

**STATEMENT OF
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DEPARTMENT OF VETERANS AFFAIRS
BEFORE THE
HOUSE COMMITTEE ON VETERANS' AFFAIRS**

March 23, 2018

Good morning Chairman Roe, Ranking Member Walz and Members of the Committee. I appreciate the opportunity to discuss the Department of Veterans Affairs' (VA) Fayetteville VA Medical Center (VAMC) and the partnership with the community to provide quality and accessible healthcare. I am accompanied today by Dr. Mark Shelhorse, Veterans Integrated Service Network (VISN) 6 Chief Medical Officer and Interim Medical Center Director at the Fayetteville VA Medical Center, and Joseph Enderle, Choice Program Manager, Office of Community Care.

Introduction

The Fayetteville VAMC is a Complexity Level 1C facility that consists of a 58-bed general medicine, surgery and mental health facility located in the North Carolina Sand Hills within 10 miles of Fort Bragg and Pope Air Field. The Medical Center also maintains a 69-bed long-term care Community Living Center (CLC) to care for Veteran residents and adjacent to the Medical Center is the North Carolina State Veterans home, a 150-bed long-term nursing home facility. The Fayetteville VAMC serves 74,000 patients in 19 southeastern North Carolina counties, which is one of the largest catchment areas in VISN 6. The Fayetteville VAMC operates two Health Care Centers: one in Fayetteville and one in Wilmington, along with community-based outpatient clinics (CBOC) in Brunswick, Goldsboro, Hamlet, Jacksonville, Robeson, and Sanford. The CBOCs provide Primary and Mental Health Care and offer Tele-health services for

other specialties. Located offsite in Fayetteville, the healthcare system opened the first freestanding community Dialysis Center in the VA health system nationwide in 2011. This unit has the capacity to treat 64 dialysis patients daily. In addition, Marine Corps Base Camp Lejeune and Seymour Johnson Air Force Base are located within the facility's catchment area.

Growth in North Carolina

Overall, North Carolina's population has grown by 611,000 since 2010, an increase of 6.4 percent. North Carolina is the fifth largest state for relocation. During this time frame, VISN 6 has led the Nation in Veteran population growth with a 118 percent increase, and this trend is expected to continue.

While North Carolina boasts several universities with top-tier medical and nursing schools and allied health programs, not all North Carolina residents have ready access to urban or academic-affiliated health care. The surrounding communities are notably rural, especially those surrounding Fayetteville, NC. According to the North Carolina Department of Health and Human Services, between 70 and 80 of the 100 counties in North Carolina are underserved in terms of primary care, mental health and/or dental resources. As of September 30, 2017, 42 percent of those Veterans receiving services in North Carolina are deemed rural. In the Fayetteville catchment area 17 of 19 counties are considered rural.

It is a challenge to provide healthcare in this environment because there often are not enough providers to meet the demand for care. To address this challenge, VISN 6 has fully embraced VA's modernization efforts and is actively focusing on providing exceptional foundational services while expanding partnerships with community and Department of Defense (DoD) health care systems to ensure world-class care to all Veterans, including those residing in rural areas. VISN 6 and the Fayetteville VAMC have focused heavily on addressing the access concerns related to the rural nature of the location and the population growth by making meaningful

changes in both VA-provided services as well as those delivered in partnership with DoD and the community.

Improving Access within the Health Care System

As has been the case across VA, improving access to care has been among Fayetteville's top priorities for several years, but the efforts have recently intensified resulting in considerable improvements. Specifically, 96 percent of time sensitive appointments have been completed on or before the patient indicated date. Fayetteville's leadership has been taking steps to improve access using a broad variety of strategies, including the following:

- Partnered with community providers, DoD facilities and other VA facilities to provide services;
- Built internal capacity and access by adding 420,000 new square feet of clinical space in the past 4 years with a corresponding increase of 841 new staff;
- Established a Patient Aligned Care Team working at Camp Lejeune;
- Expanded hours during the week using 10-hour shifts and implemented evening and weekend clinics as well as extended hours for diagnostic radiology;
- Increased efficiency by 25 percent in the Fayetteville Health Care Center primary care by redesigning the clinical area to accommodate 5 teams in the same space previously designated for 4 teams;
- Utilized partnerships with other VAMCs to maximize the use of telehealth in the areas of primary care, mental health, and specialty care;
- Increased the use of registered nurse clinics and secure messaging to supplement face-to-face visits with providers;

- Implemented Clinical Practice Management guidelines to promote optimal resource use and maximize the clinical time available for staff to see Veterans;
- Expanded the number of academic affiliations and established a recent agreement with the School of Osteopathic Medicine at Campbell University; and
- Initiated construction projects to renovate operating rooms, inpatient units and the Community Living Center.

In addition, Fayetteville is working to provide greater flexibility and alleviate bottlenecks that potentially impact access by maximizing its use of community care. Services available to Veterans through community providers include physical therapy, pain management, audiology, dermatology, optometry, neurology, obstetrics, cardiology, orthopedics, rheumatology, podiatry, primary care, sleep medicine, chiropractic services, and in-patient hospitalization.

Major DoD Sharing Agreements

The VA Mid-Atlantic Health Care Network and the Fayetteville VAMC consider their partnerships with DoD to be a critical aspect of providing care to Veterans. Resource sharing agreements are in place with Womack Army Medical Center on Fort Bragg, the Naval Medical Center Camp Lejeune, and Seymour Johnson Air Force Base's 4th Medical Group.

The agreement with Womack Army Medical Center provides access to many specialty services currently not available at the VAMC. Specifically, VA surgeons are using Womack's operating room suites during the VA Medical Center's operating room renovation project. In addition, the Fayetteville Rehabilitation Clinic, a Joint Incentive Fund initiative with the Womack Army Medical Center, opened in May 2017, and provides physical medicine and rehabilitation services to both Veterans and active duty

Servicemembers. The Naval Medical Center at Camp Lejeune provides Veterans with access to emergent and inpatient care while the Fayetteville VAMC provides care for active duty Servicemembers. Finally, the Seymour Johnson Air Force Base partnership provides opportunities to share services such as diagnostic x-ray, physical therapy, mental health, and anti-coagulation clinics.

The Fayetteville VAMC is currently working with the Womack Army Medical Center to expand their current agreement to create a more robust and innovative partnership. A final agreement is expected during the 3rd quarter of fiscal year 2018.

Timeliness of Community Care Payments

On January 3, 2018, VA announced a series of immediate actions to improve the timeliness of payments to community providers when VA has purchased community care. In addition, VA's contractors for the Veterans Choice Program, Health Net Federal Services and TriWest Healthcare Alliance, are committed to working with VA to improve the timeliness of payments to community providers and are working diligently with VA, VISNs and facilities to accomplish that goal.

VA realizes that many community providers have challenges with the VA payment process, and VA wants to improve its service. Over the past 2 months, VA has focused on the top 20 providers nationally with the highest dollar value of unpaid claims and created rapid response teams that are currently working with those providers to resolve those claims. In addition, VA is increasing the number of claims processed within 30 days of submission through use of additional contractor support. Through these efforts, the number of claims processed in the last 2 months has increased substantially, and we are well on our way to our goal of eliminating our claims backlog by September 2018.

VA is aware that smaller providers play key roles in more rural communities in providing continuity of care for our Veterans. Because of their smaller size and the

lower volume of care furnished, the total value of these providers' unpaid claims would also be less, but VA is working with facilities to identify smaller providers who are important providers of Veteran care and will also be working with them. Lastly, VA realizes that provider education about claims processing is important in assisting providers in submitting their bills accurately. VA has been providing education to the providers with the highest dollar value of unpaid claims as part of the outreach. We have seen the value of this outreach and will begin offering monthly training calls in April for the entire provider community. This will allow any provider to join in and learn about VA processes.

Conclusion

The Fayetteville VAMC has made significant improvements to meet the needs of our Veterans. In order to sustain these efforts, we ask Congress' continued support of VA modernization by investing attention and financial resources into the following: streamlining leasing process, recruitment and retention incentives for hard-to-hire occupations and locations, and flexible funding models to improve the speed and efficiency in which medical centers need to respond to challenges. These are in addition to improving VA's community care authorities.

It is critical that we continue to move forward with the current momentum and preserve the gains made thus far. Your continued support is essential to providing care for Veterans and their families.

Mr. Chairman, this concludes my testimony. Thank you very much for your attention. My colleagues and I are prepared to answer any questions.