

VA Office of Inspector General

O F F I C E O F A U D I T



Informational Report

Review of Availability of Mental Health and Orthopedic Services at the VA Pacific Islands Health Care System

**August 21, 2009
Report No. 09-02088-201**

ACRONYMS AND ABBREVIATIONS

ACOS	Associate Chief of Staff
CBOC	Community-Based Outpatient Clinic
DoD	Department of Defense
MHEI	Mental Health Enhancement Initiative
PIHCS	Pacific Islands Health Care System
PTSD	Post-Traumatic Stress Disorder
TAMC	Tripler Army Medical Center
VHA	Veterans Health Administration
VISN	Veterans Integrated Service Network

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Report Highlights: Review of Availability of Mental Health and Orthopedic Services at the VA Pacific Islands Health Care System

Why We Did This Review

We conducted this limited-focus review at the VA Pacific Islands Health Care System (PIHCS) at the request of Senator Daniel Akaka, Chairman of the Senate Veterans' Affairs Committee. The objective of our review was to identify challenges impacting the delivery of mental health and orthopedic services at PIHCS. We focused on the availability of services at the main Ambulatory Care Center in Honolulu and the Community-Based Outpatient Clinic (CBOC) on Maui.

What We Found

PIHCS Recruited Mental Health Providers To Improve Availability of Services. PIHCS does not place unnecessary restrictions on outpatient care but has been challenged by limited mental health resources on Maui. However, PIHCS has been proactive about allocating Mental Health Enhancement Initiative (MHEI) funding to improve staffing in Maui and expand its telehealth capabilities. As of August 2009, PIHCS had hired three additional mental health professionals, and the mental health clinic at the Maui CBOC was fully staffed. PIHCS managers expect the additional staff and expanded telehealth services will help the Maui CBOC meet both the emergency and follow-up mental health care needs of veterans.

Timeliness of Orthopedic Surgeries Has Improved. Since fiscal year (FY) 2006, PIHCS has hired two orthopedic surgeons, including one who travels to the CBOCs on other islands. PIHCS has also worked closely with the Tripler Army Medical Center (TAMC) in Honolulu to ensure veterans receive timely orthopedic services and to track the status of services. As a

result, timeliness of orthopedic services has improved significantly since FY 2006—from an average wait of 182 days to an average wait of 82 days.

What We Recommended

PIHCS leadership has addressed staffing challenges associated with providing mental health and orthopedic services at the main Ambulatory Care Center in Honolulu and the Maui CBOC. Therefore, we made no recommendations. This report is intended for informational purposes only.

(original signed by:)

BELINDA J. FINN
Assistant Inspector General
for Audit

INTRODUCTION

Objective

We conducted this limited-focus review at the request of Senator Daniel Akaka, Chairman of the Senate Veterans' Affairs Committee. The objective of our review was to identify challenges impacting the delivery of mental health and orthopedic services at PIHCS. We focused on the availability of services at the main Ambulatory Care Center in Honolulu and the Maui CBOC to specifically address if PIHCS places restrictions on care.

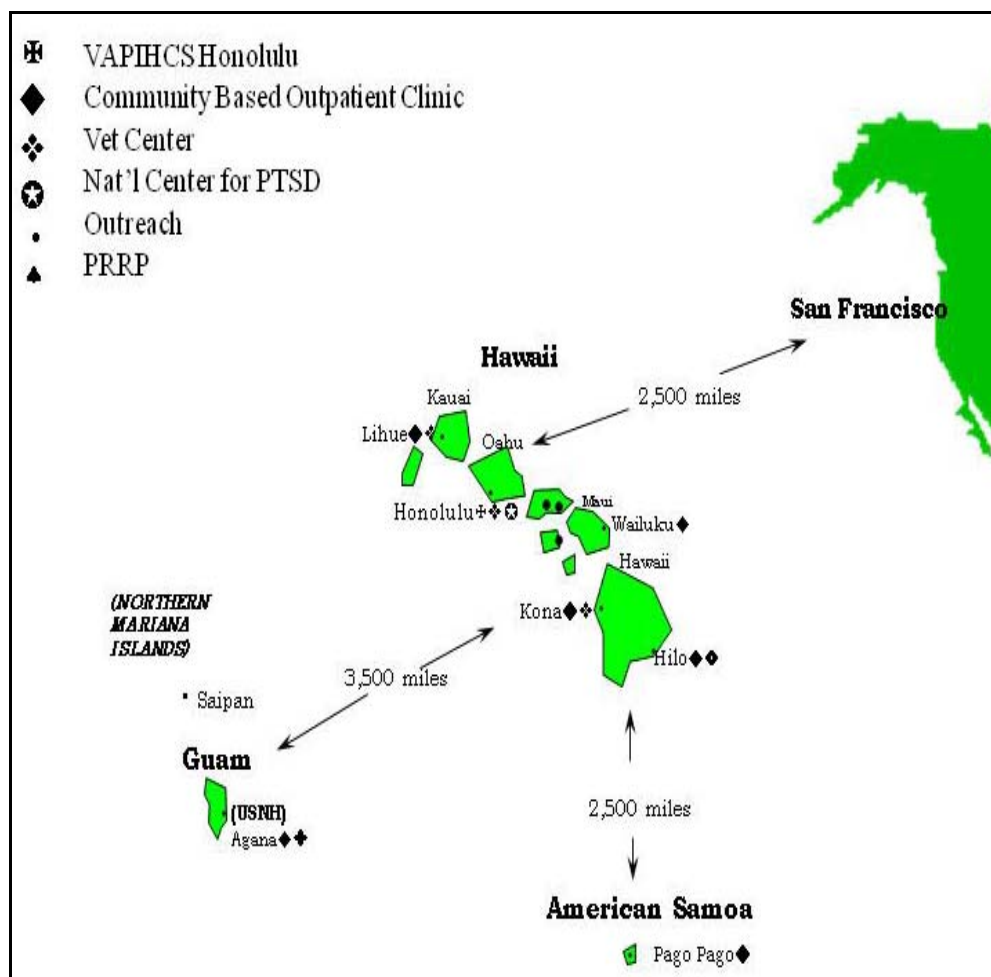
Overview of PIHCS

PIHCS, which is part of Veterans Integrated Service Network (VISN) 21, serves about 128,000 veterans throughout Hawaii and the Pacific Islands and has an annual medical care budget of about \$173.2 million. It provides outpatient medical, dental, and mental health care services to veterans living in a large, geographically diverse region. Its main Ambulatory Care Center is located in Honolulu on the Island of Oahu. PIHCS also includes six CBOCs located on the Islands of Maui, Kauai, Hawaii (two CBOCs in Kona and Hilo), Guam, and American Samoa. The Maui CBOC also serves the Islands of Lanai and Molokai.

Inpatient services for veterans served by PIHCS are provided through a VA/Department of Defense (DoD) sharing agreement with TAMC, which is collocated with the main Ambulatory Care Center. Inpatient care is also obtained from non-VA community providers on a fee basis and, in special cases, from other VA facilities in the continental United States. PIHCS also provides long-term and transitional rehabilitative care services at a 60-bed Community Living Center and post-traumatic stress disorder (PTSD) treatment services in a 16-bed residential treatment unit located on the TAMC grounds.

Distances between the main Ambulatory Care Center and other islands are significant, which poses a unique challenge to PIHCS leaders and clinicians and often results in long travel times and high travel costs. As Figure 1 on the following page shows, Guam is about 3,500 miles from Oahu, and American Samoa is about 2,500 miles away. Furthermore, many veterans reportedly live in geographically isolated communities on the Hawaiian Islands.

Figure 1. VA Pacific Islands Health Care System Service Area



Prior Reviews

In FY 2006, the OIG completed the *Review of Access to Care in the Veterans Health Administration* (Report 05-03028-145, dated May 17, 2006), in which it assessed the timeliness of orthopedic surgeries at PIHCS. The review found that the average wait for elective orthopedic procedures was 182 days, with wait times for individual cases ranging from 14 to 379 days.

RESULTS AND CONCLUSIONS

Issue 1

PIHCS Recruited Mental Health Providers To Improve Availability of Services

PIHCS' Ambulatory Care Center in Honolulu is meeting veterans' mental health needs on Oahu, although ensuring timely access to mental health services for veterans living on Maui has been a challenge for PIHCS due to reported shortages of VA and community health providers on the island. However, VA's FY 2009 MHEI funds have significantly helped PIHCS to establish new mental health positions at the Maui CBOC and to expand telehealth capabilities to other islands. PIHCS mental health managers expect the new positions to satisfy all current Maui CBOC mental health patient care requirements.

Care Needs Met on Oahu

According to PIHCS' Associate Chief of Staff (ACOS) for Mental Health, the Ambulatory Care Center in Honolulu is meeting current patient care needs on Oahu without referring patients to non-VA providers or maintaining waiting lists. Our review of two large mental health clinics—the general mental health clinic and the PTSD clinic—supported the ACOS' assertion.

Under the Veterans Health Administration's (VHA's) Uniform Mental Health Services standards all new patients must receive comprehensive diagnostic and treatment planning evaluations within 14 days. Clinicians and administrative staff in the general mental health clinic told us that they did not have waiting lists for care and did not need to refer patients outside VA for care. Our review of patient scheduling practices found that the clinic had good scheduling, triage, and monitoring procedures in place to ensure patients were seen within 14 days. For example, mental health staff at the Ambulatory Care Center had implemented a procedure to examine patient encounter data to identify any appointments that did not meet the Uniform Mental Health Services 14-day standard and use this information to educate staff to ensure compliance.

Our review of the PTSD clinic also identified significant improvement in timeliness of appointments. In May 2008, only 50 percent of initial PTSD appointment waiting times met the Uniform Mental Health Services 14-day standard. After changing its local scheduling procedures in June 2008, the clinic's patient waiting times began to decrease, and, by February 2009, initial appointments for the clinic occurred within the 14-day timeliness standard for new patient consults.

***Maui Challenged To
Meet Care Needs***

PIHCS has been challenged to meet mental health care needs on Maui and ensure timely services due to shortages of VA and community mental health providers. In November 2007, the Maui Health Care Initiative Task Force, which was commissioned by the State of Hawaii, reported that community mental health resources were being stretched to meet increasing mental health challenges. Specifically, the Task Force concluded that Maui required additional mental health services to address the needs of veterans returning from the war in Iraq, an aging population, and prevalent drug use.

According to mental health staff at the Maui CBOC, the number of VA mental health providers was sufficient to meet patients' emergency needs but not to provide follow-up treatment as frequently as providers considered appropriate. For example, in May 2009, the earliest available appointment with the Maui staff psychiatrist for non-emergency care was approximately 7 weeks away. Furthermore, the psychiatrist reported that he could not schedule some patients to be seen more frequently than every 6 weeks, even though he would have preferred seeing them more often. However, he emphasized that for patients with more urgent needs, the providers made necessary schedule adjustments to ensure the patients were seen more timely. CBOC managers had considered using fee care to reduce waiting times for follow-up visits, but this option was not feasible due to limited availability of community mental health providers, as well as concerns about continuity and quality of care.

***MHEI Funds
Improving Access***

In FY 2009, PIHCS was allocated \$4.7 million in MHEI funds. It used a portion of the funds to add three positions at the Maui CBOC—a clinical nurse specialist, a mental health social worker, and a second staff psychiatrist. In February 2009, PIHCS hired the social worker, and the clinical nurse specialist and psychiatrist joined the staff by early August 2009.

PIHCS also used the MHEI funds to expand its telehealth program. The telehealth program uses telecommunication technology, such as videoconferencing, to provide health care services and education to patients in remote locations. The Maui CBOC employs a full-time psychologist who manages the mental telehealth program. PIHCS mental health managers expect that the addition of the three mental health professionals and expansion of services will help the Maui CBOC meet both current emergency and follow-up mental health needs, to include more frequent follow-up appointments.

Conclusion

Although veterans living on Oahu appear to have timely access to mental health services at the main Ambulatory Care Center in Honolulu, our interviews with PIHCS staff indicate that veterans living on Maui and other islands do not always have timely access because fewer mental health providers are available to serve these communities. However, PIHCS has been proactive in ensuring that services are made available, and MHEI funding has allowed PIHCS to establish additional mental health provider positions and

expand telehealth capabilities at CBOCs to improve the availability of services. Because PIHCS is effectively allocating MHEI funding to recruit mental health providers, we made no recommendations.

Issue 2

Timeliness of Orthopedic Surgeries Has Improved

Initial orthopedic appointments for PIHCS patients were generally timely, and the average wait time for elective orthopedic surgery procedures has improved significantly since FY 2006. Both VA and TAMC orthopedic surgeons evaluate and treat PIHCS patients requiring orthopedic care. Because PIHCS is not staffed or equipped to perform orthopedic surgeries, surgical procedures are performed at TAMC by VA and TAMC orthopedic surgeons under an interagency sharing agreement. If TAMC cannot accommodate a VA patient, PIHCS Utilization Management staff refer the patient to a community provider. Since FY 2006, PIHCS has hired two orthopedic surgeons and TAMC has dedicated operating time to PIHCS, thereby improving the timeliness of orthopedic surgery care to VA patients.

Initial Appointments Within 30 Days

VHA policy requires facilities to provide initial appointments to patients with service connected conditions within 30 days and appointments to all other patients within 120 days. We found that scheduling of patients for initial orthopedic appointments was generally timely. Our review of 15 randomly selected FY 2009 orthopedic surgery appointments for Honolulu and Maui patients determined that in 14 cases, patients saw orthopedic surgeons within the required number of days. For the other case, an administrative scheduling delay of 15 days occurred.

We also reviewed 9 of 21 open orthopedic surgery referrals that TAMC staff had returned to PIHCS because they had been unable to schedule appointments. We confirmed that TAMC staff had made appropriate attempts to schedule appointments for all nine, but that none of the patients had responded.

Surgery Wait Times Have Improved

In FY 2006, the OIG completed the *Review of Access to Care in the Veterans Health Administration*, which assessed the timeliness of PIHCS orthopedic surgeries. Because no related VHA or other American medical timeliness standards were available at the time, the review used a foreign orthopedic surgery timeliness goal of 6 months for the review. This standard was based on evidence that suggested that deterioration of patients' health occurs when they wait more than 6 months for joint replacement surgeries. The review found that the average wait for elective orthopedic procedures was 182 days, with wait times for individual cases ranging from 14 to 379 days.

As of May 2009, VHA or other American medical timeliness standards were still not available for elective orthopedic surgeries. At TAMC, orthopedic procedure dates are scheduled to allow sufficient time for patients to complete pre-surgery screenings and to be medically ready to undergo the procedures. Our discussions with PIHCS clinicians and TAMC managers indicated that TAMC has sufficient staff and resources to consistently accommodate VA patients without significant delays, but that delays occur either because patients prefer later surgery dates or they are not medically ready to undergo surgery on the scheduled dates.

Our review of 15 elective orthopedic surgeries performed at TAMC in April and May 2009 found significant improvement in average wait times since FY 2006. The time between the decision to operate and the date of surgery ranged from 11 to 210 days and averaged 82 days. Three surgeries took longer than 95 days to complete because either the patients were not medically ready for the surgeries or they requested later dates for personal reasons. Without those delays, the time needed for the 15 elective surgeries would have averaged about 62 days.

*Three Factors
Improved Timeliness*

Based on our interviews with PIHCS and TAMC clinicians and administrative staff, we attribute the improvement in timeliness to three factors:

- PIHCS hired two orthopedic surgeons—one in February 2007 and the second in October 2008. Prior to hiring its own orthopedic surgeons, PIHCS relied on orthopedic surgeons from Tripler and other VA facilities in the continental United States to provide services. With these recruitments, PIHCS has established its own orthopedic clinics at both the Ambulatory Care Center and CBOCs. Furthermore, one of the orthopedic surgeons also performs surgery at TAMC.
- TAMC dedicated one operating room day each week to VA orthopedic patients, in addition to its normal integrated scheduling of VA and DoD patients for surgery. Furthermore, as of July 2009, TAMC reportedly added another VA-dedicated surgery day each month.
- PIHCS and TAMC have improved their coordination of orthopedic surgery care. TAMC provides PIHCS monthly reports on availability of services and holds monthly coordination meetings with PIHCS to resolve problems and improve services. In addition, the PIHCS orthopedic surgery nurse tracks the status of VA patients scheduled for surgery at TAMC.

Conclusion

Since FY 2006, PIHCS and TAMC have made significant progress to improve the timeliness of elective orthopedic surgeries. We found no evidence that PIHCS places unnecessary restrictions on access to orthopedic services. Our

review indicated that although scheduling delays occasionally occur, PIHCS patients generally received initial orthopedic appointments within 30 days, and we found no indications of unjustified delays of elective orthopedic procedures at TAMC. Therefore, we made no recommendations.

Appendix A. Objectives, Scope, and Methodology

Objectives

The objective of our review was to identify challenges impacting the delivery of mental health and orthopedic services at PIHCS.

Scope and Methodology

We focused on mental health and orthopedic surgery services in Hawaii and, in particular, for services on the Island of Maui. To determine the availability of clinical services to VA patients in Hawaii, we reviewed mental health and orthopedic surgery appointment waiting times in Honolulu and at the Maui CBOC. Our limited test of the timeliness of initial appointments was based on a random selection of 15 appointments from the Honolulu and Maui orthopedic clinics during the period October 1, 2008 through April 30, 2009. To test the timeliness of surgical procedures performed at TAMC, we randomly selected a second sample of 15 orthopedic surgeries completed during the months of April and May 2009, the most current months available.

We interviewed managers and clinicians to identify problem areas, patient complaints, and actions taken to address problems. We also interviewed the patient advocate and reviewed patient complaints and congressional inquiries on file at PIHCS.

We conducted our review work from April 2009 through July 2009. We did not review the appropriateness or the quality of the care provided. We conducted this review under the *Quality Standards for Inspections*, dated January 2005, issued by the President's Council on Integrity and Efficiency's Executive Council on Integrity and Efficiency.

Appendix B. Background

Mental Health Strategic Plan

In April 2002, President Bush established the President's New Freedom Commission on Mental Health and charged the Commission with studying the mental health delivery system in the United States. The Commission issued its final report in July 2003, and, in response, VHA's Under Secretary for Health charged a workgroup with developing a 5-year strategic plan to address gaps and deficiencies in VA's mental health service delivery.

In November 2004, VHA finalized its Comprehensive Mental Health Strategic Plan, which includes more than 200 initiatives to address service gaps and enhance service delivery to veterans. Factors that influenced the strategic planning workgroup included the return of veterans from Iraq and Afghanistan, the challenge to deliver quality mental health services to a growing number of women veterans, and the changing and future mental health needs of aging Vietnam Era veterans. In addition, VHA issued Handbook 1160.01, "Uniform Mental Health Services in VA Medical Centers and Clinics," dated September 11, 2008, to establish minimum clinical requirements for mental health services at VA facilities. The requirements are generally based on facility size and complexity.

MHEI Funding

MHEI funding supports implementation of VHA's Comprehensive Mental Health Strategic Plan and the requirements of Handbook 1160.01. In its FY 2009 budget submission to Congress, VHA requested \$531.3 million in MHEI funding. PIHCS was allocated about \$4.7 million. PIHCS' portion of MHEI funding represented about 13 percent of the total funds allocated to VISN 21, while PIHCS has about 10 percent of unique patients in the VISN. PIHCS' Chief of Staff participated in developing the VISN allocation methodology for MHEI funding and considered the allocation to PIHCS to be reasonable.

Appendix C. OIG Contact and Staff Acknowledgments

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Acknowledgments	Ron Stucky Randy Alley Kevin Day Maria Afamasaga

Appendix D. Report Distribution

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