

**STATEMENT OF
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DEPARTMENT OF VETERANS AFFAIRS
BEFORE THE
U.S. SENATE INDIAN AFFAIRS COMMITTEE
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Good morning Mr. Chairman and Members of the Committee.

I am Alexander Spector, Director of the Alaska VA Healthcare System. Thank you for this opportunity to provide information regarding the Alaska VA Healthcare System's current partnerships with Indian Health Services (IHS) and our on-going efforts to prepare for the return of service men and women who have served in Iraq and Afghanistan. It is my honor to be here today.

CURRENT VAIHS PARTNERSHIPS: The Alaska Federal Health Care Partnership (AFHCP) provides a strong mechanism through which VA takes care of Alaska Native veterans by active cooperation with Federal and tribal entities which provide direct health care services in the State of Alaska. The Alaska VA Healthcare System is a very active participant in the AFHCP -- a formal, voluntary organization which works to leverage resources, optimize capabilities, and promote innovation. The Alaska VA Director serves as the Chair of this group. Members include VA, Alaska Native Tribal Health Consortium, Alaska Native Medical Center, Indian Health Service, U.S. Army, U.S. Air Force, and U.S. Coast Guard.

The following are a few examples of the many accomplishments of the AFHCP and programs underway that increase access to high quality, cost-effective care for over 280,000 tribal/ Federal beneficiaries, many of whom are veterans. The AFHCP programs are vital in VA's ongoing work to provide Alaska Native veterans a pathway to care.

The **Alaska Federal Health Care Access Network** is one of the largest medical facility and forward telemedicine systems in the world. The system is heavily

utilized in the rural areas of the state, providing a tool for Alaskan Native Clinic Health Aides (CHAs), who are the sole primary care providers in many of the villages. The AFHCAN system allows a Health Aide to build a case on the telemedicine cart and forward to a licensed provider for further care, and to provide oversight of the Health Aide's work. This system has expanded access to Alaska Native veterans and improved oversight, and thereby the quality of the care provided by the CHAs.

The **AFHCP Federal Education Sharing Group** conducts joint education and training sessions for AFHCP members. VA has taken the lead in applying for an education grant to conduct a two-day education summit on Traumatic Brain Injury for Federal and community providers in FY 08.

The **Alaska Federal Health Care Partnership Teleradiology Project** has brought enhanced x-ray capabilities and digital capability to over 50 communities in the state, most of them rural native communities without roads. This technology allows a trained health aide, in a rural frontier area, to take x-ray studies and forward them electronically to a radiologist in a metropolitan area for interpretation, cutting this processing time from days to minutes. In addition, this program eliminated the environmental health hazards in the Alaska Native communities posed by the chemicals used in wet x-ray processing.

The **Alaska Home Telehealth Monitoring Initiative**, modeled from VA's Care Coordination/Home Telehealth (CCHT) program, is now providing services to participating organizations in rural Alaska. Currently, four regional health corporations are placing home monitoring devices in the homes of Alaskan Native patients, many of whom are veterans, to provide regular monitoring of chronic conditions. This allows timely intervention when a condition begins to deteriorate, rather than waiting for the patient's unmonitored condition to worsen to the point at which they must be seen in the Emergency Room or require admission. The US Army Medical Department Activity-Alaska is also

participating in this initiative. The program is monitoring patients in both urban (Anchorage, Fairbanks) and rural areas (Delta Junction, St. George, Kotzebue, Dillingham, Togiak, False Pass, Whittier) both with and without a road system. This is yet another example of VA providing our Alaska Native veterans a pathway to receive high quality health care.

Additionally, the Alaska Federal Health Care Partnership has more projects in the planning stage that will bring expanded access to our veterans living in rural Alaska such as:

AFHCP Tele-Behavioral Health Agreement - This agreement reflects the cooperation between DoD, VA, and the Alaska Native Health Corporations in providing mental health care to DoD beneficiaries and veterans. The Alaska Federal Partnership's new program will assure a telemedicine connection for veterans returning to rural Alaska with the VA, as well as active duty DoD and DoD family members. Through the use of live clinical videoconferencing, the patients will be seen at the location where they generally receive care, and will have access to a psychologist or psychiatrist located at the Anchorage VA Clinic, DOD site or community Tricare provider, as appropriate. This will greatly expand mental health services to Alaska Native veterans located in rural Alaska.

We believe these cooperative efforts with Federal partners enhance both access and quality of the health care to our veterans in the state, particularly those who are seen primarily in the Alaska Tribal Health System.

ACCESS TO ALASKA VA HEALTH CARE: Ensuring access to high quality health care and veteran's benefits to Alaska's veterans is challenged dramatically by the geography and population demographics in Alaska. In order to provide these services, the Alaska VA Healthcare System and Regional Office (AVAHSRO) draw upon an array of traditional and non-traditional VA resources. The AVAHSRO provides medical care to Alaska veterans through a series of

clinics located in Anchorage, Fairbanks, and Kenai. The Alaska VA also participates in one of nine nationally recognized VA/DoD Joint Venture relationships with the 3rd Medical Group (MDG), Elmendorf Air Force Base, and an Inter Service Sharing Agreement with Bassett Army Community Hospital at Fort Wainwright. If care is not available at an Alaska VA Clinic or through one of the VA/DoD facilities, care is referred to the nearest VA facility, the VA Puget Sound Healthcare System (VAPSHCS) in Seattle, WA. If these facilities are not able to meet the medical urgency required for consultation or treatment, Federal statute allows VA to contract with non-VA facilities for care. This same statute indicates such fee-for-service (fee) care will be consistent with that provided in the contiguous States. In FY 07, the Alaska VA purchased \$39,150,000 in health care for veterans within Alaska.

Our Anchorage VA facility became operational on May 5, 1992. At the time of the opening, VA was providing care and services for approximately 4,000 veterans through contract community providers. This represented 90 percent of the Alaska VA operating budget. Opening the Anchorage facility permitted expansion of the number of veterans served by VA medical staff. The new site also expanded the types of services directly available to Alaska's veterans.

Improvements to the delivery of services have enhanced quality, access, productivity, operational efficiency and patient satisfaction. The Fairbanks VA Community Based Outpatient Clinic (CBOC) was activated in 1997 and is located within Bassett Army Community Hospital (BACH) on Ft. Wainwright as part of a VA/DoD interagency sharing agreement. The Kenai VA CBOC was activated in November 2001. The numbers of veterans served by the Alaska VA has steadily increased. In FY 07, the AVAHSRO provided a total of 167,237 outpatient visits (112,273 VA clinic visits plus 54, 964 visits purchased from community providers) for 14,383 unique veterans. There are 27,335 Alaska veterans enrolled in VA Healthcare System.

In addition to AVAHSRO direct sites of care, a VA contact representative is located in the Juneau Federal Building to provide general information on VA health care and provide veteran benefits information and services for the Regional Office.

- According to VA’s strategic planning methodology, 74 percent of Alaska veterans live within 60 minutes driving time to VA primary care (see table below for distribution of Alaska veteran population). The other 26 percent of veterans outside the road system may be eligible for reimbursement of travel expenses to VA sites of care provided they meet VA’s statutory criteria for beneficiary travel benefits.

The beneficiary travel budget for FY 07 was \$2,467,502 compared to \$1,878,056 in FY06.

Distribution of Alaska Veteran Population

	<u>Vet Pop</u>	<u>%</u>
Anchorage/MatSu/Kenai	41,722	63%
Fairbanks Area	10,908	17%
Southeast Alaska	6,859	10%
West/SW Alaska	2,188	3%
Northern Alaska	2,209	3%
Kodiak	1,221	2%
Valdez/Cordova	1,141	2%

(As of 9-30-2006 VA Website)

Consistent with the Secretary’s CARES Decision of May 2004, the AVAHSRO is following through on plans to construct a new replacement outpatient clinic to support health care operations in the Anchorage Bowl. Construction of the

replacement clinic will be on 10 acres of Air Force land adjacent to the Joint Venture Medical Facility, Air Force 3rd Medical Group Hospital. The construction contract was awarded in June 2007, and site work started in July. The target completion date is January 2010. The new clinic will provide space to meet projected demand for primary care, specialty care, and outpatient mental health services through 2022.

Development of a CBOC in the Mat-Su Valley is in the 2008 VISN 20 Strategic Plan. A business plan has been developed and submitted. It will assist the AVAHSRO by mitigating, to the extent possible, the need for a primary care waiting list for appointments in Anchorage, as well as provide medical care closer to home for patients currently enrolled at the Anchorage VA Clinic. The AVAHSRO has been greatly challenged by a lack of available clinic space at the Anchorage facility; due to increased missions, increased demand by new patients, and new employees (e.g. OEF/OIF and mental health initiatives). Providing local access to this target population would relieve the access and physical space issues.

OUTREACH FOR OPERATION ENDURING FREEDOM/OPERATION IRAQI FREEDOM (OEF/OIF) VETERANS:

Preparation has included:

- Hiring of dedicated staff for outreach to soldiers and families.
- Additional mental health staffing
- Providing education to Alaska Native regional hospital staff and to village clinic staff
- Development of a Memorandum of Understanding with the State of Alaska National Guard to provide mutual support to our returning National Guard soldiers.

In our ongoing efforts to ensure a seamless transition from DoD care to VA healthcare, the Alaska VA has continued to enhance staffing and designated positions for Operation Enduring Freedom/Operations Iraqi Freedom (OEF/OIF) outreach. We have a designated OEF/OIF Program Manager, Transition Patient Advocate, and a Case Manager to work with OEF/OIF veterans. There is special emphasis placed on care to those who are injured and severely wounded OEF/OIF veterans. For those OEF/OIF on Active Duty status, DoD maintains responsibility for healthcare services.

Our dedicated team has worked closely with the Warrior Transition Units (WTU) located on Ft. Richardson and Ft. Wainwright, to ensure a smooth “hand off” of soldiers to the VA system. They visit the WTUs on a monthly basis during the WTU town hall meetings and more frequently as needed. During FY 07, VA OEF/OIF staff provided 20 VA briefings to Active Duty, Guard, and Reserve members. Currently the Alaska VA is seeing Active Duty members of the 4-25th Battalion as they return to Ft. Richardson. VA staff have been present during the demobilizations at the invitation of the Army. As of November 21, 2007, they had briefed over 1,368 soldiers about VA benefits. Alaska VA will continue to staff a VA information table until the entire battalion has returned.

Alaska VA Healthcare has increased staffing in our Mental Health Service. We currently have three psychiatrists and two psychiatric nurse practitioners. Since returning soldiers present as a high risk for suicide, a full-time suicide prevention coordinator reported for duty August 20, 2007. A Recovery Coordinator has been hired to work with community resources for chronically mentally ill patients. We are also working with the VA Puget Sound Health Care System and Alaska Brain Network in support of veterans with Traumatic Brain Injury. Two Peer Support Technicians have been hired in our Homeless Veterans Service – one to work with our outreach social worker in the community and one to work with veterans in the Domiciliary Residential Rehabilitation Treatment Program and VA Supported Housing Program. The VA Community Based Outpatient Clinics

(CBOC) located in Fairbanks and Kenai now have social workers hired and in place at both locations. Telepsychiatry has been initiated with the VA CBOC in Kenai. This will prepare us for the next trial of Tele-Psychiatry which we hope to do with the Yukon-Kuskokwim Health Corporation (YKHC) in western Alaska. We met with YKHC staff in September to begin discussions on how this process could work between the VA and YKHC.

In preparation for the returning Alaska National Guard 3rd Battalion 297 Infantry, a VA outreach team, consisting of staff from VA Healthcare, Veterans Benefits Regional Office, and the Vet Center, partnered with the Alaska Native Tribal Health Consortium to provide proactive education on VA eligibility for benefits and healthcare, Post Traumatic Stress Disorder, and Reintegration Issues to several Alaska Native Health Care organizations from September 11 – 28, 2007. The following organizations responded to VA's offer to provide this education: South East Alaska Regional Health Consortium (SEARHC) in Juneau and Sitka, Arctic Slope Native Association in Barrow, Norton Sound Health Corporation in Nome, Yukon-Kuskokwim Health Corporation in Bethel, and Bristol Bay Health Corporation in Dillingham. Over 150 village health aides, behavioral health specialists, mental health staff, primary care providers, nurses, and administrative staff participated. Some of those participating did so through video teleconferencing.

The team will travel to Maniilaq Health Corporation in Kotzebue on December 10. In addition to the educational aspect of these sessions, VA staff and Alaska Native Tribal Health staff focused on providing a pathway of care for each system to work together in order to ensure the soldiers returning to their respective areas (and other veterans living in these rural areas) could seamlessly use their Alaska Native health benefits as well as use their benefits through the VA healthcare system. Each person participating in the sessions was given a packet of information with names and phone numbers to be able to contact individuals at VA. Regular follow-up with organization points of contact will occur by our VA

OEF/OIF Manager to ensure that non-active duty Alaska Native veterans have access to the VA healthcare system.

On September 11, 2007, the Alaska VA Healthcare System, Anchorage Regional Office Veterans Benefits Administration, and the Alaska Department of Military and Veterans Affairs signed a Memorandum of Understanding (MOU). The specific goals of the MOU are written as follows:

1. Ensure Seamless Delivery of Health Care Services to Rural Veterans
2. Enhance Home Station Reunion and Reintegration Workshop for Returning GWOT Veterans to Include Post Deployment Health Reassessments
3. Create Multidisciplinary Mobile Outreach Teams
4. Commit to Meet Regularly to Address Work Issues

The National Guard has included designated VA staff in all Post Deployment Health Risk Assessment (PDHRA) sessions for returning soldiers to answer questions and enroll new veterans into the VA healthcare system. In FY 07, the Alaska VA OEF/OIF staff participated in the National Guard's four PDHRAs involving 154 returning service members. In October, the Alaska VA sent OEF/OIF staff to meet the Alaska National Guard 3rd Battalion 297 Infantry at Camp Shelby, Mississippi. Each returning service member was given a VA information packet about enrollment as well as phone numbers for designated OEF/OIF points of contact and sites of Alaska VA healthcare, benefits and Vet Centers. VA staff were able to assist 352 returning service members in completing VA health care applications on site.

Of the 600 National Guard members who were deployed, approximately 49 percent live in the South Central Alaska, 25 percent in Western Alaska, 11 percent in Southeast Alaska, 8 percent in Fairbanks, 6 percent in Nome/Barrow, and the remaining 1 percent in Kodiak. The National Guard has also invited VA

OEF/OIF staff to travel with them as they go to the rural armories to conduct Re-Integration activities on drill weekends.

Mr. Chairman, thank you again for this opportunity to speak about VA health care in the state of Alaska. At this time, I am happy to answer any questions.