

# Minneapolis VA Health Care System FY20 SWS Site Visit Report



Date: December 18, 2019

Location: MPLS VA Health Care System

**Dept.** Rehab Committee Members: Wilson Spence, Gary Munkholm, Bill Brockberg, Roy Bressler and Dan Tengwall. Dept. Service Officer, Jeremy Wolfsteller.

**RE:** The American Legion Dept. Rehabilitation Committee is tasked with staying engaged with agencies that aid Minnesota veterans. The committee does this by conducting System Worth Saving Site Visits throughout the year. These locations include Sioux Falls, Fargo, St. Cloud and Minneapolis VA Health Care Systems, St. Paul and Fargo Regional Offices, Minneapolis, Hastings, Luverne, Fergus Falls and Silver Bay Veterans Homes. Additional Site Visits are conducted at VA CBOC's, Vets Centers, and Minnesota nonprofits that serve veterans when the budget allows.

Meeting Attendance: Chairman Spence, Bill Brockberg, Gary Munkholm, Dan Tengwall and DSO Jeremy Wolfsteller. Director Patrick Kelly and Sheila Sheridan

# MPLS VA Healthcare System Overview:

Acres area

Minneapolis VA Health Care System (VAHCS) is a teaching hospital providing a full range of patient care services with state-of-the-art technology, as well as education and research. Comprehensive health care is provided through primary care, tertiary care and long-term care in areas of medicine, surgery, psychiatry, physical medicine and rehabilitation, neurology, oncology, dentistry, geriatrics and extended care.

Minneapolis VA Health Care System is redesigning VA healthcare delivery through Patient Aligned Care Teams (PACT). This initiative increases access, coordination, communication and continuity of care. PACT provides accessible, coordinated, comprehensive, patient-centered care and is managed by primary care providers with the active involvement of other clinical and nonclinical staff. PACT allows patients to have a more active role in their health care and is associated with increased quality improvement, patient satisfaction, and a decrease in hospital costs due to fewer hospital visits and readmissions.

In 2009, a \$20 million Spinal Cord Injury/Disorder (SCI/D) Center was opened. The 65,000-square-foot center provides acute rehabilitation, primary care and sustaining care for Veterans with spinal cord injuries and disorders. The facility includes a 30-bed inpatient unit, outpatient clinics, therapies and offices. A dedicated special-procedure room provides urodynamics as well as other specialized testing. The center is part of a national VA network of SCI/D centers.

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# Rural Veteran Health Care

Minneapolis VA Health Care System works to ensure rural Veterans have access to care by offering health care through tele-health and through Community Clinics. Community Clinics within the Minneapolis VA Health Care System provide care to Veterans near their hometown and serve over 56,634 Veterans in FY19 throughout Minnesota and Western Wisconsin. Community Clinics are located in the following Minnesota and Wisconsin communities:

- Albert Lea VA Clinic Minn.
- · Chippewa Valley VA Clinic Wis.
- Ely VA Clinic Minn.
- Hayward VA Clinic Wis.
- Hibbing VA Clinic Minn.
- Mankato VA Clinic Minn.
- Maplewood VA Clinic Minn.
- Northwest Metro VA Clinic Minn.
- Rice Lake VA Clinic Wis.
- · Rochester VA Clinic Minn.
- Shakopee VA Clinic Minn.
- South Central VA Clinic Minn.
- <u>Twin Ports VA Clinic</u> Superior Wis.

### Education

Minneapolis VAHCS has active affiliations with the University of Minnesota Medical and Dental Schools. Over 1,500 University residents, interns and students are trained at this VA each year. In conjunction with affiliations, residency-training programs exist in medical, surgical, psychiatric, oral surgery and diagnostic specialties and subspecialties. The Minneapolis VA has formal affiliation agreements with over 56 schools to provide allied health training in a multitude of programs. It also has accredited hospital-based training programs for Radiology Technicians, Nurse Anesthetists and Dental residents.

### Research

The Research Service located in the medical center is among the largest and most active in the VA System. There are currently 179 scientists and investigators. Our VA Research funding draws over \$29 million. Our researchers publish hundreds of papers, abstracts and book chapters each year on the most cutting-edge research projects.

# **Meeting Minutes:**

# 1. Wait Times:

- Patient wait times for the Minneapolis VA Health Care System can be difficult to measure because they're based on many variables like, new patient appointments, established patient appointments, preferred appointment date, or date of request/create date. With the recent rollout of the MISSION ACT on June 6, 2019 veterans are still choosing VA for their primary care. MPLS is in the process of hiring three primary care providers (PCP) that would be 100% dedicated to seeing patient's vs additional duties like working education with interns etc. This will drop the PCP panel sizes and will lower wait times for primary care.
- The national wait time average for primary care is 3.90 days, specialty care 10.12 days and mental health is 6.35 days. The HCS primary care patient aligned care teams (PACT) are at 106% capacity, which means appointment wait times are a little longer than national average at 7.75 days. Specialty care is at 12.30 days which can be because of the demand for orthopedics, audiology, dental, eye care and their state-of-theart pain management center Mental health wait times are shorter than national average at 5.01 days. MPLS just finished a renovation project of the out-patient mental health clinic.

# 2. Panel Sizes:

- Panel Sizes per VHA DIRECTIVE 1406 Transmittal Sheet June 20, 2017 PATIENT CENTERED MANAGEMENT MODULE (PCMM) FOR PRIMARY CARE. Range 1,000-1,400. Recommended baseline for FTE PACT is 1200 for MD's and 900 for Mid-Level.
- o MPLS VA Health Care System has over 100 PACT teams and majority of them are all within the Directive size. There will always be higher numbers for periods of time because of turnovers. Mid-level providers i.e. nurse practitioners or part time physicians may have more patients but MPLS ensures that no provider is at 115% capacity. This can contribute to physician burnout.

# **Meeting Minutes:**

# 3. Facility Demographics:

- o MPLS VA is a tertiary care 1a facility with a total authorized bed capacity of 348 with 309 total operating beds. There are 244 authorized acute care beds, 229 operating beds and 104 authorized, 80 operating long-term beds. On average the daily census is 164 for acute and 60 for long-term. MPLS VA Health Care System is recognized for its Poly Trauma Unit, SCI Center and TBI Rehabilitation Programs. These programs contribute to long term care beds being occupied by veterans and service-members.
- The HCS has 241,601 eligible veterans in its catchment area according to a release from VA Central Office Market Assessment. The HCS has an increase in enrollment at 120,996 with an increase of around 700 female veterans. Veterans that used the VA HCS for appointments is measured by "Unique population" which was 105,207. Theses patients used the HCS for outpatient appointments at total of 996,915 times.

# 4. Total Budget:

FY17: 909M
 FY18: 989M
 FY19: 973M

- \* MPLSVAHCS has 3 State Veterans Homes within its catchment area for paying VA per-diem to.
  - Hastings Dom Per-Diem FY16 \$2,226,966/ FY17 \$2,246,503/ FY18 \$2,163,436/ FY19 \$1,907,944.96
  - MPLS ADHC Per-Diem FY 16 \$381,883/ FY17 \$358,882/ FY18 409,351/ FY19 \$305,358.06
  - MPLS Dom Per-Diem FY16 \$674,019/ FY17 \$694,817/ FY18 \$572,251/ FY19 \$574,855.68
- MPLS Basic Per-Diem FY16 \$8,145,610/ FY17 \$8,107,419/
   FY18 \$8,002,601/ FY19 \$7,790,720,27
  - MPLS High Per-Diem FY16 \$6,316,082/ FY17 \$7,337,537/
     FY18 \$8,500,234/ FY19 \$8,009,809.23
- Silver Bay Basic Per-Diem FY16 \$2,164,516/ FY17 \$2,252,503/
   FY18 \$2,070,652/ FY19 \$1,853,888.35
  - Silver Bay High Per-Diem FY16 \$1,964,067/ FY17 \$1,892,775/ FY18 \$2,596,155/ FY19 \$2,893,174.73

GRAND TOTAL: FY19 \$23,335,751 paid to State Veterans Homes in Minnesota

# **Meeting Minutes:**

- 5. Non-VA Coordinated Care Program Budget:
  - o FY17: \$123,088,446
  - o FY18: \$141,990,660
  - FY19: \$94,237,215 \*pending with new allocation model change. (expected to be around \$150,000,000.

# Breakdown of Non-VA expenditures

- Home Care (skilled nursing care): \$8,946,309
- o Inpatient care in private facilities: \$15,921,425
  - O Non-Institutional Care (Medical Foster Home Program) \$11,521,315
  - o Nursing Home (Contract private Homes) \$28,390,817
- Outpatient (MISSION ACT VCCP) \$28,390,817
- ➤ The June 6, 2019 MISSION ACT changes for accessing care in the community has become easier for veterans. MPLS HCS has seen an 57% increase in community care referrals since its inception. These referrals are mainly for contract nursing home, home care and specialty care services where veterans may have higher wait times or because their drive time is over 60 minutes to the VAMC.
- ➤ The HCS Care in the Community office has 100 staff that consist of nurses, and schedulers to manage all the community care programs. Their team is challenged with meeting veterans' expectations for timely care coordination in the community through VA's 3<sup>rd</sup> party administrator, TriWest. VA Central Office is piloting a program that is looking at a process to triage patients after their appointments to determine if the veteran would benefit from using it's care in the community program for the specific appointment allowing the doctors to spend more time with the patient addressing health care needs during the allotted appointment time.
- Once Optum takes over (April 2020) as the 3<sup>rd</sup> party administrator, VA will be adding dental services to the contract.
- ➤ Local VAMC's have Veteran Care Agreements (VCA's) they use to partner with private providers that are not a part of TriWest's Network of contracts. VCA's are mainly used for non-skilled home care, and dental services.

# **Meeting Minutes:**

# 6. Women's Veterans Program:

- FY19 7,614 enrolled female veterans, 1,896 unique visits for Primary Care. A 13% increase from FY18 (1,678 unique visits)
- New women's standalone clinic expected 2021 with connected hallway to building.
- Women's Clinic offers Primary Care, Mental Health and GYN services on site.
- Women's specific services are also available Veterans Community Care
   Program.

# 7. Suicide Prevention advancements:

- New outreach coordinators were hired to find veterans that are not enrolled that may need care. These Coordinators also train community partners on ways to identify, provide resources and referrals when necessary.
- Recently VA mandated that all PCP and emergency rooms issue a standard 8 question disclosure form to help VA identify a veteran that may be at risk.

Chairman: Wilson Spence

Secretary: Jeremy Wolfsteller

# Department of Veteran Affairs Health Care Facility Questionnaire

# **Executive Leadership**

# Please address the following:

> Facility Name: Minneapolis VA HCS

### > Wait times:

- What are the average wait times for primary care patients? 7.75 days
- o What are the average wait times for specialty care patients? 12.30 days
- What are the average wait times for mental health patients? 5.01 days
- What specific services/care do most veterans have to wait for?

  The most frequent clinics that have high volumes and some access issues are:

  Audiology; Eye; Dental; Orthopedics; and Pain Clinic. We utilize Community

  Care to send Veterans to community services where available when there are

  delays in getting into the MVAHCS Clinics or it is geographically better to send

  Veteran to local clinics.

### Panel Sizes:

O What are your current PCP panel sizes
There are currently over 75,000 Veterans enrolled in Primary Care panels. The
size for a full-time Physician in Primary Care is 1200. This is pro-rated for MDs
in clinic less than full-time, and Physician extenders (Nurse Practitioners and
Physician Assistants).

# > Staff Vacancies (by occupation):

O What is your total number of vacant positions? The MVAHCS has over 3900 FTEE (full-time equivalent employee). Vacancies vary depending on the position and how difficult it is to recruit. At any given time, there are generally around 350 – 400 recruitments in process which is normal churn rate for the MVAHCS.



- How long have the positions been vacant? Vacancies vary depending on the position and how difficult it is to recruit. Some difficult to recruit positions can take several months, but on average most positions are filled within a couple of months.
- o Reason for vacancies? Because of our geographic location in a metropolitan area, we do not have much difficulty recruiting staff. Consistent with private health care experience, we have challenges in the rural areas.
- o Do you have a succession plan in place to address your current and future vacancies? The MVAHCS has a workforce succession plan that is reviewed and updated annually. This plan is based upon the HCS strategic plan that may identify new or changed positions.

# > Facility Demographics:

- What type of care/services does your medical center offer? The MVAHCS is a tertiary care, 1a facility. The HCS offers most clinical services except for transplants. We have both a polytrauma and spinal cord injury/disorder center.
- What is your authorized and operating bed capacity?
  - Acute Care
    - Authorized: 244
    - Operating: 229
  - Long Term Care
    - Authorized: 104
    - Operating: 80
- o What is your average daily census for each inpatient program?
  - Acute Care: 164
    - Long Term Care: 60
- o How many outpatient visits did you see last fiscal year? Outpatient visits for FY19: 996,915
- Please provide a breakdown of your funding allocations for the past three fiscal years.

FY17: \$909M

FY18: \$989M

FY19: \$973M

## > Enrollment:

- o What is the total number of veterans in your catchment area? As of Fiscal Year 2019 (most recent data) there are an estimated 241,601 eligible Veterans in the MVAHCS catchment area.
- o What is the total number of enrolled veterans in your catchment area? *There are 120,996 Veterans enrolled in the system as of 2019.*
- o Of the number of enrolled veterans, please provide the number of:
  - Men? 113,382
  - Women? 7,614
- O What is the total number of unique veterans in your catchment area? Last fiscal year the MVAHCS served 105,207 unique Veterans.
- o Please identify the counties included in your catchment area?

MN: Watonwan, Waseca, Nicollet, Blue Earth, Brown, Faribault, LeSueur, Carlton, Cook, Itasca, Koochiching, Lake, St. Louis, Bayfield, Douglas, Chisago, Pine, Washington, Anoka, Ramsey, Dakota, Hennepin, Dodge, Fillmore, Goodhue, Mower, Olmsted, Wabasha, Winona, Buffalo, Carver, Freeborn, Rice, Scott, Sibley, Steele
WI: Barron, Burnell, Polk, Rusk, Sawyer, Washburn, Chippewa, Dunn, Eau Clair, St Croix, Pepin, and Pierce

# ➤ Non-VA Coordinated Care Program:

o What was your last year's NVCC budget for the following: MVAHCS budget for community care is all encompassing and is no longer broken out as below. The allocations for the last three years were:

FY17 \$123,088,446 FY18 \$141,990,660 FY19 \$ 94,237,215

■ Home Care (skilled): \$8,946,309

■ Inpatient: \$15,921,425

Non-Institutional Care: \$11,521,315

Nursing Home: \$28,390,817Outpatient: \$28,390,817

### > Outreach Activities:

- O How many outreach events did your medical center participate in during last fiscal year?
  We held over 273 events last year. Examples of these events are; Veteran Town Halls; Stand Down for Homeless Veterans; MN Military Appreciation Day at the State Fair; Mental Health Summit; Suicide Prevention events; and educational outreach on college campuses.
- How many outreach events is your medical center planning to participate in this fiscal year?
   We anticipate doing the same number of events again this year.

# > Women Veteran Program Manager:

- How many women veterans utilize the Women's Clinic?
   1,896 unique patients in FY19 (primary care) utilized the Women's Clinic last year.
- O Has this number of utilization increased from the previous year?

  Last year, 1,678 unique patients (primary care) utilized the Women's Clinic, with a 13% increase Veterans seen this year.
- o How many female physiologists/psychiatrists, gynecologists, and primary care physicians are staffed at the Women's Clinic?

Psychology -1, 1.0 FTE

Mental Health Clinical Nurse Specialist -1, 1.0FTE

Pharmacist -1, 1.0 FTE

Gynecology -1, 0.6 FTE

Primary Care -9, 2.45 total clinical FTE

- O How many women veteran events are held at your facility?

  The following events were held as outreach to/in recognition of women Veterans.

  There are many other events that take place including women's support groups,
  pain groups, MST, transgender groups that do not fall under the responsibility of
  the Women Veterans Program Manager but are essential to offering
  comprehensive, gender specific services to our women Veterans.
  - Go Red for Women Luncheon
  - Women's Health Week