MONTANA VA HEALTH CARE SYSTEM

Date: October 23-25, 2017
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Primary Reason for Site Visit

The last System Worth Saving (SWS) visit to the Montana Veterans Administration Health Care System (MTVAHCS) in Fort Harrison occurred in 2012. Due to numerous internal issues at the MTVAHCS, Kelly Ackerman, Vice Chairman of The American Legion's Veterans Affairs and Rehabilitation (VA&R) Commission requested that the SWS team visit the MTVAHCS in Ft. Harrison, Montana in 2017. Vice Chairman Ackerman voiced concerns about the MTVAHCS Executive Leadership frequent turnover, and the high turnover in physicians and nursing staff.

On January 11, 2017, the Billings Gazette published an article stating the Fort Harrison's Strategic Analytics for Improvement and Learning (SAIL) rating dropped from a two-star rating to a one-star rating in the fourth quarter of 2016. SAIL, is a system used to summarize hospital system performance within the Veterans Health Administration (VHA). SAIL assesses 25 Quality measures in areas such as death rate, complications, and patient satisfaction, as well as overall efficiency and physician capacity at individual VA Medical Centers (VAMCs). The MTVAHCS scores have decreased in the areas of continuity of mental health care, veteran's wait-times, and continuity of hospital leadership. The MTVAHCS was one of fourteen VA health care systems across the country that had been identified as providing lower quality of care than hospitals in the community.

In September 28, 2017, U.S. News and World Report published an article stating that the MTVAHCS received a three-star rating for quality, improving its one-star grade from earlier this year. The report shows the Montana VA Health Care System saw improvement in five areas: Mental health continuity of care, health care associated infections, in-hospital complications, utilization management admissions and continued stays, and overall rating of hospital. For these reasons, The American Legion felt it was important to schedule a SWS Site visit and meet with veterans who rely on the MTVAHCS for their health care, and follow-up with a meeting with the MTVAHCS Executive Leadership and staff to identify best practices, challenges and identify recommendations for improving the MTVAHCS.

Overview

Montana is the fourth largest state geographically and has one of the largest veteran populations in the lower 48 states. Montana has the nation's second-highest per capita veteran population as well as a large population of military retirees and Native American veterans. Montana has 98,000 veterans living across an area of roughly 147,040 square miles (which is larger than the size of the Northeastern part of the United States 146,900 square miles consisting of 34 VA medical centers) in which 96,369 reside in the MTVAHCS catchment area. The MTVAHCS in Fort Harrison was built in 1929 and has an aging infrastructure. The MTVAHCS is located in Veterans Integrated Service Network (VISN) 19, and is a Joint Commission (JC) and Commission on Accreditation of Rehabilitation Facilities (CARF) accredited complexity level 2 VA health care system.

As of February 2017, the MTVAHCS has 88 operating beds consisting of 34 hospital beds, 24 domiciliary beds, and 30 community living center (CLC) beds. The MTVAHCS offers acute, chronic, and specialized inpatient and outpatient services for both male and female veterans. Specialty Care includes internal medicine, gerontology, neurology, dermatology, cardiology, palliative care, pain management, medical oncology, surgery (general, vascular, laparoscopic, endoscopic), urology, orthopedics, plastic, ophthalmology, podiatry, gynecology, chiropractic care, psychiatry (including outpatient substance abuse treatment and PTSD and MST specific care), and ambulatory care (Primary Care). Radiology Service provides a broad range of diagnostic and interventional care provided on a full time basis. Pathology Services are available on site also provided on a full time basis. Telemedicine services are available for psychiatry, radiology, gynecology, Primary Care, and ophthalmology and tele-home

health. The 24-bed domiciliary beds/ mental health residential rehabilitation treatment program serves patients needing treatment for PTSD and Substance Abuse.

The 30-bed Community Living Center (CLC) that provides general care is located in Miles City. Primary Care is provided at Anaconda, Billings, Bozeman, Cutbank, Glasgow, Glendive, Great Falls, Havre, Kalispell, Lewistown, Miles City, and Missoula. Primary Care Telehealth Outreach Clinics are located in Hamilton and Plentywood. Staff and contract specialists visit the clinics regularly and provide access to Specialty Care as needed.

With an operating budget of nearly $277 million, the MTVAHCS employs 1,169 employees of which approximately 400 or 34% are veterans that serve 47,801 enrolled (44,131 Men, 3,670 Women, and 36,540 unique) veterans through 17 points-of-care spread throughout the state.

As of October 12, 2017, according to the Department of Veterans Affairs (VA) Patient Access Data Report, the average wait times for veterans to receive health care at the MTVAHCS was as follows:

- **Primary Care average wait time:** 11.72 days, which is 6.91 days above the national average.
- **Specialty Care average wait time:** 13.31 days, which is 4.31 days above the national average.
- **Mental Health average wait time:** 2.73 days, which is 1.83 days below the national average.

The MTVAHCS has achieved significant accomplishments. Some of the accomplishments include:

- VA Psychology Internship Program Accreditation: The MTVAHCS VA has an accredited psychology internship program. The American Psychological Association (APA) Commission on Accreditation has awarded the initial accreditation of the Montana VA Psychology Internship program to the health care system. The APA accredited Psychology Internship program provides Pre-Doctoral year internship certification for psychology interns with actual treatment of patients while under the direct supervision of a psychology clinical supervisor. This provides expansion of services by having additional psychologists provide care to our veterans, and allows them to complete their required supervised hours (similar to a residency program in Medicine).
- Telephone Triage Nurse Advice Line: In October 2016, the MTVAHCS implemented a 24/7, 365 days a year telephone triage nurse advice line. Trained clinical employees provide veterans living in Montana and Sheridan, Wyoming with health care advice. Since implementation, the facility's telephone nurse advice line has handled calls from veterans with an average speed of response of 14 seconds. Since becoming fully staffed in December of 2016, the nurse advice line has realized an abandoned call rate of only four percent. Veterans are receiving improved customer service by interacting with a "live" person in real time and, in many cases; issues are resolved on the first call.
- Telehealth Services to Native American Reservations: The MTVAHCS has a geriatric psychiatrist along with Native American health care providers to provide tele-mental health care and Primary Care services to veterans who live on tribal reservations in Montana, Wyoming, and Oklahoma.
- Virtual Clinical Telehealth Team: The MTVAHCS has a geriatric virtual clinical team that can provide support via telehealth to all veterans living in Montana.
- Scheduling Initiative Pilot and Operating Model: The MTVAHCS has been selected to participate in the Scheduling Initiative Pilot for the Veterans Choice Program (VCP)-eligible veterans enrolled at the MTVAHCS. This includes all 56 counties in Montana. The MTVAHCS is a part of a pilot program where scheduling for health care is being done in-house rather than their third-party administrator (TPA), HealthNet. On September 13, 2017, the MTVAHCS pilot program was activated.

The U.S. Department of Veterans Affairs (VA) has implemented various scheduling initiatives for Patient-Centered Community Care (PCCC)-and/or Veterans Choice Program (VCP)-eligible veterans within the area of responsibility of specific Veterans Affairs Medical Centers (VAMCs) and for specific benefits. Under these scheduling initiatives, the care coordination and appointment scheduling responsibilities are slightly different. View the Program Overview below to learn more. The MTVAHCS is one of four VA Medical Centers participating in the scheduling Initiative through HealthNet. The other medical centers are:

- Fargo, North Dakota (supports VCP and PCCC)
- Madison, Wisconsin (supports VCP)
- Tomah, Wisconsin (supports VCP)

Under this initiative, the health care system is responsible for coordinating care, scheduling appointments, faxing appointment information to the provider, collecting medical documentation, and reviewing and processing requests for additional services, previously handled by HealthNet.

The Pilot processes will be ongoing for both non-VA Care Coordination (NVCC) and Choice and does not have a sunset date. The lessons learned from the current pilot sites have been sent to the Office of Community Care, Clinical Integrations team; and will continue to be used as lessons learned for establishing and maintaining the Community Care Network (CCN) model going into FY18/19.

Town Hall Meeting

The SWS team conducted a town hall meeting on the evening of October 23, 2017, at the Lewis and Clark American Legion Post #2 in Helena, MT. Fifty area veterans, and Legionnaires, to include several members of the leadership from The American Legion's Department of Montana, Executive staff from the MTVAHCS, staff from the U.S. Congressional offices of Senators Jon Tester, Steve Daines, and Representative Greg Gianforte attended the meeting to hear firsthand from veterans concerning their health care experiences at the MTVAHCS.

Veterans stated that the care they receive at the MTVAHCS is very good. However, frustration exists concerning the Veterans Choice Program, obtaining timely reimbursement for beneficiary travel, providers leaving the health care system, and how VA services are being diminished by sending more veterans out into the community for needed health care services. Veterans in attendance were extremely worried that as the Choice program expands, their VA health care system will begin to shrink. Veterans also voice concerns about community health care providers lack of military culture training which can result in them not understanding veteran's overall health care needs. It was stated that the MTVAHCS can do a better job of communicating with veterans when changes arise such as change in services and providers leaving the health care system.

Executive Leadership Briefing

The SWS team met with the MTVAHCS Executive Leadership Team (ELT). Healthcare system Director Dr. Kathy Berger, Chief of Staff Dr. William H. Campbell, MD, Associate Director Anthony Giljum, Associate Director of Patient Care Services Nina Morris, and Assistant Director Kirby Ostler, who is the site administrator for the Billings Outpatient Clinic (via teleconference) were present at the meeting.

The meeting consisted of a transparent discussion covering a wide-range of topics including the Choice Program, facility space, recruitment and retention of staff, access to care, the impact of the Whistleblower and Accountability Act legislation, and operational challenges and best practices.

The executive leadership team and The American Legion SWS team discussed the following challenges:

1. Choice Program

- The MTVAHCS continues to experience delays and receives poor customer service with their assigned Choice Program Third-Party Administrator (TPA). HealthNet is experiencing difficulties in scheduling veteran's choice appointments timely.
- The MTVAHCS is experiences delays in providing follow-up care after a veteran has seen a choice provider due to the length of time it takes to return the medical documentation to HealthNet.
- Network Providers are experiencing significant delays in receiving payment for services rendered.
- Physicians do not want to enroll and/or are dropping out as Choice Network Provider. This has created problems for the TPA enrolling new providers into their network.

2. Recruitment Challenges

- Montana is considered a rural/highly rural state. As such the MTVAHCS experiences significant barriers to recruitment and retention of health care providers and is working diligently to attract the best talent possible to support the health care system. Montana's rural makeup, remoteness, limited air service, and severe winters are the main reasons providers and their families are unwilling to accept a position at the MTVAHCS.
- The MTVAHCS is not affiliated with a medical school, which is another reason why it is extremely difficult to recruit and retain quality health care providers.
- The size of the MTVAHCS and the medical center complexity level make it difficult to recruit experienced providers, nurses, clinical staff, and management staff. Less experienced health care providers and management staff are attracted to the MTVAHCS to gain the necessary health care experiences which allows them to move on to other larger health care systems either in the VA or out in the community.
- VA health care providers pay rates cannot compete with the private sector to include offering better recruitment and retention incentive packages.
- The Vice Chairman of The American Legion's Veterans Affairs and Rehabilitation Commission voiced concerns that the MTVAHCS in the past lost 18 medical providers and numerous nursing staff. In FY17, the healthcare system had 46.4 medical professionals leave the organization. The positions were as follows: 16.1 Physicians, 2.9 Nurse Practitioners, and 27.4 Nurses. While there seems to be a plan in place that will abate this issue in the near future, this is an ongoing issue. Every available means should be considered. Consideration of special salary rates and other recruitment and retention incentives should be considered. The MTVAHCS plans to fill all of the vacancies for Primary Care providers by the end of FY 2017, which will help reduce veterans, wait times accessing Primary Care services. As of January 2018, MTVAHCS has six FTEE open positions for Primary Care across the state of Montana. The healthcare system is currently recruiting and has made several tentative offers to Primary Care physicians.

- The VAMTHCS stated that the Montana VA has experienced significant provider turnover in Primary and Specialty Care over the past year, aggressive recruitment efforts have been successful in replacing the majority of these individuals. Given the size of the organization, there will always be some degree of turnover with departures resulting from retirement, personal and family issues, and the pursuit of other job opportunities. The recruitment of Nurse Practitioners (NPs) has increased significantly and Physician Assistant (PA) recruitment is receiving special attention. Increased salaries and financial incentives have been implemented for difficult to recruit positions and feedback is solicited from all departing providers to ascertain the reasons for leaving so, when possible, these can be addressed.

3. Health Care System Space

- Fort Harrison was built in 1929 and has an aging infrastructure. Facility Space is needed to meet the increased demands of the VA mission that have certain implementation times that the health care system cannot always efficiently meet. It was stated that the MTVAHCS has three construction projects planned to increase veteran access to care. For example, in FY18, the healthcare system is planning to build an 18,000 square foot Primary Care building totaling $10 million. In FY19, the healthcare system is planning to build a 14,000 square foot outpatient mental health building totaling $10 million and a major construction project to build an 80,000 square foot clinical building and correct seismic deficiencies in current buildings over a 5-10 year timeframe. Current estimate for the major construction projects is being reviewed this fiscal year with design and architect review to refine the cost estimate and seismic corrections costs; but as of now rough estimate is greater than $100 million. The MTVAHCS will not have a firm answer until the analysis is done.
- The MTVAHCS also needs increased clinical space at their facilities in Great Falls, Havre, and Missoula, Montana to provide better services to their enrolled veterans who receive their health care at those facilities. The MTVAHCS is currently looking at additional leasing options to increase space for the CBOC's in Havre and Great Falls.
- On August 7, 2017, the President signed into law S. 114, the VA Choice and Quality Employment Act of 2017, which authorized the Secretary of VA to carry out 28 major medical facility leases nationwide to include a replacement outpatient clinic in Missoula, MT, in an amount not to exceed $6,942,000.

4. Executive Leadership Turnover

- Since 2009, the MTVAHCS has had 11 Directors, nine Chief of Staff, 14 Associate Directors, and three Associate Directors for Patient Care Services in permanent and acting roles. The healthcare system has been in a continual state of turmoil due to the constant changing of the Senior Leadership Team. This situation creates all sorts of operational challenges and for employees and diminishes staff morale. While there is a stable leadership team in place, currently it is uncertain how long this will last. VHA leadership should review this matter and use of its authority to offer retention bonuses and other tools available to retain competent qualified staff. Also, the current leadership team should be extremely visible throughout the facility. This will demonstrate to everyone that the MTVAHCS has a unified team.

5. VA Foundational Services

- Being a rural and highly rural/frontier health care system, the MTVAHCS faces unique changes that only exist in rural health care settings such as lack of community resources, travel distances, and recruiting professional staff.

6. Veterans Equitable Resource Allocation (VERA) Model

- VERA is a capitated funding model, not a reimbursement system, meaning that facilities are not reimbursed for the amount they spend on a patient. The reimbursement rate is established by the Allocation Resource Center based on patient care workload encountered. It is based on a workload from the previous two years (i.e., workload produced in FY18 will be attributed to FY20 funding disbursement). Therefore, new unfunded requirements are not covered under VERA. This places the facility in an unfortunate position having to choose administrative support and patient care services direct patient care services.

7. White House VA Hotline

- The White House VA hotline is very time-consuming. The MTVAHCS patient advocate staff which consists of two staff members, as well as the Congressional Liaison for the health care system, are spending 25 to 40 percent of their time resolving veteran issues and/or complaints that are received from the White House VA Hotline.

Medical Staff Meeting

Following the meeting with the executive leadership, the remainder of the SWS team time was spent meeting the MTVAHCS medical and professional staff. Each represented section was allotted approximately forty-five (45) minutes to address the issues delineated in the Department of Veteran Affairs health care facility questionnaire(s) and other information they wished to share.

- Human Resources staff
  - » The HR Manager arrived at the MTVAHCS from the Jesse Brown VAMC in Chicago, IL, in September 2017.

» There are 21 staff members: 18 located in Ft. Harrison, three Virtual HR Specialists, located in Upstate New York, Charlotte, NC, and Billings, MT to support the operations of the HR department.

» Vacancies – the MTVAHCS has an authorized employee ceiling of 1,169 employees, which 234 vacant positions.

» HR has three staffing specialist vacancies. According to HR, it is difficult to meet the hiring needs of the MTVAHCS due to their internal vancancies.

» HR receives approximately 100 applications per week; however, only two applicants usually meet the qualifications required to fill the positions.

» The MTVAHCS and union relationship with the two unions has been difficult and challenging at times, however, the relationship is improving.

» Because there are no medical schools, or research opportunities, this poses significant recruitment challenges that urban VA health care facilities does not have.

» The MTVAHCS is hiring physician assistants (PAs) and Advanced Practical Registered Nurses (APRNs) to work in highly rural areas and have them travel between the MTVAHCS Community Based Outpatient Clinics (CBOCs).

» The MTVAHCS is using the following recruiting incentiaves to attract providers and clinical staff to the MTVAHCS: providing visual images of living in Montana; relocation expenses for General Service (GS) employees grades 9 and above; robust tele-health services; and explaining the advantages of the federal benefits package.

» Trying to stay competitive with St. Peter's Hospital in Helena to recruit the best talent.

» Health care professionals can make more money in the private sector than what VA offers.

» Under the new MTVAHCS leadership, service chiefs will be able to manage their Full-Time Equivalent Employee (FTEE) budget.

» As a result of the MTVAHCS previously ranking near the bottom in patient satisfaction, the new leadership is extremely concerned with patient satisfaction and turnover. The ELT wants to know why people are leaving the health care system by conducting exit interviews. HR rate of completion of exit interviews is over 50%.

» The on-boarding process can take up 3-6 months for a health provider to start working in a VA health care facility.

- Financial Management staff

» When the new MTVAHCS leadership took over, they inherited a health care system that had financial challenges, overspending, and inaccurate accounting.

» As of October 24, 2017, the MTVAHCS has $14.7 million out of an estimated $33.5 million allocated for health care being provided in the community.

» The staff does not believe HealthNet was prepared with the amount of time that was provided by Congress when implementing the Veterans Choice Program in 2014 to set-up a high functioning network of providers to provide high quality of health care and services to veterans.

» In FY17, the MTVAHCS received $2.7 million in grants from the VA Office of Rural Health (ORH) for rural programs and initiatives.

» The MTVAHCS is in the process of decentralizing its budget by having services be responsible for their individual budgets and Full-Time Equivalent Employees (FTEES) in order to assist Service Chiefs to gain more control over the business processes.

- Clinical Service Line Managers

» Pharmacy: There are 59.5 employees that work in the MTVAHCS pharmacy to include: four managers, one administrative assistant, 34.5 clinical pharmacists that specialize in mental health, pain management, anticoagulation, etc., and are part of the PACT model of care, as well as 20 technicians that support the MTVAHCS pharmacy operations.

- Pharmacy challenges: Mailing medications across the state, medication shortages, provider continuity and communications, and hiring qualified pharmacists. The health care system currently sends out 3,000 prescriptions through the U.S. Postal Service or by the United Parcel Service (UPS) from four MTVAHCS dispensing pharmacies statewide. The MTVAHCS spends approximately $2,000-$3,000 per day in postage totalling $42,000-$50,000 per month mailing prescriptions that are not sent directly to veterans from the VA Consolidated Mail Outpatient Pharmacy (CMOP). The MTVACS sends out 2,500 prescriptions daily to their enrolled veterans.

- Best Practices: Dedicated pharmacy call center and medication renewal process. The MTVAHCS has two main dispensing pharmacies, one located in Ft. Harrison and the other located in Billings, which combined filled over 730,000 prescriptions in FY16.

» The MTVAHCS has telehealth services across the state through a partnership with the Boise VA Healthcare system in Boise, Idaho, and VA Salt Lake City Healthcare System (VASLCHCS). The VASLCHCS has three providers

that are dedicated to providing tele-mental health services to MTVAHCS veterans. Telehealth services include tele-Primary Care, tele-mental health, tele-neurology, telecardiology, and tele-retinal.

» Mental Health: The manager of the mental health department is responsible for overseeing the following programs: Mental Health (Outpatient & Inpatient Residential), Military Sexual Trauma (MST), Homeless Veterans, Veterans Justice Outreach (VJO), and Suicide Prevention.

» All mental health providers at the MTVAHCS provide tele-behavioral health services at their work locations.

» The MTVAHCS has three veterans treatment courts located in Billings, Missoula, and Great Falls to assist veterans who need those services. Another veteran treatment court will be coming soon to Bozeman.

» The MTVAHCS has a stand-alone building on campus that houses a 12-bed residential post-traumatic stress disorder (PTSD) and 12-bed residential substance abuse disorder treatment center dedicated to assisting veterans needing those services.

» The MTVAHCS offers complementary and alternative (CAM) treatments and therapies in the areas of equine therapy, art therapy, and has therapies in the Native American sweat lodge.

- Business Office staff

» The MTVAHCS has two HealthNet representatives on campus to address any Veteran's Choice issues or concerns.

» Paying non-VA Choice providers timely is a significant challenge for HealthNet. According to Business Office staff providers are dropping out of the HealthNet network due to lack of payment. The healthcare system was unable to provide the number of providers that have dropped out of Choice as this was all handled through HealthNet.

» There are providers that will not participate in HealthNet such as physicians specializing in orthopedics in Missoula.

» The MTVAHCS does not perform blind scheduling. Blind scheduling is defined as scheduling any appointment without the input and approval and/or the agreement of the veteran beforehand. A letter to the veteran is generated when the appointment is made and sent to the veteran accordingly.

- Quality, Safety, Value Service staff

» The MTVAHCS Quality Manager oversees the Quality, Safety, and Value (QSV) service line staff and program. There is 13 staff members assigned to the Quality Management Department to ensure that the MTVAHCS complies with all VA, JC, CARF, and state policies and regulations.

» The MTVAHCS currently has a three-star ranking as of the FY17 third quarter VHA Strategic Analytics for Improvement and Learning (SAIL) report. This is a significant improvement from the baseline numbers that were previously presented eight months earlier.

- SAIL Quarterly Rankings

» FY16 fourth quarter SAIL report - One-star rating and was ranked 118 out of 129 VA healthcare facilities nationwide.

» FY17 first quarter SAIL report - Two-star rating and was ranked 96 out of 129 VA healthcare facilities nationwide.

» FY17 second quarter SAIL report - Two-star rating and was ranked 101 out of 129 VA healthcare facilities nationwide.

» The MTVAHCS has an 84 percent veteran satisfaction rating according to VA's Access and Quality in VA Healthcare patient satisfaction rating tool.

» The MTVAHCS has an 80 percent compliance rate for hand hygiene observations.

» The MTVAHCS Environment of Care (EOC) team conducts weekly EOC rounds throughout the state. Staff participating in EOC rounds includes QM, Safety, Infection Control, Patient Safety, Privacy, Women's Health, and Facility Management as the core team along with the Associate Director. The EOC team targets every clinical site including all CBOCs across the state and meet at least twice a year with leaders from the clinical area as well as other disciplines as necessary. Deficiencies are entered into a database for tracking and trending. Deficiencies are either corrected on the spot or followed through the Safety Committee until closed. One area that was identified as a trend is expired supplies. Actions taken across the organization has shown improvement in this area.

» Once a defficiency has been identified, staff has 30-60 days to correct the deficiencies.

» The health care system uses the Accreditation Manager Plus (AMP) tracer tool to track hand hygiene and personal protection equipment (PPE) compliance. Accreditation Manager Plus (AMP) from Joint Commission Resources is the software solution for managing the health care system's Joint Commission compliance preparation process.

» In the last fourteen months, the MTVAHCS has not had any Health Care Associated Infections (HAI).

- Suicide Prevention staff
  - » The MTVAHCS has one suicide prevention coordinator (SPC) and one case manager to manage the entire MTVAHCS suicide prevention program.
  - » The health care system has recently requested a SPC for the Billings Outpatient Clinic.
  - » In FY17, the MTVAHCS had 157 veterans attempt suicide and 68 were completed. Thirty-eight of the veterans were enrolled at the MTVAHCS for care at varying degrees of engagement. The MTVAHCS provides universal screenings for suicide at every emergency room encounter, annually in Primary Care and for every new engagement in behavioral health sciences. Beyond this clinical assessment and treatment provided where clinically indicated. High-risk veterans receive increased care, safety planning, caring communications, and care coordination.
  - » The SPC continues to follow-up with staff that lost a veteran to suicide.
  - » Following a veteran suicide, the SPC mails a packet of information along with a personalized note out to every family explaining what to do next.
  - » All new employees get Operation S.A.V.E. Training: VA Suicide Prevention Gatekeeper Training. Operation S.A.V.E. is a one- to two-hour gatekeeper-training program provided by VA suicide prevention coordinators to veterans and those who serve veterans. Optional role-playing exercises are included. Operation S.A.V.E. consists of the following five components: Brief overview of suicide in the veteran population, suicide myths and misinformation, risk factors for suicide, and components of the S.A.V.E. model (Signs of suicide, Asking about suicide, Validating feelings, Encouraging help and Expediting treatment).
  - » In FY17, the SPC has conducted 104 outreach events averaging 12 to 15 per month.
- Women Veteran's Program
  - » The MTVAHCS Women Veteran's Program has one women veteran's program manager, one nurse navigator. The following health care providers support the program: one gynecologist, one psychiatrist, four psychiatric Advanced Nurse Practitioners, five psychologists in outpatient services, and a least one women's health Primary Care provider (WHCP) at each of the 11 Primary Care clinics to assist enrolled women veterans.
  - » The Women's Veteran's clinic has 2,638 women veterans utilizing the clinic, which is a 0.5 percent increase from the previous year. In FY16, veterans treated 2,624 women at the facility.
  - » The MTVAHCS has a Model One women veteran's health clinic that has gender-neutral Primary Care clinics with women's health providers that also has co-located mental health and specialty gynecology services.
  - » Each clinic has an examination room with an attached restroom to accommodate women veterans seeking health care services.
  - » The MTVAHCS will shortly be using tele-gynecological services to treat women veterans living in rural areas of the state.
  - » The health care system uses non-VA care for mammography services.
  - » The WVPM conducts six to seven outreach events per month.
  - » Best Practices: Outreach, Nurse Navigator for Mammograms/Maternity and Gender disparity performance measures.
  - » Challenges: Loss of Women's Health Providers.
- Military Sexual Trauma (MST) Program
  - » The MST Program has one MST Coordinator, which is not a full-time position. The MST Coordinator has collateral duties within the health care system. (70 percent-Health care for the Homeless, 30 percent-MST duties)
  - » The MST Coordinator conducts at least five outreach events per month to include holding symposiums and community meetings.
  - » All physicians, during their on-boarding process, go through MST training.
  - » All mental health physicians are trained in MST.
  - » The MTVAHCS last year screened 98 percent of all veterans seeking health care services for MST.
  - » In FY17, 2,225 veterans were screened for MST however, 1088 veterans have screened positive. Out of the 1,088 veterans who have screened positive, 665 were female veterans and 423 were male veterans.
  - » All clinical staff at the MTVAHCS is trained in trauma care and MST training through the Talented Management System (TMS). Also, clinicians can sign up to attend evidence-based procedure trainings throughout the year.
  - » The MTVAHCS offers MST-related residential treatment services. The program is a six week cohort offered twice yearly at the residential domiciliary. Also, veterans with MST can also attend the residential PTSD treatments and

therapies.

» Best Practice: Veterans screening positive for MST at the MTVAHCS are immediately connected with the MST coordinator and or their designee for further follow-up.

- Homeless Veteran's Program
  - » The MTVAHCS on the Fort Harrison campus has entered into an Enhanced-Used Leasing (EUL), a 42-unit housing complex for homeless veterans. The project will include residencies for single occupants and families. The 42 unit-housing complex is scheduled to break ground in 2018.
  - » Since Montana is large, geographically it is extremely difficult to accurately measure the numbers of homeless veterans. The most recent Point In Time (PIT) data for 2017 indicates that Montana has 391 homeless veterans across the state.
  - » In FY17 YTD, the MTVAHCS had 406 housing vouchers allocated to Montana. The majority of these vouchers is issued to Veterans and assists in paying their monthly rent. Because the vouchers are limited, Montana has estimated 100-150 veterans on interest lists waiting for housing vouchers since there are not enough vouchers available for every homeless veteran.
  - » About 10 percent of the vouchers are provided to women and/or women with children.
  - » The MTVAHCS has contract shelters in Missoula and Kalispell and uses two Grant Per Diem facilities in Missoula for women veterans.
  - » The MTVAHCS uses the Samaritan House in Kalispell for male veterans with children.
  - » Current bed utilization for contract shelters is between 21 percent and 57 percent, while current bed utilization for Grant Per Diem (GPD) beds is 85.9 percent out of 71 beds.
  - » Since Montana is large geographically community services for homeless veterans differ.
  - » The MTVAHCS has good outreach and partnerships with external stakeholders and organizations to include conducting six homeless stand-downs yearly throughout Montana to enroll veterans into the health care system.
  - » Challenge: Rurality of Montana is making it difficult to locate and assist veterans that are homeless.
  - » Best Practices: The MTVAHCS has several Veterans Treatment Courts (VTCs) to assist veterans that are in the legal system, health care system staff attends critical time incident training on evidence-based practices.
- Patient Advocacy Program
  - » The MTVAHCS Patient Advocate program consists of two advocates at Ft. Harrison and a .5 FTEE at the Billings Outpatient Clinic.
  - » The MTVAHCS has Service Level Patient Advocates. These employees at the service level assist front-line staff and patients in resolving issues. This program was created to show veterans that the MTVAHCS is concerned with assisting veterans and their families to rectify problems at the lowest level whenever possible.
  - » The health care system also has four clinical care coordinators (CCCs). A Clinical Care Coordinator is a Registered Nurse (RN) who works at one of the CBOCs who works as a Service Level Advocate.
  - » The Patient Advocate Program common complaints are: Scheduling medical appointments through the Choice Program; Reimbursement of Travel Pay (12 weeks behind in reimbursements due to staffing shortages); and VA phone tree is automated, which removes the personal touch.
  - » Challenges: The number of complaints being received from the VA White House hotline. There are duplicated complaints, 90 percent of the people with concerns and/or issues already came to MTVAHCS patient advocate staff, and 10 percent directly called the VA White House hotline for immediate resolution.
- Supply Management
  - » The MTVAHCS received instructions from the VISN that the VA is no longer using the Catamaran Inventory System and they are to use the Generic Inventory Package as their Inventory Management System.
  - » Currently, the MTVAHCS is utilizing Omnicell as there supply management system for supply ordering and restocking.
  - » The Facility Chief Supply Chain Officer is responsible for monitoring and evaluating inventory account.
  - » The MTVAHCS has the advantage of having one of the five prime vendor contracts that Veterans Health Administration uses for hospital supplies and equipment located in Montana. On March 1, 2016, Kreisers, Inc. was awarded the Next Generation-Medical Surgical Prime Vendor (MSPV) contract to distribute medical/surgical supplies for the VA. The Next Generation program, part of the MyVA transformation effort, will improve the acquisition process of surgical supplies and support the VA's ability to deliver timely health care to the nation's Veterans ultimately transforming the VA's supply chain. The contract includes Montana, Wyoming, North Dakota, South Dakota, Nebraska, Kansas, Minnesota, Iowa, Missouri, Wisconsin, Illinois, Michigan,

Indiana, Ohio, Kentucky and Tennessee and is valued at $1.2 billion over a five-year period.

  - » The facility has product distribution technicians that scan the supply rooms daily for shortages or expired items. The facility ships supplies to the CBOCs as needed.
  - » Recalls throughout the health care system are managed through the National Product Safety Recall Program. The MTVAHCS has an assigned primary recall coordinator monitoring the recall site on a daily basis, tracks recall compliance, and takes appropriate actions as needed.
  - » The Pharmacy and Prosthetics Service Chiefs get recall notices and research if they have any or have issued any of the effected products. If any of the effected products are found in stock/issued the items are immediately removed, and the patient is contacted by the service line.

- Facility Management
  - » The MTVAHCS has 32 construction projects that are scheduled over the next five years to include three minor, one major and 28 non-recurring maintenance projects. The cost for all 32 projects will cost over $280 million. However, not all projects have been funded.
  - » The majority of the planned projects are for infrastructure improvements to the health care system.
  - » The MTVAHCS has work plans over the next several years to expand clinics and other construction projects that would eventually expand access to health care for veterans.

Best Practices

Business office staff attend Veteran Service Organization (VSO) meetings: Staff from the MTVAHCS business office have attended 49/55 American Legion district meetings to assist veterans with enrolling for VA health care and assist with scheduling health care appointments. Fort Harrison staff attends these district meetings in support of their members and their families. This allows for immediate remedies to those veteran's needs. It also allows the opportunity to pass along information regarding programs, processes, and deficiencies in the veteran's care. By having VAMC staff at these meetings, instant solutions to veteran needs are met.

Challenges

1. Recruiting and Retention

Recommendation: Turnover at the provider level for both Primary Care and Specialty Care is a challenge. While there seems to be a plan in place that will abate this issue in the near future, this is an ongoing issue. Every available means should be enacted to help solve this issue so that continuity of care is constant. Consideration of special salary rates, incentives, and using physician assistants and nurse practitioners should always be under discussion.

Recommendation: To improve enrolling more veterans into the VA Healthcare System, VA needs to do a better job through their communications department counteracting negative publicity and showing veterans and the American public why the VA health care system is a good place to work.

Recommendation: VA needs to improve their incentives to recruit and retain top talented health care providers and management staff to work and live in rural and/or highly rural areas where VA medical systems are located in.

2. Communication with External Stakeholders

Recommendation: The Montana VA Health Care System is extremely fortunate to have a broad-based coalition of Veteran Service Officers and Veteran Service Organizations both on campus and in the surrounding area. It is highly recommended that the MVAHCS leadership maximize to the extent possible their relationship with these individuals and organizations.

3. Stability of Executive Leadership Team

Recommendation: The healthcare system has been in a continual state of turmoil due to the constant changing of the Senior Leadership Team. This situation creates all sorts of challenges within the continuity of operation of the facility and can negatively affect staff morale. While there is a stable leadership team in place, it is uncertain how long this will last. VA leadership should review this matter and make efforts to retain leadership staff in place for reasonable lengths. Also, the MVAHCS leadership team should be extremely visible throughout the facility. This will demonstrate to everyone they have a unified team.

4. Providing Adequate Health Care in a Rural or Highly Rural State

Recommendation: The MVAHCS is located in a highly rural state and is comprised of 17 access points of care spread out geographically across Montana. The sites of care are often far apart and more rural that the parent facility. This unique factor leads itself to numerous challenges with regard to operating a health care system. Therefore, senior leadership should further explore avenues to fully connect with the greater health care community in their geographic location. Efforts like this should lead to more awareness about the VA and in turn perhaps help with more sharing of resources.

5. Veterans Equitable Resource Allocation (VERA) Model: In FY17, the national average for patients with billable insurance was 22.40%, VISN 19 average was 23.53%, and Montana has 28.98% of their patients with billable insurance. Though they have a higher than average number of patients

with billable insurance, their collections from billing other insurance has steadily declined in recent years. Billing is done at a central location that is located off station. For FY17, the MTVAHCS reached 82% of their target collection goal. For FY18, the collection target was reduced by 23% from FY17 and currently collections are projected at 127% of target.

Recommendation: The VA should allocate more resources and technology to assist with the numerous barriers of providing quality state-of-art health care to veterans living in rural and/or highly rural states.

6. The Department of Veterans Affairs Accountability and Whistleblower Protection Act of 2017: The Department of Veterans Affairs Accountability and Whistleblower Protection Act of 2017 has created challenges for the MTVAHCS Executive Leadership Team. Recruiting and retaining good VA employees to continue to serve veterans or even accept jobs at MTVAHCS is a challenge. The Department of Veterans Affairs Accountability and Whistleblower Protection Act of 2017 provides the VA secretary more power to discipline or fire employees and would shorten an appeals process that can last years. The legislation prohibits employees from being paid while they appeal. The act also provides new protections against retaliation for VA staffers who expose corruption. It establishes an Office of Accountability and Whistleblower Protection within the department and forbids the VA secretary from retaliating against whistleblowers who have filed a complaint with the VA general counsel's office. The leadership team stated that the Department of Veterans Affairs Accountability and Whistleblower Protection Act of 2017 added a new layer of complexity for dealing with personnell issues.

Recommendation: The American Legion will continue to moniotor how the legisaltion will impact VA's ability to recruit and retain qualified health care providers to work at VA healthcare systems nationwide.

7. Veterans Choice Program (HealthNet):

Recommendation: If the Third-Party Administrators (TPAs) are not meeting the needs of veterans, the VA should hold them accountable for violating and/or not meeting their contractual obligations. The American Legion will continue to hold meetings with VA and the TPA to express what is being identified from our SWS visits and what is said from our members.

Exit Leadership Briefing

The SWS team conducted an Exit Briefing on the last day of the site visit with the MTVAHCS executive staff to discuss the findings and to outline recommendations for the health care system based on the program office meetings and input from the MTVAHCS staff.

The following impressions were shared with the Executive Leadership Team by the SWS site visit team:

- The quality of care is within the standards that The American Legion would expect, and the veterans are served very well by the healthcare system. There appears to be a very dedicated group of patient care staff who work diligently in their respective areas to serve patients and a highly skilled group of support staff.
- There is a very dedicated and highly skilled staff within the Mental Health Care Service Line at the facility. During the site visit, there were numerous opportunities to interact with these individuals, and in each instance, their dedication and desire to provide high-level mental health care was truly evident. Given the overall nature of Mental Health Issues within the State of Montana (suicide in particular), the efforts of the staff should be fully recognized and supported.