



VA PACIFIC ISLAND HEALTH CARE SYSTEM | HONOLULU, HAWAII

Date: December 6 – 8, 2016

Veterans Affairs & Rehabilitation Commission Member: Past National Commander Ronald Conley

Deputy Director of Veterans Affairs and Rehabilitation Division: Roscoe Butler

Overview



From The VA Pacific Island Health Care System (VAPIHCS) provides outpatient medical and mental health care through their main Ambulatory Care Clinic (ACC) at the Spark M. Matsunaga VA Medical Center on Oahu (Honolulu), and seven Community Based Outpatient Clinics (CBOCs) located in: West Oahu, Hawaii (Hilo and Kona), Maui, Kauai, American Samoa and Guam. In addition three VA Outreach Clinics exist on Molokai, Lanai, and in Saipan in the Commonwealth of the Northern Marianas (CNMI).

Traveling Clinicians provide episodic care on Lanai, and an Internist residing on Molokai provides medical care three days a week at the Molokai Rural Health Center. VA partners with a physician practice on Saipan where Veterans receive care. Traveling VA clinicians provide mental health services at all of these Outreach Clinic sites.

The VA has a 60-bed Center for Aging, located on the Tripler Army Medical Center (TAMC) grounds which provides long term and transitional rehabilitative care services, a 20-bed ward at TAMC providing inpatient psychiatric and partial hospitalization care, and a 12 bed VA Post-Traumatic Stress Disorder Residential Rehabilitation Program operating in a temporary site within TAMC.

Physicians employed by the Department of Defense (DoD) offer inpatient care to veterans at TAMC and Guam Naval Hospital, via a sharing agreement between VA/DoD or through NON-VA care providers in the community.

VA provides Home-Based Primary Care on the islands of Oahu, Hawaii (Hilo and Kona), Kauai (Lihue), Maui and Guam.

In September 2016, the Department of Veterans Affairs Office of Inspector General (OIG) released a report entitled Health-care Inspection Summarization of Select Aspects of the VA Pacific Islands Health Care System.

The report indicated that VAPIHCS is challenged with staff recruitment, retention, space, and in some cases, high-market cost issues that directly influence their ability to deliver timely care.

According to the OIG report, the US Department of Health and Human Services has designated many of the counties comprising the VAPIHCS as Health Professional Shortage Areas. These counties have a shortage of Primary Care, Dental care, or Mental Health providers. Furthermore, according to a report on the findings from the Hawaii Physician Workforce Assessment Project (2015), the Hawaiian Islands currently have a deficit of more than 600 physician providers, and a projected shortage of between 800-1,500 physicians by 2020.

VAPIHCS has several key leadership vacancies. Wayne Pfeffer, the medical center's previous director, retired in February 2016. The position of Director has since remained vacant. VA is currently rotating directors through VAPIHCS from other VISN 21 facilities until a permanent director is hired. In addition to the Director's vacancy, the Chief of Human Resources has been vacant for three months and is temporarily being filled by Mr. Gregg Wolff, Chief of HR at the Las Vegas VAMC. Additional key leadership vacancies include the Assistant Chief of HR that has also been vacant for two months.



Executive Leadership Briefing



On December 6, 2016, Past National Commander Ronald Conley and Veterans Affairs and Rehabilitation Deputy Director Roscoe Butler, met with VAPIHCS Executive leadership to discuss best practices, challenges, and recommendations for improvements. In attendance were Ms. Peggy Kearns, Acting Director, Dr. William Dubbs, Chief of Staff, Tonia Bagby, PsyD., Associate Director, Kate Hansen-Schmitt DNP, FNP-BC, and Craig Oswald, Exec. Asst. to the Director.

Attracting clinicians to Hawaii appears to be a significant challenge. According to the VAPIHCS Chief of Staff, Hawaii has approximately 600 non-VA physician vacancies throughout the state, and VAPIHCS is experiencing similar shortages. Other challenges include staff recruitment and retention, space, the Veterans Choice Program, and transporting veterans from Guam or American Samoa to the VA ACC, and TAMC in Honolulu for care or service they cannot obtain on their home island. Some veterans who are not eligible to receive beneficiary travel cannot afford the airfare to Honolulu and, as a result, are not receiving needed health care, or must seek other care alternatives outside of the VA.

Meeting with VAPIHCS Staff

Immediately following the meeting with the VAPIHCS Executive team, Past National Commander (PNC) Conley and Roscoe Butler meet with VAPIHCS staff throughout the day to continue their discussions concerning best practices, challenges, and recommendations for improvements.

In November 2015, the VA's Office of Inspector General released Report No. 15-00626-28, entitled, Combined Assessment Program Review of the VA Pacific Islands Health Care System Honolulu, Hawaii. The IG cited VAPIHCS for insufficiencies in

their programs to prevent veteran suicides. The IG made eighteen recommendations:

Recommendations

1. That the facility ensure that licensed independent practitioners' folders do not contain non-allowed information.
Target date for completion: February 1, 2016
2. That Environment of Care Committee meeting minutes consistently document tracking of identified deficiencies to closure and that monthly meetings consistently include community based outpatient clinic representation.
Target date for completion: February 1, 2016
3. That Infection Control Committee meeting minutes consistently reflect discussion of identified high-risk areas.
Target date for completion: June 30, 2016
4. That facility managers ensure furnishings and equipment in patient care areas are in good repair and have upholstery that is easily cleaned.
Target date for completion: February 1, 2016
5. That facility managers ensure employees routinely inspect Center for Aging privacy and shower curtains and initiate actions to replace those with stains.
Target date for completion: December 31, 2015
6. That facility managers ensure heavy-use public restrooms in the ambulatory care center have frequent inspections and receive cleaning as needed.
Target date for completion: February 1, 2016
7. That facility managers initiate corrective actions to repair the ceiling leak in the ambulatory care center.
Target date for completion: February 1, 2016
8. That employees store clean and dirty items separately and promptly remove cardboard boxes from storage areas and that facility managers monitor compliance.
Target date for completion: February 2016
9. That facility managers ensure negative air pressure systems are functional in all designated rooms and monitor compliance.
Target date for completion: February 1, 2016
10. That facility managers ensure all chairs in the acute psychiatry unit 3B2 dining/activity room are weighted.
Target date for completion: December 31, 2015
11. That the facility's Emergency Operations Plan include all required Joint Commission elements.
Target date for completion: November 20, 2015
12. That the facility implement an adequate back-up plan for a Suicide Prevention Coordinator.
Target date for completion: February 1, 2016



13. That the facility implement a process for responding to referrals from the Veterans Crisis Line and for identifying and tracking patients who are at high risk for suicide.
Target date for completion: February 1, 2016
14. That the facility ensure new employees receive suicide prevention training and that facility managers monitor compliance.
Target date for completion: March 31, 2016
15. That the facility implement a process to follow up on patients who miss MH appointments and that facility managers monitor compliance.
Target date for completion: February 1, 2016
16. That clinicians include patients and/or their families in safety plan development and that facility managers monitor compliance.
Target date for completion: February 1, 2016
17. That mental health providers ensure outpatients flagged as high risk for suicide have a suicide prevention safety plan completed within the first 72 hours of contact and that facility managers monitor compliance.
Target date for completion: February 1, 2016
18. That mental health providers ensure outpatients flagged as high risk for suicide are evaluated at least four times within 30 days of flag placement if an outpatient or at least four times within 30 days of discharge from the inpatient psychiatric unit and that facility managers monitor compliance.
Target date for completion: February 1, 2016

To date, the OIG has acknowledged VAPIHCS' successful completion of all recommendations, and the study has been closed.

Note: Document of closure provided to Mr. Roscoe Butler via email by Craig Oswald, 1/19/2017.

VAPIHCS staff informed PNC Conley and Mr. Butler that all veterans of the VA Pacific Island Healthcare System are eligible for the Veterans Choice Program, irrespective of the 40 mile distance and 30 day wait criteria unique to mainland U.S. However, veterans are not all eligible for reimbursement related to travel when referred to a participating provider in the Choice Program. Tri-West has 50 employees located in Honolulu, but they face continued challenges in obtaining appointments for Veterans. Communication problems exist between the TRI-West Network physicians and VA regarding the care provided to veterans and the timely availability of medical documentation from those episodes of care. These problems impact:

- Patient safety
- Dosage and length of therapy for prescription medications
- Length of time needed to receive an appointment
- Ability of contract physicians to order more tests unrelated to the reason(s) for referral

During the meeting, a question arose about the methods used to provide Choice Program providers with sensitive mental health and other medical documents. VAPIHCS staff who attended the meeting did not know the answer, but assured us that VAPIHCS does not refer many veterans to outside providers for mental health related conditions.

VAPIHCS has incorporated evidence-based care into its patient treatment pathways. VAPIHCS refers patients to TAMC for treatment when they are unable to provide care to veterans. As mentioned, this is possible through a Joint Venture Sharing Agreement with the DoD. VAPIHCS spends more than \$20 million annually for care provided to veterans at DoD facilities.

According to the VAPIHCS, of the female veterans who reported MST, 52.3 percent requested to be seen in Mental Health. In accordance with VHA Directive 2010-033¹, every facility must have a designated MST Coordinator. However, women veterans with MST are faced with a number of challenges to include accessing VA health care. These challenges are exacerbated when coupled with work obligations and lack of childcare. They both contribute to the difficulty women have in securing appointments with their healthcare providers.

VAPIHCS has held several Homeless Veteran Stand Downs at different island locations including Oahu, Maui and Guam. The Stand Downs provided veterans with an opportunity to speak with staff members from the VA and community agencies such as: VAPIHCS Homeless Program, Catholic Charities Hawaii, Institute for Human Services, US Vets, Waikiki Health Center, Hawaii Disability Rights Center, VA Vet Center, Premier Benefits Consultants. Veterans can also receive more information on housing, employment, mental health, and education benefits. Other services offered during the Stand Down included lunch, haircuts, clothing store, eye exams, and the distribution of personal supplies. Eighty veterans attended the Stand Down on Oahu; 30 veterans attended the Stand Down on Maui, and 25 veterans attended the Stand Down on Guam.

VAPIHCS held a joint mental health seminar in Sept. 2016 with TAMC involving a full day of diverse and important presentations. The seminar was well attended by staff from both organizations. Mental health providers from both the VA and DoD were present and earned Continuing Medical Education (CME) credit.

1 VHA Directive 2010-033, expired on July 31, 2015 and has not been reissued. https://www.google.com/url?sa=t&rct=j&q=&esrc=s&source=web&cd=1&ved=0ahUKEwiWjJ6-69jSAhUrl1QKHQ_TdFAQFggaMAA&url=https%3A%2F%2Fwww.va.gov%2Fvhapublications%2FViewPublication.asp%3Fpub_ID%3D2272&usg=AFQjCNEuBW8f1oEafP_alwBoeqXkMeP3ig&bvm=bv.149397726,d.cGw



Facility Tour

December 8, 2016: Dr. Laura Wong VA Primary Care, escorted Mr. Roscoe Butler on a tour of the ACC. The clinic is housed on three floors of a VA owned building on the grounds of TAMC that provides outpatient primary, specialty, mental health and dental care. Prosthetics, laboratory, and radiology services are also available..

Exit Briefing

December 6, 2016: The Acting Director and other senior leaders attended a previously planned leadership development retreat. In lieu of a face-to-face exit briefing, PNC Conley and Roscoe Butler held a teleconference call with them to discuss the results of the site visit. During the discussion, The American Legion summarized their findings. Despite of the distance between the islands, VAPIHCS delivers quality healthcare to a unique group of veterans in an equally unique geographic setting. Due to its diverse geographic location, the Alaska VA Health Care System is the only other VA health care system that is similar to VAPIHCS.

Best Practices

- Robust and expanding telemedicine program, involving areas of service such as audiology, dermatology, primary and mental health care
- VAPIHCS was awarded an Office of Rural Health (ORH) grant to develop and implement a “hub and spoke” primary and mental health capability during FY '17.
- Rural spinal cord injury and respiratory therapy/home O2 services in remote island locations
- Evidence-based medicine educational seminar to be held in FY '17
- Rural health education grants aimed at training and recruiting providers to VAPIHCS
- Affiliation Agreement and developing relationship with University of Guam, involving nursing and other health discipline training
- VAPIHCS collaboration and participation with the Hawaii Health Information Exchange Consortium allowing physicians and other medical providers to share information thereby enhancing medical care provided to veterans
- Continued success from the Hospital at Home Program, that delivers home health care and reducing inpatient length of stay

Conclusion

Leadership and staff reported their primary challenges are recruitment and retention of qualified staff due to the high-cost of living and remote location. Retention of persons in key leadership positions is also acutely challenging for the medical center. Their next biggest challenge is the lack of adequate space. Another significant challenge identified was the distance between the American Samoa, Guam, and the ACC in Honolulu, Hawaii. Veterans who are referred from the VA clinic in American Samoa or Guam to the ACC in Honolulu, Hawaii may choose not to travel to the AAC because they are not eligible for beneficiary travel and can not afford the airfare.

Lastly, women veterans find it difficult to obtain childcare services. TAMC provides childcare service for DoD and VA employees. However, this service is not available for female veterans seeking medical care at the facility. According to the VAPIHCS, women veterans often must bring their child or children to medical appointments.

Challenges

Recruitment and Recruitment Incentives: The VA allows VAPIHCS to offer approved recruitment incentives when competing with non-VA health care providers to attract clinicians to Hawaii. According to the medical center’s Chief of Staff, community health care institutions offer prospective candidates attractive incentives like education debt reduction bonuses that help lower college debt for eligible job candidates. This type of incentive helps draw top talent to Hawaii. While the VA does offer that incentive, the money provided by VA to VAPIHCS for that purpose is not enough to attract physicians from other areas of the United States to relocate to Hawaii. Another major disincentive is the high cost of housing. According to a 2016 survey conducted by the Missouri Economic and Research Center, Hawaii was among the most expensive places to live in the United States (www.missourieconomy.org/indicators/cost_of_living/index.stm).

Recommendation 1: The American Legion National D.C. staff and VA&R Commission will coordinate with The American Legion Department of Hawaii and the Department of Alaska to consider drafting two joint legislative resolutions. One resolution would authorize VAPIHCS and Alaska to pay a housing allowance to any health care provider relocating to Hawaii or Alaska as an incentive to attract clinicians to these areas. Another resolution would seek to establish an education debt reduction program that is specific to the VAPIHCS and VA Alaska Health Care System (VAAHCS).



Recommendation 2: VISN 21 should continue searching for a permanent, experienced Director while ensuring all key leadership positions are filled with a sense of urgency.

February 23, 2017 Update: *The medical center is now considering several qualified candidates for the position of Director. Currently, the VA Central Office is conducting background checks of identified candidates. VAPIHCS anticipates an appointment of a permanent Director soon.*

Space: The VAPIHCS is suffering from a lack of space as the veteran population grows in the area. According to a report published by the Veteran Affairs Office of the Inspector General (VAOIG) that addresses space and access concerns, VAPIHCS established plans for a new CBOC with 7,500 square feet on the Windward side of Oahu. However, as of August 2016, leaders at VAPIHCS reported they had been unable to find a suitable location due to the constrained commercial lease market in the area. A commercial lease broker is assisting VAPIHCS with its search for additional space and will assist with the lease agreement once suitable space has been identified. Moreover, VAPIHCS has established an emergency lease at the downtown Federal Building for 5,000 sf to support administrative functions, thus increasing space at the ACC for clinical functions.

VAPIHCS received approval for a 66,000 net useable square feet (NUSF) multi-specialty CBOC that will be located in the “western/leeward” area of Oahu. The project is scheduled for initiation in the year 2020 and will serve an estimated one-third of the veteran enrollee population on Oahu. This will almost double the capacity for the delivery of clinical care and offer convenient access to veterans who typically travel long distances at significant financial costs traveling to TAMC.

The American Samoan CBOC is located in Pago Pago in the South Pacific Ocean. The CBOC opened in 2008 and provides Primary Care and Mental Health services and uses telehealth for many other services. Traveling specialty VA physicians also come from Honolulu to provide patient care. The CBOC is not equipped to provide emergency services. Veterans living in American Samoa, as a result of their citizenship, are eligible to receive services from the Lyndon B. Johnson Tropical Medical Center in Pago Pago for urgent and emergency care. Leadership informed us that the local community is trying to build a new hospital. Also, the availability of travel can be difficult, as flights available to and from American Samoa and Oahu are limited to usually twice per week.

VAPIHCS also reported that renovations would expand mental health, physical therapy, and laboratory services at the American Samoan CBOC, which were scheduled for FY 2016. However, as of August 2016, executives at VAPIHCS continue working with VA's Contracting Services to resolve construction and contracting issues.

The Guam CBOC is located in Agana Heights, Guam, and provides primary care, mental health, and specialty care in person and via telehealth. The CBOC is not equipped to provide emergency services and refers patients, via a sharing agreement, to the US Naval Hospital which is located less than 1 mile from the CBOC.

Guam continues to experience recruitment challenges. In FY 2014 and FY 2015, ten staff members left the Guam CBOC. The CBOC currently has seven vacant positions: two physicians, a psychologist, two specialty care nurses, a pharmacist, and a social worker. The Guam CBOC has established a successful relationship with the University of Guam for training, attracting and recruiting graduates from the nursing and health-related degree programs.

The Guam CBOC occupies 5,818 square feet, which is not adequate to meet the present demand for care. VAPIHCS has received approval for a \$5.5 million construction project that includes renovating current space and adding an additional 2,800 square feet. The design phase was scheduled to begin in FY 2016 with an expected completion timeframe of two years. VAPIHCS plans to enhance current space to address its immediate needs through renovations.

Recommendation: VAPIHCS Executive Leadership ensure that the space allocations for each of the above CBOCs is adequate to meet the current and future needs of veterans.

Travel from American Samoa or Guam to the ACC: According to the September 2016 OIG report, travel can be difficult, as flights to and from American Samoa and Oahu are limited. Due to VA's rules governing eligibility for beneficiary travel, some veterans who live on American Samoa or Guam who are referred to the ACC are ineligible for bene. Travel and may forgo the needed health because they can not afford the airfare to include the costs of an accompanying loved one.

Recommendation 1: The American Legion National D.C. staff and VA&R Commission will coordinate with The American Legion Department of Hawaii and the Department of Alaska to consider drafting a joint legislative resolution.



Recommendation 2: The legislative resolution would provide the authority for VAPIHCS and VAAHCS to pay for veterans' travel expenses who live on American Samoa, Guam, or Alaska when referred to the parent facility by VA clinician and have no means to pay for the airfare.

Child Care Services: Women veterans find it difficult to take time off from work for visits to their health care provider. Compounding this difficulty is arranging for childcare to attend a medical appointment.

In 2012, the Women Veteran Task Force issued their report, which included a section on childcare. The Secretary's Advisory Committee on Women Veterans recommended that VA provide childcare options for eligible veterans, utilizing public and private partnerships, in order to facilitate their access to quality health care services. Under the Caregivers and Veterans Omnibus Health Services Act of 2010 (PL 111-163), Congress required VA to implement a two-year childcare pilot in no fewer than three separate Veteran Integrated Service Networks (VISN). The law requires that the pilot program assess the feasibility and advisability of providing assistance for childcare to qualified veterans receiving VA care.

Since many veterans, particularly women veterans, are the primary caretakers for young children, it is hoped these childcare centers will make it easier for such veterans to utilize VA. In a survey, VA found that nearly one third of veterans were interested in childcare services and more than 10 percent had to cancel or reschedule VA appointments due to lack of childcare. The intent is to diminish barriers for veterans who have difficulty keeping appointments due to child care obligations. The law limits the provision of childcare assistance to these pilot programs, and eligibility is defined as being for qualified veterans receiving VA health care services on an outpatient basis at a VA facility. The pilot program authorized by Congress has ended and there are still some VA medical centers that are not making childcare available to veterans seeking care at their medical center.

Recommendation: Request the VAPIHCS Executive Leadership explain the barriers to providing childcare services to veterans so that The American Legion can take appropriate action to address this concern.

Key Leadership Turnover: VAPIHCS has experienced a high rate of leadership turnover in recent years. The lack of constant leadership is not good for any organization. It often limits the medical center for implementing new changes until a permanent leader is hired.

Recommendation: VAPIHCS Executive leadership should include in their strategic plan short-and-long term goals for stabilizing key leadership positions.

February 23, 2017 Update: All top management positions, with the exception of the Director, have been filled. The vacancy for Chief of HR has also been filled. The new Chief of HR has been well received and has proven to be a very effective, competent manager in a short period of time.