

A vertical strip on the left side of the cover shows a portion of a light-colored building with a curved facade, featuring a series of windows with vertical bars or grilles.

Office of Public Health
and Environmental
Hazards (13)



Fiscal Year 2004
Accountability Report

13 Accountability Report

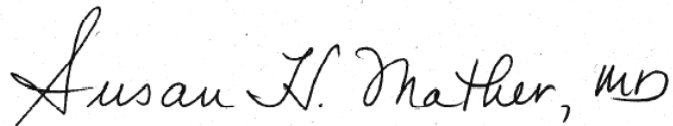
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Overview

I am pleased to present this accountability report of the Office of Public Health and Environmental Hazards. Here we present the progress of our programs against the large number of objectives of our strategic plan, which is aligned with the goals and objectives of the Department of Veterans Affairs and the Veterans Health Administration. Developing the plan and this subsequent report has been an interesting undertaking to say the least, especially as it shows how much our programs cover the spectrum of VA and VHA goals – we have objectives related to each of these goals and progress to report in each.

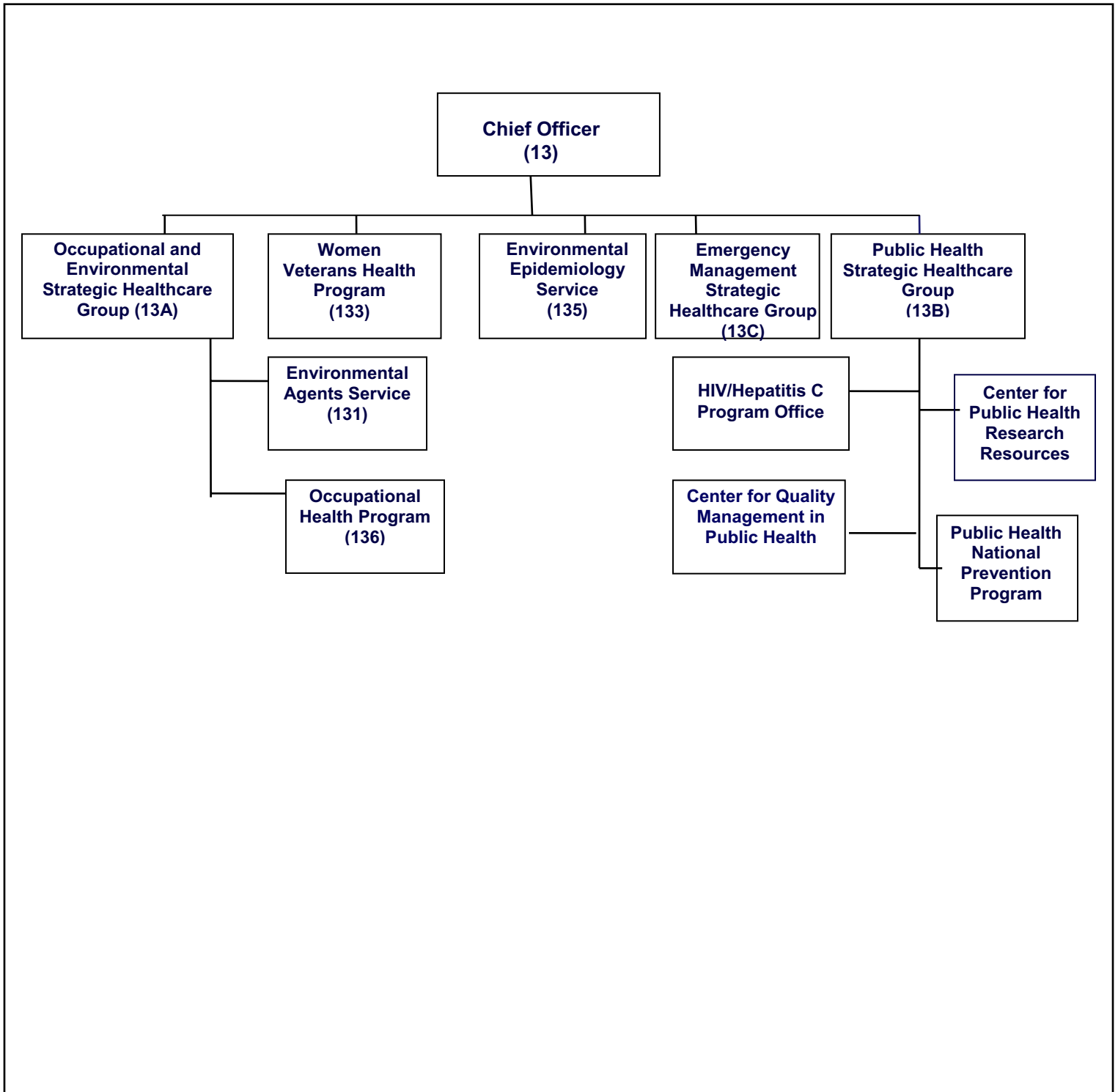
VA serves a very special set of citizens: those that served in our Nation's military. Within this population of veterans, there are several populations of veterans. This Office exists, in part, to serve many of these special populations, including women, veterans exposed to a variety of environmental hazards during their military service, and veterans with high impact health problems such as HIV, hepatitis C, smoking-related illnesses, and emerging public health issues. The Office also provides essential services to the people and programs that make up VHA, through its Occupational Health Program, and contributes significantly to preparedness of the VA and the Nation through our emergency management program for the VA health system and our training and education efforts.

I am proud to publish this first comprehensive accountability report of the Office of Public Health and Environmental Hazards. For more information, visit us on the Internet at <http://www.vethealth.cio.med.va.gov> or the VA Intranet at <http://vaww.vhaco.va.gov/pubhealth/>.



Susan H. Mather, M.D., M.P.H.
Chief Public Health and Environmental
Hazards Officer

Program Organization Chart



Web Sites for Programs

Office of Public Health and Environmental Hazards

<http://www.vethealth.cio.med.va.gov/>

VA Intranet <http://vaww.vhaco.va.gov/pubhealth/>

Occupational and Environmental Strategic Healthcare Group

<http://www.vethealth.cio.med.va.gov/OEHSHG.htm>

VA Intranet <http://vaww.vhaco.va.gov/pubhealth/OEHSHG.htm>

Environmental Agents Service

<http://www1.va.gov/environagents/>

VA Intranet <http://vaww.va.gov/environagents>

Occupational Health Program

<http://www.vethealth.cio.med.va.gov/OSH.htm>

VA Intranet <http://vaww.vhaco.va.gov/pubhealth/OSH.htm>

Women Veterans Health Program

<http://www1.va.gov/wvhp/>

VA Intranet: <http://vaww.appc1.va.gov/wvhp/>

Environmental Epidemiology Service

<http://www.vethealth.cio.med.va.gov/Epidemiology.htm>

VA Intranet <http://vaww.vhaco.va.gov/pubhealth/epidemiology.htm>

Emergency Management Strategic Healthcare Group (EMSHG)

<http://www1.va.gov/emshg/>

VA Intranet <http://vaww1.va.gov/emshg/>

Public Health Strategic Healthcare Group

<http://www.publichealth.va.gov>

VA Intranet <http://vaww.vhaco.va.gov/phshcg/>

National HIV/Hepatitis C Program Office

- HIV – see sites just above

- Hepatitis C

<http://www.hepatitis.va.gov>

VA Intranet <http://vaww.hepatitis.va.gov/>

Center for Public Health Research Resources

<http://www.va.gov/chrr/>

VA Intranet <http://vaww.va.gov/chrr/>

Center for Quality Management in Public Health

<http://www.publichealth.va.gov/cqm/mission.htm>

VA Intranet <http://vaww.vhaco.va.gov/phshcg/cqm/TOC.htm>

Public Health National Prevention Program

- HIV and Hepatitis C Prevention

<http://www.publichealth.va.gov/prevention/TOC.htm>

VA Intranet <http://vaww.vhaco.va.gov/phshcg/prevention/TOC.htm>

- Smoking and Tobacco Use Cessation

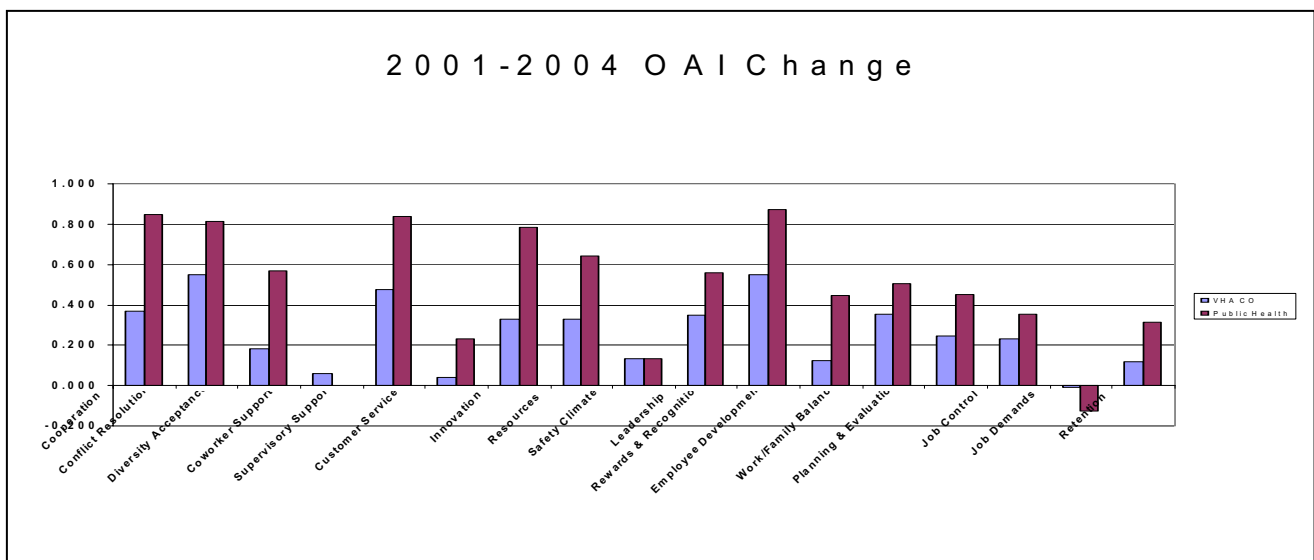
<http://www.publichealth.va.gov/smoking/describe.htm>

VA Intranet site <http://vaww.vhaco.va.gov/aidservice/smoking/describe.htm>

Promoting Diversity/Supporting Employees

One of VA's strategic enabling goals is to deliver world-class service to veterans and their families by applying sound business principles that result in effective management of people, communications, technology, and governance. VHA's strategic goal is to recruit, develop, and retain a competent, committed and diverse and continuously learning workforce that provides high quality service to veterans and their families. In order to bolster commitment and retention and to collect information on employees' perception of work place and job satisfaction, VHA administered an all-employee survey. The results of this survey were stratified by offices within VHA. The Office of Public Health and Environmental Hazards (OPHEH) overall and its Strategic Health-care Groups (SHGs) fared about the same as each other and VA on the three broad components used in 2004 VHA all employee survey. These components included job satisfaction index, organization assessment inventory (OAI) and organizational culture. For the diversity acceptance, the overall mean score for OPHEH was significantly higher than the VHA central office mean.

Survey Results



To continue to strengthen its diversity efforts, OPHEH reinforces policies that inculcate and promote appreciation of diversity among its employees. For example, for the sixth consecutive year, OPHEH has recruited summer intern students from the Hispanic Association of Colleges and Universities (HACU). The selected students came from Puerto Rico, Texas, Illinois, California, and Russia (by way of California). One of the earliest HACU interns subsequently worked for VA in Los Angeles, CA. The 2004 intern was selected for a public policy fellowship by the prestigious Congressional Hispanic Caucus Institute and is now working for Richard J. Durbin, Senator from Illinois.

In addition, OPHEH has developed a Diversity Committee that raises awareness and fosters an understanding of the backgrounds and characteristics of the staff of the OPHEH. Our office believes diversity awareness is a business imperative that is important to our organization and to the community we serve. During the past year, three teams of our staff members have rotated to serve on the committee. Each team brought a rich exchange of ideas that was shared through all staff programs. These programs ranged from a Celebrate the Diversity of Holidays featuring a Diversity Cookbook to understanding the Women Veterans Health Program to a video "Reach for Diversity - Respect" (first of a 5-year series by VA), along with results of our all staff survey on diversity subjects.

Evaluation

The Office of Public Health and Environmental Hazards uses a variety of evaluation methods to shape its programs and initiatives, assess their effectiveness, and make improvements and adjustments. Some examples include:

The Women Veterans Health Program uses feedback from veterans and employees in developing its programs.

- Handbook 1330.1 was updated and released this year, containing new, updated privacy and safety guidelines, which feedback has shown to be important to women veterans. The Handbook also has a new Plan of Care/Clinical Inventory that each facility will submit annually to highlight its program and provide feedback to the program office regarding their goals.
- The Survey of Healthcare Experiences of Patients (SHEP) has been expanded this year to further highlight gender-specific responses. With the input of the Women Veterans Health Program based on women's feedback, several new questions related to privacy and safety have been added. SHEP also asked how satisfied veterans are with their health care experience in the VA. The results showed high satisfaction by men and women. Women had a higher satisfaction rate with privacy in general and with their rooms than the men did. They were less satisfied than men with confidentiality issues but the difference was less than 5 percent.

In building a program to better understand and prevent infections in medical care facilities, the Public Health Strategic Health Care Group conducted a survey on the current practices in surveillance of nosocomial and emerging infections.

- A Web-based survey was sent to 242 infection control professionals representing 130 VA stations, with 106 or 81.5% responding.
- The survey concerned their ability to obtain data necessary for various reporting functions via electronic reports.
- The results showed that 64% were able to obtain data for the annual station infection disease report, 84% were able to obtain data for public health reporting, and 82% were able to obtain data for infection control surveillance. Most of those obtaining data used VA's VistA software and generally it was locally created and not available VA-wide, indicating much room for improvement in our understanding of infection rates throughout VA.
- Additionally, 69 of the stations reported using benchmarks to compare their data against that of others.

The Environmental Agents Service regularly surveys readers of its newsletters to obtain feedback and make improvements.

- One hundred forty seven readers of the *Agent Orange Review* responded to a four-item survey that asked readers what they thought of the newsletter, whether it met their needs, and what changes they would like to see. 85% provided positive feedback. Some of the suggestions included making the material less technical and providing more information on the chemical companies that produced Agent Orange. A common theme was the *Review* helped readers stay up to date on the latest development in Agent Orange research. Some said that without the *Review* they would not know they were eligible for benefits.
- A survey also ran in the newly published *Ionizing Radiation Review*, using a similar set of questions, and 70 readers responded. Ninety percent of the respondents were extremely pleased, one saying that the VA was finally showing concern for Atomic Veterans. Ten percent felt the information was inadequate. Eighty percent agreed the newsletter met their needs and provided valuable and sufficient information. Others wanted more information and some wished it had come out sooner. Several had suggestions for topics to be covered in future issues.

Program Topics

- Agent Orange
- AIDS/HIV
- Atomic Veterans / Ionizing Radiation Exposure
- Cold Injuries and Korean and WWII Veterans
- Comprehensive Emergency Management
- Depleted Uranium Follow-Up
- Disaster Emergency Medical Personnel System
- Environmental Epidemiology
- Environmental Health
- Emergency Medical Preparedness
- Gulf War Veterans' Health
 - Examination Program for Spouses and Children
- Hepatitis C
- Infection: Don't Pass It On Campaign
- Mustard Gas Issues
- Occupational Health
- Operation Iraqi Freedom Health Issues
- Post-Deployment Health
- Project SHAD
- Public Health Watch
- Severe Acute Respiratory Syndrome (SARS)
- Smallpox
- Smoking and Tobacco Use Cessation
- Terrorism (Biological/Chemical/Radiological/Personal Preparedness)
- Veterans Health Initiative
- War Related Illness and Injury Study Centers (WRIISCs)
- Women Veterans Health Program

Objectives

Objectives of the Office of Public Health and Environmental Hazards

- 13-Obj 1: Develop, enhance and provide education materials to veterans, health care providers and the public in order to improve the function and address special healthcare needs.
- 13-Obj 2: Work in collaboration with field, other government and public organizations to improve documentation, reporting, oversight and summaries. This collaboration would enable our health care workers to provide more consistent improved patient functioning.
- 13-Obj 3: Employ multimedia resources to provide current information to employees, veterans and their families
- 13-Obj 4: Encourage development of new VHI modules and other media
- 13- Obj 5: Strengthen the reporting and collection of data to ensure health care providers have current updated information and promote treatment recommendation and vaccination strategies
- 13-Obj 6: Continually provide exceptional service while updating survey tools to monitor patient satisfaction.
- 13-Obj 7: Establish policies to expand access to health care services tailored to veterans' needs and to improve the health care practices by partnering with intra- and interagency organizations.
- 13-Obj 8: Formulate and implement policies to help veterans actively participate in their health care decisions and support programs that improve self-management skills of the patients.
- 13-Obj 9: Coordinate with other federal agencies to ensure VA's readiness to provide emergency medical support and improve public health.
- 13-Obj 10:
 - 1: Promote VA-sponsored studies that specifically address health issues specific to veterans including post-deployment health effects.
 - 2: Determine long-term health consequences of military deployment.
- 13-Obj 11: Develop and distribute educational products that support ongoing clinical education and training on issues such as women health and military health related matters.
- 13-Obj 12:
 - 1: Reinforce VA's policies on development of workforce that is knowledgeable through continuous learning and seek to inform the employees on available tools to achieve this goal.
 - 2: Promote diversity in the workplace by development of a culture that supports diversity in ethnicity, religion, lifestyle, disabilities, age, background and other differences.
- 13-Obj 13: Promote effective two-way communication about OPHEH programs and policies between program staff and our constituencies in and out of VA.
- 13-Obj 14: Collaborate with government and nongovernmental agencies on policies that improve the quality of VA health care.
- 13-Obj 15: Whenever possible, consider the programs of VBA and NCA, as well as other components of VHA, in developing and implementing programs.
- 13-Obj 16/17: Continuously seek ways to improve productivity and effectiveness.
- 13- Obj 18: Develop recommendations and data management systems that improve health care delivery.

Progress Chart

VHA GOALS	VHA OBJECTIVES	13 OBJECTIVES	PROGRESS UPDATE
VA STRATEGIC GOAL 1 Restore the capability of veterans with disabilities to the greatest extent possible and improve the quality of their lives and that of their families.			
1. Maximize the physical, mental, and social functioning of veterans with disabilities and be recognized as a leader in the provision of specialized health care services (VA Objective 1.1).	1. Maximize the independent functioning of veterans in the least restrictive setting.	<u>13-Obj 1: Develop, enhance and provide education materials to veterans, health care providers and the public in order to improve the function and address special healthcare needs.</u>	<p>(133) Created and launched intranet web site on military sexual trauma (MST). http://vaww1.va.gov/mst.</p> <p>(135) A list of 180,000 OIF/OEF veterans with their mailing addresses was developed and used for Secretary's targeted outreach activities, including individual letters to new veterans about VA benefits.</p> <p>(13A) Completed biannual newsletters for Operation Iraqi Freedom/Operation Enduring Freedom (OIF/OEF) veterans, Gulf War 1 veterans, Vietnam veterans and Ionizing Radiation veterans. More than 1,000,000 copies of these were published and mailed last year. These are also available online at internet: http://www1.va.gov/vironagents/ and the intranet site is http://vaww.va.gov/vironagents.</p> <p>(13) Assembled a group to construct a guideline and tools on the management of blasts and explosions, for both exposed employees and patients. It produced a pocket card, a web-based resource, and a manuscript (submitted for publication) and is developing a videotape and a continuing education manual in the format we use for the Veterans Health Initiative.</p> <p>(13C) EMSHG posts information on VA-DoD sponsored and other relevant satellite broadcasts and offerings. Web site also contains Knowledge Management site that includes current emergency management information on Joint Commission on Accreditation of Healthcare Organizations (JCAHO) Environment of Care, Incident Management and Weapons of Mass Destruction (WMD).</p> <p>(136) Based on Human Resource National Leadership Board (NLB) requests, a Network Director Performance monitor in FY2004 addressed timeliness of the submission of forms for reporting work-related injuries (CA-1) and illnesses (CA-2). CA-1 is: Federal Notice of Traumatic Injury and Claim for Continuation of Pay/Compensation and Form CA-2 is Notice of Occupational Disease and Claim for Compensation.</p>
	2. Provide coordinated, comprehensive, and integrated care to promote health and improve patient functioning..	<u>13-Obj 2: Work in collaboration with field, other government and public organizations to improve documentation, reporting, oversight and summaries. This collaboration would enable our health care workers to provide more consistent improved patient functioning.</u>	<p>(133) Generated quarterly reports on the status of system-wide screening for military sexual trauma.</p> <p>(135) Continue to monitor and evaluate the three veteran health registries (Persian Gulf Registry, Agent Orange Registry, and Ionizing Radiation Registry) to determine the distribution of health care utilization and diagnostic outcome information by VA health care facilities. Monthly statistical reports are generated.</p> <p>(136) Completed the scheduled and structured review of all employee injury cases in order to determine and promulgate maximum utilization of employee resources. Developed specific evidence based clinical practice guidelines and algorithms to improve clinicians' ability to manage patient populations and individual injury coding.</p> <p>(13A/13B) An evaluation of post-exposure prophylaxis after needle stick injuries is underway to refine VHA's approach to injury management after blood borne pathogens (BBP) exposures. This will lead to recommendations for practice. A pilot site is in use in San Francisco. Field discussions suggested the need for a systematic review of BBP injury causes as a precursor step, underway in a national aggregated root cause analysis.</p> <p>(13B) Produced national-level, annual summaries of health outcomes based on two disease registries: Immunology Case Registry (ICR [HIV patients]) and Hepatitis C Case Registry (HCCR).</p>

VHA GOALS	VHA OBJECTIVES	13 OBJECTIVES	PROGRESS UPDATE
	<p>2. Provide coordinated, comprehensive, and integrated care to promote health and improve patient functioning (Continued).</p>	<p>13-Obj 2: Work in collaboration with field, other government and public organizations to improve documentation, reporting, oversight and summaries. This collaboration would enable our health care workers to provide more consistent improved patient functioning. (Continued).</p>	<p>(13B) Analyzed data on HIV and hepatitis C populations in care and their regional variation related to quality enhancements, reporting back to individual facilities and suggesting approaches to remedying inconsistencies.</p> <p>(13B) Improved documentation of hepatitis C test counseling and test result notification by developing and distributing tools such as progress note templates and clinical reminders.</p> <p>(13B) The VA Hepatitis C Resource Center program developed, ran, and evaluated preceptorship programs involving VA staff across the country to increase rates of screening, diagnosis, and treatment of veterans with hepatitis C and to foster the integration of substance use and mental health care with hepatitis C medical care.</p>
			<p>(13B) A survey was conducted of field stations to assess the availability and utilization of HIV resistance testing and formulate recommendations for improving the reporting and documentation of test results. The survey is completed and has been distributed to VISN leaders and Laboratory Service leadership. A proposal for addressing deficiencies identified in the survey is being developed.</p> <p>(13B) Provided consultative support to Health Data Repository (HDR), based on both clinical and technical "lessons learned" from the two disease registries Immunology Case Registry-ICR (HIV) and Hepatitis C Case Registry (HCCR). Pilot programs were completed in three sites and a summary of their experiences published in the VA HIV Report newsletter. Internet URL: http://www.publichealth.va.gov/Report/TOC.htm and VA Intranet http://vaww.vhaco.va.gov/phshcrg/Report/TOC.htm</p> <p>(136) Promoted development of an automated occupational health record keeping system (OHRs). The Software Requirements Specifications were completed. Use cases are 95% completed. CIO has decided not to move forward until the new platform is ready.</p> <p>(136) Monitored implementation of ASISTS GUI (Automated Safety Incident Surveillance Tracking System Graphical User Interface, i.e., a "windows"-like appearance). Patch 4 was released and Patch 5 is in beta testing, to be released in October. The OSHA 300 log will be deployed 11/04.</p> <p>(133) Revised VHA Handbook 1330.1, <i>Services for Women Veterans</i>, to incorporate structural/environmental and psychosocial women veterans safety and privacy standards).</p> <p>(136). A 14-element lecture series on workers compensation was completed and is being revised as a streaming audio product. A parallel lecture series for occupational health is under construction. Audits of two VISN programs were undertaken.</p> <p>(136) Disseminated guidance to field on ergonomics, return to work, respirator program management, bioaerosols exposures.</p> <p>(136) Taught University of South Florida course on Safe Patient Movement and Handling, rolled out by the Occupational Safety and Health Administration (Department of Labor) as part of its national nursing home guidelines and by the American Nurses Association as its "Handle with Care" program.</p>

VHA GOALS	VHA OBJECTIVES	13 OBJECTIVES	PROGRESS UPDATE
VA STRATEGIC GOAL 2 Ensure a smooth transition for veterans from active military service to civilian life.			
<p>2. Ease the reentry of new veterans into civilian life by increasing awareness of, access to, and use of VA health care, benefits and services. (VA Objective 2.1).</p>	<p>3. Optimize the use of health care information and technology for the benefit of the veteran.</p>	<p><u>13-Obj 3: Employ multimedia resources to provide current information to employees, veterans and their families.</u></p>	<p>(13) Use multimedia resources to benefit veterans, include satellite broadcasts, national telephone conference calls, regular mailings to clinicians and coordinators, videotape programs, and print- and web-based material (intranet and internet pages).</p> <p>(13A) Developed and participated in satellite broadcasts on VA Knowledge Network (VAKN) covering the Shipboard Hazard and Defense (SHAD) project, and Caring for War Wounded (relative to OIF and OEF).</p> <p>(131) Developed two new newsletters for veterans and their families, on Ionizing Radiation & Health, and for OIF/OEF veterans, which were also made available on the internet.</p> <p>(13B) Developed and distributed multimedia educational materials on topics in HIV, hepatitis C, bioterrorism event planning (including smallpox immunization), and emerging public health issues (e.g., SARS and prevention of infection).</p> <p>(13A) Continue to Inform Reservists and National Guard personnel of VA programs and benefits through print and other media by continuing to distribute and promote the wallet cards and brochure on benefits for reserve & guard personnel.</p> <p>(13) Continue to support PL 103-466, which requires the provision of a toll free telephone service for inquiries from Gulf War 1 veterans, in full partnership with VBA and VHA. The purpose is to provide timely and accurate answers to specific questions posed by Gulf War veterans and their families.</p> <p>(13) Promoted the incorporation of Veterans Health Initiative (VHI) modules - see http://www.va.vhi or VA Intranet http://vaww1.va.gov/vhi/ - into VA's "HealtheVet" initiative http://www.myhealthevet.va.gov.</p> <p>(133) With the increasing population of women veterans, developed video satellites highlighting the special needs of this population.</p> <p>(133) Completed FY04 - Women Veterans Health Program web sites (Internet and Intranet) to enhance the awareness of veterans and providers about VHA programs and services for women veterans. Internet URL: http://www1.va.gov/vvhp/ Intranet URL: http://vaww1.va.gov/vvhp/</p> <p>(13B) Improved and launched new Web site on hepatitis C that provides in-depth information for veterans, the public and health care providers.</p> <p>(13C) Maintained EMSHG Web site with information on VA-DoD sponsored and other relevant satellite broadcasts and offerings. Website also contains Knowledge Management site that includes current emergency management information on JCAHO Environment of Care, Incident Management and WMD. EMSHG Web sites are located at Internet http://www.va.gov/emshg and VA Intranet http://vaww.va.gov/emshg/</p>

VHA GOALS	VHA OBJECTIVES	13 OBJECTIVES	PROGRESS UPDATE
VA STRATEGIC GOAL 3 Honor and serve veterans in life and memorialize them in death for their sacrifices on behalf of the Nation.			
<p>3. Provide high quality, reliable, accessible, timely and efficient health care that maximizes the health and functional status for all enrolled veterans, with special focus on veterans with service-connected conditions, those unable to defray the cost, and those statutorily eligible for care. (VA Objective 3.1)</p>	<p>4. Increase provider and veterans' knowledge of the impact of military service on health.</p>	<p><u>13-Obj 4: Encourage development of new VHI modules and other media.</u></p>	<p>(13) Completed four new VHI modules (Health Effects from Chemical, Biological, and Radiological Weapons, Caring for War Wounded, Endemic Infectious Diseases of Southwest Asia, Military Sexual Trauma). VHI CD's have been updated and copies being distributed. VHI on military occupational lung disease in final formatting.</p> <p>(13) In response to PL 107-287, a new educational module on Medical Responses to Radiological Terrorism was presented as a satellite program; print- and web-based versions to be developed.</p> <p>(13) Updating "Veterans and Radiation" VHI module.</p> <p>(13A) Continue to promote VHI on Gulf War veteran's health issues and the possible long-term health effects of exposure to Agent Orange.</p> <p>(135) As military service data and in service medical data are received from DoD, prepare VA health care data on OEF/OIF veterans.</p>
	<p>5. Continuously improve the quality and safety of health care for veterans to be the benchmark for health care outcomes.</p>	<p><u>Obj 5: Strengthen the reporting and collection of data to ensure health care providers have current updated information and promote treatment recommendation and vaccination strategies.</u></p>	<p>(135) Prepared a periodic report on the demographic and medical profile of the Persian Gulf Registry participants for distribution to the field. The results were published in a peer-reviewed journal (Am J Public Health 2003; 93:624-629; J Occup Environ Med 2004;46:386-397; Mil Med 2004; in print).</p> <p>(13A/136) Distribute quarterly report cards with graphics showing national, VISN, and facility rankings on relevant performance monitors, including violence prevention efforts and timeliness of injury reporting.</p> <p>(136). Conducted assessment of upper extremity disorder risks in six facilities in preparation for a satellite broadcast and Information letter.</p> <p>(13B) Developed tools to improve local clinicians' ability to manage patient populations: clinical reminders in the Computerized Patient Record System (CPRS), Hepatitis C reports, and ICR reports, and offer significant input on CPRS Care Management.</p> <p>(13B) Expanded Institute for Healthcare Improvement-style collaborations using the chronic care and rapid improvement models to stimulate, accelerate, and support improvements in HIV care processes.</p> <p>(13B) Made significant improvements in management and practices of the ICR based on the Hepatitis C Clinical Case Registry (HCCR) model that enable national and local health staff to better monitor HIV care and inconsistencies in care.</p> <p>(13B) Used regular data summaries such sources as the ICR, HCCR, Emerging Pathogens Index (EPI), Allocation Resource Center (ARC), and External Peer Review Program (EPRP) to identify and respond to variance in workload, resource utilization, and provision of care for veterans with HIV and hepatitis C.</p> <p>(13B) Use EPRP data to show more than 95% of providers asked patients about tobacco use and conducted a review of data from the Pharmacy Benefits Management Strategic Health Care Group (PB) to look at use of nicotine replacement therapy in veterans over a 4-year span.</p> <p>(13B) Through the work of the VA Hepatitis C Resource Centers (HCRC) program, promoted effective Hepatitis A and B vaccination strategies for veterans with hepatitis by developing pocket cards and posters and distributing them to clinicians at each facility. Also distributed on flash drives at the Hot Topics in Hepatitis C meeting at</p>

VHA GOALS	VHA OBJECTIVES	13 OBJECTIVES	PROGRESS UPDATE
	<p>5. Continuously improve the quality and safety of health care for veterans to be the benchmark for health care outcomes (Continued).</p>	<p><u>Obj 5: Strengthen the reporting and collection of data to ensure health care providers have current updated information and promote treatment recommendation and vaccination strategies (Continued).</u></p>	<p>the American Association for the Advancement of Liver Disease (AASLD) conference and on CD at Digestive Diseases Week HCRC booth. Discussed on satellite teleconference on Management of Hepatitis C Patients Not on Antiviral Therapy. The products are also available electronically at the Internet site: http://www.hepatitis.va.gov/vahep?page=tp04-02-01-01 and the VA Intranet site: http://vawww.hepatitis.va.gov/vahep?page=scpc-02-01#-5</p> <p>(13B) Posted multiple resources for health care providers that were developed with VA expertise and outside of VA on the revamped VA Web site on hepatitis C at the Internet site: http://www.hepatitis.va.gov and Intranet site: http://vawww.hepatitis.va.gov.</p> <p>(13B) Updated VA treatment recommendations for hepatitis C. Version 5.0 published in journal, the Federal Practitioner, and published on the Internet.</p> <p>(13B) Worked with Smoking and Tobacco Use Cessation Technical Advisory Group (TAG) to review VA progress in asking about smoking status and worked with the Office of Quality Performance to develop performance measures to assess the rate of referral for treatment for smoking cessation.</p> <p>(133) Using data from EPRP to monitor cervical and breast cancer screening outcome measures, we enabled VHA to exceed industry benchmarks for both screening indices FY04.</p>
	<p>6. Improve patients' satisfaction with their VA health care.</p>	<p><u>Obj 6: Continually provide exceptional service while updating survey tools to monitor patient satisfaction.</u></p>	<p>(13A) Conducted reader surveys in Agent Orange and Gulf War newsletters, and published the findings in our newsletters, with a description of how we are using the information to improve the newsletters for our veteran readers. The readers were invited to provide a feedback so that the future issues can be improved.</p> <p>(13B) Convene Community Advisory Boards of veterans via face-to-face meetings and phone calls to give us advice on programs and initiatives in HIV and hepatitis C.</p> <p>(13B) Through the Hepatitis C Resource Centers work closely with focus groups of veterans to get feedback to improve products for patient education.</p> <p>(133) Modified the SHEP (Survey of Healthcare Experiences of Patients) inpatient survey to include new item on safety and security and enable measurement of these factors. Goal is 80% satisfaction.</p> <p>(135) Assessing veterans' perception and preference regarding various aspects of risk communication strategies through a needs assessment survey.</p> <p>(131) A program of Environmental Hazard Center of Excellence Awards was initiated this year and 13 field facilities were recognized. The awards were based on input from veterans involved in the registry programs for Agent Orange, Gulf War and Ionizing Radiation and were intended to acknowledge outstanding service.</p>
	<p>7. Improve access, convenience, and timeliness of VA health care services.</p>	<p><u>Obj 7: Establish policies to expand access to health care services tailored to veterans' needs and to improve the health care practices by partnering with intra- and interagency organizations.</u></p>	<p>(13) As an example of intra-agency collaboration, OPHEH supports and provides funding to Depleted Uranium (DU) Follow-Up Program at the Baltimore VAMC. In addition, the DU screening and surveillance program has been expanded to include concerned veterans who served outside of the Gulf region.</p> <p>(13A) To expand and improve access to care, a close monitoring of the backlog of Agent Orange Registry examinations is ongoing. Facilities are encouraged to hold clinics in the evening and on weekends to accommodate working schedules of veterans. As a result, clinic backlog of evaluation of veterans for Agent Orange exposures has been decreased and a goal of less than 30 days has been achieved for most VAMCs.</p> <p>(13A) Post-deployment health issues are important to VA thus, OPHEH supports and maintains War Related Illnesses & Injury Study Centers (WRIISCs), a nationwide referral program for inpatient and outpatient care to meet the needs of combat veterans with unexplained illnesses.</p>

VHA GOALS	VHA OBJECTIVES	13 OBJECTIVES	PROGRESS UPDATE
	<p>7. Improve access, convenience, and timeliness of VA health care services (Continued).</p>	<p><u>Obj 7: Establish policies to expand access to health care services tailored to veterans' needs and to improve the health care practices by partnering with intra- and interagency organizations (Continued).</u></p>	<p>(13B) Increased access to evidence-based therapies for tobacco use cessation by removing prescribing restrictions for nicotine replacement therapies (NRT).</p> <p>(13B) Developed proposal to VHA National Leadership Board to eliminate the co-payment for smoking cessation counseling was approved in March and referred the Business Office for implementation. The Office of General Counsel (OGC) ruled that a change in the Federal regulation on VHA outpatient co-payment schedules was necessary. The Prevention Program has worked with the VA Office of Regulatory Review to develop and propose the necessary regulation. This proposal has been under internal review by the Department and will have to be referred to the Office of Management and Budget and made available for a period of public comment.</p> <p>(13B) OPHEH issued an Information Letter to provide guidance on the role of HIV testing to prevent perinatal transmission. Furthermore, patient brochures were developed and disseminated to all VA medical centers and Vet Centers, to increase awareness of HIV risk factors.</p> <p>(13B) In order to accommodate rapid access to newly approved drugs, OPHEH worked with PBM and the Hepatitis C Technical Advisory Group (TAG) to develop communication and educational materials on the introduction of generic ribavirin for hepatitis C therapy. For HIV treatment, criteria for use of atazanavir and T-20 were developed with HIV TAG for PBM. Regular reporting of antiretroviral drug utilization is now included in the 'VA HIV REPORT' newsletter.</p> <p>(13B) Met with the Liver Transplant Board and the Heart and Lung Transplant Board and both groups have removed HIV infection as an absolute contraindication to receipt of solid organ transplantation. Work is underway with the VA national transplant program to develop standard criteria and process for evaluation of HIV patients as transplant recipients.</p> <p>(133) Maintained communication and dialogue with veterans' service organizations, veterans' advocacy groups, In order to obtain feedback, developed formal tracking mechanism to assess and evaluate inquiries, communications and complaints from veterans, veteran's groups, Congress and DHHS, Federal Interagency Council on Women's Health and the Environment.</p> <p>(133) Maintained partnerships with other governmental and non-governmental agencies; these are important to ensure that gender specific health care needs are identified and tailor VHA programs to meet the needs of women veterans. In order to achieve this, a memorandum of understanding was developed with Department Health and Human Services. Furthermore, the Director of Women Veterans Health Program participated on:</p> <ul style="list-style-type: none"> a) Federal Interagency Working Group on Women's Health and the Environment. b) 2003 National Women's Health Check-Up Day partnership. c) DHHS Criminal Justice System Special Interest Group
	<p>8. Create a health care environment characterized by patient-centered services where individual health care decisions are made on the basis of current medical knowledge, consistent with patients' informed preferences and needs.</p>	<p><u>Obj 8: Formulate and implement policies to help veterans actively participate in their health care decisions and support programs that improve self-management skills of the patients.</u></p>	<p>(13A) In order to promote clinical practice guideline that address issues concerning the troops returning from military combat, worked with DoD to develop Post Deployment Health Clinical Practice guidelines. Produced a video describing the use of the new post deployment health guideline in the context of veterans returning from OIF and OEF (available online at: Internet: http://www1.va.gov/environagents/ and Intranet: http://vaww.va.gov/environagents. Information brochures that specifically and explicitly empower veterans and to increase awareness and participation by veterans in the treatment options, group education and patient education slide set completed and distributed.</p> <p>(13B) Developed patient-focused interventions to improve self-management skills in hepatitis C patients, including a guide for establishing and running supports group for veteran hepatitis C patients and a group education slide set. A set of 27 patient brochures on hepatitis C were updated and reformatted for the Web</p>

VHA GOALS	VHA OBJECTIVES	13 OBJECTIVES	PROGRESS UPDATE
	8. Create a health care environment characterized by patient-centered services where individual health care decisions are made on the basis of current medical knowledge, consistent with patients' informed preferences and needs (Continued).	<u>Obj 8: Formulate and implement policies to help veterans actively participate in their health care decisions and support programs that improve self-management skills of the patients</u> (Continued).	(13B) Convened meetings or conference calls of veterans national Community Advisory Boards in hepatitis C and HIV to listen to recommendations for program strategies and directions. (13B) Redefining and refocusing care of the veteran with HIV disease to a chronic disease model characterized by coordinated, holistic, multidisciplinary practices. Contracted with Resolve, a consensus-facilitation organization, to conduct a convening process that will result in the development of a consensus statement describing critical elements of success in lifelong management of HIV disease, the extent to which VA has or has not adapted to meet these new needs, and a plan for making necessary changes.
VA STRATEGIC GOAL 4 Contribute to the public health, emergency management, socio-economic well-being, and history of the Nation.			
4. Improve the Nation's preparedness for response to war, terrorism, national emergencies, and natural disasters by developing plans and taking actions to ensure continued service to veterans as well as support to national, state, and local emergency management and homeland security efforts. (VA Objective 4.1)	9. Prepare to respond to disasters and national emergencies.	<u>Obj 9: Coordinate with other federal agencies to ensure VA's readiness to provide emergency medical support and improve public health.</u>	<p>(13A) In order to plan and prepare VA to respond to emergencies, OPHEH completed providing Emergency Mass Casualty Decontamination training to all of the originally targeted VAMCs and provided equipment to a number of facilities for this program. In consultation with VISN offices, additional facilities are geared to acquire equipment during calendar 2004.</p> <p>(13A) Developed and submitted for publication a justification for the use of personal protective equipment (PPE) with OSHA and VISNs.</p> <p>(13C) Improved effectiveness of VISN – VHA – VA comprehensive emergency management programs through program reviews, needs surveys and customer satisfaction</p> <p>(13C) Ensure VA readiness to provide medical support for DoD contingencies through information sharing, educational offerings, plan reviews and exercises.</p> <p>(13C) Fulfill VA National Disaster Medical System (NDMS) responsibilities through maintenance of current MOUs with NDMS hospitals. Nearly 96% of all NDMS MOUs are current, (i.e. signed within last 3 years).</p> <p>(13C) Over 94% of Area Emergency Managers (AEMs) completed a Comprehensive Emergency Management (CEM) needs survey of supported facilities. AEMs are conducting customer service surveys with Emergency Preparedness Coordinators at all VAMCs. AEMs are briefing VA (VISN, VAMC) leaders and staff, while reviewing VA/DoD contingency plans and conducting exercises.</p> <p>(13C) AEMs participate in declared national manmade and natural disasters through the Disaster Emergency Medical Personnel System, which stores information on volunteers, and are able to quickly mobilize teams to assist in these situations.</p> <p>(13C) One third of all EMSHG AEMs have briefed VA leaders and staff, veterans groups, community emergency and related personnel on the needs of special populations.</p> <p>(13) To prepare the VA patients and the workforce on how to respond to emergencies such as terrorist acts and exposure to WMD, OPHEH has taken a number of steps, in addition to those mentioned above. The following inventory provides a partial list of those products/programs implemented:</p> <ul style="list-style-type: none"> • Several brochures including disaster preparedness as part of daily life, emergency preparedness, decontamination in Washington D.C. and employee awareness of the WMDs brochures. • Emergency Management Program Guidebook (version 2002) is being updated with January 2005 as the target completion date. • Medical Response to WMDs video and CD-ROMs aimed for VA providers was produced and distributed in August 2004.

VHA GOALS	VHA OBJECTIVES	13 OBJECTIVES	PROGRESS UPDATE
	9. Prepare to respond to disasters and national emergencies (Continued).	<u>Obj 9: Coordinate with other federal agencies to ensure VA's readiness to provide emergency medical support and improve public health (Continued).</u>	<ul style="list-style-type: none"> • CME accredited VHI module on Health Effects from Chemical, Biological and radiological weapons was developed and released to the filed in January 2004. • General guidance pocket cards on biological, chemical and radiological agents used in acts of terrorism were developed in conjunction with EES and Office of Quality and Performance (OQP). • Three new general guidance pocket cards were released in August/September 2004. One dealt with the management of blast and explosion injuries while the other two concerned mental health issues and management of Post Traumatic Acute Stress Reaction (ASR) and Disorder (ASD). <p>(13C) Collaborating with PBM Emergency Pharmacy Service to develop an annual inspection policy and plan for all VHA's caches. Over 90% of these caches have been inspected by EMSHG AEM's by 12/31/04. Executive Decision Memo submitted, proposing that AEMs become members of Cities Readiness Initiative (CRI). (CRI is sponsored by the Strategic Readiness Stockpile program and the CDC.) EMSHG continues support of Medical Emergency Radiological Response Team (MERRT) equipment, operations and training.</p> <p>(13B) Coordinated and collaborated with CDC and other federal agencies to lead preparedness activities (e.g., VA National Smallpox Vaccination Program, avian flu) and event response (e.g., SARS— establishment of policies, case-reporting, and clinician, staff, patient, and visitor education).</p> <p>(13B, 136) Developed public health campaign, "Infection: Don't Pass It On," to involve VA staff, patients and visitors in preventing infection and preparing the VA medical system for infectious disease emergencies, both natural and manmade. Led by the Public Health Strategic Health Care Group (13B), major contributors are the Occupational Health Program (136), the National Center for Patient Safety, the Employee Education System, and infection control professionals.</p> <p>(13) Worked with VHA Communications Advisory Board to develop template and checklist to enable VA facilities to develop crisis communications plan, as part of the national VHA communications plan for 2004. The network office is requiring that 90% of facilities have a plan in place by the end of 2004.</p>
5. Advance VA medical research and development programs that address veterans' needs, with an emphasis on service-connected injuries and illnesses, and contribute to the Nation's knowledge of disease and disability. (VA Objective 4.2)	10. Conduct medical research that leads to demonstrable improvements in veterans' health.	<u>Obj 10.1: Promote VA-sponsored studies that specifically address health issues specific to veterans including post deployment health effects.</u>	<p>(13A) OPHEH funded the new congressionally required studies on Gulf War Health Effects, and Veterans and Agent Orange, including a special one-time study (update) of sarin health effects. Developed a contract for congressionally required study on the disposition of the Air Force Ranch Hand Study, and core support for the IOM/Medical Followup Agency.</p> <p>(13) Institute of Medicine Committee contract on noise and hearing loss in the military is underway.</p> <p>(133) Participated in a planning group, charged by the leadership of the Office of Research and Development to develop an integrated plan of action for establishing a comprehensive VA women's health research agenda. It was completed in December 2003. The culmination of the planning group is to establish an evidence-based foundation for a national VA woman's health research agenda.</p> <p>(135) A mortality study protocol for OIF/OEF veterans has been developed, reviewed and approved by the DC VAMC IRB and R&D Committee, pending funding decision.</p> <p>(135) Submitted six proposals to study the health effects of Gulf War I for funding consideration.</p> <p>(135) Phase 1, wave 3 mailing of the Longitudinal Health Study of Gulf War Veterans is in progress.</p> <p>(13B) Implemented data access policies and procedures for 13B's national disease registries (ICR and HCCR) in compliance with the Health Insurance Portability and Accountability Act (HIPAA) and pertinent VA regulations.</p>

VHA GOALS	VHA OBJECTIVES	13 OBJECTIVES	PROGRESS UPDATE
	10. Conduct medical research that leads to demonstrable improvements in veterans' health (Continued).	<u>Obj 10.1: Promote VA-sponsored studies that specifically address health issues specific to veterans including post deployment health effects (Continued).</u>	<p>(13B) Further developed extensive Web-based resource materials on clinical research in HIV disease at the Intranet site: http://vawww.va.gov/chrr/ and Internet site: http://www.va.gov/chrr/</p> <p>(13B) Provided ongoing leadership on OPTIMA (Options in Management of Antiretrovirals), a VA-UK-Canadian study of salvage strategies for advanced HIV disease.</p> <p>(13B) Developed a template for IRB submission for patient safety studies using the ICR and HCCR.</p> <p>(13B) Conducted and collaborated on 2 patient safety studies: 1) the development of avascular necrosis by patients on antiretroviral therapy with FDA and 2) risk of recurrent hypersensitivity reactions in HIV patients on abacavir, with the drug-maker.</p>
		<u>Obj 10.2: Determine long-term health consequences of military deployment.</u>	<p>(13A) Developed a video explaining the unique services provided by the WRIISC program. It was targeted to all VA health care providers, and broadcast over VAKN and on line at: the Internet site: http://www1.va.gov/environagents and Intranet: site: http://vawww.va.gov/environagents. Continued annual program review of the two centers, and the development of a Request for Proposals for a critically needed 3rd center to be located in the west or Midwest.</p> <p>(13) As part of post military deployment service and to determine long term health effects of possible exposure to radiation, OPHEH supports and provides funding to Depleted Uranium (DU) Follow-Up Program at the Baltimore VAMC. This program includes the DU screening and surveillance program has been expanded to include concerned veterans who served outside of the Gulf region.</p>
6. Sustain partnerships with the academic community that enhance the quality of care to veterans and provide high quality educational experiences for health care trainees. (VA Objective 4.3)	11. Promote excellence and innovation in the education of future health care professionals.	<u>Obj 11: Develop and distribute educational products that support ongoing clinical education and training on issues such as women health and military health related matters.</u>	<p>(13) Developed and distributed pocket cards on SHAD that provide guidance for clinicians.</p> <p>(13A) Developed a residency program through VHA Academic Affiliations to place an intern or resident at both WRIISCs.</p> <p>(13A) Residents and fellows working in VA medical centers on health care occupational health projects (Chicago, Tampa).</p> <p>(13A/136) Developing VHI on Occupational Lung Disease to address history and exposure assessment.</p> <p>(13B) Provided variety of continuing education seminars on hepatitis C: new treatment approaches, advance liver disease, and workshops for pharmacists and transplant staff.</p> <p>(13B) Produced weekly electronic newsletter of new scientific abstracts on HIV and hepatitis C for over 1,000 VA clinicians.</p> <p>(133) Developed a moving, informative video and brochure on the Women Veterans Health Program entitled "A Promise Kept." Also developed a video and brochures for veterans of OIF/OEF. Provided training on the WVHP and military sexual trauma.</p>

VHA GOALS	VHA OBJECTIVES	13 OBJECTIVES	PROGRESS UPDATE
VA ENABLING GOAL Deliver world-class service to veterans and their families by applying sound business principles that result in effective management of people, communications, technology, and governance.			
<p>7. Recruit, develop, and retain a competent, committed and diverse workforce that provides high quality service to veterans and their families. (VA Enabling Goal E-1)</p>	<p>12. Recruit, support, and retain a knowledgeable, diverse, engaged, and continuously learning workforce.</p>	<p><u>Obj 12: Reinforce VA's policies on development of workforce that is knowledgeable through continuous learning and seek to inform the employees on available tools to achieve this goal.</u></p>	<p>(13A) Recruited and mentored an intern via the Hispanic Association of Colleges and Universities (HACU) for the Summer of 2004 (sixth consecutive year). Continue to mentor these interns; 2003 intern is now in Congressional program working for a Senator this year.</p> <p>(13) Ask a staff member to inform staff of all opportunities and keep track of training hours.</p> <p>(13A) Both the WRIISC programs at the East Orange, NJ and Washington, DC VAMCS conduct regular grand rounds for staff and other interested participants.</p> <p>(13A/136) Instruments redesigned for employee survey, piloted, and national survey implemented, with results being presented to individual employee groups.</p> <p>(13A/136) Manuscript submitted on all employee survey for publication. Additional manuscript under development. Manuscript on violence prevention in press.</p> <p>(13C) Many well-qualified external applicants for Area Emergency Manager positions noted. Five highly qualified external applicants hired in past year.</p> <p>(13) Encourage Program Managers to receive a minimum of 40 hours of management development training for newly appointed Program Managers and 8 hrs of documented development training annually thereafter. This is in progress, Goals is 85% by 2004-several initiatives are ongoing.</p> <p>(136) Completed data collection on employee back injury via the External Peer Review Program. Evaluation of the DoD/VA Back Injury Clinical Practice Guideline is completed, and data is being analyzed.</p> <p>(13A). Taught national courses on health care in occupational health.</p> <p>(13) Hold all-staff meeting 2-3 times per year to bring everyone up to date on our key programs as well as emergency preparedness measures. One program cover per meeting. These VHA emergency management, women's health (as a joint initiative with our diversity committee), and occupational health.</p>
<p>8. Improve the overall governance and performance of VA by applying sound business principles, ensuring accountability, and enhancing our management of resources through improved capital asset management; acquisition and competitive sourcing; and linking strategic planning, budgeting, and performance planning.</p>	<p>13. Effectively communicate the contributions of VA health care, research, and education.</p>	<p><u>13-Obj 13: Promote effective two-way communication about OPHEH programs and policies between program staff and our constituencies in and out of VA.</u></p>	<p>(13A) Undertake steady outreach programs targeted to veterans and their families. This include: continued publication of newsletters for Gulf War and Vietnam veterans, creation of new newsletters aimed at OIF and OEF veterans, and veterans of U.S. atomic testing, as well as posters, fact sheets, and brochures, most of which are available online at the Internet site: http://www.va.gov/environagents and the Intranet site: http://vaww.va.gov/environagents.</p> <p>(13A) Developed and printed more than 1 million copies of a brochure describing the new 2-year combat veteran health care eligibility program. Highlighted this benefit in all veteran newsletters, a million of which are printed and mailed each year to veterans and their families, and discussed this program with VHA Environmental Health Clinicians & Coordinators on our regular quarterly conference calls.</p> <p>(13) Responded to numerous requests from veterans and other citizens. Congress, other agencies, veterans groups, and the media about OPHEH programs and initiatives.</p> <p>(13A) Participated in Public Service Recognition Week, distributing a wide range of outreach materials to veterans and their families, and others with an interest in these programs.</p> <p>(133) Worked closely with veterans' service organizations and veterans' advocacy groups, Track and assess inquiries, communications and complaints from and responses to individuals and agencies.</p>

VHA GOALS	VHA OBJECTIVES	13 OBJECTIVES	PROGRESS UPDATE
	13. Effectively communicate the contributions of VA health care, research, and education (Continued).	<u>13-Obj 13: Promote effective two-way communication about OPHEH programs and policies between program staff and our constituencies in and out of VA (Continued).</u>	<p>(13C) Exhibit and distribute material at high profile national and regional emergency preparedness conferences, including Association of Military Surgeons of the United States (AMSUS), NDMS, Central United States Earthquake Consortium (CUSEC), and Emergency Management Academy (EMA).</p> <p>(13C) EMSHG's interagency Technical Advisory Committee provides regular advice and outside perspective.</p> <p>(13C) One third of all EMSHG AEMs have provided briefings that include the needs of special populations to veterans groups, community emergency personnel, as well as VA leaders and staff.</p> <p>(13B) Held interagency meetings with NIH and DoD to identify areas for collaboration on smoking and tobacco use cessation.</p> <p>(13) Use Outlook lists and special mailing lists to widely disseminate messages and materials on public health topics such as HIV, hepatitis C, and other infectious diseases, and smoking cessation.</p> <p>(13B) Established both a Federal agency Steering Committee and highly recognized Program Committee to guide 2005 national conference on Treatment and Management of HIV in the United States.</p> <p>(133) Initiated annual scorecard on programs for women veterans' health.</p>
		<u>13-Obj 14: Collaborate with government and nongovernmental agencies on policies that improve the quality of VA health care.</u>	<p>(13A) Coordinates with the Deployment Health Working Group on issues including concerns about Project 112/SHAD, Lariam toxicity to OIF and OEF veterans, sharing data on veterans and active duty service members for OIF and OEF, traumatic brain injury, and many other deployment health issues.</p> <p>(13A) Developed guidelines for report to Congress on GW1 research.</p> <p>(13A) Carry out new outreach projects with U.S. Army Center for Health Promotion and Preventive Medicine (USACHPPM)</p> <p>(133) Ongoing collaborations include MST Reservist Study, VA Women's Summit 04, DoD Clinical Guidelines workgroups, and the DoD Task Force on Sexual Assault.</p> <p>(133) Developed a memorandum of understanding (MOU) in partnerships with the Department Health and Human Services (HHS) to ensure that gender specific health care needs are identified and tailor VHA programs to meet the needs of women veterans.</p> <p>(133) Maintained partnerships with other governmental and non-governmental agencies to help ensure that gender specific health care needs are identified and tailor VHA programs to meet the needs of women veterans. A memorandum of understanding was developed with the Department Health and Human Services, and the Director of Women Veterans Health Program participated on:</p> <ul style="list-style-type: none"> • Federal Interagency Working Group on Women's Health and the Environment. • 2003 National Women's Health Check-Up Day partnership. • DHHS Criminal Justice System Special Interest Group <p>(13) Updated Radioepidemiological Tables report and associated Interactive Radioepidemiological Program (IREP) computer software programs now have been released by HHS. VA is using the National Institute of Occupational Safety and Health version of the IREP in formulating medical opinions.</p> <p>(13B) In collaboration with UCSF, convened a national think tank of VA and non-VA experts in tobacco use cessation to identify best practices in clinical care and health care policy for VA.</p>
	15. Promote cooperation and collaboration throughout VA to provide seamless service to veterans.	<u>13-Obj 15: Whenever possible, consider the programs of VBA and NCA, as well as other components of VHA, in developing and implementing programs.</u>	(13) Collaborated with VBA on many issues including articles on benefits and compensation for the wide range of newsletters this office produces, on the new Wallet Card for newly separated veterans, and other issues, including hepatitis C. Importantly, collaborated with VBA in the development of outreach letters mailed directly to Project 112 and OEF/OIF veterans.

VHA GOALS	VHA OBJECTIVES	13 OBJECTIVES	PROGRESS UPDATE
	15. Promote cooperation and collaboration throughout VA to provide seamless service to veterans (Continued)	<u>13-Obj 15: Whenever possible, consider the programs of VBA and NCA, as well as other components of VHA, in developing and implementing programs (Continued).</u>	(135) Regularly provide health care statistics to Gulf War I veterans via newsletters and other outlets. (13A) Supported DoD Transition Assistance and Disabled Transition Assistance Programs (TAP and DTAP) by spearheading production of a new Wallet Card summarizing all VA benefits, for distribution and outreach to new veterans, particularly from Operations Iraqi Freedom and Enduring Freedom.
	16. Optimize the availability and efficient use of resources and services. And 17. Increase revenue and efficiency through private sector partnerships, technology, and improved business practices.	<u>13-Obj 16/17: Continuously seek ways to improve productivity and effectiveness.</u>	(13A/136) National survey used web and Interactive Voice Response (IVR) (as alternative to paper survey) to make participation easier. (133) Completed WVHP Integrated Business Plan to assess the structure and organization of women's health care across VHA and to determine the effectiveness. (13C) Use teleconferencing for NDMS Federal Coordination Centers group participation, District monthly calls, EMSHG monthly calls, Evacuation Workgroup. Planning audio training of Area Emergency Managers.
	18. Develop innovative approaches to the design and evaluation of health care delivery systems.	<u>13- Obj 18: Develop recommendations and data management systems that improve health care delivery.</u>	(13A) The Agent Orange and GW1 Registry Examinations are now completely automated as far as entering data into code sheets, and transmitted that data to a central data repository. (13B) Continue to support the work of four Hepatitis C Resource Centers in order to develop and encourage improvements in hepatitis C care in VA. This year, for example, the HCRCs: - Facilitated incorporation of treatment recommendations into clinical practice by providing hepatitis C screening, testing, and treatment information into additional formats, including handheld devices and "quicknotes," an easy-to-review format for clinical information. - Developed an administrative tool for an efficient and cost-effective testing algorithm for hepatitis C infection. Target groups included VA Laboratory Medicine and Infectious Disease departments and Gastroenterology/ Hepatology Clinics that routinely order hepatitis C antibody and virologic testing. - Organized preceptorship program in Multidisciplinary Team Care to provide hepatitis C and mental health practitioners with the knowledge, tools and confidence to organize and operate a hepatitis C integrated clinic. (13B) Offered additional HIV collaboratives, a process involving multiple sites working together over time to improve the processes involved in HIV care. The results show that a combination of the collaborative process and clinical reminders is more effective than either of these alone. (13B) Developed and disseminated new software for the ICR that makes it a much more usable clinical management tool. The ICRC now enables local VA clinicians to track usage of care and run queries on their patient populations that look at safety, quality, and outcomes and VA staff at a national level to review clinical information from the entire system for safety and quality of care.



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