

**Department of Veterans Affairs (VA)  
Advisory Committee on Women Veterans  
North Chicago VA Medical Center (NCVAMC) Site Visit  
June 12- 16, 2006**

**Monday – June 12, 2006**

**VA Advisory Committee on Women Veterans Member Present:**

Marsha Four, USA, Chair	COL Jacqueline Morgan, USAF, Retired
SFC Gwen Diehl, USA, Retired	Lorna Papke-Dupouy, USMC
Edward Hartman, USA	Lupe Saldaña, USMC
Kathleen Janoski, USN	CAPT Emily Sanford, USN, Retired
1SG Pamela Luce, USA, Retired	CMSgt Sara A. Sellers, USAF, Retired

**Advisory Committee Members Excused:**

Lily Fetzer, Director, VA Regional Office, San Diego, CA	COL Shirley Ann Quarles, USAR
Carlene Narcho, USA	Virgil Walker, ANG
CDR Joan O'Connor, USNR, Retired	

**Ex-Officio Member Present:**

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

**Advisors Present:**

Constance LaRosa, Deputy Field Director Veterans Integrated Service Networks (VISNs) 10-15, 19, 20, 23	Linda Piquet, Compensation and Pension Service, Veterans Benefits Administration
CDR Lucienne D. Nelson, Senior Policy Advisor, Office of Public Health and Services, Department of Health and Human Services (HHS)	Carole Turner, Director, Women Veterans Health Program, Veterans Health Administration

**Center for Women Veterans Staff Present:**

Dr. Irene Trowell-Harris, Director	Rebecca Schiller, Program Analyst
Desiree Long, Senior Program Analyst	Melissa Subramanian, Intern
Betty Moseley Brown, Associate Director	

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

\*Questions and answers relative to each presentation can be found in Addendum 1

Advisory Committee Planning Session – Ms. Marsha Four gave an overview of what can be expected during the site visit. She stressed the importance of meeting daily at the conclusion of the day to review issues to ease the task of compiling the Exit Interview.

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Introduction by the Committee members. (Attachment 1)

Ms. Four presented a short history of the Committee and the Center for Women Veterans (Attachment 2).

***VISN Director and VISN Leadership VISN 12, Great Lakes Health Care System***

Welcoming remarks from Patrick Sullivan, Medical Center Director

**James W. Roseborough, VISN 12 Network Director (Attachment 3)**

- Overview of VISN 12 Facilities
  - Hines VA Hospital (IL)
  - Iron Mountain VA Medical Center (MI)
  - Madison VA Hospital (WI)
  - Milwaukee VA Medical Center (WI)
  - North Chicago VA Medical Center (IL)
  - Tomah VA Medical Center (WI)
  - Jesse Brown VA Medical Center (IL)
  - 30 Community Based Outpatient Clinics (CBOC)
- Major Diagnostic Categories Treated
  - Mental Illness
  - Substance Abuse
  - Heart Disease
  - Lung Disease
  - Cancer
  - Diabetes
- Patient Population
  - FY 2005 estimated total veteran population 1,130,035
    - 66,075 women veterans
  - FY 2005 veteran patients treated 214,350
    - 8,242 women veterans
      - 12.5% increase since FY 02
  - 19% of total veteran population receives services
    - 13% of total women veteran population receives services
  - FY 2005 Mean Age: 62.9; 50% over 65
  - 4,343 Operation Enduring Freedom/Operation Iraqi Freedom (OEF/OIF) combat veterans seen through January 06
- Current active issues
  - Construction of new 200-bed inpatient building at Jesse Brown VAMC
  - VA/DoD sharing between Navy and North Chicago VAMC
  - Enhanced Use Lease project with city of Milwaukee at Milwaukee VAMC
  - Homeless transition center with Catholic Charities and CBOC at St. Leo's
  - Seamless transition planning for OEF/OIF veterans
- Women Veteran Specific information
  - 8,242 women veterans served in FY 05
    - 12.59% market penetration (17.56% National average)
  - 43% - 35-54 years of age; 16% over 75 years of age; 8% under 25

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- 42% have service-connected disability
- Top 10 Diagnoses for Women Veterans
  - Hypertension
  - Depressive disorders
  - Hyperlipidemia
  - Obesity
  - PTSD
  - Tobacco use disorder
  - Lumbago
  - Diabetes Mellitus
  - Esophageal Reflux
  - Dental disease
- Preventive Health Examinations FY 05
  - 1,914 pap smears
  - 1,750 screening mammograms
  - 1,090 diagnostic mammograms
- Maternity Care
  - Provide via contract at one facility and fee basis at all others
  - 47 babies in FY05
    - 15 Cesarean-section
  - Total cost on maternity care - \$337,386
- Services Specific for Women Available at all VISN 12 Facilities
  - Primary Care
    - Pap smears
    - Pelvic exams
    - Clinical breast exams
  - Pregnancy tests
  - Sexually Transmitted Disease (STD) screening and treatment
  - Contraception services
  - HIV testing and treatment
  - Osteoporosis treatment
- Mental Health Services for Women Available at all VISN 12 Facilities
  - Depression screening and treatment
  - Sexual trauma screening and treatment
  - Domestic violence screening and counseling
  - Services for homeless veterans
- Specialty Medical Services Available at Some VISN 12 Facilities
  - Infertility work-ups (3 facilities)
  - Breast surgery (3 facilities)
  - Tubal ligation (2 facilities)
  - Oncology (5 facilities)
  - Urology (6 facilities)
- Support for Women Veterans Programs
  - 6 out of 7 Women Veteran Program Managers (WVPM) allotted at least 10 administrative hours per week
  - All 7 supported and funded to attend National Women Veterans Program meeting in May 06
  - New WVPMs supported in efforts to complete orientation modules
  - Travel support for two face-to-face meetings annually

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- WVPMs represented on VISN Mental Health Advisory Board
- VISN Director survey of facilities for privacy deficiencies
  - Will support correcting identified privacy issues

**North Chicago VAMC (NCVAMC) and Naval Hospital Great Lakes (NHGL)  
Partnership**

- Patrick L. Sullivan, Medical Center Director, VAMC – North Chicago (Attachment 4)
- Michael H. Anderson, Captain, MC, USN Commanding Officer Naval Health Clinic Great Lakes (Attachment 5)
  - *A Shared Foundation for VA/DoD Partnerships – The Joint Initiative Between the North Chicago VAMC and Naval Health Clinic Great Lakes*
  - History of VA/DoD Sharing in North Chicago and Great Lakes
    - North Chicago VAMC
      - Established in 1926
      - 1.4 million square feet; 58 buildings
      - Current catchment – 50,000 veterans
      - 550 inpatient beds
        - 150 medical beds
        - 25 psychiatric beds
        - 204 long term beds
        - 186 domiciliary beds
        - 214,209 outpatient visits in FY05
        - 89.9% male veterans, 10.1% female veterans in FY05
    - Naval Hospital Great Lakes
      - Established 1911
      - 450,000 square feet
      - 850 inpatient beds
      - Current catchment: 67,000 beneficiaries
        - 25 Medical/Surgical/Pediatric inpatient beds
        - 7 Branch Health Clinics (medical & dental)
        - >400,000 outpatient visits per year
          - 1,600 employees (active duty & civilian)
      - Navy consolidation to one boot camp in 1995
    - Shared services
      - Physical therapy/occupation rehabilitation
      - Intensive Care Unit (ICU) care
      - Major joint replacement
      - General surgery
      - Radiology coverage
      - 2-week didactic training at NCVAMC for Navy Hospital Corps
  - Executive Steering Committee
    - Jointly chaired by Director and Naval Commanding Officer
    - Administrative/Clinical/Mental Health subcommittees

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- Issue resolution at all levels
- Coalition of Interests
  - Presidential priority
  - Joint Executive and Health Executive Councils
  - VISN 12
  - Bureau of Medicine and Surgery (BUMED/DoD)
  - Congressional Interest
  - Veteran Advocates
- Three Phases of the Project
  - Phase I
    - Inpatient Mental Health transferred (10/03)
    - Reimbursement methodology (10/03)
      - Inpatients utilize TRICARE Network Provider Status
      - Medical hold patients utilize marginal cost direct reimbursement
    - DoD Blood Donor Center transferred (12/04)
    - Reimbursement methodology (12/04)
      - Navy leases VA laboratory space
      - VA purchases blood products
    - Avoids \$3M construction cost
  - Phase II
    - \$13M NCVAMC Project
      - Construction of 4 new Operating Rooms (01/05)
      - Expansion of existing Emergency Department (01/05)
    - Transfer of inpatient medical/surgical/pediatric ward (06/06)
      - Professional services provided by Navy Physicians
    - Transfer of operating room (06/06)
    - Transfer of ICU (06/06)
    - Transfer of ER services (06/06)
    - Reimbursement methodology (06/06)
      - Facility charges at TRICARE Network Negotiated Rate
  - Phase III
    - \$130M Navy construction project begins (FY07)
      - \$60M for 201,000 square foot ambulatory care center
      - \$13M to renovate 45,000 square feet at NCVAMC
      - \$5M construction of parking structure
        - \$30M Supporting facilities (electric, water, sewer, etc)
        - \$22M Other
      - Construction project completed (FY10)
      - Total integration of both healthcare organizations (FY10)
  - Federal Medical Center
    - Proposed Board membership
      - Naval Training Command
      - VISN Director

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- Navy Medicine East (NME)
  - Veterans Health Affairs (VHA)
  - Navy Bureau of Medicine & Surgery
  - Federal Medical Director – Ex Officio
- Roles & Responsibilities
  - Select/evaluate Director
  - Establish Mission, Vision & Policy
  - Establish Strategic Direction
  - Ensure adequate resources
  - Monitor performance
- Stakeholders Advisory Council
  - Membership
    - Veterans Service Organizations (VSO)
    - TRICARE Regional Office
    - Community representatives
    - Rosalind Franklin University Medical School
    - Other VA/Federal System Directors
    - Managed Care Support Contractor
    - Network/VISN Representatives
    - Congressional liaison/representative
- Short Term Wins and Benefits
  - Construction benefit
    - \$4M avoided in Operating Room construction in VA spaces and utilization of unused space
  - Facilities benefit
    - Reduced utility expense
  - Personnel benefit
    - Reduced payroll expense with no reduction in force (RIF) anticipated
  - \$4M annual operating cost avoidance
  - Joint Initiative Facility (JIF) Projects
    - Mammography
    - Women's Health
    - MRI
    - Oncology
    - Dedicated fiber optic connectivity
    - Increased healthcare market share
    - Improved quality of care
    - Reduce high risk, low volume scenarios
  - Supply acquisition
    - Standardizing acquisition and leveraging discounts
  - Bidirectional information exchange
  - Single electronic medical records
- Lessons Learned

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- Relationships between senior leaders
- Mental Health agreement
- Separate Chains of Command
- Cultural differences
- General Accounting Office (GAO) oversight
- JIFs and National Task Groups

**North Chicago VA Women's Wellness Clinic (Attachment 6)**

- Patient demographics
  - Average age – 51.3
  - 65% not currently married
  - 43% have a service-connected disability
  - Most prevalent periods of service
    - 30% Persian Gulf
    - 20% Post Vietnam
    - 17% World War II
  - 889 women veterans served in FY 05
  - Women's Clinic for nine half-days per week
  - Full-time Primary Care Provider for women
  - 203 women received MST treatment
- Services offered
  - Primary Care
  - Gender-specific care for women
  - Contraceptive services
  - Infertility work-ups
  - Menopause Management
  - Bone mineral density testing
  - Sexually Transmitted Disease screening
- Women Veterans Committee
  - Bi-monthly meetings
  - Multi-disciplinary membership
    - Medical Doctor
    - Registered Nurse
    - Vet Center Rep
    - Nurse Practitioner
    - Master Social Worker
    - Health Care Consumer
  - Plan outreach and new services
  - Performance improvement
  - Address environment of care issues
  - Joint Incentive Proposal
    - Established by Public Law (P. L.)107-314, National Defense Authorization Act
    - Requires DoD and VA to establish a joint incentives program
    - Intent is to identify, fund and evaluate creative local, regional and national sharing initiatives
    - NCVAMC/NHGL Submissions

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- Women's Health Center
- Proposed creation of a comprehensive women's health center to serve both women veterans and DoD beneficiaries
- Provided for salary for gynecology staff, furniture, equipment and two (2) wellness educators/case managers
- Joint Women's Health Center
  - Improved coordination of care, decreased purchase of care from community providers
- Education offered
  - Weight Loss Management Group
  - Women's Heart Health Month Activities
  - Monthly educational series
- Purchased two new mammography units and additional staffing

**Tour of North Chicago VA Medical Center**

- Surgical and Emergency Departments
- Acute Medicine
- Women's Wellness Clinic
- Skilled Geriatric
- Rehabilitation Center

**Tuesday – June 13, 2006**

**VISN 12 WVPM, Katherine Dong, MS (Attachment 7)**

- Goal 1 – Restore the Capabilities of Veterans with Disabilities
  - Increase number of referrals for women for mental health treatment related to Military Sexual Trauma (MST)
  - Increase number of veterans served by Women Veterans Stress Disorder Treatment Program
  - Provide clinic update on Women's Health
    - Clinical updates provided in 2003, 2004, and 2005
    - Handouts on intranet; videos available
  - Mechanism for provision of short-term, inpatient mental health care in a therapeutically appropriate environment
- Goal 2 – Ensure a Smooth Transition from Active Duty to Civilian Life
  - Provide information on women's services on the VISN 12 internet site
  - Increase enrollment of returning women from OEF/OIF
- Goal 3 – Honor and Serve Veterans in Life
  - Ensure appointments available within 30 days
  - Compile a clinical inventory of services; identify gaps and develop mechanisms to address them
  - Assess patient satisfaction with contracted and fee based maternity care



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- Goal 4 – Contribute to the Public Health
  - Provide information on women veterans during New Employee Orientation
  - Provide information during New Resident Orientation
  - Increase employees who complete on-line training about women veterans
- Enabling Goal – Deliver World Class Service
- Pregnancy/Lactation Reminder
- Special Goal – Patient Privacy

**Iron Mountain VAMC, Julie Wright, MSW (Attachment 8)**

- Total veteran population = 67,669
  - Female veteran population = 3,251
- Total veterans served in FY05 = 17,715
- 5 ICU beds, 1 overflow
- 14 medical/surgical beds
- 40 nursing home beds
- 6 Community Based Outpatient Clinics
- Total female uniques = 885 (5% of total)
  - 768 veterans
  - 110 ChampVA
  - 5 Sharing agreement
  - 2 TRICARE
  - 584 women seen in Primary Care
  - 282 women seen in Women's Wellness
  - Average age is 56
  - 44% married; 29% divorced
  - Services provided
    - Primary Health Care
    - Pelvic examination
    - Breast examination
    - Pap smear
    - Imaging services(fee based)
    - 5 deliveries in FY 05
    - 2 current pregnancies
    - Basic gender-specific care
    - Maternity care services (fee based)
    - Osteoporosis screening & treatment
    - Mental Health services
    - 4 deliveries in FY 06
    - Sexual trauma counseling and treatment
- Services referred
  - Gynecology
  - Infertility
  - Endocrinology
  - Oncology
- Women Veterans Health Committee
  - Meets quarterly
  - Membership
    - Performance Improvement
    - Nurse Executive

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- Chief of Housekeeping
- Food Service
- Women's Wellness Provider
- Women's Wellness RN
- MST Coordinator
- Women Veterans Program Manager
- Reports on pregnancies, pap smears, mammograms, mental health services, and clinic satisfaction survey
- Accomplishments
  - Breast screening
    - 2005: 49 of 55 screened
    - 2006: 35 of 35 screened
  - Cervical Screening
    - 2005: 39 of 41 screened
    - 2006: 22 of 23 screened

**Hines VAMC, Diane Shearod, LCSW (Attachment 9)**

- Tertiary Care Facility
  - Inpatient Care
  - Outpatient Care
  - Surgical Care
  - Primary Care
- Specialty Care
  - Referral center for the network
    - Cardiac surgery
    - Sleep studies
    - Neurosurgery
    - Radiotherapy
    - Spinal Cord Injury (SCI) acute and residential care
    - Blind Rehabilitation Center
  - Extended Care
  - Psychiatric Residential Care
  - Home Based Primary Care
- Demographics
  - Outpatient visits – 551,914
  - Inpatients treated
    - 7,963 Hospital
    - 788 Extended Care Center (ECC)
  - 472 Total operating beds
  - 199 Nursing Home Care Unit beds
  - 69,055 Total number of enrolled veterans
- Primary Institutional Affiliation
  - Loyola University of Chicago
  - Stritch School of Medicine

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- 450 Projects
- Diverse Research Program
  - 140 Investigators
- New Initiatives
  - Enhanced use agreement with Catholic Charities to renovate and establish transitional living center and low income senior center
  - 2005 winner of the GSA Achievement Award for Real Property Innovation
  - Completed construction and activation of a new Blind Rehabilitation Center and Spinal Cord Injury Center
  - Poly-trauma Center
- Women's Health Program
  - Ensure women veterans have access to VA benefits & services
  - Ensure VA health care and benefits programs are responsive to the gender-specific needs of women veterans
  - Engage in outreach to improve women veteran's awareness of VA services, benefits and eligibility
  - Advise the Director on all matters related to programs, issues, and initiatives for and affecting women veterans
  - 3,520 women veterans enrolled
  - Median age is 52
  - Gender specific services provided at all 7 CBOCs
- Services for women veterans
  - Primary Care
  - Contraceptive Services
  - Menopause Management
  - Smoking Cessation Program
  - Infertility evaluation and referrals
  - Breast/Cervical Cancer Screening
  - STD Screening
  - Community referrals
  - Maternity benefits
  - Counseling and treatment for MST
- Women Veterans Health Committee
  - Meets quarterly
  - Multidisciplinary membership
    - Women Veterans Program Manager
    - Ambulatory Nursing
    - Facilities Management Services
    - Mental Health Service Line
    - Nutrition and Food Service
    - Patient Advocate
    - Pathology and Lab Medicine Service
    - Patient Administration Service
    - Patient Education Representative
    - Women's Health Clinic Physician Director
    - Performance Improvement
    - Vet Center Counselor
    - Information Resource Management
  - Plan outreach and education

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- Performance improvement
- Military Sexual Trauma Team
  - Meets every two (2) months
  - Provide consultation and education to staff
  - Individual therapy
  - Telemental-health
  - Art Therapy Group
  - Referrals made to Vet Center MST Group
- Accomplishments
  - Monthly chart reviews of Pap smears and mammograms
  - Bi-annual clinical reminders detailed report for pap and mammograms
  - Monthly monitoring of “no-shows” rates
    - Process action team developed to improve “no-show” rate
      - Send appointment reminders
      - Follow-up calls to “no-shows”
  - Patient satisfaction survey
  - Added nurse managed clinic in primary care
  - Developed health education classes to focus on cervical and breast cancer awareness
  - Implemented a standard operating procedure for General Medicine Clinic
  - Published bi-annual educational flyers
  - Collaborated with the Federal Women’s Program on Breast Cancer Awareness and Healthy Heart Education Activities

**Jesse Brown VAMC, Jill Feldman (Attachment 10)**

- Primary Care facility
- Major teaching hospital
- Psychology internships and training placements
- Women Veterans patient population
  - Average age is 47.6
- Current programs
  - Medicine
  - Surgery (no neuro or cardiac)
  - Acute psychiatry
  - Physical Medicine & Rehabilitation
  - Neurology
  - Oncology
  - Dentistry
  - Geriatrics
  - Outpatient – Primary & Specialty
  - Mental Health Services
    - Psychiatric Residential Rehabilitation Treatment Program
    - Substance Abuse Residential Rehabilitation Treatment Program
    - Day Hospital for acute psychiatric stabilization

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- Drug Dependence Treatment Center
- Addictions Treatment Program – Out-patient
- Out-patient psychotherapy and supportive counseling
- New 200 Inpatient Bed Tower
  - Scheduled for FY 07 completion
  - 100 private rooms
  - 50 semi-private rooms
  - Medicine ward
  - Surgery ward
  - Acute Psychiatric wards
  - Intensive Care Unit
  - New operating room
  - Same day surgery & registration
- St. Leo's Project
  - Working with Catholic Charities to pilot housing project for homeless veterans on the South Side of Chicago
    - Affordable housing
    - Job training
    - Placement and supportive services
  - Two-story CBOC and Vet Center
    - Primary care
    - Limited specialty clinics including mental health
  - Scheduled for FY 07 completion
- Women's Health Clinic
  - Primary Care
  - Gynecology
  - Breast care & oncology consultation
  - Mental health counseling
    - Sexual trauma
    - Combat trauma
    - Anger/stress management
  - Psychiatry
  - Pharmacology
    - Diabetes
    - High blood pressure
    - Cholesterol management
    - Smoking cessation
  - Non-service line reporting
  - Dedicated space
  - Multidisciplinary staff
  - Collaboration and coordination of care
  - Top 12 Diagnoses
    - PTSD
    - Opiate Dependence
    - Hypertension
    - Schizo-affective Disorder

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- Diabetes
- Disorders of the Teeth
- Alcohol Dependence
- Bi-polar Disorder
- Obesity
- Major Depressive Disorder
- Hyperlipidemia
- Special Service
  - Women's Mental Health Team
    - Life and Emotional Management Group
    - Substance Abuse Treatment Group
    - Trauma Support Group
    - Schizophrenia Support Group
    - Dance Movement Therapy
    - Self Defense Training
    - Trauma Recovery Writing Group
  - Gynecology
    - Surgeries (off-site)
    - Maternity care contract
    - Infertility care (off-site)
  - Breast Care Consultation
    - Breast Surgery (on-site)
- Mammography Evaluation Project Findings
  - Interventions recommended
    - Audiovisual breast cancer & mammography education
    - Chicago Transit Authority (CTA) Voucher and Transportation Brainstorming Assistance
    - Provider education
  - Challenges in finding contract and fee based care providers
    - Slow payment
    - Cumbersome invoice documentation
    - Low rate of reimbursement
- Military Sexual Trauma
  - Consultation Group
  - Quarterly conference calls
  - Ear to VISN Mental Health Advisory Board
  - Challenges
    - Standardization/quality control for CBOCs
    - Contracted mental health
    - Adequate treatment resources especially in CBOCs for OEF/OIF veterans
    - Consistent and comprehensive screening

**Milwaukee VAMC, Kathleen Breunig, RN, NP (Attachment 11)**

- Serves more than 234,000 veterans
- 170 acute care operating beds

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- 113 nursing home beds
- 356 domiciliary beds
- 72 bed transitional housing program
- 533,555 outpatient visits for FY05
- 4 Community Based Outpatient Clinics
- Women's Health Clinic
  - 1,600 female veterans surveyed
  - Comprehensive primary care clinic
  - Clinic Team Members
    - Medical director
    - Nurse practitioner/WVPM
    - Staff physicians
    - Gynecologist
    - Psychologist
    - Social Worker
    - Registered nurses
    - LPN/Health Techs (HT)
    - Patient Services Assistant (PSA)
    - PharmD
    - Dietician
    - Medical residents, psychology interns, social work and nursing students
  - 8 half-day clinics per week
  - Gynecology clinic 1 half-day per week
  - 1,016 active patients enrolled
  - Average age 48.4
  - 46% with service-connected disabilities
  - Services offered
    - Primary Care
    - Cancer screening
    - STD screening
    - Menopause management
    - Breast cancer care
    - Mental health services
    - Gender-specific care
    - Contraceptive management
    - Infertility evaluation
    - Osteoporosis management
    - Gynecological evaluation/surgery
  - Off-site services
    - Mammogram screening
    - Prenatal/maternity care
    - Gyn-oncology and gyn-urology
  - Women's Focused Groups
    - Sad Snacker Group (weight loss and emotional eating)
    - Gulf War Female Veterans Group
    - Sexual Trauma Therapy Group
    - Women's Coping Therapy Group
    - Women's Relaxation/Stress Management Group

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- Gender Sensitive Environment
  - Women's Clothing Room
  - Lactation Room
- Women Veterans Health Committee
  - Quarterly meetings
  - Membership
    - Medical director
    - MST coordinator
    - Social work
    - WVPM
    - CBOC representatives
    - Primary care division leader
    - Primary care program analyst
  - FY 06 Initiatives
    - On-site bone mineral density (BMD) testing
    - Improved clinic access
      - Increased number of half-day clinic sessions
      - Improved access for urgent care needs
      - Increased number of resident clinic sessions
    - Privacy enhancements
      - New female gowns, robes
      - Walk rounds
      - Additional privacy curtains
      - Facility-wide Women Veterans Advisory Council
        - Includes female veteran consumer
      - Increased staff awareness/sensitivity to women's health issues
    - Collaborative project: breast cancer screening
      - Performance measure for mammogram screening
      - Review of mammogram screening process

**William S. Middleton Veterans Hospital, Gail Hunt, LCSW (Attachment 12)**

- 87 inpatient beds
- 215,000 outpatient visits per month
- 5 Community Based Outpatient Clinics'
- Affiliated with University of Wisconsin
  - Medical School
  - School of Nursing
  - School of Pharmacy
  - School of Social Work
- Specialty Programs
  - Women Veterans Health Program
  - Women's Stress Disorders Treatment Program



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- Geriatric Research, Education and Clinical Center
- Heart and Lung Transplant Program
- Addictive Disorders & Substance Abuse Residential Program.
- Compensated Work Therapy (CWT)/Vocational Rehabilitation (VocRehab)
- Epilepsy Center
- Services provided
  - Primary Care
  - Gender specific care
  - Infertility work-ups
  - Menopause management
  - STD screening
  - Screening for domestic violence, depression, and alcohol/drugs
  - Gender specific care
  - Contraceptive Service
  - Maternity fee basis care
  - Bone Mineral Density testing
  - Mental Health Services
- Women's Health Clinic
  - Satellite clinic for University of Wisconsin Center for Women's Health Research
  - 4 half-day clinics per week
  - 30 residents have 1 Women's Health clinic every other week for 3 years
  - Trainees in nursing, social work, medicine, psychiatry, gynecology and pharmacy
- Women's Health Advisory Board
  - Meets quarterly
  - Multidisciplinary membership
    - Medical doctor
    - Nurse practitioner
    - Registered Nurse
    - Physical Therapist
    - Facility Management
    - Vet Center
    - Wisconsin Department of Veterans Affairs
    - Women veteran consumer
  - Women's Health Fellowship Program
    - Train academic leaders in women's health
    - One of 8 VA fellowship programs
    - 2 current fellows funded and 2 other fellows from other NIH sources
    - 10 physicians have completed program
    - 3 former fellows have tenure track positions at major academic medical centers, 2 at VAMCs
  - Women's Stress Disorders Treatment Program
    - Joint effort with North Chicago VAMC
      - Address aftereffects of military related trauma
  - Demographics
    - Average age 50.6 (range 20-98)
    - 46% received service-connected disability

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- Accomplishments
  - Toys & books for children in waiting area
  - Increase in FTEE for Nurse Case Manager
  - Clinic space with private bathroom
  - Integration of all medical residents into Women's Health clinic
  - Improved system for tracking abnormal mammograms
  - Pregnancy/lactation flag on chart to alert providers to patient's health status and medication contraindications

**Tomah VAMC, Lisa McGuire, MSW (Attachment 13)**

- 21 bed facility
- Primary Care
- Mental Health Services
- Nursing Home Care
- 4 Community Based Outpatient Clinics
- Services for Women Veterans
  - Primary Care
  - Gender specific care
  - Contraceptive and infertility services
  - Bone Density Testing
  - Mammography (contracted)
  - On-site pelvic and pap exams
- Accomplishments
  - Revised medical center policy for treatment of victims of sexual assault
  - Use no-show monitor to reduce missed opportunities in Women's Clinic
  - Provide bone density screening with new dexascan equipment
  - Community Outreach
    - WVPM and OEF/OIF Points of Contact attended Women Veteran's Health Fair
- Women Veterans Health Committee
  - Membership
    - Women Veterans Program Manager
    - OEF/OIF Point of Contact
    - OEF/OIF Combat Veteran Case Manager
    - Women Veteran Program clinical staff
    - MST Counselors
    - Female veteran from the community
    - Staff Social Worker
    - Primary Care Service Line Manager
  - Meets monthly

**Open Discussion with Women Veterans Program Managers**

- **If you had an open checkbook, what would you spend it on?**
  - Larger clinic
  - More staff
  - Program assistant/secretary
  - Specific area for women's only clinic
  - Program support
  - Outreach

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- Gyn: full time or increased time
- Transvaginal ultrasound
- Waiting area for the women's clinic
- More time for the Program Manager
- More clinic days
- Contract mammography
- Onsite pap & mammography
- Residential facility for sexual trauma

**The Seamless Transition Process in VISN 12, Ms. Jean Bromley, MSW, Seamless Transition Point of Contact for VISN 12, Zablocki VAMC, Milwaukee, Wisconsin (Attachment 14)**

- Fifth highest in treating OEF/OIF veterans
- Third highest in treating women OEF/OIF veterans
- Priority
  - Adapting facilities and care systems to meet the needs
- Partnership
  - Women Veteran Program Manager partners with OEF/OIF Points of Contact
- Review of environmental conditions, policies, and staff training needs
- Outreach
  - Post deployment health reassessment events
  - Memorandum of Understanding (MOU) with Wisconsin National Guard
    - Request forwarded to Illinois National Guard for similar MOU
  - Family events
  - Media – television, radio, newspapers
  - Community activities
- Activities
  - Physical Evaluation Board
  - DoD list of recently separated service members
  - Enhanced post-deployment services
- Staff Training
  - VISN Leadership Development Program
  - VISN Training
  - Mental Health Training
  - Polytrauma
  - Rehabilitation Needs

**Update on mammography services in VISN 12, Mark Van Drunen, M.D., Chief, Radiology Services, Hines and Jesse Brown VAMCs (No handouts provided)**

- 1993 Mammography Quality Standards Act did not include VA mammography
- 1996 Congress mandated that VA Quality Standards – no less stringent than other federal standards
- Hines has the only fixed mammography unit in VISN 12
- Perfect score 7 years in a row
- 7 radiology technicians on staff
- 2005 – 8800 mammography sites nationwide

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- 30 mammography sites in VA
- Expensive equipment
  - 4 times as expensive as film based equipment
  - Computer based, digital
  - High resolution workstations
- Regulatory overhead
- Will see significant decrease in sites doing mammography
  - Contracting out or fee based because of high overhead
- Statement of work – lists out all the details needed in a contract
  - Patient and physician notification required
  - Report access
  - Quality will be held as number 1 issue
- Care will remain the same but number of internal VA sites providing mammography will be drastically reduced
- Osteoporosis screening

**Emergency Room Sexual Assault Process – Dr. Lisa Bodell, Chief of Emergency Room Care, Cathy Spillner, Social Worker (Attachment 15)**

- Process when victim of sexual assault presents
  - Women veteran walks through the door
  - They will see the triage nurse and asked why they are there
  - Upon indication that it is a sexual assault they will be taken to a private treatment room
  - Registration will come back and register the patient
  - VA police must be notified; they will notify police department of jurisdiction
    - State law requires reporting
    - Restricted versus unrestricted: will work out between VA and DoD
  - ER physician will perform the (sexual assault collection kit) rape kit.
    - Nurses are undergoing training at this time and will be do the kits when they become qualified
  - Domestic violence

**Wednesday – June 14, 2006**

**Resident Training**

- **Cathy J. Lazarus, M.D., F.A.C.P., Senior Associate Dean for Student Affairs and Medical Education Professor of Medicine, Chicago Medical School Rosalind Franklin University of Medicine and Science (Attachment 16)**
  - First Year Medical School Curriculum
    - Basic Science Courses
      - Biochemistry discusses specific women's health issues
    - Genetics
      - Pregnancy screening
    - Ethics

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- Treatment of chronic pain and addiction
- Second Year Medical School Curriculum
  - Preventative medicine
    - Prevalence and incidence among major diseases in women
    - Lecture topics on aviation medicine
    - Weapons of mass destruction
- Third Year Medical School Curriculum
  - Psychiatry
    - Diagnosis of Post Traumatic Stress Disorder
    - Substance abuse and addiction
    - Major depression
  - Obstetrics and Gynecology
    - Menstrual cycle
    - Contraception
    - Sexually Transmitted Disease
    - Gender specific diseases such as uterine and cervical cancer
- Fourth Year Medical School Curriculum
  - Gynecologic Oncology
  - Uro-gynecology
  - Clinical nutrition
  - Occupational & Environmental medicine
  - Maternal – fetal medicine
  - Clinic management of chronic pain
- Future Plans
  - Incorporation of the “Heart Truth” standardized patient case
    - Risk assessment and screening
    - Patient education and counseling
    - Cultural issues and concerns
    - Cardiovascular disease in women
- **Sant P. Singh, M.D., ACOS/Academic Affairs & Chief, Endocrinology Section, VAMC North Chicago (Attachment 17)**
  - Training programs and North Chicago VAMC
    - Audiology/speech pathology
    - Bio-medical engineering
    - Health information technology
    - Medical Laboratory
    - Nursing
    - Podiatry
    - Psychology
    - Optometry
    - Pharmacy
    - Physician Assistant
    - Medicine
    - Occupation and Physical Therapy
    - Psychiatry
    - Social Work
  - Affiliated Institutions
    - 29 Universities, colleges, technology schools and specialty clinics

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- Achievement
  - 99% Medicine
  - 100% Mental Health
  - 93% Long Term Care
  - 100% Podiatry
- North Chicago VAMC paying Staff via a disbursement agreement
- \$3M allocated for current academic year
- Purpose of Survey completed
  - To measure the perceptions of learners who had a VA clinical training experience
  - To identify areas for improvement in the learning experience
  - To monitor the national performance measure for VA's Teaching Mission

**Veterans Benefits Administration, Chicago VA Regional Office**

- **Ms. Joyce M Kelly, Coach, Public Contact Team, Chicago VA Regional Office** (Attachment 18)
  - Workload Impact
    - Special Six State Outreach
    - Security Breach
    - Sun-Times Articles
    - Staff Retirements
    - New Hires and Trainees
  - Outreach Conducted
    - Minority Veterans
    - Ex-Prisoners of War
    - Women Veterans
    - Stand Down
    - Reserve & Guardsmen
    - Homeless
    - Military Services
    - Elderly
    - OEF/OIF
  - Fiduciary
    - Helpless adults
    - Orphans
    - Incompetent veterans & spouses
- **Ms. Sheila Henderson, Women Veterans Coordinator, Chicago VA Regional Office** (attachment 19)
  - Available to women veterans if services are requested at the interview site
  - Available for telephone calls from veterans if MST is the issue
  - All MST calls, questions or claims
  - Outreach
    - Information and pamphlets
    - Attend seminars locally
    - National women veterans conferences
    - Correspondence to women veterans

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- Future plans
  - Attend more conferences
  - Maintain contact and serve more effectively on committees
  - Do more outreach

**Illinois Department of Veterans Affairs, Ms. Johnny M. Smith, Veterans Education Specialist, State Approving Agency, Illinois Department of Veterans Affairs (IDVA) (Attachment 20)**

- Illinois Department of Veterans Affairs (IDVA) departments
  - State Approval Agency (SAA)
    - Approves college and non-college degree programs
    - Vocational flight training
    - Apprenticeships
    - On-the-job training
  - Troops to Teachers (TTT)
    - Assist eligible military personnel to transition to teaching position
    - Assistance with certification requirements
    - Employment leads
  - Field Services
    - Provide daily outreach to community veterans
    - Direct assistance to veterans in filing State and Federal VA Claims
    - Veteran Service Officers
    - Required to host and participate in annual community benefits fairs
  - Grant Division
    - Bonus payments
    - Vietnam Veteran Survivors Compensation
    - Prisoners of War (POW) Compensation
    - Survivors' Compensation
    - Cartage and Election Fees
    - Graves Registration
    - Educational Opportunities for Children
    - Missing in Action (MIA)/POW Scholarships
    - Real Estate Tax Exemption
    - Specialty Adapted Housing
    - Tax Exemption for Mobile Homes
    - Camping & Admission Fees
    - Hunting & Fishing Privileges
  - State Veterans Homes (4)
    - Long-term care
    - Volunteers and veterans organizations provide supporting activities
    - Ensure full and complete quality of life
  - IDVA has no specific benefits for women veterans
  - IDVA Annual Special Events

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**National Cemetery Administration, Ms. Maria E. Garza, Director, Wood National Cemetery (Attachment 21)**

- Honors veterans with a final resting place and lasting memorials that commemorate their service to our Nation
- Mission driven, results oriented, customer focused
- 123 cemeteries
- 1,589 Full time employees; 63% are veterans
- \$346 Million for total programs
- Five Memorial Service Networks
  - Philadelphia, PA
  - Atlanta, GA
  - Denver, CO
  - Indianapolis, IN
  - Oakland, CA
- Provide burial space for veterans and maintain cemeteries as National shrines
- Administer the Federal grants program for construction of state veterans cemeteries
- Administer the Presidential Memorial Certificate Program
- Encourage states to build veterans cemeteries

**Women's Health and Mammography Services; Successes and Challenges, Michael H. Anderson, Captain, MC, USN Commanding Officer Naval Health Clinic Great Lakes (Attachment 22)**

- Women's Health
  - Program Goals
    - Provide state of the art multidisciplinary care to women veterans and women DoD beneficiaries to include wellness and comprehensive non-reproductive medical and surgical services
    - Provide health education through use of diverse media and educational materials to promote healthy lifestyle and partner with our patients through all ages and stages of life
  - Desired Outcomes
    - Meet increased demand
    - Streamlined multidisciplinary care
    - Coordinated wellness services
    - Improved coordination for interdisciplinary care for chronic pelvic pain, mental health and gynecological disorders
  - Challenges
    - Marketing
    - Lengthy procurement process
    - GS hiring process
    - Credentialing within two different systems
- Mammography Services
  - Program Goal



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- To provide state of the art mammography and breast-related interventional services to women veterans and women DoD beneficiaries to provide advanced services relating to breast care health.
- Desired Outcomes
  - Increase access and monitoring
  - Decrease waiting time
  - Recapture all outsourced mammography and stereo tactic studies
  - Streamline multidisciplinary care
  - Improve continuity of care
  - Coordinate wellness educational services
  - Increase access and integration with community services
- Challenges
  - Minor delays in delivery of equipment and in room upgrades
  - Lengthy process for civilian GS hiring
  - Funds saved due to hiring delays have been approved for the purchase in Computer Aided Detection (CAD) equipment

**Tour of Naval Health Clinic Great Lakes**

- Women's Clinic
- Breast Clinic
- Mammography suite

**Thursday – June 15, 2006**

**Polytrauma Rehabilitation, Dr. Monica Steiner, Chief, Physical Medicine and Rehabilitation, Hines VAMC (Attachment 23)**

- Polytrauma Definition
  - An injury to the brain in addition to other body parts or systems resulting in physical, cognitive, psychological, or psychosocial impairments and functional disability
- Over 8,000 deployed from area
- 504 OEF/OIF
  - 63 active duty
  - 441 separated
  - 13 injuries
    - 9 Improvised Explosive Device
    - 1 rocket propelled grenade (RPG)/helicopter crash
    - 1 mortar attack
    - 1 Bradley motor vehicle accident
    - 1 gun shot wound
    - 4 Traumatic Brain Injury, 5 blind rehab, 4 amputation, 1 Spinal Cord Injury
- Polytrauma Program

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- Point of Contact for OEF/OIF
- Point of Contact for polytrauma
- Social worker
- Point of Contact for each facility
- National polytrauma conference calls
- Inventory of services
- Polytrauma team meetings
- Strategic Planning Committee on OEF/OIF outreach
- Purchase of new equipment
- Delivery of seamless high quality services & follow up across a continuum of care
- Focus
  - Interdisciplinary Team
  - Track and follow up patient care
  - Coordinate care in VISN
  - Telehealth development
  - Staff education

**Inpatient/Outpatient Mental Health Services for Women**

- **Dr. Amanda Weiss, Psychiatrist, Women's Stress Disorder Treatment Program, North Chicago VAMC (Attachment 24)**
- **Julianne Hish, MS, APRN,BC, CCM, Clinical Nurse Specialist Women's Stress Disorder Treatment Program (WSDTP), North Chicago VAMC**
  - Assist eligible women veterans to resolve post-traumatic stress (PTSD) related issues surrounding their military service
  - Goals
    - Provide an initial evaluation of identified women veterans who have experienced either sexual trauma and/or combat related trauma during their military experience
    - Once PTSD symptoms are diagnosed, specific treatment is identified to meet the needs of the individual veteran
    - Assist women veterans to achieve an increased sense of satisfaction and control in their lives while decreasing the impact of past events over their present experience
  - Women veterans are identified
    - Clinical reminders in computerized medical record
    - Screening questionnaires
  - Services
    - Ensure women veterans get the appropriate interventions for PTSD and are provided supportive services in the process of their recovery
      - Assessment
        - Elicits strengths, needs and goals
        - Identifies need for further or specialty evaluation

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- Development of treatment plan
- Treatment
  - Provide services to assist improved health outcomes
  - Pharmacotherapy to treat the symptoms and increase functioning
  - Individual Therapy including Stress Reduction supportive and psychotherapy
  - Group therapy
    - Dialectical behavioral therapy
    - Self-care Skills
    - Stress Management
  - In-patient hospitalization for veteran's safety and stabilization of crisis
  - 2,108 Women veterans registered in FY06
  - 94 uniques with PTSD in WSDTP
  - 23 women veterans with MST in WSDTP
  - Demographics of OEF/OIF women veterans
    - 22 PTSD
    - 15 Depression
    - 8 Anxiety and Personality Disorder
    - 8 Substance Abuse
- Case Management
  - WSDTP and Women Veterans Coordinator have collaborated on treatment planning for two veterans in need of in-patient PTSD program addressing MST
  - 26 women veterans in past 4 months with MST

### **Tour of Acute Psychiatry unit**

#### **Evanston Vet Center Presentation, Dr. Betsy Tolstedt, Readjustment Counseling Services, Team Leader, Evanston-Rockford Vet Center (Attachment 25)**

- Main office in Evanston
- Permanent outstation in Rockford
- Women veteran out-stationed activities in Lake County, IL
- 8 full-time staff
- 267 Active clients
- Sexual Trauma Veterans
  - 28 female
  - 6 male
- Strategies for Women Veterans
  - Collaboration with VAMCs in Chicago area and other Vet Centers
  - Newsletter

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- Up-to-date and classic programming
- Special projects
  - Intimacy Group
  - Outdoor Challenge Group

**Patricia Hagerbaumer, M.A., Women Veterans Coordinator, Evanston Vet Center**  
(Attachment 26)

- Profile of Treatment
  - Assessment (may experience the following)
    - Pre-military History
      - Neglect
      - Sexual Abuse
      - Plans for future
      - Recruiter offers what she wants with military hiring or career
    - Military History
      - Does well in boot camp and training
      - Rape/sexual assault
    - Post-military History
      - Everyone says “get over it”
      - Can not function in a job
      - Abusive relationships
      - Does not fit-in anywhere
      - Chronic pain increases
      - Depression and suicidal thoughts get worse
      - Finally, seeks help
    - Current Status
      - Living arrangements
      - Support system
      - Employment
      - Health
      - Financial Situation
    - Assessment
      - Symptoms
      - Coping skills
      - Strengths & weakness
      - Limitations caused by health, financial situation, living situation and lack of support
  - Goal of Treatment
    - Treatment Plan
      - Develop a sense of self
      - Individual therapy
      - Resilience class
        - Learn to calm body and mind

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- Identify emotions
- Discover the rules learned in childhood
- Develop competence in regulating emotions
- Address traumas
- Recognize how past has shaped her
- Accept and love the person she is
- Find her place in her world

**Domiciliary, Substance Abuse programs, Mr. William Flood, MSW, Program Director, Domiciliary Homeless Program, North Chicago VAMC (Attachment 27)**

- Domiciliary Homeless Veterans Rehabilitation Program (HVRP)
  - Substance free residential therapeutic community
  - Active rehabilitation focus
  - Provide eligible homeless veterans with opportunity to develop or improve skills necessary to function as self-sufficient members of society
  - Addresses emotional, physical and/or social impairments associated with homelessness
  - Emphasizes honesty, personal responsibility, problem solving
  - Identify and work on problems
  - Treatment provided in groups to assure greatest possible opportunity for constructive growth
  - Integration of basic concepts
    - Cognitive-Behavioral (CB) skills training
      - Treats coping skills deficits and biases in attitudes and beliefs
    - Therapeutic Community (TC)
      - Treats the serious social/interpersonal problems and dysfunctional lifestyles
  - Five P's
    - Personal Responsibility
    - People
    - Play
    - Problem solving
    - Practice
- Domiciliary Psychosocial Rehabilitation Program (PSR)
  - Assists homeless veterans who have a diagnosis of mental illness to secure employment and housing
  - Establishes goals based on a comprehensive assessment of needs
- Domiciliary Addiction Treatment Program
  - Primary addiction treatment
  - Psychopharmacological and pharmacological interventions
  - Health maintenance and clinic interventions
  - Continual addiction, conduct and mental health assessment
  - Modified Therapeutic Community, Cognitive Behavioral, Psycho-educational, Motivational Enhancement and 12-step treatment model

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- Icarus II Residential Treatment Program
  - Behavior modification
  - Modified therapeutic community treatment modality
  - Focuses on hard-core drug abusers
  - Residents attend groups and classes
  - Residents obtain and complete house jobs
  - Privileges are earned
  - Strong alumni and community network
- Multidisciplinary treatment teams
  - Physicians
  - Nurses
  - Social Workers
  - Psychologists
  - Recreation Therapist
  - Domiciliary Assistants
  - Addiction Therapist
- Expansion of women's health care services
  - Emphasis on coordination of women's medical services
  - Increase screening and referrals to MST Coordinator and WSDTP
  - Women's Only Support Group
  - Upgrading living areas
  - Upgrading personal hygiene spaces
- Women Veterans Treated to date in FY06
  - 7 Domiciliary
  - 7 Domiciliary Psychosocial Rehabilitation
  - 4 Addiction Treatment Program
  - 1 Icarus II

**Tour of Domiciliary, Substance Abuse inpatient unit**

**Friday – June 16, 2006**

**Town Hall Meeting VA and DoD Women Patients**

- **Exit Interview with Key Leadership**
  - Committee was not here to inspect but merely to learn.
  - The VISN's support is very obvious
    - 6 of the 7 WVPs have at least 10 hours for their administrative duties
    - Travel for face-to-face meetings twice a year is supported
    - One is a member of the VISN mental health advisory board
    - VISN should include the Women Veterans Strategic Plan into the Strategic Goals of the VISN

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- Would provide a comprehensive approach to the provision of services and meeting the needs of women veterans in the VISN
- Lead WVPM is a member of the Strategic Planning Committee.
- Need for a clear evaluation of an approach of outreach.
- The VISN needs to make a concerted effort to prioritize the strategic plan goal emphasizing and addressing its outreach goals.

**North Chicago VAMC/Naval Health Clinic Great Lakes Partnership**

- Partnership is very historic
- Provides great opportunity for creative initiatives
- Important to provide information and maintain communication lines
- Protection of the WVPM in her position to assist the women veterans is vital
- Continual evaluation of the Women's Wellness Clinic
- Restricted/unrestricted reporting by active duty military raises a number of questions
  - Dual standard of practice (VA/DOD) relative to the reporting policies of sexual assault
  - Issue needs to be further explored through your governing bodies.
  - May need legal interpretation on how this policy can be applied consistently and with attention to both VA and DOD requirements.
- **Women's Wellness Clinic**
  - **Strengths**
    - Clinic has grown from one half day to nine half days per week
    - Full time primary care physician for women
    - Strong mental health component.
    - Well-coordinated mammography program
    - The breast cancer screening performance measures are up to 89%.
  - **Opportunities for Improvement**
    - Position of the exam tables and privacy curtains in exam rooms.
    - Obvious absence of military/veteran-oriented pictures.
    - There is no eating disorder program in the VISN.
    - Picture of WVPM at strategic locations in facility would be beneficial
    - Provide WVPM contact information on the back of handouts utilized by women veterans.
- **Seamless Transition**
  - **Strengths**
    - Electronic continuing education modules includes women veterans.
- **Mammography**
  - **Opportunities for Improvement**
    - National sampling methodology for EPRP is problematic due to the small sample size.

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- **Resident Training**
  - **Strengths**
    - Standardized patient practice model to include all veterans
    - Integrate sexual assault training
  - **Opportunities for Improvement**
    - Consider veterans, specifically women veterans, in training
    - Military sexual trauma component be included
    - WVPM should be involved in the training and orientation process
    - Veteran specific training was not embraced in the curriculum
    - Trainees must receive a mandatory training by the VA regarding veterans
    - The Veteran Health Initiative (VHI) modules be made available to them and that they be encouraged to utilize them
  
- **Veteran Benefits**

Committee noted it was unfortunate that someone in a senior leadership capacity was unavailable to provide a briefing.

  - **Strengths**
    - Partnership between VBA and medical center in outreach to women veterans
    - Director provides support to the Women Veteran Coordinator
  
- **Illinois Department of Veterans Affairs**
  - **Strengths**
    - Heavy invested in veteran programs
  - **Opportunities for Improvement**
    - No women veteran specific programs because “veterans are veterans”.
    - State should have a specific Women Veteran Point of Contact.
    - Appointment of a Women Veteran Coordinator
  
- **National Cemetery Administration**
  - **Opportunities for Improvement**
    - Outreach materials on site
  
- **Poly-trauma (Hines)**
  - **Strengths**
    - Clearly have an integrated team approach
    - Integrate best practice models into their programs
    - Clear understanding of the work they do
    - Provides great advantage in the VISN for polytrauma
  - **Opportunities for Improvement**
    - Explore alternative treatment modalities in the area of pain management



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- Consider addition of psychologist that specializes in the treatment of women veterans
  
- **Women Veteran Stress Disorder Treatment Program**
  - **Strengths**
    - Filling a great need in this area.
    - Consults are responded to within 7 days
    - Quality criteria is the completion of the intake assessment and treatment plan within 14 days of the second contact
  - **Opportunities for Improvement**
    - Well utilized program that has reached capacity and is in need of resources.
    - Psychiatrist time needed to be increased.
    - The MST Coordinator position needs specific administrative time.
    - The caseload of the clinical nurse caused at least 16% of those needing assistance to be outsourced.
  
- **Vet Center**
  - **Strengths**
    - Adapting activities to accommodate the clients
    - Strong collaboration with Medical Center
    - Very responsive to the needs of the women veterans
    - Strong presentation on the profile of treatment for sexual trauma clinic
  - **Opportunities for Improvement**
    - Gender specific combat related PTSD programs for women veterans.
  
- **Acute Inpatient Psychiatry**
  - **Strengths**
    - Looking forward to the new renovated unit
  - **Opportunities for Improvement**
    - Embarking on an opportunity that is very cutting edge.
    - The committee is asking a separate area for female inpatient psych.
      - Demonstration project providing a best practice within VA.
      - JIF funding could be utilized
  
- **Homeless Domiciliary**
  - **Strengths**
    - Make accommodations for women veterans
    - Women are screened for MST and referred over to the women veterans treatment program
    - Work with city homeless outreach team
  - **Opportunities for Improvement**
    - Need to look at having locking doors throughout
    - VISN may need to consider how outreach is done with women veterans.

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- Need for a women on the outreach team on the street
  - Unsure how many homeless veterans were being contacted.
    - Unknown number of homeless women veterans.
    - May want to consider why they are being placed in outside residences.
  - No restricted designated area for women in Domiciliary
  - Need for gender specific women veteran support and educational groups
- **Women Veteran Program Managers**
  - **Strengths**
    - Great support from the VISN and their medical center Directors.
    - Developed educational modules and are able to provide information at new employee and affiliate resident orientation
    - Programs reflect the depth of experience they have
    - Milwaukee has made a unique utilization of space in the creation of a lactation room.
    - Proactive response to the outreach for OIF/OEF women veterans.
    - They have a strategic plan
  - **Opportunities for Improvement**
    - During the affiliate resident orientation WVPM could be present to provide a presentation, not just handouts.
    - Inclusion of the WVPM on the Strategic Planning Committees and Mental Health Committees.
    - Fee based or contract mammography in Madison.
    - Iron Mountain has no gyn on site and travel is difficult
    - Ten hours of administrative time must be allotted to the WVPMs
    - Adverse effect on veterans when payment is slow or late payment to providers.
    - Some women's programs to have limited time allotted for gynecology.
    - WVPMs should be identified by their picture and location at all major entrances at each facility.
- **Town Hall Meeting (Friday, June 16, 2006, prior to Exit Interview)**
  - **Women Veteran's Discussions Points**
    - Praises for the Women's Wellness Clinic and Kathleen Dong, WVPM
    - Seeking the inclusion of alternative medicine, natural hormones, etc.
    - Seeking women's eye glass frames in ophthalmology
    - Seeking gender specific programs and groups in the homeless Domiciliary
    - States difficulty in getting timely mental health and Women's Wellness Clinic appointments when in the homeless Domiciliary.
    - Expand services, preventative care and provide a holistic approach to alternative medicine in the Women's Wellness Clinic.
    - Outside referral process is lengthy in the Women's Wellness Clinic.

**Department of Veterans Affairs (VA)  
Advisory Committee on Women Veterans  
North Chicago VA Medical Center (NCVAMC) Site Visit  
June 12- 16, 2006**

- Increase outreach to women veterans who are unaware of VA services and the Women's Wellness Clinic.
- Seeking more information on housing for older women veterans.
- Use more retired veterans as volunteers.