

VANGUARD

Serving America's Veterans

Summer 2013

INSIDE

The Affordable Care Act

How the Implementation of the Act Will Affect Veterans and Employees

VA's 'PACT' to end Homelessness

Homeless-Patient Aligned Care Team Model Takes a Holistic Approach

Wheelchair Games

Nearly 600 Veterans compete

VA



U.S. Department
of Veterans Affairs



Home-Grown Innovation

By Chris Coughlin

Budget battles are again looming when Congress returns from recess in September. The Budget Control Act of 2011, which authorized across-the-board cuts in discretionary spending in FY 2013 – better known as the Sequester – calls for additional cuts in FY 2014. With the House and Senate having significantly different visions for the overall budget, uncertainty is a major concern for department heads across the federal government.

The budget debate forms a larger narrative for government program managers. With increasing requirements for efficiency, consistency and transparency at all levels of government, how do decision makers meet and exceed requirements amid budget uncertainty and austerity? This is particularly relevant for VA.

One answer may be available, here at VA.

Within the Office of Information & Technology (OI&T), a small team has been testing a new performance-based discipline, which challenges the notion that increased capability is only possible with increased spending.

David Paschane, director of the Office of Strategic Services (OSS) within OI&T, has spent nearly 20 years perfecting a discipline that he created, the Performance Architectural Science Systems (PASS). PASS looks beyond traditional organizational paradigms to



PASCHANE

unlock the “trapped value” in large and unwieldy bureaucracies that is found in almost every organization’s two largest, long-term investments – people and technology.

Interviewed recently for an article in Computerworld, Paschane said, “PASS is built around the assumption that unexamined and undisciplined work structures restrict employee growth and lead to inflexible, stagnant operations,” leaving those structures unable to respond to customer demands and changing trends. Through the use of organization-probing analytics and feedback, Paschane’s “performance engineering” empowers and optimizes employees, creating a new value prototype between people and information, acting together to improve the performance.

More than the past nine years, Paschane has executed over 25 performance engineering projects at VA. These varied initiatives designed and tested incremental enhancements that created a better fit between people and technology – without the requirement for massive funding. Indeed, the application of PASS has led to improved efficiency, transparency

and reliability in those programs, resulting in the high-value application of tax dollars.

For example, working within OI&T, OSS and IT volunteers created Method Enhancement Teams (MET). By partnering with specialized experts, the METs re-envisioned the effectiveness of OI&T’s operational performance from the bottom up, using its data to create dashboard interfaces for IT employees to better visualize their effectiveness in solving problems.

On a larger scale, OSS’ work with the Veteran’s Health Administration (VHA) will improve the process of tracking and approving the continual education needs of VHA, providing rapid assessment and processing of requests, improving cycle time and creating program-wide metrics that provide decision-makers with critical information to assess program success.

At the heart of Paschane’s approach is the critical but often overlooked relationship between change and innovation. Change is naturally occurring in organizations, even as the drivers of change may not be immediately apparent. A host of factors contribute, including missing expertise, rule changes, process ambiguity as well as fractured communications. These internal changes are matched by changes in the operating environment, including, a larger customer base, increased service demands and mismatched mission shifts in light of budget realities. How managers and employees react to these drivers affects everything from organizational health to employee

See PASS on Page 23

VANGUARD VA’s Employee Magazine

Summer 2013

Editor/Senior Writer: Gary Hicks

Staff Writer: Jennifer Sardam

Photo Editor: Robert Turtill

Published by the Office of
Public Affairs (80D)

U.S. Department
of Veterans Affairs
810 Vermont Ave., N.W.
Washington, D.C. 20420

(202) 461-7427

E-mail: vanguard@va.gov

[www.va.gov/opa/publications/
vanguard.asp](http://www.va.gov/opa/publications/vanguard.asp)

COVER PHOTO: A Patriot Guard rider leads a procession into Quantico National Cemetery to lay to rest the forgotten cremated remains of the soldiers, sailors and airmen were found stored on shelves in a single funeral home. See pages 38-39 for details.

Inside

Features

- 4 NC VAMC Hosts National Medical System Exercise
- 6 Voluntary Service Celebrates Army Birthday
- 8 Liberty House
- 10 Research Week 2013
- 12 VA’s ‘PACT’ to end Veteran Homelessness
- 14 An Artful Recovery
- 16 VA’s Hospitals Among the ‘Most Wired’
- 19 Maryland Health Care Celebrates 100th TV episode
- 28 The Affordable Care Act and You
- 31 Wheelchair Games
- 32 Former Army Medics and Corpsmen Work in VA ERs
- 34 VA Doc Selected as American Thoracic Society Awardee
- 38 Missing in America Program Ceremony Held

Departments

- 22 Around VA
- 26 Medical Advances

SHAKE, RATTLE & ROLL

Salisbury VAMC Hosts Area Responder Disaster Training

By Steve Wilkins

Preparing for the worst, more than 200 Charlotte area and Western North Carolina-based responders recently practiced working together to meet the medical needs of a simulated large-scale natural disaster.

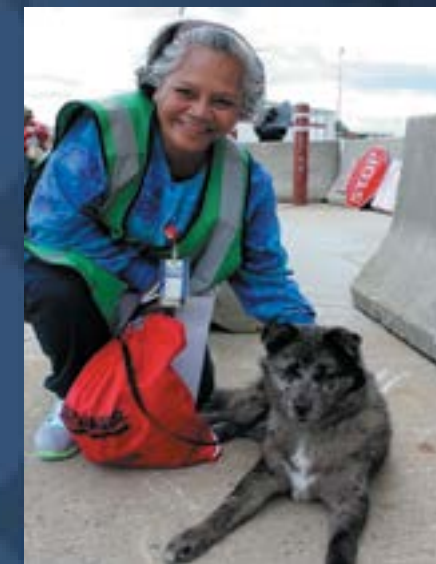
A May 8 National Disaster Medical System (NDMS) event titled "Western NC NDMS Shake, Rattle & Roll Exercise 2013," hosted by the Salisbury VAMC (a Federal Coordinating Center) at Charlotte's 145 Airlift Wing's North Carolina Air National Guard Base/Charlotte Douglas International Airport, brought VA health and administrative staff together with community firemen, emergency crews and administrators, local area hospital staff, Red Cross, National Guardsmen and animal rescue personnel.

The exercise scenario staged volunteers serving as displaced patients transferred to the primary receiving area in Charlotte after a simulated earthquake along the 149-mile New Madrid fault line near St. Louis. VHA Area Emergency Manager Pattie Beaver said 100 volunteer patients and 482 simulated patients were monitored by the team throughout the day. VA participation included 53 volunteers from the Salisbury VAMC.

"I was happy with the exercise overall," claimed Wayne Broome, emergency management director for the city of Charlotte and Mecklenburg County. Broome, who served as an exer-



Patients packed on transport litters in a North Carolina Air National Guard C-130 aircraft wait to be unloaded during the exercise in Charlotte. Members of the North Carolina Air National Guard's 156th Aeromedical Evacuation Squadron, coordinated movement of patients, whose simulated arrival at the Charlotte Air National Guard Base followed their transport from a major disaster. The Guard is part of the regional response team coordinated by the multi-agency National Disaster Medical System in Western North Carolina.



cise controller for the event, said the number of participating agencies has grown significantly. "We had 51 hospitals taking part throughout Western North Carolina," Broome explained.

The multi-agency drill will help prepare emergency responders and hospitals from around the region to react effectively to activation of a primary receiving area for patient transport from a disaster area to definitive care in Western North Carolina NDMS hospitals. According to exercise spokesperson Lt. Col. Rose Dunlap, the exercises are required every three years to test federal, state and local response plans.

Officials say the exercise is conducted in a no-fault, no inspection, learning environment as a valuable training tool. "I am very proud of what we accomplished collectively," added Beaver, who also served as the exercise lead planner and one of three exercise controllers, with Broome and MEDIC's Michael Stanford.

The simulation used ambulances to transport triaged exercise patients with simulated injuries to area hospitals, where their staff

Upper left and below: Members of the Charlotte-Mecklenburg Fire Department moved simulated patients from a transport gurney to triage at the Carolinas MED-1 response team's mobile emergency treatment unit. The Carolinas MED-1 project helps to fill the void involving mass casualty patient care in the field when hospital resources are not available. Upper right: Mary Ann Reid, a clerk with Salisbury VAMC adopted a dog from Charlotte/Mecklenburg Animal Care and Control while volunteering at the Western NC NDMS Shake, Rattle & Roll Exercise hosted by the Salisbury VAMC.



received and simulated patient treatment. Carolinas MED-1 Response team also participated by triaging patients and treating less severe cases. The Carolinas MED-1 project helps to fill the void involving mass casualty patient care in the field when hospital resources are not available due to proximity, damage, quarantine, or surge capacity.

Broome added the level of participation "is a quantum leap from

where it was before [Hurricane] Katrina." Relatively new procedures to the exercise include the use of the Joint Patient Assessment & Tracking System, an online system which allows patient tracking from the incident site to transfer and receipt at the Primary Receiving Area, triage and transfer and receipt in area hospitals, and the inclusion of a procedure to handle displaced and injured service animals or pets.

VA'S VOLUNTARY SERVICE JOINS ARMY BIRTHDAY CELEBRATION

By Catherine Llamido

Fayetteville VA Medical Center's Voluntary Service partnered with Fort Bragg to celebrate the 238th Army Birthday June 12, with VA employees and patients, Veterans, Fort Bragg's XVIII Airborne Corps and friends and family members of the community.

Fayetteville, N.C., VAMC depends on the goodwill of its benefactors and volunteers who wish to give something back to America's heroes, and this year's cake challenge theme was "America's Army: Service to the nation, strength for the future."

As they have done in the military, it is traditional for the youngest and oldest soldier in the installation to slice the cake with a sword. What's not to love when it comes to savoring a piece of an "Army Strong" birthday cake?

"This is a wonderful example of the community, military and VA coming together to observe a very important part of our history," says cake judge and director of Fayetteville VAMC Elizabeth Goolsby. "It's an opportunity to thank and pay homage to the wonderful efforts of the Depart-

ment of Army and Veterans who served."

The mouthwatering cakes were molded and layered with handmade sugar fondants, chunks of rice crispy treats, a variety of 3-D gum paste sculptures and designs, and masked with colorful air-brushing and hand painted design.

"What stood out for me as a judge was the creativity. The tastes were really unusual," says Goolsby. "There was one that was orange-icicle flavored, and another was a blue velvet cake, in reference to the Army's blue uniform."

First-place winner, Sheila Hanrick of Kiss Me Cakes, assembled a three-layered white fondant cake with the American flag draped down the layers. She also made a cake on the side of the Army's sand-colored combat boots on graham cracker gravel.

"I'm very proud to have been a part of the competition

and proud to be a part of Fort Bragg," said Hanrick. "My dad was a World War II veteran and I am very proud as a civilian to show how thankful I am for him and the Army."

Entries were open to the public, so both professional and amateur bakers, as well as Army spouses, Veterans and VA employees, could participate. Contestants had to submit their delicacies' ingredients prior to the event and have the cakes baked fresh and fully decorated for the judges to inspect at the table.

Cakes were judged on four elements: taste, appearance, originality of design and presentation of theme.

"Certainly we'll be having our third annual cake challenge next year, and I expect, with the amount of interest we are generating in the community, to have more applicants and potential customers for them," says Goolsby.



Patients Re-Learn Basic Living Skills at VA's MyHome

By Tom Cramer

The folks at VA Medical Center in Pittsburgh have figured out a unique way to help wounded veterans transition successfully from their hospital bed to their own bed at home – something that's not so easy when you're visually impaired, in a wheelchair, or using a walker to get around.

"We call it 'MyHome,'" said Laurel Koval, an occupational therapist at the medical center. "It's where we enable veterans to feel more confident in performing daily tasks and thus more ready to go home."

Koval said MyHome, located within the Pittsburgh VA's H.J. Heinz Campus in O'Hara, Pa., contains a living room, dining room, bathroom, bedroom, kitchen, bathroom, staircase, a laundry area and a pantry stocked with food.

"We even have a garage with a car parked in it," she said. "Our physical and occupational therapists can teach you how to get in and out of your car safely, fasten your seatbelt, or how to unload your groceries from the trunk."

Veterans can also learn how to do laundry, prepare a meal, make their bed, take a shower, or even answer the front door – safely.

"They take a lot of pride in keeping the place neat and clean," Koval said. "It surprised me. They'll complete a therapy task – like doing the dishes – but before going on to the next task in some other part of the house they'll actually spend some time cleaning the kitchen sink and the counter, just like they might do



Photo by William George
Laurel Koval, an occupational therapist at the Pittsburgh VA, gives Veteran Gloria Stephenson a few laundry-washing tips.

in their own home. They want the place to look good. One day I actually saw a patient polishing the silverware."

Rehabilitation Director Derek Coughenour said a big benefit of MyHome is that it can reduce the number of hospital re-admissions.

"In most cases, patients get discharged from the hospital and go home," Coughenour said. "But sometime they'll have an accident and find themselves right back in the hospital. These setbacks are very frustrating and, in many cases, avoidable with proper training. As a result of real-life practice in MyHome, veterans are better equipped with the tools they need to succeed in their home."

Coughenour said the beauty of MyHome is that it allows

patients to initially fail at certain tasks, but in a safe and controlled environment.

"If you're in your own home and you fall getting out of the bathtub, the consequences can be serious," he said.

"If you fall getting out of the bathtub here at MyHome, there's a therapist here to catch you, there's a therapist here to encourage you and help you try it again.

"Our goal," he added, "is to help veterans thrive in our home first so they can live happily – and safely – in theirs."

MyHome has succeeded in almost completely removing the clinical aspect of rehabilitation and replacing it with a comforting I'm at home' feeling."

Liberty House

Homeless Veterans' Second Chance



By Nathan Schaffer

Since 2007, a program called Restoring Lives, has helped the homeless in Tulsa, Okla., get off the streets and recover from drug and alcohol addiction.

When Restoring Lives Program Director Dustan Evans learned about VA's Grant and Per Diem Program a few years ago, the 501(c) 3 faith-based recovery/re-integration non-profit developed new vision to expand its services and create a new program for homeless Veterans.

Evans and other Restoring Lives staff traveled to Memphis in January 2010 to attend a VA grant-writing workshop, which provided them with detailed instruction on how to successfully apply for a federal grant.

Next, the organization began searching for a new facility that would allow them to house homeless Veterans. The organization was able to purchase an empty warehouse directly next door to their facility, which had to be completely refurbished and renovated.

In January, Evans received news that VA

Grant and Per Diem Program had approved an eight-year grant for Liberty House, and the new transitional living facility with 25 beds could begin accepting homeless Veterans as residents.

"Seeing Veterans sleep on the streets tears me up," said Evans, an Army Veteran. "It really does. We've been thrilled to open and just dying to get open."

More Than a Bed – Liberty House Offers a Second Chance

For up to two years, Veterans who are coming out of the prison system or Veterans in recovery from alcohol and drug use and have a desire for recovery can reside at Liberty House.

Along with safe housing, Liberty House offers a highly structured and individualized program that includes meals, substance abuse and trauma treatment, case management, nutrition, job training and financial planning.

Each week, staff, including a licensed drug and alcohol counselor and licensed behavioral health professional, will lead group classes aimed at helping Veterans learn skills necessary to be self-sufficient during their stay, to help promote a smooth transition back into permanent housing.

In addition, VA staff from the Jack C. Montgomery VA Medical Center (JCMVAMC) Homeless Program work closely with Liberty House and provide case management services for homeless Veterans.

While Veterans can stay at the facility for two years, the goal of the program is to help Veterans reintegrate back into society within six months to a year. Program staff develop a transitional plan for each Veteran, with the goal of helping the Veteran enroll in school or helping them find employment.

Evans said eligible Veterans will also

attend first-time home buyers' courses to assist them in owning a home. For Veterans who are not eligible for the courses, Liberty House will help them obtain a housing voucher through the U.S. Department of Housing and Urban Development-Veterans Affairs Supportive Housing (HUD-VASH) program.

Staff will also help Veterans who are unemployable file for Social Security Disability Insurance within the first three months or assist them in getting in VA benefits if they're eligible.

"Some of the Veterans who do need to stay here for two years, we'd like them to," said Evans. "But the average is six months to a year."

While the Veterans stay at Liberty House, they will not be required to pay anything to live there. Instead, they will be required to open a savings account, which the facility will monitor on a monthly basis.

"Instead of having them pay us, we're having them pay themselves," said Evans. "A lot of facilities charge, because they find it to be a responsibility of the Veteran to teach them to integrate into society by paying a bill. I'm not asking the Veterans to pay us anything out of their pocket."

A Grateful Veteran

A combination of factors led Tulsa resident Harold Wheatley to become homeless in 2009.

After leaving the Army in the early 1990s, Wheatley worked for a company in



Photos by Nathan Schaeffer

Above: Vietnam Veteran Joe Beres plays a piano at Liberty House, a new transitional living facility in Tulsa for homeless Veterans. Lower left: Army Veteran Harold Wheatley moved into Liberty House on Jan. 18 and hopes the program will help him reintegrate back into society.

Tulsa as a computer numerically controlled (CNC) machinist. But he lost the job and his marriage due to his drinking and other health problems.

"I had a lot of problems stemming from things that happened to me that I don't really like to talk about much, but I don't blame (my wife) for divorcing me," said Wheatley. "I'd wake up in the middle of the night pounding and screaming. I had night terrors and I take medication for that, which helps."

After becoming homeless, Wheatley got connected with the JCMVAMC Homeless Program, and Social Worker Christina-Perez Lanik told Wheatley about Liberty House and asked him if he'd like to stay at the new facility.

"I said I would be very foolish to turn that down, because I really had no place to go," said

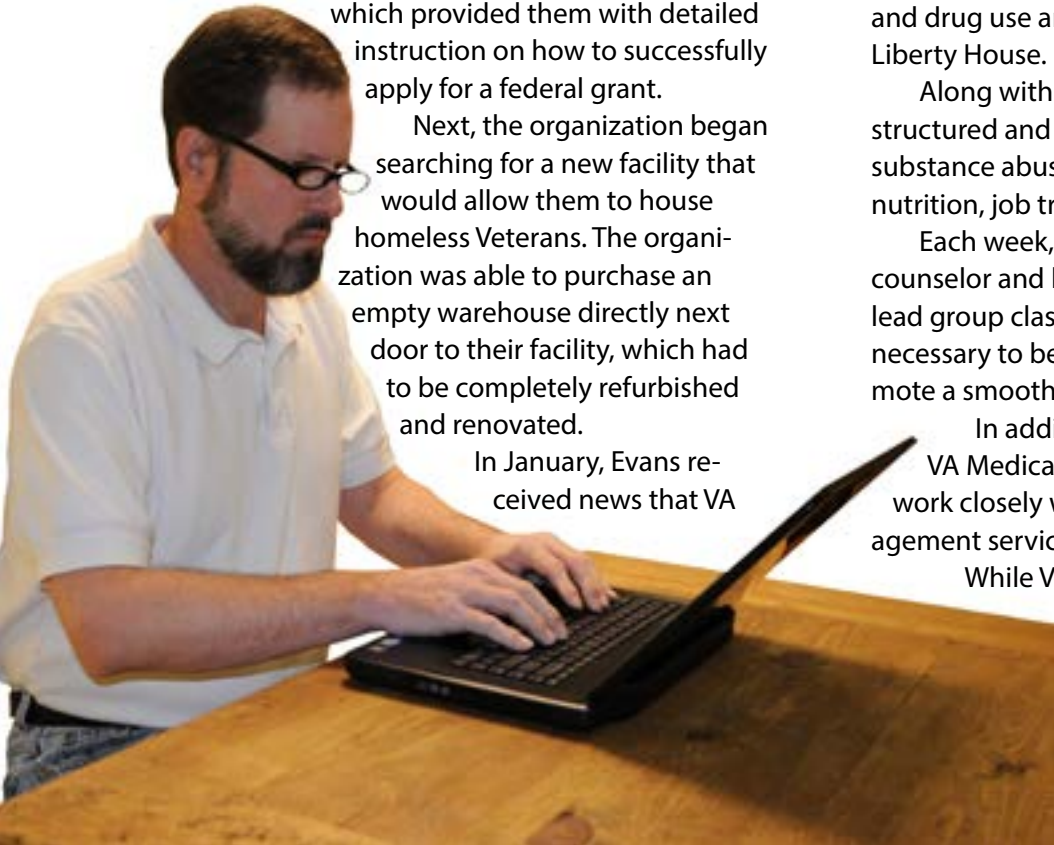
Wheatley.

On Jan. 18, Wheatley was the second homeless Veteran to move into the facility. He hopes Liberty House will help him get a handle on his drinking and help him reintegrate back into society.

"I want to get myself together," he said. "When I came out of the service, I was drinking very heavily. I want to get a handle on that so I can put the pieces of my life back together and be back in the community as a productive citizen again. This seems to be a great place to do that."

Wheatley said he is impressed with Liberty House and feels grateful for the chance to live there. "The facility is fantastic," he said. "Everything is new and there's plenty of food. I'm getting all the help that I need. This place has truly been a blessing so far."

For more information about Liberty House, call 918-445-2920.



Research Week 2013

By Joel Kupersmith, M.D.

During VA Research Week, we recognize the outstanding work done daily to improve Veterans' health and health care. Whether we're highlighting research studies that help Veterans heal faster, initiatives that facilitate reintegration, or trials that aid in coping with chronic disease, the mix of achievements we celebrate each year is unique. This year was no exception. From May 13-17, more than 50 VA medical centers showcased the many ways "VA Research Inspires." Among the achievements and milestones highlighted were:

- Development of Braingate, the brain-computer interface that enables those with total paralysis to control a robotic arm using only their minds. This outstanding innovation holds tremendous potential for changing the lives of those with spinal cord injury, strokes, ALS and other conditions resulting in paralysis.

- A multi-site trial on prostate cancer that sheds new light on treatment options for men. Led by VA, the PIVOT (Prostate Cancer Intervention vs. Observation Trial) showed observation to be as effective as radical surgery for men with early stage prostate cancer. The study, which involved 44 VA sites and eight academic medical



KUPERSMITH

centers, was conducted in partnership with the National Institutes of Health and the Agency for Health Care Research and Quality.

- Growing participation by Veterans in the Million Veteran Program (MVP). Launched two years ago, MVP is establishing a mega-database of health, military and genetic information to help learn how to better treat and prevent disease. Knowledge gained from MVP will help researchers better understand how genes affect health for a wide array of conditions. As this commentary goes to press, more than 160,000 Veterans have enrolled.

- Launch of the CONFIRM (Colonoscopy versus Fecal Immunochemical Testing in Reducing Mortality from Colorectal Cancer) study to find out which screening method works best to curb deaths from colorectal cancer. Up to 50,000 Veterans at 42 VA medical centers will take part in this new study. Colorectal cancer is the third most common cancer in the U.S. with some 4,000 new cases of the disease diagnosed by VA each

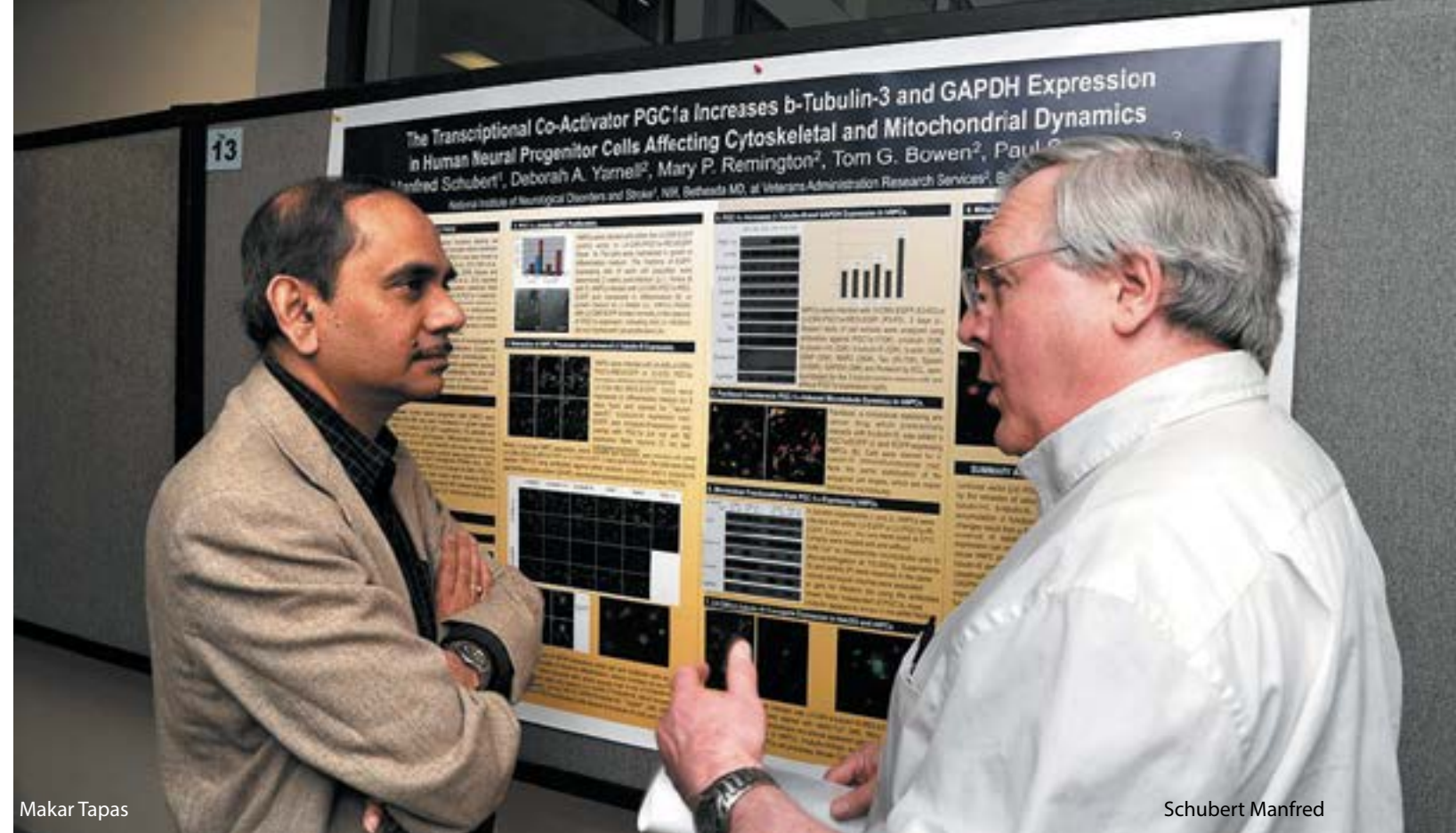
year in Veterans.

- Implementation of CREATE, which stands for Collaborative Research to Enhance and Advance Transformation and Excellence. This new approach brings together researchers, clinicians, and health systems throughout the duration of a research project. As a result, researchers are able to better identify priority study areas and work toward ways of implementing study findings into everyday health care for Veterans.

These are just a few of the highlights from another outstanding year in VA Research program. With studies in robotics, genomics, telemedicine and other cutting-edge areas, VA Research is leading the way in a fast-changing biomedical and scientific environment. What remains the same, however, are the core elements that make our research program unique.

For example, VA's program is the only research program that is Veteran-centric, which means it's informed by, and is about, Veterans' health care needs. None of the discoveries I noted above, nor any of the other advances in our history—better treatments for hypertension, heart disease, and PTSD – could have been made without our Veterans. Their altruism and desire to participate in research studies—regardless of whether they personally benefit from a given project—is truly inspiring.

Another core element is our top-notch research workforce. Our program is entirely intramural, which means that all funded researchers are employed by VA.



Makar Tapas

Schubert Manfred

As I've toured our VA medical centers, I've witnessed firsthand the life-changing improvements being conducted and seen the passion our researchers have for their work. It is clear they take great pride knowing their efforts make it possible for Veterans' to live longer, healthier, and more productive lives

Still another key factor is our close alignment with the VHA health care system. More than 60 percent of investigators are clinicians with the VHA, a fact that helps us learn directly about Veterans' health care needs and, in turn, work toward putting research findings into practice more quickly.

Finally, our program is greatly enhanced by longstanding partnerships such as the one we've enjoyed for 67 years with academic medicine. As part of Research Week this year, we were joined

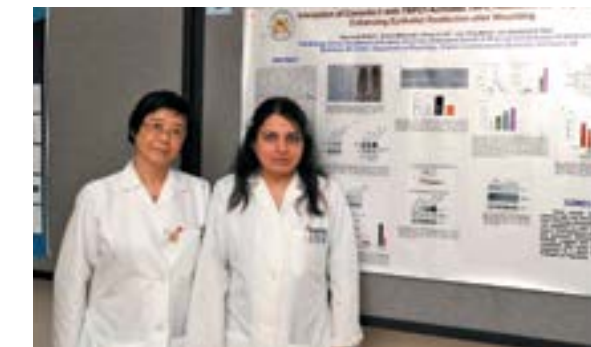
nationally by the Association of American Medical Colleges and locally by several medical schools (who partnered with their nearby VA medical center) to further promote VA research story.

That story is one I've been proud to tell as VA Chief Research and Development Officer these past eight years. It has been my distinct privilege leading VA research program and with the help of so many talented and dedicated people in VA, the program has thrived. VA Research has grown substantially with numerous breakthrough research projects, the introduction of many administrative improvements, and the development of new methods of conducting research and delivering health care. It has been an honor to serve VA, and as VA Research mission states, to help "create innovations that advance

Photos by Richard Milanich



Research Coordinator Anita Mayfield



Research Assistant Tong-Tong Zou and Lab Technician Navneeta Rathor

health care for our Veterans and the Nation and improve the lives of Veterans."

VA's PACT to end Veteran Homelessness

Navy Veteran John Mitchell was looking forward to retirement when life began to unravel. His wife became ill and the medical bills mounted. After her death, Mitchell ended up in debt. His landlord sold his Providence, R.I., home and the new owner evicted Mitchell.

"With no savings and knee-deep in debt, I had to move my 18-year-old son into a shelter," Mitchell says. "I slept in the back seat of my car because, working the night shift, no shelters would let me sleep there during the day."

After 20 years of military service and a long career in the auto parts business, Mitchell was homeless.



MITCHELL

In addition to the stress of living out of his car, Mitchell had to contend with diabetes and high blood pressure. Health care at the local clinic was too expensive. That's when Mitchell's Veteran buddies told him about the Homeless Patient Aligned Care Team (H-PACT) program at the Providence VA Medical Center.

"They said, 'It's different there,'" Mitchell recalls.

For Mitchell and thousands of Veterans, the integrated H-PACT model is advancing housing permanency, improving health and reducing costs—and is therefore playing a key role in VA's fight to end Veteran homelessness by the end of 2015.

Located on the campuses of VA medical centers, community-based outpatient clinics and Community

Resource and Referral Centers, H-PACT clinics co-locate medical staff, social workers, mental health and substance use counselors, nurses and homeless program staff. These professionals form a comprehensive team.

Veterans can walk in to H-PACT clinics without an appointment and receive medical care, case management services, housing placement supports, substance use and mental health treatment, community referrals, triage services, benefits counseling and even hot showers and clean clothes.

"When I went in to see my doctor and nurse, I also got to see the social worker and VA benefits rep," Mitchell says. "I was able to find out about my VA benefits, get on Social Security Disability Insurance and get connected with housing. I didn't have to go to an emergency room for care."

As with Mitchell, data show that Veterans who are homeless have complex medical conditions, but often receive fragmented or costly

care in emergency settings—if they have access to regular care at all. VA's H-PACT approach ensures that a fully integrated team is aware of and can treat the gamut of issues involved in and contributing to homelessness among Veterans.

The teams are attuned to how housing insecurity and other social factors like poverty harm Veterans' overall health, worsen sickness, delay care and exacerbate both temporary and long-term homelessness.

"H-PACT Veterans are not using the emergency department as much as they did prior to being enrolled in the H-PACT," says Dr. George Tzanis, director of the Philadelphia VAMC's H-PACT. "As homeless Veterans have started to come in to the H-PACT, we've helped them get their high blood pressure under control and deal with their chronic disease management."

The H-PACT model recognizes that the complexity of homelessness requires an integrated response. For

instance, behavioral health counselors play a vital role on H-PACT teams to diagnose and treat mental illness and/or substance use. The presence of either or both of these problems is the strongest predictor of a person's becoming homeless following discharge from active duty, according to a 2012 report by VA's Office of Inspector General titled *Homeless Incidence and Risk Factors for Becoming Homeless in Veterans*.

At the H-PACT in Philadelphia, Veterans receive housing placement assistance, nutritious meals, transportation tokens donated by a local church and access to computers to enroll in VA's My HealtheVet program. In Virginia, the Hampton Roads H-PACT co-locates Homeless Veteran Supported Employment Program staff, who provide Veterans with vocational assistance.

This unified treatment approach makes sense for several reasons.

For starters, it advances VA's Housing First policy, which is the most effective and economical way to reduce homelessness among Veterans.

The Housing First approach reaches out to Veterans living on the streets – or in cars, shelters, or other unstable situations – and assists them with finding the housing of their choice, even if they use alcohol or drugs or have chronic health conditions.

All members of H-PACTs recognize that housing is, in fact, a form of treatment for Veterans with medical problems who are also homeless because having safe, stable housing can prevent illness and promote



H-PACT, Hampton Roads, Va.: From left to right (standing): Verneka Hudson, Barry Vaughan, Robin J. Smith, Jacquelyn Miles, Linda Whitfield, and Michael Keeling. From left to right (sitting): Rosemarie N. Malpaya, Teresa Godoy, Anita Sager, and Priscilla Hankins.

recovery.

The integrated model is paying off in other ways as well.

"All evidence points to the benefits that come from tailoring our care to the comprehensive and specific needs of our homeless Veterans," says Dr. Thomas O'Toole, director of VA's H-PACT program. One H-PACT site was able to move nearly 81 percent of enrollees into stable housing within six months, he said.

Although VA has been piloting H-PACT only since January 2012, O'Toole says the data show improved outcomes and lower costs among participating Veterans, compared with their non-H-PACT counterparts. Here are the data so far:

* Patients enrolled in H-PACT experience on average 36.6 percent fewer emergency department visits.

* H-PACT patients require an average of 34.1 percent fewer hospitalizations. If duplicated across the entire health care system, this reduction could save VA up to \$7.2 million per year.

The 37 H-PACT sites nationwide enroll about 6,300 Veterans, but that

number is sure to increase as more VAMCs adopt the integrated care model. In fact, leaders at 45 other VAMCs have expressed interest in forming H-PACTs.

"We still have much to do," O'Toole says. "But we're encouraged by the data that show the model is a cost-effective way to reduce homelessness among Veterans."

As the H-PACT approach is refined and embedded at more VAMCs, VA is focused on building teams with highly skilled individuals who can provide the best care possible to Veterans who are homeless or at risk of becoming homeless – care that engages them in treatment, keeps them healthier and moves them to permanent housing.

"Everyone involved in H-PACTs should be proud of their work every day to provide Veterans with the housing and related services they have earned," O'Toole says.

For Mitchell, the H-PACT provided him with quality health care and other services he needed to stitch his life back together. Mitchell now has a home, a car and a job as a peer mentor at the Providence H-PACT.



H-PACT, Philadelphia From left to right: Keith Ferrell, George Tzanis, Lamont Jones, Kate O'Hara, Leah Jones, Donzella McLaughlin, and Lynette McDaniels.

An Artful Recovery

By Rebecca Omick

No one's life is perfect, but it's the trials we endure and people we meet along the way that make us who we are. Jeffrey McNeil can attest to that, and he contributes his turned-around life to the people at the Milwaukee VA Medical Center.

"They really care," McNeil said. "And they love."

It's that power of love and medical care that helped him lose more than 75 pounds, get his diabetes in control and walk again. And now, he's taking another step forward by going back to school.

McNeil is one of about 30 veterans who participated in the talent portion of the local Creative Arts Festival in February, the first step toward the national competition. He performed two numbers, "Summertime," and "Amazing Grace," thanking VA and God for helping him through some personal storms.

It's a long way from

where he found himself a few years ago.

When his military service was over, he became a truck driver. But while he was watching the road, he wasn't watching his weight.

"I was stubborn and I did it my way," McNeil said.

But he soon found out it's okay to ask for help. In 2008, McNeil drove himself to the Milwaukee VA in the 18-wheeler he was driving and went straight to the Emergency Department.

"I was just in so much pain. I got checked out and they told me I needed to retire," McNeil said. "So they helped me retire and apply for social security."

His weight had ballooned to 325. He used a wheelchair most times, had to take medication for the extreme pain, was diagnosed as diabetic.

But, he said, there was no way his story was ending there.

"I had this spirit of not giving up," McNeil said. "Driving semis and singing are my first loves and I wanted to be able to do what I love. My aim was to get healthy enough to go back to work."

With determination and help from VA staff, McNeil began to do what many VA staff have called "miraculous."

He went to diabetes education groups, dropped his blood-sugar level and some of the excessive pounds. He began to walk again.

"Slow at first with a walker, then a cane," McNeil said.

McNeil then got involved with recreation therapy and became a familiar face to many around the hospital.

"I got to know people's names and they'd get to know me and we'd talk in the hallways," McNeil said.

However, his struggles with his rehabilitation continued.

"I relapsed. I was doing it my way again. I was doing drugs and it's just a compulsive behavior that doesn't make you better," McNeil said.

Due to his relapse, McNeil missed the deadline for last year's creative arts festival and also dropped out of some other programs he had been a part of. When he tried to show up at the last minute, he was told the rules would not be bent for him.

"I realized I was unreliable," McNeil said. "I had bad credit with these people because I hadn't been here, and you've got to show dedication and build up your credit so people can rely on you."

McNeil knew he needed help again and he knew what he had to do.

"Coming to this place and listening to what you're told do to is like new beginnings," McNeil said. "Mentally, physically and spiritually, they will put you back together and help you better yourself in all phases of your life. Really, if you listen, nothing, but good things are going happen. The people at VA are God's instruments."

McNeil has been participating in many groups at VA; he goes to all his appointments, sings in the chapel and even volunteers to

help with field trips.

He's also taking on a new task.

"I'm going back to school," McNeil said. "I feel like a kid going to kindergarten. I keep checking my phone to make sure I know the date so I don't miss it!"

Sure enough, he pulls out his phone to check right then and there.

Thanks to the Veterans Retraining Assistance Program, McNeil will be getting his commercial license recertified so he can drive again.

"I'm not saying 'work' because when you do what you love it doesn't feel like work," McNeil said. "This time is different because I've never felt better in my life about me, I'm confident. I'm preparing more and putting my best foot forward."

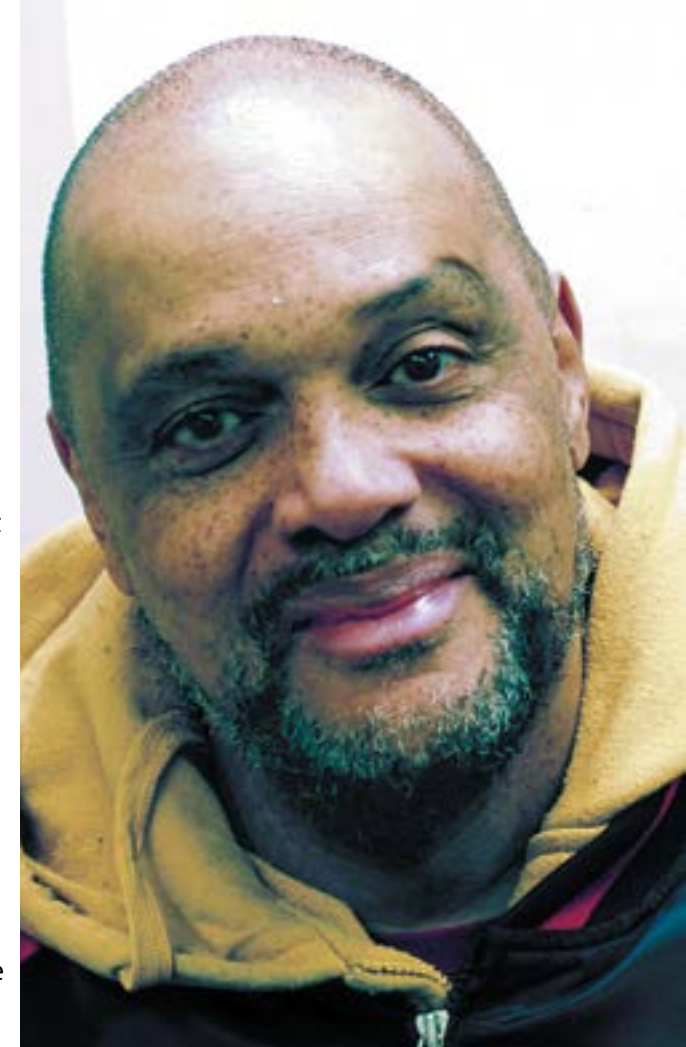
Singing in the creative arts festival, he said, is how he communicates his own emotions.

"I sing from the pain and for the love," McNeil said. "I put all of me into it and I get such an overflowing feeling of love and acceptance from the crowd."

If he's bringing a tear to your eye, don't worry. McNeil is very empathetic and says he likes the sensitive side of him.

"They say men aren't supposed to cry, but I see it more as a cleansing – a healing. It helps to let go of all the problems you have and I have found nothing but acceptance at VA. I have a whole network here – a whole hospital of support."

Recreational therapist, Shep



McNEIL

Crumrine, is one of the people in McNeil's network of support. He has helped McNeil stay positive and learn to always keep his head up.

"You never know when an opportunity will happen," Crumrine said. "That's what makes this job so rewarding. Helping people see opportunities, and helping them achieve them."

All of this positive energy and excitement for his new life McNeil attributes to God and the staff at VA.

"Now all I need to do is channel all this into becoming the person God wants me to be," McNeil said with tears in his eyes. "Thank you very much to VA staff for helping me."

Jeffrey McNeil overcomes hurdles to perform

VA NAMED TO THE 2013 "MOST WIRED" HOSPITALS LIST

By Tom Cramer

The Department of Veterans Affairs has been named to the 2013 'Most Wired' hospitals list – an event that marks the first time that all VA medical centers nationwide have achieved the honor.

The list is the result of a national survey aimed at ranking hospitals that are leveraging health care technology, or 'HIT,' in new and innovative ways. The annual survey is released by Hospitals & Health Networks, in partnership with McKesson, the College of Health care Information Management Executives and the American Hospital Association.

VA's Under Secretary for Health, Dr. Robert Petzel, accepted the award on behalf of his Department VA during an American Hospital Association conference held July 25-27 in San Diego.

"The Department is honored to be on the 'Most Wired' list this year," Petzel said. "VA is dedicated to providing veteran patients with the best experience possible. Integrating HIT into our everyday processes has helped us to accomplish that goal and will continue to be a key part of our strategy moving forward."

Conducted between January 15 and March 15, 2013, the survey polled 1,713 hospitals and health systems nationwide – that's roughly 30 percent of all U.S.



hospitals – to answer questions about their information technology initiatives. The American Hospital Association then employed an analytic structure to stratify hospitals based on their progress in adopting, implementing, and using information technology in four areas: infrastructure, business and administration management, clinical quality and safety, and care continuum.

Only organizations whose responses reflect development across all four focus areas were designated Most Wired. Among some of the survey's key findings this year:

- Sixty-nine percent of Most Wired hospitals and 60 percent of all surveyed hospitals report that medication orders are entered electronically by physicians. This represents a significant increase from 2004 results when only 27 percent of Most Wired hospitals and 12 percent of all hospitals responded, "Yes."

- Seventy-one percent of

Most Wired hospitals have an electronic disease registry to identify and manage gaps in care across a population compared with 51 percent of total responders.

- Sixty-six percent of Most Wired hospitals share patient discharge data with affiliated hospitals, in comparison to 49 percent of the total responders. Thirty-seven percent of Most Wired hospitals do so with non-affiliated hospitals versus 24 percent of total responders.

"As the nation's largest health network, VA is always looking for ways to serve Veterans in the best, most efficient way possible – from hiring the best professionals to ensuring that VA is using the most effective technologies in its health care services," said Dr. Theresa Cullen, acting deputy director of the DoD/VA Interagency Program Office. "We are constantly working to improve our practices and enhance our understanding of which technologies work best for our network."

TOP-2 PTSD TREATMENTS TO UNDERGO \$10 MILLION COMPARATIVE STUDY

By Tom Cramer

The Department of Veterans Affairs is preparing to launch a 17-site, \$10 million study that will examine the two leading forms of treatment for post traumatic stress disorder: Prolonged Exposure Therapy, and Cognitive Processing Therapy.

"Our primary goal is to compare the treatments," said Dr. Paula Schnurr, the study's lead investigator. "But we'll also examine which treatments are best for different types of patients; for example, women versus men."

Schnurr is deputy executive director of VA's National Center for PTSD and a research professor of psychiatry at the Geisel School of Medicine at Dartmouth.

"Patient-centeredness is fundamental to the delivery of care in VA," she said, "and information about the comparative effectiveness of different treatments is a key element of making care 'patient-centered.' We want to make sure that Veterans have information that can help them find the care that is best for them."

In Cognitive Processing Therapy, or CPT, patients learn how to identify, challenge, and ultimately neutralize unhelpful thoughts. In Prolonged Exposure Therapy, or PE, the patient is allowed to re-experience the traumatic event in a safe and supportive environ-

ment and, eventually, engage in activities they've been avoiding because of the trauma.

The two therapies are based on differing theories about how PTSD develops.

Schnurr said study participants will include male and female veterans who are experiencing PTSD due to any military event. Half the study population will be randomly selected to receive Cognitive Processing Therapy, while the other half will receive Prolonged Exposure Therapy. Both therapies will be administered in 12 weekly sessions.

The study's results will be determined by conducting regular follow-up visits with the participants. These visits will occur at both the middle and the conclusion of the study and then three to six months later.

"PTSD is an anxiety disorder that people sometimes develop after witnessing or experiencing a dangerous or life-threatening event," said Dr. Kate Chard, another member of the research team. "The trauma can be caused by any number of things: exposure to combat, a car accident here at home, physical abuse, a sexual assault..."

Chard is a psychologist in the Cincinnati VA Medical Center's PTSD Division. She's also an associate professor of clinical psychia-



SCHNURR

try in the University of Cincinnati's Department of Psychiatry and Behavioral Neuroscience.

"People with PTSD," she said, "often continue to feel anxious or frightened even though the danger is no longer present."

Another investigator on the study, Dr. Josef Ruzek, is director of dissemination and training at VA's National Center for PTSD and a faculty member at Palo Alto University. He said PTSD symptoms tend to fall into three primary categories.

"People with PTSD may have flashbacks or intrusive memories about the traumatic event," he explained. "Or they may have a tendency to avoid places or situations that remind them of the event. A third symptom is difficulty concentrating, or getting startled too easily."

Enrollment in the study is scheduled to begin in March 2014.

For more information on PTSD, visit VA National Center for PTSD Website at www.ptsd.va.gov.



AMERICAN MUSCLE: Classic Cars, Servicemembers & Veterans

By Mary Kay Gominger

South Mississippi car enthusiasts enjoyed a perfect day for a car show on Saturday, June 8, at VA Biloxyi Medical Center. More than 150 classic cars lined the parking lots shaded by majestic oaks with a slight breeze coming off the Back Bay. Veterans from the Community Living Center and other inpatient Veterans were escorted through the long row of cars by active duty Air Force volunteers as they picked their favorite cars.

Air Force veteran WC Hodge, a former fireman, said, "I enjoy looking at the cars, especially the classic ones. They are like me, they're old," he said with a laugh. Hodge remembers seeing several models the year they were first in the showroom. "I can still see them brand new sitting in the show-

room," he said. "Now look at them, they are considered classics."

Air Force volunteer Lonnie Vonoesen said he likes cars but he really came out to support the veterans. "It's interesting to hear their stories especially when they see a car that sparks a memory," Vonoesen said. "We are proud to come out and spend time with these veterans."

According to Terry Ward, president of the Mississippi Beach Cruisers, this was the 12th year they have sponsored this event. All proceeds from the event, after club expenses, are donated to VA Recreation Services. This year's event raised \$3,500 for veterans. Volunteer Services Chief Bob Davis said the money donated will be used to fund recreation outings and special events for the veter-



ans. "Our veterans enjoy going on fishing outings, playing bingo, and attending sporting events in the community," Davis said. "Having this donation makes these things happen for our veterans."

Those interested in volunteering at VA anywhere in the country or making a donation, contact Volunteer Services at 228-897-5786.

100TH SHOW



For the filming of the 100th episode, former Veterans' HealthWatch producer and co-host Monica Smith, now a management analyst for Workforce Services in VA Central Office, and former co-host Dr. Robin Hindsman, now the quality management officer at the Southeast Network Office in Duluth, Georgia, joined executive producer and current co-host, R. David Edwards, chief of Public & Community Relations, and co-producer and co-host Kenya Griffin, program manager for Public Relations & Community Outreach at VA Maryland Health Care System, for a look back at the evolution of the show.

VA Maryland Health Care System recently celebrated the filming of the 100th episode of its long-running, monthly cable TV show, "Veteran's HealthWatch."

The brainchild of David Edwards, chief of Public & Community Relations, the show grew out of an initiative to reach out to both Veterans and community members to share important information about VA health care eligibility and enrollment, existing and new health care services and programs, volunteer and donor opportunities, and health and wellness tips.

"Today's VA is much different than it was years ago and that is one of the most important messages we wanted to get out to both Veterans and the larger community," said Edwards. "There have been some exciting new programs and technology introductions over the past few years throughout VA Maryland Health Care System and the Department of Veterans Affairs. The show has given us the perfect platform to feature these accomplishments for our viewing audience."

The cable show began filming in May 2001 and was originally broadcast on just one cable station in Baltimore City. With the filming of the 100th episode of Veteran's HealthWatch, the show is now broadcast on 16 cable stations throughout Maryland and can be viewed at various times and days in each area. The show was recognized by the Maryland Society for Health care Strategy and Market Development, which selected Veterans's HealthWatch to receive a first-place honor for

Building Healthier Communities as part of the Alfred Knight Awards.

"The first remote segment opened the doors for the show to highlight a variety of VA Maryland Health Care System programs and allowed us to offer our viewing audience a range of locations, hosts, and subject matter experts. The challenge became finding creative ways to film each segment in a manner that would visually tell a story," said Kenya Griffin, program manager for Public Relations & Community Outreach at VA Maryland Health Care System.

Many of the show's segments also included interviews and testimonials from Veteran patients who benefited from VA health care. "My driving force [for being on the show] was to help other Veterans," says Army Veteran Richard Day, who appeared on the show in a segment about Post-

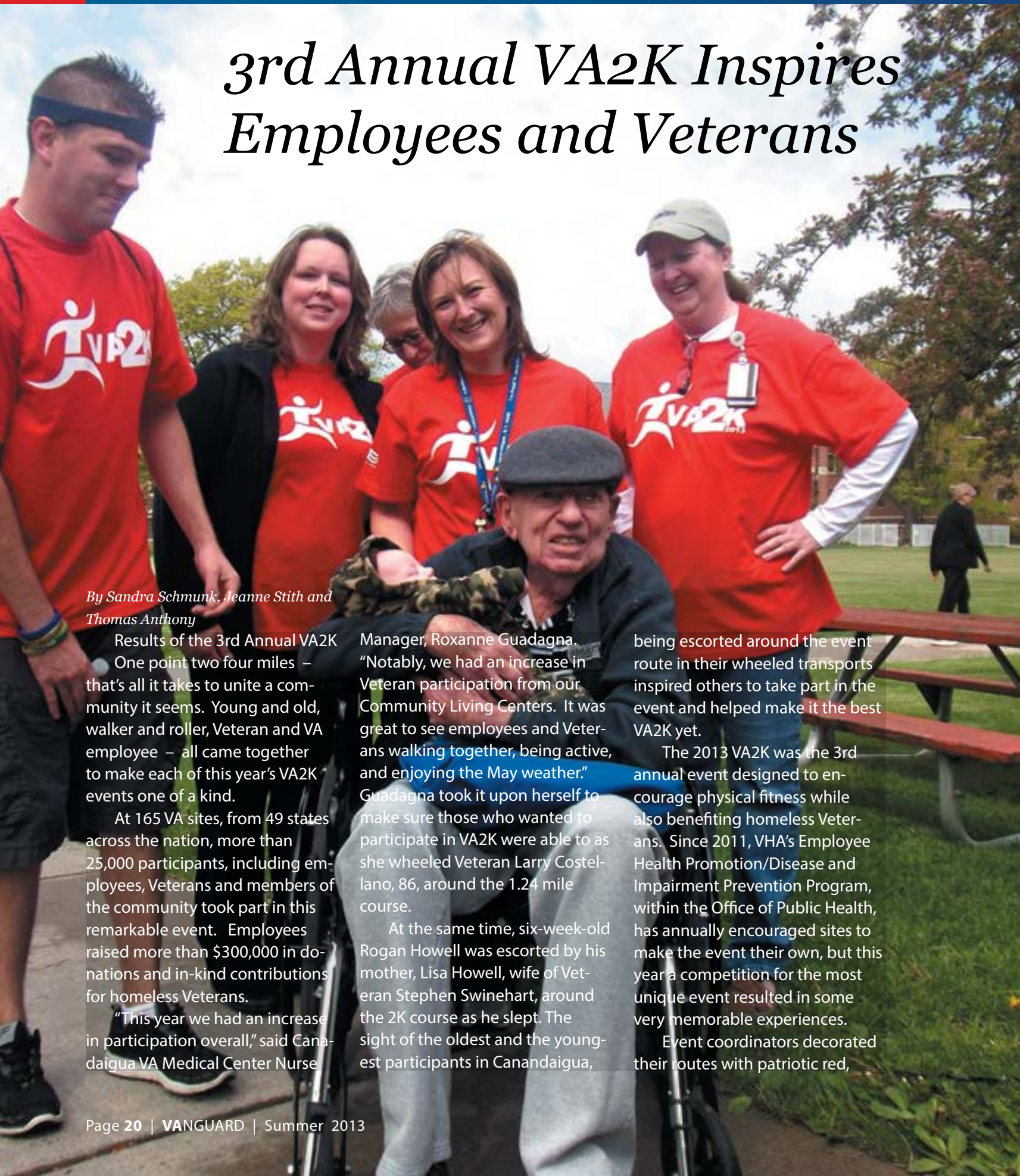
Traumatic Stress Disorder (PTSD) with Dr. Aaron Jacoby, deputy director of the Mental Health Service Clinical Center at the Baltimore VA Medical Center. Jacoby noted that after the segment with Day, he received many calls from Veterans who saw the episode and then wanted treatment for PTSD.

Although the show has reached its 100th episode, they look forward to a robust future.

"We want to continue introducing new topics and exciting programs on the cable show," said Edwards.

"We're also going to bring on more Veterans to tell their real life stories about how VA health care has helped improve their lives. Additionally, we want to reach out to those Veterans who don't realize they are eligible for VA health care so we can educate them about their benefits."

3rd Annual VA2K Inspires Employees and Veterans



By Sandra Schmunk, Jeanne Stith and Thomas Anthony

Results of the 3rd Annual VA2K – One point two four miles – that’s all it takes to unite a community it seems. Young and old, walker and roller, Veteran and VA employee – all came together to make each of this year’s VA2K events one of a kind.

At 165 VA sites, from 49 states across the nation, more than 25,000 participants, including employees, Veterans and members of the community took part in this remarkable event. Employees raised more than \$300,000 in donations and in-kind contributions for homeless Veterans.

“This year we had an increase in participation overall,” said Canandaigua VA Medical Center Nurse

Manager, Roxanne Guadagna. “Notably, we had an increase in Veteran participation from our Community Living Centers. It was great to see employees and Veterans walking together, being active, and enjoying the May weather.” Guadagna took it upon herself to make sure those who wanted to participate in VA2K were able to as she wheeled Veteran Larry Costellano, 86, around the 1.24 mile course.

At the same time, six-week-old Rogan Howell was escorted by his mother, Lisa Howell, wife of Veteran Stephen Swinehart, around the 2K course as he slept. The sight of the oldest and the youngest participants in Canandaigua,

being escorted around the event route in their wheeled transports inspired others to take part in the event and helped make it the best VA2K yet.

The 2013 VA2K was the 3rd annual event designed to encourage physical fitness while also benefiting homeless Veterans. Since 2011, VHA’s Employee Health Promotion/Disease and Impairment Prevention Program, within the Office of Public Health, has annually encouraged sites to make the event their own, but this year a competition for the most unique event resulted in some very memorable experiences.

Event coordinators decorated their routes with patriotic red,

white and blue balloons, garlands, banners and streamers, while walkers dressed in patriotic clothing. Health fairs were organized around the 2K route to provide health information, screening and advice. Information banners, booths and electronic boards provided information about homeless Veterans. A wide variety of animals, service/therapy dogs, ducks, cranes, geese, raptors, owls, walking fish, Florida Gators and all of the animals from the Cincinnati zoo truly helped participants take “a walk on the wild side.” Some locations kicked up the fun factor a notch with a carnival-like atmosphere – clowns, dunk tanks, magic tricks, and “a pie in the face” for leadership made these VA2Ks unforgettable.

But there was one event that stood out among the rest. The Kansas City VA Medical Center (VAMC) took home the award for “most unique” event with their baseball themed VA2K titled “Home Run for Homeless Vets.” Recording their highest turnout of 252 participants, the Kansas City VAMC invited Slugger, the Kansas City Royals mascot, held a home-run derby contest and watched intently as VAMC leadership raced in the ketchup, mustard and relish dash. “Everyone came dressed in their favorite baseball team’s uniform,” said Danielle White, medical support assistant and Kansas City VAMC’s VA2K coordinator. “Overall the event was great and the atmosphere we created was just like a day at the baseball field.”

Service was truly at the heart of the 2013 VA2K as many facilities gathered cleaning supplies, toilet-



Above; Kansas City VAMC was the first place winner in a unique competition event. Chief of Health Administration and Management Review Stan Utley (relish), Director Kent Hill (mustard) and Assistant Director Michael Moore (ketchup) running in the first heat of the ketchup, mustard and relish dash. Left: In Canandaigua, N.Y., Larry Costellano, 86, holds six-week old Rogan Howell, while his dad, Veteran Stephen Swinehart, and Larry’s nurse Roxanne Guadagna and V2K Event Staff, Regina Hargraves, (Terry Gilbert, in the background), and Debbie Brahm look on.

ry items and common household items that are critically needed, since homeless Veterans are not able to purchase those items with food stamps. The Boise VAMC’s campaign “Do you have a square to spare?” aimed to collect a year’s worth of toilet paper.

Hundreds of children from local schools elementary through college, bands, cheerleaders, teachers and students took part. The Oklahoma School for the Blind participated and plans to be back next year. “We are hoping to have our elementary students take part in this event next year as part of our ‘Give Back’ day,” said teacher Laura Leatherman. “We plan on collecting backpacks, socks and necessary materials throughout the year and donating them at VA 2K next year!”

All in all, the events were hugely successful by fostering

a sense of camaraderie among participants, collecting donations for homeless Veterans and encouraging all employees to get out and exercise. One employee credits his 27-pound weight loss to daily walks, which began with last year’s VA2K. Keep on walking and we’ll see you for next year’s VA2K!

Check <http://www.publichealth.va.gov/va2k/> or your local VA facility web site next Summer for details.

VA2K by the Numbers

States represented	49
Participating sites	165
Participants	25,000
Items collected	75,171
Estimated value	\$300,000
Calories burned	3,100,000

Serving VA's Fastest Growing Group of Veterans

Learn how to provide outstanding service to women Veterans by enrolling in VA Learning University's (VALU's) new web-based course, Serving Women Veterans. This 20-minute long e-Learning module is self-paced and available to you anytime, anywhere.

During this course, you will hear the stories of women Veterans who served in various military eras and learn how their experiences may impact what they need from VA. After completing Serving Women Veterans, you will become more knowledgeable when directing women Veterans to available VA benefits and services.

This new course is the latest addition to VALU's Veterans Advocacy and Awareness (VAA) suite of e-Learning modules, a collection of courses that gives VA staff insight into providing the best customer service for our nation's Veterans. Courses in the suite include Serving Women Veterans,



Connecting with Veterans and the highly successful Military Cultural Awareness e-Learning module, which won two prominent industry awards and has garnered roughly 25,000 completions to date.

Remember, anyone who

walks through the door may have served in our military.

Visit the suite of VAA e-Learning courses and access Serving Women Veterans through VALU Portal at: <http://www.valu.va.gov/Home/CareerPlanning> or through the TMS Catalog at: <http://go.va>.

NCA Expands to Prevent Loss of Burial Benefits in Puerto Rico

VA recently acquired 247.4 acres of land in Morovis, Puerto Rico, to prevent the loss of burial benefits to Puerto Rico's Veterans when the Puerto Rico National Cemetery, located in Bayamón, closes to new casketed interments sometime in 2022.

"Veterans in Puerto Rico have earned the right to burial in a national shrine," said Secretary of Veterans Affairs Eric K. Shinseki. "We are committed to replacing Puerto Rico National Cemetery so

that Veterans will continue to have a final resting place and lasting tribute to their service and sacrifice for years to come."

The replacement site is located about 28 miles from the existing cemetery. There is no possibility for expansion adjacent to the original cemetery because the property is surrounded by commercial and residential development.

Puerto Rico National Cemetery became a national cemetery on

July 12, 1948. The cemetery serves approximately 107,480 Veterans in Puerto Rico and the U.S. Virgin Islands. Situated on 108.2 acres, of which 99 have been developed, the cemetery accommodates casketed and cremated remains.

More than 1,700 burials were conducted in fiscal year 2012. Puerto Rico National Cemetery is the only national cemetery located outside of the United States. More than 56,000 Veterans are interred there.

Nursing Staff Breaks Barriers for Terminally Ill Veteran

By Brittany Castillo

Bed rest may limit mobility, but it did not stop one veteran from watching his daughter's wedding ceremony in Palo Alto, Calif.

David Renfro, chief nurse of VA Palo Alto Health Care System, was alerted of changed plans for a terminally-ill veteran, Stonewall Carpenter, on June 14.

"At noon, I received an emergency page from Administrative Officer Emily Stallings that a terminally ill patient would not be able to join his daughter at her 4 p.m. wedding," said Renfro. "Even though the wedding was local, he couldn't go. If he said more than two or three words he was out of breath."

The medical team brainstormed ways to help this former Navy Seal witness his daughter's wedding. With only hours to spare, the team of nurses turned to technology.

"I met Emily and Registered Nurse Benjamin "Eric" Gillens to see how we could assist the front line staff with making this happen," said



Inpatient Team from left to right: Benjamin Gillens, MSHS, BSN, RN; Emily Stallings, MHA; Evie Halvorsen Smith, RN; Jodi Bisely, RN, BSN; and David Renfro, MS, RN, NE-BC.

Renfro.

"After working with the Office of Information Technology and others, it was apparent we could not get Skype to work through our firewalls. So, one of our transition coordinators, Jodi Bisely, downloaded Skype on her iPhone. We all began working with the bride's family to make this happen."

Bisely was able to use the FaceTime application on her iPhone.

The daughter wanted her dad to be with her at her wedding, so the bride had a friend hold the iPad which gave her dad a front row view," said Renfro. "The family was very thankful, and the wife was overjoyed and appreciative."

PASS From Page 2

satisfaction. Efforts to control the change ironically result in measures that lead to increased inefficiency, compartmentalization, a lack of transparency, increased cost and employee disillusionment.

By embracing innovation, organizations can overcome the growing barriers by sharing insights, testing enhancements and constantly redesign workforce structures to meet evolving needs. Through innovation, organizations can increase employee engage-

ment, concentration and awareness, which is at the core of PASS. The PASS discipline seeks nothing less than to "change the nature of work" inside large, bureaucracies to affect changes that make them leaner, smarter and more versatile. And it is the right time.

"Apart from ongoing appropriations issues, Congress has made a improving management and performance in the federal government a law, through Government Performance and Results Act, demonstrating a consensus view that more can and should be

done," Paschane said.

"In my nine years at the VA, I have had the chance to work with some extraordinarily capable and dedicated people. And I've met others of equal caliber in other agencies and departments, just as dedicated to their missions. Imagine the impact we could have if the government were able to fully utilize all that talent. It would dramatically improve our performance and service delivery, and in so doing, restore the trust of the American people and the image of public service."



Secretary Shinseki sits down with three Veterans, Darrel Sage (left), Ryan Merritt, (center right) and Herbert Lilly, (far right) at VA Salt Lake City's Valor House.

SECRETARY VISITS VA SALT LAKE CITY, FOCUSES ON BACKLOG , VALOR HOUSE VETERANS

By Jill Atwood

He has tremendous responsibility and an exhausting schedule, yet Secretary Eric Shinseki never seems rushed or even overwhelmed by the daunting task of taking care of America's heroes. He is gracious, poised and focused and he always has time to stop and talk with Veterans.

The Secretary's first stop was the Regional Office where he met with employees, Veteran Service Organizations and other stakeholders. His mission is clear: face the claims backlog head on, and make sure VA employees and Veterans know they are appreciated.

About three hours into his visit, Secretary Shinseki faced a cadre of TV cameras and reporters. He made no excuses for the delay in claims processing and remained focused on where we go from here.

"America's Veterans are waiting too long for the benefits they have earned," said Shinseki. He explained the new electronic processing system and vowed to end the backlog by 2015. He then answered tough questions

succinctly and sincerely.

His next stop: our medical center where he briefly met VA Salt Lake City leadership before moving on to VALor House, our transitional housing facility for homeless Veterans.

Inside, the Secretary sat down with three Veterans and was eager to know how VA could have helped them sooner. He spent more than an hour in Valor House, touring the facility, asking questions and marveling at our progress.

VALor house gives homeless Veterans the resources and security they need as they work toward self sufficiency. The Secretary listened to their stories in the hopes of being able to help other at risk Veterans before they become homeless.

It's not every day that VA Secretary comes to visit. His humble demeanor is refreshing and like so many of the Veterans we serve every day. He is a quiet leader truly committed to the mission of caring for Veterans.

MYCAREER@VA

Do you want to find new job opportunities, build your career skills and grow professionally? If so, the award-winning MyCareer@VA website is for you. MyCareer@VA is an interactive, online career development program that empowers you to create a personalized career plan. Using the website's five custom-built tools and additional interactive resources, you can achieve new professional goals, hone your skills, and map a personalized path toward greater career fulfillment.

Since MyCareer@VA launched in October 2011, more than 725,000 visitors have logged on to the website. Of all the jobs at VA, approximately 86 percent are covered in the MyCareer@VA tools. This number includes 100 percent of all mission-critical occupations.

"MyCareer@VA's tools and resources are uniquely designed with VA-specific information that helps current and potential employees find the careers they have always wanted," said MyCareer@VA Program Manager, Dr. Carrie Tuning. "We understand how important it is to find the right career path, so we developed MyCareer@VA to provide everything that's needed to uncover a fulfilling job at VA."

In addition to its helpful tools, MyCareer@VA has resources that support employees' career development throughout every stage of the career planning process.

In June 2013, MyCareer@VA added several innovative

web-based training courses, a CareerTalk interview podcast series where leaders share their keys to success, and interactive CareerPrep resources that prepare employees to take advantage of career opportunities.

"From the perspective of over 40 years in the workforce and 25 years of federal service, I can't express how impressive an innovation these tools represent in the evolution of career management," said a Regional Service Officer who recently learned about the website's new resources. "They place control of your career directly in your hands," he added.

MyCareer@VA's homepage

features a "Where do I start?" section to make it easy for those who would like some easy ways to get going. Visitors who want to explore the site on their own can start anywhere at any time.

"MyCareer@VA will give you a better understanding of your career options at VA, which will help you stay more engaged and focused on a bright future," said Tuning. "With more than 300,000 people working at VA, your career options are virtually limitless. MyCareer@VA will help you find a job that is a great fit for you so you can continue to do incredible work serving Veterans."

Visit www.MyCareerAtVA.



UNCOVER
YOUR CAREER POSSIBILITIES

Antiseptic Baths:

VA study finds Antiseptic solution reduces infections nearly 30 percent

By Tom Cramer

VA researchers have found that infections acquired in the hospital are significantly reduced when acute-care patients are bathed daily with a simple, inexpensive antiseptic.

"We found that bathing patients with washcloths soaked with chlorhexidine – a broad-spectrum antiseptic – lowered the rate of hospital-acquired bloodstream infections by 28 percent," said Dr. Edward Wong, chief of infectious disease at Hunter Holmes McGuire VA Medical Center in Richmond, Va.

Over a period of 12 months, VA researchers analyzed close to 8,000 patients in nine intensive-care and bone-marrow-transplantation units in six hospitals. They randomly assigned health care providers to bathe patients with either chlorhexidine-soaked washcloths or non-antimicrobial washcloths for six months. The process was then reversed, with health care providers switching to the other product for an additional six months.

Wong, a member of VA research team that conducted the 12-month study, said that in addition to reducing bloodstream infections, daily antiseptic baths reduced multidrug-resistant organisms like MRSA (methicillin-resistant staphylococcus aureus) and VRE (vancomycin-resistant

enterococcus) by 23 percent.

"We also found that the benefits of daily antiseptic baths increased the longer the patients remained on the intensive care units," the researcher added.

The study was published in the February 7 issue of the New England Journal of Medicine.

According to the U.S. Centers for Disease Control and Prevention, approximately five percent of hospitalized patients acquire health care-associated infections, often when bacteria enter the bloodstream when surgeons make incisions, or insert catheters.

"A daily antiseptic bath is a strategy that's easy to sustain because it doesn't require a big change from patient-bathing practices already in use at our VA hospitals," observed lead researcher Michael Climo, an epidemiologist at the Richmond VA. "We're looking at a really simple intervention that's easy to implement and doesn't cost much."

The cost of chlorhexidine wipes is perhaps 20 cents apiece, if not less. The cost of treating a patient who comes down with a hospital-acquired infection can be about \$40,000.

"A daily antiseptic bath is clearly going to improve patient safety," Climo said. "And it's going to cost way less than antibiotics or the cost of treating an infection."



Dr. EDWARD WONG



MICHAEL CLIMO

Study of 10,000 Veterans Confirms Benefits of Fitness, Statin Drugs

From VA research Currents

In the first study of the combined effects of increased fitness and statin drugs, VA researchers found that the one-two punch is highly effective for those with abnormal cholesterol and triglycerides. The findings, based on the outcomes of more than 10,000 VA patients, went online Nov. 28 in the British journal The Lancet.

Many studies have established the life-extending benefits of physical activity and fitness, and other studies have shown that statins boost survival for heart patients. The new study is the first to look at both factors together in the same study population.

The findings are based on a study of more than 10,000 Veterans at the Washington, DC, VA Medical Center and VA Palo Alto Health care System. Most of the Veterans were in their 50s or 60s, and most were male. All had abnormal lipids. Commonly, this means high total cholesterol, high LDL ("bad") cholesterol, low HDL ("good") cholesterol, or high triglycerides. About half the participants were taking statin drugs for three months or longer; the others were not on statins at all. The Veterans all took a treadmill test to determine their level of fitness.

Exercise reduces risk by at

least half.

The researchers tracked the survival of all the participants throughout the duration of the study, from 1986 through 2011.

The data showed that statins alone increased survival, as did fitness. The best-case scenario—the lowest mortality—was when both were combined. Among the specific findings:

The overall risk of death during the study period was around 19 percent for those taking statins and 28 percent for those not on the drugs.

The fittest participants, whether they were taking statins or not, had a 60 to 70 percent lower risk of death, compared to the least fit Veterans in the study.

When moderate and high-fit participants not taking statins were compared against low-fit participants taking the drugs, the fitter Veterans had up to a 50 percent lower risk of death.

"The take-home message is that the combination of statins and increased fitness is the most effective way to lower mortality for those with lipid abnormalities," said study leader Peter Kokkinos, PhD. "If statin therapy is not an option, then increasing fitness is essential. It's an effective, inexpensive approach to defend against premature death."

Among the most striking findings, says Kokkinos, is that regardless of statin use, "If you exercise, you're going to reduce your risk by at least half."

Based on the study results, he says people with abnormal lipids



can benefit significantly by raising their fitness to at least a moderate level. While acknowledging the benefits of statins, he points out that "better fitness improves survival significantly and is a valuable additional treatment or an alternative when statins cannot be taken." He notes that muscle aches occur as a side effect of statins among about a quarter of users, and there are also other possible side effects to the cholesterol-lowering drugs.

Kokkinos conducts research and runs fitness programs at the Washington, DC, VA Medical Center. He says even everyday activities such as walking and gardening – and certainly gym classes – can help most people achieve a level of fitness that protects against early death.

"Inactivity kills," said Kokkinos, also a professor of medicine at Georgetown and George Washington universities. "This comes through over and over again in the studies, no matter what type of population we're assessing."

Kokkinos' coauthors were Charles Faselis, VA and George Washington University; Jonathan Myers, VA and Stanford University; and Demosthenes Panagiotakos and Michael Dumas, both with VA.

VA, the Affordable Care Act, And You

The Affordable Care Act was created to expand access to affordable health care coverage, lower costs, and improve health care quality. This is one of the most significant health policy changes to occur in the United States since the creation of Medicare and Medicaid.

This article provides a brief overview of the health care law, information about VA and the health care law, and outlines VA's current efforts to communicate with Veterans and VA employees about the law.

Overview of the Law

The health care law represents comprehensive reform of the health care delivery system and health insurance market. The law expands access to affordable health care coverage, lowers costs, and improves health care quality and care coordination.

The provisions of the health care law began taking effect in 2010 with provisions such as the requirement for health plans to cover certain preventive services with no cost-sharing. Starting Jan. 1, 2014 the health care law requires most individuals to have

health coverage that meets a minimum standard (called "minimum essential health care coverage"); qualify for an exemption or make a payment when filing taxes if they have affordable options but remain uninsured.

Individuals who are enrolled in federal programs (such as VA, Medicare, Medicaid, or TRICARE) or who have health care coverage through an employer (for example, Federal Employees Health Benefits Program) meet the health care law coverage standards and do not have to take any further action.

VA employees enrolled in one of the health care coverage options offered through the Federal Employees Health Benefits Program meet the health care law's requirement to have health care coverage, and no further action is required. Employees not enrolled in the Federal Employees Health Benefits Program may do so during Open Season in the fall of each year.

Individuals who have access to affordable coverage but remain uninsured may have to make a payment to the Internal Revenue Service (IRS) when filing their taxes. The payment will be either a flat charge or a percentage of taxable household income, depending on which amount is higher. The individual payment ranges from \$95 or 1 percent of taxable income in 2014, the first year health care coverage is required, up to \$695 or 2.5 percent of taxable income in 2016.

The health care law provides options for individuals who currently do not have health care cov-

erage. This includes purchasing private health insurance through the Health Insurance Marketplace.

The Health Insurance Marketplace is a new way to shop for and purchase private health insurance. Starting October 1, 2013, individuals can submit an application for health care coverage through the Marketplace. Additionally, some states are choosing to expand their Medicaid programs under the health care law. If an individual lives in a state choosing to expand Medicaid, they may become eligible for health care coverage under this program.

VA and the Law

Since the health care law was enacted, VA has been active in understanding the health care law and identifying opportunities to share information with Veterans, employees and other stakeholders that the health care law does not change VA health benefits or Veterans' out-of-pocket costs.

VA will continue to provide Veterans with the high quality, comprehensive health care and benefits they earned through their service. If a Veteran or other beneficiary is enrolled in the Veteran's health care program, Civilian Health and Medical Program (CHAMPVA), or Spina bifida health care benefits program, they meet the health care law coverage standards and don't need to take any additional steps.

Veterans may apply for VA health care enrollment at any time. Enrollment in VA health care means access to medical care rated among the best in the U.S., immediate benefits of health care

coverage, and no enrollment fee, monthly premiums, or deductibles. Most Veterans have no out-of-pocket costs, though some Veterans may have to pay small copayments for health care or prescription drugs. Enrollment in VA care also provides Veterans with more than 1,700 available sites to access care. This means Veterans coverage can go with them if they travel or move.

Resources

VA has developed resources to provide information about VA and the health care law. This includes an eligibility calculator that Veterans can use to assist them in determining their eligibility for VA health care programs.

VA has also developed a fact sheet and frequently asked questions to provide answers to questions from Veterans and their family members about VA health care and the health care law.

These information materials can be accessed in one convenient location at www.va.gov/aca. For more information about VA health care and the health care law, visit VA's website or call 1-877-222-VETS (8387), Monday through Friday 8 a.m. to 10 p.m. or Saturdays from 11 a.m. to 3 p.m., Eastern.

Veterans' family members who are not eligible to enroll in a VA health care program may purchase health care coverage through the Marketplace. They may get lower costs on monthly premiums or out-of-pocket costs. They could be eligible for free or low-cost coverage through Medicaid or the Children's Health Insurance Program (CHIP). Starting October 1, 2013, they can submit an application for health

care coverage through the Marketplace and learn the amount of assistance they are eligible for. For more information on the Marketplace, visit www.healthcare.gov or call 1-800-318-2596.

A series of educational modules about the health care law are also available for VA staff via VA's Talent Management System (TMS). The first module, TMS Item #17037 – "High Level Overview of VA Health Care and the Health Care Law", is now available.

Other training modules will be disseminated throughout the summer and fall. Additional training topics include detailed information on the health care law and information tailored for specific employee groups (e.g., clinicians and public affairs officers).

Summary

The health care law represents an opportunity for most Americans to have access to affordable health care coverage and provides several options to obtain this coverage.

Veterans and other beneficiaries enrolled in VA health care already have the comprehensive health care coverage required by the law, and do not need to take any additional steps to meet the health care law coverage standards.

Veterans and not enrolled in VA health care are encouraged to apply for enrollment as soon as possible to begin taking advantage of the high quality health care they have earned through their service.

VA plans to publish additional articles on the health care law and

make additional information available via VA's website. If you have suggestions for other articles or have questions, please contact us at vhacohealthreform@va.gov.

AT A GLANCE

VA wants all Veterans to receive health care that improves their health and well-being.

If enrolled in VA health care, a Veteran does not need to take additional steps to meet the health care law coverage standards.

Veterans and other beneficiaries not currently enrolled in VA health care can apply for enrollment at any time. applications are accepted online at www.va.gov/health-benefits/enroll, by phone at 1-877-222-VETS (8387), by mail, or in person at a VA medical facility.

VA employees enrolled in one of the health care coverage options offered through the Federal Employees Health Benefits Program meet the health care law's requirement to have health care coverage, and no further action is required. Employees not enrolled in the Federal Employees Health Benefits Program may do so during Open Season in the fall of each year.

Warrior Spirit



By Mike Molina

At 22 years old, Mike Savicki was training to become a Navy F-14 fighter pilot when he dove into the waters off Pensacola Beach, Fla. A wave broke over him as he dove, and the force pushed his head to the bottom. The accident caused a compression fracture of his vertebrae resulting in quadriplegia. He was paralyzed, instantly. End of story.

For some maybe, but Savicki's storied life had just begun.

After the injury, he underwent eight months of rehabilitation at the then Brockton West Roxbury VA Medical Center. In 1991, immediately following his recovery, Savicki flew to Miami, Fla., where he entered his first National Veterans Wheelchair Games.

This July, after more than two decades of competition, Savicki returned to Florida for the 33rd National Veterans Wheelchair Games in Tampa. There, he won six gold medals, one each in the 10k handcycling race; and the 100, 200, 400, 800 and 1500 meter track events. In 22 years of participation at the Games, Savicki has amassed 79 gold medals and this year – the Games' top honor.

Savicki was named the Spirit of the Games Award winner during closing ceremonies July 18.

"Winning this award is a once in a lifetime honor and

something I will keep with me forever," he said. "It shows that being dedicated and working hard year after year makes a difference."

As a three-sport letterman in high school, Savicki said he turned to sports as part of his rehabilitation.

"I knew what sports did for me before I got hurt, and I knew what sports could do for me after I got hurt," he said.

Since his injury, he has completed the Boston Marathon multiple times (a feat he had accomplished before his injury). He's finished more than 55 marathons in all. He competed as a member of the national quad rugby team for a spot on the 2004 US Paralympics team. He finished the 70-mile Beach to Battleship Half Ironman triathlon in 2009, and he earned a bronze medal with the Navy team at the 2010 Warrior Games in Colorado Springs, Colo.

Savicki said he also surfs, sails, kayaks, golfs and plays basketball. At this year's Wheelchair Games, he competed for the first time in javelin and shot put.

"There's a rehabilitative power in sports that you don't get in the walls of the hospital," he said. "Pushing yourself physically and mentally, you gain self-confidence and self-awareness. For me, that has made the huge difference in my life."

During the Games, he mentors fellow Veterans and

wheelchair athletes, sharing his experience and knowledge of adaptive sports with them. He said the best experience for him at this year's Games was working with a newly-injured Navy Veteran at the track.

"I was approached by this Veteran and I saw something in his eyes that made me know he was serious," Savicki said. "Afterwards, we were the only ones left on the track."

Despite his success, Savicki said he isn't driven by personal accolades and recognition.

"I don't do it for the medals. I do it to learn. I do it to be around others like me. By surrounding yourself with people who've been there and have learned firsthand, that energy rubs off on you. You start to learn and see what's pos-



Savicki receives the Spirit of the Games Award during the closing ceremonies July 18 as U.S. Army Veteran and National President of Paralyzed Veterans of America Bill Lawson (left) and the Assistant Secretary of Public and Intergovernmental Affairs Dr. Tommy Sowers (right) look on.

The Games

By Mike Molina

Nearly 600 Veterans competed in the world's largest annual wheelchair sports event. Veterans from across the United States, Puerto Rico and Great Britain challenged one another at the 33rd National Veterans Wheelchair Games in Tampa, Fla. from July 13-18.

The 33rd Games included competitions in 18 different events, including: softball, handcycling, basketball, quad rugby, air rifle, track and field, archery and wheelchair slalom.

"The Games were great," said Johnnie Alexander, a Games new-

comer and U.S. Army Veteran from Florida. "My favorite event is the shot put and I plan to continue with field events and handcycling."

For the last six years, U.S. Navy Veteran Davis Celestine has competed in the Games. A 2001 military training accident left him paralyzed and when a doctor told him he might never walk again, Celestine made the decision to be as active as he could.

"Adaptive sports help you learn about yourself, to become more confident and independent. To successfully adapt to your new life in ways you might never have imagined," Celestine said.

The Games are presented by the Department of Veterans Affairs (VA) and the Paralyzed Veterans of America, and are open to all U.S. military Veterans who use wheelchairs for sports competition due to spinal cord injuries, neuro-

logical conditions, amputations or other mobility impairments.

The 33rd Games were hosted by the James A. Haley Veterans' Hospital in Tampa, and the Paralyzed Veterans of America, Florida Gulf Coast Chapter.

"The Wheelchair Games exemplify the extraordinary ability of Veterans who have experienced injury and adversity to achieve success," said Bill Lawson, U.S. Army Veteran and National President of Paralyzed Veterans of America.

The 2014 National Veterans Wheelchair Games will be held in Philadelphia, Pa., and hosted by the Philadelphia VA Medical Center.

To learn more, visit www.wheelchairgames.va.gov. To see more photos from this year's Games, visit www.flickr.com/photos/veteransaffairs/sets/.

Former Army Medics, Navy Corpsmen Now Working in VA Emergency Rooms

During his 20 years in the Army, Paul Singleton held a lot of different jobs. He was a urology technician at Brook Army Medical Center in Texas; a medical platoon sergeant with the 557 Medical Evacuation Company at Wiesbaden Airfield, Germany; and a medical corpsman in the pediatric clinic at Womack Army Hospital, Fort Bragg, North Carolina, to name a few.

But when he retired from the military in 2004 Singleton, like a lot of medics and corpsmen, had a hard time finding a health care job in the civilian world.

In addition to his struggle to find employment, Singleton's life took a few other unpredictable twists and turns, not all of them good. For reasons he would rather not elaborate on, he often found himself living on the edge, struggling to get by. He kept a roof over his head by staying with various friends or family members.

Despite his troubles, however, it seemed to be in Singleton's nature to look at the glass as half full. "I wasn't living in my car," he pointed out, good-naturedly.

But Singleton's glass unexpectedly got a little fuller one day when Ruth Batista walked into his life.

"I met Paul in August 2012 when I went to the Bronx VA Medical Center to talk with him about our VA homeless housing program," said Batista, a licensed clinical social worker. She's also the residential contract coordinator with the New York Harbor VA Harlem Community Resource & Referral Center. "At that time," she said, "and for some time afterward, he told me he didn't like the idea of living in a shelter, of sharing his living space with strangers. He stayed in contact with me, though."

Batista said that as her conversations with Singleton continued, she became increasingly impressed with his honesty, his discipline and his self-awareness.

"He always knew what he was able to manage, and when," she explained. "He always took things one step at a time. If he wasn't ready to handle something, he would tell me. For that reason, he was a pleasure to work with."

A little less than a year later, Singleton contacted

Batista and let her know he was ready to make the leap. In short order, she got him into a VA-funded shelter in the Bronx.

"He also told me he was looking for employment, so I explored his employment history and learned he was a medic while in the service" she explained. "I told him about our Intermediate Care Technician program. He seemed very interested, so I helped him get his paperwork together and assisted him in getting an interview for an ICT position."

The Intermediate Care Technician is a newly created position in VA emergency rooms. The Department has now

The Department of Veterans Affairs is hiring former military medics and corpsmen to work in its emergency rooms nationwide.

hired about 50 former Army medics, Air Force med techs and Navy corpsmen to fill these slots at 15 VA medical center emergency departments across the country.

These veterans are brought on-board as full-time VA employees who are retained by VA even after they complete the 13-month ICT pilot program.

"While serving as ICTs, they are encouraged to pursue the licenses they need to further advance their careers and become nurses, physician assistants, and doctors," said Bruce Delphia, a

former Army medic who now serves as a VA national project manager. "These former medics and corpsmen want to continue working in the health care field, and VA needs skilled health care workers. It's a win-win."

Ruth Batista said the ICT program has, thus far, definitely been a 'win' for Paul Singleton.

"He's been doing so well now ... he's been a full-time VA employee since November," she said. "He's also saving his money and exploring affordable apartments so he can move from VA-funded shelter where he lives. He's a success story, and I love success stories."

Sylvia Barchue, patient care center director at the Bronx VA Medical Center, is Singleton's second line supervisor. A nurse at the Bronx VA for 31 years, she recognizes natural talent when she sees it.

"Paul's always smiling, always happy," she said. "He has a great personality, and he's really hands-on. When we have



Intermediate Care Technician Paul Singleton, a former Army medic who now works in the Bronx VA emergency room, is known for his ability to put his patients at ease. Here he shares a light moment with Donald Mickey, a veteran in need of a comforting smile. Photo by Lynne Kantor, Bronx VA Medical Media

patients in the emergency department who are nervous or scared, Paul can calm them down. He'll sit with the patient and talk with them. They'll tell each other their 'war stories' from when they were in the military. He's a veteran, so they can relate to him, and he can relate to them."

"He has compassion," observed Maxine Lindsay-Shillingford, a care team manager at the Bronx VA and Singleton's first line supervisor. "He's willing to give of himself. You can't really teach something like that. It has to come from within."

Lindsay-Shillingford (her friends call her 'Max') described Singleton as a 'go-to guy' who can be depended upon.

"When I ask him to do something, like stay beyond his shift, he always says, 'OK,'" she said. "Like today, for example, I'm going to ask him to stay because we have a lot going on here this afternoon, and I know he'll say 'yes.'"

She also noted that Singleton's skills as a good listener are proving invaluable in her busy emergency room.

"Paul is able to gain a patient's confidence," she said. "He has that ability. He's able to listen ... and I mean actively listen. A lot of people don't know how to do that. But when

you're talking to Paul, you can tell he's listening to every word you're saying.

Singleton said talking to and getting to know the veterans who visit his emergency room can be a double-edged sword, since some of the veterans he befriends fail to recover.

"We have some veterans who show up at the ER a lot, due to their numerous health issues," he said. "You talk with them and get to know them. But then when they pass, it can hit you hard. It gets to you."

Fortunately for Singleton, the good moments in the Bronx VA emergency room appear to be outnumbering the bad ones.

"We have two other ICTs here at the Bronx VA, and they're just like me. We talk to the patients; we give them respect. And the patients tell us: 'We need more of you guys here.'"

VA plans to initiate a second ICT pilot program in 2014. To learn more about it, contact a 'VA for Vets' Career Coach at 1-855-824-8387.



Dr. Thomas explains chest CT findings to Janene Anderson in the Phoenix VA Health Care System bronchoscopy lab.

DR. ALLEN THOMAS SELECTED FOR THE AMERICAN THORACIC SOCIETY AWARD

Cleveland VA Medical Center: Opens New Resource Centers for Homeless Veterans

By Tom Cramer

VA Health care System of Ohio and the Louis Stokes Cleveland VA Medical Center opened two Community Resource and Referral Centers for homeless and at-risk veterans in early March. One facility is in Cleveland, the other in Akron.

Co-located with the Cleveland facility is VA's new Psychosocial Rehabilitation and Recovery Center, designed to help veterans recover from their mental illness so they can become fully functioning members of their communities.

The two new VA homeless resource centers (out of 17 nationwide) were developed to provide homeless and at-risk veterans with centralized, easily accessible sites where they can obtain services such as medical, nursing and mental health care; housing assistance and substance abuse services.

Veterans will also be offered help with obtaining food stamps; employment, vocational training, disability benefits, and transportation services.

"These homeless resource centers will serve as sites in which veterans can be triaged to obtain VA and community services in an expedient manner," explained Susan Fuehrer, director of the Louis Stokes Cleveland VA Medical Center. "These centers remind us that VA does not battle veteran homelessness alone – we have many federal, state and local partners working with us. Many of them will be sharing this space with us to help the Veterans who walk through our doors."

Some of these partners include Community Support Services (which owns the Akron site), the Legal Aid Society of Cleveland, Employment Connection, Mental Health Services for Homeless Persons, and Tri-C Veterans Upward Bound.

"Putting all of these agencies and the services they offer in one place makes it easier for veterans to get all of their needs met," Fuehrer said.

Barbara Karam, supervisor of VA's new homeless resource center in Akron, said her facility will offer extended hours. "We want



Photo by Adam Rawlings, Cleveland VA

Rehab Technician Jamila Murray welcomes Veteran Keith Moody to VA's new Community Resource and Referral Center in Cleveland.

veterans who are homeless or at risk of becoming homeless to have a greater range of times they can access our services," she explained.

Karam said that along with working with agencies like Community Support Services, the Social Security Administration and others, her new center will also collaborate with the new Valor Home, a homeless shelter opening in late April or early May, in Akron.

"We need to keep reaching out into the community," she said. "We need to keep embedding ourselves deeper into the community."

Jack Hetrick, director of VA Health care System of Ohio, said the two new homeless resource centers represent a key component of VA's new mental health care model, one that is focused on recovery.

"We believe that people can and do recover from serious mental illness, and go on to lead meaningful and productive lives," Hetrick said. "Veterans in this program get the support they need to set and achieve their own life goals, like landing a fulfilling job or going back to school to earn a degree.

"This," he added, "is patient-driven health care at its best – letting veterans take the lead.

A VA FIRST

By Paul Coupaud

The American Thoracic Society has selected a pulmonologist from the Phoenix VA Health Care System as the recipient of the 2013 Outstanding Clinician Award. It is the first time the ATS has selected a VA physician for the prestigious honor.

Dr. Allen Thomas, a staff pulmonologist here, has been with VA since March 2002 and has spent all that time with the PVAHCS. "This is a great honor," he said. "I was flattered to be nominated, and to be selected is both humbling and gratifying. Being recognized by your peers for the work you do makes this award particularly meaningful for someone involved in clinical medicine."

The American Thoracic Society and its Thoracic Society chapter members work to improve the lives of patients with respiratory diseases, critical illnesses and sleep-related breathing disorders. One way they honor their peers

who demonstrate excellence in the clinical care of patients is through the annual Outstanding Clinician Award. The ATS Outstanding Clinician Award was started in 2003 and honors an exemplary pulmonary, critical care or sleep clinician for outstanding service directing patient care on both the local and national levels.

Each ATS state or regional level chapter chooses its annual recipient. Dr. Thomas was the recipient of the 2012 Arizona Practitioner of the Year award. The ATS Council of Chapter Representatives then selects one national Outstanding Clinician Award recipient. The award was presented to Dr. Thomas at the annual ATS convention May 19 in Philadelphia, PA.

"We are very proud of Dr. Thomas for being recognized for such an honor," PVAHCS Chief of Staff Dr. Darren Deering said. "Dr. Thomas is very deserving and represents everything this award stands for and embodies. We know, that with the close relationship he builds with Veterans here, that this honor has a very special

and personal meaning to him."

"I was very pleasantly surprised to receive this award and feel there are many deserving pulmonary physicians," said Thomas, who has been a member of the ATS for 35 years. "I have tremendous respect for the previous winners of this award and to now be included with them is an incredible honor.

"This award is also a tribute to the many mentors and colleagues who have shaped my career. I also appreciate the support I got from this institution, especially the patients who supported my nomination for this award."

The recipient of the national ATS award must be a pulmonary, critical care or sleep clinician who spends 75 percent or more of his or her time providing direct patient care.

Also, the recipient must be recognized by patients and families as a caring and dedicated health care provider, and by his or her peers as having made substantial contributions to the clinical care of patients with respiratory disease.

OIT: Helping Us, Help Veterans



The Office of Information and Technology is at the heart of everything VA does to serve our Veterans. IT is playing a critical role as VA works to bring its systems – particularly those dealing with greater access to care, medical records, benefits and compensation claims – into a comprehensive, paperless operation fit for the new millennium.

Eliminating Claims Backlog

This major VA technology initiative is a top priority for OIT because of its development of Veterans Benefits Management System (VBMS). VBMS is a powerful paperless, Web-based electronic claims processing solution complemented by improved business processes. It is assisting in eliminating the existing claims backlog and serves as the technology platform for quicker, more accurate, claims processing.

National deployment of VBMS began in 2012, with 18 regional offices operational by the end of that calendar year. As of June 10, 2013, all 56 ROs and the Appeals Management Center have fielded the first generation of VBMS paperless processing capabilities.

VBMS has also successfully converted 133 million documents to images, which is the main mechanism for transitioning from paper-based claim folders to the

new electronic environment.

Veterans enrolled in VA/DoD portal, eBenefits, receive electronic notification of changes in status of their disability claims, including notification of the claims decision and any benefit payments due.

In addition, through the Veterans Relationship Management (VRM) process VBA engages, empowers and serves Veterans and other claimants with seamless, secure and on-demand access to benefits and military service information.

Veterans have access to benefits information through multiple VA sources or channels – on the phone, online, or through eBenefits. VRM provides multiple self-service options for Veterans and other stakeholders.

Increasing Veteran Access

One of VA's priority goals, this initiative relies heavily on OIT and involves taking a proactive approach in reaching Veterans who may not be aware of their earned benefits. IT is providing access through:

eBenefits – an online portal with self-service capabilities. This “one-stop-shop” for information

provides service members and Veterans access to claim status, including the ability to quickly and easily enroll for benefits and services.

Virtual Lifetime Electronic Record (VLER) – a seamless record that will follow the service member to Veteran status. The goal of VLER is to provide integration of electronic health records from the Department of Defense, VA and private health providers, improving timeliness of care and eliminating gaps in health information.

integrated Electronic Health Record (iEHR) – is a collaborative partnership between VA and DOD to modernize health care information systems and achieve significant improvement in the capturing, storing and sharing of electronic health information. The development of iEHR is being managed by the Interagency Program Office.

MyHealthVet and “Blue Button” allows Veterans to download their personal health information on the secure MyHealthVet website. By clicking the “blue button” a patient can view, download, and

print their health data.

Telehealth – OIT's contributions to telehealth has made VA a leader in this rapidly growing field. VHA offers Veterans more than 1,700 points of care, but not all Veterans live close enough to a facility to conveniently get the treatments they need. Along with VHA Telehealth Services, IT has implemented and expanded many capabilities to aid Veterans, including:

- **Video to Home:** OIT's recent enterprise-wide expansion of the Video-to-Home capability enables Veterans to video-chat with physicians from anywhere in the country

- **Tablets:** A pilot analyzing the use of Web-based tablets for remote patient care and communication is underway

- **Internet Protocol (IP) Stethoscopes:** OIT is implementing infrastructure to support stethoscopes that can send patient vital signs over a secured network connection, enabling physicians to remotely monitor home-bound Veterans

- **Smart Storage:** OIT is increasing storage capacity for VistA imaging to support the Store & Forward Telehealth program, which enables clinicians to store clinical information (photos) and forward it to another site for evaluation.

Ending Veteran Homelessness

Another major initiative is ending

Veteran homelessness by the end of 2015. IT has developed technology to gather information about homeless Veterans, including where they are located and why they are living without shelter. OIT recently created a Point-In-Time count mobile application for volunteers in the field to use on an iPad or iPhone. The new app allowed volunteers to collect basic demographic information about homeless Veterans and log locations using the Apple geo-locator. Not only did IT's development of the application demonstrate VA's readiness to innovate with mobile computing, but also helped VA break through major hurdles to create a path for future mobile development.

The app development team was given two weeks to develop the mobile app under strict specs in order to protect personally identifiable information (PII) and personal health information (PHI). Once the team created the app, there was a very short timeframe of two weeks or less, to test and deploy it. This proved VA's ability to successfully take a mobile app from concept to implementation and use the technology to directly respond to mission needs.

The app was made available on 20 iPads and 20 iPhones given to volunteers to facilitate data collection. Volunteers used the app to capture basic data of the people being interviewed including name, age, and location.

The app also facilitated the data transfer from the count to VA servers. Rather than being manu-

ally entered into the system from the hand-written forms volunteers previously used to collect data, the encrypted data was temporarily stored on mobile devices until cellular coverage allowed it to be uploaded to servers back at VA. National figures for the number of homeless Veterans counted during PIT will be released in December.

Missing in America Project Ceremony

THE REMAINS OF EIGHTEEN VETERANS LAID TO REST AT QUANTICO NATIONAL CEMETERY

By Chris Erbe

Quantico National Cemetery hosted a Missing in America Project (MIAP) ceremony for 18 no longer forgotten Veterans on June 22. The cremated remains of the soldiers, sailors and airmen were found stored on shelves, some left for decades, in a single funeral home in Hampton Roads, Va. Among them were Veterans of both world wars, Korea and Vietnam.

"These 18 Veterans earned the honors being rendered to them today," said Under Secretary for Memorial Affairs Steve L. Muro. "They earned our undying gratitude and they earned our respect."

There were no family members present for any of the deceased, yet hundreds participated in the funeral service complete with rifle volleys, flag folding, a rendering of "Taps," and the solemn lowering of the urns into their final resting places.

MIAP is a nationwide non-profit organization that facilitates the rescue of unclaimed cremated remains of Veterans from the shelves of funeral homes, hospitals and coroners offices. When MIAP volunteers discover unclaimed remains, they work with NCA to determine eligibility and arrange for interment in national and state Veterans cemeteries.

"For me, it's all about bringing them home," said Virginia MIAP coordinator Brigitte Corbin. "We want them all to be recognized."





VA



U.S. Department
of Veterans Affairs

Office of Information
and Technology

For nearly 150 years VA has existed to serve our Veterans.
Today, *IT* is at the heart of everything VA does . We support over 300,000
VA employees who work in 152 hospitals, 791 community based outpatient clinics,
57 benefits processing offices, 131 cemeteries and 33 soldier's lots and monument sites who help
over 10 million veterans a year. Supporting You. Serving Veterans.

POSSIBILITIES

vaww.oit.va.gov