Legislative Task Force on Women Veterans' Health Care
VA Roseburg Health System Site Visit Minutes
June 9, 2010

Participants
Nanci Visser, Chair
Val Conley
Dona Brewer
Jack Himes
State Representative Tim Freeman
Katie Hoffman
VARHS Staff

Task Force members and participants met at the VA Roseburg Health System campus at 10 a.m. and met with Director Susan Yeager and other VARHS staff, as well as State Representative Tim Freeman. After introductions and an initial welcome, VARHS staff left the Task Force to hold a meeting before a tour of the campus.

Task Force members and participants were provided a copy of the testimony presented to a joint meeting of the House and Senate Veterans Affairs committees on May 26. The document included draft findings submitted by Task Force members and participants prior to the hearing.

As the group read through the document, it was felt there was some repetition and that the suggested findings should be consolidated. Jack Heims asked if he could use the large flip chart to help facilitate that process.

Nanci Visser noted that she thought that outreach to older veterans was poor and that visual representation of them in media was lacking. She noted that the VA has numerous brochures aimed at women veterans, but more should be done to attract and reach the older woman veteran.

Katie Hoffman said that based on first-hand experience the TeleHealth system is an excellent resource that works, especially in remote locations.

Representative Freeman had to leave the meeting early but asked if the Campus Veteran Service Officers (Campus VSO's) were assessing women veterans for medical benefits. Tom Mann assured him that the Campus VSO's are signing up all veterans (male and female) for VA health care, as well as any other benefit for which they are eligible.

Donna Brewer said she has heard the quality of care also is lacking because women veterans feel that doctors look down on them.

Rep. Freeman acknowledged the important work the Governors Task Force on Veteran's Services did and how the legislators use the report as a game book for veterans' issues.

Because he believes in the work the Task Force is doing is important and will help all those who can drive change, he offered to be available to the Task Force, especially since he works and lives near the Roseburg VA.

Tom Mann outlined the ultimate goals of the final report from the Task Force. Findings and recommendations will be the blue print for the women veteran issues for years to come. There are many issues and the Task Force can not possible solve them all, but what they can do is start the conversation of change by identifying key issues.

Mann also recommended that the Task Force remember that the recommendations need to be tangible and manageable for legislation so real change can begin to happen.

As members began working through the long list of draft findings in the legislative testimony, Heims facilitated their consolidation. The following is the list created during this meeting; however, it is not a completed list as of this date.

Findings:

- Inadequate number of female providers
    - Inadequate training of MST and PTSD for providers outside of VA system
- Need for gender-specific in-patient beds for females
    - No such beds in VISN 20
- Women veterans are complex and require increased resources
- Access Variable
    - Rural
    - Stigmatized
    - Fee Basis systems are poor
- Domestic Violence and MST are under reported, under treated and needs public education.
- There is no 24/7 hotline in Oregon for women veterans
- Oregon has no military culture infrastructure to support veterans
- Protected resources needed at all levels– state, federal and local
- Education – Cultural Competence regarding the female veteran
- Public regard MST and Disabled Veterans needs to be destigmitized
- State and federal agencies need to educate employees regarding female veterans
- Professional education/licensing should require education on women veterans
- Female veterans, especially Vietnam and WWII veterans, need education on their rights and resources
- Exporting expertise into the rural communities, especially Mental Health, will be necessary to meet demand
- Rural Resources and Faith Based Partnerships could enhance care to female veterans

The Task Force concluded its meeting at 12:00 p.m. and began its slated meetings and tour with VARHS staff.

After introductions, VARHS Director Susan Yeager acknowledged the important work the Task Force is doing and especially the contribution Dr. Marcia Hall, the Women Veterans Program Manager, has made for women veterans at their medical center.

For the next 45 minutes the Task Force asked questions of the Roseburg VA leadership regarding the accommodations and services available to women veterans on their campus and their plans to meet the increasing demand. Task Force staff also reinforced that the Task Force existed to help VARHS and if there were issues the Task Force could help with either via policy or legislation to be sure to let the Task Force know during this time.

When asked about the number of female veterans within the Roseburg catchment area, Director Yeager was prepared with some statistics she wanted to share with the Task Force.

VA Roseburg Health System Statistics

- 1,808 women veterans are enrolled in the system
- 1,600 women veterans have been seen in Primary Care
- 400+ women veterans have used Mental Health services
- 318 applications have been received from the 41 IBCT and 30 of those applications are from women veterans
- 50 percent of the women veterans they see are under 40 years old

Roseburg currently has one female veteran in-patient bed and 2 more on order. These beds reside in one private room where patients share a bathroom. (There are 12 male beds, six in each room). The Chief of Mental Health would like to have flexibility to convert beds as needed for men or women. According to their statistics, the female room had a utilization rate of 48 percent, so 52 percent of the time it would remain empty if not used as swing beds. Her main concern is that no veteran be denied a bed based on gender. When asked, she explained that if male veterans were using all the beds and a female veteran came for help, either a male veteran would be transferred so the female could have a bed in a safe environment or the female veteran would be accommodated in the community.

Roseburg also has been approved to build an acute care unit. The new unit plans are based on the new Handbook 1330 guidelines and will have dedicated areas to provide services to women.

Does VARHS believe mental health caseloads are too large?

Explaining that other VA mental health providers claim caseloads as large as 100 veterans to one provider, VARHS staff was asked if they thought a bill limiting caseloads to 60 veterans to one provider was appropriate. After some discussion, staff agreed that caseloads are large and that the 60 to one ratio was appropriate. A suggestion was made

to look at the Vet Center model for guidance; the Vet Center has a patient to provider ration of about 20-30 patients per provider.

Contracting Authority

During this discussion, the Task Force learned that local contracting authority has been centralized and that VARHS does not have the autonomous authority to contract without providers. According to Director Yeager, centralization limits the facility's ability to quickly and effectively respond to the needs of all veterans. The Task Force said it would work on this issue.

As discussion continued, Director Yeager explained that finding staff has been difficult. Recently six providers were offered positions, but four declined. VA pays a competitive wage and the community is finding it difficult to attract providers to Roseburg. Many candidates who decline state the inability to sell their homes or their spouses are unable to obtain employment in the area as the reason for declining the offer.

On a positive note, however, VARHS has been able to contract with 10 different mammography locations for female veterans within the catchment area. When given the authority, contracting can work, according to staff that believes that the rules should be simplified for obtaining outside care not offered by VARHS.

As time expired in this portion of the agenda, Task Force staff asked if it could provide other questions to Director Yeager for further clarification in the coming days. Director Yeager agreed readily.

The Task Force then was led to a room with women health care providers and female veterans for further discussion. Following up on the previous conversation with facility leadership, providers were asked about barriers to coming to work for the VA. One physician recently left her practice in the private sector to come to work for the VA. She explained the financial realities she experienced running a partnership practice and said she really enjoyed working with veterans, although she was still getting used to the way things are done within a VA facility.

A number of female veterans asked questions about the proposed downsizing of the Emergency Room and turning the ICU into a telemetry unit. Mann explained how the situation arose from a federal study of VA facilities and that Roseburg was just one of several facilities being adjusted based on the availability of support staff and other criteria. Traci Dow of Sen. Wyden's office also helped explain the current situation and said her office is working with VARHS on these issues. One female veteran (Heather) said she had polled a number of other female veterans and she had their comments that could be provided to the Task Force. Staff provided Heather with contact information and encouraged her to send that information at her convenience. Overall, the female veterans were pleased with their care within the comprehensive care model VARHS is using to address women veterans health care issues. To a person, they praised Dr. Arlene Bradley, but some asked why she is not seeing patients as she used to. Heather noted that Dr.

Bradley made her feel comfortable and that she didn't have to feel ashamed to be a disabled veteran. The Task Force was left with the impression that providers treating female veterans at VARHS were compassionate and caring in working with female veterans. That being said, some of the female veterans present did have some issues with their personal health care that may need follow up by VARHS staff. One issue was the length of time it was taking for a female veteran to receive a colonoscopy. It was explained that even in the community, there were not enough physicians performing this procedure so her wait was actually the same as in the private sector. (For more on this, please talk with Dr. Hall).

The Task Force then toured Inpatient Services, Primary Care Services and Mental Health Services where members were shown the process used for female veterans and spoke with various providers about their experience with female veterans.

The tour ended in the Directors Conference Room at 4 p.m. where the Task Force again met with Director Yeager and thanked her and her staff for accommodating the tour. Chair Visser noted that she knows how difficult it is to take time out of a normal schedule to show a Task Force around as she and her staff did and she was grateful. Task Force staff said it would draft the minutes and provide them to VARHS for review. The day ended at 4:15 p.m.