend meetings. Staff also suggested that their request through the Strategic Capital Investment Planning (SCIP) process has an elongated timeline that actually compounds another issue: Inefficiency.

According to executive staff, the Columbus metropolitan area does not need another acute care hospital. The director believes the area has sufficient coverage. However, the director believes the area needs another long-term care facility. She also believes

VAACC should "increase its footprint" in the Ambulatory Care sector by increasing space and offerings to accommodate the growing number of veterans in the area. The need for space is critical to quality, direct patient care, and efficiency.

Challenge 2: Inefficiency

As the SWS team toured the medical facility, doctors, nurses, and Medical Support Assistants (MSAs) voiced complaints about how inefficient processes contribute to low-morale and frustration. Physicians cited an overload of paperwork in addition to large patient panels. A physician did state she felt the lack of space exacerbates the inefficiency. MSAs cited a lack of defined processes that contribute to morale problems because they are overworked and never given recognition or shown any appreciation for their hard work. Some MSAs expressed a desire to leave the medical center for lack of advancement opportunities; one minority expressed disappointment and frustration after nearly 10 years working at the medical center as MSA and passed over for promotion. We asked the MSAs the following questions, "Why inefficiency exists at the medical center?" "Why do you feel there is a lack of career advancement opportunities at the VAMC?" They responded with "bad first-line supervisors" and "lack of sensitivity at the executive level for diversity in the managerial ranks." The Human Resources and Behavioral Health units also spoke of the difficulty of not having staff in the same building and the travel time needed to meet with staff in offsite facilities.

Challenge 3: Inhibitive and Labor Intensive Accounting Practices

The executive team feels the current accounting system/line item allocation process does not allow enough flexibility. Staff repeatedly mentioned the inability to transfer money between "Special Projects" to other line items when needed. Staff within the finance department also spoke about how labor-intensive it is to track expenditures related to special projects especially construction projects.

Challenge 4: Veterans Choice Program

Staff at the facility were disappointed the current Veterans Choice program was not meeting the expectations of veterans or their families. The staff was especially concerned about balance billing and lack of coordination of documentation in the program. Local providers would rather enter a Provider Agreement directly with the VAACC rather than with HealthNet, specifically.

Many of the staff believes the Department of Veterans Affairs should return critical program activities to the medical center. Such activities could include scheduling, coordinating care, and



pre-referral consultations with veterans before consulting with providers outside the VA medical center, and payments (Health Plan Model). The American Legion talked with MSAs who believed the VA Central Office must bring back outsourced operations to third-party vendors because the medical center is better equipped to serve veterans. They also believed doing so might improve strained relationships with community physicians.

Best Practices

Cardiology Department: The Cardiology Department allows its trained physician specialists and surgeons to travel to outlying facilities to conduct consultations. The medical center considers this a best practice because of the scarcity of cardiologists in the area to meet the demand for cardiology-related services – consultations, surgeries, and post-operative care. The practice permits veterans to gain access to a cardiologist when they normally would not.

Mental Health Provider Training: All new mental health providers must spend a minimum of six weeks in the primary care department. The six-week period allows new mental health clinicians to shadow a primary care physician to understand the acute care delivered to veterans. Veterans gain by having a mental health provider who understands the acute care process and its challenges. Additionally, mental health clinicians are better prepared to initiate Cognitive-Behavioral Therapy in veteran populations. “Cognitive-behavioral therapy (CBT) is a form of psychotherapy that treats problems and boosts happiness by modifying dysfunctional emotions, behaviors, and thoughts. Unlike traditional Freudian psychoanalysis, which probes childhood wounds to get at the root causes of conflict, CBT focuses on solutions, encouraging patients to challenge distorted cognitions and change destructive patterns of behavior.”

EXIT BRIEFING and RECOMMENDATIONS

Challenge (1): Lack of Space

Recommendations: The American Legion recognizes that a lack of space is a systemic issue across a majority of Veterans Integrated Service Networks. The Department of Veteran Affairs is building new facilities while spending millions of dollars in the process. The problem is the Strategic Capital Investment Planning (SCIP) process.

Many facilities complete their SCIP Business Plans and must wait 3-5 years before approval. At the completion of the original approval process, designs are approved, bids received and approved, and actual construction begins and ends, the facility often does not meet the space requirements it was originally intended to resolve.

- The System Worth Saving (SWS) site visit team recommends the Department of Veterans Affairs/Veterans Health Administration explore means of reducing the length of time needed to approve budgets for special construction projects. As the executive team explained, the budget process that includes the submission of the facility’s SCIP budget and business plan and SCIP budget took one year for approval. The SWS site visit team recommends the VA consider moving quickly toward a solution, as this problem has affected the organization’s ability to provide proper access and quality of care.
- The SWS site visit team recommends that accompanying bidding processes are also considered for process improvement efforts through Lean Six Sigma and Engaged Team Performance® organizational development tools.
- The SWS site visit team recommends the National Headquarters of The American Legion take a more active role in collaborating with and assisting the Department of Veteran Affairs with reaching a viable resolution to shorten the timeline for the SCIP and bidding process for vendors.
- The SWS site visit team recommends VAACC continue submitting requests for facility expansions and renovations through the SCIP process when appropriate.

Challenge (2): Inefficiency

Recommendations: Typically, The American Legion does not address employee issues. However, inefficiency affects physician attrition increases burnout exponentially. Medical Scheduling Assistants leave their positions in such numbers that it disrupts access to care for veterans and subsequently the quality of care at Wiley Columbus VAACC.

- The SWS site visit team recommends the leadership team host a town hall meeting with staff to address their concerns regarding (provide a list of the concerns).
- The SWS site visit team recommends the executive staff consider using scribes to assist primary care physicians and certain specialists group where the burden of administrative work serves as a barrier to quality care and the efficiency needed to deliver such care to veterans.
- The SWS site visit team recommends the Department of Veteran Affairs determine how to classify medical scribes within current HR systems – Title 38 or Title 38 Hybrid – to hasten the use of the positions to increase efficiency, lessen the administrative burden on physicians, improve quality of care, and prevent unnecessary physician turnover and burnout. This recommendation aligns with H.R. 1848, known as the Veterans Affairs Medical Scribe Pilot Act of 2017.



» H.R. 1848 would “create a two-year medical scribes pilot program under which VA will increase the use of medical scribes at ten VA medical centers. Under this legislation, VA would be required to report to Congress every 180 days regarding the effects the pilot program has had on provider satisfaction, provider productivity, patient satisfaction, average wait time, and the number of patients seen per day. The bill requires the Secretary to select at least four medical centers located in rural areas, at least four medical centers located in urban areas and two located in areas where a need for increased access exists. Additionally, it requires four scribes be assigned to each medical center, with two scribes assigned to each of two physicians. Thirty percent of scribes will be employed in emergency care and 70 percent of scribes will be employed in specialties with the longest patient wait times or lowest efficiency ratings. It also requires VA to hire 20 new VA employees as medical scribes, and to enter into contracts with outside entities in order to employ 20 additional scribes.”

- The SWS team recommends the Department of Veterans Affairs provide adequate space to care for veterans in harmony with recommendations found under Challenge 1.
- The SWS team recommends the Veterans Administration Central Office (VACO) increase awareness of employee issues regarding the lack of diversity in managerial positions particularly to reflect the patient population served by the facility.

Challenge 3: Inhibitive and Labor Intensive Accounting Practices

Recommendations: The SWS team recommends the Department of Veteran Affairs review its accounting practices across all Veteran Integrated Service Networks of VISNs and determine the need for improvements that enhance the ability of facilities to transfer funds concerning special projects.

- The SWS site visit team also recommends the finance department or project management office for process improvement conduct a process map exercise that identifies what makes VA contracting and accounting activities at the VAACC so labor intensive.
- The SWS site team recommends the medical center share its completed accounting process map and narrative with The American Legion recommend.

Challenge 4: Veterans Choice Program

Congress passed legislation and the Department of Veterans Affairs hastily implemented the Veterans Access, Choice, and Accountability Act of 2014 (Public Law 113-146) in response

to the scheduling scandal at the Phoenix, Arizona VA medical center in 2014.

Recommendations: Therefore, the SWS site visit team recommends Congress work diligently to pass new legislation that is clear, succinct, unfettered with other pieces of legislation that attempt to drive the VA toward privatization, and implementable by VISNs and VA medical facilities.

- The SWS site visit team recommends that Congress and leaders of the Department of Veterans Affairs select Third-Party Administrators capable of building a network of providers educated about veteran physical and mental health issues, unique circumstances surrounding veteran health, claims, and balance billing practices.
- The SWS site visit team recommends the Department of Veterans Affairs strongly adheres to Title 31 › Subtitle III › Chapter 39 – Prompt Payment and related Code of Federal Regulations (CFR) 5 CFR Part 1315 - PROMPT PAYMENT §1315.10, unless where the Department of Veterans Affairs disputes a claim made by a vendor.

CONCLUSION

Capable leadership exists at The Wylie VAACC of Columbus, Ohio despite the turnover at the position of director and other challenges. As mentioned earlier in the report, the SWS team was concerned about several issues revealed during the visit. The primary concerns were inefficiencies that potentially could lead to physician burnout and defections, and employee perceptions of unfairness, lack of opportunities for promotions, and low morale, particularly among Medical Support Assistants that could lead to high turnover and affect patient access to care.

In 2016, the Department of Veterans Affairs Office of the Inspector General made recommendations for improvement concerning the care of veterans suffering from Post-Traumatic Stress Disorder. According to executive staff, Wylie VAACC Columbus satisfied the Recommendations for improvements made by the VAOIG as outlined in the 2017 Performance Measures in Strategic Analytics for Improvement and Learning or SAIL:

- Acceptable providers perform and document suicide risk assessments for all patients with positive Post-Traumatic Stress Disorder screens.
- Offer additional diagnostic evaluations to patients with positive post-traumatic stress disorder screens.

The Joint Commission also conducted an “Unannounced Full Event” observation from 10/17/2016 until 10/20/2017. Wylie VAACC Columbus had several “Insufficient Compliance” issues in the following areas:



- The Environment of Care – No documented testing of batteries for facility exit lights/signs (Page 9)
- The Environment of Care – VAACC was unable to provide documentation of repair for one medical gas outlet that failed an inspection, which affects patient safety.
- Infection Prevention Control (Page 12)
- Undocumented training of personnel in Patient Safety Human Resources (Page 11)
- Provision of Care, Treatment, and Services – Read back process not followed to verify verbal information (Page 15)
- Provision of Care, Treatment, and Services – Treatment plans lacked specificity (Page 18)
- Waived Testing – Not assessed in certain files (Page 19)
- The American Legion recommends all observations rated as “Insufficient Compliance” made by the Joint Commission be remedied with the appropriate action and members of the local American Legion Post obtain copies of any Joint Commission Report that outlines actions or corrections made by Wylie VAACC.

Wylie VAACC also implemented extended hours for Saturday and weekdays for all Primary Care Clinics. Moreover, to address the rising number of women veterans in the area and improve the delivery of health care for women, the VAACC cross-trained 25 percent of its primary care physicians to provide women’s health coverage, which was a factor that increased weekend enrollments of new veterans and improved access to medical care.

FINAL NOTE

Leadership at Wylie Chalmers provided additional comments to The American Legion a few weeks after the SWS visit. They

informed The American Legion of the status of work regarding our recommendations. Moreover, they provided several more comments related to the state of employee engagement at the medical center.

- “I do not think that the morale of employees is low. You may have been steered to some individuals, who are not representative of the facility as a whole. There has been some frustration and excessive turnover by Primary Care Physicians. On the other hand, specialty and surgery physicians have an almost zero turnover rate, as does nursing. The MSA [sic] position is an entry-level position, and talented individuals routinely move into higher classified jobs. Substantiating my position is the fact that the results of the annual all – employee survey consistently puts us in the Top 10 of [Veteran Affairs Medical Affairs] in the country. The job of the MSA should be made easier by the new scheduling system being put into effect next month Medical Appointment Scheduling System (MASS) next month.”
- “Ms. Hepker has had multiple town hall meetings with employees since your visit. We also do have a pilot project to evaluate the use of scribes, which appears to be promising.”
- “I am very glad to report that we executed on the plan described during your visit and completed two hiring events for our Medical Support Assistants and others. We are now fully staffed to our traditional turnover rate in order to support several initiatives at our facility. We’ve also addressed many concerns of our physicians [sic] and nursing staff and have the lowest turnover rate of several years at this recommendation within the expected timeframes.”