



## System Worth Saving Site Visit Report

- **Date:** December 9, 2020
- **Location:** Virtual Meeting (via Microsoft Teams)
- **Attendees:**
  - Rehab Committee Members*- Chairman Wilson Spence, Gary Munkholm, Daniel Tengwall, Lynn Lyons and Jim Finley
  - *Department Service Officer*- Jeremy Wolfsteller.
  - Minneapolis VA Health Care System*- Director Patrick Kelly Strategic Planner Sheila Sheridan, and Public Affairs Officer Brad Doboszanski.

- **Purpose**

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 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.

### Minneapolis VA Health Care System Overview

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.





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The Minneapolis VAHCS is designated as one of four Polytrauma VA Medical Centers. As such, the medical center receives active-duty service members and Veterans for rehabilitation of injuries such as traumatic brain injury, blindness and amputation. A 10-bed transitional and community re-entry unit for polytrauma patients provides continued rehabilitation therapies to assist Veterans and active-duty service members to reach their highest level of independence in the community. They will learn to apply their rehabilitation skills in community settings in preparation to transition into their home communities.

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.

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 18,000 Veterans throughout Minnesota and Western Wisconsin.

### **Community Clinics are 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. **Contract**

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. **Contract**

Twin Ports VA Clinic - Wis.



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## 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 50 schools to provide allied health training in a multitude of programs. It also has accredited hospital-based training programs for Radiology Technicians, Nurse Anesthetists, Podiatry and Dental residents.

The Minneapolis VA Healthcare System was the first Healthcare System in Minnesota to receive 3,000 doses of Pfizer COVID-19 Vaccines. They administered 90 vaccinations the first day. Their goal is to administer 2925 vaccines before January 4 for an average of 265 vaccinations to both staff and veterans per day.

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## Meeting Minutes

**Patients wait times:** Per VA MISSION ACT, VHA's Access standard for primary care, mental health care & non-institutional extended care services are 20 days, and 28 days for specialty care from request date.

**Primary care:** wait times have increased from 6 days to 15 days. This can be contributed to PCP repositioned to train on COVID response, along with some turnover and because of limited in-person appointments.

**Specialty Care:** wait times have increased from 9 days to 20 days. This is due to limited in-person appointments, fewer elective surgeries being conducted, and a backlog dating back to March 2020 when the pandemic started.

**Mental Health:** wait times have dropped from 3 days to 1 day due to veterans able to receive mental health counseling virtually through VA's Tele-Mental Health Program.

**Medical Services with Longer Wait Times:** Audiology, ophthalmology, optometry, dental, orthopedics, and pain clinic. These services are always on high demand and with limited in-person appointments over the last 10 months, VA has an established backlog.

These patients have an option to receive care in the community under the MISSION ACT Access Standards although wait times in the community could be longer.





**Meeting Minutes Continued:**

**Panel Sizes:** VHA patient centered management module (PCMM) standard via Directive 1406 for primary care range 1,000-1,400. Recommended baseline for FTE Physician PACT is 1200. For mid- level FTE PA or NP, recommended range is 800-900. Panel sizes refer to the assigned veterans a PCP has per year.

*\*Panel sizes are especially important as they can contribute to physician burnout and or shortened appointment times.*

Total number of patients assigned to PCP Panels is 72,996.

VAMC: 28,365 assigned to the Medical Center PCP panels.

CBOC's: 44,631 assigned to Primary Care Providers at a CBOC

Total number of Primary Care Providers': 76.6 FTW dedicated to PACT. Not all providers do 100% primary care as they may have time dedicated to other things (research, education, other clinical work).

**VIP Staff Vacancies:** (Executive Team & Clinical)

- Nurse Executive retired in December  
    Permanently filled by Teresa Tungseth
- Chief Experience Officer promoted to Central Office  
    Temporary filled by Mandy Smoot
- Chief of Prosthetics  
    Permanent filled Elvis Leighton
- 50 Medical Support Assistants
- 28 LPN's
- 29 Physician

**Enrollment:** *MPLSVAHCS has approximately 236,000 veterans within their geographical market, although not all may be eligible for VA Health Care.*

- Currently 120,430 enrolled veterans (47% of their geographical market penetration)
  - 112,551 men
  - 7,879 women
- Unique visits were 101,117 of 120,430 enrolled (84%) used the system at least once.
- Total number of outpatient visits were 892,237 down from last year's 996,915.

**Facility Demographics:** *Authorized, operating bed capacity, daily census for all inpatient programs:*

- Operating Bed Capacity Breakdown:
  - Total Authorized: 348
  - Total Operating: 309
    - CLC: Authorized 104
    - CLC Operating 80
    - ICU: Authorized 23
    - ICU: Operating 18
    - Med/Surg: Authorized 133
    - Operating 124
    - Mental Health: Authorized 24
    - Operating 24
- Average Daily Census:
  - Acute 133
  - Long Term 43





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**Funding:** (last three fiscal years) (Salaries, maintenance & repair funds, construction and unspecified) Because of COVID and VA's 2-year budget we can anticipate a budget issue in 2022.

FY18: \$989M

FY19: \$973M

FY20: \$1.14B *(Less appointments than previous year but reimbursement rates were higher for COVID19 and additional CARES ACT funding).*

**Community Care Program:**

FY \$141,990,660

FY19 \$94,237,215

FY20 \$259,800,000 *(Caught up paying providers from FY19)*

**Preauthorized Care** (estimate)

Home & Non-Institutional Care \$34M

Inpatient Care \$55M

Contract Nursing Home \$47M

State Veterans Homes \$32M (Breakdown per Home) do not think we can break down to this level.

Outpatient Care (Mission Act) \$79M

**Unauthorized Care** (Mill Bill Payment Emergencies) \$11M

**Women Veteran Program:** *FY20 unique Data (counted once)*

6,895 women veterans utilized services at the Medical Center

1,590 women veterans utilized primary care

339 female veterans utilized gender specific services within the clinic

FY19 Data numbers were

**Women's Clinic Staffing**

Psychology 1 FTE

Mental Health Nurse 1 FTE

Pharmacist 1 FTE

Gynecology 1 FTE

Primary Care 10 (2.7 FTE)





**Meeting Minutes Continued:**

**Mental Health Program:**

**Mental Health Staff**

Psychologist: there are 70 FTEE. Of these there are 16.8 FTEE assigned to Extended Care and Rehab.

Psychiatrist: 37.9 FTEE plus additional 22 who are intermittent

**Modalities** (PTSD, Depression, Addition-methadone/opioids, Insomnia, MST, eating disorders, inpatient PPH)

- Cognitive Processing Therapy (CPT)
- Prolonged Exposure (PE)
- EMDR
- Depression Acceptance & Commitment Therapy
- Couples & Family Therapy
- Substance Abuse
- Insomnia & Nightmare Re-scripting
- In-patient Partial Hospital Program (PPH)

**Reach Vet Program** *The spirit of REACH VET is to give special attention and outreach to those who are identified at a higher risk across multiple conditions.*

-Veterans are assigned to the REACH VET program by the National Office using an algorithm that identifies the top 0.1% of Veterans who are at a greater risk for an adverse event.

-Roughly 100 Vets are identified each month.

-Although adverse events include medical conditions and should be followed up by Primary Care, the majority of those on the list are on it for MH reasons

-Once identified, the Veteran does not need to do anything.

-Vets are not able to request to get on the list or request to be taken off the list (some Vets are on for 1 month and some Vets are on for many months)

-Every 2<sup>nd</sup> Wed of the month, the new list comes out and I access this through the REACHVET Dashboard

-Depending on a couple different scenarios, the Veteran's provider needs to review their treatment and conduct outreach





***Additional Comments:***

Due to the pandemic MPLS VA pulled staff from Primary Care PACT (RN's, LPN, NP, PA's) for COVID19 emergency response. These staff supported the Acute Respiratory Clinic (ARC) and the Call Center screening sick patients calls. This was also implemented at the CBOC's which stayed open throughout the pandemic to ensure staff are prepared for COVID response in the rural communities.

Leadership reported the recent approval for more funding for hiring call center staff so the PACT staff can return to PC. MPLS hired 11 positions which included RN's and Medical Support Assistants (MSA's).

Rural veterans gave positive feedback about having their mental health appointments virtually. Enjoy not having to travel. This has proven to be successful showing less appointment cancellations.

Military Sexual Trauma groups have been on hold although patients can still conduct virtual MH appointments.

Veterans on VA's contract nursing Home Program will have access to COVID-19 vaccine through the State allocations not the Federal VA.

**VA&R Committee Chairman:** *Wilson Spence*

**Secretary/DSO:** *Jeremy Wolfsteller*

