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VA NW Health Network   Fall 2012

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NW Network News is published for Veterans, employees, volunteers and the many other supporters of our VISN 20 health care system. To submit articles, editorials, letters, or story ideas, please contact Megan Streight via email at megan.streight@va.gov.

Message from the Acting Network Director

Michael W. Fisher
Acting Network Director
VISN 20

It's hard to believe that five months have passed since I began my detail as Acting Network Director. It's even harder to believe that another year is coming to a close. 2012 was filled with change, some predictable, some not. We said goodbye, or prepared to say good bye, to many key leaders: Dr. Pendergrass; Mr. Spector (Director, VA Alaska); Hal Blair (Associate Director, Alaska); Dr. Thornsberry (COS, Roseburg); David Elizalde (Director, VA Puget Sound); DeAnn Lestenkof (Deputy Director, Puget Sound); Mark Morgan (Assistant Director, Portland); and Max McIntosh (Director, SORCC).

We also welcomed many exceptional new staff: Mr. Carroll (Network Director); David Wood (Director, Boise); Gregg Puckett (Associate Director, Alaska); Teresa Boyd (COS, Boise); Linda Reynolds (Director, Spokane); Kelly Goudreau (Nurse Executive, SORCC). Watching our team change, adjust and interact has been exciting and inspirational. As hard as it has been to say goodbye, welcoming new staff and fresh perspectives leaves me encouraged for our future.

In the last issue of the newsletter, a new strategic planning process was described and priorities and action items identified as follows: Staffing and Organizational Health, Elevating the Patient Centered Experience, IT/Technology, Maximizing Health Value in Purchased Care and Maximizing Current Assets.

In the time since, a VISN 20 Strategic Planning Committee has been chartered and the Strategic Plan is close to finalized. Mr. Carroll arrived on December 3rd and has already begun traveling the VISN to meet staff, review strategies and obtain input from leadership and line employees. By the end of January, he and I will have completed our visits. We look forward to incorporating our experiences as we continue to define a way forward.

In closing, I want to thank all of you for your continued dedication and contributions to the progress VISN 20 has made in recent years. As I reviewed the Director's self-assessments last month, I was struck by the impressive list of accomplishments. Too numerous to mention them all, here are some highlights:

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> Message from the Acting Network Director, continued >

- Alaska achieved the unprecedented: 26 signed sharing agreements covering 230 Native Tribes to improve access for rural Native Veterans.
- Boise saved $3M in pharmacy costs by converting to less expensive, equivalent brands.
- Portland improved access to care by activating a new specialty care building in Vancouver, doubling Dental capacity. They also expanded services to homeless Veterans by the construction and activation of the Community Resource and Referral Center; and expanded Telehealth services to 46 different clinical services.
- Roseburg reduced open consults by 38% in 90 days and was selected to participate in a National transportation pilot.
- Spokane, Portland and Boise were recognized as “2011/2012 Top Performers on Key Quality Measures By the Joint Commission” – 3 of just 19 VAs and 620 of all US hospitals to receive this distinction.
- Walla Walla reduced the number of days to complete a compensation and pension exam to 20 while earning quality scores of 98%.

Excellence is being accomplished daily in VISN 20. Thank you for the work you do on behalf of our nation’s Veterans. Wishing you all the best for a happy holiday season and healthy and prosperous New Year.

Sincerely,

Michael W. Fisher
Acting Network Director, VISN 20

New Director, VA NW Health Network

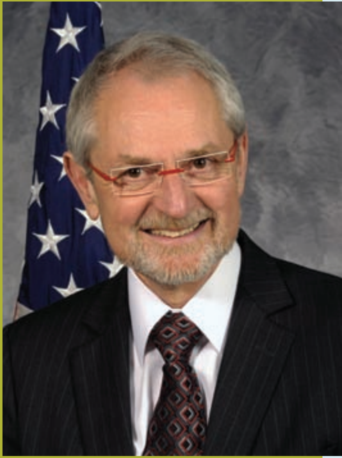
Lawrence Carroll
Network Director
VISN 20

VISN 20 is very pleased to announce the December 3rd arrival of Lawrence Carroll, Director of the VA NW Health Network. Mr. Carroll replaces Dr. Susan Pendergrass who retired in June. In his new role, Mr. Carroll is responsible for overseeing the delivery of health care to more than 200,000 Veterans in the Pacific Northwest, Idaho, and Alaska, and an operating budget of $2.1B.

Mr. Carroll joined the VA more than 30 years ago and has held progressive leadership positions at numerous VAs including the VAMC San Francisco, the Sierra Pacific Network (VISN 21) and the VA Northern California Health Care System. He holds an MBA with a specialty in Health Systems Analysis from State University of New York and a Bachelor of Science from Cornell University. He also served in the U.S. Army.

Message from the Chief Medical Officer

We are #1



Frank Marré,
DO MS FAOCOPM
Chief Medical Officer

VISN 20 is the number one provider of virtual care in the nation! In the Spring Newsletter, I shared that we had achieved the VA T21 virtual care goal by February—reaching at least 15% of Veterans through the use of technology. 15% is a big number. In our VISN, it equates to 38,000 Veterans. By the end of FY12, we provided virtual care to over 67,500, a full 27% of our patients and nearly double the national target. This is an amazing achievement. It would not have happened without your commitment and advocacy for Veterans and their loved ones.

Virtual care includes the use of an ever expanding number of technologies. A first generation technology is getting renewed emphasis, telephone patient visits. Telephone visits now comprise 27% of our primary care patient encounters. The use of email/secure messaging is another huge growth area. Last year, 17% of our patients (43,000 Veterans) used secure messaging to interact with their care team. In primary care, telephone visits and secure messaging comprised nearly 40% of all primary care patient encounters (over 355,000 virtual encounters). We are #1 in the nation in the use of secure messaging. Another use of secure messaging is for consultation with a specialist. We all know how long it takes to see a specialist. Last year we served 4% of our patients (10,000 patients) through the use of an "econsult." Our volume of virtual consults made us #1 in the Nation. The use of televideo technology in VA is more established but even here we are growing rapidly, delivering over 67,000 patient encounters in the past year. This places us 4th in the nation.

> By the end of FY12, we provided virtual care to over 67,500, a full 27% of our patients and nearly double the national target.

Of course, advancing the use of technology is not about numbers or about competition. It is about service. We have some very practical challenges in our Network. Our geographic area of responsibility encompasses nearly one million square miles. Because of the interposition of Canada and the size of Alaska, our Network extends over 3,000 miles from north to south and also from east to west. 70% of our specialists work in Seattle or Portland, yet the majority of our patients live elsewhere. If it were not for virtual care many of these patients would be traveling a long way to see a VA specialist. Thanks to our telehealth program, last year our patients avoided 3.5 million miles of travel. Geography is not the only challenge our patients face. Many are unable to travel long distances due to their physical or mental condition. Our telemental health program alleviates this problem by extending into the patient's home. Last year we served 175 Veterans in this way.

Our sleep medicine service is a great example of a specialty service that came together to solve a major access problem using virtual care. Sleep apnea is a condition where the patient has difficulty breathing while they are sleeping. It is a very common condition. If left untreated, the patient is at a much higher risk for a heart attack, stroke and serious accidents. The necessary test is a sleep study, but the service was not available at all our facilities. Our sleep medicine

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> Message from the Chief Medical Officer, continued >

PROGRAM	Alaska	Boise	Portland	Puget Sound	Roseburg	Spokane	Walla Walla	White City
Mental Health	■	■	■	■	■	■	■	■
Pacemaker	■	■	■	■	■	■	■	■
Cardiology	■		■	■	■			■
Nutrition		■	■					
Move Activity Weight Loss Program	■	■	■					
Traumatic Brain Injury	■			■			■	
Amputation Care			■	■	■	■	■	
Diabetes Education	■							
Speech Therapy		■	■	■				
Primary Care	■	■			■	■	■	■
Home Based Primary Care				■				
Social Work	■						■	■
Endocrinology					■			
Retinal Eye Exam	■	■	■	■	■	■	■	■
Dermatology	■	■	■	■	■	■	■	■
% of Programs Available	**67%**	**53%**	**60%**	**60%**	**53%**	**40%**	**53%**	**47%**

specialists agreed on a VISN-wide treatment plan. They organized a joint purchase of equipment to do sleep studies in the patient's home. The joint purchase saved over $100,000. Sleep medicine specialists at our center in Boise agreed to interpret studies done at our smaller facilities without specialists. The result of this collaborative approach was a 20% increase in productivity, a dramatic increase in the number of home studies, a reduction in the number of patients waiting for sleep studies and sleep medicine specialty services where they were no longer available. Technology, which seems so impersonal, is uniting distant providers around the Veteran in a holistic way to solve a potentially life threatening problem. As one Veteran said, "I was so impressed to get so much attention to my sleep problem." (To learn more about this amazing partnership, please read the accompanying article on page 5.)

Our challenge in the coming year is to ensure that all Veterans have the benefit of our virtual care services. The chart above indicates where our current telehealth programs are being used.

Mental Health, Pacemaker, Dermatology and Retinal Eye Exam telehealth are available at all our locations. Endocrinology specialty and Diabetes Education telehealth are only available at one facility each. Alaska is using the greatest number. Yet even Alaska is only using two thirds of what is potentially available. Simply ensuring that all programs are available to all patients is a tremendous opportunity for us to pursue. Technology is transforming the way we provide care. Please advocate for the programs you need and help us make them available for the Veterans we serve.

Our challenge in the coming year is to ensure that all our patients have the benefit of all our virtual care services.

Frank Marré, DO, MS, FAOCOPM
Chief Medical Officer
VISN 20

Boise VAMC and SORCC Sleep Medicine Partnership

Contributed by: Caroline Dryland and Adam Bluth

Sleep disorders, especially obstructive sleep apnea (OSA), are very common in the Veteran population. To help address this condition, VISN 20 has developed innovative approaches to diagnose and treat patients with OSA and other sleep related concerns, as specialist physicians can be difficult to recruit to rural facilities. When the Southern Oregon Rehabilitation Center and Clinics (SORCC) in White City, Oregon lost sleep physician services in 2012 due to retirement, leadership approached the Sleep Committee to help plan a solution. Drs. William Thompson of the Boise VA Medical Center (BVAMC) and Eilis Boudreau of the Portland VA Medical Center (PVAMC) authored a proposal that paired physicians in Boise with a newly created sleep lab in SORCC. The resulting partnership is one of the first of its kind in VHA. Using Telehealth technologies, physicians in Boise interpret the results of studies performed in SORCC. Patients who meet the recommended screening criteria are able to take a Home Sleep Test using a “WatchPAT” unit for diagnostic purposes. The results of the test are also transmitted to Boise for interpretation. Home sleep testing is beneficial because Veterans are able to be tested in the comfort of their home. Many Veterans live with high levels of anxiety and the concept of testing in their own home and familiar sleep environment alleviates some of their anxiety triggers. Home testing allows the reservation of sleep lab space for patients with more complicated sleep related issues.

Home sleep testing is beneficial because Veterans are able to be tested in the comfort of their home.

Today, one of the authors of this article, Caroline Dryland, a Family Nurse Practitioner at the SORCC is overseeing home sleep testing and the implementation of the in-lab program, which will begin in 2013. Implementing the pilot requires the collaboration of many different personnel from diverse parts of the organization including Sleep Medicine, Executive Leadership from both facilities, IT, Bio-med, and Telehealth. Numerous business and clinical considerations are also required to implement a pilot of this magnitude. Thus far, 26 Veterans have received home sleep tests, and 6 have participated in Telehealth appointments with Dr. Wilmer Perez of Boise. Patient feedback has been overwhelmingly positive as participants can now have their sleep medicine needs met without traveling far distances or being referred outside of VHA. This partnership is an example of VHA professionals working together to develop a patient-centric approach to meeting the clinical needs of our Veterans.

Ms. Dryland reports that, “discussions with Veterans prior and post their telehealth meetings are an extraordinarily positive part of my job. I’ve never worked in a telehealth capacity and was unsure what challenges and benefits would be created with this innovative technology. Baring minor

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> Sleep Medicine Partnership, continued >

glitches, Veterans are receiving the benefits of hands on evaluation through a thorough history and physical, home sleep testing to acquire quantitative data and then a follow up appointment to discuss the implications. Personalized care brought to the Veteran with such a collaborative approach sends a strong message."

Many Veterans who have sleep disorders are also suffering from PTSD and other mental and physical co-morbidities such as chronic pain. To be heard and cared for implies a degree of importance. Conveying this via a live, telehealth communication shows Veterans that we take their concerns seriously and are willing to work to solve a challenge they struggle with. Caroline has received the following comments: "I was so impressed that I would have so much attention to my sleeping problems. It is nice to have several people at once working to find out how to solve them." Caroline also said, "As I sit beside a Veteran and present their case to Dr. Perez, I see them engage with him, inches away by computer, but miles away in Idaho. By the end of their discussion, and after hearing his suggestions and kind empathy to their plight, I see their faces appear more relaxed. Often, Dr. Perez will request a follow up discussion to see if the suggestions are working. All Veterans have positive comments about his questions and careful responses. They trust him even more when they can see his face."

Another Veteran who was found to not have obstructive sleep apnea as the cause of his daytime sleepiness stated, "After you met with me and gave me printouts showing I didn't stop breathing at night, I thought my care was over. I was relieved to hear that. I was more relieved to hear that my mental health provider and pharmacist were also willing to collaborate and discuss Dr. Perez's advice to discontinue the Temazepam and try his recommended medication. I've just started this medication and will have a follow up mental health meeting in two weeks."

Telehealth not only eliminates the risks and cost of commuting long distances for appointments, but also unites providers around a patient with a holistic approach to the goal of maximizing their health care. Finally, Caroline stated, "I've noticed a domino effect where care is shared amongst the providers and each adds their perspective in solving sleep concerns with a person specific approach. This is remarkably high quality health care."

Telehealth not only eliminates the risks and cost of commuting long distances for appointments, but also unites providers around a patient with a holistic approach to the goal of maximizing their health care.

Staff Superlatives:

Susan Yeager Receives National Indian Health Board Recognition

Susan Yeager
Rural Health Program Coordinator
VA Alaska Health Care System

Susan Yeager, Rural Health Program Coordinator for the Alaska VA Health Care System, was recognized by the National Indian Health Board at their annual meeting on September 26, 2012. Ms. Yeager received the 2012 Regional/Area award for her dedication to advancing the health of Alaska Native Veterans throughout Alaska. Her leadership was instrumental in drafting a record 26 VA sharing and reimbursement agreements between Veteran Affairs, Indian Health Service, and Alaska Tribal Health Programs in FY12. Congratulations Susan on a job well done!

Homelessness Update: Housing First

Early in his first term, Secretary Shinseki stated that his top priority was to eliminate Veteran homelessness by 2015, an ambitious goal of critical importance because our Veterans do not belong on the streets. In the past three years, VA has made great strides, but there is still much work to be done. A new tool is Housing First (HF). Through HF, a core strategy that the United States Interagency Council on Homelessness is using to end homelessness in America, homeless persons with substance abuse or mental health issues search for housing, while also receiving supportive and treatment services. Unlike traditional programs which require participants to be clean and sober, the emphasis with Housing First is housing — once obtained, the focus shifts to treatment.

The guiding principles of HF include the following philosophies:

- Everyone deserves safe, affordable housing
- People determine when they are ready to be housed, not the system (no housing “readiness” standard). People do need to accept the responsibility of being a tenant.
- It is cost effective to provide supportive housing as an alternative to individuals using some of our most intensive and expensive services (e.g. jail, hospital).
- It’s about changing the system, not the person. The major paradigm shift of this model is how services are provided. They are onsite at the apartment building versus expecting an individual to show up at an agency for services. Staff are constantly working to engage residents and are trained in evidence-based practices that have been shown to be effective for hard to serve populations (motivational interviewing, assertive community treatment).
- Tenant choice on accepting clinical services. Services need to be readily available with staff continually working to engage and build a relationship with the tenants. No participation in clinical services is required in order to remain housed. Persons may be in early stages of recovery and choose to continue to use alcohol and other substances. Any direct knowledge of illicit drug use, especially drug dealing, would result in contact with law enforcement.
- Focus is on being a good tenant. The main emphasis is on safety with interventions on behaviors that negatively impact an individual or the community. Skill building is essential to help an individual learn how to be a successful tenant: managing finances (or obtaining a payee if needed); handling conflicts with other tenants; and managing the day to day responsibilities in their apartments.
- Eviction is a last resort. Clinical interventions are attempted to try to exhaust all other solutions prior to serving a tenant an eviction notice.

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Staff Superlatives:

Puget Sound MD receives National Award

Dr. Stephen McCutcheon, PhD., Director of Psychology Training Programs VA Puget Sound Healthcare System receives award.

Dr. Stephen McCutcheon, PhD., Director of Psychology Training Programs at the VA Puget Sound Healthcare System, was selected as the recipient of the 2012 David M. Worthen Award for Career Achievement in Educational Excellence. In his congratulatory letter, VHA's Under Secretary for Health, Dr. Robert Petzel, noted "Dr. McCutcheon has made significant local and national contributions to advancing the Department of Veterans Affairs' education mission and enhancing VA's understanding of clinical trainees." Dr. McCutcheon received a plaque and a monetary award. Well done, Dr. McCutcheon!

> Homeless Update, continued >

- Strength-based model with emphasis on building community. Some of the most effective projects have designed their space to include community rooms where activities and shared meals can occur. Peer support and helping individuals feel connected to their community is an important part of recovery and housing stability.

VISN 20 Homeless Programs have included the HF model in their clinical approach for the past several years, but there is a renewed emphasis for FY13. Our eight medical centers had a final plan to implement the HF model by December 1st and the capacity to fully implement the model by the end of FY 13. VISN 20's Homeless Coordinator, Eileen Devine, is working with each facility to further implement HF within their current teams by reorganizing team structures as needed and determining staffing needs that can't be met through collaboration with existing VA and community resources. In addition, all sites have participated in an orientation and are implementing principles of Housing First within HUD-VASH. The HUD-VASH program at each site has conducted a self- assessment. The results determine the program's adherence to principles of HF and staffing needed to fully meet client level needs.

Medical Center leadership have processes in place to review HUD-VASH and Housing First on at least a monthly basis and to brief Network leadership at least quarterly on their progress. Medical Centers are committed to evaluating the need and resources required to develop more of a team approach to managing homeless Veterans in the HUD-VASH program that includes reviewing existing capacity within other Mental Health and homeless programs. New staffing requests will be based on findings of the staffing/client needs assessment, in consultation with the national program office, and must be consistent with the principles of Housing First.

Medical Center Directors, along with the HUD-VASH coordinators, have contacted their participating Public Housing Authority (PHA) and discussed strategies for targeting the chronically homeless, retention, expediting the leasing process and addressing any other identified challenges. Medical Center leadership and program staff are committed to participating in site visits and teleconference calls to assist with fidelity and sustainment of the HF approach within the HUD-VASH program. HF is based on patient choice and individualized treatment. It is a proven method for ending chronic homelessness. We look forward to great results.

Office of Patient Centered Care (OPCC&CT), Region 1 – Field Implementation Team (FIT):

Windy Hendrick
Lead
Field Implementation Team

Brenda Kohler
Field Implementation Team Partner
VISN 18 POC

Eileen McCormick
Field Implementation Team Partner
VISN 19 POC

M. Mercedes Gross
Field Implementation Team Partner
VISN 20 POC

Teresa Bush-Zurn
Field Implementation Team Partner
VISN 21 POC

Darrel Burns
Field Implementation Team Partner
VISN 22 POC

Office Patient Centered Care & Cultural Transformation

Contributed by: Pat Francisco

VA's Office of Patient Centered Care, the Office of Cultural Transformation (OPCC & CT) and VISN 20 will be rolling out an initial implementation of the Patient Centered Care journey this fiscal year. OPCC & CT Region I Facility Implementation Team (FIT) leaders will be providing collaborative assistance. Dr. Tracy Gaudet, Director of VA's Office of Patient Centered Care and Cultural Transformation, believes the future of VA healthcare will require providers to ask Veteran, "How can we help you live your life fully?" The critical challenge is that the United States model of providing care is focused on disease care, which is essential, but incomplete.

"If we continue to approach Veterans only through the paradigm of the current medical model, much of what they need to live their lives fully and optimize their health and well-being goes unaddressed," said Dr. Gaudet. This is why VHA is embarking on a transformation of healthcare from a "find it, fix it" disease care, to a personalized, proactive approach that is driven by the individual needs of the Veteran – it's called Patient Centered Care (PCC). Dr. Gaudet believes VA must employ a personalized, proactive, and patient-driven strategy that considers the Veteran's unique conditions, needs and circumstances and then address the full range of physical, emotional, mental, social, spiritual and environmental influences to optimally help Veterans regain and maintain their health. "The real opportunity for transformation of healthcare in this country," explained Gaudet, "is that when we put the person and their life at the center, when we get the process right, we will get the outcomes and costs right."

The role of the OPCC & CT FIT Partners is to offer collaborative assistance for the journey of PCC across the VA system. FIT partners responsibilities involve:

- Recognize the great work being done in the field
- Define a common destination to ensure we are moving in the same direction, with the same purpose and goals
- Develop tools and systems to guide the process; We want to develop and give you what you need to successfully implement your plans
- Assist in removing barriers that limit success by working with leadership to identify and remove them
- Identify, support and share innovative practices; when we find something innovative that someone is doing or has developed, we want to help grow and spread those practices
- Celebrate achievements with recognition and appreciation for your efforts
- Integrate with existing initiatives to build on existing foundations

On-site Demobilization Process

Contributed by: Victoria Koehler, LCSW, BCD

Portland, Oregon is unique in many ways. We have beautiful trees, mountains, and rivers. We can drive east 60 minutes to ski on a snow capped Mt. Hood and hike through the grand Columbia River Gorge or drive west 60 minutes to surf the Pacific Ocean. One thing Oregon does not have is an active duty military base. This has created a challenge for our team to engage with returning National Guard and Reserve Service members who have deployed to Iraq and Afghanistan. When service members return from deployments they often scatter across our large state, quickly returning to a wide range of communities. We have pre-deployment, during deployment, 30, 60 and 90 day Yellow Ribbon events, but often attendance is limited.

In April of 2010, Oregon returned its largest combat deployment since World War II, over 2,700 total troops of the Oregon National Guard 41st Brigade. In anticipating this large return, Oregon National Guard and VA came together as close partners. Teams from Portland, Eugene/Roseburg, and White City as well as a Coordinator from the VA Benefit Administration traveled with Oregon National Guard to welcome returning troops to Joint Base Lewis McCord (JBLM). This welcome included the standard VA briefings with expanded triage information on medical and mental health concerns, preferred clinic location, desired time frame for first VA appointment, quick start claim applications, restart claim notifications, and eBenefits registration. The welcome also included evening and weekend hours with one-on-one consultation between VA OEF OIF OND teams and the Oregon troops. We had a 95% enrollment of the 41st brigade, finding this personalized, proactive approach to enrollment and triage builds a strong foundation in our relationship with Oregon Veterans. We set the standard from the beginning that VA will go the distance for them, just as they have done for us.

We found this personalized, proactive approach to enrollment and triage builds a strong foundation in our relationship with Oregon Veterans.

Ever since this successful demobilization, we have continued the practice of traveling to on-site demobilizations of Oregon Troops. In September 2011, our team traveled again to JBLM, and in December 2011, Fort Dix, New Jersey. Most recently in September 2012, we traveled to Fort Bliss, Texas. We are anticipating another large Oregon National Guard Deployment mobilizing in 2014, and 1,700 troops returning in 2015. We will meet them again to continue support in our effort to build a supportive/helping relationship. This effort encompassess the heart and soul of the OEF OIF OND Programs and demonstrates the lengths the VA will go to ensure Veterans receive the highest quality of care from the Department of Veterans Affairs Care Management Programs.