

**Statement of
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Mr. Chairman and Members of the Committee, thank you for the opportunity to appear today to discuss "Rural Veterans' Access to Primary Care: Successes and Challenges."

The VA New England Healthcare System (Network), which includes Maine, is an integrated health care delivery system that provides comprehensive, high quality, and innovative care, in a compassionate manner to all veterans it serves. The Network serves over 237,000 veterans with a total budget of over \$1.4 billion. Medical centers currently operate 1,915 inpatient beds for acute medical/surgical, mental health, nursing home, and domiciliary care. Annually, the Network has 26,000 admissions and over 2.3 million outpatient visits. Maine, like the five other states in this Network, has unique requirements and health care challenges.

Today, I am pleased to discuss the many areas in which VA is excelling in the state of Maine. Currently Maine has no waiting lists or backlog for new primary care patients; 71.6% of new patients are seen within 30 days; and 94% of established patients are seen within 30 days of desired date. In a national survey, 86% of Maine veterans reported high satisfaction with the timeliness of their appointments. Recent outstanding performance in Maine also includes: screening patients for cervical cancer, monitoring patients with congestive heart failure (CHF), improving diabetic care with good blood sugar control, administering influenza immunizations and screenings for alcohol use problems.

Currently in 2005, the Network is treating over 237,000 unique patients with a total of 38 operational Community Based Outpatient Clinics (CBOCs). In the last five years, VA New England Healthcare has renovated, expanded and opened new CBOCs in rural Maine to improve

access. In 2001, Maine opened a CBOC in Saco; in 2002, we opened an “outreach clinic” in Fort Kent which operates as a part-time satellite clinic and is affiliated with the existing CBOC in Caribou; in 2004, Caribou and Bangor CBOCs completed major expansions and renovations of existing CBOCs; in 2005, Rumford completed relocation and expansion of a CBOC; and Calais will complete their relocation and expansion of a CBOC in October, 2005. Repeated studies have demonstrated that quality of care at New England CBOCs is the same high standard as that of VA’s Medical Centers.

VA mental health services in Maine also demonstrate excellence and include both inpatient and outpatient services. A grant was recently received for an expansion of these services to treat a full range of substance use disorders, including but not limited to opiate dependence. VA will also begin to offer Buprenorphine as an opiate substitution intervention.

VA recognizes the importance and benefit of several special programs for the continuum of the frail elderly that abound in Maine, as well as identified unique end of life needs. More patients are enrolled in Maine’s Home and Community-Based Care program than in any other facility in the Network. The Togus VAMC was one of the first Medical Centers in the nation to establish a Hospice-Veteran Partnership with the state of Maine. Hospice care is provided by our community partners under either the Hospice Medicare Benefit or VA’s Purchased Skilled Home Care program. Hospice is also provided in the Community Nursing Home program. Expansion of the Hospice program is being planned for FY 2006. Long-term care in Maine is provided through the facility’s Nursing Home Program, partnerships with the five State Veteran’s Homes, and in the Community. Approximately 500 veterans are cared for outside of the Medical Center.

One of the four strategic goals for VISN 1 in 2005 has been the expansion of telemedicine and home telehealth. Telemedicine is a prime strategy for meeting rural health care needs in this Network, including those veterans who need specialty services at a distance. The goal is to provide an electronic network capable of supporting the veteran patient wherever they live by providing an innovative means of communication between the veteran patient and the health care provider. There are a total of 102 videophones located throughout the VISN to provide a means of communication between veterans and their health care providers. Twenty-

eight videophones are located at Togus. We are among the leaders, nationally, in several areas with key successes in dermatology, mental health, and eye care. I would like to share some of the ways in which telemedicine is enabling VA to meet the needs of Maine's veterans.

The Care Coordination/Home Tele-health program provides the tools to help patients self-manage their care thus reducing hospitalizations and enabling them to live in the least restrictive environment. Simple electronic devices placed in the patient's home and connecting through existing telephone lines allow patients to send and receive information from their health care team. Currently there are 108 of these devices located throughout the VISN and 24 of them are located at Togus. As of June 2005, there are 555 unique patients participating in the program throughout the Network. 69 of those patients reside in Maine. A recent article from "US News and World Report" entitled *House Calls* discusses telemedicine and the VA's use of this innovative medical tool. I'd like to submit a copy of this for the record. Tele-monitoring, rather than weekly or monthly clinic visits improves the quality of care and reduces the need for patient travel, especially over long distances. Expanding home care and community-based programs, emphasizing health promotion, wellness, and prevention will assist in reducing the cost of care and enable the Network to treat more veterans.

Another technology under telemedicine, My HealthVet, will be significantly enhanced with the advent of pharmacy refill functionality. VISN 1 is expecting to launch an initiative to inform patients and their care-givers of the ability to log onto their personal web health information system, to obtain health information, to enter their own health information (such as blood pressure, blood sugar, and weight), thus sharing that information with their providers. The pharmacy refill functionality will allow them to see and order their medicine refills and thereby eliminate the need to travel long distances.

Telemedicine is helping VA to work collaboratively with DoD to ensure a seamless transition for our returning service members. The Computerized Patient Record System (CPRS) provides sharing of patient data in a secure fashion. This allows users in one location to view health information of a patient whose "home record" is based in another location. The latest iteration of this software is VistA-Web. This iteration has enhanced the ability to view DoD

health data for veteran-patients recently discharged from active duty. This moves VHA closer to its goal of seamless integration of healthcare across a continuum of care.

When specialist referrals are required, CPRS information may be transmitted between providers locally and elsewhere through interfacility consults. The Network has implemented and deployed several specific high-volume remote consults for the veterans in Maine including Tele-dermatology and Tele-psychiatry. An integrated VISN-wide approach to EKGs was implemented several years ago to remotely read and access EKGs by cardiology anywhere in New England. The Network 1 has received resources and support for new retinal imaging cameras, including new equipment for Maine, to support the screening requirements of diabetic eye care. Telemedicine plans for fiscal year 2006 include VISN-wide deployment of tele-pathology and tele-radiology for computerized tomography (CT) and magnetic resonance imaging (MRI).

In addition, a Primary Care Tele-care call center was established at each medical center in New England starting in 2002. The goal of the program was to allow veterans to dial a toll-free number for access to their primary care team. This has allowed them to cut directly through VA Medical Center phone systems and reach a call center staff trained to handle their needs. In 2004 – over 600,000 calls were handled throughout New England. Support ranges from medicine refills and appointment scheduling to requests for test result information and more.

VA recognizes, authorizes, and provides non-VA services in those appropriate instances of need and request. For eligible veterans both inpatient and outpatient care is provided. The network has established processes for enhanced access through this program. A case management system exists for monitoring non-VA health care in all facilities including Maine. VISN 1 has witnessed significant expenditures network-wide in the fee program. There are more veterans seeking care in New England and especially in Maine. The network is committed to providing timely quality care. Over 30% of the resources identified in this program are expended in Maine to meet the needs of those veterans. These are provided in a number of settings in outpatient care including diagnostic testing such as MRI and mammography, mental health,

inpatient hospitalization, and home health. Continuity of care is supported through the electronic medical record and case management system.

VA is committed to ensuring a seamless transition from active duty to civilian status for our newest veterans returning from conflict in Afghanistan and Iraq. To-date, over 5,000 veterans are enrolled in the Network, including 524 in Maine. Those returning veterans, in Maine, are seeking care from VA specifically for primary care (387 veterans), dental (325 veterans), and mental health (114 veterans). Additionally, there are 18 Vet Centers located throughout the Network where returning veterans may seek readjustment counseling and other related services. Five of those Vet Centers are located in Maine.

In summary, VA has implemented numerous innovations to meet the rural health care challenges facing our Maine veterans. Today's veterans will know, in whatever setting they receive their healthcare, that they are receiving the highest quality of health care from professionals who are proud to serve our Nation's veterans.

Mr. Chairperson, this concludes my statement. I truly appreciate the opportunity to share with you how VA New England Healthcare System provides quality and compassionate healthcare to veterans in the state of Maine.