



# The American Legion Department of New York Annual Medical Facilities Healthcare Report 2016-2017

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*Buffalo Veterans  
Medical Center*



*Batavia Veterans  
Medical Center*

*Northport Veterans  
Medical Center*



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**John B. Sampson**  
Department Commander 2016-2017

**James W. Casey**  
Department Adjutant



*Catskill Community-Based  
Outreach Clinic*

*Kingston Community-Based  
Outreach Clinic*



*Fonda Community-Based  
Outreach Clinic*

*Schenectady Community-Based  
Outreach Clinic*



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# **The American Legion - Department of NY ANNUAL VA MEDICAL FACILITIES HEALTHCARE REPORT**

## **EXECUTIVE SUMMARY**

VA Medical Facilities Healthcare Report 2017

By Steven W. Bowman, 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 at 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 12VAMCs and 39 traditional community Contract CBOCs, 3 additional VA staffed CBOCs, 2 Domiciliary (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 the Syracuse VAMC a Center of Excellence for its Operation Enduring Freedom/Operation Iraqi Freedom and Polytrauma programs, within the state borders.

The first two year's visits were completed in the spring of 2015 and 2016 respectively and the Annual Medical Facilities Healthcare Reports were rendered in July of that year under the auspices of the Department Commanders Frank J. Peters (2014-2015) and James V. Yermas (2015-2016) and James W. Casey, Department Adjutant and the Veterans Affairs and Rehabilitation Committee and first Task Force Chairman, R.

Michael Suter and second Task Force Chairman, Patrick R. Rourk.

Immediately upon the conclusion of the 2016 The American Legion Department of New York Convention, Mr. Suter appointed Steven W. Bowman (a previous Vice Chair of the VA Medical Facilities Healthcare Task Force) as the 2016-2017 VA Medical Facilities Healthcare Task Force Chair.

As of this year, prior to each visit the Task Force Chairman sent a letter to the VISN Director apprising her of the continuing work of the task force and eliciting her 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 health care, physical plant, and gender specific issues.

In addition, this year focused in specifically on the access to care in the community. The visits themselves examined the overall challenges, staff shortages, fiscal operations and enrollment, accessibility and continuum of care, with reviews of the community based clinics, outreach, telehealth, telepsych, long-term care and referral process.

## **KEY FINDINGS:**

### **Leadership Teams**

All the visitation reports had good things to say about the leadership teams at each of the 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 hospital, a more proactive hiring policy needs to be addressed. Continued shortages that have been noted for extended periods of time are indicative of a recruiting program that needs an overhaul. 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. 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. Shortages at the Community Based Outpatient Clinics (CBOCs) are of great concern because it impact access to primary care (the first line of care for all veterans). Additionally, shortages in specialty care such as Mental Health and women Veteran specific providers were noted in several visits. We also saw appointment delays in several locations due to staffing shortages or turn-over.

In one specific location, we saw where staff shortages and awareness negatively impacted the homeless women veterans' access to the Grant & Per Diem programs. Additionally, we noted that staffing problems appear to persist in Community Based Outpatient Clinics (CBOCs) that are at greater distances from the VAMCs. All of which happen to be Contract clinics.

### **The Veterans Choice Program**

The Choice Program has significant limitations throughout much of VISN 2 due to the fact that most of the state of New York is rural. Whether in Long Island, Western New York, or somewhere in between, veterans continue to experience poor results through the Choice program. Lack of feedback from the contractor to VA Primary Care Providers and the fiscal staff frustrates VA Leadership. Veterans who are referred to Choice get inconsistent communications from the contractor and in some cases wait greater than 90 days for an appointment or get referred back to the VAMC. This is especially acute in the rural areas where specialty care providers simply are not available for the Choice program. We believe that much improvement could be gained by cancelling the Choice contract and simply adding staff to Fee Basis offices where they already know what services are available in the community.

### **Mental Health and Military Sexual Trauma**

During our visits, it was gratifying to note the concern and compassion expressed for Veterans across the VISN. The true professionalism was obvious to team members.

However, staffing problems has persisted that severely limits female veterans access to Mental Health providers at both the Northport VAMC and the Buffalo VAMC. In both locations, there does not appear to be a problem for male veteran access to mental health providers.



## **Other Noteworthy Concerns**

As our teams toured the VA facilities, we saw beautiful areas designed for the veteran patients. We experienced the outpouring of concern that the veterans were being treated with respect. We also noted several areas that required attention by leadership.

During the Town Hall Meeting preceding the visit, there were concerns by several veterans, for the cleanliness of the Operating Rooms at the Northport. We also discussed the parking limitations at both the Northport VAMC and the Valley Stream Community Based Outpatient Clinic (CBOC).

Additionally, discussion about “off-shift” staffing for veterans of OEF/OIF/OND has started to resonate throughout VISN 2. While some locations have taken the steps to provide flexibility in scheduling appointments on “off hours”, others are only now trying to justify the need. When we look at the ages of the veterans that served during this era, we realize they are still working. Many work so they can feed their families and do not jobs that provide ample sick leave. So, the move to providing flexible appointments to meet the needs of the veteran is positive and can only be applauded by this task force. We encourage you to take more steps to make healthcare available in off hours to veterans of all eras throughout the VISN.

## **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 Veterans 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 expand these good efforts.

This report brings the results of our third 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 for 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 for hiring practices, improvements in facility maintenance can and will enhance a **“System Worth Saving.”**

## **VA WESTERN NEW YORK** **HEALTHCARE SYSTEM**

VA Western New York Healthcare System (VAWNYHS) is part of the VA New York Healthcare System (VANYHS), VISN 2. VAWNYHS is an integrated; university based Healthcare System academically affiliated with the State University of New York (SUNY) at Buffalo. VA Western New York Healthcare System consists of two campuses located in Buffalo and Batavia as well as seven Community Based Outpatient Clinics (CBOCs) in Dunkirk, Jamestown, Lackawanna, Lockport, Niagara Falls, Olean and Springville.

## **Buffalo VA Medical Center**

### **Date of Visit:**

February 6-7, 2017

### **Team Members:**

Lynda A. Pixley, Vice Chair

Frank Hollister, Member

William Joyce, Member

Bill Wilkinson, Member

### **Overview**

Buffalo VA Medical Center opened in 1950. The VA Medical Center provides medical, dental, surgical, mental health, and long term care through inpatient and outpatient programs. The Willow Lodge is a Community Living Center located within the facility providing restorative and rehabilitative care.

VA Western New York Healthcare System provides onsite child care for Veterans attending scheduled appointments at the Medical Center. Kids Korner opened in October 2011 and is the first of four pilot programs in the US. This free service is available weekdays from 7 am to 5:30 pm by calling 716-862-8802 to make an appointment for children ages 6 weeks to 12 years old.

The Buffalo Campus offers an off-site Adult Day Healthcare Program, a Psychosocial Rehabilitation and Recovery Center and a Health Care for Homeless Veterans Program.

The Site Visit started with a welcome by Ms. Christine Krupski, Program Specialist. Ms. Krupski was available to assist members with directions, questions and provide general guidance.

**Executive Leadership**

The Task Force met with Executive Leadership and support staff. The Medical Director is Brian G. Stiller, the Associate Director is Royce Calhoun, Danielle Bergman is the Assistant Medical Director, Dr. Grace Stringfellow is Chief of Staff and the Director of Patient/Nursing Services is Patricia H. Lind.

There was discussion between those attending the meeting about the challenges Veterans face when seeking healthcare at VAWNYHS. Barrier noted were eligibility and the high number of individuals receiving Samaritan Care given at the facility. Staff vacancies are also impact healthcare at the facility. The conversation then focused on ways to manage with these topics.

**Business Office/Enrollment**

There are 93,990 veterans in the eight-county catchment area of VAWNYHS. Only 44,335 (47%) of these veterans are in VAWNYHS and of those enrolled 2,842 are women. Facility funding for CTC has decreased approximately \$10,000,000 for FY17

NON VA CARE	
FISCAL YEAR	BUDGET
FY 2015	\$24,368,082
FY 2016	\$28,638,945
FY 2017	\$17,674,394

*Unique appointments, males and females in FY15 and FY16*

Site	FY15			FY16		
	All Gender	Female	Male	All Gender	Female	Male
Buffalo	449,773	40,885	408,878	455,838	41,107	414,561
Batavia	48,523	4,879	43,644	45,714	4,003	41,703
Jamestown	12,812	981	11,831	11,828	851	10,977
Dunkirk	8,960	713	8,247	7,246	504	6,739
Niagara Falls	9,340	765	8,575	9,365	749	8,615
Lockport	5,256	240	5,016	4,711	213	4,493
Lackawanna /Springville	12,462	838	11,624	14,920	1,000	13,917
Olean	9,604	882	8,722	8,995	755	8,237

**Transitional Care (OIF/OEF/OND)**

Members of the Task Force met with Kathy Smythe, MS, LCSW and her staff in the Transitional Care Center. The staff was warm and welcoming as they introduced themselves. They explained their roles and the resources available to the veterans and their families. Veterans from all War eras may be seen in this area.

There are 2.5 case managers with approximately 300 veterans per case manager. They provide outreach to pre and post deployment military installations, community events, VA events and CBOCs, and we have an annual Welcome Home Event as well as martial and bereavement support. There is continual education to the veteran and family members.

The case managers assist all of our Veterans with access to care and track them over time. Every new Veteran in the care

management system is contacted by telephone and is sent a letter every 3 months to ensure appropriate care is provided.

### **Women’s Wellness Center**

Jill Lamantia, NP met with members of the Task Force to discuss the Women’s Wellness Center. We discussed a few barriers/challenges women Veterans face when seeking care at the facility.

The biggest is the lack of space in the treatment area. There are 14 staff members currently working in the Women’s Wellness Center. The Women’s Wellness Center originally had 3 staff members; it was built for 1 provider. Jill reports they are contracting for renovations to increase the treatment area.

<b>Site</b>	<b>Number of women</b>
Buffalo	1604
Batavia	226
Jamestown	93
Dunkirk	84
Niagara Falls	91
Lockport	69
Lackawanna/Springville	133
Olean	117
CHAMP VA	800

Maternity care is provided by non-VA care (not Choice program). The veterans are seen as soon as the OB doctor wants to see them, usually at about six (6) weeks. The Maternity Coordinator at the VAMC will monitor and follow the veteran also. A lactation package is sent out on the initial visit. Jill attends all new employee orientations educate staff about the Women Veterans Program. Breast Surgery and reconstructive surgery are performed at the Buffalo VAMC.

Another significant barrier is the lack of a psychiatrist available in the Women's Wellness Center.

Education is needed to let female Veterans know about eligibility for healthcare. VA health care is promoted at events such as Go Red for Women – Feb 3, 2017), Women History Month (March 2017), Stand Down, and Welcome Home.

### **Patient Advocate**

The members of the Task Force met with Carol Griffith, Nicholas LaMarca from the Patient Advocate Office and Christine Krupski, Performance Management Specialist. The staff report complaints and issues brought forth by Veterans are communication issues related to Choice Care, medication renewals, travel reimbursement, and delay in care.

The Patient Advocate staff report they are educating the veterans to resolve some of the listed complaints and issues. They are also sending letters to get the information to the Veterans when changes occur. The staff members are also being educated and trained when changes occur.

Day two started with meeting the VA staff members who care for Veterans dealing with or are at risk for mental health/behavioral health issues, suicide, or homelessness: Ahmed Syed, MD, Chief of Psychiatry; Jill Murray LCSW, Behavior Health Care line Manager; Joan Chipps, LCSW-R



Behavioral Health Clinic Manager; Rebecca Welch, Military Sexual Trauma Coordinator; Katie Coric, LCSW, Suicide Prevention Coordinator; Jesus Ligot, MD, Psychiatrist, and Dr. Matthew Abrams, Psychologist.

## **Mental Health**

Inpatient and outpatient mental health care services are provided for both female and male Veterans. Outpatient mental health services include individual, group, family, and couples therapies. Evidenced based – research supported therapy as well as medication intervention are available.

The facility has 3 treatment wings on the 10<sup>th</sup> floor: inpatient, Behavioral Health, and Substance Abuse Residential Rehabilitation Treatment Program (SARRTP).

*Evidenced Based Therapies include:*

*PTSD:*

Cognitive Processing Therapy (CPT)  
Prolonged Exposure Therapy (PE)  
CPT and PE via Tele-Mental Health

*Depression:*

Acceptance & Commitment Therapy (ACT)  
Cognitive Behavioral Therapy (CBT)  
Interpersonal Psychotherapy for Depression (IPT)

*Behavioral Health:*

Cognitive Behavioral Therapy for Insomnia (CBT-I)  
Cognitive Behavioral Therapy for Chronic Pain (CBT-CP)

*Motivational Enhancement:*

Motivational Interviewing (MI)

## **Military Sexual Trauma (MST)**

Military Sexual Trauma Coordinator, Rebecca Welch met with the Task Force members to discuss the screening and treatment programs in place for male and female Veterans. VAWNYHS automatically conducts MST screening for every Veteran.

Talent Management System (TMS) was mandated in FY12. How many of your mental health and primary care clinicians have taken the Military Sexual Trauma (MST) training? 100%

In FY14 of the 99.3% of women screened, 29% were positive for MST experiences. In FY15 of the 99.7% of women screened, 31.7% were positive for MST experiences.

In 2015, MST related mental health care was provided to 65.8% females and 48.5% males.

## **Homeless Veterans**

Kristin Weese, LCSW, Homeless Veterans Program Coordinator and support staff provided information about the programs available to homeless Veterans or those at risk of becoming homeless.

There were approximately 1800 homeless veterans in the VAWNYHS catchment area in 2016 with 10% being female and 100 of them having children.

The members were able to tour an offsite homeless program facility.

- Drop – In Center (1298 Main St.)
  - 10,000 visits in 2016
  - 21 staff members and 13 vehicles.
  - Open Monday – Friday 8:30 – 4:30.
  - Provides laundry facilities, showers, clothing, telephone and computer access, job postings, and transportation to VAMC.

- Health Care for Homeless Veterans Program's
  - Assists Veterans who do not have adequate housing
  - Assists those dealing with mental health or substance abuse problems.
  - Provides clothing and toiletries to those in need.
- Buffalo VA "Veterans for Progress and Recovery"
  - Psychosocial Rehabilitation and Recovery (PRRC) program
  - Staff support/coach veterans as they work through the recovery process.
  - Staff includes a psychologist, Social Worker and assistants, Registered Nurse, LPN, Occupational Therapist and an Office.
- Outreach
  - Shelters, soup kitchens are provided to Veterans in need through Outreach.
  - This serves the 8 counties in WNY.
- Grant and Per Diem Program
  - Provide transitional housing up to two (2) years.
    - ❖ 34 bed facility for males (Alta Mont Program) on the East side of Buffalo.
    - ❖ 18 beds males in Liberty Hall at Batavia VAMC.
- Contract Residence
  - Provide emergency shelter for 60 - 90 days
    - ❖ Contract for 16 beds at facility for males in Pembroke, NY.
    - ❖ Contract for 3 beds at facility for males in Buffalo, NY.

- HUD/VASH (Housing for Development / VA Supported Housing)
  - Pilot Program in 1996 – 30 vouchers
  - 2008 - 35 vouchers
  - 2015 - 44 vouchers
  - 2016 - 25 vouchers
  - Current – 353 vouchers
    - ❖ Accommodates males, females or families with children.
- Veterans Justice Outreach Program (VJO)
  - Program assists Veterans who have had encounters with law enforcement, and the court system which in some cases leads to incarceration.

### **Suicide Prevention**

Katie Coric, LCSW, Suicide Prevention Coordinator and Behavior Health team members discussed programs available to Veterans at VAWNYHS. The orientation is one on one.

Veterans and their families are increasingly utilizing the Crisis Line, Chat Feature and Texting option to receive help from the VA.

Approximately 72 Veterans per month are followed by the Suicide Prevention Team. The team provides enhanced care and monitoring to reduce lethality.

In FY 2015 there were 105 suicide attempts with ten of those attempts being completed suicides. Of those 105 attempts 6 of the attempts were female, one of the completions being female.

<b>FY</b>	<b>Total attempted suicide</b>	<b>Female attempted suicide</b>	<b>Male attempted suicide</b>	<b>Completed Suicides</b>	<b>Completed Female Suicides</b>	<b>Completed Male Suicides</b>
<b>'15</b>	105	6	99	10	6	4
<b>'16</b>	82	5	77	6	2	4

In FY 2016 there were 82 attempts. Of the 82 attempts five attempts were female, with two of the completed suicides being female Veterans. There were a total of four male completed suicides of the 82 attempts.

<b>Age group in years</b>	<b>Completed Suicides</b>
25-35	8
36-64	2
65	6

High risk patients are put on a list and called weekly. Currently there are 60-70 high risk patients. There is a flow of information from other areas. Staffing cross coverage, suicide is everybody's business.

## **Batavia VA Medical Center**

### **Date of Visit:**

February 8, 2017

### **Team Members:**

Lynda A. Pixley, Vice Chair

William Joyce, Member

### **Overview**

The Batavia Medical Center opened its doors in 1933. It is located about 35 miles east of the Buffalo VAMC. The catchment area for the facility is Batavia to Syracuse to Bath.

VAWNYHS Executive Leadership oversees Buffalo VAMC and Batavia VAMC facility affairs. The Task Force members met with Assistant Director Danielle Bergman; Tonya Stonewell, LMSW, Primary Care Social Worker; Kimberly Kwietniewski, RN, MSN Geriatrics & Extended Care/Rehab Medicine Care line Manager, and support staff. The staff appeared genuinely happy to have at the facility, openly answered our questions and assisted us with needed information. We were given an extensive tour of the facility including the Women's Residential PTSD facility.

Batavia VAMC currently provides inpatient geriatric and rehabilitation services.

There are three geriatric units at the facility

- Maple
  - 20 bed unit
  - Provides private rooms
  - 3 pod nursing station
- Oak
  - 25 bed unit
  - long term care
- Pine
  - Up to 30 bed unit, 25-26 usually full
  - Semi-private rooms
  - Memory-care unit

Behavioral rounds are performed with the team and plan of care determined. Restraint free and no side rails are used. Two full time physicians and a high RN ration. There is always an RN in the Community Living Center. Home Based Primary Care is also provided. Dr. McDonald, Director of the program has NP managers to assist with caring for Veterans who need assistance.

Batavia VA provides the following onsite outpatient services:

- Primary Care
- X-ray
- Psychiatry appointments via telemedicine
- Ophthalmology clinic
- Audiology and Speech Pathology
- Laboratory
- Pharmacy
- Chiropractic – twice a week

# Springville Community Based Outpatient Clinic (CBOC)

**Date of Visit:**

February 9, 2017

**Team Members:**

Frank Hollister, Member

William Wilkinson, Member

**Overview**

The Springville CBOC is a contract facility with a contract until November 2020. The budget was not available at the time of the Site visit. The space provided for the facility is adequate at this time.

Springville CBOC hours are 8:00 – 4:30.

There were 16,000 visits in FY 2016 with 587 Veterans enrolled

The facility is fully staffed at this time. Challenges noted are transportation in order for the Veterans to receive treatment and finding Non-VA care.



# Lockport Community Based Outpatient Clinic (CBOC)

## **Date of Visit:**

February 9, 2017

## **Team Members:**

Lynda A. Pixley, Vice-Chair

William Joyce, Member

## **Overview**

The Task Force members met with Joan Rummell, LMSW and support staff at the Lockport CBOC. This facility is a contract facility with a contract until either September or October 2019. The actual budget figures were not available at the time of the Site Visit, but the staff reports the rate is based on Capitated Rate to Panel Operated.

Lockport CBOC current panel size is 1250, with 67-70 being females.

The clinic staffing consists of one Family Health Certified MD, full time Clinic Manager, one full time telehealth LPN, one Registered Nurse, a phlebotomist/medical assistant, a part-time Social Worker, a part time Psychologist, and a Family Nurse Practitioner who works one day a week. We were informed a full time LPN and a full time PA were hired but hadn't started.

The space provided for the facility is adequate at this time. The facility is has a shortage of staff at the time of the Site Visit.

Other challenges brought to our attention were the turn-over of staff at this facility, co-management of care/medication, and the ability to get information from outside providers.

## **Town Hall Meetings**

### **Warsaw Town Hall**

Lynda A. Pixley, Vice Chair

Frank Hollister, Member

William Wilkinson, Member

The Town Hall meeting was held at Walter Klein American Legion Post #532 in Wyoming County. There were 14 in attendance, both Veterans and family members. The Wyoming County American Legion Service Officer, Chris Reynolds attended the meeting. The local news media also attended the Town Hall Meeting.

Two challenges discussed when enrolling at the VA were income and the number of Veterans enrolling for VA Healthcare.

Veterans voiced concerns about the length of time it takes to get an appointment once an appointment is changed it may take up to two months. Another concern is when an appointment is changed the new appointment notification arrives in the mail after the appointment date.

The Veterans recommended more doctors/providers to provide a better quality of care and improve access to healthcare.

## **Batavia Town Hall**

Lynda A. Pixley, Vice Chair  
William Joyce, Member

The Town Hall meeting was held at Glen S. Loomis American Legion Post #332 in Genesee County. There were 7 in attendance. The Genesee County American Legion Service Officer, William Joyce attended the meeting.

The major concern voiced Veterans at the Batavia Town Hall was the inability to retain staff. There were numerous comments about retaining doctors and reduce turnover. Specifically, they felt there were problems with getting appointments with neurosurgery. Otherwise, most said they received good care.

The Veterans recommended hiring staff to provide quality care and improve access to healthcare. One veteran recommended re-staffing the facility with a physician who lives on campus to provide better healthcare to Veterans.

## **NORTHPORT VA MEDICAL CENTER**

Northport VAMC is a general medical and surgical hospital located in Northport, NY on 262 acres of land. It is affiliated with the State University (SUNY) at Stony Brook Medical School. The Medical Center maintains full integrated residency programs in general medicine and specialties in cardiology, endocrinology, hematology/oncology, pulmonary, nephrology, infectious disease, rheumatology, surgery and specialties in urology, orthopedic surgery, ophthalmology, podiatry, anesthesiology, dermatology, pathology and rehabilitation medicine, and this also includes mental health services at the 5 Community Based Outpatient Clinics (CBOCs). They are located in: Valley Stream, Bay Shore, Patchogue, Riverhead and East Meadow. The Medical Center provides the following Extended Care and Rehabilitation Programs: The Geriatric and Management Program (GEM), Short Stay Unit, Respite Program, Palliative Care Unit, and Nursing Home Unit. The Beacon House Program provides homeless veterans a place to live.

The overall medical center budget for FY'15 was approximately \$307 million; in FY'16 it decreased to \$278 million. FY'17 Budget to date (January 2017) was around \$102 million. Please note that funding for the 5 CBOCs is not broken out from the Medical Center's overall budget.

## Northport VA Medical Center

### **Date of Visit:**

March 1 – March 2, 2017

### **Team Members:**

Mary McLoone, Vice Chair

Dennis McLoone, Member

Frank LaMarsh, Department Vice Commander

Frank Neal, Nassau County Commander

Robert Reahl, VAVS Representative

Sonja Neal, Nassau County President

### **Leadership**

The task force met with Philip Moschitta, Director; Michael McCully, Associate Director and Joseph Sledge, Leadership Assistant. Mr. Moschitta spoke about the Medical Center and the future plans for a 120 bed assisted living facility on the campus. He hopes to upgrade the ICU, and patient care units. He envisions more services being offered in the CBOCs so the Veterans can remain closer to their homes. He informed the task force that the operating room ventilation problems have been corrected. He spoke about the many extracurricular activities they provide for their Veterans such as: one week retreat at a camp site south of Albany for women Veterans; bringing patients to Radio City and a restaurant in Manhattan; summer concerts and sports activities.

### **Town Hall Meeting**

Prior to the facility site visits a Town Hall meeting was held at the Babylon American Legion Post #94 in Babylon, NY. The meeting was well attended. The Veterans verbalized the following concerns: There are no services for pregnant women;

no mammography services. The women have to go to Stoney Brook Medical Facility. There is a delay for dental services and getting eye glasses. Many appointments are above 30 days. The Veterans did not have a positive word to say about the Choice Program. One Veteran saw a doctor in one of the CBOCs and didn't know who the doctor was. When doctors are on leave, there is no replacement. There is insufficient parking in both the Northport VAMC and the CBOCs. The DAV has a new van but they have smaller seats. There were some cleanliness problems in the medical surgical areas. Veterans verbalized a need for the staff to be more sensitive to their issues. The Veterans verbalized concern how the VA will handle more and more Veterans entering the system. On a positive note, the Veterans were pleased with their care at the Northport VAMC.

In regard to the appointments being longer than 30 days, it was proven statistically that this was not the case.

Northport VAMC received many awards including the Planetree Bronze Recognition and is the only hospital in New York State and one of only six VA Centers to receive this distinction.

Northport VAMC is participating in a pilot program offering VA-paid, drop-in child care services for Veterans with scheduled clinic appointments. The program was originally authorized to run for two years, but legislation has extended authority to operate until the end of December 2017.

### **Enrollment (Business Office)**

The team met with April Esposito, Assistant Chief of the Business Office; JoAnn DeMarco, Outreach Coordinator and Joseph Sledge, Leadership Assistant. There are 124,830 Veterans in the catchment area of which approximately 5,000 are women. There are 58,928 Veterans enrolled in the facility of which 2,004 Veterans are women.

*The number of unique appointments is:*

<b>Appointments</b>	<b>FY15</b>	<b>FY16</b>
ALL	351,329	347,323
FEMALE	20,813	21,522
MALE	330,516	325,801

According to the staff, they see Vietnam-Era Veterans mostly. However, a large number (75%) of the OIF/OEF/OND Veterans are utilizing the facility. They are able to capture these Veterans through aggressive outreach programs. The staff would like to see the “Means Test” eliminated and get the Veterans into the system more expeditiously. The most important thing is to get the correct information regarding VA benefits, non-VA care, Choice Program out to the Veterans in the community.

### **Women’s Health Manager**

The team met with Rose Williamson, LCSW, Women Veterans Program Manager.

She works closely with the Outreach Coordinator to ensure that women Veterans services and programs are advertised throughout the catchment area of Long Island from the Northport Medical Center to the CBOC facilities. In addition, she collaborates with the Homeless Program to address and assist with the healthcare needs of homeless women Veterans. Beacon House provides on-site residence for singles only, no children. Veterans with children go to outside sources aided by VA SSVF resources. The outreach goals focus on continued growth of the women Veteran population and the relationships and partnerships with community providers. These relationships are mutually beneficial and involve bi-directional communication. They have collaborated with social institutions and colleges so that women Veterans may access resources and

provide the VA opportunities for reaching them. Unfortunately, women do not identify themselves as being a Veteran. We ask the women if she ever served in the military or Armed Forces.

The Northport VAMC has a designated space for women to meet their unique health care needs. Accommodations are made to ensure privacy and safety, and offer comprehensive primary care for women Veterans. The WVPM is a member of that effort and checks are conducted weekly to ensure privacy and dignity issues are addressed throughout the facility to include inpatient units, long term care, and domiciliary program such as SARPT, Mental Health Clinic, Emergency Department, acute care clinics and CBOCs.

Women Veterans have a higher percentage of fee services, including all mammography services for women over the age of 40, maternity care services and all cervical and breast cancer care. These Veterans are referred to outside community facilities.

### **MST COORDINATOR**

The team met with Amanda Sokolowski, LCSW, MST Coordinator. She explained the services are available for all veterans. As of the close of FY 2016, 96.7% of primary care physicians and 97.6% of mental health clinicians have taken their respective MST trainings in TMS. When we asked Ms. Sokolowski what she would like to change, she replied “I’d like to see improved sensitivity to this issue”.

In FY 2015, a total of 4,016 MST-related mental health visits were provided to Veterans who experienced MST, 55.5% (2,227) of these visits were provided to male Veterans.

### **Patient Representative**

The team met with Patient Advocates: Amy Millheiser, LCSW, and William Torio, RN. They spoke about their communications with the Nurse Managers and/or Physicians. Their hours of operation are M-F 8:00 a.m. to 4:30 p.m. If there are any issues



on their off-hours, they are referred to the A.O.D. They spoke about the need for a Service Advocate Coordinator to address issues when they are both out of the office.

### **Mental Health (PTSD and Suicide Prevention)**

The Medical Center provides a full continuum of mental services at the facility and the 5 CBOC locations. With the exception of the PTSD residential treatment program, women Veterans are treated along with male Veterans in all mental health settings. Programs available at Northport VAMC include: 2 Inpatient Psychiatric units; a PTSD Residential Rehabilitation Treatment Program; a Substance Abuse Residential Rehabilitation Treatment Program; and Outpatient Partial Hospitalization Program and Aftercare for chemical dependency/substance abuse; Mental Health Clinic; Dual Diagnosis Recovery Center; Psychosocial Rehabilitation and Recovery center; Primary Care Mental Health Integration Program including services embedded within Primary Care, the Women's Wellness Program, the TCM OEF/OIF Program and the Health Promotion Disease Prevention Program; Mental Health Intensive Case Management Program; and Vocational Rehabilitation Programs.

The team met with Charlene Thomesen, Chief of Psychiatry and Associate Chief of Staff for Mental Health; Michael Marino, PhD, Chief of Psychology Services; Melanie Brodsky, LCSW, Chief of Social Work and Chaplain Services and Nancy Olsen, LCSW, Suicide Prevention Coordinator. The doctors verbalized concern for the vacancies in their departments. Without the necessary number of staff, the Veterans would be sent to outside Choice Programs. However, the Veterans prefer to receive their care at the Northport VAMC.

The staff is monitoring drug use to try to decrease the amount of opiates the Veteran is prescribed.

The staff is restructuring their programs to best suit the Veteran. The staff is very proud of their PTSD and MST Programs.

Ms. Olsen spoke about implementing REACH-VET (a predictive model for identifying Veterans at highest risk for adverse outcomes, such as suicide, will allow more opportunities to offer early intervention). When asked about trends in Veterans' suicidality, there appears to be a trend toward an increase in younger Veteran suicide deaths, although there is still great concern for the aging Veteran population.

### **The Transition and Care Management (TCM) OEF/OIF Program**

This program services all Post 9/11 Veterans. It includes any active duty military personnel and Veterans who served on September 11, 2001 and all those who serve

We met with Vanessa J. Brown, RN, BSN, Program Manager and Kathy Washburn, Patient Advocate. Their team works closely with the facilities outreach coordinator to ensure that all Long Island Veterans who served in Afghanistan and Iraq are aware of the services offered at the VA, especially for service related issues.

The Northport TCM team members have in the past and continue to participate in Post Deployment briefings with the National Guard and Reserve Units on Long Island.

Ms. Brown spoke about the vacancies in her department:

*1 Nurse Case Manager*

*1 Social Work Case Manager*

*1 Enrollment/Registration Specialist*

She verbalized there is no detox unit in Northport VAMC.

Veterans are referred to the Brooklyn VAMC or Montrose VAMC. She would like to see the Evening Clinic (Wednesday 5PM-8PM) reinstated, and a Saturday clinic available.

Ms. Brown also spoke about the availability of a lounge specifically for these Veterans.

For the Veterans and Service members who were close to burn pit smoke or exposed for longer periods may be at greater risks for health problems. There is an available “Open Burn Pit Registry” and the affected Veterans are encouraged to participate in the registry.

### **Transportation and Facility Tour**

Parking space is limited and patient cars cannot be left during hospitalization. A wheelchair-lift equipped Veteran Shuttle, staffed by volunteer Veterans will transport anyone to and from Medical Center parking lots and buildings. This van circles the campus Monday – Friday from 8:30 AM - 3:15 PM, and can be signaled in transit or reached by pager 226. A staff member can assist you to call the shuttle. DAV Transportation is a volunteer service provided by Veterans for Veterans. Transportation is provided for morning appointments only. The DAV Coordinator will determine eligibility and availability of transportation.

We met with Richard Kitson, Chief of Voluntary Services, Christopher “Todd” Goodman, Acting Public Affairs Officer, and Joseph Sledge, Leadership Assistant.

We toured the campus via a shuttle van. We visited the TCM-OEF/OIF lounge. Several Veterans were present and seemed very comfortable in “their” area. We also visited the Women’s Healthcare Center. The area provides privacy and safety to the women Veterans. It was a pleasant and welcoming environment.

We visited the Memorial Garden and viewed the 12 black granite monuments representing all wars. It was beautiful and respectful. The staff spoke about the concerts held at the Memorial Garden and the appearance of the garden when the flowers are in bloom. They were very proud of this garden, as they should be.

The campus includes a 9-hole golf course and tennis courts; however, parking is limited. Several buildings have not been

utilized for a long period of time. Possibly, these buildings can be torn down and the space utilized for additional parking.

### **Closing**

The Executive staff was very helpful, and provided a conference room for our visitation. Mr. Philip Moschitta is retiring in April and we wish him well. We want to commend and thank the staff for their dedication and compassion in caring for our Veterans.

# Valley Stream Community Based Outpatient Clinic (CBOC)

## **Date of Visit:**

March 9, 2017

## **Team Members:**

Mary McLoone

Dennis McLoone

Frank LaMarsh, Dept. Vice Commander

## **Overview**

The Team met with Jacqueline Hastings, Clinic Manager and Joseph Sledge, Leadership Assistant. The Valley Stream CBOC is a VA employee facility.

The building is under a ten year lease agreement that began 11/1/2010 and expires 10/31/2020. Funding for the CBOC comes from the Northport Medical Center's budget and is adequate.

The challenges they face on a daily basis: The size of the clinic and associated parking area do not allow for their desired expansion of services, which is why Northport VAMC is exploring a nearby alternate space that affords opportunity for inclusion of other services (e.g. PT). This move may not materialize for two years.

A second challenge is staffing. Valley Stream Primary Care has 1 MD, 1 RN, 1 LPN and 1 health technician. Active recruitment for a psychiatrist is underway. In the interim, psychiatry services

are delivered to patients through telehealth. During our visit we spoke with a psychiatric doctor at Northport VAMC through telehealth. There is a psychologist available approximately one full day and two half days. There is a social worker four days a week (Tuesday through Friday).

In addition, without a dedicated floating staff, there are challenges to the operation if any member of the team is out for an extended period of time (e.g. maternity leave).

X-rays are not performed but lab is open Monday through Friday mornings. The CBOC has a Women's Champion Provider, able to perform PAPs.

Valley Stream CBOC has used the telehealth program for 5 plus years. The Veterans find it accommodating, especially when a health care provider is on leave. When asked if telehealth provides quicker treatment times and better access to specialists for the Veteran, the response was "Yes" in some cases with great results.

The staff was very professional and pleasant. Their concern for the Veterans was very obvious.

## **SAMUEL S. STRATTON** **VA MEDICAL CENTER**

The Stratton VA Medical Center serves veterans in 22 counties of upstate New York, western Massachusetts and Vermont. The primary care program provides services at this facility as well as in 11 Community Based Outpatient Clinics (CBOCs).

The Stratton VA Medical center provides specialized medical services such as: cardiac catheterization, cardiac rehabilitation, nuclear medicine, radiation oncology, stereotactic radiosurgery, hospice/palliative care, adult day care, post-traumatic stress disorder, compensated work therapy, memory clinic, geriatric assessment, nursing home and respite care.

The Stratton VA Medical Center offers a Women Veterans Health Program that addresses a variety of health care needs specific to women veterans. Services include gynecology, bone density screening and on-site mammography. There is also extensive diagnostic laboratory medicine and radiology including computerized tomography, and magnetic resonance imaging.

The following reports are from various Community Based Outpatient Clinics (CBOCs) that feed into the Albany VA Medical Center. Our focus of the site visits at the CBOCs was to determine timely access to care and appropriate staffing to meet the needs of the patients within the VAMC catchment area. We met with Marlene Harrington, RN & Quality Management who traveled with us as we visited the four (4) CBOCs.

# Kingston Community Based Outpatient Clinic (CBOC)

## **Date of Visit:**

October 25, 2016

## **Team Members:**

Denise DiResta

Kevin LeBoeuf

## **Overview**

The Kingston CBOC is contracted through Valor. This is a newly renovated space with ample room to treat the patients (1,943) currently using the CBOC. However, it was noted that the current staff stated that they spent way too much time in data entry that should be completed by clerical staff. They stated they could support at least one additional clerk. When asked about other personnel needs, the discussion keyed on the desire for an additional provider.

This renovated clinic provides ample space with privacy for both male and female patients.



## Catskill Community Based Outpatient Clinic (CBOC)

### **Date of Visit:**

October 25, 2016

### **Team Members:**

Denise DiResta  
Kevin LeBoeuf



### **Overview**

This VA Staffed Community Based Outpatient Clinic is located in a refurbished facility with no signs to indicate their location on the street. The staff treat (1,089) patients with full use of the renovated space.

When asked about staffing concerns, the staff all stated that they could use an additional provider. When there is a shortage of current staff, the VAMC will send someone to cover on a short term basis.

The space provides for ample room to ensure private treatment for both male and female patients. Additional attention should be placed on getting handicap accessibility completed for access to the clinic. We also noted that the phlebotomist is on staff and it appears to be very busy.

*Special Note:* The Catskill and Kingston CBOCs are only 28 minutes apart from each other, which brings into question their closeness especially when the Catskill clinic is within an hours' drive from the Albany VAMC.

## Fonda Community Based Outpatient Clinic (CBOC)

### **Date of Visit:**

October 26, 2016

### **Team Members:**

Denise DiResta

Kevin LeBoeuf



### **Overview**

The Fonda CBOC is a VA Staffed Clinic located in rural Montgomery County with 1,247 patients enrolled. The staff were very inviting and up to the task of treating their patients.

The clinic size is very small which limits patient privacy. There are such limitations that Telehealth equipment must be positioned in the hallway because there is no room within the treatment areas. This raises concerns about safe egress in the event of an emergency. Curtains are being used to try to establish some privacy. When asked about staffing concerns, the staff stated they need an additional provider. The Behavioral Health clinic is staffed with one LCSW and tele-psych capability with is widely used.

Even though this clinic space is undersized, the services provided include a wide range of services through telehealth. Attention must be paid to finding adequate space for the delivery of safe medical and psychological treatment in this rural area.

## Schenectady Community Based Outpatient Clinic (CBOC)

### **Date of Visit:**

October 26, 2016

### **Team Members:**

Denise DiResta  
Kevin LeBoeuf



### **Overview**

The Schenectady Community Based Outpatient Clinic is a newly renovated clinical space that provides ample space and privacy for treatment of the 1,881 patients enrolled. This space can also support a higher patient load with potential growth in services provided. We however, question why such a large facility and staff when the VAMC is only 25 minutes away.

This clinic is in need of a mental health provider and currently assists patient through the use of tele-psych.

This clinic is equipped with a special room specifically to perform PAP exams when scheduled however, most female veterans prefer to use the Albany VAMC for this specialty care.

# VA HEALTHCARE FACILITY VISITATION PROGRAM TASK FORCE MEMBERS

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Rehabilitation Committee

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**Frank LaMarsh**

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Nassau County Commander

**Robert Reahl**

VAVS Representative

**Sonja Neal**

Nassau County Auxiliary  
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*Note: Those whose names are followed with  
an asterisk identifies them as past or present  
Accredited Veterans Service Officer*





**THE AMERICAN LEGION  
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