

State of the System Address

January 23, 2014

Good afternoon everyone and welcome to the 2014 State of the System address. I am Mary Kay Gominger, Chief, Community and Public Affairs. Following the Director's remarks, he will host a reception upstairs in the Director's Conference Room. I hope you will stay and enjoy refreshments and fellowship. I now introduce the Gulf Coast Veterans Health Care System Director, Mr. Anthony Dawson.

Welcome Remarks

Good afternoon everybody. It's hard to believe that an entire year has passed since my first State of the System address held right here in January of 2013. Do I look a year older?? Ok, you don't have to answer that.....

I see some special guests with us today. We have:

Colonel Martha Stokes from Keesler AFB

Commander Kohler from the Naval Hospital Pensacola

State department of Veterans Affairs representatives

Leadership from Veteran Services Offices

GCVHCS service chiefs and employees listening by Vtel

And CH-17 viewers

Thank you for being with us today and thank you for being a good partner as we care for the Veterans.

I am so very happy to share with you today, that the State of the GCVHC System remains strong.

During this event last year, I had been here only a few months but in that short time, I had a good feeling about this place. I knew we could accomplish great things.

For those of you that don't know me very well, I grew up over in the Mobile area, Prichard, and was delighted to have received this assignment. And during my travels the prior 25 years, I periodically would hear about the people here on the Gulf Coast and the great things that were going on. Things like your caring attitudes; your willingness to go the extra mile; your resiliency.

I can't put my finger on what it was but I knew after just being here a brief time, that Gulf Coast Veterans Health Care System had potential to be greater than she already is.

And so it began...

Today I want to give you a broad overview of our health care system and better yet, where we are going as a health care system – the goals we've set for the quality of care we deliver, AND goals for THE WAY we will deliver care this year and beyond.

Our health system – like all of American medicine, is at a critical moment in history. We are unquestionably at a more different time than ever before – advances in health research, new technologies and new options for care that Veterans and all Americans will have due to health care reform.

Fortunately, our system has always been committed to excellence and we've been paying careful attention to all of these changes and how they might affect us. We've been laying the groundwork to make a major shift in how we deliver care – to not only focus on the quality of care, but the whole patient experience.

Research has told us that we – like all health care providers – can get better health outcomes when patients are **fully engaged** in their own health and are **focused on** wellness. And we can help Veterans heal faster in environments that are aesthetically pleasing, quiet and calm.

This campus you are visiting today is a perfect example of a healing environment. Here we are, situated on the beautiful Back Bay, with these magnificent oak trees and historic architecture blended with 21st century technology. We have all the attributes important to a healing environment – rooms with natural light, access to the outside, personal space, and quiet time. These are evidence-based design elements that contribute to an overall feeling of well-being and actually reduce the length of hospital stays. All these beautiful new buildings you see around us – more than \$260 million dollars in new construction in the past four years under the CARES Project – they were all carefully planned and constructed with the end user in mind – our Veterans.

In fact, one of our own interior designers, Sarah Irby, was recognized nationally by being named Veterans Health Administration's Interior Designer of the Year for her efforts in creating Veteran centered spaces throughout our health care system. Again Sarah, congratulations. That's quite an honor when you consider the high level of competition.

Research has shown us also that alternative medicines like massage, acupuncture, and Yoga are smart supplements to traditional medicine. We have already begun to incorporate some of these practices into our system and will do more so in the near future.

In fact, several weeks ago I received two very nice letters from Veterans saying how much they appreciated massages from Volunteer Licensed MASSAGE Therapists at the Eglin CBOC. We currently have two volunteers that provide this service to Veterans and their families waiting for appointments. Again, another example of Veteran centered activities.

In addition to healing environments, we know we will also focus on customer service – from the clinician's relationships to their patients and responsiveness to them – to menu choices, noise levels and parking conveniences. Veterans have told us that these things are important to them and WE WILL DELIVER.

These are all part of providing our Veterans with the care they deserve – the best care anywhere – but they are even more important in an environment where Veterans are presented with new options, where choices for our patients have expanded.

Our system will make the shift to being more innovative and more Veteran centric through our people, our facilities and our online services to become a Veteran's provider of choice.

I spoke last year about how VA Medical Centers around the country are evolving from being “hospital systems” to becoming “health systems”. To really grasp the meaning of this phrase, let's take a moment to recap the history of quality of care.

Our journey over the last several decades has been a bit... like taking a road trip. Sometimes you're so involved in taking in the scenery, watching the speed limit and following directions, you don't realize how far you've come or how close you are to where you are going. Then, you look around a corner and can see your destination immediately ahead of you.

As we reflect back, in the 1970s, quality of care was divided into three categories: structure, processes and outcomes. That's pretty simple. Twenty years later, Dr. Kenneth Kizer, the then Under Secretary for Health, transformed VA from primarily an inpatient to both an inpatient and outpatient system. This was done through the creation of community based outpatient clinics, or what we refer to as CBOCs. These clinics improved and expanded VA's quality, while bringing care to Veteran communities.

In 2000, an Institute of Medicine report, “To Err is Human: Building a Safer Health System,” concluded that at least 44,000 and perhaps as many as 98,000 Americans die in hospitals each year as a result of medical errors. In a landmark follow-up study by the Institute, “Crossing the Quality Chasm,” it was found that health care today is characterized by more to know, more to manage, more to watch, more to do, and more

people involved in doing it than at any time in the nation's history. Additionally, the study explained the care delivery processes are often overly complex, requiring steps and handoffs that slow down the care process and decrease rather than improve safety.

That's taking in the scenery, watching the speed limit and following directions...or you've heard the old cliché – you can't see the forest for the trees – we were missing out on one key element. The PATIENT. What is his or her expectation? Health goals? We have to realize that not everyone wants the same thing and we can no longer assume that we all have the same expectations when it comes to our health care.

So back to our road trip. Now we are back to rounding the corner. Are we there yet? The answer is no but know we are a lot closer and are moving in the right direction. It's important that we all see and understand where we've been and to understand the roadmap for the future so we can move in the same direction together... towards our destination.

I strongly believe by ingraining ourselves into our core characteristics – compassion, commitment, excellence, professionalism, integrity, accountability, stewardship – these are powerful words that when fully engaged, we can change the lives and experiences of our Veterans. Our CORE values will also guide us– Integrity, Commitment, Advocacy, Respect and Excellence (ICARE) – these words bring meaning to the work we do here.

And while I can't speak for the entire Veterans Health Administration, I can speak to Gulf Coast Veterans Health Care System, and I sincerely mean it when I say that our goal is that every Veteran that walks into our doors has a positive experience.

Why the change, you might ask. Why the shift from processes and outcomes? If those are on target, won't the patient have a good experience? Let me share with you why we must change.

First, the population we are serving is changing. We have more Veterans, their make-up is very diverse, and care eligibility has increased as well. Operations Enduring Freedom, Iraqi Freedom and New Dawn have brought us an influx of new, younger Veterans – and many with complex casualties like Post Traumatic Stress Disorder (PTSD), Traumatic Brain Injury (TBI) and poly-trauma.

Did you know that about 10% of our patients are women, double the number of female Veterans since 2000? Overall across the country, 770,000 Veterans have received health services and another 1.4 million of them are eligible. With the current health reform changes we are seeing in our country, who is to say that the balance of those Veterans won't sign up and expect to be seen? Are we ready for that? I know one thing for sure is we will prepare ourselves for this potential increased workload and make all the necessary adjustments until we have the right formula.

The Secretary's decision last year on new presumptions of service connection has dramatically expanded access to Vietnam Veterans, many of whom are now 60 or older.

Where Veterans live is changing as well. Nearly half – about 43% - live in rural areas. And what Veterans need is changing. They are aging. 55% of enrolled Veterans are 60 or older meaning we need clinicians, services and equipment for older bodies. Today we face more obesity than ever in the history of our country. This presents new challenges to us, not just in the resources we have to accommodate Veterans, but it complicates the care that we provide. And finally, all of these groups of Veterans – like the rest of Americans – are becoming more mobile and more technologically engaged – with a demand for instant information.

We know what this is like, right? Nobody likes to wait on anything anymore. Myself included. When I log onto my computer, I want it up and running and I want it now. Don't you? Who wants to wait more than 15 seconds for the internet to come up? I mean, can it get any faster than it is now? Remember the days of dial up? Ok, we won't

go there but we all have gotten comfortable with instant gratification. Good, bad, or ugly – it's now the American way.

It's not all bad news though. We've been moving along providing the best care possible to our Veteran population. And while we've been doing that, we've also been quietly laying the foundation and putting building blocks in place to move towards that new experience of care – that we're calling personalized, proactive, patient centered care. I know for a fact that patient centered care is the way to go; so much in fact that earlier this month I issued my expectations that ALL employees plan to attend patient centered care training offered by the VHA Office of Patient Centered Care and Cultural Transformation which they did over a two day period, with a 75% attendance rating; almost three times our performance goal. The remaining staff consisting of mainly off-tour staff / shift workers and those on leave will be trained ASAP in the coming weeks.

On other fronts, we've also been working to ensure:

- That we have the right number of people on staff with the right skills to reflect our changing population needs.
- That our IT infrastructure is built to help our mobile and geographically dispersed populations access their medical records 24/7, make online appointments, get prescription refills via the web and even have appointments with clinicians and specialists by way of telemedicine.
- That we use state of the art technology to offer Veterans support through the touch of a screen accessing mobile apps like those that help Veterans coping with PTSD and those working to lose weight or quit smoking.
- That we use our sophisticated ability to gather and analyze the big data our system generates to not only track patient outcomes, but also to improve our care. We can use informatics and analytics to make care more personal and more predictive.

- That we have the kind and size of facilities we need to reflect the needs and location of the Veterans we serve.
- That patients have a care team that works in partnership with them to make decisions about their health care options.
- That there are more options for older Veterans to stay in their homes and receive care outside of institutions.

Here is some food for thought. In the last four years, VA has enrolled more than 2 million Veterans for health care services. Outpatient mental health visits have increased from 14 million in FY09 to over 18 million in FY13. VA conducts nearly 50,000 outpatient mental health appointments per day. VA provided nearly 90 million outpatient visits last fiscal year. Anyone care to do the math? That is 236,000 health care appointments per day!

But let's bring it home. One may ask, with this tremendous workload is the Gulf Coast Veterans Health Care System growing and expanding its patients and services?

Going through some old paperwork not too long ago, I came across an annual report from 2003. It quickly became obvious how the Department of Veterans Affairs has supported the GCVHCS as depicted by the budget then of \$166 M and the \$377 M last year. Granted, inflation and salaries did have a part in this but increased support none-the-less.

So yes, we have been growing by leaps and bounds and we continue to get resources for us to accomplish our mission. My goal now is to lead our organization down the right path, with an eye on performance measures to guide us but as important... focusing on **the patient experiences** and **healing relationships** to complete the journey.

This past year, I listened to what our Veterans were telling me. Through 'Tell It To the Director' letters, meetings and personal conversations, what Veterans tell me is they want better access to their health care professionals. So that has been our main focus.

So what have we done? In early July, we activated our Call Center. Since then, it has fielded approximately 42,000 calls. The Call Center has 26 employees dedicated to assisting Veterans across our entire health care system. They answer calls in an average of 45 seconds, down from well over a minute. And these aren't just telephone clerks transferring calls to the Clinics. The Call Center is made up of Information receptionists, telephone advice nurses, and pharmacy technicians. They can schedule or cancel appointments, assist a Veteran that is having an emergency, give medical advice, or ensure the caller gets to the appropriate service.

Call Center personnel are also now being used to improve our clinic utilization by phoning Veterans the day before and the day of an appointment as a courtesy to remind them of their appointment. In just a few short months our missed opportunity rate has made a downward swing and I expect it to continue to improve as our communication with our Veterans continues. We are on track this year for a key goal, the call center staff will soon be sending text messages to primary care patients as reminders of their appointments so that by knowing when a patient is unable to make an appointment, we can fit someone else in that slot. Yes, this is maximizing access.

Veterans also have the capability to now communicate with a member of his or her health care team, view appointments and personal health information, refill prescriptions and download portions of their health records to share with other health care providers right in the comfort of their own home through My HealtheVet. Again, maximizing access.

Another initiative has been the addition of a Veteran on our Executive Councils. By having Veterans serving on our Councils, we get valuable real time feedback and the Veteran community has the opportunity to be a part of ideas and changes in the system.

The Ambassador Program was kicked off this past July. Ambassadors are a combination of volunteers and staff members that dedicate a few hours a month to put on a red jacket and come down to the Ambulatory Care area and assist Veterans in getting to their appointments. Right now we have about 120 Ambassadors that have filled out the application and have gone through the training. Earlier this month we rolled out the Ambassador Program at the Mobile Community Based Outpatient Clinic and we plan to have Ambassadors serving in all of our clinics in the next few months.

Last week I was both honored and humbled to host a very special guest and his family for a birthday celebration. Army Veteran Peter Misko turned 100 on January 13. We invited him and his family out to celebrate this blessed event. Mr. Misko is vibrant and enthusiastic with a kind and gentle soul. When I asked him the secret to his longevity and he told me.....HARD WORK! This is a perfect demonstration of how important ***relationships*** are in our role as health providers to our Veterans. We are a team. And how Veterans and their health care teams interact and communicate is important. **Veterans need to know they are heard** - that their desires are clear and they are part of the decision-making process.

Relationships are at the core of what we do every day and have the greatest impact on how our Veterans receive care. Remember, health is not just about the body – but also the mind and spirit. From this perspective, we are all caregivers whether we have direct patient care or we deal with patients indirectly. Collectively, we all make an impact. That's why it is so important to keep our house in order.

Now, I know you all read the headlines and it seems that every week, one VA Medical Center or another is under scrutiny. Whether **we** are in the spotlight or not, we all feel a little of the heat when another VAMC is under fire. We are not a perfect system...but

we do many things very well. On a national scale, VHA employs approximately 300,000 people. Are they ALL top notched, cream of the crop, best in the business employees? Probably not. Are most of them? Absolutely. Do external sources track down the high performance employees and write stories or speak about their successes? Occasionally.

Don't get me wrong. I'm not making excuses for anyone and I think as government employees, we should be held accountable for our actions. But sometimes it's a lopsided equation. Let's all start talking about the great things we are doing. Help me spread the word. Show that you are a true partnership. Show that the Veteran is our primary focus. Give us the benefit of the doubt that we are appropriately addressing issues and taking care of the business at hand.

In November, I was invited to attend a ceremony over in our new Behavioral Health building. A patient sent in a 'Tell It to the Director' communication. In that correspondence, he stated that he wanted to express his sincere appreciation to the nursing and administrative staff of Ward 25-2B for the outstanding care and consideration during his stay. They made his stay so enjoyable that he almost hated to leave! He really said those words. He concluded by saying – "Words cannot express the thanks in my heart for you all, and for what you have done for me, so I hope that you will accept this plaque and display it in your work place so that when you walk by and see it, you tell a member of the staff, "We helped him!" The patient had a plaque made up with 27 employees names listed on it. It was a very enjoyable morning to go over and be a part of that event. And it just re-emphasizes the truth in the statement – 'it takes a village' – because it was a team that provided this outstanding care to this Veteran – not just one or two people. **That's** how we will continue, that's how we are going to succeed. I have here today as my second special guest, Mr. Jerry Washington.

In the past year, VA Gulf Coast underwent nine external reviews to determine compliance in a variety of disciplines such as compliance for Privacy, Freedom of Information Act (FOIA), Records Management (RM), Research and Release of

Information (ROI) Programs; a VISN 16 clinical site review and Geriatrics and Extended Care/Hospice and Palliative Care Review; a VACO National Health Physics Program Manager conducted a site visit at the Joint Ambulatory Care Center, Pensacola, FL, to review the nuclear medicine processes; – a VACO Environmental Management Inspection team performed a Waste Characterization study; we had a visit by (CARF) the Commission on Accreditation of Rehabilitation Facilities; Employment and Community Services Survey Team; three Long Term Care Institute Surveyors conducted an unannounced survey of the Community Living Center; a Nuclear Regulatory Commission inspector conducted an inspection and the VHA Office of Mental Health Operations conducted a site visit. This is not a complete list, but just to say to you that reviews by internal and external groups help us stay on track. In last year's Strategic Analytics for Improvement and Learning report (SAIL), GCVHCS ranked highest in VISN 16 and one of the highest in the nation with a 4-star quality rating and 3-star efficiency rating.

Last summer we hosted two Mental Health Summits, one here in Biloxi and one at our Joint Ambulatory Care Clinic in Pensacola. These summits were day long events where we invited community behavioral health providers, veteran service organizations and other community providers to our facility to sit down with us and together we discussed veterans' issues. Because if we are going to be successful in meeting the needs of our Veterans – and future treatment needs of the young men and women currently serving in harm's way – then we must and will broaden our mental health approach. Research has shown that Veterans' mental health care conditions historically have peaked 10 to 20 years AFTER a war. So we must expand our efforts now, partnering with community groups and private contractors, rather than trying to do it all in house. Combining VA services with those offered by local and state health providers, contractors, private industry and philanthropy is how we can best support our Veterans. It also sends the message to Veterans and their families that our country, not just our government, supports them. Again....it takes a village.

In closing, let me borrow a quote from the great Vince Lombardi who once said, “The quality of a person’s life is in direct proportion to their commitment to excellence, regardless of their chosen field of endeavor.” How true is that? Our commitment to excellence is a win for each and every one of us, and more importantly, it’s a win for our Nation’s heroes.

Thank you for allowing me to share our State of the Health Care System with you and thank you for partnering with us to care for him who shall have borne the battle.