Serving Military Veterans in Health Centers: Exploring Unexpected Partners & Resources

Webinar Transcript

Olivia Peterson (00:00:11):

Hello and welcome everyone. This is Serving Military Veterans in Health Centers Exploring Unexpected Partners and Resources. We're so excited to have you. On behalf of NACHC, my name is, Olivia Peterson. I am a training and event program specialist here in the training and technical assistance division NACHC. And I'm very pleased to bring you this webinar along with my colleague, Gina Capra, senior vice president of training and technical assistance and, Dick Bohrer, who will be moderating today's event and getting us started shortly. Before we get started today, I have just a few quick housekeeping items to go over with you all.

Please note that this event is being recorded. The recording and slides will be made available to you all within the next two weeks. And we will send an email out to all registrants about that. For a copy of today's slides, please see the email reminder that was sent this morning from trainings that nachc.org. And then after the webinar, you will be directed to an evaluation for this event. We encourage you to fill out this evaluation as it informs our future trainings, and we value your feedback. You will notice that all lines have been muted when you joined this event. If you have any issues with your audio, we recommend calling into the webinar, which you can do by going to the unmute button at the bottom of your screen and clicking the little arrow next to it to open the audio options. And then we encourage you to submit questions throughout the webinar today and engage with our faculty presenters.

We also have some time set aside at the end for a Q&A, but please submit any questions or comments that you have using the Q&A panel, which you will find on the bottom right-hand side of your screen. And then when you submit your question, make sure that you are submitting to all panelists so that we can be sure to see your question and direct them to our presenters as appropriate. And then lastly, we will be using some polling in today's event just to get a better understanding of who's in the virtual room today and your interests regarding today's topic. So I am going to launch this poll in just a moment as, Dick, is getting us started. So you'll see the poll pop up, again, it'll be on the bottom right hand side of your screen. So thank you again or thank you in advance for your responses. And now, without any further delay, I am going to hand things over to my colleague, Dick Bohrer, who is going to get us started and introduce today's presenters. Thank you. Take it away, Dick.

Dick Bohrer (00:02:25):

Thank you, Olivia. And let me just say one thing, without, Olivia, this would not have happened. Yes, we've got wonderful presenter but, Olivia, is the one who has been the glue and pulling it together and certainly helping a guy like me who is technologically challenged make the most of this learning opportunity. We're going to do three things I hope for a successful. Okay, I'm going to share with you some highlights about what's going on nationally around health centers and working with military veterans. We're going to share in case something that came out of a valuable partnership in the state of New York involving a primary care association and a foundation. And we're also going to talk about people with the feet on the ground. Okay. A health center in the city, in New York that built on that state partnership and took full advantage to really, really change its game and its capacity to work with veterans. Next slide please.

We're going to watch the clock. We're going to keep this moving. We are going to have to end at one o'clock. We're going to allow for questions. Olivia, gave you the format, a K for them, we're going to deal with as many of them as we can, but if we run out of time, our commitment is that we will get you answers to those cues that we can't reach. We're going to use acronyms because saying the National Association of Community Health Center takes a lot of time. So that'll be NACHC, and saying the Community Health Care Association of New York State takes a lot of time, that's CHCANYS. So when you hear NACHC and you hear CHCANYS, that, Douglas, say I don't know, Union Health Center is short enough, we don't have to come up with an acronym for seriously for Union. Next slide please.

Olivia, next slide. Okay. And so again, we're really fortunate to have four people in addition to the role that, Olivia, played, but who are the content, people who today, Suzanne Rosell, who is with CHCANYS, and has been with health centers in a lot of different ways, spent time with an association in Texas. That's where I met her. Did some work with NACHC and has been with CHCANYS now for awhile. And is an important member of that management team. Derek Coy, is with a foundation, the New York State Health Foundation, which go to their website because I think it's a foundation whose annual priorities resonate with the work of health centers.

And then the work that the foundation that you're a part of, the work that you've done over the years is powerful. And the partnerships that you've built both with CHCANYS, but with the individual health centers and, Derek, is his point within the foundation on work with veterans. Douglas York, he's CEO of Union Community Health Center in the city and has been pushing the ball down the field in the work of one health center trying to identify and afford veterans with services and access to services that they need. And they've been able to take full advantage of that partnership with the foundation.

And while it takes a leader, it also takes somebody who's going to get the actual work done and, Raul Gonzalez, he was also with Union Health Center. Raul, has been the key person on, Douglas's team of keeping the work going and again, being that liaison amongst so many different organizations, and he's going to share that, he and, Douglas, will. So again, I thank the four of you for agreeing to be part of it, I'm honored to death to see all you guys. And we'll go from there. Next slide.

So from NACHC perspective, the work around veterans is one of trying to give people information that's useful and helps them in commitments that they've got. So in that role, NACHC tries to reach out to people in the Health Center World including the significant number of health center board members who are military service veterans. In addition to the board members to the staff, we have a veterans interest group. If you are not a part of it, I urge you to look into it. There'll be some links to it later on in this session. But we also work with primary care associations, different primary care associations have made veterans' health a higher or lower priority. And then we work with them. Then finally, we try to work with the critical federal agencies both the Health Resource Services Administration, HRSA and the Veterans Health Administration.

The last data that were reported said that health center served 400,000 veterans. I can't prove it, but I know it's an under-count. I don't know what the real number is, but I know it's more than 400,000. And I think even when the numbers come in for 2020 and the pandemic effected numbers will probably be different, will be lower. Just there'll be a significant number of people being served by veterans. When the Mission Act was enacted by Congress, critical part of that was to create something called the Community Care Program, which was the way in which the third party administrators who work on behalf of the veterans' health administration, the way they work to develop preferred provider networks around the VA treatment and medical centers.

In January, which is the last time we had any information, there were 85 health centers around the country who were acknowledged providers in these preferred provider networks. And that's 85 organizations. There were a lot more provider sites than that. I watch for important things to see where

the winds are blowing and I've been encouraged that the supplemental funding around COVID including the most recently American recovery plan continues to include additional resources for the veterans' health administration to invest in and expand their community care program. Regarding community care, it's a twofer for those of you who are working to get in that network, there's two points of contact. You need to be both working with a local VA medical center, but the third party administrator for the part of the country where you are. Depending on where you are, the third-party administrators, either Optum healthcare or TriWest.

And then finally, the conversations with folks cross the country, that, Gina, and others at NACHC and I have, it keeps coming back to that. If there are opportunities to be in that community-based provider network, the VA is looking for services in these three areas, oral health, OB GYN, and behavioral health. Those are the areas where their demand off times cannot be met with their in-health capacity. So with that, I'm going to turn it over to Suzanne Rossel, from CHCANYS to talk about a little bit of her story and the association story. Thanks, Suzanne.

Suzanne Rossel (00:11:40):

Thanks, Dick. Good afternoon. Good morning to some of you. My name as, Dick says, I'm Suzanne Rossel. I'm the senior vice president of Health Center Support CHCANYS, which is the Community Health Care Association of New York State. In that capacity, we represent 70 plus community health centers scattered throughout the state, which is actually a very large state. We have several obviously down in the New York City and lower portion of the state, but we have locations throughout the state, both north and west and far in between. We've been around as similar to NACHC for almost 60 years and are getting ready to celebrate that. COVID put a little pause on that celebration, but we're planning that celebration going forward. Next slide please. Olivia. So New York State Health Center serve 2.3 million new Yorkers a year. And like you serving other states, health centers and other states and PCAs, we serve those who are most vulnerable and who faced considerable barriers to care.

I think for us, we really looked to our partners at NACHC, and I think, Dick Bohrer, in particular has certainly been a banner and a voice for the veterans access to community health centers care for a very long time, but we really have relied on our partners at the federal and state level to really bring us up to speed on the issues confronting our veterans and their families in particular in 2018 with the passage of the VA Mission Act. Our New York State Health Foundation really convened a really powerful and meaningful session and brought together several key speakers who talked about the Mission Act and the impact of that and the issues of access and the populations that comprise veterans and their families. And it was very clear to us that she painted that those veterans in their families are the people we already serve and should be serving more of.

And so, we've learned from our partners at the New York State Health Foundation, as well as from NACHC who also has convened many sessions. And I would note and I would echo point that I think that we really are under counting our service to veterans. And I think that's some of the work that NACHC has really been helpful and supportive of us at the PCA and the health center level to really do a better job of documenting when we are serving veterans and their families. In New York in particular, we've seen a considerable growth in the number of veterans being served. We've seen we currently based on 2019 UDS of 21,000 patients who are identified as veterans, which is a 53% increase over five years. And we've also seen an increase in service to veterans that's at a much faster pace than the comparative to other patient types.

However, having said that, veterans currently only represent about 1% of our New York State Health Center patients, but they represent nearly 4% of New Yorkers living in households. So we have a lot of work to do, and I'm here just to say that we at the PCA supporting our New York State Health

centers couldn't do it without our partners at NACHC and certainly with our strong supporters at the New York State Health Foundation who have supported us with resources, information as well as funding to position CHCANYS as well as our health centers who are really on the ground doing the work of this to make access available to veterans and their families. So I'm more than happy to be on the panel with our strong partner at the New York State Health Foundation. And in particular, Derek Coy, who is the veteran's health officer at the foundation, who's going to talk a little bit about all of the tremendous work and really should look on their website for a lot of the resources they have particular and specifically around veterans. But with that, I'll turn it over to Derek.

Derek Coy (00:16:18):

Awesome. Thank you so much, Suzanne. Greetings everyone. I hope everyone has been having a great day so far. I'm excited to be chatting with you all today about health challenges in the veteran community, as well as the work of NYS Health that has been focused on addressing some of these complex challenges. Of course, I want to thank, NACHC, CHCANYS, Dick, Suzanne, everyone for putting this together really tremendous opportunity. And of course, thank you all for the work that you will do in your communities when you're not here today. As Suzanne mentioned, my name is Derek Coy. I'm the veteran's health officer at NYS Health. I'm a former Marine Sergeant and veteran of the Iraq war. And I've spent most of my professional career in the nonprofit space. Throughout this conversation, I'll start with the contextualization of who makes up the veteran community is of course, a very important thing to understand, in addition to the challenges they face as well as opportunities in NYS Health and other funders have identified and made the most of.

I hope and believe the work that we have done has been responsive to the evolving needs of the community. So I'd like to tell that story of this evolution through the work of NYS Health over the past 15 years. I'll also discuss some larger trends we see in philanthropy with the hopes of encouraging future collaboration and replication of evidence-based programs. One of my favorites being between NYS Health and Union Community Health Center, which you will definitely hear more about after this. So to kick things off, who are these veterans that we're all hoping to serve? Well, to be honest, this is a question that is shockingly, not as easy to find out as many in this space with hope myself certainly included. It's safe to say that the veteran population is anywhere between 17 and 20 million veterans currently throughout the country. But the reason I have to give such a broad estimate is because of a recurring problem we in the community face. And that's just, we don't track veteran status as well as we should.

Certainly, not as well as we could. And this problem is twofold. So one, there are so many definitions of what a veteran is. Even veterans themselves aren't assured if they meet the criteria. Something, well, I was in the military, but I didn't serve overseas. So I'm not a veteran. Maybe I served overseas, but I didn't serve in combat. So I'm not a veteran or maybe I only serve for two or four years. So we in the veteran community aren't sure which makes it obvious, perhaps that folks that are outside of the veteran community, aren't sure what exactly makes a veteran. Secondly, most places be it city, state or federal agencies, do a really terrible job of screening for veteran status. One of the best ways that you can do it because it is such a complicated question is simply by asking, did you ever serve in the US military?

And that's probably one of the best ways that you can. So we're left with these estimates that are really an aggregate of a lot of other estimates on top of that, VA is the authority on population in general, and even what they do are at best usually projections. So since the average age of a veteran in the US is nearly 60 with a larger portion being older with high comorbidities, we lose a substantial portion of the veteran population each year, especially the World War II generation. So this has been

true in most years, but especially these last 15 months when the COVID-19 pandemic is disproportionately affected those with high comorbidities, the elderly, and in places like nursing home facilities, these are all places or populations that likely disproportionately impacted veterans. In addition to the continued loss of our older generation of veterans, the community is growing increasingly diverse as well.

Thanks to changes in federal regulations, women, which are the fastest growing demographic in the veteran community. Worth repeating that, women are the fastest growing demographic in the veteran community and are now able to serve officially in combat roles and branches have increased recruiting efforts to retain women service members. Similarly, minority veterans are serving in record numbers as well, which nearly sorry, with nearly half of the active duty military being a racial or ethnic minority. And that's gradually changing of course, the makeup of the veteran community as well. But all of that, veterans had the exact same health issues. And once they get out, they all have free wonderful healthcare from VA. So it's all good, right? Of course. I'm being facetious and nothing could be further from the truth. So let's start with that former assumption.

Almost no doctor would recommend a woman under 40 get a mammogram since it's likely not necessary. However, if that woman was exposed to toxic chemicals when deployed, this might be a smart and life-saving recommendation and is actually an anecdote for my personal life. But if you were like so many of us that think straight white man, when you think of a veteran in your head that a woman might not, or a physician might not even ask a patient if they served, because they're a woman, let alone know that what this could mean for their health.

Similarly, let's just say, you're looking at a military looking male patient has a US CMC tattoo. And you ask if they serve overseas, a common and fairly normal question. If they respond in the negative, you might assume maybe they don't have any mental health issues since they avoided combat. But again, this would be wrong. In fact, tragic issues like suicide, which we'll get into a little bit more later, as well as other mental health issues occur in higher rates for veterans that did not deploy or serve in combat. It is very important to understand and speaks to the complexity of issues like suicide and mental health, but it's rarely understood for one simple reason. Most folks just aren't impacted by veteran specific issues. And this is not a moral failing by anyone. It's just a numbers game.

During World War II, 12% of the nation served in uniform in addition to countless others that were part of the war effort at home. In comparison, less than one half of 1% of our country's citizens have deployed overseas says since September 11th, 2001. So less and less service members are serving abroad, less and less civilians understand the issues they face when they take their uniform off and return home after military service. It really is just that simple. And now to speak to my second assumption, which is that all vets get free healthcare from VA after they get out of service. And veterans health is solely the responsibility of VA. Again, nothing could be further from the truth. For a few different reasons, only about half of the veteran population is even eligible for VA healthcare.

So around 9 million veterans or so. And of those 9 million, only about two thirds will actually use VA for their healthcare needs on any given year. That said, nearly 12 million veterans rely on non VA healthcare options when accessing healthcare. So that means the overwhelming majority of the veteran population receives their healthcare where most Americans do in their communities, private sector. So let's break that down and explain why that's important and we can start with the 6 million veterans that do receive care at VA. For those who don't know, and I know this is a shock to a lot of people, it was for myself and I learned this, but on average, the country's largest integrated healthcare system VA provides cheaper care with lower wait times and equal or better health outcomes in the private sector. I know you've heard a lot of horror stories about VA and a lot of them are true.

It's certainly not a perfect institution, but what a lot of folks don't know is, is the world-class healthcare provider. It's amazing at what it does. And often treats patients that likely wouldn't have access to health care other otherwise. So veterans that rely on VA have quicker access, better health outcomes. And for many, it's just an easier experience. And this has been reflected in multiple studies by folks at RAND and Mider in particular, and I highly recommend looking into that if you weren't familiar with these findings. So what about the other 12 million or so that access care in the community? And how has that impacted the work of NYS Health these past 15 years? Well, I'd like to dive into that part now.

When we were just a young startup foundation in 2006, we focused on a variety of health challenges at the time and focus quite a bit of work on mental health and substance abuse programming. After investing in that work for a bit, we realized one big takeaway and that was a good portion of the patients served by some of our programs were actually military veterans. So with the encouragement of a board member who served in the Korean war, we decided to create a priority area solely focused on improving veterans' health in New York. So the first thing we did was commission the RAND corporation to do a needs assessment. And the big takeaway from that was that given the choice, veterans are split right down the middle in regards to where they prefer to receive care either at VA or in their community. And it was really just for practical purposes. To give you an example, I access healthcare in a variety of different places. I actually live a Stone's throw away from the Bronx VA. And if an appointment makes sense for me to go to Bronx VA, I go there.

I work very close to the Manhattan VA and I have access to that. And on top of that, I have great private health insurance. So it really just depends on what I'm looking to access and what makes most sense for me. And that's true of a lot of veterans. I'd like to reiterate a quick caveat though, and that is despite the fact that VA does provide great healthcare. It is far from perfect. And since we are a statewide foundation, we figured we can't really be in the business of reforming VA. It's has the second largest budget in the federal government, a behemoth of an organization. So we have to understand what we can do. And we thought, "Well, if we can't reform VA, why don't we support the community options for veterans to compliment or support what VA does well or can't do in the community?"

And that's what we've been focused on these past 15 years. So we've looked at what some of the larger issues have been, and we've invested in ways to expand mental health care programming throughout the state, either in person or through tele mental health programs. We've also expanded really amazing models of programs. One in particular are veterans treatment courts, which offer treatment in lieu of incarceration for veterans with a substance abuse or mental health issue. And on top of that, we've just looked at wraparound legal services that can help veterans either access mental health care or healthcare in general through upgrade discharges or other barriers or reducing barriers that prevented them from accessing healthcare. So we've been staying that course and investing in ways to strengthen community providers up until 2019, when all the numbers pointed us in one very, very tough topic to approach.

And that is the tragedy of veterans suicide. Suicide in the general population have increased since the turn of the millennia. And no community has been more disproportionately impacted than veterans. Veterans make up about 5% of the US population, but are about 20% of the suicides in America. On average, nearly 17 veterans die by suicide each day. And in places like New York was comparatively been less bad than other states. We've seen a 25% increase in suicides in 2018 alone. So similar to the population numbers, we get these numbers years after they're able to be collected. So at best we only know that there was an increase in 2018 and have no real good understanding of what this last 15 months have done to a lot of these issues. So of course, there are a lot of issues. They are

incredibly complex, and it's clear that VA can't handle them by themselves, which is what makes places like community health centers, all the more important, especially in these last few years.

Suzanne, touched on it, but according to a report from the RCHN foundation, from 2008 to 2015 community health center saw a 43% increase in veterans usage and to, Dick's point, that's probably just from the folks that are now screening, it's likely much higher than that. So this has happened. We've seen this increase in veterans' access and care at community health centers. In addition to some federal laws that were mentioned previously, the Choice and Mission Acts of 2016 and 2018 respectively, which allowed VA to purchase even more care from the private sector, with the hopes of reducing wait times and giving access or giving veterans access to more choices. So to put this in perspective out of the 20 million veterans and about half have access to VA healthcare, and then the two thirds that actually use it, about a third of those appointments that VA actually handles are purchased in the private sector.

So this just reiterate the fact that not only is VA not even close to being the largest provider of health care for veterans in our country, it really leans on a lot of folks like community health centers in particular. So this speaks to the importance, not only of understanding where veterans are or what their needs are and where they access care, it's also important to understand how we can ensure access. So while VA is purchasing more care for us at our foundation, we looked at this opportunity to, again, strengthen community options, community health centers being one of them. So we were ecstatic when, Dr. York, had reached out and mentioned this idea that they had that would not only strengthen a community option, but also strengthen the relationship between VA and community providers, because they do rely so heavily on each other. VA trains about seven to eight out of every 10 doctors and nurses throughout this country.

So it really is a relationship that goes both ways. So as we're seeing these trends change in healthcare, certainly the pandemic has changed a lot of things throughout our country and we're learning how best to respond to them. So for us at our foundation to see what Union has done has been tremendous for us personally, because it's such a whim for the foundation, but we see this as a larger win, because what we hope is others will take from the model that Union and, Dr. York, have been able to put together and replicated in communities elsewhere because a lot of these issues do span the nation.

So I'm really excited for you all to hear more about this unique model that Union has put together and also would love to continue to be a resource for you all. Philanthropy, a lot of things have changed drastically over the last 15 years with the war, hopefully in Afghanistan, coming to a close after 20 years. There've been so many changes and we in philanthropy are likely more, the few folks that are able to be as nimble to respond to quickly deploy funds and have a better understanding of what's happening on the ground.

So we look to folks like you all to help inform us about how we can make an impact in these communities and really, really do rely on you all. So the better you all understand the communities and the clients that you're providing services to, the best we can invest in organizations like you all. So I'd love to turn it over to, Dr. York now, so you all can hear more about their innovative model. I'm very, very excited to support the work that they do. And again, we'd love to be a resource for you all moving forward. Dr. York, I let you take it from here.

Dr. Douglas York (00:31:20):

Derek, thank you so much. The work that we're about to share with everyone here on this WebEx today would not have been possible certainly without, Derek's individual and organizational commitment to veterans, as well as that of CHCANYS and NACHC. So we're very excited to share this model with everybody and get into some Q&A. So let's move on. I'm Douglas York, I'm the chief executive officer

here at Union Community Health Center. Bio's there, you can read that later. Let's get into some of the me. Let me give you some framework for the organization that's doing this work right now. Union has been around for over 100 years. We've been operating continuously since 1909, evolving out of a community hospital and have grown tremendously ever since. Fairly large health center providing comprehensive medical, dental, behavioral health, and most specialty care as well.

We presently have seven locations in the Bronx and fortunately two brand new mobile medical and dental units as well. Our operating budgets about $45 million. We have 350 employees on our last UDS. We have 38,000 unique patients and we resulted in about 180,000 patient encounters a year. Like many of you, the residents we serve are sadly the poorest that are coming to our centers right now. Bronx county ranks the poorest in New York state with 63% of our residents at or below 200% of the poverty level. Robert Wood Johnson has rated Bronx county as 62nd out of 62 New York state counties for health outcomes. Sadly, that's at the bottom. Bronx county has over 40,000 veterans, yet only 25,000 of them are enrolled at the Bronx VA, meaning tremendous opportunity to provide services here in the Bronx. What are some of the organizational infrastructural enhancements we had to make to get this program off the ground?

First of all, we had to identify organizational champions and the leadership level that's myself, and having your chief medical officer via a staunch supporter and advocate for veterans as well are critical so we can set the tone and the model for the entire organization. We subsequently set up a veteran's core team, physician champions, people who will work directly with veterans and then a designated veterans liaison, who you will hear from very shortly, Raul Gonzalez, the person who makes this happen on a day-to-day basis. B,ut yet there's also a business component, a regulatory component, and a public affairs component. The business director was critical in making sure that we had proper contracts in place. So we could legally and financially engage veterans, public affairs, many, many stakeholders involved in this. And everyone needs a seat at the table, both inside your organization and outside to make sure that we have the structure in place to do the work we need to do.

Care coordination, lots of logistics, unique service needs for veterans and someone has to hand-hold those needs from service to service and make sure that continuity of care is provided. Our partnership with the New York State Health Foundation was critical. We would have not been able to launch this program without their support. Many of you have organizations in your states that could be sourced upon by your PCA to help you with initiatives like ours. Health share record management, that actually is the referral database for the VA system, Union Community Health Center is in that referral database. So VA providers can refer their veterans to Union for services. Contractually, we set forth contracts with community care network Optum for medical services and LHI Dental for dental services. And remember there are select services that are approved under this, but you need to be involved with them. We modified our veterans registration intake in our electronic health record.

As, Derek, shared with you, capturing veterans is very, very difficult. Most of you have a simple question in your EHR, which says, "Are you a veteran?" That is incorrect, that does not capture veterans or those who serve. So you have to do this from the front door. And we did it to be able to capture and identify veterans. Engage with elected officials, make sure that our elected officials here in the Bronx understood the service gap that existed and how we needed their help in making sure that veterans would get supplemental or additional services in the Bronx community. Internally, we had developed a very defined meeting communication structure to maintain the progress on this initiative and be sure that it was built into every meeting, dialogue and communication. Let me turn this over to, Raul Gonzalez, who was Union's veterans liaison. Raul, tell us about all the good work you're doing here.

Raul Gonzalez (00:36:28):

Thank you, Dr. York. I want to first acknowledge any service members who are part of the audience and to thank them for the service. And I want to thank NACHC for the opportunity to showcase our veterans liaison program. Identifying our veterans in Union, as part of our strategies, we started a talent search and identify staff who have either served or have family members who have served. By simply asking, we found that some physicians, some support staff and some security staff were in fact veterans, but never let anyone know. One of the most important aspects of working with veterans is acknowledging the uniqueness and providing them with the respect that they deserve. So Union, along with the local VA vet center collaborated in a cultural competency training for all staff. This training provided staff with knowledge of veterans issues and how to work with veterans and help to ensure that their staff was aware of the challenges that veterans face while in service and after discharge. And for alternations, it also helped to identify the issues that were very veteran specific and help encourage and foster respect for what each and every veteran has experienced.

In Union, we utilize our electronic health record in order to schedule appointments and provide reminders. So we also let use that EHR in order to let people know about the liaison office. So our messaging is quick and effective. Are you a veteran? Anyone in your family served in the US armed forces? Union has a veteran liaison office to assist you contact all liaison.

In a sense, also, we are an extension of the VA health system. Our local VA hospital was instrumental in the early stages when we needed to establish Union as a provider. They provided guidance about the community care network and they directed me to get the necessary tools to make the job easier, including training and ongoing support. We integrated the program to all aspects of Union. So now security personnel know where the veterans liaison office is located. Registration staff is aware of the need to identify veterans in our health record system. Our behavioral health staff now makes referrals directly to the liaison when they have a veteran patient and need services. They do this now as part of the culture that was built. And I do remind all personal about the liaison and the services available. I attend clinical team huddles, in these huddles, physicians, nurses, care coordinators, and reception staff have the liaison remind them of the liaison office and the services that we provide.

In addition, on a weekly basis, the care coordination director, and I provide updates to the various committees at Union. This is so the executive staff remains a way of the work of the veterans program. And the needs of those who we work with. Monthly, we also keep the board up to date on all aspects of the program to ensure that members maintain veterans in the forefront. As you will see in the following three slides, we maintain a visual presence through all locations, as any patient walks into any 28 registration areas, they are signs with the armed forces logo that encourage patient to ask staff about the veterans services. In all entrances, we also have signs with the armed forces logos that provide information about the liaison program. Some of these signs include core holders with my content card. This makes it easy for someone to simply take the card and contact me at their convenience.

And then of course, with this decorating to ensure that veterans and their families come to an environment where they feel welcomed and appreciated. Externally, we want to inform the community and that is the key. And our public affairs team has been instrumental in helping to get the word out into the community. They have advertised the liaison program in various newspapers. They have also arranged newspaper interviews where I try to raise awareness to the medical and dental needs of the veterans in the community. We are part of the VA community care network. And as a FQHC that is enrolled with the VA CCM program, we are part of the VA health system. And we show up when a veteran searches for VA service providers on the VA's website.

And then in addition, our dental providers, also independently listed as VA providers. Now this membership with the VA's community care network allows us to have a direct link to the VA for

referrals, record sharing and pre-authorizations, and allows me to communicate directly with the VA health system to their HSRM which is the database. Now maintaining and enrollment in HSRM along with Optum and HI, which are the third-party administrators helps us to deal with pre-authorizations and insurances issues that in turn makes for a smoother process when a veteran receives service.

As part of my outreach efforts, I have made presentations at various community boards. We are talking about our services and try to engage members so that our program is advertised during the ongoing meetings. Among the planned activities now, we are working on providing our medical and dental vans on various locations suggested by the boards where veterans may be able to have easier access without the ongoing fear of COVID infection. I have also conducted outreach at various colleges, universities, and houses of worship to promote our liaison office. And I've gone to food pantries to distribute materials. I have encouraged staff at those food pantries to provide direct contact information for any veterans that need medical and dental services. Lastly, we continue to work with the New York City Department of Health and Mental Health Service to ensure that we are included at all available veteran databases.

Our future strategies include developing work for our group settings for veterans, simply to provide a community space for veterans to get information and discuss their needs. At Union, like any other health center, they are changes of personnel. So we are expanding our original cultural competency training that we have on video. And we will continue to educate staff on issues that will better serve our community of veterans. And as our outreach efforts grows, so will our ability to receive referrals for our specialty services. Now, while this program was not intended to be a case management program, we will attract veterans by providing services that address the specific needs. So we will work with specific organizations to assist veterans with issues like pensions, legal matters, and to help them find the services that they entitled to. But there are some veterans who simply do not know that they qualify for. Together with other veterans service organizations and community partners, will help provide the assistance where it's needed.

As a liaison, I want to make sure that the liaison office remains visible within our facilities by reminding staff of the liaison office and reiterating that the office welcomes veterans, anyone who served, and of course their families. As their program grows, we will continue to analyze data from the various clinics and specialties to find out what services are most used by the veterans community. And that data that we collect will help us to determine where to put our efforts and to eventually make decisions for further expansion. Externally, what better way to advertise our services in the community than taking advantage of a large medical and dental vans. Together with our partners in the veterans community, we have already targeted neighborhoods that have higher concentrations of veterans as possible locations. For me, I will continue to expand our outreach services and we'll be attending more community groups as they opened.

But we will be visiting veterans post and we'll continue to outreach with veterans specific agencies to advertise our services. And of course, none of this can be done without the proper funding. So we will continue to look for ongoing sources of funding to maintain the program, as well as expand it by sponsoring ideas that will make the program a go to. And lastly, we will continue to work with our public affairs teams to engage elected officials, to ensure that we keep veterans needs at the forefront. Now, Dr. York, will continue to discuss the challenges and the barriers that our program faces.

Dr. Douglas York (00:45:57):

Thank you, Raul. So even though we're very pleased with how this program is going, there are, of course, some challenges and barriers. The first is that we generally collectively have healthcare access hesitancy. Most of us have not returned to full volume. Certainly, veterans are a population that we

have to continue to target and encourage them back to a safe healthcare environment. So that certainly has been a current challenge and barrier for us. Secondly, an overall lack of awareness by veterans of the Mission Act and care options that exist outside of the VA health system, many are still not aware that they have other options at their disposal. And most often, right in their local FQHC. Third, data collection systems are not designed to identify veterans or plague eligibility. And they're very difficult to modify. Many of you have gone to cloud-based EHR systems as we have here at Union.

The problem with that is that it's a standardized platform. And if it's modified just for your health center, it's often modified for the entire platform that is used by others. We continue to work on encouraging those large EHR companies to modify their general cloud platforms to properly collect and track veteran data. Another challenge, the VA health care facilities often do not communicate care options to veterans outside their system. So we have the overall lack of awareness by veterans, but we also potentially have a barrier within the VA that they're not often advising veterans of other options.

Another one, when referral options are available, VA providers are often either unaware or if they are aware, they cannot initiate directly to an FQHC. We shared with you that Union Community Health Center is in the local VA referral database. However, sometimes internally an individual provider may not be authorized to issue that referral even to some organization in the database. Also, maintaining service offering visibility in the Health Center is a challenge. Raul, shared with you that we have a lot of visuals. You have to keep that up in every single area where a potential veteran may touch. We have seven locations, we've got a lot of sites, a lot of services. Every single service area must somehow trigger the thinking in somebody's head that they may be eligible for services or a family member. Ensuring customer service very hard at FQHC. Anyway, we have to make sure that the promise we have to veterans is kept and that it's reflected in the customer service model that we provide.

And then finally, the goal would be to establish your center as the choice option for local veterans outside of VA providers. There are other providers available, but FQHC is a uniquely qualified to be the provider of choice in their area. So let's see, what can you do right now as an FQHC to get ready for veteran service delivery? Eight items. Identify an organizational champion, has to be a senior person, an either a clinical executive or somebody who has the authority and the motivation to see this through. Secondly, identify all your stakeholders, physicians, employee, veterans, elected officials, have a lot of people around the table so that you can work collectively to form a solid veterans program. Third, train all staff on cultural competency, not just those who interact with veterans, every single staff member within your organization needs to be culturally competent in veterans' health services and the issues that impact uniquely to veterans.

Four, joined VA community care in the LHI networks. You need a financial platform for sustainability and being part of the reimbursement structure, even often for the limited services that are offered through these third-party administrators is critical to having a successful program. Modify your electronic health record to pivot towards veteran data collection and identification. It's a lot of work, but it's worth it. Create a veteran friendly environment, welcome signage, military branch logos, and resource material throughout your FQHC. We are proud of the veterans in our community. We want to demonstrate that and we want to share with them that they are not only welcome here, but we will take care of them. Seventh, create and use your referral platform that you use for all your patient populations.

We use a platform called Aunt Bertha, it interfaces with our Athena electronic health record, and it provides social system support referrals in the Bronx community. And we can connect our veterans to those services. Finally, integrate veterans programming issues into all standing meetings and agendas. Veterans affairs, veterans issues should be on every clinical, financial, and regulatory agenda

item. Everything we do can impact veterans healthcare. Those are some helpful tips we hope all of you can take with you and implement in your own FQHC. So Dick, thank you. I'll turn this back to you.

Dick Bohrer (00:51:20):

Okay. Suzanne, Derek, Douglas, Raul, thank you for sharing. Gina Capra, has been watching to see if their Q&A opportunities. Here's the contact information for the folks that you've heard speak today. I'm going to make three points to our comments and one's a question. Point number one, and I'm going to pick up on Douglas's list in terms of the comment about joining the community provider care network and what he said about revenue stream, remember after FQHCs are recognized in the VA structure in that you do not negotiate a payment rate. It is established that your FQHC Medicare rate is the rate that the VA third party administrators use for you. Secondly, Everybody talks about tracking veterans and asking the right question and getting the information. We talked about the importance of the number of people being impacted.

Let me mention two other things that almost were implied, but we didn't say, because this is not just a numbers game. That's an important aspect of asking right question, however, and I'm sure, Douglas, you can give examples of what I'm going to say. And Derek, from what you said, knowing that a person was a service veteran may impact on how your clinical teams engage with that man or woman, because there may be issues they may present with upper respiratory or whatever that issue, but there may be underlying and other issues. And knowing that person's history becomes, from a clinical perspective, important.

Then the third thing about it, and it's something, Douglas, you did talk about and you also, Raul, and that is being an advocate for that man or woman around benefits that they are eligible for, helping them navigate what it's not an easy system. And you'll say asking the right questions is critically important for all perspectives. My question, Derek, when you look from a foundation perspective and you see what's been going on at union, do you see the foundation either looking to replicate the Union example? That's part A and then part B, do you have a platform at the New York State Health Foundation, do you have a platform to share what you're doing and learning in a space with other foundations around the country?

Derek Coy (00:54:28):

Yeah, absolutely. Great questions. So I think as far as replicability, absolutely. And I think it's that end, so we want to replicate for sure, but then also strengthened because that thing one of the great things about what Union is doing in particular is that it's pretty novel. So they're working out the kinks, they're learning, they're figuring out what's working, what's not working. And I think replication is of course very important, but we also want to strengthen while we're doing it. We've taken the same approach with veterans treatment courts. We want everyone to have access, but we want them to have access to the best as well. So it really is a two-pronged approach.

And for us, what we do with other funders as far as sharing information, we try to do it any opportunity that we have. So I'm part of a few veteran funder organizations where we do share great examples bright spots like Union in particular, because more often than not, it's not too difficult to share a program that works in New York City that might also work in Chicago or Houston. So a lot of these issues do span the country. So they just more or less need to be tweaked. So we're always happy to see if this works in New York and it works in Buffalo in a different capacity. So that's something we're always looking to learn more about, share information about and ideally invest in expanding.

Dick Bohrer (00:55:48):

Thank you, Derek. Gina, I'm going to see if you want to cut in with any questions otherwise I'll keep talking.

Gina Capra (00:55:57):

Yeah. Thanks, Dick. Hi everybody. We do have several questions. I think we probably have time for two and the rest will go in a Q&A document that will accompany the notice you receive in a week or so with today's archive and slide deck. So I think these two operational questions are really for, Doug, and Raul, which is number one, what should veterans do who experience difficulty from the local VA medical center when they request a referral through the community care network program? So a real nitty-gritty question there. And the second related is, how does a veteran find out if they qualify for Medicaid? So in the context of your health center operations, could you answer those.

Dr. Douglas York (00:56:46):

Raul, could you respond about it first please?

Raul Gonzalez (00:56:46):

Sure.

Dr. Douglas York (00:56:46):

Yeah. Good.

Raul Gonzalez (00:56:47):

Yeah, sure. Well, first of all there is some resistance when it comes to making referrals to outside providers even within the community care network. So one of the things that the veteran should do is definitely contact the patient advocate at the hospital and inform them that the person that facility and all the specialists that they are trying to get to see is part of the community care network. So that could make the referral directly to us. And they could do that through the HSRM if they are aware of it. Sometimes the provider is not aware, so we want to make sure that they are aware and if they are just resistant, then they should talk to the patient advocate to make sure that they are able to get the referral directly to us.

Dr. Douglas York (00:57:42):

And supplemental to that too, Raul, in conjunction one of our case managers would then do a proactive outreach as well, if in fact, there isn't a good connection there. We will take the lead on that. Right.

Gina Capra (00:57:58):

Thank you so much. And also, how does a veteran at your health center find out if they qualify for Medicaid?

Raul Gonzalez (00:58:05):

Well Medicaid is needs base and it's based on income in New York state. So basically what we will do will be just making the referral through the actual Medicaid platform. And if they qualify, then we'll be able to make the application and tell them whether or not they're able to qualify.

Dick Bohrer (00:58:33):

Gina, let me jump in on that point too. For me, it's a little bit, where's my dog when it's lost. And I can't find my dog until I know it's lost. It's back to a point I made about asking the right questions. Finding out that the person is a veteran and then having a commitment to work with them around what they're eligible for in terms of benefits. Maybe I was too narrow beyond just what they're eligible for as a veteran, including things like Medicaid or the marketplace sites, et cetera. So again, it's back again. You got to start with a champion, Douglas. I'm totally with you. Don't get me wrong. But you've got to then find where that dog is when it's lost before you can do anything with it. Gina, do you want to highlight the questions we're not going to have a chance to answer but then we will respond to and post the session?

Gina Capra (00:59:33):

Yeah, Sure. There's a question for, Derek about what stands out about partnering with community health centers in particular. And Derek. I think you touched upon it, but there was a desire to hear a little more about what makes health centers great partners with you as a philanthropic organization working on veterans' health? There was a question for, Suzanne, given we have so many PCA representatives on the call today there's interest in understanding how veterans' health became a priority for the PCA and what advice you have on manageable feasible ways to take action in this space in the midst of so many competing priorities these days at the PCA in supportive health centers? So we will follow up on those. I can't say thank you enough to all the faculty today to, Dick, our moderator and, Olivia, our tech host. Most importantly, to the many of you who took time out of your schedule to learn more about what we can do each and every day in support of our veterans.

Dick Bohrer (00:59:40):

My two final things are, if you're not a member joined the veterans interest group doesn't cost anything other than your interest. And secondly, stay tuned in either October or November, NACHC will be hosting one of it's monthly webinars, and it will deal specifically with veterans and veterans health issues. Thank you for tuning in today. I want to reiterate, Raul, your comment for folks on this who did serve, thank you for your service. And again, for this faculty and panel, you guys are the best. And everybody stay safe and celebrate Juneteenth now that it is officially recognized. With that, Olivia, I don't know if you have to do anything to sign us off. Otherwise, we are done for today. Thanks again folks.