

NW Network News



VA NW Health Network Summer 2009



VA Northwest Health Network (VISN 20)

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



Message from the Network Director



By now, most of you have heard that the Patient Satisfaction Performance Measure questions have changed, most significantly, those related to Inpatient and Outpatient Quality of Care. The Outpatient question now reads: "Using any number from 0 to 10, where 0 is the worst healthcare possible and 10 is the best, what number would you use to rate all your health care in the last 12 months?" Only Veterans awarding a 9 or 10 rating earn a positive score.

Earning a 9 or 10 rating translates to this – achieving a goal to ensure our Veterans are very satisfied and substantially pleased with the health care they are receiving at our facilities. The bar has been raised, and that's a good thing.

In 2007, Phillip Longman, an independent author, wrote a book about VA entitled "Best Care Anywhere." For those of you who haven't yet read it, it's well worth your time. In 136 pages, Mr. Longman details how he came to realize that the highest quality, lowest cost health care in America is being provided by VA. He describes the improvements in our system achieved over a decade and how our Veterans and our country have benefited from those improvements. Many other organizations and news outlets have also recognized VA as the place to go to receive outstanding care – among them the NBC Nightly News, U.S. News and World Report, the New York Times and the New England Journal of Medicine. The dedication and hard work of thousands of employees helped to turn VA's reputation around, but we cannot rest on our laurels. Our Veterans deserve the best. That is a decision we make individually and as a team, each and every day with every interaction.

When our patients sit down to complete the new survey, what will they remember about the care they received from you? What we need to remember is that it is many individual actions and interactions that add up, or detract from a score of 9 or 10. The value of a service is evaluated by the receiver, by the quality, but more significantly, by the individual interactions that occur throughout the experience. The human factor is what makes the impact on overall satisfaction. Every employee and volunteer at every VISN 20 facility impacts the care that patients receive – we all make lasting impressions regarding how patients remember us. Numbers are important, but ultimately, they are beside the point. When we follow through on our commitment to provide Veterans with quality services, delivered with a smile, with courtesy, kindness and empathy, we don't need to be worried about numbers. We'll earn the scores we strive for as a result of the excellent care we are capable of providing, each and every day, one Veteran, and one unforgettable interaction at a time.

As I enter my sixth month as your Network Director, my pride and confidence in each and every member of the VISN 20 team continues to grow. Thank you for all that you do.

Sincerely,

Susan Pendergrass, DrPH



A Letter from your Chief Medical Officer

Exciting Developments

Our goal is to provide **excellent, patient-centered integrated care**. We aspire to be the very **best integrated Network** in the nation. Words like best and excellent seem like a tall order, especially considering that we were one of the poorest performing Networks just one year ago. Thanks to you, our performance is turning the corner. Just one year ago, we were meeting the target for only one half of our performance measures. Now we are meeting 76% of the targets.

That is real progress, a quick turnaround. Your thoughtful approach to improving your work and several exciting developments are all contributing to our success. This article is about a few of the new developments underway.

Clear Goal

Our goal is clear. The words excellent and best are commonly used. They can become impotent and nebulous words. We are much clearer today about what excellence means. It means that every facility must perform in the top 25 percent of their complexity group. It means that hitting the target is only the beginning, the minimum expectation. We aspire to excel.

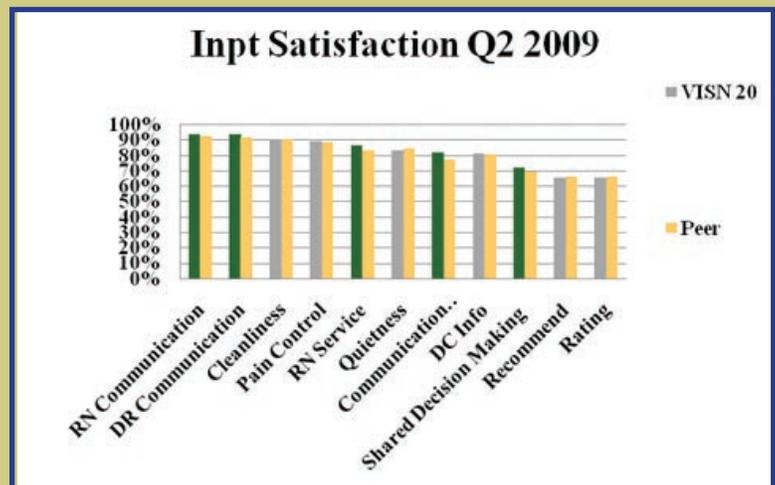
Patient-Centered Care

“Patient-centered” is also more clearly defined. One exciting new development is the **Universal Health Care Services Task Forces Report**. This report and its recommendations were recently adopted by the VA. The report sets forth a much clearer picture of “**Veteran Centered Care**.” The report lays out a list of Veteran Centered Care Principles. The principles include honoring Veterans’ expectations, enhancing the quality of human interactions, empowering Veterans and involving Veterans and families. You can read more about the Task Force’s report on the VISN 20 website at <http://moss.v20.med.va.gov/plandata/stratplans/default.aspx>.

New Tools

We have better tools. One new tool helps us better understand the gap between the Veterans’ experience with our system and the Veterans’ expectations for their care. The new SHEP report helps us pinpoint our opportunities to improve our interactions with Veterans. The graph below depicts our inpatient patient satisfaction performance compared to our peer facilities.

The green bars indicate areas where our performance is statistically significantly better than other Networks. Our nurses and providers are to be complimented for their ability to communicate with families and patients. Our nursing service is particularly strong. We do a good job sharing information about medication use and inviting patients to participate in decisions about their care. The graph also indicates areas for focused improvement, for example, cleanliness and quietness of our inpatient units.

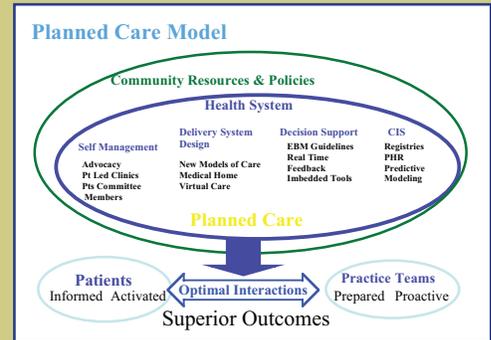


> A Letter from your Chief Medical Officer, continued >

New Developments in the Process of Care

In prior articles I have emphasized the importance of the “Practice Team.” Now I would like to put the practice team and some of the exciting new developments in a larger context called the “Planned Care Model.”

This model tells us many things. I think the most important lesson is this – if we want superior outcomes for every patient every time we must work together to ensure that every patient encounter is optimal. Encounter means the traditional face-to-face patient visit, but it also means every phone call with a patient, every letter, every email and every web interaction.



The second lesson is this - if we want every encounter with our patients to be optimal, then a lot of things must be in place. Our work is to put these parts of the system in place. This article is about a few of the parts that are being thoughtfully put into place.

Clinical Information System, CIS

All major advances in productivity and quality in other industries were driven by information system technology advances. One major new development is the introduction of a Clinical Registry in VISN 20. A clinical registry is an information system tool that is at the fingertips of the practice team. This tool enables the team to **quickly** look up a single patient and identify the patient’s care needs, their medications and their lab values. It is a great way to be “prepared and proactive” as the team **anticipates** the patient’s upcoming visit. This tool also allows the practice team to quickly “find” all their patients who are not meeting a health goal, for example blood pressure control or missing a cancer screening test. This tool empowers the practice team to take action. The clinical registry will be rolled out across the Network in the next two months.

Delivery System Design

Our Network is perfectly designed to get the results it is getting. If we want better results, we will need better ways for delivering care. One better way of delivering care for many patients is a Shared Medical Appointment (SMA). In the spring newsletter, there was a wonderful article about award-winning shared medical appointments being offered in White City. In this edition, there is another article about Dr. Gulamari’s work with SMAs and the excellent outcomes his team is achieving for their patients. Our experience with SMAs mirrors the results found in the medical literature, better outcomes, higher patient, family and provider satisfaction. It is hard to beat this combination. The good news is that SMAs are no longer the exception in VISN 20, they are becoming the norm. Over 12 sites are now offering SMAs to their patients. Given the results associated with SMAs, it is no surprise that the expectation is for every patient to have an opportunity to participate, regardless of where they receive their care.

Planned Care

What team can win without a game plan? In medicine, we call our game plan a care plan. It is simply translating evidence-based medicine into a short list of key elements of care that the practice team members can follow. Proactive prepared practice teams know the goal of care, the steps to get the patient to target and who does each step. A good example is cholesterol control. This is one of the measures for which our VISN has not yet been able to meet the target. The Roseburg team had a great idea: to embed the plan of care for cholesterol control in CPRS. This is a great way to use three elements of the planned care model: evidence based medicine, a plan of care and information system technology. This is a winning combination.

These are just a few of the new developments coming our way, thanks to the thoughtful and creative work of our colleagues. Thank you very much for all that you do to make excellent, patient centered, integrated care possible for every VISN 20 Veteran.

Frank Marre DO MS FAOCOPM
VISN 20, Chief Medical Officer

Shared Medical Appointments

– Contributed by: Larry Hobson, VISN 20, Office of the CMO

VHA has recently announced a strategy to transform health care delivery. The use of shared medical appointments is one component of the strategy and it has emerged as an innovative approach to our current structure and process of care. The evolutionary step of treating patients in a group setting allows providers to reinvent health care and improve access and quality. There are volumes of evidence-based research to support the efficacy of shared medical appointments in the treatment of disease specific medical conditions to improve population-based health. This reinforces the need of novel approaches to care for our growing Veteran population with chronic illness and the access backlog that challenges the VHA and VISN 20.

Over the past year, there has been a lot of talk in our Network about shared medical appointments. Shared medical appointments are also commonly called SMA, but are known by other names as well. “Provider run clinics” or “group visits” mean the same thing and have been referred to in research articles. The concept of doctors treating patients with a similar medical condition in a group setting was first published in 1974. By 1979, a single provider working for Kaiser Permanente developed SMA for drop-in medical care to improve access and quality of care. Outside of the drop-in SMA developed at Kaiser, the typical SMA is disease or population-specific. Over the past 30 years, research on SMAs has consistently proven to lower glycemic levels, control LDLs, improve diabetes knowledge in patients, increase positive lifestyle changes and health behaviors, exhibit evidence of increased compliance with care plans, and reduce emergency room visits associated with insulin related medical problems. These results have been duplicated by several providers in VISN 20 that have performed SMA over the past 3-6 years.



Dr. Gulamali has remarkable results on individual patients with decreased hemoglobin A1C greater than 12% falling to less than 7% in a 3 to 7 month timeframe.

Q. What are shared medical appointments?

A. Medical visits performed in a group setting.

Q. Where?

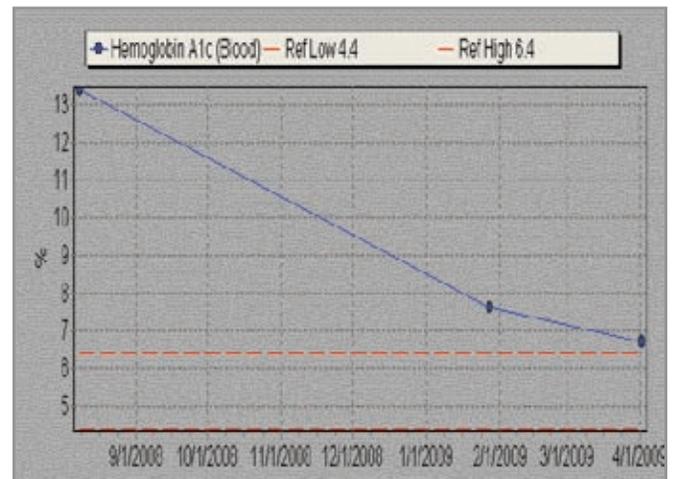
A. In any outpatient location.

Q. When?

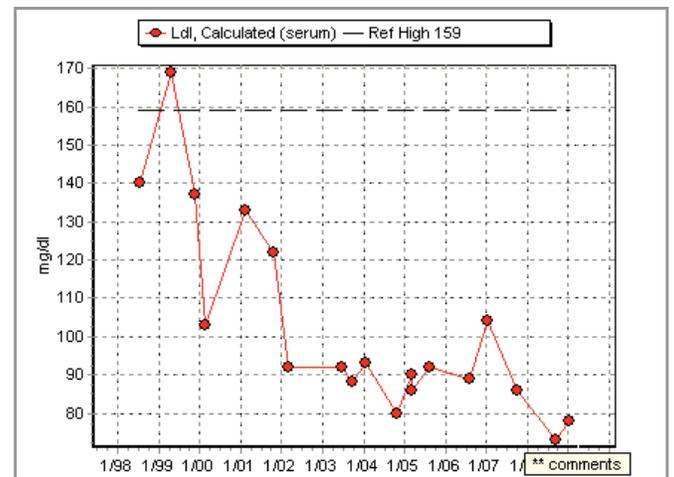
A. Now – at 12 VISN 20 locations!

Q. Why?

A. For better outcomes and higher patient and staff satisfaction.



Data representative of a single patient sample from beginning treatment in SMA. Dr. G. also has shown positive results with decreased LDL cholesterol by greater than 50 mg/dL.



Data representative of a single patient sample participating in a SMA.

> Shared Medical Appointments, continued >

Theresa Brooks, NP at White City, has had similar successes with outcomes based on 434 patients over the past 6 years. The results show a 23% reduction in hemoglobin A1Cs, 38% reduction in triglycerides, 7% reduction in blood pressure, 23% reduction in LDL cholesterol, and a 99% patient satisfaction score from patients attending SMAs.

Many patients attending SMAs have commented on the positive effects of their overall health, and remark on how their lifestyle has improved since participating. Several patients refer to the group as a family. Without the help and support of each other and the medical team, many patients claim they just were not able to control their diabetes the traditional way.



Theresa Brooks at the SORCC leads a shared medical appointment visit.

The hard work and enthusiasm of a core team of forward thinking staff has developed models of shared medical appointments for diabetes patients. There are 12 SMA clinics now operating across the Network treating high risk, routine maintenance, annual, and disease specific conditions such as U500 and insulin pump patient groups. Continued growth of SMAs for diabetes patients will continue. Other chronic disease SMA models are planned in the future as health care transformation evolves in the coming years.

Many providers that have taken the leap into the practice of shared medical appointments claim treating patients in groups to be a joy; the best part of their workday. SMAs have brought a new perspective to patient-centered care, resulting in positive changes to both patient and staff satisfaction.

VISN 20's goal is to implement SMAs for all willing diabetes patients. In order to gain momentum using SMAs, a video highlighting benefits and successes, and illustrating the application of provider run visits is in production.

To use a sports analogy...if we get all the right players on the field, at the same time, with the same objective, and an organized and thoughtful game plan, the patient wins. By playing on the SMA team, and using the SMA care plan, you and your patients can win in the battle against diabetes.

Quality Management

Quality Update

– Contributed by: **Nancy Benton, PhD, RN, CPHQ**
VISN 20 Quality Management Officer



The VISN 20 Office of Quality, Performance & Safety (OQP&S) has conducted mock surveys at six of eight facilities so far. The feedback from facilities who have received their mock surveys has been positive. While there have been many opportunities for improvement identified,

the consensus has been that the surveys have provided good learning experiences, and that the surveyors themselves were highly knowledgeable and consultative. Mock surveys will be completed by the end of September.

The next step is to prioritize identified opportunities for improvement and take action. One of the common themes has been our facilities' ability to respond to unannounced surveys in an organized way, and to produce the required documents in a timely manner. The VISN 20 OQP&S will be targeting the common themes and will conduct Network-wide educational sessions on preparedness, roles and responsibilities and core data requirements. The sessions will begin in the October/November time frame.

On September 1, 2 and 3, all Quality Managers, and other key quality staff attended a face-to-face meeting at the VISN office. The theme of the meeting was "Transitioning from Quality Manager to Quality Leader." In addition to bringing in an outside trainer for some core skills training, participants defined our core quality program and strategies for implementation.

Fiscal year 2010 will bring new challenges, with a new VA and VHA administration, and new quality measures. With the help and input of the many professionals throughout our Network, the VISN 20 OQP&S is preparing to meet those challenges in our quest for excellence. ■ ■ ■

Strategic Planning 2010 and Beyond

In a recent memo to all VISN Directors, VHA's Acting Under Secretary for Health, Dr. Cross, communicated, in draft form, VA's new strategic goals, integrated objectives and integrated strategies. A Department-wide strategic planning workgroup, known as the "Transformation Task Force, developed these goals with various VA senior leadership groups.

They are as follows:

- Improve the quality and accessibility of health care, benefit and memorial services while optimizing value
- Increase Veteran client satisfaction with health, education, training, counseling, financial and burial benefits and services
- Raise readiness to provide services to protect people and assets continuously and in times of crisis
- Improve internal customer satisfaction with management systems and support services and make VA an employer of choice by investing in human capital

The table on the right shows VA's draft Integrated Objectives and Strategies.

Currently, VHA's Assistant Deputy Under Secretary for Health for Policy and Planning is working closely with the Department to align VHA's organizational specific strategies and initiatives to support VA's strategic plan and the Secretary's Transformation 21 (aka T21) initiatives.

Department of Veterans Affairs: Integrated objectives and strategies		UPDATED AS OF JULY 22
Integrated objectives	Integrated strategies	
<p>1 <i>Make it easier for Veterans and their families to receive the right benefits, meeting their expectations for quality, timeliness, and responsiveness</i></p>	<p>a Improve and integrate services across VA to increase reliability, speed, and accuracy of delivery</p> <p>b Develop a range of effective delivery methods that are convenient to Veterans and their families</p> <p>c Improve VA's ability to adjust capacity dynamically to meet changing needs, including preparedness for emergencies</p> <p>d Provide Veterans and their families with integrated access to the most appropriate services from VA and our partners</p> <p>e Enhance our understanding of Veterans' and their families' expectations by collecting and analyzing client satisfaction data and other key inputs</p>	
<p>2 <i>Educate and empower Veterans and their families through proactive outreach and effective advocacy</i></p>	<p>a Use clear, accurate, consistent, and targeted messages to build awareness of VA's benefits amongst our employees, Veterans and their families, and other stakeholders</p> <p>b Leverage technology and partnerships to reach Veterans and their families and advocate on their behalf</p> <p>c Reach out proactively and in a timely fashion to communicate with Veterans and their families and promote Veteran engagement</p> <p>d Engage in two-way communications with Veterans and their families to help them understand available benefits, get feedback on VA programs, and build relationships with them as our clients</p>	
<p>3 <i>Build our internal capacity to serve Veterans, their families, our employees, and other stakeholders efficiently and effectively</i></p>	<p>a Anticipate and proactively prepare for the needs of Veterans, their families, and our employees</p> <p>b Recruit, hire, train, develop, deploy, and retain a diverse VA workforce to meet current and future needs and challenges</p> <p>c Create and maintain an effective, integrated, Department-wide management capability to make data-driven decisions, allocate resources, and manage results</p> <p>d Create a collaborative, knowledge-sharing culture across VA and with DoD and other partners to support our ability to be people-centric, results-driven, and forward-looking at all times</p> <p>e Manage physical and virtual infrastructure plans and execution to meet emerging needs</p>	
DRAFT / PRE-DECISIONAL		1

Much work will be occurring over the course of this month leading up to a final VA strategic plan and budget submission by October 1, 2009. The next steps include making sure that all of VHA's budget submissions, performance measures, organizational analyses and organizational operating plans align with these goals, objectives and strategies. Once the Department level process is finalized, VHA will issue its annual strategic planning guidance with implementation instructions on how VHA will align and support VA's strategic plan.

T21 - What's that?

T21 is a relatively new term being used by VA. Although commonly thought of as code for "Transition to the 21st Century" T21 actually stands for 23 (originally 21) initiatives designed to transform VA's delivery system. For VHA, T21's impact will involve a transition to what is being called Universal Health Care Services.

In summary, Universal Health Care Services focus on four major areas: Anticipating Patient's Needs, Patient Centered Care, Coordination of Care and Access to Care. Portland's former Director, Dr. James Tuchschildt, played a key role in authoring the Universal Health Care Services Plan. If you've not yet read this groundbreaking document, you should make every effort to familiarize yourself with it – it will likely define your future as a VA employee. The full report can be found on the VISN website at <http://moss.v20.med.va.gov/plandata/stratplans/default.aspx>.

Some of the initiatives that the Universal Services Task Force Report call for are as follows: development of a comprehensive benefits list of services defined by Veteran needs; the optimization of access and coordination of care for Veterans and their families regardless of location, parent facility or assigned providers; defining a standard benefits package; the creation of a Veteran specific handbook customized for every Veteran; anticipating patient needs and expectations; transforming VA to be Veteran-centered; redesigning our care delivery to increase coordination, predictability and reliability using care platforms and the medical home model; and improving access by redesigning who delivers care, how it is delivered and where it is delivered.

> T21, continued >

In support of these initiatives, \$1.4 billion is being taken off the top of VA's 2010 budget. In recent months, VISN 20 has spent a significant amount of effort planning and determining how to best align ourselves to meet the Department's new goals and our Veterans' expectations. Before long, this new terminology and the actions behind it will become very familiar to all of us. In the meantime, look for every opportunity you can to learn more and take part in VA's transformation. ■■■

WVHSHG Funds Seven Mini-Grants for Women Veterans

– Contributed by: Jane Schilke, VISN 20 Women's Health Coordinator

The Women Veterans Health Strategic Health Group (WVHSHG) offered funding for field based mini-grants to improve the quality of care to women Veterans. VISN 20 received funding for five Tier 1 grants (\$2,500-10,000) and two Tier 2 grants (up to \$25,000). The grants will support two high need areas for women Veterans –provider education and outreach.

Workload data show women Veterans underutilize VA health care. A VISN 22 regional study identified lack of information about VA eligibility and services, perception of limited availability of gender appropriate services, concerns about VA environment, privacy, and quality of care, and inconvenient hours and locations as barriers to use of VA services. Four grants totaling \$27,807 will fund outreach kits for eight VISN 20 facilities, health and benefit fairs in White City and Walla Walla service areas and innovative outreach to women Veterans through educational institutions in eastern Washington and North Idaho.

The Under Secretary for Health workgroup on Provision of Primary Care for Women Veterans “adopted as a fundamental

goal that each woman Veteran have access to a VA Primary Care provider who is *proficient, interested and engaged*” to meet her primary care needs including gender-specific and mental health needs. A recent poll showed VISN 20 facilities have an immediate need to train over 50 providers in essential components of women's health in order to fully implement comprehensive primary care for women. A grant totaling \$24,950 will fund the purchase of a home study course on pertinent topics in women's health and GYN mini-workshops for up to 30 providers.

The remaining grants will fund program development and training for nursing staff at the Portland VAMC in the integrative health technique of therapeutic touch to provide pain relief treatment for women Veterans with chronic pain and a women only waiting area in Ambulatory Care at Walla Walla.

The overall dollar value of grants approved for VISN 20 was \$68,251. ■■■

Improving Primary Care Clinicians' Proficiency and Knowledge for Health Care for Women Veterans

– Contributed by: Jane Schilke, VISN 20 Women's Health Coordinator

An important component of delivery of comprehensive primary care for women Veterans at every VA site is an availability of providers proficient and interested in Women's Health. A recent poll of VISN 20 facilities showed we have an immediate need to train over 50 providers in essential components of women's health in order to fully implement comprehensive primary care for women.

In response, the Puget Sound VA Health Care System hosted a women's health mini-residency September 15-17, 2009 to address the critical shortage of providers proficient in women's health. The mini-residency initiative is a collaborative effort between Employee Education System, Patient Care Services and the Women Veterans Health Strategic Health Group. It is designed to enhance knowledge and skills of primary care providers through case based learning in gender specific health care and hands-on training. The two and a half day program utilized a skill-based curriculum presented by women's health experts to field-based providers. Lectures were

interspersed with small group discussions of case studies covering contraception, Pap smears, STDs, abnormal uterine bleeding, chronic pelvic pain, breast masses and post deployment issues specific to women Veterans.

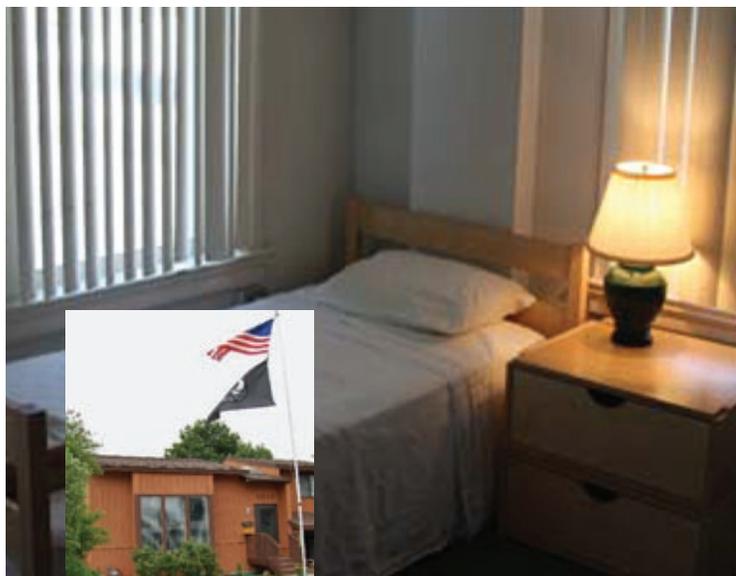
The program also included hands-on training for breast and pelvic exams with live models. Mini-residency participants received training in quality improvement and organizational change. Each participant was asked to develop a facility specific plan to improve care to Veterans. Participants returned to their facilities to train colleagues and serve as local resources.

Enrollment was open to VISNs 15, 20 and 23 and capped at 40 participants.



Permanent Housing for Homeless Veterans

– Contributed by: Ann Shahan, VISN 20 Homeless Coordinator



Photos from the new R & R Veterans' home utilized by homeless Veterans in Spokane.

Annual surveys completed by homeless and previously homeless Veterans, Veterans Administration staff, and community service providers repeatedly identify housing as VA's top unmet need. Housing and Urban Development and VA Supportive Housing (HUD-VASH) was first initiated by public law in the early 1991, refunded in 2008, and expanded in the 2009 budget to address this critical issue for homeless Veterans and their families.

The program provides permanent housing and ongoing case management treatment services for homeless Veterans who would not be able to live independently without the support of the case management. VISN 20, in partnership with local Public Housing Authorities, was awarded 440 housing vouchers in FY 08 and 650 for FY 09, resulting in the opportunity to permanently house 1090 homeless Veterans and their families. The program allows Veterans to live in apartments and houses, in communities they have selected. It has resulted in a significant decrease in the days of homelessness for Veterans and participants remain permanently housed.

Every medical center in VISN 20, as well as Anchorage and White City, now have a HUD-VASH program supported by case managers at a minimum 35 to 1 staff to Veteran ratio. Participants must be homeless Veterans eligible for VA services who have been: 1) living on the streets; 2) in emergency shelters; 3) referred from approved transitional housing; 4) referred from other VA homeless residential programs; or 5) Veterans who will be evicted within a week from a private dwelling. Obligation to report for lifetime as a sexual offender is the only restriction for consideration in the program. Veterans must be evaluated as in need of case management and willing to accept case management services and actively follow an established treatment regime over a period of time as part of a mutually agreed upon plan of care. The program is based on long term therapeutic relationships focused on stabilizing the lives of Veterans who may struggle with mental health, medical, and substance abuse issues; working through periods of relapse or diminished functioning through consistent ongoing support.

Secretary Shinseki has given a charge to the VA to end homelessness for Veterans in five years; the HUD-VASH program is a pivotal part of making this noble effort a reality. This is an exciting program where lives can be changed and quality of life improved for Veterans, their families, and the communities in which they live, function, and contribute.

Secretary Shinseki Visits the PVAMC

On August 19, 2009, Secretary Shinseki visited the Portland VA Medical Center where he met with the Deputy Network Director, Michael Fisher, the Deputy Medical Center Director, David Stockwell, the Chief of Staff, Jack Dryden, and the Associate Director for Patient Care Services, Kathy Chapman. Mr. Stockwell presented an overview of the facility, and the group discussed a number of issues including campus security, women's health, rural health and telehealth. The Secretary also stressed his commitment in telehealth and the critical role it will play in our future delivery systems.



Secretary Shinseki participates in a round table discussion with Oregon Governor Kulongoski prior to visiting the PVAMC.

Rural Health Update

Secretary Shinseki announced in early summer that the VA has provided \$215 million in competitive funding for 74 projects to improve services specifically designed for Veterans in rural and highly rural areas. Four of V20's eight submitted projects were approved, for a total of \$13,654,888. **This is wonderful news!**

The four approved projects are as follows:

Expansion of Outreach Clinics

This is funding for five previously approved outreach clinics. They are Grants Pass (**SORCC**); Crescent City (**Roseburg**); Burns and Mountain Home (**Boise**); and Newport (**Portland**).

Expansion of Home Based Primary Care (HBPC)

This is funding for six new HBPC approved outreach clinics. They are Grants Pass (**SORCC**); Camp Rilea and Newport (**Portland**); and Burns, Twin Falls, and Mountain Home (**Boise**).

VISN-wide Teledermatology

This project is to implement a Teledermatology consultation system with three components: a) a traditional store-and-forward Teledermatology b) structured follow-up care c) a consistent, defined curriculum of basic precepted training and continuing education at VA sites across the VISN.

24 sites across VISN 20 are preliminarily planned to serve rural Veterans in this integrated program. The planned sites are: Brookings, North Bend, and Roseburg (**Roseburg**); Camp Rilea, The Dalles, Bend, Salem, and Eugene (**Portland**); Klamath Falls and White City (**SORCC**); LaGrande, Lewiston, Yakima, and Walla Walla (**Walla Walla**); Twin Falls and Boise (**Boise**); Port Angeles, Bremerton, and Mount Vernon (**Puget Sound**); Wenatchee and Coeur D'Alene (**Spokane**); and Kenai, Fairbanks, and Anchorage (**Alaska**).

Partnering with Primary Care Providers

This project will expand Veterans' access to primary care in their local communities in six rural and highly rural areas that include: Omak/Okanogan, Republic, Colville, and Sandpoint (**Spokane**); as well as Hermiston and Kamiah (**Walla Walla**). The contractors will provide for the continuous delivery and management of primary care services for all assigned VA patients.

In addition to VISN specific projects, the Network is also participating in six VACO Program Office proposals:

A. Office of Geriatrics and Extended Care

HBPC Expansion: Indian Health Service Collaboration

The PVAMC's proposal for a Warm Springs Native American Reservation Service Unit was included in this national proposal. Funding is anticipated at \$1.5 million.

HBPC Expansion: CBOC and Community Collaboration

Walla Walla's proposal for the LaGrande CBOC (\$723,000) was included in this national proposal.

B. Office of Care Coordination Services

Care Coordination Home Telehealth (CCHT)

If VISN 20 meets 20% growth in rural CCHT workload in 2009 and again in 2010, a potential \$2,310,528 will be provided.

Care Coordination Store-and-Forward (CCSF)

VISN 20 will be provided \$150,000 to place Tele-retinal cameras (\$25,000 each) in Kenai CBOC (**Alaska**); Mountain Home and Twin Falls CBOCs (**Boise**); North Bend CBOC and Roseburg VAMC (**Roseburg**); and Klamath Falls CBOC (**SORCC**).

If VISN 20 meets 20% growth in rural CCSF workload in 2009 and again in 2010, a potential \$50,688 will be provided.

Care Coordination General Telehealth (CCGT)

If VISN 20 meets 20% growth in rural CCGT workload in 2009 and again in 2010, a potential \$57,772 will be provided.

C. Office of Mental Health Services

Oregon Rural Mental Health Implementation

Portland's proposal to expand the tested Nurse Care Manager models into established and planned rural CBOCs throughout the South Cascades market (**Portland, Roseburg, and SORCC**). The project expects to improve access to high quality services and enhance community collaboration in rural Oregon by extending tested Nurse Care Manager models into rural CBOCs, extending tested group televideo treatment modalities for PTSD, and developing active local outreach.

The Office of Rural Health expects to issue another RPF at the beginning of FY 2010. The VISN office will be working with your facility leadership to develop additional proposals, as well as improving four proposals for which we did not receive funding this year. They were VISN-wide Suicide Prevention, VISN-wide Transportation, Coordination of Patient Registries/Care at Roseburg, and Coordination of Patient Registries/Care at Walla Walla. 

Fort Boise Historic District

listed on the Historic Register on 11/09/1972



At the VAMC Boise, the entire station is former Fort Boise, established in 1863 on the Oregon Trail to provide protection to settlers in the area and the gold fields in the Boise Basin.

19 buildings on campus were constructed between 1863-1932, and are individually listed. Seven others are eligible.

Fort Walla Walla Historic District

listed on the Historic Register on 04/16/1974



Fort Walla Walla was established in 1856 to protect Oregon Trail pioneers. VAMC Walla Walla, known officially as the Jonathan M. Wainwright Memorial VAMC, is named after General Wainwright,

who was born at the post. All old fort buildings and the parade grounds are historically significant. Former fort property is now an adjacent park and museum. 13 buildings on the Walla Walla campus were constructed between 1858-1906 and are individually listed. Two others are eligible.

American Lake Historic District

listed on the Historic Register on 05/19/2009



Construction on the American Lake campus was done by a former partner of Charles Forbes (Veterans Bureau Director when contract was let). Architectural style of the buildings constructed

in the 1920s and located within the newly designated historic district are Spanish "Neo Pico." 32 campus buildings constructed between 1923-1947 are considered eligible for the Historic Register.

Roseburg



Although not a historic district, 14 campus buildings constructed in the 1930s are considered eligible for the Historic Register. The architectural style of the buildings is Georgian Colonial.

Portland



Two buildings constructed in 1928 are eligible.

Did you Know?

Executive Order No. 13287, "Preserve America" issued by President George W. Bush on March 3, 2003, directed federal agencies to recognize that historic properties owned by the federal government are valuable assets that support agency missions and also stimulate local economic development.

There are 331 VA owned buildings in VISN 20; 89 of them are either listed on the National Register of Historic places or considered eligible for the register due to their age (over 50 years old).

Section 106 of the National Historic Preservation Act is one of more than 24 laws and regulations that relate to historic preservation. It's the one VA utilizes most frequently, and it requires us to provide notice and consult with the State Historic Presentation Office, Tribal Preservation Officers and the Advisory Council on Historic Preservation in the event a historic district or building is impacted by demolition, renovation or new construction. Archeological impacts are also considered in the event land is impacted by construction activities (building footings, digging utility trenches, roadways, etc.).

A Memorandum of Agreement (MOA) serves to delineate how we will mitigate any adverse effects a project or projects might have on historic properties. Recently, a MOA was ratified between the State of Washington Historic Preservation Office and the Portland VAMC when twenty one World War II era buildings were demolished. One of the stipulations of the MOA was for the VA to survey/photograph the buildings in accordance with the requirements of the Historic American Building Survey. Survey documents were completed and transmitted to the Prints and Photographs Division of the Library of Congress. The records for these buildings are now in the public domain and accessible through the library for generations to come.

Preserve America asks us all to continue to improve federal stewardship of our Historic Properties. *Awareness and compliance* with the National Historic Preservation Act Section 106 notification process has steadily increased within our Network over the last few years thanks to the efforts of our facility leaders and excellent engineering staff.

Wheelchair Games

The largest annual wheelchair sports event in the world took place in Spokane, Washington July 13 -18, 2009. Open to Veterans with spinal cord injuries and other disabilities that require use of a wheelchair, the Games promote rehabilitation, wellness and camaraderie through intense athletic competition. The spirit, determination and athleticism on display in July was truly inspiring.



In total, over 500 athletes participated, and 3,500 volunteers from the Spokane community and across the VISN came out in force to make this year's event one for the record books.

The Games have produced a number of national and world-class champions, and have provided opportunities for newly disabled Veterans to gain sports skills and be exposed to other wheelchair athletes. Usually, one quarter of the competitors have never before participated in any type of organized wheelchair sports competition. Competitive events include swimming, table tennis, weightlifting, archery, air guns, basketball, nine-ball, softball, quad rugby, bowling, hand cycling, wheelchair slalom, power soccer, a motorized wheelchair rally and track and field. This year, a golf exhibition event was an added draw. In each event, athletes compete again others with similar athletic ability, competitive experience or age.

Sponsored by the VA and the Paralyzed Veterans of America, with financial assistance from corporate, civic and Veterans Service Organizations, the goal of the Games is to improve the quality of life for Veterans with disabilities and foster better health through sports. Everywhere you turned in Spokane during this magical week, the smiling faces of Veterans, volunteers and Spokane employees spoke volumes. On day five of the event, a Veteran positioned himself outside the Convention Center holding a sign that read "THANK YOU SPOKANE." Thank you indeed Spokane. You made a lasting impact on the lives of so many. Job well done! 

Horses for Heroes

– Contributed by: **Chris Petrone,**
SORCC OEF/OIF Program Coordinator

Craig, 39, and Loren, 25, are once again clad in helmets and ready for action. This time, though, there’s no gunfire, blistering heat, or battle plan. These days, Craig and Loren, Veterans of Operation Iraqi Freedom, sit high in the saddle, participants in a therapeutic pilot program called “Horses for Heroes.” The Veterans were ideal candidates for the program: Craig had back, hip, and thigh injuries, Post-Traumatic Stress Disorder (PTSD), and moderate traumatic brain injury (TBI); and Loren had back, shoulder, and lower leg injuries, PTSD, and moderate brain injury.

“We’ve been working with the disabled population and horses for 12 years now and we were impressed with how quickly these two young men responded and the progress they made in a short time,” said Marcia Cushman, occupational therapist and registered therapeutic riding instructor.

It was pure luck that Craig and Loren became the first Horses for Heroes participants from the VA Southern Oregon Rehabilitation Center and Clinics (VA SORCC). The booths for VA SORCC and Stable Hands, Inc., a Horses for Heroes chapter, were across from each other at a Veterans’ appreciation event in May. Staff at VA SORCC had already been considering animal-assisted therapy for their patients. When they met representatives from Horses for Heroes, both



Occupational Therapist Marcia Cushman leads Veteran Craig through warm-up exercises.

sides recognized an opportunity for Craig and Loren, patients at VA SORCC.

“We identified them as Vets with TBI and related chronic pain issues and in talking with the therapist, we thought they’d be good candidates,” said Christopher Petrone, LCSW, Operation Enduring Freedom/Operation Iraqi Freedom (OEF/OIF) Program Manager for VA SORCC. Because Horses for Heroes is run by a nonprofit with both a small staff and budget, VA SORCC volunteered only two Veterans for a trial run.

For six weeks, Craig and Loren rode horses at the thousand-acre Double H Ranch in nearby Yreka, CA. They strengthened their bodies, memory, and problem-solving skills while emotionally recovering from their combat experiences by building trust and relationships with the animals and with each other. “We had them work together. There was a lot of interaction between the two. They could say, ‘Where were you? What happened to you?’” said Cushman, the occupational therapist. She worked with Craig and Loren, along with a group of volunteers, including a Vietnam Veteran. Veteran presence in the Horses for Heroes volunteer base is a vital part of the program, according to Cushman.

“The guys were very out of shape,” Cushman said. “One used to spend 22 hours a day in bed because he was depressed, and the other had a lot of hip and back pain.” She said the first time one of the Veterans had to walk a



Volunteers teach Veteran Loren basic riding skills in a therapy session.

> Horses for Heroes, continued >

horse to the end of the arena, “we weren’t sure we were going to get him back because it was so painful for him to move.”

Therapy included grooming and warming up with the horses, learning how to put on the heavy Western-style saddle, and developing basic riding skills using an obstacle course and short trail rides on the Double H property.

Craig originally registered a 7 out of 10 on a pain scale. He reported that his pain level decreased to a 3 for up to 45 minutes after attending therapy sessions. “The only time I didn’t feel pain was when I was riding in the saddle,” said Craig. Cushman said the pain management was possible because of pressure-relieving posture while sitting on the horse. Another reason both Veterans felt relief was that riding gave their brains a break from the pain because horseback riding requires a great amount of focus. “It’s about being in the moment rather than focusing on the pain,” said Petrone, the OEF/OIF program manager.

Loren also suffered from short-term memory problems. “When he started coming here, he said, ‘I’ll forget what I did by the time I get to the car,’” said Cushman. “But by the fourth session, he came in saying, ‘I know what to do,’ carrying out the whole grooming sequence,” she said. “It was very rewarding to work with these two guys. They appreciated it tremendously, thanking us over and over again.”



Veteran Craig with volunteers at Double H Ranch.

The Horses for Heroes program begins this month for another eight-week session, with Craig and Loren once again saddling up. Up to two more Veterans will join them, depending on fundraising success. VA SORCC will help offset some costs by using OEF/OIF pain management funds.

“We’re excited that the Veterans are excited,” said Petrone. “They left that experience feeling hopeful and optimistic. They’re looking forward to doing it again.” ■■■

Spokane earns \$10,000 Wellness Grant



As part of the 2009 Employee Health Promotion and Disease Prevention program, the VAMC Spokane recently received a mini grant for a stairwell enhancement project.

The facility intends to transform and rejuvenate eight floors of stairwell to motivate and encourage employees to take the stairs. They will use framed artwork, designed by Veteran patients who are in the Art Therapy Program and/or other community volunteers, and integrate mural-type paintings with motivational quotations, mini trivia games, and informational data to add interest to the stairwells. They also plan to install a music system to further energize the environment.

Bypassing the elevator for the stairs is often recommended as a way to squeeze in more exercise and burn more calories. Before you dismiss doing this as inconsequential, consider these statistics: Climbing up an average set of stairs between floors burns about 1.8 calories, and walking down burns about 0.8 calories. So if you work on the fourth floor and take the stairs up and down four times a day, you can burn about 200 calories in a five-day workweek. That’s equivalent to an hour of brisk walking or half an hour of moderate cycling.

Pre and post surveys will be completed to determine the number of employees who routinely used the stairs before the redesign, and those who subsequently converted to using the stairs. Other feedback will be elicited to determine the participant outcomes, such as self-reported weight loss, self-reported decreased stress and increased physical health. The goal is to have the project completed by Christmas. Congratulations, Spokane!

Spokane Vets Benefit from Pet Therapy

The Spokane VA Medical Center recently welcomed two new feline residents to its Community Living Center and Hospice. The cats, Simon and Alvin, are part of a new Pet Therapy program to help Veterans coping with pain or involved with rehabilitation. "The staff and patients at the Community Living Center are very excited to see the new kitten residents. We hope that this new program



will bring our Veterans a sense of companionship and help them on their road to recovery," said Sharon Helman, Medical Center Director. Simon, a Ragdoll, and Alvin, a Siamese, are both three years old and will be permanent residents at

the Spokane VA Medical Center's Community Living Center and Hospice, where they will interact with Veteran residents and help facilitate the physical health and mental well-being of patients. Like other residents, the cats will be free to roam the Community Living Center as they please. ■■■

Transitions

Stan Johnson, Director of the VA Puget Sound accepted a position as the Director of the San Diego VAMC, effective August 30th. Recruitment for a permanent Director has been initiated. In the interim, DeWayne Hamlin, Director of the VAMC Boise, will serve as Puget Sound's Acting Director. During Mr. Hamlin's detail, Grant Ragsdale, Boise's Associate Director will serve as Acting Director at Boise.

Jim Tuchschnidt, Director of the Portland VAMC has accepted a position within the VISN office, effective August 29, 2009. His new title will be Director, Patient Access and Care Management. Recruitment for a permanent Director at Portland has been initiated. In the interim, Michael Fisher, VISN 20 Deputy Network Director, will serve as Portland's Acting Director.

Dr. Nirmala Rozario, Chief of Staff at the VAMC Spokane has accepted a position as Deputy Chief of Staff at the Sonny Montgomery VAMC (Jackson, Mississippi), effective August 16th. Recruitment for a new Chief of Staff at Spokane is underway.

Dr. Jamie Buth, Chief of Staff at the Roseburg VAMC, has accepted a position as the ACOS for Ambulatory Care at the Southeast Louisiana Veterans Health Care System (New Orleans), effective August 29th. Recruitment for Dr. Buth's replacement has been initiated.

Roy Horne, Associate Director, SORCC, has accepted a position at the Denver Distribution Center, effective August 2nd. Recruitment for this position has been initiated. ■■■

Puget Sound Clinicians Receive National Awards

– Contributed by: Shane Suzuki, Public Affairs Specialist, VA Puget Sound



Dr. Robert Pearlman

was recently awarded the American Society of Bioethics and Humanities (ASBH) Distinguished Service Award for 2009 for leading the effort in developing the ASBH

publication "Improving Competency in Clinical Ethics Consultation: An Educational Guide". This groundbreaking work provides both VA and non-VA ethics consultants with an important ethics tool to provide higher quality health care. Dr. Pearlman has been with VA for more than 30 years and is also a Professor of Medicine (Division of Gerontology and Geriatric Medicine) and an Adjunct Professor of Health Services and Bioethics and Humanities at the University of Washington.



Kathleen Lewis

Nursing Supervisor of Nursing Services at VA Puget Sound, is the recipient of the 27th Annual Secretary's Hands and Heart Award. This award is given in recognition for

professional expertise, exceptional, sustained and compassionate direct patient care and the emotional support, help and guidance provided to Veteran patients beyond the call of duty. Ms. Lewis entered on duty as a registered nurse at VA Puget Sound Health Care System on January 9, 1972. During an outreach activity at the Pike Place Senior Center, she observed many Veterans with foot problems seriously affecting their overall health and mobility. Through her own initiative, she arranged a preceptorship on foot care with a clinical nurse specialist in endocrinology and soon became an expert in the neural assessment of the foot. She soon developed a team to provide specialized care to Veterans, which also included patient care for hypertension and diabetes. Over the years, she has led this specialized outreach clinic to provide much needed services to indigent and/or homeless Veterans. ■■■