

**STATEMENT OF  
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DEPARTMENT OF VETERANS AFFAIRS (VA)  
BEFORE THE  
COMMITTEE ON VETERANS' AFFAIRS  
U.S. HOUSE OF REPRESENTATIVES**

**AUGUST 6, 2014**

Good morning, Chairman Miller, Congressman Pearce, and Congressman Lamborn. Thank you for the opportunity to discuss the New Mexico VA Health Care System's (NMVAHCS) commitment and accomplishments in providing Veterans accessible, high quality, patient-centered care and to specifically address rural health care and access to mental health care in New Mexico. I am accompanied today by James Robbins, MD, Interim Medical Center Director for NMVAHCS, and Lori Highberger, MD, Deputy Chief Medical Officer and Mental Health Lead for the VA Southwest Healthcare Network.

**New Mexico VA Health Care System Overview**

The NMVAHCS serves Veterans in New Mexico, southern Colorado (Durango area), and west Texas. NMVAHCS is comprised of the Raymond G. Murphy VA Medical Center (VAMC) with 13 Community-Based Outpatient Clinics (CBOC). The Raymond G. Murphy VAMC is a Joint Commission-accredited, VHA complexity level 1a, tertiary care referral center located in the heart of Albuquerque, New Mexico. It provides a full range of patient care services with state-of-the-art technology as well as education and research. It is the only VAMC in New Mexico.

The Raymond G. Murphy VAMC is a teaching hospital, affiliated with the University of New Mexico School of Medicine and College of Nursing. It has an active partnership with Kirtland Air Force Base 377<sup>th</sup> Medical Group and collaborates with Indian Health Service and Tribal health care organizations. The facility has an active Community Living Center, a 26-bed Spinal Cord Injury Center, and a strong

commitment to psychosocial rehabilitation and vocational rehabilitation. VA-staffed CBOCs are located in Artesia, Farmington, Gallup, Silver City, Raton, Santa Fe, and Northwest Metro (Rio Rancho), New Mexico. Contract CBOCs are located in Alamogordo, Truth or Consequences, Espanola, Las Vegas, and Taos, New Mexico, and Durango, Colorado. The VAMC is a tertiary referral facility for Veterans from the VA facilities in Big Spring, El Paso, and Amarillo, Texas.

### **Rural Health in New Mexico**

The VHA Office of Rural Health (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. Over 45 percent (77,493) of New Mexico's 170,799 Veterans live in rural areas of the state. Approximately 74,713 New Mexico Veterans are enrolled in VHA health care, and 47 percent (34,982) of those enrolled Veterans live in rural areas. NMVAHCS serves a geographic area that is 121,826 square miles. ORH currently supports nine projects for a total of nearly \$1.9 million in the state of New Mexico. These projects increase rural Veteran access to mental health care, women's health care, primary care, pharmacy services, and neurology services. Five of these nine projects use telehealth to deliver health care closer to Veterans' homes.

One currently-funded ORH initiative is Home Based Primary Care (HBPC) for Veterans residing in rural areas near Santa Fe and Artesia. The HBPC program provides primary care services for frail, chronically-ill Veterans in their own homes. HBPC is available in the Gallup CBOC and is being expanded to the Santa Fe and Artesia CBOCs. Another ORH-supported initiative focuses on diabetes education and overall health and wellness for Southern Ute American Indian Veterans. NMVAHCS continues to work with ORH to develop innovative project ideas to increase rural Veteran access to care and services.

In the recent past, Farmington, Silver City, Raton, and Artesia CBOCs were relocated to new clinics with increased space. New clinics for Gallup and Santa Fe

CBOC relocations will be activating in calendar year 2014. The Truth or Consequences Contract CBOC will have a new contractor in approximately one year.

### **Telehealth in New Mexico**

The VA health care system offers expanded access to mental health services with longer clinic hours, telemental health capability to deliver services, and standards that mandate rapid access to mental health services. Telemental health allows VA to leverage technology to provide Veterans quicker and more efficient access to mental health care by reducing the distance they have to travel, increasing the flexibility of the system they use, and improving their overall quality of life. This technology improves access to general and specialty services in geographically remote areas where it can be difficult to recruit mental health professionals. In areas where CBOCs do not have a mental health care provider available, VA uses secure video teleconferencing technology to connect the Veteran to a provider within VA's nationwide system of care. The program is also expanding directly into the home of the Veteran using Internet Protocol (IP) video on Veterans' personal computers.

There is increased support for group specialty care through the expanded use of Clinical Video Telehealth (CVT) technology. The use of this technology in homes is on the rise, especially aiming to assist American Indian Veterans, who are the most rural, isolated, and transportation challenged. Other initiatives include expansion of telehealth specialty service, which includes anticoagulation monitoring; dedicated space for telehealth education for staff and Veterans of rural health service; and health fairs at NMVAHCS CBOCs.

In Fiscal Year (FY) 2013, NMVAHCS served 5,168 Veterans through telehealth, and 59 percent (3,031) of these Veterans lived in rural areas. Of these, 1,002 Veterans accessed mental health services through CVT in FY 2013, 90 percent (897) of whom lived in rural areas.

### **Mental Health Services Engagement Initiatives**

VA is working closely with its Federal partners to implement President Barack Obama's Executive Order 13625, "Improve Access to Mental Health Services for

Veterans, Service Members, and Military Families,” signed on August 31, 2012. The Executive Order affirmed the President’s commitment to preventing suicide, increasing access to mental health services, and supporting innovative research on relevant mental health conditions.

On February 1, 2013, VA released a report on Veteran suicides, a result of the most comprehensive review of Veteran suicide rates ever undertaken by the VA. With assistance from state partners providing real-time data, VA is now better able to assess the effectiveness of its suicide prevention programs and identify specific populations, such as Veterans living in rural areas, who may need targeted interventions. This new information will assist VA to identify where at risk Veterans may be located and improve the Department’s ability to target specific suicide interventions and outreach activities in order to reach Veterans early and proactively. The data will also help VA continue to examine the effectiveness of suicide prevention programs being implemented in specific geographic locations as well as care settings, such as primary care, in order to replicate effective programs in other areas.

In an effort to increase access to mental health care and reduce the stigma of seeking such care, VA has integrated mental health into primary care settings. The ongoing development of Patient Aligned Care Teams to deliver primary care will facilitate the delivery of integrated primary care and mental health services. It is VA policy to screen patients seen in primary care in VA medical settings for PTSD, MST, depression, and problem drinking. The screening takes place during a patient’s first appointment, and screenings for depression and problem drinking are repeated annually for as long as the Veteran uses VA services. Furthermore, PTSD screening is repeated annually for the first five years after the most recent separation from service and every five years thereafter. Systematic screening of Veterans for conditions such as depression, PTSD, problem drinking, and MST has helped VA identify more Veterans at risk for these conditions and provided opportunities to refer them to specially trained experts.

VA operates the National Center for PTSD which guides a national PTSD Mentoring program, working with every specialty PTSD program across the VA system to improve care. The Center has also begun to operate a PTSD Consultation Program

open to any VA practitioner (including primary care practitioners and Homeless Program coordinators from every location) who requests expert consultation regarding a Veteran in treatment with PTSD. So far, 500 VA practitioners have utilized this service. The Center further supports clinicians by sending subscribers updates on the latest clinically relevant trauma and PTSD research, including the Clinician's Trauma Update Online, PTSD Research Quarterly, and the PTSD Monthly Update.

To support Veterans who use VHA mental health services and build on the work of the 2012 Executive Order from the President, VHA has hired and deployed over 950 peer support staff to mental health programs across the country. Peer Specialists are Veterans who have been successfully and actively engaged in their own mental health recovery for a minimum of one year and who are trained and certified to provide peer support services. Peer Specialists work as members of mental health treatment teams and help Veterans achieve their treatment and personal goals, and they demonstrate that recovery is achievable.

No Veteran should have to wait for the care and services that they have earned and deserve. NMVAHCS intends to continue to work to meet Veterans' needs using the following initiatives:

- Recruit and fill mental health vacancies.
- Explore recruitment incentives to entice psychiatrists to relocate to NMVAHCS. There is an industry shortage of psychiatrists.
- Increase the number of Albuquerque-based mental health clinicians trained in and certified to deliver telehealth and other virtual care modalities such as CVT in the home to provide increased access for rural patients.
- Realign all outpatient mental health programs under one outpatient Mental Health Division to increase patient access to specialized mental health services.

## **Conclusion**

NMVAHCS is committed to providing high-quality, safe, and accessible care for our Veterans. We will continue to focus on improving Veterans' access to care. Our location presents unique challenges with regard to distance, culture, and constrained health care markets. Our rural health programs are robust, and we will continue to strive to serve Veterans in rural areas.

Mr. Chairman, this concludes my statement. Thank you for the opportunity to appear before you today. I would be pleased to respond to questions you or the other Members of Congress may have.