



ANCHORAGE, AK

Date: May 1 – 3, 2017

Veterans Affairs & Rehabilitation (VA&R) Commission Member: Jeffrey L. Olson

Deputy Director of Veterans Affairs and Rehabilitation Division: Roscoe Butler

Overview



In Anchorage Alaska, the Department of Veterans Affairs (VA) operates an independent outpatient clinic, a 50-bed Residential Rehabilitation Treatment Program, and offers primary, specialty, and mental health outpatient care to Veterans residing within a 586,400 square mile primary service area within Veterans Integrated Service Network (VISN) 20. The Alaska VA Healthcare System (AVAHS) provides inpatient services to Veterans in Alaska through a Joint Venture with the 673d Medical Group (MDG) on adjacent Joint Base Elmendorf/Richardson as well as through fee basis arrangements with community hospitals. A comprehensive Homeless Veteran Service is also located in Anchorage consisting of Outreach, Domiciliary Care for Homeless Veterans, Compensated Work Therapy Transitional Housing Program, HUD/VA Supported Housing, Grant & Per Diem, Veterans Justice Outreach, Compensated Work Therapy and Homeless Veterans Supported Employment Programs.

AVAHS operates Community Based Outpatient Clinics (CBOCs) in five locations around the state, Mat-Su Valley, Fairbanks, Kenai, Homer and Juneau. They provide services for Veterans in highly rural areas of Alaska through sharing agreements with Alaska Native tribal healthcare organizations, and through purchased care throughout the state.

Primary Reason for Visit

The VA Office of Inspector General conducted three reviews of the Alaska VA Healthcare System between 2015 and 2017. The 2015 report, number 15-00618-02, was of particular interest due to issues identified with the Suicide Prevention program.

In February 2016, The Washington Free Beacon published a news article citing multiple Department of Veterans Affairs medical facilities across the country that were flagged in recent months for insufficiencies in their programs to prevent Veteran suicides.

Due to national concerns regarding Veterans suicide, The American Legion decided to conduct a System Worth Saving (SWS) site visit to the AVAHS to follow-up on whether all of the recommendations from the VA OIG Report #15-00618-02, have been complied with and if the report has been closed.

On November 4, 2016, VAOIG submitted a memo to the Medical Center Director, subject heading “Closed Report—Combined Assessment Program Review of the Alaska VA Healthcare System, Anchorage, Alaska (Report Number 15-00618-02, Issued October 29, 2015).”

The memo informed the Director that the “subject report is closed effective October 25, 2016, based on information included in your August 26, 2016, status update. No additional reporting is required.”

Town Hall Meeting

On May 1, 2017, a town hall meeting was held at Northland Veterans of Foreign Wars, Post 10252, to hear firsthand from Veterans about their VA health care experience. Several female Veterans voiced concerns about the availability of health care for women Veterans. They were provided the Women Veterans Program Manager’s contact information and were directed to reach out to her. The majority of Veterans expressed their pleasure with the health care at the AVAHS.

Executive Leadership Briefing

On May 2, 2017, Veterans Affairs and Rehabilitation Commission Member Jeffrey L. Olson and Veterans Affairs and Rehabilitation Deputy Director Roscoe Butler, met with AVAHS Executive leadership to discuss best practices, challenges, and



recommendations for improvements. In attendance were Dr. Timothy Ballard, Medical Center Director; Dr. Cynthia Joe, Chief of Staff; Mr. Francisco Hurtado, Nursing Executive; Mr. Scott Kelter, Acting Associate Director; Ms. Cindy Massey, Acting Chief Integrated Care Service; Mr. Mike Woodyard, Executive Assistant to the Chief of Staff; and Mr. Eric Wallis, Executive Assistant to the Medical Center Director.

According to Dr. Ballard, Alaska's population is growing 4.5 percent yearly. Dr. Ballard highlighted the AVAHS' major challenges: the Choice program, staffing, space, and reducing awards and bonuses from \$500,000 to \$300,000. The reduction in awards and bonuses particularly impacts their ability to offer recruitment incentives to help staff relocate to Alaska. He further noted that the cost of purchasing medical care utilizing Choice is twice as expensive as medical care which is purchased through Non-VA Coordinated Care (NVCC) in Alaska. Based on Alaska's overall geography, the state is twice as large as Texas. Alaska Federal partners will not accept patients referred utilizing the Choice Program. (They provide care to VA Patients through VA/DoD Sharing Agreements and VA/Native Sharing Agreements). In July 2016, the AVAHS became the first pilot site for scheduling Choice appointments. According to Dr. Ballard, this program is the first of its kind in the nation, and should be modeled as a best practice.

To address the medical center's staffing challenges, Dr. Ballard discussed his plan for exchanging excess Choice funding for personnel service dollars. He has worked out an agreement with VISN 20 approval allowing him to work with other VA medical center directors who are in need of Choice funding to exchange their excess Choice funding for personnel service dollars.

Meeting with AVAHS Staff

AVAHS staff identified staffing as their number one challenge. The AVAHS is authorized 680.5 full-time equivalent employees (FTEE) on its Organization Chart, but is limited to 586 due to funding. In their human resource department, they are authorized 15 FTEE and have four vacancies or a 27 percent vacancy rate. Additional Challenges cited:

- Working with old and antiquated IT Systems
- Migrated to HR Smart in 2016, but all of the system bugs have not been worked out,
- Staff leaving due to stress,
- Coordinating Care between services,
- VA does not have debt forgiveness authority, which can be a tool used to recruit professional school graduates.
- New Veterans are being referred outside the VA through the Choice program for primary care. VHA Policy requires new enrolled and impaneled Veterans to be screened in accordance with VHA's clinical reminder policy. When new

patients are referred outside the VA for primary care, unless VA completes the screening examination before the Veteran is referred outside the VA, the screening examinations may not occur unless the Veteran returns to the AVAHS.

- The Mat-Su CBOC is about 35 miles from the AVAHS. It is located in the fastest growing region in Alaska and includes the towns of Palmer, Wasilla, Big Lake, Houston, Willow and Talkeetna. While the VA Police make frequent trips to the CBOC, law enforcement is provided by local authorities. Staff expressed concerns about the length of time it takes for local authorities to respond to incidents.
- Veterans who live in remote areas and are not eligible for beneficiary travel, may have a higher appointment no-show rate. This is similar to what we heard during our December 2016, SWS site visit to the VA Pacific Island Health Care System in Hawaii.

Homeless Shelter Visit

On Wednesday, May 3, the System Worth Saving Team met with the Alaska VA Healthcare System Homeless Veterans Program personnel to discuss their programs and services that assist homeless Veterans and their families. Please note - VA has developed a plan to assist every homeless Veteran willing to accept services needed to retain or acquire: safe housing; needed treatment services; opportunities to retain or return to employment; and benefits assistance. The Alaska VA has continued their efforts to assist homeless Veterans and their families in successfully reintegrating back into mainstream society. The Alaska VA has collaborated with other agencies and community partners to effectively outreach and provide homeless Veterans with the programs and services needed to leave the streets and enter into transitional and/or permanent housing.

Currently, Alaska VA has 331 HUD-VASH vouchers in circulation for their homeless population. These vouchers have been a game changer in the fight to eliminate Veteran homelessness in the area. In 2009, the Alaska VA only had 25 vouchers to work with. The HUD-VASH program combines Housing Choice Voucher (HCV) rental assistance for Veterans experiencing homelessness provided by the Department of Housing and Urban Development (HUD) with case management and clinical services provided by VA. At the local level, the HUD-VASH program operates as a collaborative effort between VA medical centers (VAMCs) and local Public Housing Agencies (PHAs). The VAMC identifies Veterans who are eligible for the program and refers them to the PHA to receive a HUD-VASH voucher. The PHA provides the rental subsidy and the VAMC provides case management and clinical services.

In addition, our team went on a tour of the Salvation Army's Adult Rehabilitation Center in Anchorage. The Salvation Army provides transitional housing and other necessary services in



order for the Veteran to transition back into independent living with suitable employment. The Salvation Army's goal is to help homeless Veterans combat their addictions/issues, build the work and social skills needed to re-enter the workforce, regain health and stability, and restore families that have been disrupted due to their issues surrounding homelessness.

Lastly, the Governor's Office in Alaska sponsored a homelessness summit in January 2016. In addition, the Mayor of Anchorage has been involved in the Mayors Challenge to End Veteran Homelessness, which was an initiative of the Obama Administration. This kind of political will to address homelessness, particularly within the Veteran community, bodes well for VA in their goal of achieving functional zero Veteran homelessness in Alaska. It takes a tremendous amount of collaboration between agencies, the private sector, faith-based institutions, and the philanthropic community to successfully provide resources and opportunities for homeless Veterans to regain their independence and quality of life.

The American Legion continues to place special priority on the issue of Veteran homelessness. With Veterans making up approximately 11 percent of the nation's total adult homeless population, there is plenty of reason to give the cause special attention. The American Legion's goal is to ensure that every community across America has programs and services in place to get homeless Veterans in housing (along with necessary health-care/treatment) while connecting those at-risk Veterans with the local services and resources they need.

Statistics For Veteran Homelessness In Anchorage, Alaska

Based on the 2016 Point-in-Time (PIT) Count, there were 168 homeless Veterans in the State of Alaska. Of this total, 112 Alaskan Veterans were sheltered and 56 were unsheltered. In contrast to the previous year, the 2015 PIT Count indicated that there were a total of 180 homeless Veterans in Alaska, of which 149 were sheltered and 31 were unsheltered. This is an 80.6 percent increase in unsheltered Veterans. Also, there have not been any new women Veteran homeless cases identified in more than two years. It is estimated – through community outreach – that there are less than 5 women Veterans who have experienced homelessness at any time in Alaska during that timeframe. In January 2016, Alaska ranked 25th out of 54 states and territories, for its number of unsheltered Veterans, nationally, according to data from the Point-in-Time (PIT) Count.

Best Practices

- Working as a Joint Venture Hospital with the U. S. Air Force
- Maternity Care FAQs brochure
- Women Veteran Program Liaison Manual

- Ambulatory Care Sensitive Conditions
- Shining Star Employee Recognition Program
- Native/Tribal Health Organization Agreements – Care for Veterans through the use of agreements with the Native Health System
- Training staff in CBOCs to do foot/nail care – reducing the need for the Podiatrist to trim nails rather than seeing specialty podiatry needs
- Using an Organizational Board to track performance measures and improvement projects

Exit Briefing – On May 3, 2017, the System Worth Saving team met with the AVAHS Executive leadership and staff to provide a preliminary briefing on our findings. During the exit briefing, we discussed all of the challenges identified above, and outlined a plan for submitting the draft report to medical center within 30 days after the visit.

Challenges:

1. **Choice** – Prior to implementation of the Choice program, according to AVAHS staff, their Non-VA Community Care program was working exceptionally well until they were mandated to use Choice. In 2016, Reveal published a new article stating by the time the public learned that Veterans had died while on secret wait lists in Phoenix and elsewhere, Alaska finally was in good shape. On June 1, 2014, there were 24 Veterans on the state's electronic wait list – compared with 2,005 in Phoenix and 4,240 in the Middle Tennessee Healthcare System, the highest in the nation.

Based on information published by Reveal from The Center for Investigative Reporting, they found Choice replaced a hard-won and working system with identical goals and made Veterans health care in Alaska worse, far worse.

In 2015, Dr. Baligh Yehia, Assistant Deputy Undersecretary for Health for Community Care, attended a town hall meeting at the Murie Auditorium on the University of Alaska Fairbanks campus where Veterans voiced concerns about the Choice program. In light of Congressional, as well as Veteran's concerns, VA approved the AVAHS to serve as a pilot site for the Appointment Scheduling initiative.

Recommendation – The American Legion recommends once the appointment scheduling initiative is completed, Dr. Yehia's office should:

- Immediately evaluate if this initiative helped to improve services for Veterans referred outside the AVAHS to a non-VA provider.
 - Decide if the changes should be implemented nationwide.
2. **Alerts** – When the AVAHS cannot schedule an appointment for a new Veteran in a timely manner, the Veteran is given



the option to be referred out in the community under the VA Choice program to see a primary care provider. In accordance with VA policies, VA providers frequently receive clinical reminders to ensure certain screenings are completed. Any mandated screening exam, like the MTS screening, will not be performed unless the Veteran has been scheduled back into the VA to see a VA provider. Some Veterans, who are seen outside the AVAHS under the Choice program, may choose not to return to VA and continue receiving their care through Choice.

Recommendation – AVAHS must develop a process to ensure all new patients referred outside the VA through the Choice program complete all of the required mandated screening examinations.

3. Staffing – There is no Medical School in Alaska, so most of the AVAHS professional staff must be recruited from the lower 48 states or Hawaii. Shortage of Recruitment, Retention, and Relocation funds greatly decreases the AVAHS' ability to attract professional staff to Alaska.

Recommendation – The Veterans Affairs and Rehabilitation Commission, along with American Legion National Washington, D.C. staff, coordinate with The American Legion Department of Hawaii and the Department of Alaska to consider drafting a joint legislative Resolution that would provide the VAPIHCS and the AVAHS special authority for Recruitment, Retention and Relocation incentives that is separate and distinct to Alaska and Hawaii.

4. Travel – The AVAHS is responsible for providing health care to Veterans residing within a 586,400 square mile primary service area within VISN 20. Unlike the lower 48 states, the common mode of transportation is by air. Veterans in Hawaii experience similar transportation issues.

Recommendation – The Veterans Affairs and Rehabilitation Commission, along with American Legion National Washington, D.C. staff, coordinate with The American Legion Department of Hawaii and the Department of Alaska to consider drafting a joint legislative resolution that would provide the VAPIHCS and the AVAHS the authority to pay for Veterans' travel expenses if the Veteran lives on American Samoa, Guam, or in Alaska, is referred to the parent facility and has no means of financial support to pay for their airfare.

5. Debt Forgiveness – To attract out of state providers to Alaska, community hospitals are offering to pay off a provider's debt in exchange for them coming to work at their hospital. While VA has a debt reduction program, VA does not forgive provider's debt in exchange for acceptance of a position at a particular VAMC.

Recommendation – The Veterans Affairs and Rehabilitation Commission, along with American Legion National Washington, D.C. staff, coordinate with The American Legion Department of Hawaii and the Department of Alaska in drafting a joint legislative resolution. The resolution would call for Congress to provide funding to support a debt forgiveness pilot program in Hawaii and Alaska. At the conclusion of the pilot, VA must evaluate the success or failures of the program and determine whether the program should be continued.

6. Mat-Su CBOC – The CBOC is about 35 miles from the AVAHS and resides in one of the fastest growing regions in Alaska, which includes the towns of Palmer, Wasilla, Big Lake, Houston, Willow and Talkeetna. While the VA Police make frequent trips to the CBOC, law enforcement is provided by local authorities. Staff expressed concerns about the length of time it takes for local authorities to respond to incidents.

During the exit briefing, Director Ballard stated the lease for the Mat-Su CBOC is up for renewal soon and they will be looking at other options to include relocating the clinic.

Recommendation – The American Legion recommends that the AVAHS develop a detailed plan that takes into account all the pros and cons of relocating a CBOC and weigh each option carefully before taking action.