Short Summary and Action Items
May 30, 2006, National Teleconference for
VHA Environmental Health Clinicians and Coordinators

1. Best Practices: Lead – Steve Hunt. Steve described the "deployment combat health clinic" he operates at the Seattle VA Medical Center (part of the Puget Sound Health Care System). His description sounded a lot like an outpatient version of one of VA's War-Related Illness & Injury Centers (WRIISC). They provide follow up exams, and have a significant focus on mental health issues including an effort on destigmitizing mental health. Impressively, this clinic has seen 400 OIF/OEF veteran patients, with 400 more being seen at a sister clinic at American Lake. The program appears to expand beyond the boundaries of the classical registry health program in a very nice way.

Follow-up: We should document what other programs like this are operating within VHA. These programs offer a good compliment to the WRIISC and we should acknowledge and report on them as such.

Steve Hunt's Clinic Description:

VA Puget Sound Deployment Health Clinic
A Post-Combat Evaluation and Follow-up Clinic

The VA Puget Sound Deployment Health Clinic is an outpatient, primary care based clinic for the evaluation and follow-up of veterans with health problems related to a specific deployment (Vietnam veterans with Agent Orange exposure, veterans with ionizing radiation exposure following nuclear weapons testing, former POWs, Gulf War veterans with toxic environmental exposures/medically unexplained symptoms, Project SHAD veterans, etc.) The Clinic evolved from lessons learned in providing care for combat veterans returning from the Gulf War in the early 1990's; it was apparent that these veterans needed specialized post-combat care that included attention to specific deployment health risks (environmental exposures, combat traumas and non-combat deployment stressors), mental health needs, marital and family issues, C&P concerns, and financial and employment concerns of returning combat veterans. It was clear that the GW Registry exams were much more useful if they were linked to care, and that care was much more effective if it was provided in a single, integrated primary care-based clinical setting. The Clinic was a cooperative effort involving the primary care service line, the mental health/PTSD service line and the Health Plan Management service line (C&P Unit).

Presently, one of the primary functions of the clinic is providing post-combat evaluations and long-term follow-up for veterans returning from Iraq and Afghanistan.

VA Puget Sound Deployment Health Clinic Continued:

The clinic is multidisciplinary and stresses integrated services (medical, mental health, benefits counseling, assistance with C&P exams, marital and family support, etc). We are closely tied with the C&P unit, the Spinal Cord Injury Unit, Rehabilitative Services, Poly-Trauma Clinic, Women's Clinic, and the PTSD and Mental Health/PTSD Clinics. We also work very closely with our inpatient units and primary and specialty care clinics.

The Deployment Health Clinic's primary message for returning combat veterans is: "Combat deployments can impact you and your family in a number of ways. If you have been involved in a combat deployment, it is important to be evaluated and followed closely, particularly for the first two years after returning from combat. All returning combat veterans should come in to the Deployment Health Clinic for an evaluation."

A primary goal of the clinic, in addition to providing care and providing information about and access to benefits, is to offer primary care based risk assessment and risk communication for returning combat veterans. We also take responsibility for mandated efforts such as completion of the VA post-combat screenings, PDHRA interventions, and outreach to veterans separating from the military as well as National Guard members and Reserve Unit members.

Stephen Hunt MD is the Director of the Deployment Health Clinic and our primary care physician. Brad Felker MD is Associate Director of the DH Clinic and our chief psychiatric consultant. Mack Orsborn MD is the head of the Ex-POW Evaluation and Follow-up program. Michele Klevens MA is our primary therapist, Matthew Jakupcak PhD our chief psychologist, Stephanie Larson our nurse practitioner, Leigh Hayes our clinic coordinator. Miles McFall PhD, is the head of our PTSD programs and has worked closely with Dr. Hunt since they originally put the clinic together to serve veterans from the Gulf War in the early 1990's. The clinic also has social work support. Everyone on the team is also involved in other clinics, so we have built the staff and clinic by re-structuring the clinical activities of existing medical center staff as opposed to hiring new staff.

Every veteran that presents to the DH Clinic receives a complete medical evaluation with focus on combat exposures and experiences (environmental exposures, combat traumas, in-theater medical concerns and interval concerns), a mental health evaluation and benefits counseling with assistance with C&P claims as needed. We encourage spouses to be involved and encourage couples counseling when appropriate. We have groups in place, but frankly are finding that most returning combat veterans seem more interested in individual services.

Our goal is to use the two years of priority eligibility for combat veterans proactively, as a reintegration/rehabilitation opportunity; our belief is that front-loading services and treatment will lead to more effective and lasting impacts on

VA Puget Sound Deployment Health Clinic Continued:

psychological, physical and psychosocial functioning down the road. We have structured the clinic to integrate care and minimize stigma around mental health treatment (everyone receives mental health assessment and support); we have structured the clinic to maximize access and minimize obstacles to care. Our motto is “Easy access and one-stop shopping”. We use a health maintenance/preventive health approach, with attention to alcohol use, smoking, exercise and other health related behaviors, in addition to providing standard follow-up care for any medical and psychiatric conditions that are present.

We have to date seen 450-500 individuals for full evaluations at the Seattle Division Deployment Health Clinic and a similar number at the American Lake Division; we continue to follow many of these veterans for their primary care and mental health issues; we provide co-managed care for those individuals who live at a distance from the VA and are receiving their primary care through private providers. We have an inpatient PTSD unit that has seen over 35 Iraq/Afghanistan veterans for 1-3 weeks inpatient treatment as well as a new Poly-Trauma Clinic for veterans with complex situations involving multiple traumatic injuries, traumatic brain injuries and PTSD.

For those veterans living in outlying areas, we have a well-integrated statewide system involving DoD providers, Vet Centers, State Department of Veterans Affairs contract providers, private providers and VA Fee services resources. This interagency integration of services was established and is supported via a Memorandum of Understanding signed by the VHA/VBA, the Department of Defense, the Washington State Department of Veterans Affairs, the state Department of Labor, the Vet Centers and our Guard and Reserve Units.

Outreach includes giving presentations to the veterans and families in the state National Guard units (family days), state nurses/social workers/physician groups, clinicians through the University or private sector and the usual media outlets. We also have on-site social workers at Fort Lewis, our large local army base, to contact individuals at the time they are leaving active duty.

The VAPSHCS Deployment Health Clinic is an integrated, multi-disciplinary care model for providing post-deployment care, designed using evidenced-based approaches as well as building on our own experiences providing care with returning combat veterans over the years.

VA Puget Sound Deployment Health Clinic Patient Handbook (pdf):

Deployment Handbook.pdf

VA Puget Sound Deployment Health Clinic Web Site URL:

http://vaww.wp.webdev.va.gov/pugetsound/page.cfm?pg=76

Action Item: Helen – can we send out a request to all our EHC&C folks in the field to inform us about combat veteran deployment health clinics they may be operating that would be along the lines of what Steve has described here?

2. Consistency of Exam Protocols/Registry Template: Lead – Elif Sonel. We've received a number of proposals to develop a template for registry examinations. One key issue that came up was the suggestion of improving the way we gather data about environmental exposures from veterans coming for registry or other related exams to the EHC&C program.

One suggestion was to put up a "bulletin board" on our intranet site where various templates that have been developed by various registry programs can be displayed. Folks can read and comment on these, and adopt any or all of what they see for their own program.

Elif Sonel's Summary Statement:

It was discussed that official unification of data via registry exams is accomplished for the Golf War patients, but no registry exist for other combat eligible zones. It makes good sense to collect similar data for all service sites for future reference. One single template to use for all veterans is being suggested to unify data collection irregardless of area of service.

Action Item: Put templates (including relevant CPRS patches) and narrative accounts of the utility of the template up on an EAS web site bulletin board for all EHC&C staff to have access to.

3. Examine the Role of the Environmental Health Registries: Co-lead – Arlene Kasten and Mark Brown. The only point I got out of this section was that our program may be getting more attention from C&P staff to help in their disability evaluations, than questions about general environmental health issues.

Arlene Kasten's Summary Statement:

EH coordinators and clinicians may be the first VA staff a deployed veteran may meet and will therefore have a unique opportunity to not only provide holistic assessments of deployed veterans including mental health issues, (many of which may present as physical complaints) but to direct the veteran to appropriate resources (C&P, outreach programs, primary care etc) and to educate deployed veterans on the "VA process" including research. This approach is beneficial for veterans who deployed to Vietnam and to Persian Gulf in 1990-91 and since. We have the opportunity to provide clarification for

incorrect information and presumptions and can help these veterans navigate the system appropriately as they are often unclear as to how one arm of the VA may differ from another and likely more problematic do not use common venues of communication.

4. Examine the Roles for Environmental Health Clinicians and Coordinators: Lead – Charles Ellis: We heard the suggestion that the new OIF/OEF veteran pop up clinical reminder in CPRS should logically link to the EH materials and website.

Action Item: Find out if we can link the CPRS Pop Up to the EH web site at www.va.gov/EnvironAgents.

5. Developing and EHC&C Pocket Card: Lead – Susan Davis: The main suggestion I got out of this was the idea of developing a series of pocket cards on health issues for specific combat missions, e.g., a card each for OIF/OEF, Gulf War 1991, Vietnam War, etc.

A second suggestion was to develop a pocket card specifically on the role and clinical services provided by the EH program, as a sort of advertisement to VA clinicians of our program.

The third idea was developing pocket cards on individual risk factors that may cut across multiple deployments, such as Depleted Uranium or Leishmaniasis, etc.

Action Item: Put a group together to decide which pocket cards we should develop first, based on these suggestions.

6. Environmental Agents Service (EAS) as an Information Resource Lead – Ron Hamm: This interesting section had a couple of good suggestions including 1) EAS news clipping service to cover items appearing in the news on military and veteran environmental health issues, that might affect veteran patients, and 2) a similar service done as an "I-cast" for audio download from our web site.

I think these are some very creative and novel ideas, and we should discuss them further to decide how to implement them.

The final issue discussed was the possibility of a face-to-face meeting in FY '06 (which would mean before September 31, 2006.