

# United States Senate

WASHINGTON, DC 20510-1104

August 6, 2015

Mr. John D. Daigh  
Assistant Inspector General  
Healthcare Inspections  
U.S. Department of Veterans Affairs  
810 Vermont Ave, NW  
Washington, DC 20420

Dear Assistant Inspector General Daigh:

I am writing regarding the Office of the Inspector General's upcoming Combined Assessment Program (CAP) review of the Department of Veterans Affairs (VA) Pacific Islands Health Care System (VAPIHCS) in Hawaii. As your office prepares for the CAP, I request that you consider reviewing the effectiveness of VA's plan of action to address the specific challenges referenced in official VA testimony before a Senate Veterans' Affairs field hearing I chaired in August 2014. Furthermore I ask that your staff incorporate an assessment of VAPIHCS' outreach and care for homeless veteran patients.

One year ago this month, I chaired a Senate Veterans' Affairs Committee field hearing in Honolulu on the state of VA care in Hawaii. Veterans from across Hawaii testified about how access to the quality care that VAPIHCS provides is an ongoing issue facing our island state. This issue manifests itself in the difficulty neighbor island veterans have in flying to Oahu for treatment, patient wait times, and challenges in disseminating updates from the VA to a diverse veteran population of varying generations, preferences, and cultural backgrounds.

In his testimony, Dr. James Tuchschtmidt, Acting VA Principal Deputy Under Secretary for Health, outlined various challenges VAPIHCS faces and laid out a plan that VA would be implementing to increase capacity and accelerate access. Dr. Tuchschtmidt's testimony is attached to this letter and the comprehensive plan and challenges are described on pages 3 and 4. I would appreciate the inclusion of an update on the status and results of these actions in your CAP review.

WASHINGTON, D.C. OFFICE:  
330 HART SENATE OFFICE BUILDING  
WASHINGTON, DC 20510  
(202) 224-6361



HAWAII OFFICE:  
PRINCE JONAH KUHIO KALANIANA'OLE FEDERAL BUILDING  
300 ALA MOANA BOULEVARD, Rm 3-106  
HONOLULU, HI 96850  
(808) 522-8970



In addition to providing an update on the status of VA's work to improve access to timely, quality health care, I would ask that your office examine VAPIHCs' efforts related to addressing homelessness and providing mental health care services. As you may be aware, the link between homelessness and mental health is strong, with many "super-users" of health care identified as those most at-risk of becoming homeless. Homelessness among veterans is increasing in Hawaii at a time when the overall trend nationally is declining. According to the State of Hawaii's Homeless Point-In-Time Count, from 2010 to 2015, the number of homeless veterans increased from 411 to 691. I am very concerned about these increases as well as reported case management staffing shortages and ask that the CAP report cover VAPIHCS' outreach efforts and care for homeless veteran patients.

Thank you for your consideration of these requests. If the inclusion of these topics is not feasible in your CAP report, I would urge your office to consider a separate assessment. I appreciate your attention to Hawaii's veterans and look forward to reviewing your analysis as well as any recommendations you may have for improving the access to care for Hawaii's veterans.

Should you have any questions, please contact Adam Tanga in my Washington D.C. office ([adam\\_tanga@hirono.senate.gov](mailto:adam_tanga@hirono.senate.gov)) or Lauren Hernandez in my Honolulu office ([lauren\\_hernandez@hirono.senate.gov](mailto:lauren_hernandez@hirono.senate.gov)).

Sincerely,



MAZIE K. HIRONO  
U.S. Senator

**STATEMENT OF  
DR. JAMES TUCHSCHMIDT  
ACTING PRINCIPAL DEPUTY UNDER SECRETARY FOR HEALTH  
DEPARTMENT OF VETERANS AFFAIRS (VA)  
BEFORE THE  
COMMITTEE ON VETERANS' AFFAIRS  
UNITED STATES SENATE**

**AUGUST 19, 2014**

Thank you for the opportunity to discuss the VA Pacific Islands Health Care System's (VAPIHCS) commitment and accomplishments in providing Veterans accessible, high quality, patient-centered care and to specifically address rural health care and access to care in Hawaii. I am accompanied today by Dr. Richard Stark, Executive Director for Veterans Health Administration (VHA) Primary Care Operations; Gina Capra, Director of VHA Rural Health; Wayne Pfeffer, Director, VAPIHCS; and, Dr. Bruce Nelson of the Kona, Hawaii Community-Based Outpatient Clinic (CBOC).

**VA Pacific Islands Health Care System Overview**

VAPIHCS Honolulu provides a broad range of medical care services, with a market of 127,000 Veterans throughout Hawaii and the Pacific Islands. The VAPIHCS provides outpatient medical and mental health care through a main Ambulatory Care Clinic on Oahu and seven CBOCs on the Pacific Islands including: Oahu (Leeward), the Big Island of Hawaii (Hilo and Kona), Maui, Kauai, Guam, and American Samoa. Outreach Clinics operate on Molokai, Lanai, and Saipan. The Leeward CBOC is VAPIHCS' newest point of care, serving Oahu Veterans since December 2012. VAPIHCS also has collaborative relationships with the Vet Centers in Hilo, Honolulu, Kailua-Kona, Western Oahu, Kauai, Maui, American Samoa and Guam.

VAPIHCS provides outpatient primary care, mental health, and dental services, as well as specialized outpatient treatment programs such as day treatment and geriatric care. In addition, medical specialty and mental health services are also offered

through Telehealth, linking the VAPIHCS with some of the best specialists at the VA Medical Centers in Palo Alto and San Francisco, California.

VAPIHCS has a dynamic and longstanding relationship with the Department of Defense (DoD), including a VA/DoD Joint Venture with Tripler Army Medical Center (TAMC), which was activated in May 2000, and a sharing agreement with the U.S Naval Hospital Guam. As part of the joint venture partnership, VAPIHCS is co-located on the grounds of TAMC. Medical inpatient care for Veterans is provided by TAMC, the U.S. Naval Hospital Guam, and by other non-VA care providers. VAPIHCS is also engaged in numerous community partnerships, including a pharmacy contract with Heritage for VA prescriptions filled in the community and a lab contract with Diagnostic Labs for lab requirements beyond VA capabilities in the State. VAPIHCS is affiliated with John Burns School of Medicine and TAMC for Postgraduate In-Service Training.

New capabilities to further improve Veterans' access to care include an ambulatory surgery center and an endoscopy facility at TAMC with ground breakings in fiscal years (FY) 2014 and 2015, respectively. Long-term and transitional rehabilitative care services are provided at the 60-bed Community Living Center located on TAMC grounds. Additionally, community contracts provide approximately 50 additional long-term care beds for our Veterans. VA-staffed inpatient psychiatric care is offered within a 16-bed VA-operated ward at TAMC. A 12-bed VA Post-Traumatic Stress Disorder Residential Rehabilitation Treatment Program, currently operating at an interim site on TAMC grounds, is currently undergoing construction to hopefully open in FY 2016. Home-Based Primary Care is provided on the islands of Oahu, Hawaii (Hilo and Kona), Maui (Kahului), Kauai (Lihue), Lanai, Molokai, and Guam.

### **Focus on Access**

While no Veteran should have to wait for the care and services that they have earned and deserve, the most significant challenges occur where demand exceeds the current supply of clinical resources. We remain committed to surmounting these challenges and ensuring Veterans have access to the highest quality care that they have earned through their service to this country. Notably, Specialty Care wait times

are well below the national average. This is, in large part, due to VAPIHCS' robust Non-VA Care Program that routinely purchases a high volume of specialty care.

Primary care access, on the other hand, has been more problematic for numerous reasons. In December 2013, VAPIHCS amplified systematic efforts to improve primary care access. A comprehensive plan to increase capacity and accelerate access was developed and is being implemented.

The plan includes: 1) increasing the panel sizes of the Primary Care Physicians on Oahu by 10 percent; 2) adding clinic appointments and extended hours to provide greater appointment capacity; 3) hiring physicians and nursing staff to increase Patient Aligned Care Team presence at CBOCs; 4) proactively contacting Veterans and scheduling their appointments; 5) informing Veterans of the importance of maintaining their scheduled appointments so that appointment slots will not go unfilled; and 6) working to identify and fill crucial vacancies that directly affect Veteran access.

Since the plan was enacted, there have been significant reductions in the number of patients waiting both on the Electronic Wait List (EWL) and the New Enrollee Appointment Request (NEAR) list, as well as the average wait times for Veterans requesting new patient Primary Care provider appointments. From June 9, 2014, to August 14, 2014, the VAPIHCS EWL dropped from 1,068 Veterans to 165, and its NEAR list dropped from 1,966 to 51.

Challenges still exist in providing timely care in Hawaii and throughout the Pacific Insular Region, which includes Guam, American Samoa, and Commonwealth of the Northern Mariana Islands. Among these are:

- 1) Limited non-VA medical care resources on all islands, characterized by an industry shortage of skilled professionals and facilities;
- 2) Provider turnover and associated recruitment and retention challenges;
- 3) Vast distances over ocean separate Oahu and the mainland from all outlying islands, accessible only by airplane; this requires several million dollars in Veteran Beneficiary Travel expenditures annually;
- 4) Managing physician and clinical staff travel to neighboring islands to provide care where specialty care is not available;

- 5) The process and timeframes associated with leasing clinical space and the limited availability of space that meets VA seismic safety standards;
- 6) Limited parking at all sites. Additionally, because our Honolulu facility is located on DoD grounds, there can be occasional gate access issues, which may lead to increased rates of no shows and patient cancellations, and;
- 7) The costs of living are comparable to San Francisco where locality pay, set by the Office of Personnel Management, is an additional 35.15 percent. Locality pay in Hawaii is almost 20 percent less (16.51 percent). While the Hawaii rates are partially offset by a 12.25 percent cost-of-living adjustment, they still lag behind in the key base salary figures that drive retirement and many other pay entitlements.

As detailed below, VAPIHCS is mitigating these challenges to provide Veterans the care and benefits they have earned and deserve.

#### Accelerating Care Initiative

The VAPIHCS implemented the Accelerating Care Initiative (ACI) along several different tracks, including: 1) increasing the use of non-VA care; 2) implementing Saturday clinic hours and increasing overtime for staff to address the EWL, Primary Care, Ancillary Services (Pharmacy and Lab); 3) hiring an on-station fee provider on a fee basis under 38 United States Code (U.S.C.) 7405(a)(2); 4) utilizing agency nursing services; and 5) hiring a locum tenens provider for Primary Care under 38 U.S.C. 7405(c) through the Locum Tenens Program. Subsequently, this provider became a full-time VAPIHCS physician. VAPIHCS requested ACI funding of roughly \$500,000 thus far for FY 2014. This figure reflects VAPIHCS' need to expand Primary Care access, rather than to purchase more costly specialty care.

VAPIHCS' approach to reducing the number of Veterans waiting on the NEAR list from 1,966 to 51 was the result of combined efforts on multiple fronts. Support staff from around the facility worked extensive overtime in order to contact the Veterans listed on the NEAR Report. In addition, four temporary hires were recruited and assisted in working the list down. Veterans able to be contacted and desiring a new Veteran appointment were scheduled during the contact. A few Veterans were not booked immediately for personal reasons. Those Veterans were placed on the EWL

and subsequently re-contacted and scheduled based on the individual circumstance. The NEAR Report was also scrubbed for Veterans no longer living in Hawaii. Those Veterans living elsewhere and receiving care at another VA facility were removed, since their care was being handled at a different VA medical facility.

Veterans unable to be contacted by telephone were handled through several methods. Three phone call attempts were made on three different days, including evenings. If VA staff were unable to contact the Veteran, the facility sent a certified letter to the Veteran requesting they contact us if they desire care. Veterans were asked to either call or return the self-addressed/stamped envelope. Over 30 percent of the 500 Veterans who returned the envelopes chose to seek care. Health Administration Services staff compared letters returned without delivery against addresses that the Veterans Benefits Administration (VBA) had on file to ensure VHA was using the most current address available. Of these undelivered envelopes, 10 Veterans had a different address on file with VBA. A second certified letter was sent to that other address. Veterans unable to be contacted through the telephone or mail will be removed from the NEAR list in accordance with existing VHA policy.

As part of our commitment to transparency, VA is posting regular data updates showing progress on our efforts to accelerate access to quality health care for Veterans who have been waiting for appointments. These access data updates are posted at the middle and end of each month at the following link: <http://www.va.gov/health/access-audit.asp>.

#### *Understanding Geographical Challenges - The Veteran Pacific Area Study*

Geography will always be one of the major challenges. In an effort to understand the distance and variability of care in the Pacific, a VA Office of Rural Health (ORH)-funded Veteran Pacific Area Study, initiated in February 2014, was commissioned to examine the wide-ranging disparities in health care throughout the Pacific region. The study will review workload and demographic data from each island to understand the unique characteristics and challenges, varying degrees of care, and distances involved in providing health care in the region. The study will assist VA in understanding the strengths, challenges, opportunities, and costs related to providing VA care in the isolated regions.

## **VAPIHCS' Staffing**

VAPIHCS' catchment includes multiple time zones and over 4.5 million square miles of ocean, presenting distinct geographic and socio-economic challenges to providing health care. Recruiting well-qualified staff represents a distinct challenge in light of Hawaii's high cost of living and geographic isolation. The disaggregated nature of the health care system also complicates staff training, travel, and networking with peers. Despite these challenges, our employees remain our most important assets, and their dedication is the foundation that holds their respective departments together.

Funding and space remain the primary issues of concern for staffing needs at VAPIHCS. VAPIHCS is pursuing additional leased space in order to relocate some administrative staff from the TAMC campus and, ultimately, make possible the expansion of clinical space in the VA Ambulatory Care Center. Further, the Big "ALOHA" project slated to begin in FY 2017 will substantially increase the VAPIHCS' clinical footprint, through the construction and operation of an 85,000 square foot building located on the Leeward side of Oahu.

In an effort to mitigate existing staffing and recruitment difficulties that VAPIHCS anticipates with continued growth in Veteran population seeking care, VAPIHCS routinely engages the Veterans Integrated Service Network (VISN) 21 National Healthcare Recruitment Consultant from the VHA Workforce Management and Consulting Service to provide assistance in identifying potential candidates to fill key physician positions on the outer islands, including Guam and American Samoa. VAPIHCS is also able to avail itself of the VA's robust MD and RN Locum Tenens Program, a program that has proven especially helpful when attempting to fill clinical vacancies in remote areas on short notice. Further, the Locum Tenens Program has acted as an incidental means for VAPIHCS to give providers an opportunity to work in Hawaii and, in some instances, persuade them to relocate permanently. VAPIHCS is also able to place local Agency (contract) nursing staff where appropriate. From FY 2012 to June 30, 2014, the turnover rate for VAPIHCS has decreased from 14.53 percent to 8.19 percent, lower than other facilities in VISN 21.



## **Rural Health Initiatives FY 2014**

To assist in addressing the unique access barriers described above, the VA ORH supports programs and initiatives in the areas of Veteran transportation, Telehealth, resident and allied health student rural clinical training and education, and care closer to home via primary care and mental health care extension teams that leave the VA facility and treat Veterans in their remote communities. VAPIHCS has developed what now constitutes the most robust and inclusive Rural Health Program in VISN 21. VAPIHCS' Rural Health Program has grown from four ORH supported projects in FY 2010 to 26 ORH supported projects in FY 2014. Total FY 2014 funding for these 26 projects is over \$9.2 million. Example ORH projects include:

- 1) A Kauai CBOC Rural Health Mental Health Extension Team taking care to Veterans closer to home in North and West Kauai, far from our Kauai CBOC, with 550 patient encounters since the initiative started in mid-FY 2013; and
- 2) A similar Kona CBOC Rural Health Primary Care Extension Team taking care to Veterans where they live in North and South Big Island, far from our Kona CBOC, with 350 patient encounters since the initiative started in late FY 2013.

### VA ORH Transportation Investments

Veterans who reside on neighboring Hawaiian Islands do not always have immediate access to the full complement of VA specialty services. Since 2012, VA ORH has invested \$15 million dollars to support Veteran air travel to the VA Medical Center in Oahu from the Western Insular Islands and the neighboring Hawaiian Islands. This funding has supported increased access to care for thousands of Veterans.

### VA ORH TeleHealth Initiatives

To overcome Hawaii's unique geographical barriers, VA ORH supports Telehealth initiatives to bring care closer to home to Veterans in Hawaii and the Pacific Islands. VA ORH has supported mental health, posttraumatic stress disorder, and traumatic brain injury treatment projects through Telehealth in the Pacific Islands.

### VA ORH Health Care Professional Recruitment and Retention

In FY 2013, VA ORH initiated a new rural health training and education pilot program for Medical, Associated Health, and Nursing trainees enrolled at affiliated

academic institutions, exposing them to rural health practice within the context of a large, integrated health care system. This 3-year pilot program currently has seven training sites, including Hawaii. This rural health training initiative includes medical, dental, nurse practitioner, social work, psychology, and pharmacy students who train in an interdisciplinary manner at rural clinical sites of care including rural CBOCs, mobile clinics, rural home-based primary care, and rural Telehealth clinics.

### **Eliminating Veterans' Homelessness**

VAPIHCS has implemented new innovative strategies in the area of eliminating Veterans' homelessness. To end homelessness among Veterans, VAPIHCS collaborates with numerous community partners such as the Department of Housing and Urban Development (HUD), local Public Housing Authorities, state and local government agencies, and numerous other community partners. In collaboration with our partners, VAPIHCS currently has 308 Veterans and their families in permanent housing through the Housing and Urban Development-Veterans Administration Supportive Housing (HUD-VASH) program, 93 Veterans in transitional housing, and 25 Veterans in Health Care for Homeless Veterans contracted residential programs. We are focused on getting the most vulnerable Veterans off the streets and into permanent housing using a Housing First approach.

Grant and Per Diem (GPD) funded programs offer, among other things, transitional housing for homeless Veterans. Grantees must also design programs to include supportive services, such as employment counseling and assistance. Eligible Veterans may stay up to two years in this program. Overall, GPD has a total of 122 beds, including 20 beds for women on Oahu and four beds on Guam. GPD occupancy rates are consistently in the mid-80 percent range.

HUD-VASH is a unique partnership between HUD and VA that provides permanent housing for homeless Veterans, as well as case management and supportive services. VAPIHCS has a total of 365 HUD-VASH housing vouchers allocated throughout the islands, including Guam (30), Oahu (234), Kauai (30), Big Island (29), and Maui (25). As of June 30, 2014, 308 of the vouchers are currently under lease.

The Homeless Patient Aligned Care Team (HPACT) is located at Queen's West on Oahu. HPACT provides accessible, comprehensive health care and offers a "one-stop shop" to address the medical, mental health, housing, and social service needs of homeless Veterans on the Leeward side of Oahu. Outreach is provided to homeless Veterans in the Leeward, Waianae, Makaha, Wahiawa and North Shore areas.

Our Veterans Justice Outreach program has been in existence since 2011 and provides monthly outreach to local jails and prisons on Oahu and the Neighbor Islands. In 2014, there have been a total of 47 such outreach visits. A Veterans Treatment Court began in 2013 and currently has 15 Veteran clients in addition to 15 mentors. We also are helping local authorities to launch additional Veteran treatment courts on Maui, the Big Island, and Guam.

### **Conclusion**

VA and the VAPIHCS are committed to providing high-quality, safe, and accessible care for our Veterans. We continue to focus on improving Veterans' access to care and have instituted numerous changes that are showing positive results.

Our location in the Pacific presents unique challenges with regard to distance, time zones, culture, and constrained health care markets. Our rural health programs are robust, and the funding we receive allows us to expand our mission to Veterans we might otherwise not be able to reach. Our mental health services, including the homeless program, are substantive and effective, and we are making great progress towards getting homeless Veterans off the streets and into programs such as the Veterans Treatment Court and HUD-VASH, where they can receive counseling and training to change their lives.

We sincerely appreciate the opportunity to appear before this distinguished panel to share with you the great work the men and women of the VA Pacific Islands Health Care System continue to do on a daily basis. We are happy to respond to any questions you may have.