



Best Practices in Veterans

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Why am I speaking with you?

TIME Magazine, August 27, 2006

How Veterans' Hospitals Became the Best in Health Care

By DOUGLAS WALLER

Sunday, Aug. 27, 2006



The Veterans Administration Medical Center now features portable rolling computer tables that give doctors real-time access to patients' records, X-rays and other visuals as they make their rounds.

CHRIS USHER FOR TIME

Most private hospitals can only dream of the futuristic medicine Dr. Divya Shroff practices today. Outside an elderly patient's room, the attending physician gathers her residents around a wireless laptop propped on a mobile cart. Shroff accesses the patient's entire medical history--a stack of paper in most private hospitals. And instead of trekking to the radiology lab to view the latest X-ray, she brings it up on her computer screen. While Shroff is visiting the patient, a resident types in a request for pain medication, then punches the SEND button. Seconds later, the printer in the hospital pharmacy spits out the order. The druggist stuffs a plastic bag of pills into what looks like a tiny space capsule, then shoots it up to the ward in a vacuum tube. By the time Shroff wheels away her computer, a nurse walks up with the drugs.

Life in a big-name institution like the Mayo Clinic? Not hardly. Shroff, 31, a specialist in internal medicine, works at the Veterans Affairs hospital in Washington, where the vets who come for the cutting-edge treatment are mostly poor.

ARTICLE TOOLS

- Print
- Email
- Reprints

Associated Press, March 2, 2007

Bush Orders Review of Veterans' Hospitals

By TERENCE HUNT, AP White House Correspondent
Friday, March 2, 2007

PRINTABLE VERSION E-MAIL STORY

(03-02) 08:24 PST WASHINGTON (AP) --

President Bush ordered a comprehensive review Friday of and veteran hospitals in the wake of a scandal surrounding Reed Army Medical Center in Washington.

The White House said the president would name a bipartisan panel to investigate the problems at Walter Reed and other facilities.

The action came after The Washington Post documented serious problems with outpatient soldiers at Walter Reed and bureaucratic problems with getting adequate care.

Bush devoted his weekly radio address — to be broadcast c



Overview

- **Best Practices Summary**
- **History of the VA System**
 - Veteran Demographics
 - Accessing Care
- **Taking a Veteran's History**
- **Best Treatment Practices**
 - Psychosocial
 - Medical
- **Question and Answers**



Best Practices

- **Routine Dual Diagnosis Care**
- **No Medication Restrictions**
- **Methadone/Buprenorphine**
- **Universal Hepatitis C Screening**
- **98%+ Tobacco Screening**
- **Computerized Records**



Origin of the VA Motto



*To care for him
who shall have borne the battle
and for his widow, and his orphan*

Abraham Lincoln, March 4, 1865

History of Department of Veteran's Affairs

- Formerly Veteran's Administration
- Established in 1930
- 2nd Largest Department of Federal Government (Defense is biggest)



Veteran Data

- **Approximately 26 million veterans in the United States (US Census Data, 2000)**
- **VA system utilization – (USDVA)**
 - 1995 - 2.9 million
 - 2003 - 5 million
- **225,000 Veterans were incarcerated as of 1998 – U.S. Bureau of Justice**
- **Substance abuse rates – Veterans > Non-Veterans**



Veteran Data (NSDUH Data)

■ Alcohol

- 56.6% Regular users vs. 50.8% Gen Pop
- 13.2% report DUI vs. 12.2%
- 7.5% Regular heavy users vs. 6.5%

■ Cannabis

- 3.5% Regular Users vs 3.0% Gen Pop

■ All Illicits

- 6% used in last year



Veteran Data (NSDUH Data)

- **Dual Diagnosis**

- 340,000 Veterans with addiction + Severe Mental Illness
- Higher rates in veterans
 - 25%-100% higher in veterans by age
 - Percentage of DDx vs. nonveterans increases with age



Veteran Data (NSDUH Data)

■ Treatment

- 55,000 admission – 3,000 were female
- 20% of those needing treatment receive it
- More likely to be homeless
- 33% of VA SAT was for Alcohol Only
- Criminal Justice most common referral source / in SF - Homeless



Homelessness



- **> 200,000 veterans are homeless on any given night (USDVA)**
- **>500,000 will experience homelessness over the course of a year (USDVA)**
- **Of all homeless veterans, 76% suffer from drug, alcohol, or mental health problems (National Survey of Homeless Assistance Providers and Clients, 1999)**
- **One in three homeless men in America is a veteran (NSHAPC, 1999)**
- **According to the National Coalition of Homeless Veterans, by June 2005, the number of OIF and OEF veterans seeking assistance from community-based homeless services providers had already exceeded 400**

OEF/OIF Veterans

- As of January of 2007, > 1.6 million U.S. Servicemen and women had serviced in Afghanistan and Iraq
- By October of 2005, > 430,000 U.S. Soldiers have discharged from the military following service in Afghanistan and Iraq
- > 119,000 have sought help for medical or mental health issues from the VA to date
- 35% of Iraq veterans have sought care for mental health issues
- 60% with PTSD Symptoms are hesitant to seek care due to loss of career opportunities or stigma



OEF/OIF Veterans

- 18-20% are experiencing some service-connected mental problems
- 37,000 with mental health issues – 50% PTSD
- Alcohol Misuse increased from 13% to 21% one year after return
- 15 percent of veterans aged 20-24 were jobless - three times the national average
- 10% of all troops in Iraq & up to 20% of front line infantry troops, suffer concussions during combat from IEDs and other explosives
- Divorce rates up 78%



Who's Eligible for VA Services?





Access to Care

- **All Honorably Discharged veterans eligible for care in VA system**
- **\$78,000,000,000 Budget**
- **1,300 sites of care**
 - 875 ambulatory care and community-based outpatient clinics (CBOCs)
 - 206 Veterans Centers (hospitals)
 - 136 nursing homes
 - 43 residential rehabilitation treatment programs
 - 88 comprehensive home-care programs

Access to Care

- **Treatment Cost is tied to income/entitlements**
 - Majority of Treatment is Free!
 - Private Insurance Accepted
 - Service Connected Conditions
 - The VA can help offload overburdened community systems





Access to Care



■ Within 50 miles of San Francisco

■ VA HOSPITALS:

- San Francisco*
- Palo Alto*
- Menlo Park*

■ Outpatient Clinics

- San Francisco*
- San Bruno*
- Oakland*
- Martinez*
- Mare Island
- Livermore*
- Fairfield
- Santa Rosa*
- San Jose*

TO FIND A CLINIC GO TO
[http://www1.va.gov/directory/
guide/home.asp](http://www1.va.gov/directory/guide/home.asp)

**Denotes Availability of Addiction Specific Services*

Assessment

THIS IS AN IMPORTANT RECORD SAFEGUARD IT!

1. LAST NAME, FIRST NAME MIDDLE NAME		2. SERVICE NUMBER		3. SOCIAL SECURITY NUMBER	
4. DEPARTMENT, COMPONENT AND BRANCH OR CLASS ARMY RA SIG		5a. GRADE, RATE OR RANK SP4	5b. PAY GRADE SP-4	6. DATE OF BIRTH DAY MONTH YEAR 29 OCT 69	7. U.S. CITIZEN YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
8. PLACE OF BIRTH (City and State or County)		9. DATE OF ENTRY INTO ACTIVE DUTY DAY MONTH YEAR JUN 48		10. SELECTIVE SERVICE NUMBER	
11. TYPE OF TRANSFER OR DISCHARGE TRF TO USAR (SEE 16)		12. STATION OR INSTALLATION AT WHICH EFFECTED FT DIX NJ		13. REASON AND AUTHORITY AR 635-200 RPN ALL EARLY SEP FR OS	
14. CHARACTER OF SERVICE HONORABLE		15. TYPE OF CERTIFICATE ISSUED NONE		16. RE-ENTRY CODE RE-1	
17. CURRENT ACTIVE SERVICE OTHER THAN BY INDUCTION YES <input checked="" type="checkbox"/> (Listed Under Induction) NO <input type="checkbox"/> (Listed Under Other Service)		18. STATEMENT OF SERVICE (1) NET SERVICE THIS PERIOD 2 11 20		19. DATE OF ENTRY INTO CURRENT ACTIVE SERVICE (Day and Month) DAY MONTH YEAR 3 11 APR 67	
20. HOME OF RECORD AT TIME OF ENTRY INTO ACTIVE SERVICE (Home, Bldg. Co., County, State and ZIP Code) NONE		21. STATEMENT OF SERVICE (2) OTHER SERVICE 0 0 0		22. TOTAL ACTIVE SERVICE 2 11 20	
23. SPECIALTY NUMBER & TITLE 36K20 WIREMAN		24. RELATED OCCUPATION AND DUTY NUMBER 829,261 WIREMAN MAINT		25. TOTAL ACTIVE SERVICE 2 11 20	
26. OCCASIONAL MEDALS, BADGES, COMMENDATIONS, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED GOOD CONDUCT MEDAL NATIONAL DEFENSE SERVICE MEDAL SHARPSHOOTER M-14		27. FOREIGN AND/OR SEA SERVICE 0 0 0 30		28. TOTAL ACTIVE SERVICE 1 9 26	
29. EDUCATION AND TRAINING COMPLETED ATP 21-114 CODE OF CONDUCT C 3 R TWO RYN TWO WIREMAN 8 WKS 67		30. VA CLAIM NUMBER C. NA		31. SERVICE GROUP LIFE INSURANCE COVERAGE YES <input checked="" type="checkbox"/> \$10,000 <input type="checkbox"/> \$5,000 <input type="checkbox"/> NONE	
32. REMARKS BLOOD GP 0 8 YRS ELEM (02B) USARVAC VIETNAM 22 OCT 67 - 20 OCT 68 USARVAC SPOKANE 3 JUN 69 - 5 APR 70		33. SIGNATURE OF PERSON BEING TRANSFERRED OR DISCHARGED		34. SIGNATURE OF OFFICER AUTHORIZED TO SIGN	
35. TYPED NAME, GRADE AND TITLE OF AUTHORIZING OFFICER CPT FA ASST CHIEF ENL BRANCH		36. SIGNATURE OF MEMBER BEING SEPARATED		37. OFFICIAL AUTHORIZED TO SIGN (Typed name, grade, title and signature)	

DD FORM 214 1 JUL 66 PREVIOUS EDITIONS OF THIS FORM ARE OBSOLETE EFFECTIVE 1 JAN 67 GPO: 1969-351-112 ARMED FORCES OF THE UNITED STATES REPORT OF TRANSFER OR DISCHARGE 2

older

THIS IS AN IMPORTANT RECORD SAFEGUARD IT!

CERTIFICATE OF RELEASE OR DISCHARGE FROM ACTIVE DUTY

1. NAME (Last, First, Middle) REED, ALBERT CHARLES II		2. DEPARTMENT, COMPONENT AND BRANCH ARMY/USAR		3. SOCIAL SECURITY NO. 1-00-1-0000	
4. GRADE, RATE, OR RANK CSM		4.B PAY GRADE BP		5. DATE OF BIRTH (YYYYMMDD) 19420523	
6. DATE OF ENTRY INTO ACTIVE DUTY		7. HOME OF RECORD AT TIME OF ENTRY (City and State, or complete address if known) ROUTE 1 BOX 139 LOVINGSTON, VA 22949		8. SERVICE OBLIG. TERM. DATE Year 0000 Month 00 Day 00	
9. COMMAND TO WHICH TRANSFERRED USAR CRTLOG (IMA) ARPERCEN, 9700 PAGE BLVD, ST LOUIS, MO 63132		10. \$GLI COVERAGE Amount: \$ 200,000.00		11. PRIMARY SPECIALTY (List number, title and years and months in specialty, list alternate specialty numbers and dates involving periods of one or more years) 00550 CO CMD SGT MAJOR - 0 YRS-9 MOS//NOTHING FOLLOWS	
12. RECORD OF SERVICE a. Date entered AD This Period 1996 01 11 b. Separation Date This Period 1996 12 21 c. Net Active Service This Period 0000 09 11 d. Total Prior Active Service 0004 02 19 e. Total Prior Inactive Service 0028 08 11 f. Foreign Service 0000 08 03 g. Sea Service 0000 00 00 h. Effective Date of Pay Grade 1980 04 09		13. DECORATIONS, MEDALS, BADGES, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED (All periods of service) LEGION OF MERIT//BRONZE STAR MEDAL//MERITORIOUS SERVICE MEDAL//AIR MEDAL//ARMY COMMENDATION MEDAL (2ND AWARD)//ARMED FORCES SERVICE MEDAL AND AWARD FOR OPERATIONS RELATING FORMER REP YUGOSLAVIA//ARMY GOOD CONDUCT MEDAL//ARMY RESERVE COMPONENTS ACHIEVEMENT MEDAL//NATIONAL DEFENSE SERVICE MEDAL//VIETNAM SERVICE MEDAL//ARMED FORCES RESERVE MEDAL//CONT IN BLOCK 18.		14. MILITARY EDUCATION (Course title, number of weeks and month and year completed) NONE//NOTHING FOLLOWS	
15. MEMBER CONTRIBUTED TO POST-VIETNAM ERA VETERAN'S EDUCATIONAL ASSISTANCE PROGRAM Yes No X		15-B HIGH SCHOOL GRADUATE OR EQUIVALENT Yes No X		16. DAYS ACCRUED LEAVE PAID None	
17. MEMBER HAS PROVIDED A COMPLETE DENTAL EXAM AND ALL APPROPRIATE DENTAL SERVICES AND TREATMENT WITHIN 90 DAYS PRIOR TO SEPARATION Yes No X		18. REMARKS DATA HEREIN SUBJECT TO COMPUTER MATCHING WITHIN DOD OR WITH OTHER AGENCIES FOR VERIFICATION PURPOSES AND DETERMINING ELIGIBILITY OR COMPLIANCE FOR PROGRAMS/BENEFITS/SUBJECT TO ACTIVE DUTY RECALL, MUSTER DUTY AND/OR ANNUAL SCREENING//SEPARATED FROM SERVICE ON TEMPORARY RECORDS AND SOLDIER'S AFFIDAVIT/DE FORM 215 WILL BE ISSUED TO PROVIDE MISSING INFORMATION//ITEM 13D ABOVE DOES NOT ACCOUNT FOR ANNUAL AND/OR WEEKEND TRAINING THIS SOLDIER MAY HAVE ACCOMPLISHED PRIOR TO DATE ENTERED IN ITEM 12A//INDIVIDUAL COMPLETED PERIODS FOR WHICH ORDERED TO ACTIVE DUTY IN SUPPORT OF OPERATION JOINT ENDEAVOR JAN 10 USC 12304//SERVICE IN GERMANY FROM 960125 TO 960127//SERVICE IN BRUNNEN, ITALY FROM 960127 TO 960129//SERVICE IN GERMANY FROM 960129 TO 960927//CONT FROM BLOCK 13, WITH "M" DEVICE//NONCOMMISSIONED OFFICER'S PROFESSIONAL DEVELOPMENT RIBBON WITH HONORABLE 4//ARMY SERVICE RIBBON//OVERSEAS SERVICE RIBBON//ARMY RESERVE COMPONENTS OVERSEAS TRAINING RIBBON//REPUBLIC OF VIETNAM GALLANTRY CROSS (UNIT CITATION WITH PALM)/NAVO MEDAL//REPUBLIC OF VIETNAM CAMPAIGN MEDAL//EXPERT//SEE ATTACHED CONTINUATION SHEET		19. NEAREST RELATIVE (Name and address - include Zip Code) BRILL, C. REED ROUTE 1 BOX 139 LOVINGSTON, VA 22949	
20. MEMBER DESIRES A BENEFIT TO VA OR SET AFFAIRS Yes No X		21. SIGNATURE OF MEMBER BEING SEPARATED (Prepared)		22. OFFICIAL AUTHORIZED TO SIGN (Typed name, grade, title and signature) LINDA CHILDRESS GS7, CHIEF, TRANSITION POINT	
23. TYPE OF SEPARATION RELEASE FROM ACTIVE DUTY		24. CHARACTER OF SERVICE (Include upgrades) HONORABLE		25. SEPARATION CODE MSE	
26. SEPARATION AUTHORITY AR 635-200, CODE 4		27. REENTRY CODE NA		28. NARRATIVE REASON FOR SEPARATION COMPLETION OF REQUIRED ACTIVE SERVICE 29. DATES OF TIME LOST DURING THIS PERIOD NONE	
30. MEMBER REQUESTS COPY 4 Initials		DD Form 214-AUTOMATED, NOV 88		Previous editions are obsolete. MEMBER - 4	

newer

The DD214



Assessment: History Taking

1. **Ask if patient is a veteran!**
 - DD214 – all veterans have one
2. **Branch of Service – (Army/Navy/
Air Force/Marines/Coast Guard)**
3. **Rank and Grade**
4. **Theater of Operation and Deployment –
(Vietnam/OEF-OIF/Peacetime)**



Assessment: History Taking

5. **Combat Experience?**
6. **Problems in Service**
 - Article 15's / Captain's Mast / AWOLs
7. **Discharge**
 - Honorable
 - Less Than Honorable
 - Dishonorable – ineligible for VA services
8. **Service Connection**



Assessment: Special Issues

- **Stress-Response Syndromes**
 - Depression
 - Alcoholism
 - PTSD
- **Military Sexual Trauma**
- **Hepatitis C**
- **Tobacco Use**

Best Treatment Practices

- Charting (CPRS)
 - Computerized Patient Record System

The screenshot displays the Medsphere OpenVista software interface. The title bar reads "Medsphere OpenVista® [DEMO] - Connected as BEAMON,PANINE (127.0.0.1)". The interface includes a menu bar (File, Edit, View, Actions, Options, Tools, Help) and a patient information header for BRAD BLANKENSHIP, 46-year-old male, with MRN 456771321. The header also shows vital signs (Wt: 95.5 kg, Ht: 195.6 cm, BMI: 25.0), provider information (BEAMON,PANINE), and admission details (7/26/2006 1:59:57 PM). A "Care Team" section lists the Admitting MD as None and the Attending MD as KEEDWELL, JACOB. Below the header is a "New Note..." section with "Edit..." and "Delete..." options. The main area shows a list of notes on the left and a detailed view of a note on the right. The selected note is dated 5/3/2006 and titled "ORTHOPEDIC OFFICE NEW". The note content includes: "Reason for Visit: Patient is self referred for evaluation of knee pain. CC: Left knee pain and locking for many years. HPI: Mr. Blankenship is a 46 yo man with previous history of left knee injury and repair. He played college and profession football and first injured his knee in 1979 and had an open meniscal repair. He reinjured the same knee in 1986 and underwent arthroscopic surgery. According to the patient, the surgeon performing the surgery told the patient he had significant damage and scar tissue and would eventually need a knee replacement due to the damage he had sustained. The patient". Below the text is an X-ray image of a knee joint, dated 5/3/2006. The bottom of the interface features a navigation bar with tabs for Patient Summary, Problem List, Medications, Orders, Clinical Notes, Consults/Procedures, Discharge Summary, Vital Signs, Lab Results, and Chart Inquiries. The Medsphere logo is visible in the bottom right corner of the interface.



Best Treatment Practices San Francisco VA System

- **Treatment on Demand**
- **Professional Level Staff**
- **First Day Psychiatric Assessment**
 - 76% Dual Diagnosis in Day Hospital
- **Research**
- **Clinical Reminders**



Psychosocial Intevention



Psychosocial Intervention

■ Our Fundamental Principle:

- Addictive Behavior leads to TREATMENT INTENSIFICATION
- Continued Use = Failure of Treatment Structure



Psychosocial Intervention

- **Phase Model**
 - Safety, Sobriety, Recovery
 - Stages – Not Time!
- **Groups**
 - Educational
 - Addiction Specific
 - Seeking Safety
 - Anger / Stress Management
 - Dual Diagnosis
 - 12-Step Facilitation
 - *Compensated Work Therapy*



Psychosocial Intervention

- **Housing=Treatment Retention**
 - Coordinated Shelter – Wet v. Dry
 - VA-Funded
 - In-House
 - Swords to Plowshares



Psychosocial Intervention

■ Monitoring:

- Breathalyzers
- Dedicated Observed Urine Toxicology
- Experimenting with Oral Fluid Collection



VS.



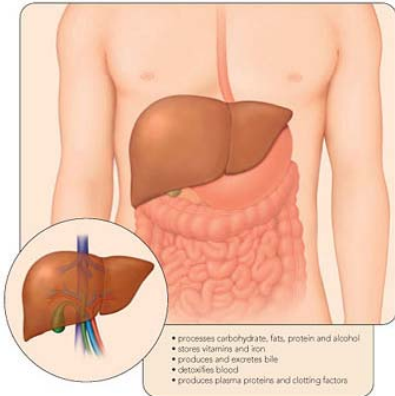


Psychosocial Intervention

- **Substance Use + PTSD (SUPT)**
 - Phase Model
 - Early Emphasis on Sobriety Support
 - Later Emphasis on PTSD
 - Use of Non-Addictive Sleep Meds Common and earlier in treatment
 - Trazodone
 - Diphenhydramine
 - Prazosin/Terazosin
 - Cyproheptadine

Medical Intervention

Functions of the Liver





Medical Intervention

- **Primary Care**
- **Medical Needs Education**
- **Screening in Primary Care**
 - AUDIT-C
 - Brief Intervention

Medical Intervention

■ HIV

- Required Screening
- Testing offered
- 98% of VA have available testing
- Veterans more likely to receive HIV testing





Medical Intervention

- **Hepatitis C**

- VA Hepatitis C Resource Center
- <http://www.hepatitis.va.gov>
- 1.8% in General Population, 6-8% in veterans
- 80%-90% positivity in Injection Drug Users (95% in SFVAMC Methadone Clinic)
- Screening
- Treatment
 - Health Education
 - Interferon
 - Liver Transplantation



Medical Intervention

- **Dual Diagnosis**

- High Prevalence
- VA has ready availability of true Dual Diagnosis treatment
- Medication access



Medical Intervention

- **Methadone Maintenance remains The Gold Standard**
 - Detoxification methods succeed only < 3% of the time.
- **Buprenorphine is now available**
- **Outcomes Measures**
 - **Reduction of ...**
 - Death rates (8-10X reduction)
 - Drug use
 - Criminal activity
 - HIV spread
 - **Increase in ...**
 - Employment
 - Social stability
 - Retention, medication compliance, and monitoring



Tobacco Use Disorders

- **Culture of Smoking**
- **18.8% Veterans vs. 14.3% in GP**
- **>40% in addicted population**
- **Screening: >98% of SFVAMC**
- **3 minutes talking about tobacco with MD produces 50% increase in quit rates (for all populations)**
- **Medications Improve Quit Rate**
 - Nicotine Replacement
 - High dose / Long Term
 - Bupropion (Wellbutrin/Zyban)
 - Varenicline (Chantix)



Conclusions

- **Ask if your patient is a veteran!**
- **Veterans inordinately affected by negative impact of drugs**
- **Assess for Trauma**
- **Refer for VA Services**



Questions and Comments

