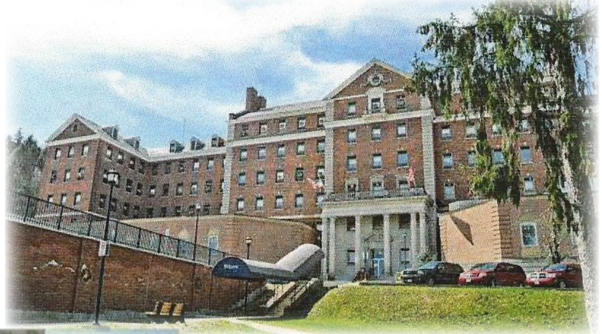
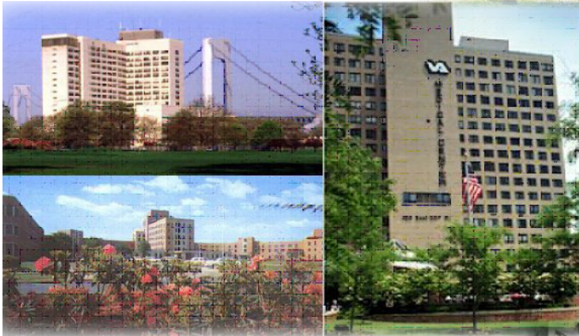
THE AMERICAN LEGION
DEPARTMENT OF NEW YORK

ANNUAL MEDICAL FACILITIES HEALTHCARE REPORT 2015-2016

Bath VA Medical Center





New York Harbor Healthcare System Brooklyn Campus Manahattan Campus

Syracuse VA Medical Center

James V. Yermas
Department Commander 2015-16

James Casey
Department Adjutant

TABLE OF CONTENTS

Executive Summary 2

Site Visit Reports

Bath Veterans Affairs Medical Center (BVAMC) and Bath National Military Cemetery 9

VA New York Harbor Healthcare System

- Brooklyn Campus 15
- New York Campus (Manhattan) 21
  - --Staten Island Community Based Outpatient Clinic (CBOC) 25

Syracuse Veterans Affairs Medical Center (SVAMC) (Syracuse New York) 27

Task Force Membership Roster 34

Examples of Town Hall Meeting Posters 36

The American Legion, Department of New York
Annual VA Medical Facilities Healthcare Report

EXECUTIVE SUMMARY

VA Medical Facilities Healthcare Report 2016
The American Legion Department of New York
By Patrick R. Rourk, Chairman
VA Healthcare Facilities Task Force

BACKGROUND

The Veterans Health Administration (VHA) is the provider of choice for over 11 million Veterans. In addition to leading the healthcare industry in areas such as specialized services, primary care and research, VHA clearly provides the most cost effective healthcare of both private and public entities. This healthcare system was created to address the unique healthcare needs of Veterans.

In 2003, The American Legion created the System Worth Saving (SWS) program to conduct site visits to VA medical facilities to determine how the VHA provides for the medical needs of multiple generations of veterans through its Veterans Integrated System Networks (VISN) managed structure. The purpose of the program was to assess the quality and timeliness of VA healthcare and to provide feedback from veterans on their level of care. Each year, the SWS Task Force selects a different healthcare focus topic. The findings and recommendations are compiled into a publication which is presented to the President of the United States, members of Congress, senior VA officials and fellow Legionnaires.

During the 2014 Department Convention, resolution 6 was passed creating a Department of New York VA Medical Facilities Healthcare Task Force who is charged to conduct site visits

to determine the quality and timeliness of care provided to the veterans of New York State. Formerly, the VHA had two VISNs in New York State.

VISN 2 had six medical centers (VAMCs), 29 community based outpatient clinics (CBOCs), 1 Domiciliary and one Outpatient Clinic (Syracuse – A Behavioral Health Facility). VISN 3, had 7 VAMCs and 22 CBOCs.

Early in Fiscal year 2016, VHA made several management decisions in regards to the VISNs. The impact on VISNs 2 and 3 resulted in their combination and a new larger VISN 2 with VISN 3 disappearing. They now have a collective 13 Medical Centers and 51 CBOCs of which there are 12 VAMCs and 39 traditional (community contract) CBOCs, 3 additional VA staffed CBOCs, 2 domiciliaries (St. Albans Community Living Center and the Bath VAMC Domiciliary, 1 Behavioral Health Facility (Syracuse) and 2 VA Centers of Excellence (The Canandaigua VAMC supports the National VA Suicide/Crisis Hotline call center and Syracuse VAMC a Center of Excellence for its Operation Enduring Freedom/Operation Iraqi Freedom and Polytrauma programs, within the state borders.

The first year's visits were completed in the spring of 2015 and first Annual Medical Facilities Healthcare Report was rendered in July 2015 under the auspices of Department Commander Frank J. Peters, James W. Casey, Department Adjutant and the Veterans Affairs and Rehabilitation Committee and first Task Force Chairman, R. Michael Suter.

Immediately upon the conclusion of the 2015 The American Legion Department of New York Convention, Mr. Suter appointed Patrick R. Rourk (a previous member of the National System Worth Savings Task Force) as the 2015 – 2016 Department Healthcare Chairman with the additional task as the Chair VA Medical Facilities Healthcare Task Force. Recognizing the breadth of the state, Mr. Rourk was successful in expanding

the Task Force to three regions with Steve W. Bowman the Vice Chair of the Northern Region; Mary LaManna-McLoone as Vice Chair of the Southern Region; and Frank Hollister as Vice Chair for the Western Region. Mr. Rourk conducted a second class for Task Force members in November 2015 with 12 Task Force Members present. Of significant note is the fact that in 2015, The American Legion Veterans Affairs and Rehabilitation Commission sent two members to attend this training to start a similar program in other states.

As in the first year, prior to each visit the Task Force Chairman sent a letter to each of the VISN Directors appraising them of the continuing work of the task force and eliciting their personal support. The response from the Department of Veterans Affairs was as expected, outstanding. The Vice chairs then dispatched the pre-visit questionnaire created to measure specific areas of interest in the delivery of medical and mental health care regimens as well as continuing the review of long term care, physical plant and gender specific issues. In addition, this particular year focused in specifically on wait times and access of care. The visits themselves examined the overall challenges, staff shortages, fiscal operations and enrollment, accessibility and continuum of care with further reviews of community based clinics, long term care, outreach, telehealth and VA Voluntary Services.

KEY FINDINGS:

Leadership Teams

All the visitation reports had good things to say about the leadership teams at each VA Medical Facility. While there are suggestions and comments within the reports and the executive summary, we would like to suggest that these reports are indicative of what we found and the impact and feeling of our New York Veteran populace that uses VA Healthcare Facilities. The majority of less than complimentary comments received

were more or less directed at access. Almost everyone loves the care they receive once they are in the system.

Human Resources (Staff Shortages)

Each of the visits noted that the staff shortages nationally reported in relation to VA Healthcare facilities is also prevalent throughout the New York section of VISN 2. While the shortages are uncontrollable by the VISN or hospitals, a more proactive hiring policy needs to be addressed. Continued shortages that have been noted for extended periods of time is indicative of a recruiting program that needs an overhaul. Waiting until a doctor or nurse or PA/NP etc., and various specialists has departed to start the extensive and exhaustive recruitment search is counterproductive. Veterans Affairs Central Office should be prepared for a 1 to 2 percent overlap in personnel costs. The overlap would more than likely be funded by the reduced recruiting costs and locum tenens temporary hiring reductions. Proactive recruiting versus reactive recruiting will provide the coverage necessary and in the long run would probably reduce dependence on the Choice and Fee Basis Programs.

The Veterans Choice program

While no Veterans lived more than 40 miles from the New York Harbor Healthcare facilities, the other two facilities reported significant issues from both the VA side as well as the patient side. Lack of feedback from the contractor to VA Primary Care Providers and the fiscal staffs frustrates VA Leadership. On the patient side, the Choice program actually leave little choice as the contract hast picked and chosen which providers it allows Veterans to access for treatment. This is particularly troubling in women's health as the basic VA direction seems to be Fee Basis or Choice Program for these health needs. Both OB and GYN treatment needs to be from a provider the Veteran (Woman) trusts and makes a good and consistent treatment partner during these times. In addition, the poor program

management and guidance from VA Central Office is the telling point in this program. It is recognized that it is currently a temporary program that required implementation at incredible speed, but it has been ongoing now for more than two years. Cancelling the contract and simply adding a couple of people to the Fee Basis staff could do no worse.

Mental Health and Military Sexual Trauma (MST

While everyone agrees there is no magic elixir when it comes to Mental Health care, it was gratifying to note the concern and compassion for Veterans visit wide. Each and every clinic seems to have their collective thumb on the issue and are genuinely concerned that every single veteran receives the care they need. The pain expressed when speaking about attempts and completions of suicides was evident and obvious wherever the teams turned. Of note was the fact that many treatment professionals were concerned that the Public Relations item seemed to be somewhat lacking in "getting the word out" about the world class care provided in the Mental Health arena via the VA.

On the other hand, there were comments made for suggestion in care for MST cases. The VA needs to treat males who have suffered the same trauma and indignities as females. There should be groups for therapy the same as offered females. There should be males only clinic, etc., available for males. It is suspected that there are many more males who have been traumatized than are willing to come forward for treatment. The only way to break that fear of stigma is to provide the same anonymous care that women receive.

Information Technologies (IT)

While the telehealth clinics continue to grow by leaps and bounds (and the VA is highly commended for doing this) the lack of improvements in the rudimentary IT infrastructure is

almost overwhelming. Many practitioners, clinicians, nursing staff and administrative personnel voice concerns about old and slow equipment. It is recommended that VA Central office be continually contacted in efforts to obtain the needed upgrades and improvements in these vital systems. It becomes apparent form even casual conversations that should the Veterans Health Administration (VHA) and the Department of Defense (DOD) finally break the logjam on sharing medical records, the VA side will have an extreme difficult time staying in congruence.

Transportation

There are comments in relation to both parking (inner city) and transportation. Of note is the fact that there many Disabled American Veterans (DAV) transportation system vans sitting idle due to lack of drivers. As transportation is a responsibility of the VA, the system requires a ridged health exam prior to allowing a volunteer driver to transport Veterans to and from medical appointments; and rightfully so! However, the system is starting to wear down simply due to the lack of drivers. It is recommended that the item be elevated to VA Central Office for a realignment of thinking on the issue and maybe some type resolution. Our Veteran population is not getting younger and will increasingly have to rely on the VA to get to and from Medial Centers, sometimes as much as 150 miles away.

Conclusions of the Executive Summary

The American Legion Department of New York Task Force would like to thank all the VA Healthcare Facilities, large and small for the warm and caring welcome to their facilities. The congenial attitude and assistance rendered made the visits meaningful and instructive.

The American Legion Department of New York must continue to be highly interested in what is happening in our Veterans Healthcare Administration (VHA) and the resultant care

dispensed to and received by our Veterans. One of our four pillars is to care for the sick and infirmed. We also need to continue to interface with our elected officials (the United States Congress) to ensure that they provide the funding necessary for provision of this care. As noted above, National The American Legion decided more than a decade ago that the VA Healthcare System was so vital to our Nations Veteran populace that the membership voted to create a special group – The System Worth Saving Task Force. That effort continues today. But, that small group of volunteers can in no way visit every VA Healthcare Facility in a year or 2 or 3. So the Department of New York, The American Legion created its own in state Task Force which will continue to expands these good efforts.

This report brings the results of our second full year of Task Force results and reports. There are many good things noted in the report and a few areas where improvements can be made. But nowhere was it found that our Veterans were not genuinely cared about nor was any treatment maliciously withheld. Budget constraints continue to plague the local VA Medical Centers, CBOCs and even telehealth facilities. There is never enough to go around. Better management of funds at the Central Office, better framework of hiring practices, improvements in facility maintenance can and will enhance a "**System Worth Saving**."

2016 VA FACILITY VISITATION REPORTS

BATH VA MEDICAL CENTER AND CEMETERY

Date of Visit: March 31 – April 1, 2016

Task Force Members: Frank Hollister, Vice Chair
P. Earle Gleason, Member
Lynda Pixley, Member
Bill Wilkinson, Member

Overview:

Bath VAMC is located on 210 acres (60 acres of lawn), 46 Buildings, including a Community Living Center, Domiciliaries, Acute Care and Urgent Care, which was converted from an Emergency Department in January 2014.

Bath VAMC was originally opened on January 23, 1879 as the Grand Army of the Republic New York State Soldiers and Sailors Home. Civil War Veterans were served a Christmas dinner in 1878 as a symbol of the facility's future. From 1878 to 1929, the Veterans home attended to wounded combat veterans of New York State. The most veterans housed at the facility was 2,143 in 1907. In 1930, the Home came under the control of the Veterans Administration.

The Bath VAMC serves over 12,000 of the 39,000 Veterans in its catchment area, providing over 130,000 outpatient visits, operating a 124 bed Nursing Home Care Unit and a 220 bed Domiciliary.

The Medical Center Director is Michael J. Swartz, FACHE, the Associate Director is Ken Piazza, CPHQ, the Chief of Staff is Felipe Diaz, MD and Michelle Santos Martinez, RN, MSN, MHA, ADPNS. The Executive Team worked very closely with the Team and provided any and all information requested.

TOWN HALL MEETING

Notification of the Town Hall meeting was made utilizing the local media and flyers/posters that were circulated throughout the area. Unfortunately, the meeting was “very poorly attended” by the local veterans. The major topic of discussion was the use of the Choice Card or how and when it was utilized. This topic was discussed during our meeting with the Executive Team. They indicated the Choice Card/Program, cost the Bath VAMC $6,880,044 in 2014, $10,649,783 in 2015 and it is projected to cost $10,800,000 in 2016. Bath is located in a rural community; therefore, the costs are significant.

ENROLLMENT/APPOINTMENTS/VISITS

Facility/Clinic	Catchment	Market	Enrolled/Visits	
	Area	Penetration	FY2014	FY2015
Bath VAMC	29,905	34.5%		
Female	2,078	28.8		
Veterans FY15				12,929
Females FY15				715
Outpatient Visits			168,562	174,088
Primary Care Clinics			5,543	5,147
Bath Outpatient Visits			145,159	148,952
Elmira CBOC Primary Care Clinics			2,768	2,678
Outpatient Visits			15,576	16,782
Wellsville CBOC Primary Care Clinics			1,278	1,222
Unique Women Veterans - Bath				700
Elmira				151
Wellsville				61

TELEHEALTH CLINICS

Bath VAMC utilizes the following Telehealth Clinics: Allergy (Buffalo), Anesthesia Education/Evaluation (Buffalo), Chronic Pain (Bath to CBOCs), Dermatology Imaging (Syracuse/ Detroit), Diabetes (Buffalo), Endocrine (Buffalo), ENT (Buffalo), Gambling Support Groups/Individuals (Canandaigua), Gas-

trointestinal - GI (Syracuse), Genomics (Salt Lake City VA), GI Hepatology (Buffalo), Genitourinary - GU (Syracuse), Hepatitis C (Buffalo), Infectious Disease (Syracuse), Infectious Disease Pharmacy (Syracuse), LSVT (Lee Silverman Voice Treatment)/ Lexington, KY VA, Low Vision (Buffalo), Mental Health (General Counseling/Bath to CBOCs), MOVE! (Bath to VISN 2 CBOCs), NTMHC (National Mental Health Center) Bi-Polar, Schizophrenia, PTSD specific services, Neurology (Buffalo/ Bronx), Nutrition (Bath to CBOCs), Oncology/Hematology (Buffalo), Orthopedics (Buffalo), PACT SW (Bath to CBOCs), Pain (Syracuse), Pharmacy (Bath to CBOCs), Polytrauma (setting up between Bath and Canandaigua/ROPC - Provider @ Bath), Post OP (Buffalo), Primary Care (Bath to CBOCs), Prosthetics (Syracuse), Psychiatry (Bath to CBOCs), Retinal Imaging, Rheumatology (Syracuse), Sleep (Buffalo), Substance Abuse (Canandaigua/Bath to CBOCs/Individual and group/DWI Evaluations), Surgical (Buffalo), Thoracic (Madison, WI VA), Vascular (Syracuse), VIST (Bath to CBOCs), Voice Treatment (Lexington, KY VA), Wound (Buffalo). Services under construction: Speech Pathology (Bath to CBOCs), Spirometry (Buffalo), Women's Health (Syracuse).

WAIT TIMES

The average wait times for established Primary Care patients is 5.1 days while the average wait time for a new patient is 13 days. Wait time for established patients for Specialty Care is 5.3 days and for new patients it is 16.4 days. Wait time for established Mental Health patients is 6.1 days and for new patients is 11.7 days. When questioned about the main problem for scheduling veteran's appointments in a timely manner, the staff at the Bath VAMC indicated that it is the lack of responsiveness by veterans when they are contacted to schedule their appointment (s). When asked if the Bath VAMC has an electronic waiting list/file, they indicated "no", that they were notified by Atlanta, GA, and were required to "follow up".

WOMENS HEALTH

Bath VAMC has a dedicated team to respond to the needs of women veterans. The women veteran PACT team has 4 members and are available for appointments at the Medical Center and the Urgent Care Clinic is open 8 am to 8 pm. If, during the initial appointment, the veteran may indicate that MST is present, that veteran's individual "problem" is to be assessed as soon as possible, theoretically. In the most recent report (2014), 28% of those female veterans enrolled in the Bath VAMC, have reported Military Sexual Trauma. The main problem addressed by one of the team members was, how or why should a male social worker be in charge of or work with female veterans complaining of MST. A clear answer was not provided.

Information provided by the Bath VAMC for MST related mental health care:

FY2014:	Females -	1432	encounters	57.3%
	Males -	1066	encounters	47.7%
	Total -	2498		
FY2015	Not available yet.			

OIF/OEF/OND PROGRAM (TRANSITION CARE MANAGEMENT)

There is one Program Manager and one Care Manager who presently serve approximately 1,529 Veterans, of these, 131 are female veterans or 8.57%. 139 veterans are currently being care managed.

SUICIDE PREVENTION

FY14 - attempts without injury; male - 14
attempts without injury; female - 1
attempts with injury; male - 20
attempts with injury; female – 1

FY15 - attempts without injury; male - 22
attempts without injury, female - 3
attempts with injury; male - 17
attempts with injury; female - 3

Suicide Completions:

FY14 -	male	4
	female	0
FY15 -	male	2
	female	0

FEE BASED CARE

In FY14, 2,178 Unique Veterans received some sort of Fee Base care, and in FY15, 3,406 Unique Veterans. FY14, 17,049 fee base care were authorized, in FY15, 21,672 were authorized.

HUMAN RESOURCES/STAFFING

As of our meeting with the Bath VAMC executive team, the following positions/vacancies were noted:

Medical Technologist	05/16/2015
Nurse Practitioner - Wellsville	08/04/2014
Physician Assistant - Wellsville	08/04/2014
Physician - Hospitalist	01/23/2013
Physician - Urgent Care	02/06/2014
Physician - Wellsville	08/04/2014
Physician - Fee Basis	08/15/2015
Police Officer (Intermittent)	01/01/2015
Psychiatrist	09/20/2014

Twenty-eight percent of Bath VAMC's employees are veterans. An applicant can apply on-line or walk in to Human Services.

MOBILE VAN/MEDICAL UNIT

The Bath VAMC utilizes its Mobile Medical Unit for telehealth, OutReach Programs and Disaster Services.

CHIEF FINANCIAL OFFICER/BUDGET

	Bath VAMC	**Elmira CBOC**	**Wellsville CBOC**
FY14 Budget	$86,915,280	$1,347,142	$827,495
FY15 Budget	$90,667,779	$1,359,626	$823,990
FY16 Budget	$91,273,548	$1,372,109	$833,845

BATH NATIONAL CEMETERY

The National Cemetery was dedicated on December 25, 1879. Thousands of veterans and their spouse are interred in this cemetery. On June 30, 1988, the remains of 28 Americans who fought and died during the Indian Wars at Fort Erie, Canada, were repatriated and reinterred at Bath. There are five (5) Medal of Honor recipients buried at Bath and numerous new internments are conducted weekly.

CLOSING

The Executive Team and staff at the Bath VAMC were extremely helpful in providing the information requested and providing a conference room for our visitation. The history of the facility is overwhelming and should be shared with everyone.
Power points can be provided if so requested.

VA New York Harbor Healthcare System
(Brooklyn and Manhattan Campus')

BROOKLYN VAMC

Date of Visit: January 27 – 28, 2016

Task Force Members: Mary McLoone, Vice Chair
Dennis McLoone, Member
Anthony Pergola, Member

Overview

The VA New York Healthcare System (VA NYHHS) is the only 1a complexity level facility within VISN 3. It consists of three (3) campuses located in Bay Ridge, Brooklyn; the East side of Manhattan; and St. Albans, Queens. VA NYHHS has Ambulatory Care Centers at all three campuses as well as the Community Based Clinics (CBOCS) in Harlem, downtown Brooklyn and Staten Island.

Leadership

The visitation began with an executive meeting with the Deputy Chief of Staff, Dr. Patrick Malloy; Associate Director, Kathleen Gaine; Surgical Care Line Manager, Sheila Britton; and Performance Improvement Manager, Kim Arslanian. (Director Martina A. Parauda and Chief of Staff, Dr. Simberkoff were at a meeting in Albany). The staff reported VA NYHHS does not have any significant issues scheduling timely appointments. The task force asked the leadership members what they would improve in the system. They verbalized the I.T System is antiquated. Due to budgetary constraints, Dr. Malloy expressed concern regarding the difficulty in sending doctors out of the facility for additional training and/or conferences. This impacts on recruiting and retaining medical personnel.

A major concern expressed by all was the need to get the word out about what is available in the different facilities. They recommended more is needed to show the positive side of the VA. It is discouraging to see and hear only the “negative occurrences” in the media. More should be done to inform the public of all the good things the VA does.

We asked about the need for a larger shuttle van to bring veterans from the Staten Island CBOC to the Brooklyn campus. We were told a new larger van accommodating 24 passengers is on order and should be available in the next couple of months.

Patient Representative

The task force spoke with Charles Sanky, Social Worker, Patient Representative Staff Manager. He reported female Veterans are not using the VA services that are available to them in large numbers. We spoke about the itemized list of complaints generated for each facility in the VA NYHHS. He or his staff will follow up on all complaints. When there is no staff member on duty, the person may leave the complaint on an answering machine (718) 630-3510). He reported the I.T. system is not user friendly. We spoke about the closing of a 25 bed inpatient unit last year. He reported a huge number of complaints were expressed initially; however, he has not received many recently.

As per Kim Arslanian, Performance Improvement Manager: The VA New York Harbor Healthcare System evaluated how it could ensure fiscal solvency without adversely affecting the care provided to Veterans. Through better utilization of inpatient beds and continuing to look at ways to be more efficient it was determined that one inpatient unit at the Brooklyn campus could be closed. There are approximately 5 Veterans a month transferred to the NY campus. Any Veteran who requires an inpatient admission is admitted to an appropriate bed. Brooklyn veterans have been sent to the NY campus for the past several years for all interventional cardiology procedures

and neurological procedures. There is already an established mechanism for transfer between the 2 acute campuses.

Mental Health (includes PTSD and Suicide Prevention)

The team met with Dr. Adam Wolkin, ACOS/Mental Health; Kate Mostkoff, Suicide Prevention Coordinator, Mia Ihm; Natalie Going (PTSD); Jen DeLuca (OIF); Nancy Forman (OPD). The staff verbalized the difficulty in getting DOD records for the Suicide Prevention patients. According to the staff, the number of suicides for veterans who seek care in the VA is five (5) suicides per day. Also the WW II, Korean War and Vietnam War Veterans are at the highest risk for suicide. The VA NYHHS provides all of the services specified in the Uniform MH Services Handbook at the main campuses and CBOC's.

Most of the staff have been trained in CPT and/or PE and actively use these treatments with veterans. Additionally, we have staff trained in STAIR, and Seeking Safety therapies. All of the staff participate in the National Center for PTSD list serve and participate in the trainings, webinars, calls provided through them. We disseminate training information in our team meetings and regularly communicate about research and developments in PTSD treatment.

At Brooklyn, they have a staff psychologist with expertise in Women's mental health assigned to the women's clinic PACT teams.

The staff verbalized that centralized I.T. is not a good fit for assistance.

Dr. Wolkin suggested we need better public relations for the staff to the veteran community. A great deal of good work is being done by our clinicians; yet people only hear the bad occurrences at the VA.
This does nothing for the morale of the staff. The cohesiveness

of this team is obvious as well as their genuine concern for the clients they care for now.

Travel Program

The team met with Dawnmarie Nevins, Chief, HAS and Jun Oh, Asst. Chief, HAS. We discussed the concerns of the veterans regarding the delay in travel reimbursement. The VA must check the veteran: i.e.: Is the veteran in the system? Does the veteran have 30% or higher service connected status? Does he/she have an M.D. appointment? Payment is rated at $ .41.5 per mile plus tolls. Paperwork must be submitted within thirty days of the appointment. According to the staff, this criterion has to be met. Ms. Nevins spoke about a new Veteran-Transfer-Program which would be a two-year program. Transportation would be provided for Hospital discharges in special testing areas.

Non-VA Care

VA CHOICE did not affect their facility budget since this program is sustained by National level via Contract. No Veteran who resides in New York Harbor catchment area lives more than 40 miles away from the VA medical center which includes CBOC's. Currently, the following women health care services are fee-based/contracted out: Infertility, Maternity care, and Breast and Reproductive Oncology.

Transition and Care Management (OEF/OIF/OND)

The task force met with Richard Pinard, TCM Coordinator, Kathleen Dimuzio, LCSW, Readjustment Services, Christina Tsakos, Poly Trauma Case Management and Marva Miller 9W Primary Care Nurse. The team stated the VA has difficulties getting younger veterans to enroll, especially women. In order to accommodate the younger vets, they have a weekend clinic 8:00 AM – 4:00 PM and have later hours on Wednesday 10:00 AM – 6:30 PM. There is outreach to active duty personnel.

They have a Registry for Desert Storm/Persian Gulf sick call 8:00 AM – 11:30 AM daily. There are various screenings: PTSD, Depression, TBI, MST and more. The veterans are then referred to the appropriate personnel. The common illnesses/ injuries the veterans describe are musculoskeletal problems, mental health issues and /or PTSD. There is easy access to the women's clinic and there is a designated area for them. When the team was asked what changes they would like to see, they verbalized: Access to DOD medical records of the veterans and they requested a dedicated Service Officer for the Brooklyn campus. The team spoke about a Caregiver Support Program for Post 9/11 Vets. A Social Worker would determine the veteran's eligibility for this program.

Women's Health Program

The task force met with Betsy Ruiz, Women Veteran Coordinator. She spoke about the need to increase the number of woman veterans utilizing the VA. She shared posters specifically designed to encourage woman veterans to come to the VA. These posters would be placed throughout the facilities. The Women Veteran Project Manager is a full time position; however, they have collateral responsibilities: Maternal Care Coordination assigned to NYH WVPM; Breast Care Coordination assigned to BK WVPM). The incumbent WVPM also works regularly with Fee Basis, acquisitions and contracting to have input on contracts or Non-VA Care outside referrals that impact the delivery of services to women veterans. She spoke about the problems with non-VA care and felt the Vet Choice is not a good method especially for pregnant women in high risk situations. The VISN telephone line for women goes directly to the women's clinic. The upcoming Women's Health Clinic construction project is scheduled to be completed in February or March 2016. This new area will offer child care services for children when parents are waiting for an appointment. Ms. Ruiz spoke about the many outreach objectives such as mailings, public speaking, public service announcements, educational

seminars and workshops or forums where woman veterans have the opportunity to provide and obtain feedback to program, staff and facility management. Another important outreach objective is to partner with leaders from all applicable programs such as the Outreach Specialist/Minority Veteran Coordinator, Transition Care (OEF/OIF/OND) Program Manager, Military Sexual Trauma Coordinator, Homeless Coordinator, Eligibility Experts etc. to ensure that during outreach efforts every woman veteran has the opportunity to obtain accurate information. Ms. Ruiz in collaboration with Facility Administration is dedicated to ensuring the dignity, privacy, sense of security and safety of every woman Veteran in all care settings.

Facility Tour

The task force toured many areas of the facility: Pharmacy, Hemodialysis unit, Emergency Department, ICU, Radiology Department, Dermatology department, several Outpatient departments and one In-Patient area. The facility was very clean and neat.

The task force discussed the ongoing parking situation with the Director. The razing of Building 3 on the Grounds will help to ease the congestion. This is an upcoming temporary solution. The Director said there is always going to be a problem in this area. The facility has a finite amount of land and can use only what it has for parking.

MANHATTAN VAMC

Date of Visit: March 15, 2016

Task Force Members: Mary McLoone
Dennis McLoone
Anthony Pergola
John W. Kavanagh

New York (NY) Campus

The NY Campus is also a tertiary care facility which has bed services in acute medicine, surgery, acute psychiatry, neurology, and rehabilitation medicine. This Campus is the VISN 3 Referral Center for Interventional Cardiology (i.e. Angioplasty and stenting), Cardiac Surgery and Neurosurgery. New York also has a Urology Stone Center. The facility has been at the forefront of clinical care and research for patients with HIV/AIDS since the beginning of the epidemic. It is the only Veterans Health Administration facility to house both a designated clinical care unit and Research Center for AIDS and HIV infection. (RCAHI). The New York campus is affiliated with New York University (NYU) school of Medicine, NYU Dental, and other Nursing and Allied Health Programs.

The Task Force met briefly with Director Martina Parauda and the NY campus Leadership Team.

MST Manager

Met with Marion Creasap, NP and Sheila Keezer, CNS. They discussed the services that are available for all veterans regardless of gender. They encourage all veterans to come in and talk. They work with other disciplines to address the Veterans' needs. The number of MST events is increasing. This may be due to increased reporting and/or increased awareness about

this situation. The compassion, concern and professionalism expressed by these women was most apparent.

Eligibility

The task force met with Jennie Cruz and Tenzin Dolkar. They spoke about basic eligibility, minimum duty requirements and the enrollment process. It was very clear that the Veterans should visit this staff to get correct, up to date information. The staff verbalized they were understaffed, needed more answering machines so the incoming calls can be acknowledged in a timely fashion. Since this department shares a waiting room with the Travel Department, the staff suggested the seating be color coded to identify what department the Veteran is waiting for.

Women Program Manager

Spoke with Jennifer Friedberg about available services for women. When asked about the Choice Program regarding women with high risk pregnancies and infertility problems, she expressed concerns about care being received in a timely fashion. Many services are available for women Veteran, but we need to get the word out about these services. Greater emphasis should be made to market WH services in the community. Also include women Veterans in signage and marketing materials across the facilities. There is a designated area for women Veterans; however, there is a problem if the women veteran comes to the facility with children. Ms. Friedberg works closely with the Patient Representative. She expressed the need for a dedicated clerk in her area and stated a GYN Oncologist would be a nice addition to their services.

Primary Care Services

The Primary Care Services and the Patient Aligned Care Team (PACT) Program are located on the 9th floor. On this floor, there

are areas dedicated for general primary care/PACT (9South); Academic (resident/trainee) PACTs (9North) and specialized PACTS and programs including geriatrics, women's health, diabetes/MOVE and OEF/OIF/ONF (9West). On 9 West, there is a designated area for Women's Health.

Facility Tour

There is no parking at this facility. A shuttle bus between facilities is the primary method of travel.

We visited the newly renovated 9th floor which was built after Hurricane Sandy. We visited the Critical Care Units, Cardiac Catheterization Unit, MRI Suite, Rehabilitation Department and the Prosthetics Department.

Town Hall Meetings

Prior to the Facility Site Visits, Town Hall Meetings were held in the following locations: Staten Island, NY --- Gold Star American Legion Post # 1365 Brooklyn, NY --- Canarsie American Legion Post #573. During the town hall meetings several issue were brought to our attention. Parking at the facilities is a problem. There are insufficient parking spots at the Brooklyn campus and Staten Island CBOC and there is no parking at the Manhattan campus. The present Shuttle buses are either too small or do not run frequently enough. Scheduling of appointments are overbooked and understaffed causing long delays. Insufficient information given to the veteran regarding available services in the VA system. The negative publicity about the VA and all their deficiencies causes a general mistrust of the VA. This is unfair to those VA workers who do a good job.

Recommendations:

Increased PR is needed to inform all veterans about the services available in the VA. Increased emphasis should be placed on the positive accomplishments at these facilities.

Improve transportation for the Veterans to get to their appointments in a timely fashion.

Since the number of women Veterans is increasing, the services in the VA must also increase to meet their needs. i.e. Choice Program for pregnant women. When the service is not available at the VA facility itself, the Veterans should be able to get the required care ASAP.

Leadership verbalized the need to maintain and improve the infrastructure of the building. Sufficient funds should be available to accomplish this.

Staten Island Community Based Outpatient Clinic (CBOC)

Date of Visit: December 14, 2015

Task Force Members: Mary McLoone
Dennis McLoone

The Staten Island CBOC is a VA employee facility with an operating budget of $2,532,993 for FY15 and projected budget of $2,535,929 for FY16. The Task Force members met with Kim Arslanian – Performance Improvement Manager; Abdul Saleh, MD – Primary Care MD; and Migdalia Cartagena – CBOC Manager. Due to staffing issues, no other staff were available to be interviewed.

The challenges they face on a daily basis is: Coverage for vacancies, vacations and sick leave because of the remote location from main facility. Staff shortages are significant: 1 FT PACT RN, 1 FT PACT LPN, 1FT SW, 0.5 FTE PACT Psychologist, 0.8 FTE Clinical Psychologist, 0.4 FTE Mental Health provider, and 1 FTE Health tech. A FT Psychologist is starting this week and the FT Social Worker will be starting shortly. A major concern is the length of time it takes for the vacant positions to be filled. A position can be vacant for a year or longer. Although assistance is sent from the Brooklyn campus when available, the remaining staff is often overworked. In follow up visits to the clinic we were able to speak with other personnel not available in the original interview. According to the staff there is a need for additional front desk personnel.

A second challenge is limited storage space. Every room is utilized and there is no growth potential in existing space.

A third challenge is concern over potential increase in rent when the lease is due for renewal.

The facility has phlebotomy capability but not Imaging capability. Veterans must go to the main campus for X-rays.

The phone system is antiquated.

There are insufficient parking spaces for the Veterans especially for those with a handicap leaving them to walk long distances.

Transportation to the other VA facilities is often difficult. Presently, there is a 10 seat shuttle bus that travels to the VA Hospital Brooklyn campus twice a day and returns back to the clinic twice a day. It is by appointment only. The bus is too small and often there is no room. VA leadership informed us that a 24 seat shuttle bus will be available for the CBOC in the near future. If needed the CBOC staff coordinates with DAV to assist Veterans to get to their appointments, which is sometimes problematic.

We spoke about the length of time it takes to resolve eye glass problems. It will take several weeks to get a replacement if the prescription needs to be changed, leaving the veteran with no eye glasses until it is resolved.

In spite of the issues noted above, the CBOC runs very well. The staff is professional, friendly and demonstrates a sincere concern for the Veterans. The Veterans on Staten Island are very happy to have the CBOC here.

Syracuse VA Medical Center

Date of Visit: Feb 1-2, 2016)

Task Force members: Steve Bowman, Vice Chair
Michael Boprey, Member
Denise DiResta, Member
Tim Walsh, Member

Overview

The Site Visit primarily focused on the following areas:

Executive Leadership
Mental Health
Veterans Homelessness
Suicide Prevention
Enrollment (Business Office)
Patient Advocacy
Military Sexual Trauma (MST)
OEF/OIF/OND Programs
Quality Management
Women Veterans Programs

The goal of the Task Force was to review operations in the above mentioned areas to assess timely, effective, and quality healthcare for our veterans within the VISN.

The Syracuse VAMC is a 136 bed general medical and surgical referral center and also operates a 48 bed Community Living Center. It is a teaching facility affiliated with State University of New York (SUNY) Upstate Medical University and operates Community Based Outpatient Clinics (CBOCs) in Massena, Watertown, Auburn, Rome, Oswego, Binghamton, and Tompkins/Cortland in Freeville to serve over 125,000 veterans in a 13 county area in central and upstate NY. The facility is conveniently located and easy to navigate to. The parking is

ample. The entire staff seemed genuinely happy and extremely helpful, as it was seen numerous times of staff greeting patients while in hallways and always going the extra mile to ask them if they need assistance. The staff atmosphere was more than friendly and purely genuine.

The Task Force was met by Mr. Bob McLean, SVAMC Public Affairs Officer, who oversaw the visit to the facility. He was very knowledgeable and accommodating to the members of the Task Force.

Day one started with a Welcome/In Brief with members of the Execute Staff. This consisted of James Cody, Medical Center Director, Richard Kaufmann, Interim Network Director, Dr. Judy Hayman, Associate Medical Center Director, Dr. S. Asif Ali, Chief of Staff, Cheryl Czajkowski, Associate Director Patient and Nursing Services, Ginger Mitchell, Health Systems Specialist, Richard Kazel, External Medical/Surgical Care Line Manager, and Bob McLean, Public Affairs Officer. Discussed were matters related to budget, personnel, and construction ongoing at the SVAMC

The facilities overall operating budget for FY14 was around $256M and was increased to $283.6M in FY 15. The projected budget at the time of the visit was estimated to be at $292.8M for FY16. When asked if this budget amount was adequate to meet the facility's needs, staff were in agreement that it was, however, challenges to this were discussed. Included in this discussion:

1. 2016 construction budget was significantly less than was anticipated, making it difficult to implement strategic construction plans.

2. Management of the Veterans Choice program. This is contracted away from the VA and was of concern by all. There is also more confusion to the veteran, on average,

most veterans do not understand the program at all. The team was made aware that the veterans choice program operating budget is not part of the SVAMC budget, and that they still operate the Non-VA (fee basis) program and another program called Choice First. To have three separate programs to accomplish the same goal is too confusing, not only to the veterans themselves, but the those in the VA, from the clinician to the billing office. It is highly recommended the VA streamline these and make them more efficient and transparent. Allowing the VA business office to handle this all, as well as have one program would be a start. Also discussed by the team was the lack of explanation by the VA to the veterans when issuing and implementing the Veterans choice program. Recommend the VA clearly publish the goals and procedures of the Veterans Choice Program so that our veterans and VA staff have a concise and efficient understanding. Veterans were mailed a card with almost a complete lack of explanation as to how it was to be used, and has created frustration from veterans directly from the beginning.

3. Continued challenges in recruiting for specialty physicians and psychiatrists as well as surgical techs and specialty nurses. To combat this, the VAMC has partnered with their academic affiliate by sharing appointments and salary lines in an ongoing effort to maintain adequate coverage of staffing. Although the federal pay freeze has been lifted and the VA has implemented higher rates of pay for health care professionals, along with increased recruitment and retention bonuses as well as other incentives, the impact of competition from the private sector continues to be an issue in this area. Discussed with staff was concern of constant turnaround of health care providers and as a result veterans were voicing their concern over having to see a new provider almost every year or more. This is more often occurring in the clinics. When asked about this, Mr. Kazel discussed the Patient Aligned Care Team (PACT) implementation, and that by having a team of health care professionals to treat

a veteran it leads to more continuity and consistency in the event of personnel changes.

4. Patient wait times were discussed as well. The average wait times reported for primary care patients was 3.86 days, 6.82 days for specialty care clinics, and 3.27 days for mental health appointments. Extremely commendable.

Sections of the medical center that were visited:

Mental Health

1. Met with Dr. Tanya Williamson. Impressed with overall services provided and improvements/implementations made. Of note: Full implementation of secure messaging through MyHealtheVet. Utilization of a morning “huddle” phone call by outpatient mental health services, inpatient, and the CBOCs to discuss admissions, pending, and completed discharges for continuum of care; noted as a best practice from VACO. Utilization of triage team for resolution of urgent issues. Increased use of telemedicine to include PTSD group therapy, especially helpful to those veterans in our most rural areas. The Mobile Outreach and Transition Team (MOTT) was also discussed, and noted that it was also noted as “best practice” from VACO. The MOTT was explained as intensive, short term case management to new unique veterans, those underserved in rural communities, and veterans in crisis, however, it was of concern that the area they did not cover was Jefferson, Lewis, and St Lawrence counties, the area furthest from the SVAMC and one of the most underserved of areas. However, Dr. Williamson explained that coordination with local private entities and follow up did ensure that the area would be covered when the need arose.

2. Veterans Justice Outreach. Recommendation made to market this more in the most rural areas, as well as more access to the POCs.

Suicide Prevention

1. Met with Saba Ocasio, Suicide Prevention Coordinator. It was reported that there were 59 suicide attempts for the catchment area in 2014 and that number rose to 86 for 2015. Of those numbers, there were 0 completions for females for both years, and for men, 2014 had 2 completions and 4 in 2015. The Syracuse VISN average is lower than the national, and their program has been put in for a VA "strong practice" award.

2. When asked about trends, it was noted a rise in completions in rural areas, specifically for age groups 18-30 and 55+. Given this fact and mentioning the lack of MOTT in some of the most rural of the VISN, recommend more presence/ resources dedicated to this underserved area.

Enrollment (Business Office)

1. Met with Mike VanZummeren, manager. Office is responsible for enrollment services, eligibility, Insurance billing, Tricare, and Information Management.

2. Discussion was made concerning how the non-fee basis care, Veterans Choice, and Choice First all operate differently and the offices responsibility and oversight over each one. From this discussion, it is highly recommended the VA give oversight of these to each central business office and merge the programs into one.

3. Question was asked if ID card making capability was available at all CBOCs. It is not at the present time. Recommend the facility enable this capability to all CBOCs to better serve those veterans. A veteran must present with proper ID in order to have a picture taken for issuance of an ID card, they cannot do this by mail, and should not have to travel over 1 hour to do so either.

Patient Advocate

The Patient advocate for the SVAMC is Colleen Lancette. Concerns were voiced from all task force members that there is only 1 staff for this office. Ms. Lancette explained that the goal was to utilize front line advocacy in addressing patient complaints/concerns/issues. This was to appoint a POC in each area and clinic. We are hopeful that this approach of "solving problems at the lowest level" makes improvements to patient concerns in this area. It was mentioned that this department was noted as being difficult to contact by veterans. As the present media perception and amount of patients within the VISN, recommend that the facility increase staffing for this vital

Military Sexual Trauma

1. Janice Creamer, Coordinator. In discussion with her, she is the POC for getting MST veterans access to VA Medical healthcare and services. Her office provides education to medical center, Behavioral health, and CBOC staff in treatment of both male and female MST veterans. Her use of "in-place" resources is exceptional in a time of reduced budgets, as this program is not a funded component by itself. She also provides outreach.

2. There currently is a MST group for women veterans, but Ms. Creamer stated she would like to see one for men veterans as well. Recommend this be taken as to not look over the male veterans subjected to MST, and implementation may encourage others to come forward for care who otherwise may have not.

Women Veterans Program

1. Program is managed by Mary LaRussa. A tour of the Womens Center was given. This “one stop shop” is a showcase of the facility. From the waiting area to the fully private patient rooms, the area was lauded by the team.

2. The center offers gender specific specialty services such as group counseling, MST, pharmacology, urology, gynecology, primary care, mental health, physical therapy, as well as maternity care.

3. When asked what could increase enrollment, daycare services and a budget specifically for Women veterans’ health. Recommend this as well as more advertisement to the veteran’s community.

4. Again, this team was most impressed by the entire Women veterans program and clinic at the medical center.

Tour of the facility was given by Mr. McLean. Highlighted was the spinal cord center, newly completed compensation and pension exam area, and the Community living center. The facility is outstanding and Mr. McLean’s professionalism and assistance given to us leading up to and during our tour made our visit seamless. He is to be commended. The American Legion thanks the Syracuse VAMC for the time to open their doors to us and take our recommendations into consideration in making the VA healthcare system the best it can be for our veterans.

VA HEALTHCARE FACILITY VISITATION PROGRAM TASK FORCE MEMBERS

R. Michael Suter*
Chairman, Veterans Affairs and Rehabilitation Committee

Patrick R. Rourk*
Chairman Department NY Healthcare Subcommittee & Chairman, VA Healthcare Facility Visitation Program Task Force and Trainer

Steven W. Bowman*
Northern Vice Chairman
Director, Clinton County Veterans Service Agency

Michael Boprey*
Director, St. Lawrence County Veterans Service Department

Denise DiResta*
Director Warren County Veterans Service Agency

Tim Walsh,
Past County Commander
Schenectady County

Mary LaManna McLoone
Southern Vice Chairwoman
Past County Commander, Richmond County & the Department of New York
Co-Chairwomen Women's' Rehabilitation Sub-Committee

John Kavanagh*
Department of New York Service Officer New York City Regional Office

Dennis McLoone
Past County Commander
Richmond County

Anthony Pergola
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Frank Hollister*,
Western Vice Chairman
Retired Director, Livingston County Veterans Service Agency

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Retired Director, Yates County Veterans Service Agency

Lynda Pixley
Past County Commander,
Niagara County

Bill Wilkinson*
Retired Veterans Service Officer
Wyoming County Veterans Service Agency

TOWN HALL MEETING

COME VOICE YOUR OPINIONS

The topic of discussion will be

VETERANS ADMINISTRATION HEALTH CARE

All Veterans welcome

Legionnaires and non-Legionnaires

Place: Gold Star American Legion Post #1365
Location: 17 Cannon Ave., Staten Island, NY 10314
Date: December 14, 2015
Time: 1:00pm – 2:00 pm

For more information contact: 718-698-1976

TOWN HALL MEETING

COME VOICE YOUR OPINIONS

The topic of discussion will be

VETERANS ADMINISTRATION HEALTH CARE

All Veterans welcome

Legionnaires and non-Legionnaires

Place: Canarsie American Legion Post #573
Location: 1130 East 92nd Street, Brooklyn, N.Y. 11236
Date: February 24, 2016
Time: 7:00 – 8:00 pm

For more information contact: 718-698-1976

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