

**WRITTEN STATEMENT OF
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BEFORE THE
SUBCOMMITTEE ON HEALTH, COMMITTEE ON VETERANS' AFFAIRS
U.S. HOUSE OF REPRESENTATIVES
SEPTEMBER 1, 2015**

Good morning, Chairman Benishek and Ranking Member Brownley. Thank you for the opportunity to discuss staffing and rural health concerns nationally and in the state of Michigan. I am accompanied today by Mr. James Rice, Acting Veterans Integrated Service Network (VISN) 12 Network Director and Dr. Gail McNutt, Chief of Staff Iron Mountain Veterans Affairs (VA) Medical Center and Co-Chairperson of the National Patient Aligned Care Team (PACT) Consultant Team.

Overview

The employees of VISN 11 proudly provide patient-centered care to approximately 399,825 Veterans living in portions of Michigan, Ohio, Indiana, and Illinois. Of the nearly 400,000 Veterans being treated, 82,798 are classified as living in either rural or highly-rural areas. VISN 11 consists of 32 Community-Based Outpatient Clinics (CBOC) and 7 health care systems with main campuses located in: Ann Arbor, Battle Creek, Detroit, and Saginaw in Michigan; Indianapolis and Ft. Wayne in Indiana, and Danville, Illinois. For fiscal year (FY) 2015, VISN 11 is operating on a budget exceeding \$2.2 billion providing our Nation's heroes with high-quality care through traditional and innovative methods. VISN 11 also has a collaborative relationship with Vet Centers located throughout the catchment area.

VISN 12 provides patient-centered care to approximately 15,000 of the 30,000 Veterans residing in Michigan's Upper Peninsula. These services are provided primarily through the Oscar G. Johnson VA Medical Center (OGJVAMC) in Iron Mountain, Michigan. The medical center operates six CBOCs in Michigan (Ironwood, Hancock, Marquette, Menominee, Manistique, and Sault Ste. Marie) and one in Rhinelander, Wisconsin.

OGJVAMC is a complexity level III care facility with 17 medical/surgical beds. It also has a Community Living Center with 40 beds. OGJVAMC provides urgent care and acute inpatient care in a geographically rural area and collaborates with larger health care facilities in VISN 12 and community facilities to provide higher level emergency and specialty services. It employs state-of-the-art telehealth technologies and is a leader in the delivery of health care to rural Veterans.

The facility has 686 employees and an FY 2015 operating budget of \$126 million. This includes \$26 million for care provided by community providers. In FY 2014, there were 12,477 Veterans authorized to receive care in the community. Since the passage of the Veterans Access, Choice, and Accountability Act of 2014 (Choice), OGJVAMC has authorized over 4,226 Veterans to receive care for those waiting greater than 30 days, primarily for psychiatry, optometry, and physical therapy appointments. In addition, OGJVAMC serves 2,484 Veterans that live greater than 40 miles away and are eligible for Choice; however, only 450 of these Veterans have elected to use their Choice option.

OGJVAMC ranks 18/140 in overall efficiency and 15/140 in clinical efficiency according to the latest efficiency analysis by the Office of Productivity, Efficiency, and Staffing. For each VA medical center, clinical and administrative cost efficiency is measured by using stochastic frontier analysis (SFA). SFA is a well-validated approach in assessing operational efficiency with quality of care taken into account. Additionally, the medical center has done well on national level employee surveys. For example on the Federal Employee Viewpoint Survey, the medical center had a greater percentage of positive responses to the summary satisfaction questions than VA, the Veterans Health Administration (VHA), and VISN 12. The Employee Engagement score for the facility was also higher than VA, VHA, and VISN 12. In fact, the facility's score of 66.5 was higher than the Government-wide score of 63. On the All Employee Survey Best Places to Work Index 2014 results, the facility ranked 27 out of 142 facilities – in the top 20 percent. On the 2014 Integrated Ethics Staff Survey, the facility's overall rating as an ethical organization was the 8th highest in the country for all VAMCs.

OGJVAMC patients are satisfied with the quality of care they receive as evidenced by the medical center's patient experience data, which exceeds the VA's

national score for both inpatient and outpatient care. As evidenced, over 80 percent of Veterans would recommend OGJVAMC to their friends and family. Facility leadership holds regular staff meetings with all schedulers, to include CBOCs, and the Director personally conducted mandated clinic observation interviews with all schedulers including CBOCs. The facility monitors access with internal stakeholders by reviewing and addressing data from the VHA Support Service Center (VSSC), New Patient Wait Times Exception Summary Report, and Access Glide Path data. To quickly identify opportunities to improve Veteran access, the Director reviews data during the daily morning report, such as the New Enrollee Appointment Request (NEAR), the Electronic Wait List, the Provider Workload, the local access data list, and the number of new patients seen in Urgent Care Clinic with no primary care provider assigned.

Expanded mental health programs include the following: Operation Enduring Freedom/Operation Iraqi Freedom/Operation New Dawn (OEF/OIF/OND) case outreach, Enhanced Rural Access Network for Growth Enhancement (E-RANGE) program for rural Veterans diagnosed with serious mental illness, Mental Health Intensive Case Management (MHICM), Posttraumatic Stress Disorder (PTSD) Clinical Care, Home-Based Primary Care (HBPC) psychology services, Compensated Work Therapy (CWT), recovery-based programs, suicide prevention, outpatient substance abuse programs, evidenced-based therapies, VA Caregiver Support, and the Homeless Veterans Program including Veterans Justice Outreach.

VA Rural Health Care Program – State of Michigan

There are approximately 660,800 Veterans in the state of Michigan, of which an estimated 230,000 (35 percent) are enrolled in the VA health care system. Additionally, 207,000 or 31 percent of all Michigan Veterans live in rural areas. Forty-one percent or approximately 95,000 of enrolled Veterans live in rural areas.

In addition to funding allocated to VISN 11 through the Veterans Equitable Resource Allocation (VERA) system for Veterans' health care, in FY 2014, VISNs 11 and 12, together, received \$8 million from the Office of Rural Health (ORH) to support 21 projects and programs to increase access to care for Michigan's rural Veterans. The programs specific to Michigan include a Mobile Prosthetics Van, which brings prosthetic

services typically found only at the main campus to the CBOCs; clinical training opportunities for providers in rural locations; enhanced rural access to mental health care services; Veterans transportation programs in the Upper and Lower Peninsulas; telehealth; and Home-Based Primary Care.

Increasing access to VA-provided care for Tribal Veterans is addressed with a VA ORH-funded project for Battle Creek VAMC. This project supports a Native American Indian Veteran that has been trained as the Tribal Veteran Outreach Worker (TVOW). The focus of this project is to bring access to mental health services at the Battle Creek VAMC by utilizing telehealth technology. The project has also provided a liaison for Tribal Veterans that has assisted them within navigating VA for all their health care needs. The TVOW has served as the VA representative to several Tribal Events related to the collaborative relationship building that has occurred. These include Pow Wows, the Potowattomi Gathering in 2014, Tribal Veteran Council meetings, and Tribal Veterans Days events to name a few.

VA continues to seek opportunities to expand our care via telehealth technology. VHA is in the early stages of developing a collaborative effort with community providers to be able to exchange health information, and OGJVAMC is one of the 14 pilot sites. We now have the capability to provide CVT in the home, which will improve access to care for rural Veterans and mitigate the need for travel to a VHA site of care. Additional mental health services via telehealth to Veterans at the Patriot House in Gaylord in 2014 are also being established.

Since October 1, 2009, OGJVAMC has received approximately \$14.2 million dollars from ORH to implement and sustain programs. Recent grants include sustainment for the E-RANGE program, an outpatient mental health program that provides intensive, supportive services to Veterans living in rural areas who have a primary mental health diagnosis that is classified as severe, our Veteran Transportation Service, implementation of Physical Therapy at the Rhinelander CBOC, and a VA-Coordinated Transitional Care (C-TRAC) Program.

Recruitment & Staffing

Nationally, VHA employs an aggressive marketing and advertising campaign aimed at patient care providers for rural locations through its partnership with the National Rural Recruitment & Retention Network (3RNet), a national network of non-profit organizations devoted to health care recruitment and retention for underserved and rural locations. Through this partnership, VHA has access to a robust database of candidates especially interested in its rural vacancies. National recruiters routinely post VHA practice opportunities on 3RNet's career page. In addition, 3RNet annually dedicates the month of November to Veteran health care awareness by making VHA its featured employer for the month.

VHA also strives to relocate physicians from urban areas to rural VAMCs and outpatient clinics. The increase in the rural Veteran population calls for a strong recruitment, marketing, and advertising campaign that directs qualified prospects to rural VA centers struggling to open their doors. The rural relocation marketing campaign targets urban physicians in transit during their daily commutes with a compelling recruitment marketing and advertising campaign to persuade them to explore options for relocation to the nearest rural VAMC. This extensive campaign targets geographic regions and specialties with the highest need, online, and in a wide range of professional health care publications.

In addition to internal robust recruitment efforts by facility level human resources offices, VISN 11 partners with VHA's Workforce Management and Consulting (WMC) Office for increased recruitment and staffing support. The National Recruitment Program (NRP), a sub-division within WMC's Healthcare Recruitment and Retention Office, provides a centralized in-house team of skilled professional recruiters employing private sector best practices to fill the agency's most critical clinical and executive positions. The national recruiters, all of whom are Veterans, collaborate with executives, clinical leaders, and local human resources departments in the development of comprehensive, client-centered recruitment strategies that address both current and future critical needs. In FY 2014, the NRP recruited 25 clinical providers for VISN 11 vacancies of which 16 were for hospitals and clinics in Michigan. For FY 2015, to date 11 of the 15 Medical Officers recruited by the NRP currently provide care to Veterans at

Michigan VAMCs and outpatient clinics. As of July 31, 2015, VISN 11 has 921 physicians onboard and 136 active recruitments for physicians. In addition, WMC, ORH, other VA partners, and non-VA Federal partners are collaboratively exploring to:

- Determine where and what types of providers are in short supply at rural health care facilities providing care for rural Veterans;
- Solicit the voice of Veterans to better understand rural Veterans' preferences and decisions regarding health care providers;
- Determine best practices in rural provider recruitment and retention;
- Explore and promote the use of VA financial incentives and other innovative solutions to recruit providers to rural VA facilities;
- Develop and/or expand and support clinical training opportunities for rural health practitioners providing care to rural Veterans to help retain them in rural areas;
- Promote and support rural health educational and rural health clinical training experiences for medical residents, nursing, and other health professions students to help recruit future health care providers to rural practice; and
- Expand opportunities for training rural primary care providers in specialty areas that address the unique medical needs of rural Veteran demographic groups.

OGJVAMC has actively recruited and retained staff while simultaneously improving relationships with community health care providers in the Upper Peninsula of Michigan and Northern Wisconsin to broaden the continuum of care available to Veterans. In a rural, sparsely populated area, few facilities are able to offer the full range of services normally available in larger metropolitan areas. Strong collaborations with multiple health care providers, both public and private, are essential in meeting the needs of patients. OGJVAMC has grown from 604 Full Time Employees (FTE) in FY 2012 to 648 FTE at the end of June 2015, an increase of 44 positions.

OGJVAMC's proactive recruitment of providers is ongoing. Since 2014, the facility has filled the following critical positions: Chief of Surgery, Chief of Behavioral Health, Associate Chiefs of Staff for Geriatrics and Primary Care, Chief of Medicine, and Chief of Staff. Furthermore, OGJVAMC recruited and hired an Anesthesiologist/Pain Medicine, Podiatrist, Certified Registered Nurse Anesthetist, and an Optometrist in

FY 2015. In addition, since FY 2014, the facility has hired eight primary care providers and is fully staffed at all locations. To enhance CBOC services, mid-level providers are utilized to supplement primary care vacancies. Since April 2014, the on-board total of critical clinical care positions (physicians, physician assistants, nurse practitioners, nurses, and other select critical occupations) has increased by 20 – representing an 8 percent increase. The medical center increased interim staffing to fill short term vacancies and mitigate disruption to scheduled appointments. To address short-term primary care and mental health vacancies, telemedicine clinics were expanded to provide interim coverage.

Rural Provider Education

In FY 2012, ORH and the Office of Academic Affiliations (OAA) launched a collaborative three-year workforce program called the Rural Health Education and Training Initiative (RHTI) to increase health care workforce recruitment to rural areas. Seven sites in Maine, New York, Virginia, Nebraska, North Carolina, Alabama, and the Pacific Islands were awarded \$250,000 per year for three years. By the end of FY 2014, 690 trainees in 23 separate medical, dental, and mental health disciplines had been trained at rural VA sites of care.

Telehealth

In FY 2014, more than 717,000 Veterans (12 percent of Veterans receiving VHA care) accessed VA care through Telehealth during more than 2.1 million encounters. Forty-five percent (45 percent) of these Veterans lived in rural areas, and may otherwise have had limited access to VA healthcare. The number of Veterans receiving care via VA's Telehealth Services grew approximately 18 percent in FY 2014.

Veterans in Michigan are served primarily by two VISNs. VISN 11 includes medical centers providing telehealth services in and around Ann Arbor, Battle Creek, Detroit and Saginaw, MI. Veterans in Michigan's Upper Peninsula use telehealth to access services from VISN 12's Iron Mountain, MI, VAMC and its affiliated VA CBOCs in Marquette, Menominee, Hancock, Ironwood, Manistique and Sault Ste. Marie, MI.

In FY 2015, Year to Date, more than 25,700 Veterans accessed VA care through Telehealth during more than 60,600 episodes in VISN 11. During this same period in VISN 12, about 23,000 Veterans accessed VA care through Telehealth during more than 109,900 encounters. Fifty-four percent of the VISN 11 Veterans as well as 54 percent of VISN 12 Veterans lived in rural areas.

In FY 2014, within VISNs 11 and 12, 16,230 Veterans in Michigan accessed VA care during 32,971 clinic-based telehealth encounters. More than two-thirds of these Veterans (22,024) lived in rural Michigan. The types of care Michigan Veterans were accessing through telehealth included the following: mental health, the MOVE! program, primary care, diabetes, Cardiology, Dermatology, and other services. Currently in August 2015, approximately 2,560 Veterans in Michigan are enrolled in VHA's Home Telehealth service to help them manage chronic conditions such as diabetes, chronic obstructive pulmonary disease, and congestive heart failure.

Conclusion

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

Mr. Chairman, this concludes my testimony. My colleagues and I are prepared to answer any questions you, Ranking Member Brownley, or other members of the Committee may have.