

**SENATE COMMITTEE ON VETERANS AFFAIRS FIELD HEARING**

**ENTITLED: "THE STATE OF VA HEALTH CARE IN HAWAII"**

AUGUST 19, 2014

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FOR PRESENTATION BEFORE THE SENATE COMMITTEE ON VETERANS AFFAIRS

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Chairman Sanders, Ranking Member Burr, Senator Hirono, Distinguished Members of the Senate Committee on Veterans Affairs, members of our panels, fellow Veterans, Veteran Organizations, and members of the community. Before starting, I would like to especially thank Senator Mazie Hirono and her staff for her efforts to engage with Veterans from around the State at round table sessions over the last several months. Hawaii's Congressional Delegation of U.S. Senator Brian Schatz, U.S. Representative Colleen Hanabusa and U.S. Representative Tulsi Gabbard also engaged with Veterans across the State during this tumultuous time period. All of these sessions offered unfiltered feedback from Veterans and provided a foundation and baseline for healthy dialogue some of which has already occurred and will be occurring throughout these proceedings.

Thank you for the opportunity to present our perspective of the State of VA Health Care in Hawaii.

First off, a quick preamble about the Hawaii State Office of Veterans Services (HOVS). Currently, we serve approximately 117,000-120,000 Veterans in the State of Hawaii with a break out of Veterans on Oahu (85K), Hawaii (17K), Maui/Molokai/Lanai (12K), and Kauai (5K). Inclusive of this overall number are 14K Women Veterans in Hawaii. HOVS provides advocacy for Veterans, short-term counseling, informational and referral services, claims, forms, and appeal assistance, legal name changes, discharge upgrading advice, outreach, VA benefits assistance, burial assistance, and receives, investigates, and resolves disputes or complaints involving our Veterans and government agencies and the community. There are 25 people assigned to HOVS residing on four major islands. Half of the personnel are Veterans Benefits Counselors and trained to the same standard as federal Veterans Benefits Counselors. The other remaining half of the staff support administrative and cemetery affairs. HOVS is directly responsible for maintaining the Hawaii State Veterans Cemetery in Kaneohe and has oversight at seven other State Veterans Cemeteries on the islands of Kauai, Maui, Molokai, Lanai, and

Hawaii (3 State Cemeteries on this island). For the latter seven, these cemeteries are maintained and operated by the respective County Public Works or Parks and Recreation Divisions. HOVS is privileged to work a long side their federal Veterans Benefits Administration (VBA) and Veterans Healthcare Administration (VHA) counterparts with our main office on Oahu in the E-Wing at Tripler Army Medical Center, but also maintain satellite offices on Maui, Hawaii, and Kauai. HOVS performs outreach services in Molokai and Lanai once a month. If a Veteran needs assistance, we stand ready to help. Our motto is “proud to serve those who served our country!”

Back to the “State of VA Health Care in Hawaii.” HOVS sees three main dominant issues that consistently arise from Veterans across the State. 1) **Timeliness** issues 2) **Capacity** issues 3) **Quality of Service** issues.

**Timeliness** issues cover expeditious scheduling of appointments, the amount of time it takes to adjudicate service connected claims, the lengthy appeals process, the time it takes to get reimbursed for travel services from rural areas, and the inordinate time it takes see specialists and physicians for follow-ups. These timeliness issues end up becoming more problematic and labor intensive as additional follow-up calls are made, more status check emails are sent, and more distrust is felt by the Veteran who begins to feel that they are not being taken care of. Unfortunately, a by-product of not receiving timely VA support and services is that our external queries start to increase. Not only are we trying to assist the Veteran with their issue and attempting to resolve at the lowest level, now official Governor’s office and multiple congressional inquiries start to flow in. In some cases, there are multiple service activities working the same issues for the same Veteran. Our current site picture of timeliness issues in Hawaii reflects that significant improvements have been made here, as the appointment timeframe for new accessions is less than 45 days from a high of 145 days. More continued bench marking with the private sector and successful healthcare facilities that have overcome these type of scheduling challenges should be aggressively sought out to remedy this. The claims backlog continues to be worked on aggressively and much progress has been made within the last year especially with the oldest claims that were over two years old. Volume of claims continues to be high with the drawdown of Afghanistan and reduction of military force structure due to sequestration targets. Without long-term systemic changes, the potential to make sustained gains and improvements in fixing problems and symptoms may be impaired or reduced. The appellate process for a decision averages over a year from the time the Veteran and service provider meet with the Federal Judge to hear the case. In some cases, it is a much longer wait. Timely reimbursements for out of pocket transportation costs for those traveling to Tripler from the neighbor islands also have been addressed to our office for resolution. Some reimbursements have taken over 60 days or more for repayments. For patient follow-up requirements after initial appointments with specialists and physicians, timeliness issues have also arisen because of the high volume of requirements with just a limited number of VA healthcare providers across the

State. Many Veterans from the neighbor islands are required to come to Tripler for healthcare services because these services are not offered or are only offered certain times of the month on their respective island.

**Capacity** issues involve having Veterans being able to obtain timely required treatment and exams from VA healthcare providers, having enough doctors, nurses, specialists, and support personnel to keep pace with the demand, the need to expand more facilities to expand access to care, allowing Veterans who live in remote rural areas from a VA hospital or Community Based Outpatient Clinic (CBOC) to access care through private medical providers in the community, and to provide additional Veterans Benefits Counselors to meet the current and future demands for claims processing and adjudication. In Hawaii, VHA is hiring additional physicians and medical staff over the next few months to bring their patient to physician ratio down to provide timelier care and treatment. Expediting hiring protocol will go a long way to bring these much needed healthcare providers on board sooner and make a direct impact to those Veterans who need the help the most. From the onset, VHA has made pleas with community and civilian medical care providers for overflow support and have found in some quadrants that these private providers also have similar capacity issues with shortages of special skill sets. Although the overwhelming sentiment from the entire healthcare community in Hawaii is to support with as much as they are able to give and offer. Expediting programmed VA facility construction especially facilities that have received outright federal funding and populating these facilities with healthcare professionals will undoubtedly aid in expanded access to care for Veterans. Rapidly proceeding with the Advance Leeward Outpatient Healthcare Access (ALOHA) Center in West Oahu that is already funded will ease the burden on the VA clinic at Tripler and redirect potentially one third of the care, treatment, and services currently provided to those who reside on Oahu. Moving forward with planned and fully funded VA Multi-Service Centers on Maui and Kauai will combine critical Veterans Centers, CBOCs, and OVS functions under one facility and reduce the time and effort that Veterans must allot to complete their claims, benefits counseling, care and treatment, and other important services in a synergistic approach. For the Maui site, the State has provided funding for environmental site assessment work and is working closely with the State Department of Education to ensure this property is ready to break ground. Both Hilo and Kona Veterans Organizations have also solicited the Hawaii State Legislature and the Governor and have received initial Grant-in-Aid Funding to explore these types of viable options and alternatives to provide enhanced support and services to our Veterans. One of the other major projects being undertaken by both the State and VA with the assistance of our Hawaii Congressional Delegation is the planning, designing, and construction of a second State Veterans Home in Hawaii. A State funded feasibility study has just recently been completed and the State has made the deadline application submission to the VA to obtain a ranking order on the VA State Veterans Home Priority List that will be published in October 2014. Unfortunately, the State was only able to come up with \$5.5M of the \$21M required for a State match and will continue to work with the upcoming State Legislature to acquire the balance needed. Increasing VA Benefits Counselors to support growing demands and high volume of

claims. Electronic claims submissions have made a significant difference in capacity and timeliness issues. However, VA Benefits Counselors still have to work under two different systems because of the carryover and transitioning protocol from the previous system. Coupled with the high volume of claims and amount of service connected claims per individual (average 6-10), creates definitive challenges within the system of capacity and timeliness. It also prompts the need to outsource claims in a shared collaboration with other VA Regional sites to assist in claims processing and the adjudication of these claims. In the last State Legislative session, OVS received full State support funding to increase their Veterans Counselor Cadre by 40% in anticipation of the additional workload brought on by the aforementioned challenges. With a current State imposed 10% operating budget restriction and hiring freeze earlier in the year, the State is on course to have these additional staff members on board within the next few months to provide increased outreach services and to significantly help with completing fully developed claims.

**Quality of Service** issues involve how we treat and deal with our Veterans, holding those accountable and responsible for sub-standard care or service support, being able to take swift corrective actions on these employees to mitigate issues and problems promptly, having a viable follow-up system to ensure problems addressed are resolved, developing a climate of cooperation, service support, and customer-friendly interface, developing more enhanced connectivity (i.e. sharing of electronic records between VBA and VHA) to improve service, revising stringent standards on HUD-VASH voucher distribution to accommodate more Veterans in need, and incorporate more Tele-health and Tele-medicine technology to reach more Veterans and to improve retrieval of patient information. A good number of calls we receive throughout the month involve issues dealing with the quality of service provided by the VA and if the HOVS can intervene to resolve these issues at hand between the Veteran and either a VHA or VBA specific provider or function. HOVS does its very best to mitigate these issues at the lowest level possible to bring a successful outcome with all involved with systemic issues being forwarded to the appropriate VA staff level. In some cases, some issues require elevation to the senior leadership in VHA and VBA because of the ineffectiveness of resolution options and alternatives at lower echelons. What we have noticed in HOVS, if the Veteran is not treated with genuine dignity and respect from the onset either through a call-in or in person connection at any one of the service nodes, the rest of that Veteran's experience is tainted and he or she becomes leery and untrusting of the entire process. Additionally, providing written responses at all levels that have answered the Veteran's query on paper only without follow-on execution, and more importantly follow-up, do more irreparable damage since now there is the appearance of a disingenuous ploy to respond with no intent to fix the issue. VBA and VHA senior directors and supervisors at all levels should have full authority to swiftly deal with these clear errors of judgment to affect employee behavior changes or process changes instead of waiting for a top downward directed decision to be made. In many cases, indecisiveness is the worst culprit of all.

Furthermore, a change of culture and way of doing business must be integrated amongst all employees at all levels to constantly look at continuous improvement methods (i.e. Six Sigma, Lean, Business Process Reengineering). Some cultural sensitivity training should also be assessed and instituted especially during new employee orientation sessions with the changing demographics of our current warriors and the myriad of ethnicities and cultural challenges within the State. Without a visionary method for improvement and buy-in from employees, if you keep doing the same thing everyday with the same effort, the results will also be the same. We can no longer accept or tolerate any results that are detrimental to providing quality care for our Veterans. Concerning HUD-VASH voucher distribution to Homeless Veterans, there are restrictive criterion in place where Veterans need to show a specific amount of episodes of being homeless throughout the year and have extensive mental illness issues. Many Veterans are fighting hard to preclude ending up on the street and do not fall into this criterion and with a little extra support can stay on their feet if they have a shelter over their head. Under the Housing First initiatives adopted by the State Interagency Council on Homelessness with participants from Federal, State, County, Community, and private non-profit organizations, a team approach is being effectively utilized to ensure our Veterans are off of the streets and receiving treatment and support to get back on their feet and stay on their feet if willing to follow the terms and conditions outlined. Finally, improving the quality of service and support of Veterans receiving healthcare through Tele-health and Tele-medicine initiatives will help with staying connected to our Veterans using state of art technology. In one vivid example, a 90 year-old Veteran from the island of Hawaii travels to Oahu with a family member as a care assistant. Theirs is a twelve-hour odyssey from one of the most remote rural areas on island by car, by plane, and by public transportation. The one hour VA health check up by the VHA specialist at Tripler is spent with filling out a health questionnaire for the first 30 minutes followed by a 10 minute session with the specialist who only reviews the questionnaire with the Veteran. The Veteran must make the trip or potentially lose or be downgraded in their compensation and disability compensation for failure to make the necessary follow-up exams. The Veteran's family member accompanying him complains that these trips take every ounce of energy that the Veteran can muster and frankly is a waste of time and allot money for the cursory service that is rendered. Not that Tele-health or Tele-medicine can readily solve these and similar type of issues, but Hawaii's topography of islands might be a perfect test bed for this type of technology to thrive and to make a significant impact in providing enhanced and timelier healthcare at a substantial cost savings.

In closing, HOVS appreciates the opportunity to provide feedback on these important issues affecting Veterans in the State of Hawaii. We also appreciate Senator Hirono and the Senate Veterans Affairs Committee on swiftly introducing important legislation and funding ratified by Congress and approved by the President to hire additional healthcare providers to move ahead with urgent and much needed reforms. HOVS is encouraged by the improvements made by our

VA counterparts in Hawaii and the Pacific and will do our best as a State entity to support the momentum of change and transformation that is sweeping across the Nation and our State. We know there is much work ahead and we stand as a full-fledged partner to assist and help in support of mission objectives. As advocates for Veterans and their families, HOVS is committed to working with VHA and VBA to provide the best possible services.

Once again, Mahalo Nui Loa for this opportunity to provide written testimony.