Having been appointed Network Director in December 2012, I continue to be impressed when learning of the accomplishments that took place in VISN 20 last year. It is my honor to share them with you – to highlight the outstanding work and significant achievements made on behalf of Veterans. As you read through the pages of our Annual Report, you’ll learn the specifics – goals met at the VISN and facility level – evidence of our commitment to fulfilling individual and organizational responsibilities. Highlights include:

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

As you can see, excellence is the norm in VISN 20. I am honored to be here and excited for the work that lies ahead. As I travel throughout the states that comprise our Network, meeting with our Veterans and the employees who serve them, I see no limits on what we can do next. Thank you for your support of our nation’s heroes and for inspiring us to move forward. It is truly our honor.

Sincerely,

Lawrence H. Carroll
Network Director, VISN 20
Leadership

Lawrence H. Carroll  
*Network Director since 2012*

Mr. Carroll directs the operations, finances and clinical programs for six medical centers, one independent outpatient clinic, one rehabilitation center, and 39 Community Based Outpatient Clinics and/or Outreach Clinics.

Michael Fisher  
*Deputy Network Director since March 2008*

Mr. Fisher oversees operational aspects of VISN 20, including finance, logistics and capital assets.

Frank Marré, DO, MS, FAOCOPM  
*Chief Medical Officer since October 2007*

Dr. Marré oversees clinical programs as well as research.

Nancy Benton, PhD, RN, CPHQ  
*Quality Management Officer since July 2008*

Dr. Benton oversees quality and performance functions for the VISN as well as education and safety.

Allen Bricker  
*Chief Financial Officer since March 2008*

Mr. Bricker directs financial management activities to ensure compliance with Federal financial policies.

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Statistics

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- $34.8M VA
- $34.4M Non VA

- Portland: 484
- Puget Sound: 572
- Boise: 39
VISN 20’s Quality, Safety and Improvement (QSI) Department was busy in 2012 ensuring that all sites of care continued to provide safe and high quality services. In addition to quality and safety, QSI is responsible for environmental safety. This year, we received 58 inspections and visits from external organizations, other government entities and VA Central Office. Oversight visits are conducted to detect environment of care concerns. In addition, the VISN QSI team traveled to every facility a minimum of one time to review processes, as well as identify best practices and opportunities for improvement.

In 2012, The Joint Commission listed three of our facilities as Joint Commission “Top Performers” on quality measures. This was based on data collected on several quality measures during calendar year 2011. Boise, Spokane, and Portland were recognized as among the top 18% of hospitals in the nation, a distinction not limited to the VA, but all hospitals accredited by the Joint Commission in the private and public sector.

The QSI Department is also responsible for the Transition Nurse Team (TNT). The TNT is a group of five highly skilled Registered Nurses who call every patient discharged from one of our five acute hospitals. This critical contact is made within 48 hours to ensure Veterans and their families have everything they need, and understand their medication requirements and next steps in their follow up care. In 2012, TNT nurses helped avoid re-hospitalizations and intervened quickly to provide immediate help to Veterans who had taken a turn for the worse after leaving the hospital.
In FY 2012, women Veterans continued to enroll in VA health care in record numbers, with increases at all VISN 20 sites. New enrollees are assigned to Women’s Health (WH) Patient Care Teams (PACTs), which offer comprehensive care (defined as the provision of complete primary care and care coordination by one provider at one site). Care focuses on safety, dignity and sensitivity to gender specific needs, using state-of-the-art health care equipment and technology. Notable achievements include:

- More than 80% of women Veterans in VISN 20 are receiving Comprehensive Primary Care from a Designated Women’s Health Provider. Three facilities: Puget Sound, Roseburg and Spokane, currently provide comprehensive primary care to over 90% of enrolled women Veterans.

- VISN 20 has made significant progress in decreasing gender disparity. For all clinical measures, only three were identified as having a gender disparity of greater than 5% and none had a disparity over 9%.

- Seventeen primary care providers attended a specialized mini-residency training on Women’s Health topics in FY 2012.

- VISN 20 was one of only seven networks selected across the country to receive an Innovations in Emergency Services grant from the Office of Rural Health. The grant will be used to develop clinical pathways for a number of women’s health issues that will be disseminated throughout the Network.

- In FY 2012, 678 women Veterans in VISN 20 received VA funded maternity care.
VISN 20 is the largest VISN, geographically, in the nation. Our health care system spans six states, 135 counties, 817,417 square miles and comprises 23% of the US land mass. Forty-seven percent of the Veterans we serve live in areas that are classified as rural or highly rural. Improving access to high quality, patient-centric care for those who live at great distances from major health care facilities remains a priority.

This year, we received approximately $24M in funding to support the following focus areas:

Partnerships
- Local primary care provider partnerships in Ponderay and Grangeville, ID and Republic, Colville and Tonasket, WA continued to expand services
- Participated in a pilot to provide contracted mental health services to OEF/OIF/OND Veterans residing in rural areas of ID, OR and WA
- Established a contract to provide consistent, board certified Emergency Department physician coverage at the VA Roseburg Health Care System
- A contract speech and language pathologist provided much needed services to Roseburg patients
- Conducted outreach and education programs in Tribal communities in Alaska to better identify and enroll Veterans

Care Closer to Home
- Home Based Primary Care programs increased enrollment in rural areas in and around Newport, Warrenton, Grants Pass and LaGrande, OR; Mountain Home, Caldwell and Boise, ID and the Confederated Tribes of Warm Springs in Oregon

Increased access to primary and specialty care through TeleHealth technologies
- Offered TeleDermatology services in 28 rural hospitals and clinics
- Portland developed a Rural Sleep Program for virtual fittings of continuous positive airway passage equipment
- Roseburg Veterans needing prosthetic evaluation and fittings were able to consult with Portland physiatrists using TeleHealth technology
- Veterans received individual mental health services at home through real time TeleHealth connections with Portland based VA providers

Established non-traditional treatment programs
- Horses for Heroes, an equine therapy program for OEF/OIF/OND Veterans living in southern Oregon
- Enhanced primary care health benefits for Veterans served at the VAMC Walla Walla via a Complementary and Alternative Medicine program
The states which comprise the Pacific Northwest and Alaska are rich in their native cultures and home to 273 American Indian/Alaska Native (AI/AN) tribes, nearly half of all federally recognized United States tribes. Consistent with their Warrior culture, AI/AN Veterans have a long and proud history of military service, and currently serve in greater proportions relative to their population numbers than other ethnic groups. VISN 20 is strongly committed to providing outreach to, and partnering with, this important constituency to ensure all receive the benefits to which they are entitled. Efforts to build and sustain relationships in 2012 included the following:

- Entered into 26 sharing agreements with Tribal Health Programs in Alaska for reimbursement for direct care services
- Began discussions with eight Tribal Health Programs in ID, OR and WA. Anticipate sharing agreement completion in 2013
- Served on planning committee for two regional conferences sponsored by VA’s Office of Tribal Government Relations. Facility staff served as workshop presenters and subject matter experts for: health care eligibility, PTSD, telemedicine and homeless programs
- Attended quarterly meetings of the Northwest Portland Area Indian Health Board
- Sponsored 60 staff members to attend Camp Chaparral, an experiential training hosted by the Yakama Nation on their sacred tribal grounds in central WA State. Attendees learn about traditional healing methods in the treatment of PTSD
- Met regularly with leadership from the Portland and Alaska Area Offices of the Indian Health Service
- VA Puget Sound and VISN staff attended quarterly meetings of the Joint American Indian Veterans Advisory Council to share information and listen to concerns of Tribal Veteran Representatives
- VA Puget Sound’s Mobile Medical Unit traveled to the Nooksack and Swinomish Indian Tribes to provide primary care, mental health and blind rehabilitation services and enroll Veterans for services
- The VA Alaska Health Care System conducted training for approximately 100 Tribal Veteran Representatives
VAPSHCS was recently awarded funded trainee positions in the VA Interprofessional Mental Health Education Expansion Initiative for both Seattle and for American Lake’s proposals to create novel, interprofessional mental health learning experiences and curricula (12 funded training positions in various professions).

Both Boise and VAPSHCS are Centers of Excellence in Primary Care Education and utilize interprofessional teams including learners in Internal Medicine, Nursing Practice, Nursing, Pharmacy and Psychology.

Educational programs are not exclusive to the larger VISN facilities. All VISN 20 medical centers participate in professional education. Highlights include:

- VA Anchorage HCS supports programs in radiology, laboratory, pharmacy, psychology and social work
- VA Roseburg HCS supports programs in nursing, nurse practitioner, clinical nurse leaders, optometry, pharmacy and social work
- Spokane VAMC supports programs in dentistry, dietetics, family medicine, optometry, pharmacy, physical therapy, physician assistants, psychology, radiology and social work
- Walla Walla VAMC supports programs in laboratory technician, optometry, pharmacy, physician assistant, psychology and social work
- VA Southern Oregon Rehabilitation Center & Clinics supports programs in psychology, nursing, clinical nurse leadership, clinical nurse specialists, pharmacy, optometry and social work

VISN 20 takes pride in our role as a leader in training future health care professionals with robust affiliations and training programs. The Portland VAMC supports over 200 academic affiliations for a diverse set of disciplines ranging from Audiology to Veterinary Technology. Portland has strong relationships with Oregon Health Science School of Medicine, Portland State University, and the University of Oregon. In FY 2012, Portland was awarded additional stipend positions to support training of Pharmacy residents in team-based Mental Health Outpatient care as well as a position to train physicians in quality and patient safety through the Chief Resident in Quality and Patient Safety Program.

The Boise VA Medical Center supports over 100 academic affiliations, resulting in 400 trainees. 2012 marked the second year of a new, 3-year, Internal Medicine residency program in cooperation with University of Washington School of Medicine. Boise also successfully increased stipend trainees in multiple programs including Physician Assistant, Pharmacy, Psychology, Social Work and Psychiatric Nurse Practitioner, and has augmented their use of stipends to support trainees in rural community based outpatient clinics.

The VA Puget Sound Health Care System (VAPSHCS) hosts nearly 1,800 trainees through 164 academic affiliations. It has a strong partnership with the University of Washington School of Medicine. Steve McCutcheon, PhD, VA Site Director at VA Puget Sound Health Care System, was recently presented the national VA Worthen Award by Dr. Malcolm Cox of the Office of Academic Affiliations. The Worthen Award is VA’s highest honor for a career in excellence in education.
Research in VISN 20 is conducted in Puget Sound, Boise and Portland. In FY 2012, investigators at these sites generated $69.2M in total grant support. Grants were awarded from the Department of Veterans Affairs ($34.8M), National Institutes of Health ($27.5M), national foundations ($3M), industry ($0.95M) and other sources ($3M). These funds supported 1,095 individual research projects (572 at Puget Sound, 484 at Portland and 39 at Boise).

Investigators published 568 research articles in FY 2012. Twenty-nine of these publications appeared in scientific journals with an “impact factor” of >15. Impact factor is a rating system to identify journals that are most significant in advancing biomedical research. A value of >15 identifies journals in the most elite tier.

Researchers in VISN 20 hold academic appointments at the University of Washington, Boise State University or Oregon Health & Science University. The rank of full professor identifies VA investigators with outstanding accomplishments in research, teaching or clinical care. In FY 2012, 34% of VA investigators held the rank of full professor, 26% associate professor, 33% assistant professor and 6% as instructors. There were 28 trainees with career development awards, grants identifying talented new faculty with projected research potential and 17 non-clinical Ph.D. scientists holding VA Career Scientist awards. These awards identify a select group of scientists (approximately 130 nationwide) identified for sustained, career-long excellence in research.
**Homelessness**

VISN 20 homeless teams are engaged in ongoing evaluation of design and functionality in the context of a housing first delivery service model. They stand ready to receive additional HUD-VASH vouchers to more effectively reach Veterans who remain chronically homeless, rescue them from the street, and provide necessary supports to remain permanently and independently housed. We are committed to using all of our resources effectively, and partnering with our dedicated community partners to find creative ways to fill gaps that remain in our community’s continuum of services.

- Opened a CRRC (Community Resource and Referral Center) in Portland, OR; only a handful of these centers exist in the nation. This center has increased the Portland VAMC’s capacity to meet the needs of homeless and at-risk for homeless clients as it is conveniently located in leased space in downtown Portland, close to other community partners and public transportation. We are committed to securing resources to expand this model to at least one other site in the coming year (additional information on page 13).

- Participated in approximately 37 Stand Downs and Homeless Connects at which Veterans had ready access to VHA staff and resources, as well as food, clothing, shelter, haircuts, employment opportunities and various other services.

- Partnered with community agencies through the Supportive Services for Veteran Families (SSVF) grant to provide $686,630 in temporary financial assistance to Veterans and their families. At the conclusion of FY 2012, eight additional agencies were awarded the SSVF grant bringing the total to 13 agencies. This increase is largely attributed to local homeless team education and promotion of the program with community partners.

- Implemented two Homeless PACT Teams, co-located with other VHA homeless services in Seattle and Portland.

- Provided intensive case management and housing assistance to over 2,000 Veterans now permanently housed through the HUD-VASH Program.

- Implemented national HUD-VASH Housing First ACT Pilot which includes a team of social workers, a nurse, peer support specialist and a psychiatrist. Team is tasked with engaging the most difficult to reach Veterans with the goal of permanent housing.
VISN 20 boasts the largest US land mass of any of VHA’s 21 Health Care Networks and, as a result, one of the largest percentages of enrollees (45%) living in rural or highly rural areas. For many Veterans, living miles from a VA point of care makes a trip to the doctor an all-day event. The antidote is VA’s growing virtual care network. Programs such as TeleHealth, secure messaging and eConsults allow for greater access to care, at home, or closer to home.

Enrollment in Secure Messaging was also the highest in VA, with 16.8% of patients utilizing this patient centered method for communicating. We were also first in the nation in our use of eConsults, at 4%.

Increased use of cutting-edge technologies is important because a large percentage of rural Veterans are advancing in age, with chronic conditions that require frequent monitoring. TeleHealth gives patients and providers the opportunity to complete several aspects of medical examinations that don’t require in-person consultation. Veterans travel to locations close to home and connect to Medical Centers through videoconferencing and transfer information by way of specially-designed telecommunications equipment.

In FY 2012, 27% of our patients enrolled in virtual care, the highest in VA, with 9.7% signing on for TeleHealth (4th highest in the system). With TeleHealth, patients and their doctors can meet without physically being in the same space. Options include TeleDermatology; Nutrition and Dietetics; MOVE; Pacemaker; Vascular Surgery, Neurosurgery and Rehab/Amputee clinics and TeleRetinal Imaging.
AVAHS staff participated in **Homeless Stand Downs** in Anchorage, Fairbanks, and Juneau. These programs highlighted services for Veterans from the VA and community partners. A homeless outreach summit entitled “**Leap Out of Homelessness**” was conducted in February, resulting in approximately 80 homeless and at-risk Veterans learning how to access programs. These and other efforts have resulted in a 57% reduction in chronic homelessness in Alaska since 2009, and an 88% reduction in unsheltered Veterans since 2011.

AVAHS implemented the **Nation’s first Rural Sharing and Reimbursement Agreements** with VA, Indian Health Service and Alaska Tribal Health Programs. AVAHS entered into 26 such agreements with Native Health Organizations, covering more than 200 tribes, thus ensuring medical care for the majority of Alaska Native Veterans living in rural areas.

AVAHS obtained **wheelchair-accessible vans** to assist in transporting Veterans to health care appointments. Currently, the vans are used to carry Veterans arriving at the Anchorage International Airport to and from medical appointments. Volunteer drivers operate the vans after receiving wheelchair lift training. Since its inception in November 2012, AVAHS has transported 179 Veterans (5 to 7 a day). Veterans Transportation Service funding is also used to purchase airfare for Veterans residing in highly rural areas to reach a VA site of care.

The **Alaska Home TeleHealth** program exceeded its goal of unique patients by 40%, participated in the VHA Diabetes Management Protocol standardization project and piloted a new national equipment vendor. A new program was launched to support Veterans with Hepatitis C and help them successfully complete treatment. The My HealtheVet (MHV) program continued its rural outreach efforts, visiting 15 villages, meeting with over 300 rural Veterans, and training 70 Tribal Veteran Representatives to assist with MHV registration and utilization, resulting in a 65% enrollment rate.
Secretary of the Department of Veterans Affairs, Eric Shinseki, visited the Boise VA Medical Center on August 3, 2012. During his visit, the Secretary met with Medical Center leadership and held discussions on current challenges and successes. He also gave a moving speech about his personal interest in ending Veteran homelessness and concluded his visit with tours of the Community Living Center and the Optical Fabrication Laboratory.

Boise celebrated the grand opening of a new Biomedical Research Laboratory on April 27, 2012. The building is used to continue the evolution of current research strengths into a critical core of investigators whose mission is to develop novel treatments and rapid diagnostic tests to combat life threatening diseases and translate basic scientific discoveries into newer treatments. It is 18,000 square feet and utilizes state-of-the-art equipment such as a cell sorter, bio-layer interferometer and ultra-high-speed centrifuges; all of which greatly facilitate ongoing and future projects and help train the next generation of researchers.

On May 24, 2012 the facility hosted a ribbon cutting and opening ceremony for the new Salmon VA Outreach Clinic located in Salmon, ID. Veterans, employees, elected officials and members of the public came to see the 3,300 square foot building located at 705 Lena Street in Salmon, Idaho. The Clinic is available to treat an estimated 2,000 Veterans living in Lemhi and Custer counties in behavioral health and primary care.

The Salmon Clinic provides much of its primary care via TeleHealth. TeleHealth primary care is very much like a normal visit to the doctor’s office. A nurse brings the patient to an exam room, checks vitals and other information and enters data into an electronic medical record. The nurse then “calls” a doctor in Boise using a specially designed video TeleHealth cart. In addition to speaking to Veterans, the doctor can also perform an examination with the assistance of a nurse at the clinic. TeleHealth carts have special equipment that allow doctors to carefully examine skin tissue, mouths and ears remotely. There is even a stethoscope that can be moved over a Veteran’s chest, transferring heart and lung sounds.
The Community Resource and Referral Center (CRRC) opened on April 17, 2012, offering homeless Veterans, and those at risk of becoming homeless, access to care and benefits in downtown Portland. The VA renovated 4,700 square feet of space with social work and mental health services, a social area with computers, internet access and phones. Two additional exam rooms and an office space were added for primary medical care. The CRRC also provides space for community partners to use at no cost as we work together to assist Veterans with housing, jobs and benefits. To date, the CRRC has served more than 604 Veterans, ranging in age from 24 – 82, with housing assistance, access to medical, mental health and substance abuse treatment, bus tickets, hygiene items and clothing.

PVAMC opened an acute-care medical inpatient unit focused on increasing engagement and knowledge of patients and improved outcomes, via relationship-based care interventions. With 14 single and five double rooms, the atmosphere is enhanced by Veteran-created artwork and fully reclining chairs for visitors. The new unit marks the first time the facility worked with Veterans and their families to create a healing, patient-centered atmosphere.

Nearly 1,300 rural Veterans in the Columbia River Gorge area (near The Dalles Outreach Clinic) are enjoying expanded space and services following a complete remodel. Growing from 1,250 to more than 3,500 square feet of clinical space, the Clinic now offers Primary Care, TeleDermatology, Mental Health and OEF/OIF support in a beautiful setting.

Portland’s Critical Care Unit earned the Beacon Award for Excellence (Silver) demonstrating continuous learning and effective systems to achieve optimal patient care for Veterans. The award recognizes hospital units that employ evidence-based practices.
Joint Base Lewis McCord presented the **Commander’s Award for Public Service**, the fourth highest honor the United States Department of the Army is allowed to bestow upon civilians, to the Mental Illness Research, Education and Clinical Center (MIRECC) at VA Puget Sound. The award recognized VADOD collaborative work on Prazosin and PTSD research.

VHA awarded its **John Blair Barnwell Award**, the Clinical Science Research and Development community’s highest honor for scientific achievement, to **Dr. Murray Raskind** for his work with Prazosin in treating Veterans with PTSD and TBI. Dr. Raskind is the Director of the MIRECC and Professor and Vice-Chair, Department of Psychiatry and Behavioral Sciences at the University of Washington.

One of two VAs to provide lung transplant services, VA Puget Sound’s new **Lung Transplant Program** works in active collaboration with their Bone Marrow Transplant Program (the first in the nation) enabling personnel, space and pharmacy resource efficiencies.

On December 14th, a ribbon cutting for the **“Stars and Stripes” Child Care Center at Puget Sound’s American Lake Division** was officiated by Washington State Senator Patty Murray and Dr. Patricia Hayes, VA’s Women Veterans Health Strategic Health Care Group. The Center offers no cost, drop in child care for Veterans during their medical appointments.

VA Puget Sound’s Community Housing and Outreach Service Program (CHOSP) assessed 1,200 homeless Veterans in FY 2012. Numbers are expected to double in FY 2013. Currently, 1,095 VASH vouchers are being utilized, 200 of them by families with children.
The Patient Centered Care (PCC) implementation process was introduced at Roseburg in 2011. In the time since, the facility has made great strides. Through 2012 grant funding, PCC resulted in a more healing and welcoming environment for Veterans and their families. A piano was installed in the Ambulatory Care area, scenic privacy curtains were installed in the Emergency Department and new furnishings were delivered to the women's dorm.

The facility also implemented an Ambassador Program comprised of volunteers who greet visitors and support patients by escorting them to appointments or to the clinic for x-rays and labs. They also assist discharged Veterans to their vehicles, answer questions and provide exceptional customer service. Dressed in bright red vests for easy identification, Ambassadors are an integral part of the continued success of PCC at Roseburg.

Roseburg established a Non-VA Purchased Care Committee to review trends associated with purchased care and identify areas for improvement. The process has allowed Roseburg to bring more Veterans into the VA. All Purchased Care is now being scheduled with Veterans and non-VA providers to ensure improved timeliness.

VA Roseburg HCS exceeded all performance measures for TeleHealth, expanding Clinical Video services to include TeleEndocrinology, TeleCompensation and Pension, TelePost OP, TeleArrhythmia, and TeleCardiology. TeleMental Health clinics also expanded dramatically and were held in every CBOC and Outreach Clinic. TeleMental Health providers reported that patients feel good about being in a non-threatening atmosphere and are comfortable opening up about their feelings. These findings were validated by a 95% patient satisfaction score. The expansion of TeleHealth services in Roseburg resulted in 409,486 travel miles saved in FY 2012.

With nine tours to Iraq and Afghanistan to entertain troops, and the recipient of the distinguished Bob Hope “Spirit of Hope” award in 2008 for his service to Military men and women, VA Roseburg was fortunate to have multiple Grammy and CMA award nominee, Michael Peterson, perform a special country music concert for Veterans. During the show, Peterson, noted for his compassion for Veterans, spent time visiting and sharing stories. Later, before a smiling, foot stomping and clapping crowd, he performed some of his million-selling chart toppers. His performance left Veterans with memories of a very special day.
On August 17, 2012, a new Behavioral Health Clinic building was dedicated in Spokane, adding 18,000 square feet of space. Behavioral Health provides a wide range of mental health services, addiction care and social services (case management, housing, etc.) to more than 7,000 Veterans. The goal is to provide support and resources to help each Veteran gain skills to make meaningful changes and live a fulfilling, productive life.

Behavioral Health Service created a “best practice” when they implemented a Home Team approach to care. Veterans receive care from a multi-disciplinary team which ensures the maximum number of needs are addressed. Home Teams collaborate and meet daily to review issues and plan. Each Veteran is given a clinical point of contact, and encouraged to keep them informed.

Patient Aligned Care Teams (PACT) continue to improve access and satisfaction for primary care. PACT clinic access measures have been below the threshold of <1% for more than a year and a half, partly due to increased use of:

- My HealtheVet – 58% of Veterans at the Spokane VA are enrolled
- Secure Messaging – Spokane Veterans exchanged an average of 3,600 secure messages with their providers each month in 2012

Telemedicine technology has increased Veteran access in the following areas:

- eICU (Intensive Care Unit) – In FY 2012, Spokane continued to utilize remote connections with the Minneapolis VA to allow for immediate access of an Intensive Care Specialist and remote data retrieval
- TeleHealth for clinical specialty services – Dermatology and Behavioral Health

### Medical Care Budget

- Veterans Served: 28,455
- Surgeries: 1,468
- Total Beds: 70
- Outpatient Visits: 325,416
- CBOCs: 2
- Inpatient Bed Days: 18,054
- Employees: 856
- Volunteer Hours: 49,753
Using federal grant funding, Walla Walla established the **Veteran Integration to Academic Leadership (VITAL)** interactive program with two local colleges, hiring a psychologist to work directly with Veteran student coalitions to provide direct support and encourage education success.

Walla Walla established the **Complementary and Alternative Medicine (CAM)** program to enhance primary care health benefits by offering complementary therapeutic classes such as tai chi, yoga, artistic impressions, guided imagery and gardening.

Walla Walla expanded their transportation system by implementing a **Veterans Transportation System (VTS)** to assist patients in getting to health care appointments.

Walla Walla purchased a **16-slice GE Light Speed CT scanner** which allows Veterans to be tested locally versus traveling to larger, more complex sites of care. Walla Walla currently provides 4-5 scans per day and reports are now returned to doctors in a more timely manner. When the remodel of Building 86 is complete, a new 64-slice scanner will be permanently placed there, providing faster scanning services and reducing Veteran travel and fee costs.

In 2012, Walla Walla became one of the first VAs to install **E-85 (non-petroleum) fuel tanks** on station for use in Government provided vehicles. Over 75% of Walla Walla’s auto fleet now utilizes this greener fuel.

Walla Walla significantly reduced Veteran travel time by collaborating with the Spokane VA to establish a **shared pre- and post-op surgical clinic at Walla Walla for cataract surgeries**. Now, an ophthalmologist travels to Walla Walla to see patients one day per week versus having them drive to larger, more complex care facilities within the VISN.
In what is believed to be the first-ever such program in the VA, **Heeling Heroes**, residential Veterans at the SORCC are raising and helping to train homeless puppies from local shelters become service and emotional support dogs. The animals help outpatient Veterans battling with Post Traumatic Stress Disorder, who benefit from the dogs’ presence.

A recently opened **Sleep Lab** has two beds and the ability to evaluate eight patients a week. The SORCC partnered with the Boise VA to complete exams. Under this arrangement, SORCC practitioners complete sleep studies, submitting data to Boise physicians to interpret and make recommendations for treatment.

The Rural Outreach Clinic in Grants Pass is now a **Community Based Outpatient Clinic**, offering health screens, expanded primary and mental health and lab draws to more than 11,000 Veterans in Josephine County. The clinic is open Monday – Friday, 8:00am to 4:30pm. Substance abuse treatment services are available each Thursday.

**Compensation and Pension Service** underwent a redesign to find opportunities to increase timeliness for completion of exams. It was determined that additional mental health staff were needed to assist and they have since been added. A decision was also made to refer some Traumatic Brain Injury (TBI) claims to Puget Sound for more timely resolution. The most significant improvement was due to a new review process for every examination. This has resulted in completion of exams from 52 days to 21 days.
VISN 20 publishes an annual report for patients, employees, volunteers and all those interested in Veterans Health Care in Alaska, Idaho, Oregon and Washington. For questions, please contact Megan Streight at 360.619.5934 or at megan.streight@va.gov.