

**STATE OF MAINE
119TH LEGISLATURE
FIRST REGULAR SESSION**

**Final Report
of the**

**COMMISSION TO EXAMINE THE ADEQUACY
OF SERVICES AT THE TOGUS VETERANS
ADMINISTRATION MEDICAL CENTER**

December 1999

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EXECUTIVE SUMMARY

Findings

The Commission to Examine the Adequacy of Services at the Togus Veterans Administration Medical Center worked to learn about the current status of healthcare for Maine's veterans and about the present challenges faced by the administration of Togus Veterans Administration Medical Center. As a result of its study the Commission makes the following findings:

- ◆ *The budgeting process which provides federal funds to Togus has changed;*
- ◆ *The State Legislature has limited options to influence funding of Togus or other federal level changes;*
- ◆ *Services provided by Togus are increasingly outpatient-based;*
- ◆ *Non-specialized, routine medical care provided by Togus is becoming decentralized;*
- ◆ *Access to Togus medical services by southern Maine residents is inadequate;*
- ◆ *Communication to Maine's veterans about health care benefits needs to be improved;*
- ◆ *Enrollment of Maine veterans in the regional VA healthcare network needs to be increased;*
- ◆ *The future of long-term care at Togus needs to be examined;*
- ◆ *The report of the 1998 Governor's Working Group on Aging Veterans is still relevant and its recommendations should be acted upon;*
- ◆ *The prescription drug program offered through Togus is a valuable benefit; and*
- ◆ *Suggestions by the VA regarding how the State of Maine can offer assistance are unclear.*

Recommendations

Increased enrollment of Maine Veterans in the New England VA health care network (VISN 1) will not only provide care to more veterans but also place VISN 1 in better standing to receive greater federal funding. This is the primary recommendation of the Commission. The findings enabled the Commission to clearly understand the issues facing Togus and what needs to be done at the state level to best address them.

After consideration of the findings the Commission recommends the following:

- ◆ *The Maine Department of Defense, Veterans and Emergency Management (DVEM) should create and administer an ongoing communications-awareness program with emphasis on targeting veterans not involved in a veterans service organization;*
- ◆ *The Governor should institute a partnership with Togus administrators to examine opportunities for sharing resources;*
- ◆ *The Joint Standing Committee on Legal and Veterans' Affairs will request to have at least one informational meeting per biennial Legislature with administrators of the Department of Veterans Affairs Medical Center at Togus;*
- ◆ *The President of the Senate and the Speaker of the House of Representatives of the Legislature should each appoint a member of the Legislature to serve on the Togus Management Advisory Committee;*
- ◆ *Enrollment of Maine veterans in VA healthcare services and veteran utilization of VA facilities should be maximized; and*
- ◆ *The Commissioner of the Department of Human Services shall be informed about the about the VA prescription drug program.*

I. INTRODUCTION

Near the end of the Civil War, President Lincoln signed an act establishing the National Home for Disabled Volunteer Soldiers. The Eastern Branch at Togus was the first of the homes to open in November of 1866. On November 10, 1866, the first veteran was admitted to Togus. By 1868, the facility grew from a capacity which accommodated less than 400 to nearly 3000 veterans. Even by late 19th century standards, medical care at Togus was limited, particularly due to the isolation of the facility. The isolation of Togus ended when a narrow gauge railroad from the Kennebec River in Randolph and an electric trolley line from Augusta were completed near the end of the century.

Following the Consolidation Act of 1930, Togus became a Veterans Administration facility. Most of the buildings on the campus today were constructed during the 1930's. Today, the Department of Veterans Affairs Medical and Regional Office Center at Togus combines three major functions under single management; a medical center, regional office and a National Cemetery (now inactive). VA health care facilities have the responsibility to provide medical, dental and mental health care to eligible veterans. A veteran, a physician, or any other representative on behalf of a veteran may apply for medical treatment using the Application for Medical Benefits (VA form 10-10T).

Togus is a federal facility and part of a network system, called Veterans Integrated Service Network (VISN). All six New England states make up Network One or VISN 1. Even though Togus serves Maine veterans and is located close to the state capital, it is solely a federal facility.

Since 1994, funding has been allocated to each network based on a formula called Veterans Equitable Resource Allocation (VERA). The amount a network receives is determined using a nationwide average cost per veteran multiplied by the number of veterans enrolled in a network. Maine has 149,000 veterans; approximately 18,000 are enrolled and receiving service. Implementation of this formula has resulted in Togus administrators searching for more efficient ways to provide care. Recent announcements regarding reorganization of Togus and job cuts have forced Togus into the spotlight and brought its management under fire.

II. DUTIES OF THE COMMISSION

The Joint Order To Examine the Adequacy of Services at Togus Veterans Administration Medical Center was passed by the Legislature during the 119th first regular session to examine the impact of the changes and reorganization of Togus by the United States Department of Veterans Affairs.

The Joint Order established a 17 member Commission to review the quality and availability of the care of Maine's Veterans. Commission membership (Appendix B) was comprised of the Joint Standing Committee on Legal and Veterans Affairs, one representative of each of Maine's four Congressional offices and a representative from the Governor's Office (Director, Bureau of Veterans Services).

The Commission was charged to examine:

1. Services provided to veterans and the adequacy of those services to meet the needs of Maine veterans;
2. Funding provided to the medical center and the adequacy of those funds in providing necessary services to veterans;
3. The possibility of the medical center being operated by partial receivership; and
4. Other issues the Commission may determine relevant to the operation of the medical center.

Though the Commission felt it was important to study the funding of Togus, it is beyond the scope of state government to impact allocation of federal funds to a federal facility. Yet, with its review, the Commission did gain a greater understanding of how VA medical centers are funded and the impact that has on Togus. When addressing the charge to examine the possibility of the medical center being operated by partial receivership, the Commission determined that no process exists at the state level to direct such a charge to a federal facility. So, the Commission did not consider it further.

As examination of the issues surrounding adequacy of services and funding of Togus was conducted by the Commission, it began to focus on ways the state could provide assistance or partner with the VA to help fill any gaps in service that might be identified. The Commission supported the notion of the state acting to support Togus during this time of adjustment regarding the new budget process and reorganization. Thus, at Commission meetings, discussion centered on the aspect of cooperation with Togus Administration. Ultimately, for the Commission, the purpose of the study is to help provide quality healthcare to Maine's veterans.

The Commission held a total of three meetings in October and November. The first two meetings were held at Togus and the third was held at the Maine Veterans' Home in Augusta. Information was gathered which described the background of Togus, explained the funding changes, identified ways which Togus and the Department of Defense, Veterans and Emergency Management communicates to veterans, and explored the current challenges faced by the facility.

It is important to note that there are a great deal of benefits available for veterans, some at the state level and some at the federal level. The charge to this Commission was to examine issues regarding Togus, which provides medical care to veterans. Another legislative study was conducted this interim which examined other benefits available to veterans.

III. FINDINGS

The Budgeting Process Which Provides Federal Funds to Togus Has Changed

Togus VA Medical Center is federally funded by using a formula called Veterans' Equitable Resource Allocation (VERA). This formula uses the average cost per veteran nationwide. This average is calculated by dividing the Federal VA Medical budget by the number of veterans served by the Veterans Administration. The share that each region (or VISN) is allocated is based on the number of veterans enrolled in that region. Thus, the more veterans enrolled in a region, the greater the amount of funds allocated. Past budgeting procedure was based on a facilities prior fiscal year expenses taking into consideration inflation, consistency of services provided and the number of veterans served.

The Commission finds that this new funding formula is a dramatic shift in how Togus is funded. The shift to the VERA funding formula puts Maine at a disadvantage. Maine is a rural state with a population of aging veterans. These are factors that contribute to the high cost of providing services to veterans. Nationwide, veterans enrolled in the VA medical benefits system are concentrated in more Southern regions of the country, which, in turn, shifts a large percentage of the funding to these regions.

The Maine Legislature has Limited Options to Influence Funding of Togus or Other Federal Level Changes

Togus is part of the United States Department of Veterans Affairs. Although the Legislature has intense interest in the administration of Togus and in the care provided to Maine's veterans, its ability to influence change at the Federal level is limited to encouraging the United States Government and Congress to make the changes. This is because Togus is solely a federal facility funded with federal dollars. Commission membership includes representatives from each of Maine's Congressional delegation offices. These representatives participated in all aspects of the study and will report, at the federal level, the findings and recommendations made in this report.

The Services Provided by Togus are Increasingly Outpatient-based

As with the health care system nationwide, Togus is realizing and implementing the shift toward more outpatient-based care. Togus, was primarily an inpatient facility in years past but has become part of the nationwide trend that emphasizes more outpatient, preventative-centered care. This type of care is promoted as generally more efficient because it concentrates on prevention, decreasing the need for major medical care that may require admission to a hospital for intense inpatient care. Although, the Commission recognizes that this shift is not entirely welcome by Maine's veterans, it is not a situation unique to Togus.

Non-specialized, Routine Medical Care Provided by the Veterans Administration is Becoming Decentralized

In order to provide routine, non-specialized care to veterans who would otherwise have to travel a great distance to the Togus facility in Augusta in order to receive such services, the VA has

established Community Based Outpatient Clinics (CBOCs). The VA currently has five CBOCs strategically placed throughout Maine in Caribou, Bangor, Calais, Machias and Rumford. A clinic in Saco is scheduled to open in February 2000. The VA mobile health clinic, a 40-foot state-of-the-art bus, customized to serve as a full service clinic is also available.

Reaction from veterans, the general public and the VA to the establishment of CBOCs has been positive. They provide care to those who reside in locations remote to the Togus facility in Augusta. The CBOCs have also resulted in an increased number of Maine veterans enrolled in the VA healthcare network. However, the Commission is concerned about the extended length of time between when a veteran calls to get an appointment with a physician and when the visit actually takes place. As a standard, access to medical care should be timely and reasonably convenient for Maine's veterans. Anything less than this standard may result in Veterans' neglecting to seek the medical care they need and are entitled to.

Long-term implications of this decentralization are unknown. The Commission is concerned that increased use of CBOCs will result in the mistaken conclusion that services provided at the Togus facility in Augusta are obsolete. There is no information currently available that would substantiate such concerns. Yet, the Commission believes it is important to state that it supports the use and expansion of CBOCs but strongly opposes any recommendation that would cease services provided at Togus facility in Augusta.

Access to Services by Southern Maine Residents is Inadequate

Veterans in Southern Maine are inconvenienced when they must travel to Augusta to receive their basic, non-specialized care at Togus. Veterans residing in extreme southern portions of the state are traveling to Manchester, New Hampshire seeking services at the Veterans Administration Medical Center there because of the distance to Augusta. The Commission is concerned about the eventual impact to Togus if such a large number of Maine veterans seek care in New Hampshire. This is not as much of a concern with regard to veterans in more northern or eastern parts of the state. Veterans in these areas of the state do not have access another VA hospital that is more convenient than Togus. Also, a concerted effort has been made by the VA to locate most of the CBOCs in Maine in the northern and eastern regions of the state, providing them with improved access.

The Commission believes that Maine veterans should receive their routine, non-specialized medical care in Maine. If there is limited access to services in the southern part of the state, this problem should be remedied. By providing services in southern Maine, where the population is dense, the overall number of veterans served in Maine by will significantly increase. Furthermore, even though Maine and New Hampshire are both part of VISN 1 the Commission is concerned that if more Maine veterans seek their care outside of the state the funding formula will eventually be skewed to disadvantage Maine.

Communication to Veterans Needs to be Improved

Communication to veterans regarding what benefits they are entitled to, how to access services, and how the delivery of services is changing is inadequate. The Commission finds that both state

and federal efforts to communicate to veterans in order educate them about the benefits that they are entitled to and how services may be changing are insufficient and unsuccessful.

Members of the Commission shared complaints they have heard with regard to access to information about benefits and communication by the VA. For example, in order for a veteran to find out which benefits he or she is entitled to and how to access them, they must call numerous offices only to be answered by voice mail which assumes they know their eligibility or they are put on hold for long lengths of time only to be told they are calling the wrong office to address their inquiry. The written information that is provided to veterans is often voluminous, confusing and overly technical. The Commission received copies of literature distributed to veterans for informational purposes and found them to be poorly designed to provide useful information quickly. Press conferences and other forms of public, oral communication tend consist of too many acronyms and bureaucratic terms. The Commission believes when government officials, federal or state, communicate to their constituents, they must use lay language and avoid acronyms.

The Commission commends the VA for its program of regional health fairs. These health fairs travel to various locations throughout the state providing free medical screenings and information about the medical benefits available to veterans. Not only do these fairs provide necessary information pertaining to the health of veterans but they also create face-to-face communication to veterans about the services they are entitled to and how to access them. In addition, this effort ultimately increases enrollment in the network. The Commission supports continuation and expansion of this successful program.

Enrollment of Maine Veterans in VA Healthcare Network Needs to be Increased

According to the 1990 US Census, there are an estimated 149,000 veterans in Maine, approximately 18,000 of which are served by Togus. Even though this number is an increase over past years, the Commission finds that it is too low. Because VISN 1 is funded based on the number of veterans enrolled in the VA using the nationwide average cost per veteran, the more veterans enrolled the greater the allocation to the network. More money allocated to the network results in more veterans being served and provides protection against efforts to deem the Togus facility in Augusta obsolete. The Togus facility in Augusta is an anchor for the veteran community and a tribute to their dedicated service. The Commission opposes any efforts which would result in the reduction or cessation of services at the Togus facility in Augusta.

The Commission finds that the current number of veterans enrolled could be increased through a system of active recruitment and coordinated communication on behalf of all relevant officials. It should be a top priority at both the state and federal levels to enroll more veterans in the network in order to receive greater funding to maintain or improve the services currently provided by Togus and the community clinics. The Commission wants to see not only more funding for the network but also better care for veterans, many of whom currently do not receive needed care.

The Future of Long Term Care at Togus Needs to be Examined

The Commission discussed several issues pertaining to the future of long term care at Togus. Long-term care is one of the most costly services provided by Togus. Veterans and those who provide services to them have raised concerns about the costs of this service. These concerns center around the fear that long term care services will suffer as a result of the current funding formula and recent cutbacks at Togus, since long term care services make up almost half of Togus' budget.

If the VA reduces or eliminates long term care services it will not only impact the Togus budget but the state's budget as well. If the number of long term care patients at Togus suddenly became the state's responsibility, the need for beds for those patients and the impact on the Medicaid budget would create a crisis situation. Togus officials have told the Commission that reduction or elimination of long-term care services is not being considered in any plans for the facility. Despite this information, the Commission finds that this issue is one the state should be prepared to deal with on short notice.

The Report of The 1998 Governor's Working Group on Aging Veterans is Still Relevant and Should be Acted Upon

In May of 1998, The Working Group on Aging Veterans presented its findings and recommendations pertaining to the population of aging veterans in Maine to Governor Angus King (Appendix G). In the report submitted by Major General Earl L. Adams, Commissioner of the Department of Defense, Veterans and Emergency Management, Issues 10 through 20, which address Veterans' healthcare and awareness of benefits are still relevant today and should be acted upon by the Governor. The recommendations focus on issues regarding medical benefits for Maine Veterans; including access, awareness, enrollment in the VA healthcare network, VA funding and prescription drugs.

The Governor's working group report discusses many of the same issues and concerns pertaining to Maine Veterans' medical care as were discussed by this Commission. Veterans and those who provide their care are facing the same concerns that they did two years ago. This Commission is concerned that not enough is being done to address these concerns and that ultimately medical benefits for Maine veterans will begin to erode either in quantity or quality.

The Prescription Drug Program Offered Through Togus is a Valuable Benefit

The costs of prescription drugs are a problem not limited to veterans. Togus offers prescription drugs for a nominal co-pay of two dollars per 30-day prescription. Some veterans are eligible for an exemption from the co-pay (Appendix D). The benefit also applies to over the counter medications such as aspirin, cough syrup and vitamins. In order to be eligible for this benefit a veteran must be enrolled in the network and under the care of a primary care physician within the network. The Commission finds that this is a valuable benefit that should be utilized by Maine veterans. This benefit not only provides needed prescription medication at a reduced cost but may also result in increased enrollment in the network.

Some confusion exists about eligibility for the prescription drug benefit provided by the VA. It is not a stand-alone benefit that can be utilized by veterans without being enrolled in the network. It is the policy of the VA to dispense drugs only with a prescription written or approved by a VA physician or specialist. Thus, a veteran may not bring a prescription written by their private physician outside of the VA network and simply have it filled by the VA at the reduced cost. Though some inconvenience may exist in becoming enrolled in the VA network, such as an extended waiting period to see a physician for an initial visit, the benefit is so valuable that more veterans should be encouraged to utilize it.

Suggestions Regarding How the State of Maine Can Offer Assistance are Unclear

As part of its review the Commission sought suggestions from the VA regarding how the state could provide assistance to fill any gaps in service or improve veteran's access to benefits. Recognizing that the federal government, not the state, is responsible for the administration of Togus, the Commission believed that a federal/state partnership, no matter how limited, would be beneficial to Maine's veterans. The Commission believes the universe of possibilities in this area has hardly been tapped. It is the Department of Veterans Medical and Regional Office Center at Togus that can best pinpoint how the state could provide assistance. Yet, the suggestions have not been made to the Commission. The Commission remains open to any suggestions that Togus administration representatives may have.

IV. RECOMMENDATIONS

Create an Ongoing Communications Program to be Administered by the Department of Defense, Veterans and Emergency Management

The Commission recommends the Department of Defense, Veterans and Emergency Management create of a comprehensive communications program to increase awareness of all aspects of veterans benefits such as: what benefits exist for veterans; who is eligible for those benefits; and which office to call in order to get information about accessing available benefits. Particular focus should be made toward developing a single piece of communication that is readily accessible and quick and easy to read, such as an informational brochure. This communication piece should contain all relevant phone numbers and a brief summary of benefits available to veterans.

Another legislative study, The Commission to Study Standardized Periods of Military Service and Other Matters Related to the Award of State of Maine Veterans Benefits has considered recommending the development of outreach strategies, including use of free and paid advertising in electronic and print media, internet websites, mailings, partnering with private industry and public service organizations and others. The Commission to Examine the Adequacy of Services at Togus Veterans Administration Medical Center supports this recommendation.

These communication recommendations should be particularly targeted to those veterans not involved in a veteran's service organization. The Department of Defense Veterans and Emergency Management should present a draft of a comprehensive communication strategy and report on progress toward its outreach strategies by March 15, 2000.

Institute Partnership Between Togus and the Governor to Examine Opportunities for Sharing Resources

The Commission recommends that the Governor and Director of Department of Veterans Affairs Medical Center at Togus act in partnership to examine opportunities for sharing state resources in order to create better access to services by veterans and improve the quality of care provided at Togus. Some issues that the Commission has identified are: transportation of veterans to where they need care; the care for veterans in need of mental health services; follow-up on the recommendations made in the 1998 Governor's Working Group on Aging Veterans; state assistance with regional health fairs and screening clinics; and plans for addressing the possibility of long term care service reductions at Togus. Such an effort to share resources may fill in any gaps in services provided to Maine's veterans.

The Joint Standing Committee on Legal and Veterans' Affairs Should Request at Least One Informational Meeting Per Biennial Legislative Session with the Department of Veterans Affairs Medical Center at Togus

In order to perform their role in the Legislature, the Joint Standing Committee on Legal and Veterans' Affairs should be regularly informed about the status of services provided to veterans at Togus. The Legal and Veterans' Affairs Committee should receive all federal level reports pertaining to VA medical benefits, status reports on the Maine community based outreach clinics (CBOC's), and other relevant information regarding the medical benefits of Maine's veterans. The Commission recommends that the Director of Togus VA Medical Center meet with the Joint Standing Committee at least once per legislative biennium to respond to questions and provide information regarding the benefits provided to veterans at Togus. Members or representative of the state's Congressional delegation should also be invited to participate in these meetings.

Appoint Two Members of the Legislature to Serve on the Togus Management Advisory Committee

The Management Advisory Council (MAC) for the northern sub-region (Maine) at Togus, often referred to as "mini-mac" is a sub-committee of the VISN 1 MAC. In order to ensure that the state is informed about the services provided to Maine veterans legislative members should be appointed to this sub-committee. The Legislature should initiate a request to the administration of Togus to participate in mini-mac meetings. One appointment each should be made by the President of the Senate and the Speaker of the House, with preference given to members of the Joint Standing Committee on Legal and Veterans' Affairs. A memo summarizing the proceedings of each meeting of the "mini-mac" should be presented to the Joint Standing Committee on Legal and Veterans' Affairs within 14 days of said meeting.

Maximize Enrollment of Maine Veterans in VA Healthcare Network and Their Use of VA Facilities in Maine

Increased enrollment in the VA healthcare network will increase the federal funds received by VISN 1. The state should seek to maximize enrollment in the VA healthcare network using the recommendations outlined in this report as well as other strategies. Encouraging veterans who are in good health to schedule appointments for routine annual physicals is important to increase enrollment and provide preventative care. Efforts should focus particularly on ensuring that Maine veterans access their benefits in Maine. The Commission supports the expansion of CBOC's in southern Maine to encourage Maine veterans to access services in Maine.

The Commissioner of the Department Of Human Services Shall be informed About the VA Prescription Drug Program

In an effort to promote coordination between agencies and governments, this Commission shall inform the Commissioner of the Department of Human Services about the Prescription Drug Program available through Togus. This effort will assist in informing unenrolled veterans who are clients of DHS about this valuable benefit and in turn, provide needed prescription medication to veterans at a reduced cost. The Department of Human Services should also be aware which of their clients are veterans and share that information with the Department Defense, Veterans and Emergency Management to facilitate better dissemination of veterans benefit information.

V. APPENDICES

- A. Enabling Legislation**
- B. Commission Membership**
- C. Veteran Eligibility for Healthcare - General**
- D. VA Prescription Drug Program**
- E. VA Rural Healthcare Program**
- F. 1998 Governor's Working Group on Aging Veterans**
- G. Letter to Governor**
- H. Letter to President of the Senate and Speaker of the House**
- I. Letter to Congressional Delegation**
- J. Letter to Commissioner, Department of Human Services**