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VFW Department of Montana Testimony for the Field Meeting of the Senate Veteran Affairs in Billings, MT on April 21, 2012

Good morning Senators,

On behalf of the Veterans of Foreign Wars, Department of Montana, welcome back to Montana. We would like to start by saying Thank You for your continuing efforts to assist veterans and their dependents in education, employment, healthcare, rehabilitation, benefits and memorial services. We share your commitment and look forward to continuing dialogue between us as we deliver services to our veterans.

I have been asked to specifically address the delivery of Department of Veteran Affair (VA) services in our rural setting. Rural settings offer significant challenges to the VA, that are often overlooked or rank low on priority lists because of the small number of veterans impacted. Montana has a rich heritage of military service and a corresponding high ratio of veterans in our population. They live in regions far from VA healthcare service points. So far, in fact that it is hard for VA leadership to visualize transportation in terms of hundreds of miles and sometimes trips of two (2) or more days to obtain specialized treatments.

The VA Montana Health Care System is currently in a period of transition for leadership. Employee morale has been low and is reflected in the delivery of some services. We need a new, long term Director now, not 6 to 12 months from now. However, there has been some good news as well. In the last fifteen (15) years Montana veterans have seen VA primary care expand from three (3) to twelve (12) locations strategically located throughout the State. Additionally two (2) Primary Care Telehealth Outreach Clinics (PCTOCs), representing a new initiative to reach veterans in remote population centers are operational but still under evaluation. With a few exceptions, we continue to receive positive comments from satisfied veterans for the healthcare services received from VA medical personnel. Not so with contracted healthcare services which we will discuss later. The VA is commended for doing an excellent job in training employees to be attentive to veteran needs that go beyond the scope of any single healthcare need. Generally, employees are attentive, empathetic and caring. They go the extra mile to meet the total needs of veterans.

The Montana VA Benefits Office continues to be a leader in benefit claims processing, so much so that claims are being channeled through that office from other sites outside Montana. These

add-on claims have mandated timelines, making them a higher priority over claims from Montana veterans. Ironically, this lengthens the turnaround time for claims from Montana veterans.

Relatively unnoticed is the excellent job the VA Burial and Memorial Benefits Office provide in services to veterans and their families at the time of death. While I have heard of a few administrative errors affecting headstones most veterans families are appreciative of the services provided. Our State Veteran Cemeteries in Ft Harrison, Missoula and Miles City provide excellent interment services and resting places for veterans and family members.

We are presenting five topics of concern that are uniquely affected by Montana's rural setting and scattered veteran population.

1. Community Based Outpatient Clinics (CBOC) Staffing. VA Montana Healthcare System staffs twelve CBOCs, each providing excellent services when staffed with long term doctors, physician assistants, nurses and medical record personnel. Northeast Montana has been plagued with a lack of consistency in the staffing of a Medical Doctor (MD) at the Glasgow Community Based Outpatient Clinic. The same problem is being experienced in the Lewistown CBOC. For this reason we are losing veteran patients at these locations. This has degraded local medical services, caused interruptions in continuing care, increased referrals to Ft Harrison and delayed new patient enrollments.

This problem highlights the need for continuity in MD positions at small CBOCs. All personnel changes in a CBOC setting are disruptive and significantly affect the quality of services. CBOCs have small staffs and any vacancy is more serious than vacancies at facilities with larger staffs. We must do better at staffing CBOC positions, particularly the MD position. CBOCs are an excellent means of bringing VA healthcare services to rural veteran populations, but will fail if not properly staffed. We ask that the Committee emphasize to the VA an immediate need to staff the MD positions at Glasgow and Lewistown and stress the importance of continuity in these key positions.

2. VA Contracted Primary Care Services. One of the options to providing VA Healthcare in local rural communities is through contracted services. In Northwest Montana, the Spokane VA Medical Center has initiated a contract for primary care with Libby Clinic. The VFW has received many complaints from veterans about the services rendered by the Libby Clinic. Complaints range from appointment delays, long waits for service, not being seen by a MD, and lack of empathy for veterans. These problems are not unique to Northwest Montana. Under the leadership of Joe Underkoffler, VA Montana Healthcare System attempted several times to use contracted primary care in other parts of Montana and found that veterans rejected the services for the same reasons. On the other hand VA contracted services for specialty medical services have been well received by veterans. VA contracts for specialty medical care do work and should be expanded into more communities and increase the number of contracted specialty medical care providers. It is our consensus that VA contracted services for primary care in rural settings does not currently meet the needs of many veterans. We urge the Committee to ensure that the VA use contracted primary care sparingly and look for other means to reach rural veterans. Possibilities include the use of visiting VA medical personnel or increased use of Telehealth communications, as discussed below.

3. Vet Center Services. Vet Centers provide a wide range of services, the most important being veteran and family counseling. Since the origin of Vet Centers in 1979, the counseling services offered by Vet Centers have proven a most effective means of reaching veteran populations that reject traditional VA counseling services. Due to the long protracted war in the Middle East, there has been a significant increase in veterans and families needing these specialized counseling services. Recognizing the need the VA has increased the number of Vet Centers nation-wide.

In Montana we are fortunate to have four (4) Vet Centers; Billings, Great Falls, Kalispell and Missoula. Each of these sites has increased their caseloads by providing outreach to surrounding communities through weekly visits. This has effectively brought counseling services closer to a large number of veterans and families needing counseling services. Despite these efforts, a quick look at the map will reveal large underserved veteran populations in the Helena, Butte area and the Bozeman, Livingston, Belgrade area. The VFW urges the Committee to direct the VA to establish Vet Centers in these two areas.

4. Long Term Nursing Home Care for Veterans. The VA has gradually decreased the number of in-house long term care beds. There has been an increased reliance on VA contracted long term care beds in private skilled nursing care facilities and State Veteran Homes.

Montana VFW strongly supports VA contracted long term beds in private skilled nursing care facilities as a means of keeping a veteran closer to his home, friends and family. Montana currently has two State Veteran Homes, Montana Veterans Home (MVH) in Columbia Falls and Eastern Montana Veterans Home (EMVH) in Glendive. There is an additional State Veterans Home being planned for Butte.

MVH has been an institution since 1896 and has evolved, through time, to become a premier veteran's home. There is no better long term care facility in Montana. In addition to the operation of the veteran's home, MVH has a VA Pharmacy, Veteran's Cemetery and 48 acre campus. MVH is staffed and operated by the State. Operating costs are higher at MVH than at EMVH and have come under close financial scrutiny by the State Legislature.

EMVH is staffed and operated under a contract with a private healthcare provider. In today's jargon, operation of EMVH has been "privatized." We oppose any effort to privatize the operation of MVH. In addition to the loss of identity as veterans in a privatized home, regional veterans in the Flathead Valley would also lose their VA Pharmacy. We are also concerned about the privatized operation of EMVH and the new State Veterans Home in Butte. There is an inherent conflict of interest between the profit requirement of private enterprise and quality of care of veterans. In a privatized veterans home, veterans soon lose their veteran status and become nursing home residents.

State Veteran Homes originated under the concept that state government had an obligation to provide assistance to old soldiers, airmen and sailors in need of rehabilitative and long term healthcare services. They have become centers for total care of veterans beyond the scope of skilled nursing homes. The cost of operating state veteran homes is not exempt from the dramatic increases in healthcare costs and State governments have looked hard for ways to reduce costs.

The VAs role in State Veterans Homes is basically three functions. 1) Provide partial funding for new construction or remodeling ; 2) Provide per diem funds for each veteran residing in a State Veterans Home, and; 3) Conduct periodic inspections of State Veteran Homes. The VA does not become involved in the way a State Veteran Home is operated. While privatization of State Veteran Homes is currently the prerogative of State government, perhaps it is advisable for the Committee to task the VA to reconsider its role in operation of State Veteran Homes, and take a more direct role in how our State Veteran Homes are funded and operated. Consider this; do we want to have State Veteran Homes or state nursing homes housing veterans? There is a difference. We cannot let our State Veteran Homes become nursing homes housing veterans and privatization does just this.

5. Telehealth. This communication means has shown some success in providing VA healthcare to veterans in remote or rural communities. It still requires medical personnel at the remote site to facilitate the collection of medical information from the veteran for analysis, diagnosis and treatment plan development by qualified VA medical professionals. There has also been success in providing behavior health services. It is best that mental health treatment plans that require follow-on counseling be developed in traditional one-on-one interviews and later be followed up through use of Telehealth communications. One of the problems is the shortage of hardware in rural healthcare facilities. The obvious benefit is that we can connect the doctor with patient, minimizing transportation problems while maximizing the doctor's ability to see more patients. The use of Telehealth communications represents an opportunity to treat more veterans closer to their home but also presents some challenges for implementation. Some medical treatments are better suited for Telehealth communication techniques than others. We cannot simply rely on Telehealth communication for all remote site VA health care. We urge the Committee to direct the VA to expand the use of Telehealth services, in rural settings as appropriate.

This concludes the VFW Department of Montana testimony before this Field Meeting of the Senate Veteran Affairs Committee. Again, Thank You for your willingness to serve our country and look after our nations veterans.