

**Legislative Task Force on Women Veterans' Health Care
Minutes
January 13, 2010**

Participants

Chair Nanci Visser
Marcia Hall
Sonja Fry
Val Conley
Barry Vertner
Rep. Jean Cowan
Jack Heims
Nancy Sloan
Mandy Martin
Elan Lambert
Dr. G.L.A. Harris
Jessica Van Diepen
Jane Stein
Sandra DeLeon
Paul Evans
Evelyn Brady (Via Phone)
Elanna Schlichting (Via Phone)

The meeting began at 10 a.m. with introductions. Chair Visser noted a newspaper article that said the Oregon VA health care system would receive \$7 million of stimulus money and asked if anyone knew what the money would be spent on. She said she was interested in getting a picture of the current status of VA as the Task Force moves forward with brainstorming.

Jack Heims said that most of the money is being used for construction infrastructure, including \$300,000 for the Portland VA Medical Center's Comprehensive Women's Health Care Center. He noted that this money really is not being used for direct service. Jack also mentioned that the map showing where VA facilities currently are located also could show where upcoming facilities will be located, including CBOCs in Lincoln City and West Linn, a Vet Center in Bend and a mental health provider in Warm Springs. Jack Heims said that when he looks at the map, he feels there is very good coverage. Marcia Hall agreed that by looking at the map, it looks as if there is good coverage, but the question is what services for women are actually being delivered in each of these VA facilities. Even though mandated to have women's health care, mental health and more, the reality is some of these facilities do not have the providers or expertise or programming currently in place to meet the needs of a rapidly expanding women veterans population and gaps in deliver of care remain.

Nancy Sloan said that she is spending time providing women's health education to providers in the clinics using the VA guidelines for women's health care to help increase the number of providers who will be comfortable treating women veterans. She said she hopes that the new

women's center at the Portland VA Medical Center will be a National Center of Excellence and that the goal is for it to be patient driven and patient centric.

Representative Cowan asked if there were enough providers to treat incoming women veterans. Her concern was if we build it, they will come, but are we really ready for them – can the VA really serve these women veterans if an outreach effort is successful.

Nancy Sloan said that a letter is going to 5,000 women and they are prepared for success. The clinic has staff and is looking to add more. Importantly, the hospital leadership is supporting the effort.

Marcia Hall noted that staffing is the critical question. Changing the culture in delivery of care will require robust staff resources. Start up clinics need more staffing in the beginning to ensure success.

The discussion turned to existing innovations, such as telemedicine and video conferencing. Jack Heims relayed the story of how he was skeptical of video conferencing for PTSD counseling until he met veterans in Burns who said it worked very well for them. Currently, telemedicine and video conferencing are being used for PTSD, ophthalmology, neurology and dermatology. Marcia Hall noted that these are great technologies; however, staff support is vital to ensure the technology works.

Elan Lambert discussed the Mobile Vet Center and a discussion she recently had regarding its use. The vehicle had been in Eugene and then moved to Salem and has not been utilized, especially in rural areas. The veterans in Bend would like to see it in Central Oregon. Elan said both the driver of the vehicle and the manager said nobody has requested the vehicle. (NOTE: The Advisory Committee to the Director of the Department of Veterans' Affairs sent a letter to the VISN in September 2009 requesting the vehicle be used in Central Oregon). Elan feels strongly that the vehicle needs to be on the road, making scheduled rounds in rural areas where there is not an existing Vet Center.

Chair Visser noted the press release from Sen. Wyden in which he states the Roseburg VA Hospital is reducing services and asked if anyone had any more information on this. Marcia Hall noted that there are a number of issues of strategic change happening in Roseburg. Bed closures in Walla Walla also are affecting decision making at the VISN and the local hospitals.

Jack Heims said that part of the decision making is about delivering care locally in the community. He noted in Burns there are two surgeons, so why should a veteran in Burns have to travel to Portland, Roseburg, Boise or Walla Walla for care the veteran can get in his/her own community? Jack said the Roseburg Hospital is having a hard time attracting specialty physicians and they are competing with the local Hospitals in Roseburg (Mercy) and Eugene (Sacred Heart). So decisions have been made to contract services directly with the local hospitals for services that the Roseburg VA cannot adequately provide. This is not fee-basis money, it is direct contract services from the VA hospital with the other two hospitals.

Marcia Hall said that she is concerned that women veterans and women veteran program managers have a consistent voice on these strategic planning panels that affect care for all veterans. Further, she said the key is for the VA to provide core women's health care services. Chair Visser noted that those services are listed on the agenda (acute and chronic illness care, gender-specific care, mental health care, preventive care).

Nancy Sloan said that changing VA culture is very hard. She said it is not just a matter of gender discomfort related to seeing women veterans, even women providers at the VA see time and complexity challenges associated with caring for women veterans. Nancy said that there has to be some incentive to provide this care. A discussion ensued in which it was explained that providers feel women veterans take more time in the exam room discussing their medical issues and that their medical issues are more complex. It is difficult for the provider under these circumstances, especially when they have a caseload that is based on 12-minute exams.

Chair Visser asked about a Tri-Care incentive bill from the 2007 legislative session. The bill passed, but was not implemented as intended. Representative Cowan noted that the bill really did not do much – the \$1,000 incentive really was not an incentive at all in that the doctor would not see the entire incentive due to how health care financing works.

Chair Visser asked with which hospitals does the VA contract? Jack Heims and Nancy Sloan noted OHSU, Sacred Heart in Eugene and Mercy Medical in Roseburg.

Nancy Sloan noted the Humana Hero program, which is being piloted in VISN 20. According to the VA website, this is what the program is:

Project HERO is a pilot program that helps Veterans get the care they need when it's not readily available at their local Department of Veterans Affairs (VA) medical center. While Veterans can still research and see non-VA doctors with a Fee care authorization, Project HERO removes the guesswork by contracting with Humana Veterans Healthcare Services (HVHS) and Delta Dental Federal Services (Delta Dental) to provide Veterans with pre-screened networks of health and dental providers who meet VA standards for quality care.

Nancy noted that they are having problems finding providers for this program as well.

Jane Stein asked about alternative health care in the VA system. Nancy Sloan said that they are working on providing such care.

Gigi Harris asked if resource scarcity was causing resistance for women's health care at the VA. In other words, because women may use more time and resources for their visits, do providers see this as a barrier to wanting to see women veteran patients? Nancy Sloan noted that women veterans do access VA health care at a higher rate than male veterans, but could not say definitively that resource scarcity is or is not a barrier. She did say that doctors already are at 115 percent of caseload, indicating that any patient who has complex and time-consuming issues would be seen as eating into scarce resources.

Chair Visser asked what is the eligibility for women veterans and what choices in health care do they have?

Discussion began about White City, which currently has a split model with gender-specific rooms, mixed gender waiting areas and a residential women's building. Staff was asked to coordinate visits to White City, Roseburg and Portland to see the women's health care treatment facilities.

Outreach to women veterans also was discussed and staff was directed to develop a PSA campaign to recruit women veterans to VA health care.

Jane Stein noted that there is going to be a Stand Down on March 3 organized by Central City Concern. She also passed out a flyer on a Women's Veteran Group meeting on the second Saturday of each month also organized by Central City Concern.

Gigi Harris noted that PSU could do the same. Mandy Martin said she is a student at PSU and involved with the student veterans group and wants to find the women veterans on campus.

Elan Lambert noted that her organization will be holding a series of stakeholder meetings around the state in the coming months, which would be another way to reach women veterans.

Chair Visser said she is very interested in attending the Women Veterans Conference in March to talk with women veterans about these issues.

The question was asked if a survey could be written and provided to the women veterans at this women veterans conference. Marcia Hall said that if they decided to do yet another survey, she would like to see the survey prior to distribution to be sure it is appropriate and would elicit accurate information. Marcia Hall noted that Nancy Sloan has completed substantial recent work with women veterans that could provide the information the Task Force is seeking. Nancy Sloan said she has surveyed more than 3,000 women veterans as part of her doctoral work and will make that information available.

One member said she was very frustrated with the Task Force meetings, because they seem to continually go over information everyone knows. She said that from what has been presented, it appears that if the VA simply followed its own rules and procedures, women veterans would have the kind of health care they need and there would be no need for the Task Force.

Representative Cowan said that should be the preamble of the Task Force Report. She also noted that this is a political process and that as a legislator she needs a final report in order to move the political machine to make things happen.

Discussion ensued about meetings with women veterans, whether they should be brought to the committee (Sonja Fry said she could arrange for women veterans to come to a Task Force meeting), whether we should have town hall meeting, meet women veterans at clinics or find them other ways. All ideas were considered appropriate to discuss these issues with women veterans.

It was noted that there is no contradiction in what everyone is saying about women veterans and the VA health care system.

During the discussion, staff wrote issues on the white board. The following is what was written on the white board.

Women's Primary Care On-Going Issues

Gaps in Service:

- Why travel when providers are close (in community)
- Certain services are not available, such as maternity and OB/GYN
- Need Gender-Specific Care
- Mental Health for women vets (MST)
- Providers not working with federal payers such as Medicare, Tri-Care and VA due to low reimbursement or no reimbursement
- Slow/No approval for Fee Basis

Funding – Funding driven by documentation

Issues to be Addressed

- Do we have core health care services covered in communities?
- Medical/Mental health providers are not paid – if paid – at a level that covers the costs of services
- Current providers are over capacity
- Availability of therapeutic and alternative medicine
- Women access VA health care at a higher rate than male veterans and their medical issues are more complex
- Are women providers leaving due to extreme workload?
- What is the eligibility and choice for women veterans?
- New women veterans do not self identify
- VA does not have enough VASH/HUD vouchers – Not enough education for vets to know these vouchers exist

Outreach to Women Veterans

- Visit CBOCs
- Hold Meeting at VA and in Community
- Create Survey

Need More Information

- Talk to women veterans
- ODVA to make PSA to recruit women veterans
- Women groups that meet every 2nd Saturday

- On campus VSO seek out women veterans
- March 3 Stand Down

Solutions

- Mobile Vet Center used in rural/remote areas
- Telemedicine and Video Conferencing
- Non-traditional partnerships
- Fee Basis
- Contracts with local non-VA hospitals and providers
- Women VSOs
- Women having a voice in VA strategic planning meetings

Staff was directed to determine if the Task Force can travel to one or more VA locations during the month of February and will work with the Chair on details for the next meeting.

The meeting adjourned at 12:00 p.m.