

Alan Watson, Chief Executive Officer, Saint Mary's Medical Center of Campbell County

Testimony of

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Saint Mary's Medical Center of Campbell County

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The United States Senate

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Chairman Akaka, Ranking Member Burr, and Distinguished Members of this Committee, and all others attending, thank you for the opportunity to speak to you today about the challenges small communities encounter when providing health care to our veterans.

I am Alan Watson, Chief Executive Officer of St. Mary's Medical Center of Campbell County in LaFollette, Tennessee. St. Mary's Medical Center of Campbell County is located in a rural Appalachian community and provides 56 acute care beds, 10 senior behavioral health beds, and 98 long term care beds. We offer a broad array of acute care services including Emergency Care, General Surgery, Pulmonary Medicine, Cardiology, Senior Behavioral Health and Imaging Services.

In our county, almost one-fourth of the population is below the Federal poverty level. All of our healthcare providers provide care every day without the guarantee of adequate reimbursement for that care, making it hard to recruit physicians in this area. The National Health Service Corps has been a valued resource in recruiting providers to our areas, but we still need more health care providers in our community.

Many of the patients we serve are veterans. 3,500 live in the county where our hospital is located. And I believe that they get wonderful health care from VA facilities if they are fortunate enough to have the means to travel to them, or live near them. Our concerns with the VA system are not with the care it delivers to veterans within the system, but with access to that care and continuity of care for our rural veterans.

#### Access to Care

Access to care for our veterans is limited by the distance to VA facilities and the number of providers available at those facilities. The closest outpatient clinic is located 1 hour from LaFollette in Knoxville, Tennessee. This clinic provides primary care, pharmacy, and limited diagnostic services. Specialist care is not available to manage the many disease processes identified in our veteran population. Veterans who require hospitalization and/or specialist care

must drive to the Veterans Administration Medical Center in Mountain Home, TN, a 2.5 hour drive. The next closest VA Medical Center is located in Murfreesboro, TN, a 3.5 hour drive.

These distances present significant challenges to our veterans considering that many cannot drive and do not have family members available to drive them to Mountain Home or Murfreesboro. In addition, it is reported that local ambulance services are reluctant to transport patients because payment has been denied in the past by the VA.

The second limiting factor related to care access is the low numbers of providers at the various VA clinics. Appointments are scheduled weeks and sometimes months in advance. Acute patients can "walk in". However, there is no guarantee that they will be seen that day. In many cases, the patients will be forced to seek care in our emergency department while waiting for appointments in VA clinics.

#### Continuity of Care

The continuity of care provided to our veterans is the second area of concern for our community. Problems occur related to communication between providers, Long Term Care placement, and the options for homeless veterans.

First, follow up communication between VA providers and local primary care physicians is minimal or non-existent. In addition, it is difficult to obtain records from the VA clinics regarding ancillary testing and current medication lists.

Second, it is challenging for hospitals to place patients needing Long Term Care. Local Long Term Care facilities are reluctant to accept VA patients due to poor reimbursement and the volumes of paper work required. This results in longer lengths of hospitalization while placement options are being explored. It has been well documented that longer than expected hospitalization stays are considered to be a patient safety issue due to the potential for exposure to hospital acquired infections.

Third, there are no resources for homeless veterans who do not qualify for placement in Long Term Care but are too sick to return to the street. In many cases, these patients remain in the hospital for long periods of time until their disease process can be managed in their homeless situation. Again, we have created a patient safety issue due to the longer than expected length of stay.

I leave you with two patient care stories that we have experienced in our community:

A 50 year old veteran entered our hospital with liver failure. He needed residential hospice care because his elderly mother could not care for him during his last days. The only options provided by the VA were transfer to the Mountain Home facility 2.5 hours away or admission to a local nursing home. All of our local nursing homes were either full or initially refused the patient due to payment concerns. The patient's elderly mother sat at his bedside in tears due to fear that her son would be moved to Mountain Home and she would not be with him during his death. After 13 days of hospitalization, a local nursing home finally agreed to take the patient.

An 84 year old veteran was admitted to our facility after being seen at a VA Medical Center 3 days earlier for a large ulcer on his one leg. He was a blind amputee, with many other medical problems. The patient was informed by the VA that his condition did not warrant hospital admission. Adult protective services listed his living conditions as extremely poor. His wife was already in a nursing home and they had no children or other local family members to care for him. Our case managers worked with the VA system for 6 days before approval was granted for nursing home placement in another community. Our staff spent hours completing forms and placing phone calls to obtain this approval. After his placement, payment to the hospital for our care was denied by the VA for his entire length of stay because it was not deemed a medical emergency and VA facilities were "feasibly available" to provide his care.

Thank you for your time and concern for our veterans in rural communities.