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Community Based Health Access for Veterans: Post Mission Act Implementation Call to Action

- An FQHC Perspective

WHITE PAPER

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Introduction

The Bronx is home to a large culturally diverse population of veterans spanning across many generations. Unfortunately, the Bronx veteran population experiences similar challenges in health outcomes often stemming from the negative impacts of Social Determinants of Health and other health access barriers impacting underserved communities. Because these issues are often compounded for veterans, Union Community Health Center (UNION) has long sought a targeted and tailored approach to addressing the health needs of veterans in the Bronx. In doing so, UNION continues to be recognized by the National Association of Community Health Centers (NACHC) as one of the ten leading advocates for and service provider of veterans Health services nationally. At the state level, UNION plays a leading role in the Community Health Center Association of New York State (CHCANYS), highlighting veterans' Healthcare access challenges for its 74 FQHC members.

UNION has emerged as one of the largest Federally Qualified Health Centers (FQHC) in New York State. Located in the Central Bronx, a historically marginalized community with a large percentage of residents living well below the national poverty line, UNION provides health care at five major locations to over 30,000 unique patients. Providing nearly 200,000 patient care visits annually and employing nearly 300 staff, UNION offers comprehensive health care services to include; adult and pediatrics, rapid care, physical and occupational therapy, behavioral health, dental services and specialty services (adolescent medicine, allergy, cardiology, echocardiograms, endocrinology, gastroenterology, genetics, gynecology, obstetrics, optometry, orthopedics, osteopathic manipulative medicine, podiatry, radiology, rheumatology, speech and hearing therapy and urology). Additionally, as a teaching facility, UNION trains the next generation of medical and dental residents to understand the complexity of serving low-income, uninsured, disadvantaged and indigent populations.

II.Challenges for FQHCs Prior to the Passage of the Mission Act

UNION started as a Veterans Choice Provider (VCP) in November of 2014 to provide access to healthcare services for veterans throughout the Bronx and greater New York City area. Prior to the Mission Act Legislation, the VCP program presented several challenges that limited access to care for veterans seeking healthcare services outside of their local VAs. These very specific barriers pertained to obtaining referrals, authorization and payment for health care services rendered by community providers, such as UNION. The entire healthcare ecosystem that existed under the VCP program was overwhelmed with administrative red tape and convoluted bureaucratic insurance workflows. The cumbersome process often resulted in either the veteran not receiving time-sensitive quality care or the VCP provider not being reimbursed for healthcare services provided. The central issue around the pain points of the authorization and claims adjudication were the existence of two third party administrators (TPAs) oversight of the entire process. The overlapping TPA's led to redundancy with authorizations, resulting in a complicated and dysfunctional process.

Secondary to the authorization issues, veterans faced significant wait times internally with their local VA's to obtain the necessary PCP consult/referral to trigger the authorization process with the TPA and subsequent community care provider. Many times the veteran had to wait 45 days or more for a specialty referral pertaining to medical issues that required prompt physician attention. The frustration and lack of communication between the veteran's PCP and the TPA added another layer of complexity to a broken system. As a community care provider and Federally Qualified Health Center (FQHC), UNION dedicated its organizational resources to help address the deficiencies in the VCP/VA/TPA ecosystem and provide the timely and quality healthcare services veterans

deserve. Representatives of UNION's executive staff, led by UNION's CEO, traveled to Washington D.C. to advocate on behalf of all veterans and to offer detailed and structured legislative changes to the VCP program. In 2018, encompassing some of UNION's recommendations, Congress passed and enacted the VA Mission Act, taking a critically needed step in in the right direction for veteran healthcare services in communities across the United States. Unfortunately the act did not fully address all areas of concern.

III. FQHC Efforts to Prepare for the Mission Act – The UNION Veteran's Liaison Program

In 2019, in response to feedback from UNION's frontline medical staff, needs in the community and in anticipation of the changes enacted by the Mission Act, UNION began the groundwork to establish a veteran Healthcare Liaison program dedicated to providing wraparound case management services for veterans to include medical care, dental care, employment and housing assistance, and legal services. The program, funded by the New York State Health Foundation, sought to leverage the changes in the legislation to ensure that Bronx veterans could access Union's culturally appropriate, locally available services in a mission driven, not-for-profit community based healthcare organization. The program outreach to Bronx-area veterans proved to be a fruitful undertaking, despite the challenges presented by a global pandemic. The program accounted for an 80% increase in the number of veterans served at UNION since 2020. However, despite UNION's commitment and focus on the specific needs of the veteran community, UNION still struggles to ensure that all Bronx veterans gain access to critical community healthcare services.

In anticipation of the changes that were to facilitate community health resources for veterans, UNION expedited the process to become a contracted and participating Community Care Network (CCN) provider through Optum Health and a dental participating provider through LHI Network. UNION is also in the process of becoming the first veteran Choice Provider (VCP) in Bronx County, New York, to participate in the VETSmile dental pilot program. The program is designed to assist veterans who lack dental benefits with their local VA, by providing affordable and timely preventive and diagnostic dental care.

Additionally, UNION became the first Urgent Care Community Care Provider listed in the VA Directory for Bronx County. This was a critical first step for veteran's ability to access prompt medical care thanks in part to Mission Act provisions that eliminated prior authorizations and referrals to a participating CCN Urgent Care Facility. UNION further strengthened its community referral connection with the local Bronx VA through participating in the HSRM (HealthShare Referral Manager); the VA's secure online portal for managing referrals and authorizations.

IV. Case studies

To further illustrate the systemic issues experienced by both community based health care providers and veterans alike, following are case examples collected by UNION's front line staff that illustrate enduring challenges that remain despite passage of the Mission Act.

The case studies illustrate needs around: 1) lack of referrals for community based providers, 2) transportation barriers, 3) need to address service delivery gaps in physical therapy/occupational therapy, audiology, dental and mental health access, and 4) veteran tech literacy and access gaps, among others.

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Case Study # 1 – Lack of Referrals for Community Based Providers

A veteran who had been seeing a VA provider at Bronx VA for pain management needed a timely evaluation for an upcoming disability hearing. In addition, though the veteran had been stable for over a year, she was experiencing an increase in pain recently. The veteran also was in need of an audiology evaluation as a result of increasing ringing in her ear. Upon outreach to the VA she was told that the next available appointment for her physical therapy evaluation would be a month and a half away jeopardizing both her pension status and her physical wellbeing.

UNION's veteran liaison requested a referral from the VA, at the veteran's request, so that the veteran could access the services requested in time for her hearing. The referral was not granted and the veteran was told that any care provided by an outside physician could impact her pension. The veteran had to wait over a month and a half to access the services requested causing undue physical and emotional stress for the veteran.

PROBLEM:

Veteran could not access timely physical therapy and audiology appointments through her local VA and sought out local community health resources at a Community Health Center. Veteran was denied referral to outside care jeopardizing both an upcoming disability hearing as well as timely care for pain despite availability of care from local, culturally appropriate community based care options.

RECOMMENDATION:

When the VA could not accommodate appointment requests in a timely manner as a result of availability, the VA should accept referral requests from community based health care as prescribed in the Mission Act.

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Case Study # 2 – Community Based Referrals to Health Address Transportation Barriers

A Bronx based veteran was receiving treatment at a physical therapist assigned by the Bronx VA that was over one hour from the patient's home. The veteran, through discussion with UNION's veteran liaison, requested a referral for treatment with UNION's PT/OT location located 10 minutes from the veteran's residence. The veteran/UNION were denied the referral by the Bronx VA. Veteran had to continue to access service at a location 2 hours round trip despite locally available appointments at the nearest Community Health Center.

PROBLEM:

Veteran was traveling over 2 hours round trip to access physical therapy services through the VA. Veteran sought out a referral for care locally through a community health center located 10 minutes from the veteran's residence but was denied.

RECOMMENDATION:

The VA should consider transportation barriers to access to care and make referrals to locally available community based care as prescribed in the Mission Act.

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Case Study # 3 – Need for Dental Health Referrals for Veterans

A veteran with a service connected pension in need of dental services sought access to dental care at their local VA but did not qualify. Veteran was advised to seek dental care outside the VA. Veteran made an appointment but when the veteran went to receive care they were informed that their insurance was not accepted and the next available appointment was over a month away. Because the veteran was a patient of UNION's behavioral health program, the veteran had secured an appointment for the Veteran the same week and treatment was received as needed.

PROBLEM:

VA dental services are not available for all veterans through the VA and services outside the VA through private practice were cost restrictive. Additionally VA insurance is not taken by most dental providers.

RECOMMENDATION:

VA should inform Veterans of the option to secure dental services through contracted providers (LHI).

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Case Study # 4 – Need to Embrace Community Based Provider Choice for Veterans

A Gold Star Wife and veteran have been getting medical services at UNION and other community providers during the last five years. This year, her insurance provider Tricare, was terminated and the veteran was asked to return to services at the Bronx VA where she would have to re-register with the VA and reapply for VA health benefits before being able to seek an appointment or care. The veteran does not wish to disrupt her care which is both culturally appropriate and geographically convenient.

PROBLEM:

VA insurance coverage rules and eligibility change often and without warning. Further, the VA does not provide a veteran/family education and guidance on seeking alternative insurance coverage and benefits.

Veterans seeking care through community health centers are disconnected from care when their providers and insurance coverage are changed. Due to the administrative process of the VA Health Insurance System, currently the veteran will have to seek care with a Primary Care Physician (PCP) at the local VA and will only be able to receive specialty care with a community care provider through theHealth Share Referral Manager (HSRM) system. This referral process is often initiated inconsistently and untimely by a PCP or supporting clinical staff at the local VA.

RECOMMENDATION:

The VA should inform veterans of insurance options three months prior to any lapse or termination of active military coverage and benefits. This will provide the veteran sufficient time to coordinate coverage benefits with existing providers and seek the best alternative for their healthcare needs within the benefits qualified for. Additionally, the VA should allow veterans to fully utilize the Optum Community Care Network (CCN) of community healthcare providers and organizations that might offer more culturally appropriate and geographically convenient locations to the veteran. If the veteran was already in primary or specialty care with a CCN provider, they should be allowed to continue receiving all healthcare services without being required to switch to a PCP at the local VA or require PCP consult referrals for specialty care.

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Case Study # 5 - Veteran Tech Literacy and Lack of Internet and Device Access

Technological literacy, internet access and hardware issues are a recurring barrier to access to care for veterans living in underserved communities. A veteran that has since passed away experienced this first hand. The veteran had not communicated with UNION's veteran liaison in several weeks. Upon being tracked down the veteran noted that their phone had been damaged and they could not self-navigate the process of getting a new one. As a result, the veteran had missed psychiatric appointments. The liaison was able to help the veteran get a new phone and reconnect the veteran with care.

PROBLEM:

Hardware, internet access and digital literacy issues continue to plague elder veterans living in underserved communities disrupting care, access and services.

RECOMMENDATION:

Point of care locations like community health centers must be ready to connect elder veterans with technology and help train them to ensure they are accessing care in a timely and consistent manner.

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Case Study # 6 – Addressing Social Determinates for Health Issues for Veterans

The veteran was aware of the NYC HousingConnect Housing Lottery but did not know how to access the program. The NYC Housing Connect system is a lottery system where individuals can apply for affordable housing in any of NYC's boroughs. The problem is that the application and follow up can only be completed online. The veteran approached UNION's veteran liaison for help to apply. The veteran needed to establish an email account, complete the application via the portal, and needed to learn how to follow up with pending applications as well as with new applications on a monthly basis.

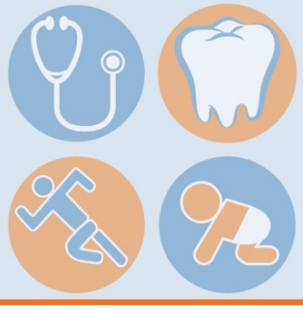
The veteran applied to seven buildings and was very excited about the prospects. A few weeks later, the veteran returned because he had forgotten how to work the portal. The veteran would return every two weeks to look at new opportunities and to see the status of any pending applications.

PROBLEM:

Hardware, internet access and digital literacy issues continue to plague elder veterans living in underserved communities disrupting care, access and services.

RECOMMENDATION:

Point of care locations like community health centers must be ready to connect elder veterans with technology and help train them to ensure they are accessing care in a timely and consistent manner.



V.Post Mission Act – Systemic and Implementation Issues Remain

UNION, through its advocacy and insight from its frontline providers was optimistic about the potential of the Mission act. Unfortunately, even with the veteran focused outreach, clinical programming, and technological infrastructure developments implemented, UNION has received very few referrals from the HSRM portal and even less communication from the VA's Referral Business Office – a problem noted by many community based organizations seeking to address access barriers for veterans living in underserved areas. Moreover, the pandemic has left clinical and administrative resources depleted at the local VA, further exacerbating the clinical needs of veterans. Both veterans and primary care associations at the city, state, and national level have expressed the clinical need for services deficient in the VA health system; services such as comprehensive dental care, physical and occupational therapy, behavioral health, audiology, and obstetrics and gynecology. UNION and other community care providers alike, have delivered high quality, efficient care for decades in all of the aforementioned clinical subspecialties and are prepared to complement the VA Health system in any capacity needed. Nevertheless, like many of UNION's healthcare organization counterparts, equipped to supplement the healthcare and social needs of New York City veterans, the Federally Qualified Health Center has been left out of the referral loop.

VI.Conclusion

Theoretically and on paper the Mission Act has taken positive steps towards addressing many of the barriers to care veterans face. However, the implementation and execution of the clinical and operational platforms and infrastructure, have not occurred on the ground level at the local VA's and in the communities where veterans most need access to care. In order to gain an inroad into the HSRM system, community care providers in both urban and rural settings throughout the United States need a unified and collaborative care model with all local VA's. Consistent and communicative efforts need to exist from the senior level leadership of the local VA's down to the HSRM call center staff with all providers in the Community Care Network. UNION is fully dedicated to a joint VA-CCN collaborative delivery health system with the singular purpose to accomplish the overarching objective of the Mission Act: providing high quality healthcare services in a timely manner to all United States Military veterans.

As such, UNION calls for a comprehensive implementation of the Mission Act's original intent and a review of the process being implemented to expand access to community based care options for veterans by working with community based organizations to ensure access and expansion of care for veterans in all communities. There are a multitude of organizations ready and willing to provide immediate culturally appropriate, convenient and affordable care to veterans across the country. UNION continues to strongly advocate at the local, state, and federal level to ensure that elected officials and agencies address remaining barriers for veteran health care with effective implementation, legislation and policies that prioritize veteran health needs. UNION will also continue to seek out support from philanthropic partners that are interested in helping UNION expand targeted care coordination and delivery for Bronx veterans.