

**Department of Veterans Affairs (VA)
Advisory Committee on Women Veterans
Palo Alto Health Care System (VAPAHSC) Site Visit
June 4 - 8, 2007**

Monday – June 4, 2007

VA Advisory Committee on Women Veterans Members Present:

COL Shirley Quarles, USAR, Chair	Brenda Moore, USA
SFC Gwen M. Diehl, USA, Retired	COL Jacqueline Morgan, USAF, Retired, Vice-Chair
Velma Hart, USAR	Lupe Saldana, USMC
CPO Kathleen Janoski, USN, Retired	CMSgt Sara A. Sellers, USAF, Retired
Marlene R. Kramel, USA	Celia Renteria Szelwach, USA
Mary Antoinette Lawrie, USAF	Joanna Crosariol Truitt
1SG Pamela Luce, USA, Retired	

VA Advisory Committee Member Excused:

Virgil Walker, ANG

Ex-officio Member Present:

Cheryl Rawls, Director, VA Regional Office, Huntington, West Virginia

Ex-officio Members Excused:

COL Denise Dailey, Military Director, Department of Defense (DoD), Defense Advisory Committee on Women in the Services (DACOWITS)

Cynthia Morrison, Assistant Director, Veterans Employment and Training Service
Department of Labor

Advisors Excused:

Dr. Patricia Hayes, Acting Chief Consultant, Veterans Health Administration (VHA) Women Veterans Health Strategic Healthcare Group (WVHSHG)	CDR Lucienne D. Nelson, Program Manager, Critical Infrastructure Protection for Healthcare and Public Health Sector, Department of Health and Human Services
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Lindee Lenox, Director, Memorial Programs
Service, National Cemetery Administration
(NCA)

Linda Piquet, Veterans Benefits
Administration, Program Manager for Women
Veterans Outreach Program

VA Staff Present:

**Center for Women
Veterans**

Dr. Irene Trowell-Harris, Director
Dr. Betty Moseley Brown, Assoc.
Director

Desiree Long
Chanel Bankston-Carter
Michelle Terry

VHA

Connie LaRosa, Deputy Field
Director, VHA WVHSHG

The entire site visit package, with attachments, is located in the Center for Women Veterans office in Washington, DC.

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Advisory Committee Planning Session

- Dr. Shirley Quarles gave an overview of what can be expected during the site visit. She stressed the importance of leaving promptly at scheduled times daily to travel to the VAPAHCS and at the conclusion of the day to review issues to ease the task of compiling the exit Interview.
- Introduction of Advisory Committee members.
- Dr. Quarles presented a short history of the Committee and the Center for Women Veterans.
- Jackie Morgan gave an overview as to how the Committee will work. Two members will be focal points for each topic/presentation and will notate identifying strengths of program and opportunities for improvement.

Entrance Briefing/Welcome and Leadership Introduction

- Dr. Samina Iqbal introduced the VAPAHCS leadership:
 - Elizabeth Freeman, Director
 - John Sisty, Associate Director
 - Stephen Ezeji-Okoye, MD, Deputy Chief of Staff
 - Tony Fitzgerald, CHESP, Assistant Director
 - Alicia Shimabuku, RN, Acting Quality Manager
 - Kerri Childress, Communications Officer, Congressional Liaison, VAPAHCS/Veterans Integrated Service Network (VISN) 21]
 - Alice Naqri, ACOS for Nursing/Chief Nurse Rehabilitation

VAPAHCS Overview and Initiatives

- VA Palo Alto Health Care System (VAPAHCS) is one of six health care systems located within the Sierra Pacific Network – VISN 21
 - VISN 21 facilities are located in northern and central California, northern Nevada, Hawaii, the Philippines and several Pacific Islands.
 - Sierra Pacific Network (VISN 21):
 - Central California HCS – Fresno, CA
 - Pacific Island HCS – Honolulu
 - Northern California HCS –Sacramento
 - Palo Alto HCS – Palo Alto, CA
 - San Francisco VA Medical Center
 - Sierra Pacific HCS – Reno, NV
- VA Palo Alto Health Care System began operations in 1924 and has grown into one of the largest healthcare systems in the VHA and the 6th largest in the State of California
 - Consolidation of three (3) VAMCs
 - Palo Alto
 - Menlo Park
 - Livermore

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- VAPAHCS manages one of the largest inpatient programs in VA with 897 operating beds
- VAPAHCS opened 6 new outpatient facilities since 1994 equating to 20,000 new veterans enrolled
- Facility square feet: 2.4M GSF
- Three divisions encompassing 313 acres

- VAPAHCS is a major tertiary care referral center encompassing three divisions and a network of six outpatient clinics
 - VAPAHCS provides primary, secondary and tertiary care within a large geographical region encompassing a 10 county, 13,500 square mile catchment area
 - Over 300,000 veterans reside within VAPAHCS' primary service area (PSA).
 - FY06 Statistics
 - Inpatient Admissions: 8,600
 - Hospital Bed Days of Care (BDOC): 246,725
 - Outpatient Encounters: 725,012
 - Number of Unique Veterans Treated: 53,210
 - Number Enrolled Veterans: 83,000

- VAPAHCS operates one of the largest integrated healthcare systems within the Department of Veterans Affairs as well as the 3rd largest research and GME programs
 - Total Operating Budget: \$591,000,000 (including research)
 - Employees: 2,947 Full-time Equivalent (FTE)
 - Direct Patient Care Staff: 2,004
 - Support and Administrative Staff: 816
 - Volunteers: 1,724
 - Primary Academic Affiliation: Stanford University School of Medicine
 - Residents and Fellows: 528 (124 FTE)
 - Medical Students: 157
 - Other Affiliations: 161 active affiliations encompassing 1,342 trainees
 - Research Activities: \$52,000,000 research budget – 3rd largest in VHA
 - Principal Investigators (PIs): 200
 - Research Assistants and Support Staff: 650

- VAPAHCS maintains one of the largest inpatient programs in the Department of Veterans Affairs due to the breadth of the specialized programs
 - Special Emphasis Programs
 - Acute Psychiatry (VISN 21's Primary Referral Site)
 - Traumatic Brain Injury/Polytrauma Center (1 of 4 Centers in VHA)
 - Domiciliary Care (VISN 21's Primary Referral Site – only Dom in the Network)
 - Hospice/Palliative Care (Only Non-vet Inpatient Hospice Program in VHA)
 - Gero-psychiatric Inpatient Care (VISN 21's Primary Referral Site)
 - Med/Surg Tertiary Care (1 of 2 Tertiary Care Centers in VISN 21)
 - Organ Transplant (1 of 5 National Centers in VHA)
 - Post Traumatic Stress Disorder (1 of 7 National Centers in VHA)

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- Spinal Cord Injury (1 of 24 Centers in VHA)
- War Related Injury and Illness Study Center (1 of 3 Centers in VHA)
- Western Blind Rehabilitation (1 of 7 Centers in VHA).
- **Palo Alto Division**
 - Site of all Tertiary Care
 - Primary referral center for med/surg patients
 - Acute Psych – 72 beds
 - Internal Medicine – 49 beds
 - Intermediate Medicine – 63 beds
 - Spinal Cord Injury – 43 beds
 - Surgical – 42 beds
 - Rehab Medicine – 16 beds
 - Western Blind Center – 32 beds
 - PR RTP/Polytrauma Residential – 12 beds
- **Menlo Park Division**
 - Main Division specializing in Mental Health
 - Primary referral center for Domiciliary services
 - Primary referral center for PTSD services
 - Gero psych – 125 beds
 - Long Term Care – 150 beds
 - Domiciliary - 100 beds
 - PTSD – 50 beds
 - PR RTP – 62 beds
- **Livermore Division**
 - Primary and Specialty Care Clinics
 - Nursing Home Care Unit – 120 beds
- VAPAHCS integrated healthcare delivery system has improved “access” by utilizing a hub and spoke model

Facility	Enrollment	Encounters	Employees
Palo Alto	48,354	458,139	2,543
Livermore	11,049	55,973	318
San Jose	9,103	64,165	84
Monterey	7,758	47,095	52
Modesto	5,693	25,199	17
Menlo Park	4,986	46,897	702
Stockton	4,777	17,743	18
Capitola	791	1,676	2

- Over the past few years, VAPAHCS has experienced tremendous growth in the number of veterans seeking to enroll into the Health Care System
 - While the aggregate veteran population nationwide is declining, VAPAHCS’ enrollment is anticipated to peak in 2012.
 - VAPAHCS’ veteran enrollment was over 85,000 veterans in FY06, which represents nearly 100 percent increase when compared to FY99 statistics.

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- The increase in VAPAHCS' enrollment can be attributed to the activation of outpatient clinics and improved health care delivery.
- New facilities are being developed to accommodate VAPAHCS' growing female patient population. In FY00, 2,690 female veterans were treated and 4,329 in FY 06.
- VAPAHCS has embarked on the most comprehensive capital modernization plan in the Health Care system's 80-year history
 - **Capital equipment and infrastructure enhancements (\$600 million)**
 - Investments in cutting edge technology
 - New patient facilities
 - New outpatient facilities
 - Seismic correction and environment of care initiatives
 - Commitment to meeting VA's growing research enterprise
 - Realignment of VAPAHCS' Livermore Division including 2 new centers
 - Purchase two (2) BRAC military installations in Sunnyvale/Mountain View.
 - **Technological Investments (\$20 Million)**
 - Cath Lab 1 and 2 (FY05)
 - Single Plane Angio (FY05)
 - PET/CT (FY05)
 - 64-Slice T (FY06)
 - Da Vinci Surgical System (FY06)
 - 64 slice CT (proposed – FY07)
 - Bi-Plane Angio (proposed – FY07)
 - 3T MRI (proposed FY07)
 - **Inpatient Initiatives:**
 - Menlo Park
 - New 120-bed Nursing Home
 - New 80,000 GS F Nursing Home – Building 324 replacement
 - 120-bed, 80,000 GSF Building 324 Replacement
 - \$31 Million award
 - Large spacious commons
 - Private and semi-private patient rooms
 - Palo Alto
 - New 80-bed Inpatient Psychiatry
 - New 76,000 GSF acute inpatient psychiatry – Building 2 replacement
 - **Outpatient Initiatives:**
 - Over the next year, VAPAHCS anticipates \$20M in funding to support ambulatory care initiatives
 - In 2006, new ambulatory care clinics opened in Stockton and Modesto
 - In 2006, renovated primary care clinics opened in Palo Alto
 - In 2007, a \$7M dietetic facility renovation in Menlo Park will be completed
 - In 2007, a new \$5M ER, fast track and 23-hour Observation Center in Palo Alto will be completed.
 - In 2008, a \$5M specialty care clinic will open in Palo Alto

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- New Stockton ambulatory care clinic at French Camp opened in 2006
- **Building 5 Clinic Expansion**
 - \$3M Minor construction – Phase 1 opens
 - Modernized environment
 - Expanded primary care and women's health
- **Dietetic Building Renovation**
 - \$7M award
 - Seismic retrofit/renovation
 - Modern dining facility with state-of-the-art equipment
 - Gender specific dining in light of issues related to sexual trauma
- **Palo Alto Emergency Department Expansion**
 - \$4.4M project – New and expanded ED
 - All private rooms
 - Integrates ER & EDOU
 - Ensures patient privacy
 - October 2007 completion date
- VAPAHCS, in partnership with the Stanford University School of Medicine and the Department of Defense, plan an ambitious 10-year capital campaign
 - Waiting approval to construct a new \$322M, 338,000 GSF ambulatory care center in Palo Alto to consolidate outpatient services, research programs, and fitness/rehabilitation.
 - Submit concept paper for \$250M, 250,000 GSF state-of-the-art VA Stanford Translation Research Center on the Palo Alto Division
 - Develop an \$80M, 1000,000 GSF VA-DOD Joint Venture Ambulatory Care Center concept paper for Monterey, CA

VA Palo Alto Health Care System Polytrauma Rehabilitation Center (PRC)

- Accredited by the Commission on Accreditation of Rehabilitation Facilities
- 12-bed unit
- Comprehensive rehabilitation
- Active duty service members and veterans
- Multiple physical, cognitive and/or emotional injuries
- **Scope of Services**
 - TBI/Polytrauma
 - Amputee (state-of-the-art prosthetics)
 - Burns
 - SCI (Spinal Cord Injury)
 - Blind rehabilitation
 - NCPTSD
 - Vocational rehabilitation
 - Specialized staff and interdisciplinary teams
- **Treatment Team**
 - Board-certified psychiatrist
 - Certified Rehabilitation RN

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- Nursing
- Therapist
- Case manager
- Other members: wound care nurse, nutritionist, chaplain, military liaisons
- All staff receive TBI/Polytrauma and rehabilitation skills training
- **Referral Process**
 - Military Treatment Facilities
 - Private facilities
 - Community facilities
 - VA health facilities
 - Patient preference, specialty care needs, closeness to home of record or to family/friends, closeness to military base

○ **Patient Profile**

Historical (2002)		Current (as of May 24, 2007)	
Inpatient TBI	141	TBI	5
Amputee	4	Amputee	1
Burns	5	Burns	0
SCI	2	SCI	0

- **Additional Statistics**
 - Average length of stay 39 days (FY07)
 - Average daily census 7.7 patients (FY07)
 - 3% patients developed decubitus ulcers
 - Majority have comorbidities: PTSD
- **Patient Concerns**
 - Self-esteem
 - Body image
 - Identity
 - Spiritual/existential
 - Family and community re-integration
 - Pain
 - Transition from active duty to veteran
- **Discharge Planning**
 - Begins at pre-admission counseling
 - Reassessed during treatment period
 - Functional recovery
 - Deficits identified
- **Transition - Process**
 - Discharge options reviewed with patient and family (family can assist with finding community resources)
 - Palo Alto PRC case manager contacts military case manager and notified Polytrauma Network Site
 - Video teleconferences to ensure smooth transition

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- Equipment sent with patient or shipped to next facility for home
 - Examples: Wheelchairs, walkers, cognitive prosthetics
- **Transition - Challenges**
 - Military orders
 - TRICARE authorization
 - Patient/family anxiety about transitioning to next facility in continuum
 - Transportation (medivac)
 - Lack of private or military treatment facilities in rural areas
 - Affects decision-making:
 - Rehab stay is extended longer to ensure patient gets as much therapy as possible
 - Alternative options from home are presented
 - Balancing number of internal and external stakeholders
 - Recruiting qualified staff
 - Working within physical space constraints to accommodate increased staffing

VA Palo Alto Health Care System Polytrauma Transitional Rehabilitation Program (PTRP)

- Formerly known as the Brain Injury Rehabilitation Unit (BIRU)
- Post-acute transitional brain injury and polytrauma rehabilitation program within the Polytrauma Rehabilitation System of Care (PRSC) at PAHCS
- Most treatment takes place in a group setting, Mon-Fri 9am – 3pm
- The PTRT treatment team provides or arranges comprehensive rehabilitation services for patients called “trainees”, which includes, but is not limited to:
 - Therapeutic groups (the main treatment setting)
 - One-to-one therapies
 - Case management and coordination
 - Medical care
 - Vocational rehabilitation services
 - Discharge planning
 - Follow-up
 - Evening, weekend, and holiday therapies for leisure activities and community re-integration.
- PTRP staff arranges one-to-one services based on need which may include, but are not limited to:
 - Social work services
 - Psychotherapy
 - Occupational therapy
 - Physical therapy
 - Speech therapy
 - Vision therapy
- A Care Coordinator works closely with each trainee to facilitate achievement of therapeutic goals

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- PTRP is a residential and outpatient program and has no formal relationship with any VA inpatient unit or program

Tour of Fisher House

- The Fisher House in Palo Alto provides support and solidarity for families of wounded soldiers, a home away from home.
- The Fisher House Foundations' 16,000 sq. ft. home is professionally designed and furnished to simulate a real home, rather than a hotel.
- State-of-the-art building contains several suites equipped with the following:
 - Two double beds
 - A private bathroom
 - Internet and cable television
 - Houses as many as 15 families
 - Access to a dining area
 - Laundry facilities
 -

Hospital Tours

- The Committee toured the following areas:
 - Polytrauma Center
 - Hospice
 - Medical Surgical ICU
 - Surgery
 - Medicine
 - Emergency Room/Emergency Department Observation Unit, Existing
 - \$4.4M Construction Project
 - New Emergency Department, Fast Track and MH
 - New 23 Hour ED Observation Unit (EDOU)
 - Existing ER – Future Same Day/Procedure Center
 - Pharmacy
 - Blood Draw
 - Chapel
 - Voluntary Service
 - Xray
 - Blind Rehabilitation
 - Focus of treatment areas is to enable veterans to understand and cope with sight loss
 - Provide rehabilitation to help them achieve the highest level of independence possible
 - Each patient receives an individualized treatment program
 - The length of the average treatment program is six weeks
 - Full daily schedule of vision loss rehabilitation therapy is available Monday thru Friday
 - Treatment areas include:
 - Visual Skills

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- Orientation and mobility
- Activities of daily living
- Communications skills
- Manual skills
- Computer access
- Psychological counseling
- Social work services
- Recreational therapy
- Interdisciplinary clinical consultation

Tuesday, June 5, 2007

- **Geriatrics Research Education and Clinical Center (GRECC)**
 - Presentation focused on health and disease in later life and presented information from a variety of publications, studies, and Web sites with regard to older Americans
 - Select key indicators of well-being extracted from the Federal Interagency Forum on Aging-Related Statistics publication, *Older Americans Update 2006:Key Indicators of Well-Being*

Number of older Americans	Chronic health conditions	Disability
Older veterans	Sensory impairments and oral health	Respondent-assessed health status
Life expectancy	Memory impairment	Health care expenditures
Mortality	Depressive symptoms	Veterans' health care
Nursing home utilization	Residential services	Physical activity
Obesity	Cigarette smoking	Air quality
Caregiver and assistive device use		

Women Veterans Health Center Overview

- Program started in 1988
- VHA Directive of 1992 established Women Veterans Health Program
- Significant Increase in Women Veterans Nationally
 - 15% of new enrollees in VA are females
 - 15% of new recruits are females
 - 10% of VA population by 2010 will be females
- Breakdown of Female Patients at VAPAHCS

	<u>2005</u>	<u>2006</u>	<u>2007FYTD</u>
▪ Total number treated at Palo Alto	4111	4329	2907
▪ Total number treated at CBOC's	1378	1443	906
▪ Total number of OEF/OIF	120	169	100
▪ Total number of Combat Vets	36	51	30
▪ Total number of Tricare/Champus	398	359	250
▪ Total number of ChampVA	460	490	454

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- Gender neutral medical conditions such as Coronary Artery Disease
- Gender specific conditions such as osteoporosis
- High incidence of mental health disorders
 - PTSD
 - MST
 - Depression
- Essential to integrate primary care and mental health care in one common setting
 - Introduction of behavioral medicine in primary care for comprehensive services
- Collaboration with sub-specialty services
- Primary care
- Gender specific care including breast and cervical cancer screening
- Reproductive health care including obstetrical care, infertility evaluation and genetic testing
- Surgical services for gynecological disorders, oncology, and urinary incontinence
- Osteoporosis evaluation and care
- Women's Trauma and Recovery Center
- Women's Prevention Outreach and Education Center
- Military sexual trauma counseling
- Psychological support groups
- Addiction Treatment Services
- Programs for Homeless Veterans
- Programs for survivors of domestic violence
- Vocational rehabilitation programs
- Comprehensive Intake and Evaluation Clinic for OEF/OIF Female Veterans
 - Primary Care
 - Gender Specific Care
 - Behavioral Medicine Support
 - Transition Assistance by Social Work
 - Outreach
- Continuous Quality Improvements (CQI) Thinking Outside the Box
 - Breast Cancer Screening
 - Areas of Focus
 - Mammography Vendor Sites
 - Patients
 - Providers
 - System-Wide Collaboration
 - CBOCS
 - Tracking Abnormal Mammograms
- CQI: Mammography Vendor Sites
 - Focus
 - Scheduling of patients
 - Availability of reports
 - Solution

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- Collaboration
 - Phone calls to develop personal relationship
 - Results
 - Convenient scheduling of mammograms
 - Timely reports
- CQI: Mammography Patients
 - Focus
 - Patients hesitant to schedule mammograms
 - Payment
 - Solution
 - Patient education: Brochures
 - Generate “Mammograms Due” Reports
 - Reminder Letters
 - Personal Phone Calls
 - Billing
 - Results
 - 15-20% increase in Mammograms
- CQI: Mammography Providers
 - Focus
 - Uniformity of services
 - Solution
 - Appointing points of contact
 - Liaisons between WHC and providers
 - Monthly phone calls
 - Site visits
 - Results
 - Improved services at CBOCS
- CQI: Mammography System-Wide Collaboration
 - Focus
 - Simplify Mammogram authorization process
 - Availability of reports
 - Solution
 - System-wide collaboration
 - Results
 - Efficient Mammograms authorization process
- CQI: Mammography Tracking Abnormal Mammograms
 - Focus
 - Tracking Abnormal mammograms
 - Solution
 - Efficient system to track abnormal mammograms: Spreadsheets
 - Efficient Notification Systems to Patients: Personal Phone Calls
 - Efficient Notification System to Primary Care Providers: Progress Notes

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- Efficient System to track follow up of abnormal mammograms:
Spreadsheets
- Results
 - Efficient tracking of abnormal mammograms
- The Future
 - Collaboration between Medical and Mental Health Services
 - Further growth of RWHC extend to CBOC's
 - Increase presence of MHS in Primary Care
 - Presence of Primary Care in MHC
 - Group Visits
 - Smoke cessation in Primary Care

Women Veterans Program Managers (WVPM)

- Role
 - Provide support, education, mentoring to less experienced WVPM's and new WVPM's
 - Collaborate with Deputy Field Director in supporting other programs in VISN 21 via conference calls and site visits
 - Chairs VISN 21 WVPM conference calls to disseminate information and discuss issues affecting women veterans
 - Provides input to VISN leaders on issues critical to women veterans at facility and VISN levels
 - Provide input into VISN strategic planning process
 - Maintain competency through CEU classes related to women's health and administration
 - Work with Medical Director of program and QA staff to meet performance measures targets pertaining to women's health
 - Ensure action plans are implemented to improve performance outcomes
 - Membership in leadership groups deciding on human and financial resources to assure women veteran issues are addressed
- Mission
 - Provide goals, policies and standards of care for implementation of a Women's Health Program Strategic Plan for VISN 21 (2004-2008)
- Goals
 - Foster a consistent coordinated approach to providing women's health services across VISN
 - Promote ongoing education to veterans, staff, and clinicians on women's health issues
 - Work towards meeting national goals of care based on the integrated business plan
 - Strengthen and support the women veterans program manager position at VISN level and at each VA
- Objectives
 - Work to continue meeting national standards for MST screening

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- Create a standardized job description for WVPM based on handbook 1330.2, Women Veterans Program Manager Position.
- Create local women veterans program packets to distribute to all women veterans.
- Have each WVPM sit on a strategic planning committee
- Meet the national standards for Pap Smear screening
- Meet the national standards for mammography screening
- Provide VISN wide annual educational programs for employers and staff
- Provide VISN wide annual education programs for women veterans
- Provide VISN wide annual education programs for clinicians
- Provide periodic educational bulletins on women's health issues
- Share educational events calendar with each CBOC site and VA within VISN 21 (V-Tel availability)
- Identify a women's health liaison at each CBOC
- Site visit each CBOC a minimum of once a year
- Establish a list of women's health specialty services available at each VA site
- Develop an ongoing series of educational projects to help WVPM meet program needs (pharmacy, fee basis, website, national resources, etc.)
- Oversee Plan of Care for each VA site and overall funding from all facilities in VISN 21 pertaining to women's clinics, staffing, programs, services, facilities, etc.
- Plan of Care
 - Annual report from each VA in VISN 21
 - Compilation of annual report of all facilities in VISN 21
 - Address role of Women Veterans Program Manager
 - Population served
 - Services
 - Environment of care
 - Clinical inventory

Women Veterans Use of VHA, and for What Conditions

- Research focused on how female veterans differ from male veterans on health care use, costs of care, diagnoses
- Data source: VA National Patient Care Database (centralized outpatient and inpatient records)
- Subjects: All patients who used VHA care in FY 2002 (over 4 million individuals).
- Findings
 - Nonveteran status: 3% of men, 51% of women (majority employees)
 - If nonveterans are included in analyses, women in VA national databases use less outpatient care than do men; this is an artifact because there are so many female employees included in VA databases
 - When we examine veterans only:
 - Outpatient use and outpatient costs are higher for women than for men, in every age group

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- Women with both medical and mental health conditions are particularly heavy users of outpatient care
- Common conditions in women veterans: Hypertension; Chronic obstructive lung disease; Lower back pain; Arthritis; Injury; Headache; Diabetes; Depression; Substance use disorders; other psychiatric conditions
- Limitations of data source
 - Diagnoses came from ICD9 codes in VA's National Patient Care Database, and likely under-estimate disease prevalence
 - Utilization data came from VA files (health care use in non-VA settings is not captured)
 - Our findings are not necessarily generalizable to all women veterans in the US (the majority of women veterans are not VA enrollees).
- Strengths
 - Opportunity to look at all women veterans who use VHA nationally
- Implications
 - VHA needs to plan for increased future demands on the ambulatory care sector as more women enter the system and as the current cohort of women ages
 - Delivery systems integrating medical and mental health care deserve attention
 - Painful conditions are common; VHA should continue to emphasize pain as the 5th vital sign
 - Gender-specific conditions are common; access to gender-specific care is important
- **Women's Health Curriculum**
 - The women's health rotation is designed to prepare and enhance the resident's knowledge and clinical experience in medical/gynecologic problems in women and improve the ability to manage women's clinical/health maintenance issue as a primary care provider
 - Residents are expected to participate in various gynecology/surgery clinics in evaluating patients and discussing patient management with attending
 - Meet with Dr. Akki, Associate Medical Director, Women Veterans Health Center, for Research and Program Development, and Associate Professor, Stanford University School of Medicine, once a week for interactive discussions on various women's health issues. Read provided literature on above subjects
 - Medical Knowledge
 - Be able to do PAP smears/manage abnormal PAP Smears
 - Be familiar with nation recommendations for cervical cancer screening
 - Nation Breast Cancer screening recommendations and management of abnormal mammograms/breast mass
 - Management of menopause and menopausal symptoms
 - Initial evaluation of infertility

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- Domestic violence and resources for help
- Guidelines for evaluation/treatment of osteoporosis
- Contraception
- Management of STD's in women
- Patient Care
 - Provide effective and compassionate care to patients in the various clinics
 - Be able to formulate effective management of women's health preventive care and medical issues
- Intrapersonal and Communication Skills
 - Be able to interact with other health care providers and subspecialists in providing patient care
- Systems Based Practice
 - Be able to understand appropriate subspecialty referrals for gynecologic problems
 - Understand resources available for counseling and patient care
- Evaluation
 - Subspecialty Attending feedback
 - Pre and post test (being developed)
 - Observation during interactive didactic discussions
 - Resident feedback on effectiveness of rotation

The Committee toured the pool, Recreation Center, the Women Veterans Health Center, and Resource Center

Wednesday, June 6, 2007

- **VISN 21, Sierra Pacific Network**
 - Discussed the following VISN 21 data
 - Workload and Utilization
 - Trend of Facility Unique Women Veterans
 - Trend of Facility Unique Women Veterans Receiving Non VA Care
 - Trend in Facility Women Veterans Outpatient Visits
 - Trend in Facility Women Veterans Inpatient Discharges
 - Top 10 Discharge DRGs for Women Veterans for FY2006
 - Top 10 Stop Codes for Women Veterans for FY2006
 - Performance and Satisfaction
 - FY06 Breast and Cervical Cancer Performance Measures
 - Customer Satisfaction measures
 - VISN 21 Women Owned Small Business Program
 - VISN 21 WOSBP \$4.5 Million in FY 06
 - Women Veterans Homeless Care Sacramento Transitional Program
 - 24 month program
 - Program allows children
 - Onsite mental health and Substance Abuse Treatment Program (SATP)

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- Menlo Park
 - SATP
- **VISN 21 Women Veterans Program Managers Update**
 - Veterans Affairs Medical Center, San Francisco
 - Women's Comprehensive Care clinic- established 1988
 - Primary Care
 - Multidisciplinary services to women in a separate dedicated space
 - Primary care clinic operates 4 days/week with access to mental health services and social services on site; open access appointments available
 - Special programs: Incontinence care, Anticoagulation, Smoking Cessation, Transgender Care, Integrated OIF/OIF Veteran Clinic
 - 800 patients in Women's Primary Care Clinic
 - Women's Health Liaisons at 5 CBOCs
 - Gynecology
 - Gynecology Clinic one half-day/week with 24/7 consultation available and surgical services as needed
 - Consultation available to CBOCs by telephone or referral
 - Oversees follow-up of abnormal Pap smears – Tracking, Notification and Follow-up
 - Mental Health
 - Psychiatric clinical nurse specialist (CNS) available on all clinic days; serves as MST Coordinator-adjunct PTSD team member
 - Time limited treatment for trauma, depression, MST, bereavement, loss, available in Women's Clinic
 - Specialized groups: Coping With Depression, Weight Management, Anger Management, MST
 - CNS collaborates with PTSD team in evaluation of OEF/OIF veterans; participates in Integrated Clinic
 - Consulting psychiatrist in clinic one afternoon/week (also serves as Medical Director for Substance Abuse Day Hospital)
 - Social Services
 - Social worker available in Women's Clinic 4 half-days/week
 - Participates in OEF/OIF Integrated Clinic
 - Organizes and oversees multiple special groups: geriatric support group, transgender support group, advance directives education, bereavement support group
 - Teaching and Education
 - Staff physicians are nationally recognized experts in women's health – mammography, hormone therapy, incontinence
 - Medical residency training for UCSF residents – 14 residents in clinic weekly
 - Nurse Practitioner (NP)/CNS – precept UCSF students; provide on-site consultation to residents in clinic

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- NP/CNS – provide education to medical center employees on MST/Women’s health topics
- Monthly resident formal lectures on women’s health topics
- Women Veterans Health Research Fellowship Program
 - Trains physicians interested in clinical research in women’s health issues
 - Includes formal training in clinical research methods, epidemiology, biostatistics, decision analysis and health services research
 - 2 fellows/year
- Research Karla Kerlikowske, MD - Published 95 articles since 1987 in peer reviewed journals with 7 current submissions pending
 - Focus of research is on the epidemiology of invasive breast cancer and ductal carcinoma in situ, factors that influence accuracy of screening mammography, breast density, predictors of recurrence, improving breast cancer risk assessment
 - Most recent publication: Kerlikowske, K, et.al. Longitudinal measurement of clinical mammographic breast density improves estimation of breast cancer risk. JGIM 2007; 22:386-95
- Deborah Grady, MD, MPH - Director of the UCSF Women’s Health Clinical Research Center; Associate Dean for Clinical and Translational Research, UCSF School of Medicine
 - 150 published articles since 1988 in peer reviewed journals
 - Focus of research is on postmenopausal hormone therapy; designed/directed (with Steve Hulley, MD) the Heart and Estrogen/Progestin Replacement Study (HERS) trial which paved the way for the Women’s Health Initiative study confirming the finding of more harms than benefits of hormone therapy.
 - Latest publication: Grady, D, et al. Ineffectiveness of sertraline for the treatment of menopausal hot flashes: a randomized trial. Obstet Gynecol. 2007;109:823-30
- Jeanette Brown, MD - Associate Director SFVAMC Women’s Health Clinical Research Fellowship; Chief, Gynecology, WVCHC, SF VAMC
 - 41 publications in peer reviewed journals
 - Focus of research is incontinence – risk factors, diagnosis, treatment
 - Latest publication: Brown, JS, et al. The sensitivity and specificity of a simple test to distinguish between urge and stress urinary incontinence. Ann Int Med: 10. 144: 715-23, May 2006
- VA – Central CA Healthcare System, Fresno VAMC
 - 709 uniquely assigned women veterans

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- 1200 women in the VA central CA healthcare system
- Women travel from a catchment area of 30,000 square miles covering central California
- Primary care clinic dedicated to the unique needs of women including internal; medicine and gynecology
- Coordinate care for mammogram services and OB care via outside referral
- Social work services provide sexual trauma counseling
- Outreach via Women Veterans Recognition Day
- Breast Cancer Screening
- Cervical Cancer Screening
- Military Sexual Trauma Program
 - Open-ended group therapy (women may come and go as they please)
 - 12 week curriculum
 - Offered one individual therapy session per month
 - 100 women offered program
- Anticipating the Future
 - New Women's Clinic Opening Summer/Fall 2007
 - 4 clinical exam rooms and 2 therapy session rooms
 - Conference Room
 - Proximity to urology for urogynecological evaluation and treatment
- VA Northern California Health Care System Women Veterans Health Program
 - 40,000 square miles
 - Seventeen counties
 - Ten Congressional Districts
 - Active affiliation with UC Davis
 - Primary and Gender Specific Care
 - Reproductive Health Care
 - GYN Surgical Services
 - Digital Mammography
 - Bone Density testing
 - Complete Mental Health Services
 - Subspecialty Services, MOVE program
 - Limited Homeless services
 - Four Women's Clinics (Sacramento, McClellan, Martinez, Redding)
 - Two Contract Gynecologists and NP care for patients at five sites in our system (Sacramento, McClellan, Chico, Oakland, Martinez)
 - Two VA Nurse Practitioners in Women's Clinics (Martinez, Redding)
 - Sacramento Homeless Services, Grant and Per Diem program with Sacramento Veterans Resource Center
 - 8 beds for women and one child under 10
 - Stay up to 24 months
 - Program helps prepare women to become sustainably employed

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- Residential Treatment program
 - 6 beds for women, no children
 - Intensive inpatient rehab
 - 90 day program but can stay up to 24 months
- East Bay Homeless Services, Grant and Per Diem program with Dignity Commons
 - Several sites (Oakland ,Alameda, Contra Costa county)
 - Transitional housing for up to 8 women
 - Referrals to SFVA for housing on Treasure Island
 - Women with children are placed in the community through non-profit agencies
- Redding/Chico Homeless Services
 - Community referrals
 - Currently working with the community to develop partnerships
- VA NCHCS Sites
 - Sacramento (Medical Center, Mental Health Clinic, McClellan Outpatient Clinic)
 - Chico
 - Redding
 - Fairfield
 - Mare Island (Vallejo)
 - Martinez (Outpatient Clinic, CREC)
 - Oakland (Outpatient Clinic, Mental Health Clinic)
- VA Sierra Nevada Health Care System Reno VAMC
 - Comprises three sites
 - Loannis A Lougardis VA Medical Center
 - Sierra Foothills Outreach Clinic
 - VA Carson Valley Outpatient Clinic
 - The Lougaris site is primary and secondary care teaching facility operating 56 general medical, surgical and psychiatric beds, as well as 60 nursing home care beds
 - The community clinics provide outpatient primary and mental health care
 - The system provided care to 25, 133 unique veterans in FY06
 - 4.6% increase over FY05
 - There were 224,087 outpatient visits (decrease of 0.3% from FY05)
 - 2,831 inpatient admissions (8.7% increase over FY05)
 - 335 Transitional Care Unit admissions (25.7 increase)
 - The Future
 - Increase number of enrolled women
 - Hire full time Women's Health Provider – improve continuity of care
 - Primary Care enlargement to include Women's Health Clinic examination rooms, waiting area, and conference room

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- Expand services into the communities
 - Increase outreach to our homeless women veterans
 - Educate diversity – visibility
- Breast Clinic
 - Weekly clinic provides breast cancer diagnosis and treatment
 - Breast biopsies
 - Breast conserving surgery
 - Sentinel node biopsies
 - Risk factor management
 - Hormone strategies
 - Breast Health Lunch and Learn
- Pacific Island Health Care System (PIHCS) Ambulatory Care Clinic Honolulu VA Pacific Island Health Care
 - Ambulatory Care Clinic in Honolulu is the parent facility of 6 CBOC
 - CBOC's are located on Maui, Kauai, Kona, Hilo, Guam and Samoa will be opening in July 2007
 - Number of Women Veterans
 - PIHCS FY 05 1516
 - Total FY 06 1845
 - Honolulu 1686
 - Guam clinic 61
 - Hilo Clinic 108
 - Kauai Clinic 45
 - Kona Clinic 50
 - Maui Clinic 90
 - VA Inpatient Facility
 - Center for Aging
 - Psychiatric
 - Post Traumatic Stress Recovery Rehabilitation Program
 - Provisions of Services
 - VA PIHCS provides gender specific and/or gynecology services in separate Women's Clinics
 - Primary care is provided in mixed gender primary care clinics within the facility
 - Environment of Care
 - Exam rooms are reserved for set days of the week or months based on the demand and needs of each clinic
 - Exam rooms are located so they provide the best privacy available and do not open into public waiting rooms
 - Clinical Inventory
 - VA DoD Sharing Agreement is with Tripler Army Medical Center
 - Referral to other VA
 - Fee Basis referral services to the community

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- Spectrum of Services Available
 - GYN services are available at the VA Honolulu , DoD sharing agreement and Fee Basis Referral upon approval
 - Prenatal care, Oncology services, Mammogram services, Surgery services are provided by DoD sharing agreement and by Fee Basis Referral upon approval
- Referral Services
 - Network with other Women Veterans Program Managers, community providers and our DoD partners for specialized services and referrals
 - Proactive contacts with Women Program Managers in other sites to meet the needs of our women veterans.
- **Overview State of California Benefits**
 - State benefits for eligible veterans and dependents include:
 - Veterans Services Directory
 - License Plates
 - Veterans Memorial
 - Cal-Vet Farm and Home Loans
 - Claims and Rights representation
 - College Fee Waivers for Dependents
 - Veterans Homes
- **Committee toured the Redwood City Peninsula Veterans Center and the Golden Gate National Cemetery**

Thursday, June 7, 2007

- **Menlo Park Women’s Mental Health Center**
 - Consumer Needs Assessment
 - 1,151 female veterans responded to a mailed survey about outpatient mental health services
 - Approximately 30.5% of women had used VA mental health services

Type of service	% think it’s needed	% would Participate
Need for women – only center	78.4	n/a
Would call 800 number for referral/contract	n/a	81.5
Stress Management	94.8	57.4
Health Promotion	77.6	56.4
Relationship Issues	86	50.8
Depression	93.2	50.8
Eating issues/disorders	87	44.7
Communication skills	84.7	49.4
Sexuality/Sexual functioning	71.8	26.7

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Parenting	74.4	20.8
Intimate Partner Violence	84.6	16.9
Substance Use Disorder	84.6	16.4

- **Women’s Prevention, Outreach, and Education Center**

- Inclusion Criteria
 - Women recently returned from service in support of Operation Iraqi Freedom (OIF) and Operation Enduring Freedom (OEF)
 - Women experiencing chronic or traumatic life stress such as:
 - Relationship and family issues
 - Physical illness
 - Chronic pain
 - Abuse or violence
 - Women for whom Post Traumatic Stress Disorder (PTSD) is the primary presenting problem, and co-occurring substance use disorder.
- Exclusion Criteria
 - Women for whom chronic or traumatic life stressors are not the primary presenting problem
 - Women with active psychosis
 - Women with severe cognitive impairment
- Continuum of Care
 - Comprehensive screening and assessment for:
 - Chronic stress
 - Trauma
 - Related risk factors
 - Education and prevention services for:
 - transition assistance from military life to civilian life
 - Adjustment
 - Social support issues
 - Women’s behavioral health consultation, education and direct clinical services for:
 - Risk assessment
 - Health promotion and maintenance
 - Interdisciplinary primary care
 - Specialized services for PTSD, MST, and PTSD-Substance Use Disorder
 - Case Management including:
 - Service needs monitoring
 - Guidance with housing issues
 - Family services
 - Financial matters
 - Skills training

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- **Women's Stepped-Care Smoking Cessation Program (WSSC)**
 - Identify and implement best practices in care to increase quit attempts by women through
 - Access to smoking cessation services during routine women's primary care
 - During reproductive health visits
 - Develop and implement first step of telephone-based care services for women interested in supportive quitting
 - Develop and integrate second step of more intensive
 - Individual face to face smoking cessation counseling for women receiving gender-specific treatment for PTSD
- **Returning Women's Health Connection Clinic**
 - Primary care assessment
 - Behavioral and mental health assessment
 - Social work assessment
 - Individual and Groups
 - Returning women's groups
 - Individual Psychotherapy
 - Develop and enhance continuum of care
 - Health education and promotion
 - Health maintenance
 - Seeking safety
 - Cognitive processing therapy
 - In-reach
 - Mental Health Clinic
 - OIF/OEF Point of Contact
 - Women's Health Clinic
 - Mobile Van
 - General Medical Clinic
 - New Patient Orientation
 - RWHC
 - Business Office
 - Out-reach
 - Telephone
 - Job Fairs
 - Veterans Fairs
 - PDHRA
 - Website
 - Place of Worship Schools
 - Newsletter
 - Drill Days
 - Our Discoveries
 - Importance of serving as a bridge to care
 - Importance of reproductive health issues
 - Facilitate screening for MST and assessing risk for PTSD

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- Case Management
- Establishing follow-up
- **Women's Trauma Recovery Program**
 - Established in 1992 as part of the National Center for PTSD
 - 10-bed
 - 60 to 90 day residential program
 - Utilizes cognitive-behavioral and life span developmental approaches
 - Began with war-zone related PTSD
 - Established "Skills Track" in 2002
 - Interdisciplinary team approach
 - Admission Criteria
 - Difficulties primarily due to PTSD and/or MST
 - Veteran has been substance free for at least 14 days
 - Veteran has had some mental health treatment
 - Veteran is able to actively participate in treatment in an open residential rehabilitation setting
 - Exclusion Criteria
 - Not currently actively psychotic
 - Does not have significant cognitive impairment
 - Does not have unresolved legal issues and/or charges
 - No major medical problems that will either:
 - Prevent her from full participation
 - Require extraordinary medical monitoring
 - PTSD Affect Management Interpersonal and other behavioral problems
 - Cognitive distortions
 - Emotion regulations
 - Trauma Group (CTP)
 - Exposure – symptom reduction
 - Releasing "stuck points"
 - Emotional competence
 - Acceptance and Commitment Therapy
 - Emotion/thought/symptom tolerance
 - Valued action
 - Seeking safety
 - Safe (non-destructive) behaviors
 - Relapse prevention
 - Therapeutic community
 - Interpersonal intimacy
 - "heading in" vs. avoiding
 - Generalization vs. dichotomous thinking
 - Process group
 - Interpersonal intimacy
 - Interpersonal feedback
 - Trust (self and others)

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- Increased self esteem
- Communication group
 - Listening skills
 - Self expression
 - Increased self-esteem
 - Conflict resolution
- Weekend pass
 - Interpersonal intimacy
 - Heading in vs. avoiding
- Cognitive-Processing Therapy (Resick & Schnicke, 1992-1993) based on information processing theory
 - 12 Sessions
 - Education about trauma meaning
 - Cognitive therapy –challenging beliefs
 - Disclosure about the trauma (written)
 - Skills building – safety, trust, power, self esteem, intimacy
- Empirically – Supported treatments Seeking safety (Najavitz et al., 1996)
 - For women with PTSD and substance disorders
 - Fits Herman's "first state" of treatment
 - No exposure work
 - 24 weekly sessions for 90 minutes
 - Group format
 - Manualized
 - Easily transferable
- Acceptance and commitment therapy (Hayes, Strosahl, and Wilson, 1999)
 - 12 Sessions in "building block" format
 - Control of private events as the problem
 - Self as context rather than content
 - Letting go of the struggle
 - Commitment and behavior change
- Summative Treatment Goal
 - To help women reclaim their lives and regain their sense of personal power
- **The Committee toured the following areas:**
 - Women's Trauma Recovery Program
 - Extended Care
 - Homeless Veterans' Rehabilitation Program
 - Outreach for the Homeless Van
 - Palo Alto Outreach Program
 - Irving's Place, Homeless Veterans Emergency Housing Facility
 - Elsa Segovia Center

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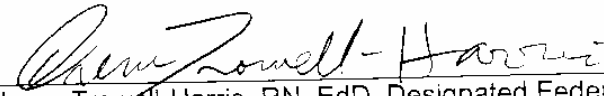
Friday, June 8, 2007

Town Hall Meeting

The Committee hosted a town hall meeting of women veterans from the PAHCS catchment area. Staffs from the VAPAHCS and VA Oakland Regional Office were on hand to answer questions and handle individual issues brought forth from the meeting. Over 90 individuals attended. Attendees commented on the strengths, as well as the opportunities for improvement to include:

- Identified Strengths
 - Committed senior leadership and staff
 - Women's Trauma Recovery Program
 - Homeless Veterans' Rehabilitation Program
 - Women Veterans Program Manager
 - Irving's Place
 - Staff responsiveness
 - Outreach efforts and public affairs program
- Identified Opportunities for Improvement
 - Additional capacity for women in the Women's Trauma Recovery Program
 - Safety concerns for women receiving treatment at the Menlo Park campus
 - Difficulty in getting coordinated care for ancillary services
- **Exit Interview with Key Leadership of the VA Palo Alto Health Care System and Advisory Committee's comments**
 - The Advisory Committee held an exit briefing with VAPAHCS key leadership to brief them on areas of strength and opportunities for improvement observed during the site visit (detailed briefing available in the Center for Women Veterans).


COL Shirley A. Quarles, Chair


Irene Trowell-Harris, RN, EdD, Designated Federal Official