VA HEALTH CARE: IT'S THE SYSTEM!

DPE, AFL-CIO Lunch & Learn

June 20, 2006

TALKING POINTS FOR J. DAVID COX, RN, SALISBURY NC VETERANS AFFAIRS MEDICAL CENTER; AMERICAN FEDERATION OF GOVERNMENT EMPLOYEES (AFGE)*

INTRODUCTION

Good afternoon. My name is J. David Cox. I am a Registered Nurse from Salisbury, North Carolina. I have had the honor of caring for veterans as a Registered Nurse for over twenty years at the Salisbury, North Carolina VA Medical Center. Prior to coming to the VA, I worked my way up from food service worker to nursing assistant to LPN and then to RN, so I have seen many sides of nursing. I am delighted to have the chance to share my views on VA health care with all of you today.

I am currently the first vice president of the American Federation of Government Employees National VA Council. I have also served as a Commissioner on the VA's National Commission on Nursing and I have testified before Congress about nurse issues.

My remarks today will focus on why VA's nurses are unique and how they have played a critical role in VA's impressive accomplishments in health care. And yes, let me be upfront, I believe that the VA's heavily unionized nurse workforce has contributed greatly to that success.

HOW FAR THE VA HEALTH CARE SYSTEM HAS COME

Over the past two decades, I have seen first hand the remarkable evolution of the VA health care system. The computerized patient record is one of the most extraordinary changes I have witnessed. Also, I have seen the VA transform from being just a hospital—where patients would stay three to four weeks for a simple hernia operation—to a comprehensive health care system that includes extensive outpatient care, home health care, and all the other facets of the VA that the previous speakers discussed to keep life as normal as possible for the veteran patient while providing world class health care.

This impressive turnaround in the VA, and VA's leadership in patient care and patient safety, as Dr. Silver discussed, have only been possible because the VA is an integrated, nationwide system. This structure allows the VA to maximize its expertise and resources to achieve unprecedented quality and cost efficiencies.

From a nurse's vantage point, it means that innovations in health care IT, as Ms. Parker discussed, can be implemented effectively and consistently across the country.

It means that if there is a sentinel event that raises patient safety concerns, or malfunctioning medical equipment, all nurses and front line health care professionals can benefit from that lesson learned—because we put out the same alert to every medical center throughout the country.

It means that VA nurses are included in committees to review new medical equipment so that they enhance, not bog down, the way nurses deliver care.

It means that if a patient in an outpatient clinic has a high risk of falling or other special needs, his or her record can be flagged for all other facilities that may care for the patient next. VA's ability to retrieve patient records during Katrina illustrated that well.

THE UNIQUE ROLE OF VA NURSES

Within the VA, there are a number of avenues through which nurses provide input into IT, practice and staffing. Most of these came about because unions fought hard for them. Our negotiated agreement provides for many forms of employee input. The union typically serves as the employee's representative on these groups. For example:

- AFGE serves on the National BCMA Computerized Scheduling Committees.
- We negotiated the right for nurses to be on all VISN committees. (VISN stands for "Veterans Integrated Service Networks—we have 23 VISNs in the country). Through these VISN committees, nurses have a voice in decisions affecting primary care and panel sizes (number of patients that are assigned) and barriers to practice for Advanced Practice Nurses such as getting enough time to meet with collaborating physicians or getting sufficient training for new procedures.
- We won the right for nurses to play a key role in quality assurance and quality improvement through national and local quality committees and council. Certainly makes sense—nurses are the ones checking the charts each night!
- Through the union, nurses have input in to the design of and ongoing use of patient safety measures.
- Let me talk briefly about my experiences on the National Commission on VA Nursing. The Commission was created to provide advice and make recommendations to Congress and the Secretary of Veterans Affairs on policies to increase recruitment and retention of nurses. As a member of that Commission, I participated in making recommendations about qualification standards that directly impact RNs and patient care.
- VA is one of few agencies that still has a National Partnership Council. Every other federal agency has gotten rid of them. Through our Council, the union has the opportunity for pre-decisional involvement in performance awards and other personnel policies that allow for recognition of the workforce.
- We recently won the right to participate in additional groups such as a traveling nurse committee and a Qualifications Standards task force. The Traveling Nurse Committee can only exist in an integrated system like the VA that allows for nurses from one facility to be temporarily placed elsewhere where staffing shortages exist.

- AFGE has negotiated a number of critically important MOUs (Memoranda of Understanding) with management regarding bar code failures, Clinical Nurse Leader, magnet hospitals (which I will discuss in a moment). These MOUs improve the delivery of care through increased communication and cooperation, and have served as models for other health care systems.

Surely, we would like to see greater opportunities for the unions to weigh in on important issues such as staffing ratios so nurses can safely and effectively care for a maximum number of inpatients. We are also very concerned about maintaining avenues for input that we have already won such as the Labor-Management Collaboration, Quality Circle and Partnership with Occupational Safety and Health program which ensures workforce and patient safety. And we are waiting for the Qualification Standards task force to meet. We are trying to keep the teeth in the recommendations that came out of the VA Nursing Commission.

VA patients are fortunate because the VA nurse workforce has a high level of unionization—which researchers have shown to be directly correlated with quality of care and nurse retention rates. Virtually every nursing employee in the VA is represented by a union. Very few throughout the VA have opted not to have union representation. Although the VA is an open shop, the number of AFGE dues paying members has skyrocketed. Why? Because nurses and other employees realize the union is the only way they are going to get a voice in the workplace.

VA nurses stay because they have that voice. Another researcher found that VA nurses have twice the autonomy and interaction with physicians as private sector nurses. Researchers have found that unionized nurses provide better quality of care and that they have greater retention rates. Note also that VA nurses are on average a little older and are attracted by the retirement benefits in the federal system. So if Congress tries to cut back on federal benefits, the VA will pay a heavy price in terms of nurse retention.

Speaking on nurse retention, magnet hospitals are touted as the panacea for nurse recruitment and retention for every health care system. We think they do little for retention, recruitment or patient care, but rather, divert precious VA health care dollars away from the bedside to an unnecessary layer of bureaucracy. The VA retains nurses because they have a stake in the system, because the union got them a voice in the system and because they want to care for veterans.

Something else that is eating up scarce VA health care dollars something fierce is the growing reliance on contract and agency nurses. Instead of hiring more full time in house nurses, VA facilities—which are operating with chronic under-funding as I will soon discuss—turn to the short term solution of giving staffing companies and for profit health care enormous amounts of money for contract nurses who do not have the same familiarity with the VA system.

That is why a GAO report was requested by Senator Akaka, Ranking Democrat on the Senate VA Committee, and Committee Member Ken Salazar on the use of use of contract nurses in the VA. That study is currently underway.

The Senators' concerns are that in the face of enormous shortfalls in VA health care funding, and growing wait lists, the VA is relying on contract care that costs twice as much as full-time VA employees. The Senators have also asked researchers to determine whether contract nurses are being held to the same high standards of care as the VA provides. Another question to be studied is whether these regular fluctuations in the VA nursing workforce cause uneven staffing ratios and hiring freezes that further diminish patient care.

The use of contract nurses is part of a much larger and very troubling issue: chronic under-funding in the VA and the growing barriers that veterans face to getting the health care they need. We all heard about the billion-dollar plus shortfall in health care funding last year. Waiting lists for care are twice as long as they were a year ago. At the same time, the number of new enrollees waiting for care has increased by over 400%.

The men and women returning from Iraq and Afghanistan have an unprecedented share of polytrauma, both extensive physical and mental health needs. According to an Army study published in the Journal of the American Medical Association this spring, one in three soldiers and Marines who have served in Iraq sought mental health care services. VA's own data shows a 30% increase in the number of soldiers returning from Iraq with an initial diagnosis of PTSD from the end of FY 2005 through the first three months of FY 2006.

CONCLUSION

As long as VA health care funding is discretionary and based on politics, rather than need and actual costs, like Medicare, veterans will be shortchanged through understaffing, long wait lists and delays in construction of new hospitals and clinics.

This unpredictable funding stream is taking an especially heavy toll on older veterans, as the VA is failing to meet the needs of the current older veteran, as well as all the middle age reservists who will be seniors in ten to fifteen years. Here again, the short term solution is to place older veterans in contract care that may not meet VA standards. What is happening today is that the VA is artificially capping the number of LTC beds, claiming incorrectly that they have no obligation to provide a bed to anyone less than 80% Service Connected. My own facility among many others is just trying to shut these down. A real push to push veterans out into Contract hospitals (Medicare, Medicaid). AFGE feels that the RNs who care for aging veterans and their union representatives must be at the table in these planning discussions.

Since January 2003, the VA hospitals and clinics have turned away new Priority 8 veterans—Priority 8s being veterans who do not receive any disability or pensions for service-connected disabilities and whose incomes are above about $26,000 for a single

veteran. In 2005, 260,000 veterans were turned away under this rule. That doesn't even count the number of veterans discouraged from seeking care, who drop off long waiting lists. It also doesn't count the number of veterans eligible for care who end up at private hospitals and ERs because of bed shortages, only to end up paying lots out of pocket.

During budget hearings earlier this year, as the Administration defended its' tired old proposal to double drug co-pays and impose enrollment fees on certain groups of veterans, VA officials defended this proposal—which they recognized would result in hundreds of thousands of veterans dropping out of the system—as just fine because they claimed that the majority of these veterans have other coverage. What other coverage? Our country is in a health care crisis. Working families are losing adequate coverage everywhere, only to be left with health savings accounts and high deductible plans. Medicaid has just faced drastic cuts. The VA should not be cutting veterans loose to fend for themselves in a larger health care system growing more dysfunctional every day!

That is why we have joined the veterans groups in calling for a new way of funding VA health care, an assured funding formula based on demand and health care costs, more like Medicare and other entitlement programs. Discretionary funding is both cruel and a terribly inefficient way to fund veterans' health care.

Thank you for the opportunity to speak with you today.

*****These written remarks differ significantly from the remarks made at the program, which were recorded.