

**VA**



**U.S. Department of Veterans Affairs**  
Veterans Health Administration

# Patient Care Services (PCS)



**Annual Report 2015**

# Message from Dr. Maureen McCarthy

As we look forward to the years ahead while we are in the midst of expanding our Service Areas in the Office of Patient Care Services, we want to reflect upon the incredible accomplishments which took place in PCS in 2015. This has been a year in which we made great strides forward in expanding services in critical areas for our nation's Veterans. The dedication of the nearly 2,000 professionals who comprise PCS can be seen in the accomplishments in this 2015 PCS Annual Report.

We have gone through many changes these past few years and I'm particularly pleased that we had as smooth a transition as possible with the merger of Public Health and PCS. I thank all of you who were involved for the many hours of hard work. I especially thank Dr. Richard Kaslow and his team for working with us to bring about these changes. As a result, we will have many opportunities in the future to expand upon the things we do for Veterans and our staff. I am excited about our ongoing work together.

Telehealth Services has grown from a concept to position itself to become a central player in the delivery of health care services to our Veterans in the years ahead. While we will miss them as an "official" part of PCS but we most certainly will continue to work closely with them in their new alignment in Connected Care.

I also want to add that I am deeply grateful for the outstanding efforts of all of you in PCS for what you do each day on behalf of Veterans, and I am honored to serve with you as we move forward with our mission. I see first-hand examples every day of our VA core values: I CARE – Integrity; Commitment; Advocacy; Respect; and Excellence. As you know, we have been identifying those who exemplify these I CARE values in their work with a certificate of recognition. We have awarded many individuals, and we plan to recognize many more.

I also commend our PCS employees for effectively addressing the five Priorities for the Veterans Health Administration (VHA) as put forth by Dr. David Shulkin, VHA's Under Secretary for Health: (1) Improved Access; (2) Increased Employee Engagement; (3) Consistency of Best Practices; (4) Rebuilding the Trust of the American Public and Veterans; and (5) Building a High-Performing Network.

As we look ahead, we are excited about changes promoting improved access to care. The critical mission we embrace together, serving Veterans and improving their experiences in VA, does not change. I am especially proud that PCS employees demonstrate year in and year out their dedication and commitment in serving Veterans, our precious mission.



**Maureen McCarthy, MD,  
Assistant Deputy Under  
Secretary for Health for Patient  
Care Services (PCS)**



# *Annual Report Vision and Mission*

## **Office of Patient Care Services Leading VHA to Excellence in Clinical Care and Health Care Delivery**

### **Vision**

To be an invaluable resource to the Department of Veterans Affairs in providing leadership in clinical care and promoting the best possible health for our Nations' Veterans.

### **Mission**

The Office of Patient Care Services is dedicated to ensuring the full continuum of health services: health promotion and disease prevention, screening and diagnosis, treatment of common medical and surgical conditions, management and occupational and deployment-related environmental exposures, rehabilitation, palliative care and continually monitoring the health of our patient and employee populations for opportunities to improve our services. Through policy and program development we aim to deliver those services with dignity and respect, utilizing innovative approaches and interdisciplinary collaboration among VHA and external partners.

## **PCS Leadership**



Michael Valentino, RPh, MHSA,  
Acting Deputy Chief PCS Officer



Barbara Hyduke, MSA,  
Associate Chief PCS Officer



Richard Kaslow, MD, MHP,  
Deputy Chief PCS Officer for  
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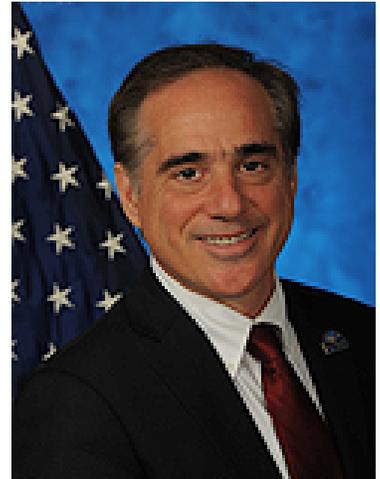
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# *Under Secretary for Health Dr. David Shulkin's Top Five Priorities*

## **Dr. Shulkin's Top Five Priorities.....**



**Dr. David Shulkin, Under Secretary for Health**

- 1. Improved Access**
- 2. Increased Employee Engagement**
- 3. Consistency of Best Practices**
- 4. Rebuilding the Trust of the American Public and Veterans**
- 5. Building a High-Performing Network**



# myVA – Putting Veterans First

**myVA's mission is to modernize VA's culture, processes, and capabilities in order to put the needs, expectations, and interests of Veterans and beneficiaries first...**



**...by empowering employees to deliver excellent customer service to improve the Veteran experience.**

**...by improving or eliminating processes that impede great customer service.**

**...by rethinking our internal structures and processes to become more Veteran-centric and productive.**

## 12 Breakthrough Priorities

- 1.) Improve the Veteran Experience
- 2.) Increase Access to Health Care
- 3.) Improve Community Care.
- 4.) Deliver a Unified Veterans Experience
- 5.) Modernize our Contact Centers (to include Veterans Crisis Line)
- 6.) Improve the Comp & Pension exam process
- 7.) Develop a simplified Appeals process
- 8.) Continue Process in Reducing Veteran homelessness
- 9.) Improve Employee Experience (Include Leadership Development)
- 10.) Staff critical positions
- 11.) Transformation the Office of Information & Technology (OIT)
- 12.) Transform Supply Chain

# Care Management and Social Work Services (CM/SWS) -10P4C

The Department of Veterans Affairs (VA) Care Management and Social Work Services (CM/SWS) is leading VA's transformation to a Veteran-Centric organization that places Veterans and their families first by addressing the needs of wounded, injured and ill Servicemembers/Veterans, and by providing support services for family members and family caregivers as part of a comprehensive social work program within the Veterans Health Administration (VHA).

Under the leadership of CM/SWS, VA provides a vast array of Caregiver clinical services nationwide to ensure that Veterans, and their families and caregivers, have emotional and physical support, access to health care, and the resources needed to maximize wellness. the opportunity to remain in their homes when they can no longer care for themselves.



**Michael Kilmer, LCSW, Chief Consultant**

## 2015 CM/SWS Top Accomplishments

- 👤 VA is currently the largest employer of social workers nationwide, with over 12,000 master's prepared social workers providing services to Veterans, their families and caregivers. VA also teaches more than 1,000 social work trainees per year, the largest number of social work trainees in a single agency.
- 👤 More than 70 Domestic Violence Coordinators were appointed at VA Medical Centers (VAMCs) throughout the VHA system as a result of CM/SWS' training and leadership.
- 👤 As a result of national training and leadership over 79 identified Intimate Partner Violence point of contacts or Domestic Violence Coordinators have been appointed across 68 sites.
- 👤 VA Fisher Houses accommodated more than 20,318 families and 30,801 individual guests, resulting in savings of more than \$2 million in lodging costs for Veterans and their families/caregivers. Currently, VA has 30 active Fisher Houses, with plans to expand to at least 46 by 2020.
- 👤 VA provided services and support to 24,771 Family Caregivers through the Program of Comprehensive Assistance, including a stipend paid directly to Family Caregivers. VA provided \$385 million in financial assistance to Family Caregivers and obligated \$12 million for health care for Family Caregivers.
- 👤 More than 300 Caregiver Support Coordinators in VAMCs across the country provided support and services to individual caregivers. In addition, 57,118 callers contacted the Caregiver Support Line; 12,301 Caregivers accessed a variety of services and supports including educational telephone and face-to-face classes and peer support programs; and 1,800 Caregivers participated in evidence-based clinical interventions.

- 👤 VA Transition and Care Management teams located at each VAMC actively case managed nearly 40,000 post-9/11 Servicemembers and Veterans, of which 6,700 are seriously ill and injured.
- 👤 VA Liaisons for health care coordinated 11,221 transitions and ensured Servicemembers transitioning from DoD to VA received timely access to care by ensuring 100% of Servicemembers who wanted VA health care had an initial VA appointment scheduled at the VA health care facility of their choice; 89% had appointments scheduled prior to leaving the MTF.

# Diagnostic Services -10P4D

Diagnostic Services facilitates the provision of timely, cost-effective, and high quality diagnostic care in safe and secure environments. It includes the clinical services of Pathology and Laboratory Medicine, Radiology, and Nuclear Medicine. These services function in the settings of ambulatory care, acute care, mental health, geriatric and rehabilitative care. Facility based diagnostic service employees include physicians, nurses, technicians, technologists, administrators, as well as program assistants and analysts. Combining these diagnostic services and employees into an interdisciplinary group facilitates the sharing of knowledge and permits uniformity of practices and policies.



**Robert Sherrier, MD, Chief Consultant**

## **Nuclear Medicine & Radiation Safety Service**

The Nuclear Medicine & Radiation Safety Service Program Office is an integral part of the Diagnostic Imaging Strategic Health Group (SHG) and is proactive in VHA's mission as a leader in quality, safety, clinical informatics, care efficacy and efficiency within a Veteran focused and Employer of Choice culture. The Service provides advice and counsel to an array of stakeholders including VA Headquarters, VISNs and local VA medical centers via the dissemination of trends in nuclear services from volume and type of studies performed; to monitoring quality benchmarks including the results of the annual Nuclear Imaging Proficiency Program; to issues concerning professional recruitment and retention, technologist and physician productivity. The Service sponsors ad hoc support groups involving both nuclear medicine and radiation safety issues, and develops productivity models to provide stakeholders with previously unavailable benchmarks to help determine future demands for imaging services and staffing requirements.

## **Pathology and Laboratory Medicine**

The Pathology and Laboratory Medicine (P&LMS) National Program Office has as one of its primary responsibilities, the establishment of Department of Veterans Affairs (VA) national policies applicable to VA clinical laboratories. In addition, the national program office provides P&LMS guidance to the senior leadership in the VA and Veterans Health Administration (VHA) and the VA laboratory community in general, to help ensure that timely, cost effective, and high quality anatomic and clinical pathology services are provided for both VA patients and caregivers. Through its National Enforcement Office, P&LMS has a legislated responsibility to oversee the quality of services provided by VA Clinical Laboratories as well as laboratory compliance with regulatory, accreditation, and policy guidelines. The P&LMS National Program Office accomplishes its mission by the efficient utilization of organizational resources and in collaboration with the Centers for Medicare and Medicaid Services, the Department of Defense, the Food and Drug Administration, the various accrediting organizations, and other federal and civilian external agencies. The P&LMS Program Office is committed to providing support and promoting the delivery of quality laboratory services to eligible Veterans.

## **Radiology**

The Radiology Program Office, one of three programs comprising the Diagnostic Services, provides advice and recommends courses of action to VHA Headquarters, VISNs, and facility staff in order to facilitate the provision of timely, cost effective, and highest quality diagnostic care in environments which are safe for patients and caregivers.

The Radiology Program Office provides advice and recommends courses of action to VHA Headquarters, VISNs, and facility staff in order to facilitate the provision of timely, cost effective, and highest quality diagnostic care in environments, which are safe for patients and caregivers. It provides counsel to VA Central Office, VISNs, and facilities regarding trends in imaging statistics in support of effective decision-making. It recommends varied educational opportunities to diagnostic service employees at all levels. It identifies areas of research addressing the needs of our Veteran patients. It collaborates with DoD and other government agencies to provide back-up diagnostic services in times of crisis or disaster. The Veterans Health Administration and the Radiology Program Office is committed to provide quality mammography services to our Veterans and other patients. The radiographic goal is to generate the best possible reproducible quality image(s) at the minimal radiation dose necessary to give adequate image information.

### **Teleradiology**

The Teleradiology Program provides remote radiologic interpretations. It is the process of sending radiologic images from one point to another through digital, computer-assisted transmission, typically over standard telephone lines, wide area network (WAN), or over a local area network (LAN). Through teleradiology, images can be sent from one from one location to another and even across the country.

### **2015 Diagnostic Services Top Accomplishments**

- 👉 Radiology Services mapped procedure names across VHA to Logical Observation Identifiers Names and Codes (LOINC®) to enable data exchange with DoD and external partners, and provide continuity of care for Veterans.
- 👉 Radiology Services wrote a guide to acquire, interpret, report, and manage lung cancer screening studies. The guidance ensures that each facility is operating on the same standard for Veteran care across VHA.
- 👉 The National Teleradiology Program (NTP) deployed a state of the art Teleradiology Picture Archive and Communications System that effectively doubled capacity while improving performance, stability, and fault tolerance. The system includes enhanced tools that enable NTP to more efficiently manage and interpret studies.
- 👉 NTP secured a Memorandum of Understanding (MOU) with the Office of Rural Health to facilitate ongoing NTP support of diagnostic radiology service needs at rural facilities.
- 👉 The Nuclear Medicine Service developed and implemented a nationwide nuclear medicine and radiology peer review survey that was used to establish the standard for peer review in nuclear medicine. The survey results led to the development of a mandatory Nuclear Medicine Ongoing Professional Practice Evaluation process that increased the assurance of quality in nuclear medicine reports.
- 👉 Pathology and Laboratory Medicine Services entered into a MOU with the Centers for Disease Control and Prevention in order to create a path for VA to participate in the collection of hemovigilance data of adverse events (e.g., patient reactions and process errors) to improve outcomes in the use of blood components.

# Specialty Care Services (SCS) -10P4E

Specialty Care Services comprises a number of components designed to ensure the best overall preventive, clinical, spiritual, religious and nutritional care is made available to the Veteran patient. VACO and field based National Program Directors report to the Specialty Care Services Chief Consultant. The National Program Directors preside over a number of Field Advisory Committees that are aligned with different operational services and components as well as specific medical and surgical subspecialties. Key specialty care areas include:



**Donald Higgins, MD,  
Acting Chief Consultant**

## **Anesthesia Service**

Provides guidance and consultation on all matters regarding the practice of anesthesia. These include providing insensibility to pain during surgical, obstetrical, therapeutic and diagnostic procedures; monitoring and recovery; diagnosis and treatment of painful syndromes; and the management of cardiac and pulmonary resuscitation. Anesthesia collaborates with Surgical Services and Pain Management Program.

## **Cardiology Service**

Provides information, guidance and oversight to VHA Cardiology initiatives to ensure quality heart care. More than 30% of enrolled Veterans have heart problems. VHA implants approximately 10,000 pacemakers and defibrillators each year. The Cardiac Implant Surveillance System was established in 1982 and remotely monitors implant performance. The National Implantable Device Registry follows Veterans with cardiac implants and tracks recalls and device related problems.

## **Chaplain Services**

Spiritual and Pastoral Care is an integrated part of VHA's health care program, available for Veterans and their immediate family (caregivers as they wish). VHA employs professionally educated and clinically trained chaplains to provide pastoral care and counseling as part of the interdisciplinary teams. Chaplains provide religious services and sacraments, guaranteeing Veterans' free exercise of religion. Chaplains serve as subject matter experts on the interdisciplinary health care teams, ensuring patients' spiritual and religious concerns are known and understood by the health care team. Every VA Medical Center has a chapel available for use by all Veterans and their families. Our Veterans represent a broad spectrum of religious traditions. All Veterans and their family members are welcome to attend religious services or use the VA chapel for prayer, meditation and quiet contemplation.

## **Critical Care**

Concerns the management of patients who are severely ill and need specialized care in an intensive care unit. The VA admits more than 100,000 patients to its 173 intensive care units annually. Lung disease affects about 30% of Veterans with the most common diagnosis likely chronic obstructive pulmonary disease or COPD. The diagnosis of sleep disorders, like obstructive sleep apnea, is increasingly being recognized as an important problem that affects patient quality of life and outcomes. This Office provides guidance, consultation and oversight to the hospital based and outpatient programs and Intensive Care Units collaborating with cardiology, pharmacy, surgery, infectious disease, prosthetics, and the primary care teams.

## **Dermatology**

This is the branch of medicine dealing with the skin and its diseases. VA does not provide elective cosmetic procedures.

## **Diabetes and Endocrinology Service**

Oversees the care of patients with diabetes, disorders of the thyroid, male and female reproductive systems and calcium and skeletal health. This Program Office develops and implements clinical guidelines for prevention and treatment of diabetes and endocrine disorders, and tracks the use of these guidelines through assessments of medical outcomes. Nearly one in four enrolled Veterans has diabetes. The Diabetes Program Office collaborates with the National Prevention Center, Food and Nutrition Services, Podiatry, Eye Care, and the Office of Research and Development to optimize the care of Veterans with diabetes. The Office improves the health of Veterans with diabetes and endocrine disorders by advocating timely and appropriate treatment to avoid later complications.

## **Emergency Medicine**

Specialists care for patients with acute illnesses and injuries that require immediate medical attention. Emergency Medicine specialists are available 24/7/365. They are trained and prepared to examine, diagnose and treat any emergent condition, regardless of gender, age or condition. Emergency physicians must have the skills of many specialists – the ability to resuscitate a patient (Critical Care Medicine), manage a difficult airway (Anesthesia), suture a complex laceration (Plastic Surgery), reduce (set) a fractured bone or dislocated joint (Orthopedic surgery), treat a heart attack (Cardiology), work-up a pregnant patient (Obstetrics and Gynecology), stop a bad nosebleed (ENT), place a chest tube (Cardiothoracic Surgery), and to read x-rays and conduct and interpret ultrasounds (Radiology). In FY 2011, Emergency Medicine treated over 2 million patients.

## **Eye Care (Optometry and Ophthalmology)**

Work together to provide the full spectrum of primary, secondary and tertiary eye care services. The Office disseminates the national VA/DoD Diabetes Mellitus Clinical Practice Guideline. With the Office of Telehealth Services, this Office provides risk management via the VA Teleretinal Imaging Screening Program to improve access and reduce preventable blindness from diabetic retinopathy. With the Office of Rehabilitation Services, Eye Care performs traumatic brain injury specific (TBI) ocular health and visual functioning evaluations for Veterans with TBI and provides treatment of visual consequences when applicable as well as participates in the provision of visual rehabilitation care with Blind Rehabilitation Service.

## **VA / DoD Vision Center of Excellence (VCE)**

The incidence of vision threatening/disabling ocular injuries in returning Operation Enduring Freedom and Operation Iraqi Freedom (OEF/OIF) Servicemembers and the need for the seamless integration of Department of Defense (DoD) and VA care, prompted the creation of VCE, authorized under the FY 2008 National Defense Authorization Act (NDAA). The VCE provides national oversight and guidance to VA and DoD programs to ensure injured Servicemembers receive a synchronized and consistent process of care relative to the prevention, diagnosis, mitigation, treatment and rehabilitation of military eye injuries. This legislation mandated the VCE create and manage the Defense and Veterans Eye Injury Registry (DVEIR) to track these injuries and their treatment.

### **Gastroenterology Service**

Provides guidance and consultation on all matters related to diseases affecting the gastrointestinal tract and the liver. One of its primary objectives is to optimize the availability, performance, reporting and follow-up of gastrointestinal endoscopy to provide the highest quality care. Important areas for collaboration include the development of policies on colorectal cancer screening and surveillance, sedation for gastrointestinal endoscopy and endoscope reprocessing, as well as the establishment of quality measures for endoscopy. Their key areas include the management of patients with chronic gastrointestinal disorders, including inflammatory bowel disease, viral hepatitis and chronic liver disease.

### **Genomic Medicine Service (GMS)**

Was established in 2010 to facilitate the application of currently available genetic technologies to improve the health care of Veterans. The GMS coordinates genetic counseling functions, sets strategic guidance regarding the phased integration of genomic testing into clinical care and organizes the broad genetic education initiatives rolled out nationally. The service delivers care through telehealth. Agreements with each VHA are being established to provide nationwide telehealth access. The GMS works closely with the Office of Research and Development (ORD) to translate genomics into clinical care within VHA.

### **The National Infectious Diseases Service (NIDS)**

Provides national guidance and communication concerning infectious diseases and infection prevention and control through written documents, consultation, educational activities, and development of VHA national policies. NIDS provides national oversight for the Methicillin-resistant Staphylococcus aureus (MRSA) Prevention Initiative (now the Multidrug-Resistant Organism Prevention Initiative, including Clostridium difficile Infection Prevention) and leads the collaborative Antimicrobial Stewardship Initiative. This office collaborates with other offices to address health care associated infection issues. NIDS is the lead for VHA participation on national biosurveillance collaborations with other federal agencies.

### **Nephrology Services**

Nephrology, or kidney medicine, includes the care and treatment of Veterans with acute or chronic kidney disease including dialysis. Our services are all provided under the expert knowledge of Nephrologists (kidney doctors), who have had extensive training and education in the care of people with kidney disease and in the management of dialysis. The VHA Kidney Program provides kidney-related services to dialysis centers throughout VA's medical centers. Professional guidance and services are available in the form of consultation and policies developed by VA kidney experts. These experts are dedicated to furthering the understanding of kidney disease, its impact on Veterans, and developing treatments to help patients manage disease symptoms. VHA is developing a strategic plan to address the increasing volume of Veterans with chronic kidney disease.

### **Neurology Services**

Provides research, clinical care, and patient and family education on neurological disorders. Specialty care networks have been established for patients with degenerative neurological diseases (more than 200,000 Veterans) which include Multiple Sclerosis Centers of Excellence (MSCOEs), Parkinson's Associated Disorders, Research, Education and Clinical Centers (PADRECCs), and Epilepsy Centers of Excellence (ECoEs). VHA is developing and implementing guidelines for the diagnosis and treatment of Amyotrophic Lateral Sclerosis (ALS) or Lou Gehrig's Disease. Neurology Services collaborates with Emergency Medicine and Rehabilitative Services on stroke treatment and Traumatic Brain Injury (TBI).

### **Nutrition and Food Services (NFS)**

Develops and provides comprehensive nutritional services for our Veterans across VHA's health care facilities. Registered dietitians serve as nutrition diagnosticians for Veterans in providing medical nutrition therapy and in using the nutrition care process to manage their diseases throughout the continuum of care. Nutrition professionals promote wellness and disease prevention through serving nutritious food selections. The nutrition team proactively contributes to multiple VHA initiatives including Telehealth, the Patient Aligned Care Team (PACT), Cultural Transformation and Social Media Communications. Through its newly created VISN infrastructure, NFS is transforming VHA in its advanced clinical nutrition practices and healthy teaching programs to improve Veterans family members' health outcomes.

### **Oncology and Hematology Service**

Provides policy, guidance and oversight to the implementation of the National Cancer Strategy which addresses prevention and education, screening, early detection and diagnosis, treatment, rehabilitation and research. The VA Central Cancer Registry (VACCR) was initiated in 1995 and serves as a national data repository for over 750,000 VHA patients with cancer. The data set includes demographics, cancer identification, extent of disease and stage, first treatment courses, recurrence and subsequent treatments and final outcomes, 190 different data elements collected for each tumor being reported. Data standards meet the criteria of the American College of Surgeons' Commission on Cancer, the National Cancer Institute's Surveillance, Epidemiology and End Results (SEER) and American Joint Commission on Cancer for cancer registries as well as the Center for Disease Control and Prevention's (CDC's) National Program for Cancer Registries and the North American Association of Central Cancer Registry for central.

### **National Pain Management Program**

In 1998 VHA chartered a VHA National Pain Management Strategy, establishing pain management as a priority. Pain is one of the most highly prevalent conditions among Veterans and is associated with a range of negative outcomes including emotional distress and functional disability. VHA's Pain Management Directive provides policy and implementation guidance for the improvement of pain management consistent with the Strategy and with generally accepted Pain Management Standards of Care. The National Pain Management Program office has responsibility for policy development, coordination, oversight, and monitoring of the VHA National Pain Management Strategy. The Pain Management Program Office collaborates with multiple other patient care and operations partners, especially the Anesthesiology, Employee Education, Geriatrics and Extended Care, Mental Health, Neurology, Nursing, Pharmacy Benefits Management, Primary Care, Rehabilitation Services, Research, Telehealth, Women Veterans, among many others.

### **Podiatry Services**

Is devoted to the study, diagnosis, and treatment of disorders of the foot, ankle, and lower leg. Veterans suffer from a variety of foot and lower leg conditions as a direct result of their service which can result from both traumatic and progressive etiologies. Since a large and growing number of Veterans have diabetes, putting them at risk for many disorders and amputation, the VA Podiatry Program Office spends a great deal of its time collaborating with a number of other program developing and implementing initiatives relative to the prevention and treatment of diabetes and disorders related to diabetes. This program tracks data elements through the amputation/ulcer database and High-Risk for Amputation Registry.

### **Rheumatology**

Is a sub-specialty of internal medicine and deals mainly with clinical problems involving joints, soft tissues, autoimmune diseases, vasculatures and connective tissue disorders. Our older Veterans have a higher incidence of these diseases.

### **Specialty Care Transformation**

Is a critical component of the Veterans Health Administration's (VHA) comprehensive medical benefits package of health care services. In the current system Veterans often experience fragmented care and services, long wait times and unaccepted delays. These experiences were exacerbated by the limited number of providers in many specialties and in certain geographic areas, particularly rural areas. The Office of Health Care Transformation (OHT) established the Office of Specialty Care Transformation (OSCT) to transform specialty care services to be more Veteran-centric. VHA established telehealth and non face-to-face models for delivering care. Specialty Care is building a strong interface with Primary Care's Patient Aligned Care Team (PACT). This relationship will ensure the delivery of services across VHA is patient-centered and that coordination is timely and accessible.

## 2015 SCS Top Accomplishments

- 👤 SCS increased access to new anti-cancer treatment options for Veterans through the launch of the Personalized Oncology Program at selected facilities as well as the award of six grants to expand National Cancer Institute-sponsored clinical trial options.
- 👤 VA's Chaplain Service has developed educational partnerships to address the moral and spiritual injuries of our Veterans and enhance access to spiritual/pastoral care including the annual training of 139 chaplain residents and fellows.
- 👤 High quality VHA Eye Care Services were provided to a record number of more than 1.7 million unique Veterans, out of a total of 6.6 million active users of VA health care.
- 👤 Nutrition Food Services (NFS) helped educate Veterans and their caregivers on safe and healthy food preparation skills through the expansion of the Healthy Teaching Kitchen Program to 110 sites in 50 states. NFS also implemented social media programs at 33 sites that provide Veterans and caregivers with evidenced-based nutrition information in a usable format.
- 👤 Genomic Medicine (GM) increased access to genetic care and is now available at 80 sites. GM has completed more than 8,000 encounters since clinical operations began in FY 2012. Referrals in encounter sites receiving care increased by 29 percent in FY 2015.
- 👤 Epilepsy Care continued to increase the number of Veterans served by the Epilepsy Centers of Excellence with 931 patients undergoing epilepsy monitoring unit evaluation, more than 10,000 clinic visits, and nearly 7,000 electroencephalograms completed.
- 👤 Parkinson's Care developed expert subspecialty clinics and the National VA Parkinson's Disease Consortium (which now serves 55 sites) to provide state of the art care to thousands of Veterans with Parkinson's disease and other movement disorders.

# Primary Care Services - 10P4F

The Primary Care Program Office, in Patient Care Services, is responsible for the oversight of program and policy development for Primary Care in the Veterans Health Administration. VHA Primary Care strives to honor America's Veterans by providing quality and accessible primary care to all Veterans. Primary Care promotes the principle of patient-centered care that focuses on a comprehensive approach to health care. The intranet site is intended to serve VA staff, primarily the Primary Care staff community, providing information about primary care services, programs and initiatives, and policies.

Primary Care is the provision of integrated, accessible health care services by clinicians who are accountable for addressing a large majority of personal health care needs, developing a sustained partnership with patients, and practicing in the context of family and community. (VHA Adaptation of Institute of Medicine's definition of Primary Care)

The Institute of Medicine's definition of primary care provides the foundation of VHA primary care. "Primary care is the provision of integrated, accessible health care services by clinicians who are accountable for addressing a large majority of personal health care needs, developing a sustained partnership with patients, and practicing in the context of family and community."

VHA primary care gives eligible Veterans easy access to health care professionals familiar with their needs. It provides long-term patient-provider relationships, coordinates care across a spectrum of health services, educates, and offers disease prevention programs. Primary care now serves as the foundation of VHA health care and has become the first point of contact with the health care system for Veterans enrolled in VHA.



**Gordon Schectman, MD,  
Chief Consultant**

## **2015 Primary Care Top Accomplishments**

- 📌 The High Risk Guidance and Roadmap Initiatives were implemented to provide high risk patient case management throughout primary care by creating a guidance document that summarizes the progress for leadership. It also serves as roadmap document for Patient Aligned Care Teams (PACTs) to explain each step in detail and provides valuable resources to accomplish the assigned task. These resources have been uploaded to VA Pulse.
- 📌 PACT Intensive Management recruited five pilot facilities to explore the provision of intensive critical services required by our sickest Veterans.
- 📌 The Pain PACT community of practice supports the Primary Care Pain Initiative for all stakeholders involved in transforming VA Pain Care, and provides a learning community for teams in the field to hear about and discuss best practices, tools, and implementation strategies for the Six Essential Elements of Pain Care transformation.

- 👤 Primary Care Services and Telemedicine/Connected Health are working collaboratively to enhance the connect-ability of PACTs to offer virtual home visits for Veterans. These visits use
- 👤 Clinical Video Telehealth which allows limited physical examination and virtual face-to-face interaction in the Veterans' home setting.
- 👤 VA Voices was implemented at 10 additional VAMCs.

# Geriatrics and Extended Care Services (GEC) - 10P4G

The shared purpose of all Geriatric and Extended Care programs is to prevent or lessen the burden of disability on older, frail, chronically ill patients and their families/caregivers, and to maximize each patient's functional independence. Because the course of chronic illness varies, the health care needs of the chronically ill patient also change, requiring the services of one, some, or all Geriatrics and Extended Care services over time. Community Residential Care, VA Community Living Centers, Community Nursing Homes, and State Veteran Homes assist Veterans who are not able to live independently.

Geriatric Research Education and Clinical Centers (GRECCs) support the advancement and integration of research, education, and clinical achievements. Geriatric Evaluation & Management, Geriatric Primary Care, and Inpatient Respite offers interdisciplinary inpatient or outpatient services to elderly patients. Hospice and Palliative Care offer a continuum of comfort-oriented and supportive services provided in the home, community, outpatient, or inpatient settings for persons with advanced illness.

The Office of Geriatrics and Extended Care advances quality care for aging and chronically ill Veterans by providing policy direction for the development, coordination, and integration of geriatrics and long-term care clinical programs, and for the advancement of geriatrics and long-term care through research, education, and evaluation of new clinical models.

## **Adult Day Health Care (ADHC)**

Adult Day Health Care programs provide health maintenance and rehabilitative services to Veterans in a group setting during daytime hours. VA introduced this program in 1985. In 2008, VA operated 21 programs directly and provided purchased ADHC services at 113 VA medical centers. One state home provides ADHC services.

Adult Day Health Care is an outpatient day program that provides health maintenance and rehabilitative services to frail elderly and functionally impaired Veterans. These services are delivered by a team of health professionals and support staff that strives to help participants and their caregivers develop the knowledge and skills necessary to manage care in the home.

## **Community Residential Care**

The community residential care program provides room, board, limited personal care and supervision to Veterans who do not require hospital or nursing home care but are not able to live independently because of medical or psychiatric conditions, and who have no family to provide care. The Veteran pays for the cost of the living arrangement. VA's contribution is limited to the cost of



**Richard Allman, MD, Chief Consultant**

administration and clinical services, which include inspection of the home and periodic visits to the Veteran by VA health care professionals. Medical care is provided to the Veteran primarily on an outpatient basis at VA facilities. Primarily focused on psychiatric patients in the past, this program will be increasingly focused on older Veterans with multiple chronic illnesses that can be managed in the home under proper care and supervision.

Provides health care supervision to eligible Veterans not in need of hospital or nursing home care but who, because of medical and/or psychosocial health conditions are not able to live independently and have no suitable family or significant others to provide the needed supervision and supportive care. The cost of care is financed by the veteran's own resources. Placement is made in residential settings inspected and approved by the appropriate medical center but chosen by the Veteran.

#### **Geriatric Evaluation and Management (GEM)**

Older Veterans with multiple medical, functional or psychosocial problems and those with particular geriatric problems receive assessment and treatment from an interdisciplinary team of VA health professionals. GEM services can be found on inpatient units, in outpatient clinics and in geriatric primary care clinics. Currently VA operates 34 inpatient GEM programs and 64 GEM clinics.

GEM provides specialized services in an inpatient or outpatient setting where an interdisciplinary health care team performs multidimensional evaluations on a targeted group of elderly patients who will most likely benefit from these services. This team approach to assessment of the patient is followed by an interdisciplinary plan of care, including treatment, rehabilitation, health promotion and social service interventions.

#### **Geriatric Primary Care**

A small percentage (about 2%) of the frail elderly Veterans who would otherwise receive their primary care in VA Primary Care Clinics are instead followed in Geriatric Primary Care, either in conjunction with a primary care provider or exclusively by the geriatrics-trained GPC team, where their more complex cases and involved medical histories can receive in-depth attention.

Outpatient visit for primary care provided to geriatric patients through coordinated, interdisciplinary provision of medical, nursing, psychosocial, allied health services for disease treatment and prevention, health promotion and education, referral for specialty, rehabilitation and other levels of care, follow-up and overall care management by the primary care provider and support team. The interdisciplinary primary care providers are trained in the management of health care problems associated with aging and the elderly.

#### **Geriatric Research, Education and Clinical Centers (GRECC)**

These centers increase the basic knowledge of aging for health care providers and improve the quality of care through the development of improved models of clinical services and a wide variety of educational activities targeting VA staff and trainees from the full range of health disciplines. Each GRECC has an identified one or more foci of research in the basic biomedical, clinical and health services area. Begun in 1975, there are now 20 GRECCs in all but two of VA's health care networks.

Geriatric Research Education and Clinical Centers (the GRECCs) are designed for the advancement and integration of research, education, and clinical achievements in geriatrics and gerontology into the total VA health care system. All of the GRECCs focus on various aspects in the quality of life and care for the aging Veterans and are the forefront of leading edge research and education.

### **Home-Based Primary Care**

This Program (formerly Hospital Based Home Care) began in 1970 and provides long-term primary medical care to chronically ill Veterans in their own homes under the coordinated care of an interdisciplinary treatment team. This program has led to guidelines for medical education in home care, use of emerging technology in home care and improved care for Veterans with dementia and their families who support them. Home-based primary care programs are located in 128 VA medical centers.

Home-Based Primary Care provides primary health care to homebound patients that live in the community. HPBC is designed to serve the chronically ill through the months and years before death, providing primary care, palliative care, rehabilitation, disease management and coordination or care services.

### **Homemaker and Home Health Aide (H/HHA)**

VA began a program in 1993 of health-related services for service-connected Veterans needing nursing home care. These services are provided in the community by public and private agencies under a system of case management provided directly by BA staff. In 1999, this program was expanded to cover all enrolled Veterans. VA purchased H/HHA services at 142 medical centers.

Provides clinical expertise in home and community coordination, provision of the continuity of care, and referral of patients to community agencies, VA programs, including skilled home health aide, and adult day health care. They also function as a liaison to community agencies, as well as monitor their services.

### **Nursing Home Care**

VA provides nursing home care through three venues: 132 VA owned and operated Community Living Centers (CLCs), formerly known as VA Nursing homes; Community Nursing Homes; or State Veterans Homes. VA contracts with over 2,500 Community Nursing Homes. The State Veterans Home program is growing and currently encompasses 122 nursing homes in 48 states and Puerto Rico. In fiscal year 2008, approximately 69 percent of VA's institutional nursing home care occurred in community and state Veterans.

The Community Nursing Home Program has maintained two cornerstones: some level of patient choice in choosing a nursing home close to the veteran's home and family; and a unique approach to local oversight of CNHs. The CNH Program is responsible for monitoring the quality of care being provided in nursing homes.

### **Purchased Skilled Home Care (PSHC)**

Professional home care services are purchased from private-sector providers at every VA medical center. The professional home care services purchased covers mostly nursing services including medical social services, occupational therapy, physical therapy, skilled nursing and speech-language pathology. The program was formerly called "fee basis" home care.

Professional Skilled Home Care provides services that cover nursing services such as medical social services, occupational therapy, physical therapy, skilled nursing and speech-language pathology. The services can be provided from every VA medical center.

### **Respite Care**

Respite Care temporarily relieves the spouse or other caregiver from the burden of caring for a chronically ill or disabled Veteran at home. In the past, respite care admission was limited to an institutional setting, typically a VA nursing home. The Veterans Millennium Health Care and Benefits Act expanded respite care to home and other community settings, and home respite care was provided at 122 VA medical centers in fiscal year 2008. Currently, institutional respite care programs operate in 136 VA nursing home care units. Respite care is usually limited to 30 days per year. Respite Care provides temporary relief, assistance and support to those Veterans and their primary caregiver/family who are dealing with long- term disability/chronic illness in their home. Respite care can be provided in an adult day facility to provide rest to the full-time caregivers, this option should not be confused with the provision of adult day care services to Veterans for therapeutic activities to enhance their physical and emotional well-being.

### **2015 GEC Top Accomplishments**

-  GEC honored Veterans' preferences for care and increased access to Home and Community Based Services by serving 267,931 Veterans, an 8.3 percent increase from FY 2014.
-  The "Inpatient Care for Veterans with Complex Cognitive, Mental Health, and Medical Needs Task Force" developed a final report with prioritized recommendations for care of these high risk Veterans.
-  In support of efforts to build a high-performing network of collaborative community partners supporting the mission of improving the health and well-being of Veterans, GEC worked with more than 2,800 community hospices and more than 900 non-hospice community agencies committed to improving the care of seriously ill Veterans as part of the We Honor Veterans program.
-  GEC contributed to VHA efforts to develop a high performing network of providers by coordinating VA's participation in the U.S. Department of Health and Human Services' Advisory Council on Alzheimer's Research, Care, and Services (National Alzheimer's Act).
-  The Geriatric Scholars Program engaged more than 500 VA PACT staff members through collaboration with Geriatric Research, Education, and Clinical Centers. This program provides physicians, physician assistants, nurse practitioners, psychologists, social workers, and clinical pharmacists with the opportunity to participate in a geriatric "mini-residency."
-  GEC increased Veteran access to 10 new models of care and best practices through mentoring partnerships at more than 30 centers within the system. Highlights included the Mobile Veteran Program and Hospital in Home program, two programs recognized as leading practices by Joint Commission.

# National Radiation Oncology Program (NROP) -10P4H

National Radiation Oncology Program (NROP) provides regulatory oversight for the Nuclear Regulatory Commission master materials license issued to VHA to include permitting for use of materials, on-site inspections, and investigations of allegations, medical events, and incidents. In addition we provide oversight for machine sources of ionizing radiation used for radiation therapy. Finally we provide assistance and technical information for uses of ionizing radiation for health care diagnosis and treatment and non-human biomedical research.

Key programs include Brachytherapy, Radiation Therapy, Radiation, and Oncology Oversight



**Michael Hagan, MD,  
Director**

## 2015 NROP Top Accomplishments

- 🏆 NROP completed the American College of Radiology Accreditation of all of its eligible in-house practices.
- 🏆 NROP worked with the National Cancer Institute to extend the nation's only Quality Assurance (QA) program for medical physics operations to VHA. In FY 2015, this QA program, operated by the Imaging and Radiation Oncology Core of cooperative cancer groups, completed a three-year program of site visits to each VHA radiation oncology practice.
- 🏆 NROP awarded a contract to Washington University and the American Society for Radiation Oncology to perform external case reviews assessing each VHA Radiation Oncology practice. These first-of-their-kind treatment assessments compare each Veteran's treatment delivery and cancer-related outcomes against nationally vetted standards.
- 🏆 Successfully piloted prospective, remote expert peer reviews of VHA radiation treatment plans are now being rolled out across VHA.

# *HIV, Hepatitis and Public Health Pathogens Programs (HHPHP) -10P4I*

HIV, Hepatitis and Public Health Pathogens Programs (HHPHP) supports and advances the mission of VHA by providing state-of-the-art clinical public health services to providers and Veterans in the areas of human immunodeficiency virus (HIV), viral hepatitis, and other public health pathogens (PHPs).

HHPHP delivers practical tools that support best practices by providers; education and communication projects designed to change provider and Veteran behavior; quality improvement initiatives that remove barriers to care; and if indicated, proposals for legislative and policy changes. HHPHP's expertise includes clinical knowledge, particularly infectious diseases and associated co-morbid conditions; mental health services, particularly in relation to the impact of mental health comorbidities on chronic infections due to public health pathogens; epidemiology; informatics; field-based communication, education and implementation; and project management.

Over the last year, HHPHP has worked to increase access to newly available therapies for chronic hepatitis C virus infection (HCV), which are much more effective and much less toxic than older therapies.

At the same time, HHPHP has also concentrated on increasing access to HIV care across the care continuum with a particular focus on increasing HIV testing, providing trauma informed care, increasing access to mental health services in HIV clinics, screening for Intimate Partner Violence in patients with HIV, and developing recommendations to care for HIV positive Veterans with cognitive impairment. Members of HHPHP serve on Office of National AIDS Policy committees to update the National HIV/AIDS Strategy and more fully implement Pre-exposure Prophylaxis for HIV prevention across federal agencies.



**David Ross, MD, Director**

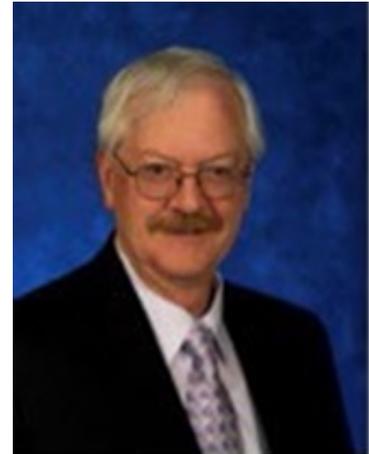
## **2015 HHPHP Top Accomplishments**

- 📌 Widespread collaboration with VA HCV providers on access to treatment, leading to over 48,000 Veterans being treated since January 2014 and resulting in more Veterans being cured of HCV infection than in all previous years combined.
- 📌 In collaboration with the New England Veterans Engineering Resource Center, HHPHP provided coordination of VISN-level HCV Innovation Teams (HITs), which partner field providers and system redesign experts to develop and disseminate strong practices in HCV care that increase access, build high-performing networks, and engage VA employees.
- 📌 Developed VA's HCV Treatment Considerations, a set of evidence-based guidelines constructed by VA HCV experts to provide VA HCV clinicians with state-of-the-art recommendations on HCV treatment.

- 👤 In collaboration with VHA's Office of Academic Affiliations, HHPHP launched postdoctoral training of clinical psychologists in mental health issues specific to Veterans with HIV and/or viral hepatitis.
- 👤 Constructed clinical HCV dashboards enabling clinicians and facility leaders to use a population health approach to diagnosing Veterans with HCV, and linking them to evaluation and treatment.
- 👤 Expanded initiatives to improve early diagnosis and timely treatment of patients with hepatocellular carcinoma using a real-time electronic case management system.
- 👤 Continued increases in the proportion of Veterans offered testing for HIV and HCV, with almost 40 percent of Veterans in care having been tested for HIV, and 70% of Veterans in the 1945-65 birth cohort having been tested for HCV.
- 👤 In collaboration with VHA's Population Health group, disseminated data to VA providers and leaders on access to and quality of HIV and HCV care in VA.
- 👤 Highly successful educational Webcasts for VA providers on HIV, viral hepatitis, advanced liver disease, and liver transplantation.

# Physician Assistant Services - 10P4J

Physician Assistant Services provides periodic review of VA qualification standards and clinical practice policy development for physician assistants. The program office also assists in workforce planning, recruitment and retention efforts, and assessment of the education needs for the physician assistant occupation.



**Denni Woodmansee, PAC,  
MS, Director**

## **2015 Physician Assistant (PA) Services Top Accomplishments**

- 🏆 Published a revised VHA Physician Assistant Utilization Directive.
- 🏆 Removed barriers to PA practice and physician oversight burden leading to increased patient access and improving clinical practice environment.
- 🏆 Published a revised VA Physician Assistant Qualification Standards.
- 🏆 Strengthened PA professional qualification requirements and re-structured grade requirements.
- 🏆 Collaborated with VHA Office of Academic Affiliations to successfully establish a Physician Assistant Post-Graduate PACT Primary Care Residency Pilot 6 sites with 2 Residents each.
- 🏆 All sites were able to hire their graduates.

# *Simulation, Learning, Education and Research Network (SimLEARN)-10P4L*

The Simulation, Learning, Education and Research Network (SimLEARN) is the VHA's program for simulation in health care training. VHA's SimLEARN provides an ever-growing body of curricula and best practices that improve health care for our nation's Veterans. The use of innovative technologies in a safe learning environment enhances diagnostic, procedural and communication skills to support quality care outcomes. Key programs include Simulation Instructional; Clinical Train the Trainer Program; Resuscitation; and other simulated services.

## **2015 SimLEARN Top Accomplishments**

- 👤 SimLEARN supported Orlando VAMC's successful activation testing of their new Community Living Center and Domiciliary prior to its opening, using high fidelity mannequin simulation and patient simulation. Multiple patient improvement opportunities were successfully identified and mitigated prior to the opening of Orlando VAMC.



**Haru Okuda, MD, Medical Director**

# Mental Health Services (MHS) -10P4M

Mental Health Services is the national program office that sets program and policy guidance for mental health services provided throughout VHA. Mental Health Services aims to insure that all Veterans have access to needed mental health care. VA Mental Health advances the principle that mental health care is an essential component of overall health care and promotes mental health recovery. The internet site is intended to serve Veterans, their family members, mental health clinicians, VA staff, affiliated mental health associations and the community, providing information about mental health conditions and services.



**Harold Kudler, MD, Chief  
Consultant**

## **PTSD Treatment**

- VA is one of the largest integrated mental health systems in the United States (US) that provides specialized treatment for PTSD. In FY15, over 568,000 Veterans (over 178,000 Operation Enduring Freedom/Operation Iraqi Freedom/Operation New Dawn (OEF/OIF/OND)) received treatment for PTSD in VAMCs and clinics, up from just over 500,000 Veterans (over 100,000 OEF/OIF/OND) in FY 2011.
- State-of-the-art treatments are available for Veterans with PTSD:
  - As of August 2015, more than 6,300 VA mental health staff members have received training in Prolonged Exposure and/or Cognitive Processing Therapy, the most effective known therapies for PTSD. If Readjustment Counselling Service staff is included, more than 6,800 VA staff members have received at least one of these trainings.
  - Medication treatments also are offered and may be especially helpful for specific symptoms of PTSD. The primary mode of treatment for Veterans diagnosed with PTSD is a combination of medication and psychotherapy.
  - VA operates a National Center for PTSD (NCPTSD) that guides a national PTSD Mentoring program, which works with every specialty PTSD program across the country to improve care.
  - The NCPTSD's award winning PTSD Web site ([www.ptsd.va.gov](http://www.ptsd.va.gov)) contains research-based educational materials for Veterans and families, as well as for the providers who care for them. To help Veterans access needed care, AboutFace was added in 2012, which is an online video gallery dedicated to Veterans talking about how PTSD treatment turned their lives around. Each June the Center now runs a national campaign during PTSD Awareness Month to raise awareness about PTSD and its effective treatment.
  - The NCPTSD's PTSD Consultation Program was established in 2011 to support any VA provider who treats Veterans with PTSD, including those in PTSD specialty care, those in other areas of mental health, primary care providers, and case managers. In 2014, the program was expanded so that now consultation is available to providers outside of the VA who treat Veterans with PTSD in the community. Providers can receive email or telephone consultation regarding anything PTSD related including assessment, referrals, and treatment.

## **Substance Use Disorder (SUD) Treatment:**

- VA is a leader in prevention and treatment of substance use disorders throughout the healthcare continuum, providing treatment for over 560,000 Veterans with SUD in FY 2015, up 15.7 percent over FY 2011.
- Over 152,000 Veterans received SUD care in specialty SUD treatment programs in FY2015, a 3.9 percent increase over FY 2011.

- VA has SUD-PTSD specialists in each facility who are promoting integrated care for these co-occurring conditions and who provided direct services to over 16,500 of these Veterans in FY 2015 (over 7,000 from OEF/OIF/OND).
- VA and the Department of Defense published a Clinical Practice Guideline for the Management of Substance Use Disorders in January 2016. This guideline was based on systematic review of the evidence following the recommended methodology.
- VA provides a continuum of evidence-based SUD prevention and treatment including screening & brief intervention for alcohol and tobacco use, Medication Assisted Therapy for alcohol, opioid and tobacco use disorders, psychosocial interventions, residential rehabilitation and continuing care. In 2015, the Tobacco and Health Program joined Mental Health Services as part of the Addictive Disorders Program. Tobacco use disorder remains the leading preventable cause of premature death in the United States. Veterans are disproportionately affected by smoking-related illnesses. Approximately 1.42 million Veterans are current smokers.
- VA is a leader in smoking and tobacco use cessation treatment with a range of evidence-based interventions based on the 2008 update of the U.S. Public Health Service Clinical Guidelines: Treating Tobacco Use and Dependence.
- The smoking rate of Veterans in VA care is at its lowest ever at 16.8 percent, a 49 percent decrease from FY 1999.
- Treatment for Veterans who want to quit tobacco includes brief counseling in multiple settings including primary care; intensive counseling in smoking cessation specialty clinics; VA's telephone quitline, 1-855-QUIT-VET; and in-home telehealth care.
- All FDA-approved smoking cessation medications are on the VA national formulary.
- VA has a field-based Tobacco Cessation Clinical Resource Center (TCCRC) responsible for developing evidence-based clinical resources and conducting site trainings and consultations.
- The TCCRC has conducted 193 hours of training at 26 VAMCs since FY 2011.
- VHA has made a commitment to address smoking as a health disparity in mental health (MH) and SUD populations through national trainings targeted to MH and SUD providers and development of clinical resources targeted to the needs of these populations.
- VHA collaborates with other federal agencies to develop tobacco cessation resources for Veterans. Through its collaboration with the National Cancer Institute, VHA developed 1-855-QUIT-VET, VA's tobacco quitline, and SmokefreeVET, a text-messaging cessation program.

### **Psychosocial Rehabilitation and Recovery**

VA has defined recovery as a journey of healing and transformation enabling Veterans with a mental health condition to live a meaningful life in their community of choice while striving to achieve their full potential. In order to support the rehabilitation and recovery of every Veteran with a mental illness, VA has identified recovery as a guiding principle for its entire mental health service delivery system.

- **The Local Recovery Coordinator:** at each VAMC advocates for the recovery of all Veterans with mental illness, especially those with a serious mental illness and ensures access to and coordination of recovery oriented services. The LRC provides education and support to Veterans, family members, and VA staff members about mental illness and recovery and works to remove any barriers and stigma associated with mental illness.

- **Psychosocial Rehabilitation and Recovery Services:** Peer Support technicians - are individuals trained to help others with serious mental illness identify and achieve specific life and recovery goals. Many current peer support providers are OIF/OEF Veterans. They assist Veterans with goal setting, problem solving, symptom management skills using a variety of recovery tools. They aim to empower Veterans by helping them identify their strengths, supports, resources, and skills. They advocate on behalf of Veterans in order to eliminate the stigma of mental illness. They identify social supports in the community that promote the integration of Veterans with mental illness into their local communities, and encourage the further expansion of local community resources. While accomplishing these tasks, peer support technicians create the vital element of hope in the Veterans they serve.
- **Peer Counseling:** All VAMCs and very large VA clinics must provide counseling from peer support technicians for Veterans treated for SMI when this service is clinically indicated and included in the treatment plan. Peer Support technicians serve as role models to Veterans by sharing their personal recovery experiences while teaching and demonstrating skills that facilitate recovery.
- **Psychosocial Rehabilitation and Recovery Center (PRRC):** A PRRC is a transitional educational center that inspires and assists Veterans to reclaim their lives by instilling hope, validating strengths, teaching skills, and facilitating community integration so Veterans can attain meaningful self-determined roles in the community. A PRRC offers an array of services five days a week for Veterans with SMI and significant functional impairment.
- **Psychosocial Rehab and Recovery:** Family Outreach--Partnering with families, with the Veteran's consent is an essential component to VA mental health services. Research consistently demonstrates that Veterans with mental health disorders experience improved outcomes when families are active participants in their clinical care. Family services may include consultation, professional counseling, marriage and family counseling, training/education and mental health services as needed in connection with the Veteran's treatment plan. Consistent with a recovery philosophy, flexibility is a key principle when involving families in care. Services must be tailored to the Veteran's phase of illness, symptom level, self-sufficiency, family resources, and preferences. A graduated continuum of services are necessary to meet these varied needs and range from engaging the family, to family education and facilitating access to the treatment team, to family involvement in treatment planning, to ongoing, low intensity, problem-focused family consultation, to intensive marriage and family counseling/therapy.
- **Psychosocial Rehabilitation and Recovery Services: Veterans Mental Health Council (VMHC):** is a group of Veteran mental health consumers, Veteran family members and other relevant stakeholders who provide input into VA mental health services. At least one VA staff acts as a liaison to the VMHC, to assist the Council and facilitate communication between the VMHC and local VA MH leadership. VMHC's facilitate Veteran input, provide a vehicle for sharing information between Veterans and the local VA, promote greater understanding of and collaboration with Veterans and VA and promote understanding and use of VA MH services by all Veteran and their families. VMHCs form a positive working relationship with the local VA Medical Center, forming a true partnership and engaging in open dialogue with VA, for the continued improvement of VA mental health services. VMHC's can assist the local VA with many projects such as assistance with MIAW, Stand downs, outreach to vulnerable Veteran populations (homeless, OEF/OIF) and many others.

## Suicide Prevention

- One Veteran suicide is one too many. VA is committed to ensuring the safety of Veterans, especially when they are in crisis. We have universal access for 24/7 emergency care 365 days a year through our Emergency Departments and VA's Veterans Crisis Line (1-800-273-TALK (8255), press 1).

- We know that when we diagnose and treat people, they get better. Rates of suicide among those who use VHA services have not shown increases similar to those observed in all Veterans and the general U.S. population.

- August 2015 marked 8 years since the establishment of VA's Veterans Crisis Line (1-800-273-8255, press 1), which has expanded to include a Chat Service and texting option for contacting the Crisis Line.

The program continues to save lives and link Veterans with effective ongoing mental health services on a daily basis. The Military Crisis Line has also been added, branded to reach active duty Servicemembers

- Has answered over 2,000,000 calls, made over 267,000 chat connections, and over 48,000 texts;
- Has initiated the dispatch of emergency services to callers in imminent suicidal crisis over 56,000 times;
- Has provided over 340,000 referrals to a VA Suicide Prevention Coordinator (SPC) thus ensuring Veterans are connected to local care;

- The Veterans Crisis Line is only one component of the VA overarching suicide prevention program. VA's approach to suicide prevention includes ready access to high quality mental health (and other health care) services supplemented by programs designed to help individuals and families engage in care and to address suicide prevention in high-risk patients. Some of the initiatives that have proven to be very effective include:

- Each VAMC has an SPC or team.
- Screening and assessment processes have been set up throughout the system to assist in the identification of patients at risk for suicide. A chart "flagging" system has been developed to ensure continuity of care and provide awareness among care-givers.
- Patients who have been identified as being at high risk receive an enhanced level of care, including missed appointment follow-ups, safety planning, follow-up visits and care plans that directly address their suicidality.
- Reporting and tracking systems have been established in order to learn more about Veterans who may be at risk and help determine areas for intervention.

### **Services for Returning Veterans-Mental Health (SeRV-MH)**

Services for Returning Veterans-Mental Health (SeRV-MH) teams, also known as Mental Health Operation Enduring Freedom/Operation Iraqi Freedom (OEF/OIF) teams, have been established across the VA system since 2005. These programs focus on early identification and management of stress related disorders and may decrease the long term disease burden on returning troops. Since Fiscal Year (FY) 2005, 93 SeRV-MH Teams have been established across the VA system.

### **Community Living Center (CLC)**

The Community Living Center (CLC) Mental Health Program provides for the integration of mental health services in the CLC setting. This program provides guidance and oversight for the integration of mental health providers in VA CLC. The CLC Mental Health Provider provides assessment, treatment, and team-focused services, with an emphasis on promoting psychosocial behavior management services and culture transformation in VA CLCs.

### **Home-Based Primary Care (HBPC)**

The Home-Based Primary Care (HBPC) Mental Health Program provides for the integration of a full range of mental health services on each VA HBPC team. Each HBPC team has a full-time HBPC Mental Health Provider who serves as a core member of the team, providing evidence-based cognitive and psychological assessment, psychological intervention services, and services for family caregivers of HBPC patients to promote the well-being and management of Veterans in their homes.

### **Mental Health Intensive Case Management (MHICM)**

This is an intensive interdisciplinary team approach to the management and treatment of Veterans with SMI in the community and coordinated with a range of VA and community services. The hallmarks of the program include very frequent contacts between the staff and Veteran, a flexible approach with most contacts occurring in the community, a focus on rehabilitation, and a clear pathway of responsibility with a minimum of one year of continuous involvement.

### **Mental Health Rehabilitation and Residential Treatment Program**

The Mental Health Rehabilitation and Residential Treatment Program (MHRRTTP) provides state-of-the-art, high-quality residential rehabilitation and treatment services for Veterans with multiple and severe medical conditions, mental illness, addiction, or psychosocial deficits. The MH RRTP identifies and addresses goals of rehabilitation, recovery, health maintenance, improved quality of life, and community integration in addition to specific treatment of medical conditions, mental illnesses, addictive disorders, and homelessness.

### **Mental Health Centers of Excellence**

The Mental Illness Research, Education and Clinical Centers (MIRECC) were established by Congress with the goal of researching the causes and treatments of mental disorders and using education to quickly put new knowledge into routine clinical practice in the VA. There are currently 10 MIRECCs.

Each MIRECC has a different focus (e.g., a clinical disorder, improve functioning) and approach (e.g., genetics, health services) under the larger MIRECC mission. In general, the MIRECCs have research programs, clinical improvement programs, and educational and training programs.

- New England MIRECC - VISN 1 •Dual Diagnosis: Veterans with mental illness in combination with addiction problems
- Center for Integrated Health Care - VISN 2 •Integrating mental health services into the primary care setting
- Center of Excellence for Suicide Prevention - VISN 2 •Reduce the morbidity and mortality in Veterans due to suicidal behavior
- VISN 3 MIRECC •The focus is on maximizing recovery for Veterans with Serious Mental Illnesses (SMI)
- VISN 4 MIRECC •Focus on co-morbidity—the co-occurrence of mental health disorders with either general medical, mental health, and/or substance use disorders.
- VA Capitol Health Care Network MIRECC - VISN 5 •Improve the care of all Veterans with schizophrenia and other Serious Mental Illnesses
- Mid-Atlantic MIRECC - VISN 6 •Overarching goal is the clinical assessment and treatment of post-deployment mental illness and related problems
- South Central MIRECC - VISN 16 •Improve access to evidence-based practices in rural and other under-served populations
- VISN 17 Center of Excellence (COE) for Research on Returning War Veterans •Focus on mental health issues in returning war Veterans (OEF/OIF/OND)
- Rocky Mountain Network MIRECC - VISN 19 •To study suicide with the goal of reducing suicide in the Veteran population
- Northwest MIRECC - VISN 20 •Applies genetic, neurobiologic and clinical trial methods to the discovery of effective treatments for major mental disorders
- Sierra Pacific MIRECC - VISN 21 •To improve the clinical care for Veterans with dementias and with PTSD
- Desert Pacific MIRECC - VISN 22 •To improve the outcome of patients with chronic psychotic mental disorders (schizophrenia, schizoaffective disorder and psychotic mood disorders)
- VISN 22 Center of Excellence for Stress and Mental Health - CESAMH •To be a national resource for cutting-edge understanding and state-of-the-art treatment of stress- and trauma-related problems

#### **Primary Care - Mental Health Integrated Care Program**

The Primary Care-Mental Health Integration Program (PCMHICP) advances VHA progress in providing primary care patients with availability of integrated services. PCMHICP provides evidence-based mental health care, either on site or remotely, in primary care settings. They are designed to:

- Promote effective treatment of common mental health conditions in the primary care environment (depression, problem drinking, anxiety, PTSD screening)
- Integrate care for physical and mental health in one setting
- Allow mental health specialists to focus on patients with more severe illnesses
- Promote patient engagement and adherence
- Avoid stigmatization and fragmentation of care
- Decrease risk of suicide attempts and deaths

## 2015 MHS Top Accomplishments

- 👤 Mental Health Services greatly increased national awareness of VA's mental health programs and resources by implementing award winning campaigns, Make the Connection and Veterans Crisis Line, and for April's Sexual Awareness Month, May's Mental Health Awareness Month, and September's Suicide Prevention Month.
- 👤 The National Center for PTSD (NCPTSD) collaborated with more than 100 organizations and departments to implement a national online networking campaign to promote raising PTSD awareness, with social media outreach as a main focus. Traffic to NCPTSD's website and social media page increased significantly, with a 42 percent increase in overall website views during the month of June, a 172 percent increase in social media engagement, a 50 percent increase in Twitter followers, and a 24 percent increase in subscribers to its electronic newsletter, PTSD Monthly Update.
- 👤 Mental Health Services, with several other VA offices, launched a number of new educational initiatives to prepare VA providers and staff to work skillfully and sensitively with Veteran Military Sexual Trauma (MST) survivors, including a new MST Consultation Program which offers VA staff members the opportunity for one-on-one, personalized consultation with MST experts.
- 👤 In response to a White House Executive Order, a pilot program to integrate peer support into primary care has been designed and is being implemented.
- 👤 Women's Mental Health piloted a novel approach to clinical training by offering an entirely web-based train-the-trainer conference in Skills Training in Affective and Interpersonal Regulation (STAIR). STAIR is an evidence-based therapy that focuses on building coping skills that can be particularly salient for women with trauma histories, including emotion regulation and interpersonal effectiveness.
- 👤 Smoking rates among Veterans enrolled in VA care are at an all-time low. In 2010, just under 20% of all Veteran enrollees were current smokers. The 2015 Survey of Veteran Enrollees reported a smoking rate of only 16.8%, equal to the rate of smoking in the general U.S. population in 2014.
- 👤 VA's award winning Make the Connection outreach campaign which is aimed at reducing the negative perceptions associated with mental health care and informing Veterans, their families, friends, and members of their communities about VA resources has reached millions of Veterans in 2015. Through the campaign website or Facebook page, Veterans and their loved ones can hear from hundreds of other Veterans who may be experiencing similar challenges and learn about strategies for support and recover and about local resources available through the resource locator on the website.

# National Center for Health Promotion/ Disease Prevention Services (NCP) -10P4N

The VHA National Center for Health Promotion and Disease Prevention (NCP) is a field-based national program office. NCP advocates for health promotion, disease prevention, and patient health education and advises VHA leadership on evidence-based health promotion and disease prevention policy. NCP provides programs, education, resources, coordination, guidance, and oversight for the field to enhance health, well-being, and quality of life for Veterans.

To accomplish this mission, NCP partners with colleagues within and outside VHA. Current programs include MOVE!®, an evidence-based weight management program for Veterans Health Education and Information, providing leadership in patient health education in VHA; Clinical Preventive Services guidance development and coordination; and the Preventive Care Program, one of the Secretary's Transformational Initiatives, designed to promote healthy living among Veterans, provide facility support for preventive care, train clinical staff in patient-centered communication, and develop a number of resources for Veterans to receive health promotion and disease prevention services.



**Jane Kim, MD, Acting  
Chief Consultant**

## 2015 NCP Top Accomplishments

- 📌 NCP continued to enhance its HealthLiving Assessment, a personalized, online health risk assessment tool that helps Veterans understand and take steps to reduce their risks of certain diseases. As of Sept. 2015, more than 40,000 users had completed the assessment.
- 📌 NCP developed or revised several Clinical Preventive Services Guidance Statements for clinicians including those on mumps, measles, and rubella immunization. NCP also recently posted online charts that show Veterans the clinical preventive health services, such as screenings and vaccinations, recommended for them at every age.
- 📌 NCP's MOVE!® Weight Management Program for Veterans has helped more than 650,000 participants better manage their weight and reduce their risk of chronic disease.
- 📌 In February 2015, NCP launched the MOVE! Coach mobile app, a comprehensive, self-guided, multi-week weight management program that boasts more than 6,400 downloads thus far.
- 📌 NCP and VA staff collaborated to enhance and redesign the Veterans Health Library (VHL), a comprehensive, online source of VHA-vetted health information. As of the summer of 2015, the VHL had more than 2.5 million page views since its launch two years ago.
- 📌 NCP completed the Lung Cancer Screening Demonstration Project, which assessed the feasibility of implementing a VA-wide program for high-risk patients that provides annual lung cancer screening with low-dose computed tomography scans. Lung cancer screening services for eligible Veterans are now being rolled out in VA facilities nationwide.
- 📌 Together with partners in the field at six sites, NCP completed a successful pilot of the Gateway to Healthy Living, a group intervention that uses Teach for Success (TEACH) and Motivational Interviewing (MI) skills to support patient motivation for health behavior change.

# Office of Public Health (OPH) -10P40

Public health is the science and practice of promoting health and preventing disease among Veteran and VA staff populations. In this context, health can be affected by natural or human-made environments, present and past occupations, place in society, gender, and other social or individual characteristics.

This is reflected in four pillars that uphold our ideals, initiatives, services, and programs:

1. Surveillance and epidemiology
2. Underserved populations
3. Disease prevention, risk reduction, and health promotion
4. Public health policy and guidance

The Public Health Program protects Veterans and Health Care Providers from adverse health consequences due to exposure to natural and human-made environments, present and past occupations, and other personal characteristics. OPH ensured Health Care Preparedness and Response, while providing leadership, multi-disciplinary SME teams, and guidance for preparedness. Coordinated policy development for public health preparedness issues: CDC liaison, personnel protection equipment, demonstration projects, and subject matter expertise in pandemic influenza, Ebola virus disease, and measles. Develop policies on emergency cache, cache content, and other measures. Research, develop, and deploy evidence-based tools and training for providers and Veterans in preparedness, planning, and response. Evaluate and improve VA resilience and response to disasters, such as Hurricanes Katrina and Sandy, Deepwater Horizon Oil Spill, and Extreme Weather and Mass Casualty Events.



**Richard A. Kaslow, MD,  
Deputy Chief PCS Officer for  
Public Health**

## 2015 OPH Top Accomplishments

- 👤 Co-led VA response to the Ebola virus disease crisis.
- 👤 Completed a survey of post-disaster access to care and how to effectively communicate facility closures and alternate sites for care to homeless and non-homeless Veterans.
- 👤 Created a toolkit aimed at health care providers, housing/shelter providers to improve Integrating Homeless Populations into Disaster Planning (inter-agency with HHS, HUD, USICH, others.)
- 👤 Completed recommendations for readiness and training of VHA's DEMPS (provides VHA personnel to deploy in support of emergencies affecting VA; has also been used to address access and quality of care challenges.)

# Pharmacy Benefits Management (PBM)

## - 10P4P

Pharmacy Benefits Management (PBM) provides leadership for pharmacy activities in the Veterans Health Administration (VHA), and provides advice and support regarding pharmacy issues to a wide variety of stakeholders including Veterans, the Under Secretary for Health, VA Medical Center Directors, and clinical staff across the system.

Major PBM program areas include: Pharmacy Practice, Formulary Management, Pharmacy Education, Prescription Fulfillment Activities, Drug Safety, Emergency Pharmacy Services, Clinical Informatics and Pharmacy Re-engineering and VA/DoD Collaboration. Pharmacy Benefits Management Services (PBM) works to enhance the clinical outcomes and improve the health of Veteran patients through the appropriate use of pharmaceuticals.



**Michael Valentino, RPh,  
MHSA, Chief Consultant**

### 2015 PBM Top Accomplishments

- 👤 VA Consolidated Mail Outpatient Pharmacy (CMOP) ranked highest among mail-order pharmacies—including private sector companies—for customer satisfaction in J.D. Power and Associates' 2015 National Pharmacy Study. This marks the sixth consecutive year that CMOP scored highest in this survey.
- 👤 PBM has provided financial, education, and distribution support for the Opioid Overdose Education and Naloxone Distribution program, a key objective of VHA's safety initiatives. In less than two years since the program has been implemented, more than 13,100 Veterans have received a naloxone kit. As of December 2015, there have been 141 reported reversals.
- 👤 PBM Virtual Pharmacy Services (VPS) provides virtual outpatient pharmacy support to VA facility pharmacies to help ensure that prescriptions are processed and dispensed to Veterans in a timely manner. In FY 2015, the VPS program processed 2,075,554 outpatient prescriptions for 18 VAMCs and associated clinics.
- 👤 The use of clinical pharmacists to expand access and improve the quality of medication management services at VA continues to grow robustly. Since 2010, there has been a 63 percent increase in clinical pharmacists practicing as advanced practice providers. There are now nearly 3,200 clinical pharmacists who handled more than 5 million patient care visits in FY15.
- 👤 PBM has provided financial, education, and implementation resources to support drug take back programs that have been implemented at VA medical facilities in the form of mail back envelopes and on-site receptacles. VA piloted the use of receptacles in six facilities in the beginning of FY15, and, based on the results of the pilot, quickly expanded receptacle use to 29 medical facilities and six community-based outpatient clinics.

# Post Deployment Health Services (PDHS) - 10P4Q

Post-Deployment Health Services (PDHS) administers various programs related to environmental and occupational exposures of U.S. Veterans during military service. The group consists of two interrelated programs: the Epidemiology Program and Environmental Health Program. The Epidemiology Program conducts surveillance and studies on Veterans' health and health care that help health professionals and policymakers, including VA and Congress, improve health care policies and practices for Veterans. The Environmental Health Program evaluates research, recommends policy, and develops educational and outreach materials covering various environmental issues and health outcomes related to military exposures.



**Ralph L Erickson, MD, Chief  
Consultant**

## 2015 PDHS Top Accomplishments

- ✦ The Airborne Hazards and Open Burn Pit Registry saw an increase of nearly 30,000 Veteran and Servicemembers. Total participation at the end of FY 2015 stood at 48,876 participants.
- ✦ The Exposure Ed mobile application provides health care providers with information to address military-related exposure concerns. Since its release in January 2015, there have been more than 3,000 downloads.
- ✦ The Epidemiology Program, working with the Office of Mental Health Operations (OMHO) and Mental Health Services (MHS), developed a new model for predicting risk for suicide among those who use VA health services. Details of this model and evidence of model reliability were included in a manuscript published in the American Journal of Public Health.
- ✦ In early 2015 the Institute of Medicine published a landmark study entitled "Post-Vietnam Dioxin Exposure in Agent Orange – Contaminated C-123 Aircraft." Post-Deployment Health Services' leadership co-chaired VA's technical workgroup and drafted VA's extensive policy response documents. This resulted in VA's Secretary deciding to include the U.S. Air Force Reservists air crew of these C-123 aircraft as eligible for Agent Orange service connection presumptions.
- ✦ The War Related Illness and Injury Study Center (WRIISC) offers several clinical programs for Veterans who have post-deployment concerns. In FY 2015, 3,000 Veterans received some form of clinical service from WRIISC.
- ✦ In FY 2015, 10,000 VA health care providers and researchers attended WRIISC education activities. Additionally, WRIISC's faculty published 73 peer-reviewed scientific reports.

# Rehabilitation and Prosthetics Services (RPS) - 10P4R

VA's Rehabilitation and Prosthetic Services is responsible for the national policies and programs for medical rehabilitation, prosthetic and sensory aids services that promote the health, independence and quality of life for Veterans with disabilities. This office aligns clinical expertise, clinical and practice guidance, and specialized procurement resources to provide comprehensive rehabilitation, prosthetic and orthotic, services across the VHA health care system in the most, economical and timely manner.

Rehabilitation and Prosthetic Services is committed to providing the highest quality, comprehensive, interdisciplinary care; the most advanced medical devices and products that are commercially available; and, promoting advancements in rehabilitative care and evidence-based treatment.

Rehabilitation and Prosthetic Services is comprised of national programs for: Audiology and Speech Pathology; Blind Rehabilitation; Chiropractic Care; Physical Medicine and Rehabilitation; Prosthetic and Sensory Aids Service; and, Recreation Therapy. Special programs include Polytrauma/Traumatic Brain Injury (TBI) System of Care, Amputation System of Care, and Blind Rehabilitation Care Continuum. Rehabilitation and Prosthetic Services provides program and policy direction for over 8,000 rehabilitation care and prosthetic services providers.

**Audiology & Speech Pathology** provides comprehensive care services to Veterans with hearing loss, tinnitus, and balance. Auditory system disabilities (including hearing loss and tinnitus) are among the most common service-related disabilities in every period of service since WWII. VA is the largest employer of audiologists in the United States, employing over 1100 audiologists across more than 400 sites of care. The Department of Veterans Affairs (VA) Audiology and Speech-Language Pathology Service (ASPS) is dedicated to three major goals:

1. Providing high quality, comprehensive, state-of-the-art clinical services to Veterans with hearing, tinnitus, balance, speech, language, voice, and swallowing disorders;
2. Supporting the training of developing audiologists and speech pathologists; and
3. Conducting research to improve technologies, methodologies, treatment efficacy, and associated elements of patient care.

#### **Audiology Services include:**

- Evaluation and treatment of hearing loss
- Evaluation and management of tinnitus
- Assessment of balance problems
- Evaluation/issue of hearing aids and assistive devices to eligible Veterans
- Cochlear implant and/or bone-anchored hearing aids in some locations
- Aural rehabilitation

#### **Speech-Language pathology services include:**

- Evaluation and treatment of speech
- Language
- Voice and swallowing disorders
- Diagnostic assessment such as modified barium swallow
- Provision of prosthetic communication devices



**Lucille Beck, PhD, Deputy  
Chief PCS Officer for  
Rehabilitation and  
Prosthetic Services**

**Blind Rehabilitation Services** - provides blind and vision rehabilitation programs for Veterans and Servicemembers with visual impairment (low vision, legally blind, and blind), to restore independence and assist them in adjustment and re-integration into home and community life. The continuum of care ensures early intervention for Veterans or Servicemembers whose vision loss results from progressive diseases like age-related macular degeneration, diabetic retinopathy, and glaucoma, as well as those whose vision loss results from the wounds and trauma of war. Veterans Health Administration is the first national health care system to completely and seamlessly integrate rehabilitation services for patients with visual impairments into its health benefits. Blind Rehabilitation Services closely aligns with VA Optometry and VA Ophthalmology Eye Care Services to deliver the care coordination and services that are most appropriate for the patient's needs, including Visual Impairment Service Team Coordinators, Blind Rehabilitation Outpatient Specialists, Inpatient Blind Rehabilitation Visual Impairment Services, and Low Vision Clinics. The VA Blind Rehabilitation Service model of care encompasses an array of rehabilitative services, extending from the patient's home to the local VA care facility, and to regional low vision clinics and inpatient training programs. These services include adjustment to blindness counseling, patient and family education, benefits analysis, comprehensive residential inpatient training, outpatient rehabilitation services, the provision of assistive technology, and research.

**Chiropractic Care** - serves Veterans by delivering the highest quality patient-centered, evidence-based care to patients with neuromuscular or musculoskeletal conditions in a timely, compassionate, cost-effective manner. Chiropractic services are available to all enrolled Veterans as part of the standard Medical Benefits Package. Chiropractic care includes non-operative management of musculoskeletal conditions, such as back pain, neck pain, or pain in joints, via a comprehensive approach including manual techniques and active rehabilitation. Chiropractic services are provided in support of Pain Management, Rehabilitation, and other medical services, and managed consistent with both VA and external guidelines in delivering appropriate treatment options. Chiropractic services are integrated with primary care, specialty clinics and rehabilitation, and provide a non-pharmacologic option for pain management. The Chiropractic Service national program provides educational opportunities for chiropractic residents, students, and other trainees, and promotes and conducts research leading to improved function, health and quality of life for Veterans.

**Orthotic and Prosthetic Clinical Services** - provides trained clinicians who work within a multi-disciplinary rehabilitation team to assess, treat, and care for Veterans who need custom fabricated and custom-fit prefabricated orthotic and prosthetic devices. Veterans are assessed by a multidisciplinary team consisting of a physician, prosthetist, orthotist, physical or occupational therapist, and administrative support staff that attend to specific needs of the individual Veteran. VA further extends orthotic and prosthetic (O&P) services to active duty Servicemembers to ensure there is no delay in wounded Service members receiving the equipment they need. O&P care is available at more than 80 locations (or "labs") across the country to design, fabricate, repair, and adjust the Veteran's orthotic and prosthetic devices. All O&P laboratories maintain full accreditation by the American Board for Certification in Orthotics, Prosthetics and Pedorthics.

**Physical Medicine and Rehabilitation (PM&R)** - provides medical and rehabilitative preventative strategies, and acute and chronic management of disorders that alter functional status. This treating specialty is delivered by physicians and other core disciplines (physical therapy, occupational therapy, kinesiotherapy) emphasizes restoration and optimization of function through physical modalities, therapeutic exercise and interventions, adaptive equipment, modification of the environment, education, and assistive devices. In addition to the physical medicine physician, other members of the PM&R interdisciplinary team members include:

- **Physical Therapy:** Physical therapists diagnose and manage movement dysfunction. They enhance physical and functional abilities for movement disorders related to impairments of the musculoskeletal, neurological, cardiovascular/pulmonary, and integumentary systems. Physical therapy (PT) restores, maintains, and promotes optimal physical function, as well as, wellness, fitness, and quality of life as it relates to movement and health. Physical therapists and physical therapy assistants practice across the continuum of care, providing services in inpatient settings (including medical centers and community living centers), home health, outpatient clinics, and tele-rehabilitation.
- **Occupational Therapy:** Occupational therapy (OT) involves the therapeutic use of everyday life activities (occupations) with individuals or groups for the purpose of participation in roles and situations in home, school, workplace, community, and other settings. OT practice includes evaluation and treatment of Activities of Daily Living (e.g., eating, grooming, dressing, toileting, bathing, etc.), Instrumental Activities of Daily Living Skills (IADLs) (more complex than self care and needed to support daily life within the home and community e.g., household management, child care, driving); Rest and Sleep; Education; Work; Leisure; Play; Social Participation. The goal of OT service is to enable Veterans and Servicemembers to participate in everyday life activities that they find meaningful and purposeful.
- **Kinesiotherapy:** Kinesiotherapy (KT) is the application of evidence-based exercise principles adapted to enhance the strength, endurance, and mobility of individuals with functional limitations or those requiring extended physical conditioning throughout the continuum of care. A Kinesiotherapist administers musculoskeletal, neurological, ergonomic, biomechanical, psychosocial, and task specific functional tests and measures. KT services provide acute, sub-acute or post-acute rehabilitation. Kinesiotherapists emphasize the psychological as well as physical benefits of therapeutic exercise for rehabilitation.

PM&R is also responsible for the clinical direction of special programs, including the Polytrauma/Traumatic Brain Injury (TBI) System of Care Program, the Amputation System of Care Program, and Driver Rehabilitation program.

- **Polytrauma System of Care /TBI Program** is an integrated nationwide network of over 110 facilities with specialized rehabilitation programs for Veterans and active duty Servicemembers recovering from traumatic brain injury and Polytrauma. Rehabilitation services within this system of care are coordinated across four tiers of care based on the needs of the Veteran, ranging from regional Polytrauma Rehabilitation Centers serve acute inpatient rehabilitation for severe injuries, Polytrauma Network Sites offering comprehensive interdisciplinary rehabilitation for patients in the post-acute stage of recovery, and Polytrauma Support Clinic Teams that provide ongoing specialized care and community re-integration services closer to the patient's home community.
- **Amputation System of Care** provides specialized expertise in amputation rehabilitation incorporating the latest practice in medical rehabilitation management, rehabilitation therapies, and technological advances in prosthetic devices. The Amputation System of Care provides graded levels of expertise and accessibility through an integrated, tiered system of care, including regional Amputation Centers, Amputation Network Sites, and amputation specialty clinic teams across VHA. Care is provided in an interdisciplinary, holistic approach in order to optimize function and quality of life for Veterans or Servicemembers with an amputation.

- **Driver Rehabilitation** provides evaluation, behind-the-wheel training and instruction in the safe, competent utilization of special vehicle add-on equipment, and mastery of specific skills and techniques to effectively drive a modified motor vehicle, independently, and in accordance with State Department of Motor Vehicles (DMV) regulations for all eligible Veterans with disabilities and certain military personnel at 48 Certified Driver Training Programs across VHA. Individualized equipment prescription is also available to Veterans and eligible Active-Duty Servicemembers.
- **Telerehabilitation** services are used to increase access to specialty rehabilitation care. These services allow the provider to be located at a tertiary VA medical facility while the patient is at a Community-based Outpatient Clinic, smaller VA medical center or at home. Veterans with disabilities, especially in rural areas, greatly benefit from telerehabilitation. Many of these Veterans have mobility issues and/or socioeconomic factors that affect their ability to travel to receive needed care. Telerehabilitation offers the option for clinicians to enhance the services they can provide, thereby assisting the Veteran in attaining increased functional gains and social re-integration.

Prosthetic and Sensory Aids Services provides comprehensive support to optimize health and independence of the Veteran. VA Prosthetic and Sensory Aids Service (PSAS) is the largest and most comprehensive provider of prosthetic devices and sensory aids in the world. Although the term "prosthetic device" may suggest images of artificial limbs, and includes any device that supports or replaces a body part or function. PSAS provides all clinically appropriate and commercially available, state-of-the-art prosthetic equipment, sensory aids and devices to Veterans that cross the full range of patient care. Such items include but are not limited to: artificial limbs and bracing; mobility aids such as walkers, wheeled mobility and seating systems; sensory-neural aids (e.g., hearing aids, eyeglasses, blind aids, communication and cognitive devices); items specific to women's health; implants and devices surgically placed in the Veteran (e.g., hips and pacemakers); home respiratory care such as home oxygen services; recreational/rehabilitative equipment; surgical Implants; durable medical equipment. Benefits programs administered by PSAS include Automobile Adaptive Equipment (AAE), Home Improvements and Structural Alterations (HISA) Grant, and Clothing Allowance.

- **Automobile Adaptive Equipment** program is co-administered with the Veterans Benefits Administration (VBA) to provide the necessary automobile adaptive equipment (AAE) that enables disabled Veterans and Servicemembers to operate and/or safely enter and exit a motor vehicle. Beneficiaries of the program are evaluated and trained by a certified Drivers Rehabilitation Trainer available through VA Driver's Rehabilitation program. Depending upon the Veterans / Servicemembers' limitations, AAE will be prescribed and paid for by VA. Examples of AAE may include but not limited to: wheelchair lifts, lowered floors, raised roofs, hand controls, digital driving systems. Reimbursements to beneficiaries for standard equipment is also available. Eligibility for the program is determined by VBA and entitlement to what type of AAE is determined and prescribed by a VA clinical or Drivers Rehabilitation. The AAE program is only for those Veterans / Servicemembers with service-connected disabilities. Veterans who are not eligible under the AAE program may receive vehicle modifications provided by Prosthetics as medical equipment. For eligibility on either the AAE or vehicle modifications programs should contact the nearest Prosthetics Services for details.

- **Clothing Allowance** is provided to eligible Veterans who are service-connected for a disability which they use a prescribed prosthetic or orthopedic appliance which causes wear or tear of the outer garment or a skin condition uses a prescribed skin medication that causes irreparably damages to the outer garments may be entitled to an annual clothing allowance payment. Beginning December 16, 2011, multiple clothing allowance payments are payable to Veterans who have more than one prostheses, orthopedic appliance which causes wear or tear and/or more than one skin medication that causes irreparable damage to more than one article of clothing. To apply for the clothing allowance benefit, Veterans will need to complete VA Form 10-8678 and return to the nearest Prosthetics and Sensory Aids Service before August 1st of the benefit year they are applying for. For example, if the Veteran is applying for the 2016 benefit year, the completed application should be forwarded to the local Prosthetics Service before August 1, 2016. NOTE: The Prosthetics Service (Central Office) located at 810 Vermont Ave in Washington, DC does not accept clothing allowance applications.
- **Home Improvements and Structural Alterations (HISA) program**, provides for medically necessary improvements and structural alterations to a Veteran/Servicemember's primary residence for the following purposes:
  - Allowing entrance to, or exit from their primary residence
  - Use essential lavatory and sanitary facilities,
  - Allowing accessibility to kitchen or bathroom sinks or counters
  - Improving entrance paths or driveways in immediate area of the home to facilitate access to the home
  - Improving plumbing or electrical systems made necessary due to installation of medical equipment in the home

Veterans and Servicemembers with service-connected disabilities may be eligible to receive a lifetime benefit up to \$6,800 or Veterans with non-service-connected disabilities may be eligible to receive a lifetime benefit up to \$2,000. A Veteran / Servicemember may also be eligible and receive other housing modifications through programs offered by the Veterans Benefits Administration (VBA). VBA may provide home modifications to eligible beneficiaries' residence through the Special Home Adaptation (SHA), Specially Adapted Housing (SAH), or Temporary Residence Adaptations (TRA) grants. For more information on SHA, SAH, or TRA, please call VBA at 1-800-827-1000.

**Recreation Therapy Service** - provides therapeutic services through incorporating recreational, creative arts, and leisure activities that promote health and wellness, and reduce or eliminate the activity limitations and restrictions caused by an illness or disabling condition. Activity based patient-centered services integrate function and meaning to one's life through art, dance, music, and recreational activities. The intended outcome is independence in life activities based upon patient/resident needs and goals. This is accomplished through the professional skills of therapists ( Art, Dance, Music, and Recreation), specialists and assistants through a four step process of assessment, planning, intervention / activity implementation, and evaluation of services delivered.

## 2015 RPS Top Accomplishments

- 👤 In FY2015, over 31% (2.38 million) of all Veterans treated in VHA in FY2015 saw a rehabilitation care provider, and nearly half of all Veterans seen in VHA received prosthetic and sensory aids items and services. In FY2015, VA obligated over \$2.67 billion to provide 19 million medically prescribed devices and items to more than 3.2 million Veterans.
- 👤 Veterans' experience and satisfaction was an important priority with deployment of the Universal Stakeholder Participation and Experience Questionnaire for VHA rehabilitation programs. This survey enables VA facilities to assess and understand factors that impact Veterans' experience for services, and identify opportunities for improvements.
- 👤 A pilot initiative was successfully launched at three VA sites to improve Veterans' access to care, allowing new patients to directly schedule appointments for Audiology and Optometry Services. This pilot is currently being expanded to other VA sites, with plans for potential deployment across all VHA.
- 👤 Improved patient access was also addressed through developing guidance to implement rehabilitation and prosthetic services through community care under the CHOICE contract.
- 👤 Transformation of the integrated medical-surgical supply chain that is underway will leverage VA's capacity to increase responsiveness while reducing operating costs related to purchasing and providing these items.
- 👤 VHA celebrated the 10<sup>th</sup> anniversary of the integrated Polytrauma/TBI System of Care, and completed screening for deployment-related TBI for more than one million Veterans from Operations Iraqi Freedom (Iraq) and Enduring Freedom (Afghanistan) that have come to VA for health care.
- 👤 Rehabilitation and Prosthetic Services led development and publication for regulations in: Home Improvement and Structural Alterations, Catastrophic Disability for Deafness, Automobile Adaptive Equipment, and Service Dog Access.
- 👤 Rehabilitation and Prosthetic Services developed and deployed a data tool that provides real-time tracking of procurement actions for critical patient-specific prosthetic devices from prescription to acquisition. The result has significantly improved timeliness in providing such devices to Veterans.
- 👤 In partnership with the VHA Office of Academic Affiliations, Chiropractic Care established a chiropractic residency training pilot program at five VHA sites. Further, Physical Therapy developed the largest Physical Therapy Residency program in the country with sixteen facilities providing training to at least 35 PT residents annually in Orthopedics, Neurology, Geriatrics and CardioPulmonary care.
- 👤 In partnership with VA Health Services Research and Development's Evidence Synthesis Program addition, an evidence-synthesis project was launched to assess on the use of spinal manipulation and chiropractic services in acute neck and low back conditions.
- 👤 VHA celebrated the 10th anniversary of the integrated Polytrauma/TBI System of Care, and completed screening for deployment-related TBI for more than one million Veterans from Operations Iraqi Freedom (Iraq) and Enduring Freedom (Afghanistan) that have come to VA for health care.

# *Integrated Health Program (IHP) -10P4U*

The Integrated Health Program (IHP) evaluates the evidence behind Complementary and Alternative Medicine (CAM) modalities to look for CAM practices which may have applicability in promoting Veterans health and well-being. The IHP works collaboratively with the Office of Patient Centered Care and Cultural Transformation as part of the Integrated Health Coordinating Center.

Data show how there has been significant growth in the number of modalities at VA sites which are providing Complementary and Alternative Medicine (CAM) Services, such as Acupuncture, Meditation, Massage Therapy, Chiropractic care, Stress Management Relaxation Therapy, Progressive Muscle Relaxation, Guided Imagery and Biofeedback.



**Dr. Stephen Ezeji-Okoye, Director**

## **2015 IHP Top Accomplishments**

- 👤 Partnering with Office of Patient Centered Care to develop an Integrative Health Coordinating Center which will focus on bringing integrative health into VA.
- 👤 Participated with National Center for Complementary and Alternative Medicine (NCCAM) and DoD in a joint VA, DoD, NCCAM working group to identify possible research opportunities into integrative practices which could improve the health and well-being of Veterans and military personnel.

# Population Health Services (PHS) -10P4V

Role of Population Health Services is to foster and support a culture where non-clinical determinants of health are used with measures of health and health care to improve the health of all Veterans.

Population health is the practice of determining the health and health needs of a population by measuring and reporting factors that may influence an individual's health.

These factors may include:

- Social
- Economic
- Personal behaviors
- Environmental
- Health care
- Biological



**Larry Mole, PharmD, Chief Consultant**

Within the Veterans Health Administration's Office of Patient Care Services, Population Health Services performs the mission of reporting on the health and health needs of America's Veterans. To accomplish this mission the group measures, monitors and identifies trends that impact the health of all Veterans. In this way, patterns can be found that help the group to turn numbers into knowledge - knowledge that can guide Veterans, their health care providers, and the Veterans Health Administration toward more informed and effective health care for each Veteran. Population Health products will be shared across the VA with a wide range of customers, providing data and information that can be used locally and nationally.

## 2015 PHS Top Accomplishments

- 🏆 The Clinical Case Registry was expanded to include 27 populations with the addition of osteoporosis, prostate cancer, lung cancer, melanoma, colorectal cancer, pancreatic cancer, hepatocellular carcinoma, and amyotrophic lateral sclerosis disease.
- 🏆 National reports and local population management tools were developed and deployed to assist the field in identifying Veterans for potential treatment of chronic hepatitis C.
- 🏆 Close to real time monitoring of national hepatitis C therapy for adherence to criteria for use, Veteran tolerance, and interim markers of response to treatment was provided to local, regional, and national champions and leadership.
- 🏆 Population Health Services provided subject matter expert support to a team developing a new demographic field to capture self-identified gender identity. It is also co-leading (with the Lesbian, Gay, Bisexual, and Transgender Program) a workgroup chartered by the Under Secretary for Health on training strategy to accompany implementation of the new field across VA.

# Women's Health Services (WHS)-10P4W

VA's Women's Health Services Office provides programmatic and strategic support to implement positive changes in the provision of care for all women Veterans. Women Veterans Health Care addresses the health care needs of women Veterans and works to ensure that timely, equitable, high-quality, comprehensive health care services are provided in a sensitive and safe environment at VA health facilities nationwide. We strive to be a national leader in the provision of health care for women, thereby raising the standard of care for all women.



**Patricia Hayes, PhD, Chief Consultant**

Women comprise 15 percent of today's active duty military forces and 18 percent of National Guard and Reserves. Correspondingly, women are enrolling for VA health care at record levels: the number of women Veterans VA health care has doubled since 2001. Based on the upward trend of women in all service branches, the continued withdrawal of troops from Afghanistan, the decision to allow women in combat roles, and the increased number of women choosing VA for health care, the expected number of women Veterans using VA health care will rise rapidly, the complexity of injuries of returning troops is likely to increase, and the cost associated with their care will grow accordingly.

VA is improving access, services, resources, facilities, and workforce capacity to make health care more accessible, more sensitive to gender-specific needs, and of the highest quality for the women Veterans of today and tomorrow. VA specifically wants to ensure that every eligible woman Veteran receives high-quality comprehensive care that includes reproductive health care (such as maternity and gynecology care) and treatment for all gender-specific conditions and disorders, as well as mental health care, basic preventive care, acute care, and chronic disease management.

Most importantly, deployed women are sustaining injuries similar to those of their male counterparts, both in severity and complexity. VA is anticipating and preparing not only for the increase in the number of women Veterans but also for the accompanying complexity and longevity of treatment needs they will bring with them. Security and privacy for women Veterans is a high priority for VA. VA is training providers and other clinical staff, enhancing facilities to meet the needs of women Veterans, and reaching out to inform women Veterans about VA services. VA has implemented women's health care delivery models of care that ensure women receive equitable, timely, high-quality primary health care from a single primary care provider and team, thereby decreasing fragmentation and improving quality of care for women Veterans.

## **Women's Health Services has three main areas of focus:**

### Comprehensive primary care

- Women Veterans health care is provided by a Designated Women's Health Provider (DWHP) in a primary care model of comprehensive primary care
- Monitor access and wait times for women Veterans
- Monitor quality and gender disparity measures

#### Women's health education

- Ensure a proficient & agile workforce through education and training.
- Host large mini-residencies for DWHPs, nurses and emergency room providers

#### Reproductive health

- Develop, seamlessly integrate, and enhance VA reproductive health care throughout the lifespan to include maternity care and infertility

### 2015 WHS Top Accomplishments

- 👤 Completed Women's Health site assessments at 24 health care systems during a two and a half day intensive facility women's health program review including tours, interviews with key leadership, and document review.
- 👤 In a continued collaboration with the American Heart Association, Women's Health Services completed a VA Goes Red Challenge to raise awareness of heart disease in women Veterans.
- 👤 Awarded five Sustainment Grants for Women's Health Telehealth Projects.
- 👤 Awarded 10 grants to the field for Healthy Aging in Women Veterans in areas of Musculoskeletal Health, Cardiovascular Health, and Breast Health.
- 👤 Completed the development of a national Breast Care Registry and a System for Mammography Results tracking.
- 👤 Completed two mobile applications for Women's Health, Caring for Women Veterans and PreConception Care.
- 👤 The Maternity Care Coordination Telephone Care Program provided care coordination services to more than 1,000 unique pregnant Veterans, of whom more than 20 percent resided in rural zip codes.
- 👤 Since 2008, Women's Health Services has trained more than 2,400 providers in the Women's Health Mini-Residency for Primary Care Providers (PCPs). Two mini-residencies were held in June and July.
- 👤 2015 where 247 PCPs were trained.
- 👤 An additional 71 Primary Care Registered Nurses, along with 38 Emergency Medicine Providers and 39 Emergency Medicine Nurses were trained in FY 2015

# National Health Physics Program (NHPP) - 10P4X

National Health Physics Program (NHPP) provides regulatory oversight for the Nuclear Regulatory Commission master materials license issued to VHA to include permitting for use of materials, on-site inspections, and investigations of allegations, medical events, and incidents. In addition we provide oversight for machine sources of ionizing radiation used for radiation therapy. Finally we provide assistance and technical information for uses of ionizing radiation for health care diagnosis and treatment and non-human biomedical research.



**Craig Adams, National  
Director**

## **2015 NHPP Top Accomplishments**

- 👉 Master Materials License (MML) enables use of radioactive materials; treatment and research.
- 👉 Centralized MML fee saves VA 60 percent on Nuclear Regulatory Commission Licensing; vice payment at more than 115 facilities.
- 👉 Agility expedites permit amendments; Veteran-centered treatment and MyVA initiatives.
- 👉 Inspections/audits; provides high accountability, Veterans confidence, and mind safety mindfulness.
- 👉 New VHA Directive positions more than 150 facilities to meet/exceed Joint Commission standards.

# Lesbian Gay Bisexual and Transgender Program (LGBT)-10P4Y

Lesbian, Gay, Bisexual and Transgender (LGBT) Veterans face increased health risks and unique challenges in accessing quality health care. The VA is developing policies, provider-education programs, and services to ensure high-quality patient-centered care for LGBT Veterans. The VA strives to be a national leader in the provision of health care to LGBT Veterans and assure that care is provided in a sensitive, safe environment at VA health facilities nationwide.



**Michael Kauth, PhD and Jillian Shipherd, PhD, Directors**

## 2015 LGBT Program Top Accomplishments

- 👉 The LGBT Program created the I CARE Award for LGBT Veteran Services as a way of recognizing extraordinary efforts made by VA employees to provide excellent care to lesbian, gay, bisexual, and transgender Veterans at VA. They selected 80 award recipients from 18 VISNs and VACO, with winning entries demonstrating all of the I CARE Core Values.
- 👉 The LGBT Program worked with the Office of Health Equity and the Human Rights Campaign to approve 19 VHA trainings including three TMS trainings on transgender care (an overview of transgender Veterans for all employees, prescribing cross-sex hormones, and mental health services) and two trainings hosted on VeHU - “Do Ask, Do Tell: A Practical, Patient-Centered Approach to Working with Lesbian, Gay and Bisexual Veterans” and “Do Ask, Do Tell: Assessing Sexual Health of LGBT Veterans (and Everyone Else)”, to be used by facilities working towards the Healthcare Equality Index (HEI).
- 👉 The LGBT Program worked to develop resources to help VA facilities participate in LGBT Special Observances. A new document was created and posted to SharePoint that lists all of the LGBT special observances and includes suggestions for facilities on how to commemorate these holidays. The program also created posters for Transgender Awareness Month and LGBT Health Awareness Week with the Office of Health Equity.
- 👉 The LGBT Program partnered with Women’s Health Services to create a poster (“VA takes PRIDE in serving LGBT Veterans”) for LGBT Pride Month as well as a series of brochures for lesbian, bisexual, and transgender women Veterans which were downloaded more than 700 times from the program’s SharePoint.

# Occupational Health Service (OHS) - 10P4Z

The Occupational Health group serves as a national leader in occupational health, aiming to achieve optimal workforce productivity and health through innovation, prevention, and health management. The group supports the mission of VA through the use of evidence-based principles of occupational health in order to maintain and advance a productive, healthy, safe, and agile workforce through policy, assessment, consultation, and assurance. Occupational Health consists of several programs including: Employee Health Promotion Disease and Impairment Prevention, Employee Occupational Health, Workers' Compensation, Occupational Health Surveillance and Evaluation, Safe Patient Handling, and Workplace Violence Prevention.



**Kate McPhaul, Phd, MPH,  
RN, Chief Consultant**

## **2015 OHS Top Accomplishments**

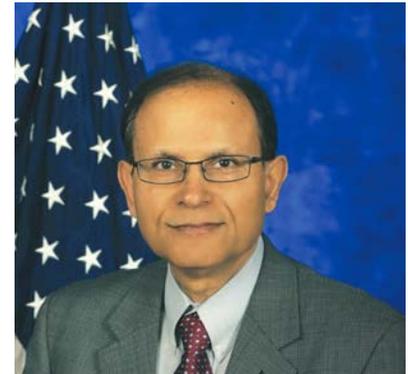
- 👤 Occupational Health published its first Occupational Health Chart Book and Occupational Health Program Guide and distributed it to VA/VHA leadership and program offices, and to the field. The Chart Book provides high level analytics and occupational surveillance data to examine critical work force trends and evaluate work force related programs and policies.
- 👤 In January through August 2015, the Workplace Violence Prevention Program, in collaboration with the Office of Analytics and Business Information, installed the Disruptive Behavior Reporting System (DBRS) in every VHA medical facility. The DBRS allows all employees to electronically report behavior that they believe may jeopardize Veterans, visitors, or VHA personnel safety.
- 👤 The Safe Patient Handling and Mobility program was highlighted on National Public Radio's investigative reporting of nurse injuries in health care. VHA's program was described as the "Gold Standard" using training and technology to reduce injuries to nurses and other personnel in the health care industry.
- 👤 The Employee Health and Well-Being program provided leadership for the 5th annual VA2K event which generated \$304,000 in donations for Homeless Veterans and involved 23,000 participants (employees and Veterans) from 211 locations, representing all VA administrations. The program also provided training, support, and surveillance of VHA's employee drug testing program and realized a 73 percent reduction in error rates for drug test urine collection from 43 to 11 errors/100 tests.
- 👤 The Workers' Compensation Program valued return-to-work actions and provided guidance to facilities on process improvement, resulting in 770 injured workers being returned to duty.

# Farewell Message From Dr. Rajiv Jain

## Final Message from Dr. Rajiv Jain -On His Retirement as Assistant Deputy Under Secretary for Health for Patient Care Services (Message Delivered to All PCS Staff Upon His Retirement on June 30, 2015.)

I have truly had the privilege to serve with some of the most dedicated staff in all of health care in my VA career, which includes serving at VA Pittsburgh as Chief of Staff and then to VACO as Chief Consultant for Specialty Care followed by my role as Assistant Deputy Under Secretary for Health for Patient Care Services.

My VA career path started as a staff physician at Salem VA and then migrated to just about every clinical leadership position at the facility. I had wonderful opportunities: developing one of the first Hospice programs in VA at Salem; developing an integrated primary care/Mental Health in Pittsburgh; Pittsburgh VERC; establishing a National MRSA Prevention program which has now evolved into a Multi-Drug Resistant prevention program; E- consults; working development of SCAN ECHO; serving as lead coordinator for VA-DOD care coordination; overseeing Women's health MIRECC; developing strategic plans for Simulation center expansion; overseeing MH innovations and Consistent Access . I am extremely proud and honored to have worked with all of you at medical centers and in PCS.



**Rajiv Jain, M.D, Assistant  
Deputy Under Secretary for  
Health for PCS**

Most important, I leave knowing that VA can continue to be a major player in US Health care system if we are able to make the organizational and functional changes necessary to become more Veteran centric for both young and older Veterans. I believe we have made tremendous progress over these past few years, and the stage is set for us to become a trailblazer in VA health care in the years ahead.

I wish you all the best, and I know that you will continue to dedicate yourselves as part of our ongoing ICARE commitment to providing the best health care service possible to our nation's Veterans.

### Patient Care Services Bids a Fond Farewell To Top Leaders Who Left Our Service in 2015

Patient Care Services would like to extend its heart-felt thanks to and deep respect for the following members of PCS leadership who left PCS service in 2015 and either retired from VA or took another position elsewhere.

Their leadership contributions to PCS and VHA helped guide us through a most significant transformation these past years, and set the stage for us to continue to evolve and meet the challenges that lie ahead as we strive to continue to provide the Best Care Anywhere to Our Nation's Veterans in the future.

- Charles Anderson, M.D., Chief Consultant, - Diagnostic Services.
- Michael Doukas, M.D., Chief Consultant, - Specialty Care Services.
- Linda Kinsinger, M.D., Chief Consultant, - National Center for Health Promotion/Disease Prevention
- Barry Goldstein, M.D., PhD, Chief Consultant - Spinal Cord Injury/Disorders Care
- Gary Williams, MS, - National Physics Program

# Office of Patient Care Services

<b>10P4 – OFFICE OF PATIENT CARE SERVICES</b>
Maureen McCarthy, MD , Assistant Deputy Under Secretary for Health for PCS
<b>10P4A – OFFICE OF PATIENT CARE SERVICES</b>
Michael Valentino, RPh, MHSA, Acting Deputy Chief PCS Officer
<b>10P4B – OFFICE OF PATIENT CARE SERVICES</b>
Barbara Hyduke, MSA, Associate Chief PCS Officer
<b>10P4A – CLINICAL STRATEGIC PLANNING AND MEASUREMENT</b>
Kathryn Sapnas, PhD, RN, Director
<b>10P4C – CARE MANAGEMENT AND SOCIAL WORKSERVICES</b>
Michael Kilmer, LCSW, Chief Consultant
<b>10P4D – DIAGNOSTIC SERVICES</b>
Robert Sherrier, MD, Chief Consultant
<b>10P4E – SPECIALTY CARE SERVICES</b>
Donald Higgins, MD, Acting Chief Consultant
<b>10P4F – PRIMARY CARE SERVICES</b>
Gordon Schectman, MD, Chief Consultant
<b>10P4G – GERIATRICS AND EXTENDED CARE SERVICES</b>
Richard Allman, MD, Chief Consultant
<b>10P4H – RADIATION ONCOLOGY PROGRAM</b>
Michael Hagan, MD, PhD, Director
<b>10P4I – HIV, HEPATITIS AND PUBLIC HEALTH PATHOGENS PROGRAMS</b>
David Ross, MD, Director
<b>10P4J – PHYSICIAN ASSISTANT SERVICES</b>
Denni Woodmansee, PA-C, MS, Director
<b>10P4L – SIMLEARN</b>
Haru Okuda, MD, Medical Director
<b>10P4M - Mental Health Services</b>
Harold Kudler, MD, Chief Consultant

<b>10P4N - NATIONAL CENTER FOR HEALTH PROMOTION/DISEASE PREVENTION</b>
Jane Kim, MD, Acting Chief Consultant
<b>10P4O – OFFICE OF PUBLIC HEALTH</b>
Richard A. Kaslow, MD, MPH, Deputy Chief PCS Officer for Public Health
<b>10P4P - PHARMACY BENEFITS MANAGEMENT SERVICES</b>
Michael Valentino, RPh, MHSA, Chief Consultant
<b>10P4Q- POST-DEPLOYMENT HEALTH</b>
Ralph L Erickson, MD, Chief Consultant
<b>10P4R - REHABILITATION AND PROSTHETIC SERVICES</b>
Lucille Beck, PhD, Deputy Chief PCS Officer for Rehabilitation and Prosthetic Services
<b>10P4U -INTEGRATED HEALTH</b>
Stephen Ezeji-Okoye, MD, Director
<b>10P4V - POPULATION HEALTH</b>
Larry Mole, PharmD, Chief Consultant
<b>10P4W - WOMEN’S HEALTH</b>
Patricia Hayes, PhD, Chief Consultant
<b>10P4X - NATIONAL HEALTH PHYSICS PROGRAM</b>
Craig Adams, National Director
<b>10P4Y - LGBT CARE</b>
Jillian Shipherd, PhD, and Michael Kauth, PhD, Directors
<b>10P4Z - OCCUPATIONAL HEALTH SERVICES</b>
Kate McPhaul, PhD, MPH, RN, Chief Consultant