Fulfilling our Mission at VA

Jennifer Lee, MD
Deputy Under Secretary for Health for Policy & Services
Department of Veterans Affairs
“To care for him who shall have borne the battle and for his widow, and his orphan.”

- Abraham Lincoln, 1865
Specialized Care for Veterans

PolyTrauma Care System
Treatment of Spinal Cord Injury
Restoring Health on a Mountain or a Wall
Progress in Reducing Homelessness
VA Research is Essential for America

First Liver Transplant

CT Scanner

Artificial Kidney

3 Nobel Prizes

Cardiac Pacemaker

Nicotine Patch
A Leader in Innovation

Bryant Jacobs, 35, Herriman, Utah
Specialist, U.S. Army
2003-2006

Ed Salau, 45, Stella, N.C.
First Lieutenant, N.C. Army National Guard
1988-2000 (Marines)
2000-2005 (NC Army Nat'l Guard)
Centers for Simulation
Education and Training

• VA partners with more than 1,800 educational institutions and organizations

• VA trains:
  • 62,000 medical students and residents
  • 23,000 nursing students
  • 33,000 students in other health fields

• An estimated 70% of all U.S. doctors have trained with VA
MyVA Vision:
The #1 customer service organization in government

A VA that Veterans, employees and taxpayers trust
…and are proud to call it “My VA”
MyVA Access Declaration

We aspire to provide access to care based on the following core principles:

- Provide timely care, including same day services in Primary Care, as needed
- Provide timely Mental Health care, including same day services, as needed
- Provide Veterans medically necessary care from another VA Medical Center, while away from their primary facility
- Respond to routine clinical inquiries within 2 business days
- Offer appointments and other follow-up options upon leaving clinic
- Actively engage Veterans for timely follow-up if a clinic is canceled due to unforeseen circumstances
- Integrate community providers as appropriate to enhance access
- Offer Veterans extended clinic hours, and/or virtual care options, such as Telehealth, when appropriate
- Transparently report access to care data to Veterans and the public

We, the undersigned dedicate ourselves to pursuing the above principles:
**Same day services to health care is happening**

- **July**: 14 Sites
- **August**: 27 Sites
- **September**: 52 Sites
- **October**: 86 Sites
- **November**: >100 Sites
- **December**: 166 Sites

**Primary Care & Mental Health**

**Same day services:**
A Veteran with a need for care right away will have it addressed the same day:

- If you need care right away during regular business hours, you are able to get services the same day, or if after hours, by the next day from a VA Medical Center or Health Care Center.

- Options for how that care might be provided include in person, via telephone, smart phone, through video care, secure messaging, or other options.

- This care may be delivered by your provider or another appropriate clinical staff member based on availability and your care needs.

- For a medical emergency always call 911 or report to the emergency room closest to where you are located.
Suicide Prevention – Our Priority

- Expand the VA Suicide Prevention Office
- Reach Veterans and their families
- Develop innovative prevention strategies
- Change the conversation around suicide
- Build community engagement
In 2014, there were 41,425 adult suicides

7403 (17.9%) were Veterans

20 Veterans each day
Since 2001 (age-adjusted):

- Risk for Suicide is 21% higher for Veterans

After Adjusting for Age and Gender, Risk for Suicide is 21% higher for Veterans
**Veteran Suicide Data Analysis 2001-2014**

<table>
<thead>
<tr>
<th></th>
<th>2010</th>
<th>2014</th>
</tr>
</thead>
<tbody>
<tr>
<td>Records Analyzed</td>
<td>3 Million</td>
<td>55 Million</td>
</tr>
<tr>
<td>States Reporting</td>
<td>20</td>
<td>50</td>
</tr>
</tbody>
</table>
Veteran Suicide Statistics for 2014

65% of Veteran suicides are among people age 50 or older

66% of Veteran suicide are a result of firearm injury
Since 2001 (age-adjusted), suicide rate in Veterans using VHA increased 8.8%

Veteran not using VHA increase 38.6%
Since 2001 (age-adjusted) Among Male Veterans:

Using VHA increased 11.1%

Not using VHA increase 35.4%
Since 2001 (age-adjusted) Among Female Veterans:

Using VHA increased 4.6%

**Not** using VHA increase 98.4%

After adjusting for age risk of suicide is 2.4 times higher among female Veterans compared to US adult females.
Quality of Care in VA Health System Compares Well to Other Health Settings

FOR RELEASE
Monday
July 18, 2016

The Veterans Affairs health care system generally performs better than or similar to other health care systems on providing safe and effective care to patients, according to a new RAND Corporation study.

Analyzing a decade of research that examined the VA health care system across a variety of quality dimensions, researchers found that the VA generally delivered care that was better or equal in quality to other health care systems, although there were some exceptions.

The RAND study found there was too little information related to timeliness, equity, efficiency and patient-centeredness to reliably draw conclusions about how the VA system compared to others across these dimensions. The findings are published in the Journal of General Internal Medicine.

Media Resources
RAND Office of Media Relations
(703) 413-4795
(310) 201-0913
media@rand.org

Researcher Spotlight
Courtney A. Gidengil
Natural Scientist

Courtney Gidengil is a natural scientist at the RAND Corporation and a member of the Farley RAND Graduate School faculty. She is also certified in both general pediatrics and pediatric infectious diseases. Gidengil trained as a resident in pediatrics at Hadassah Children’s Hospital in Jerusalem.

45 out of 47
Outpatient
Measures
Better in VA

2 the Same
On average, only 6 of the 20 Veterans who die by suicide each day use VHA services
Suicide Prevention Summit

- Meet urgent mental health needs with same-day evaluations.

- Leverage partnerships to raise awareness of life-saving resources, particularly with DoD to support the transition to life after service.

- Implement a data-driven approach to identify Veterans at high risk for suicide.
National Message to Veterans
Predictive Analytics

- Use big data to identify Veterans at high risk for suicide
- Notifies VA providers of the risk assessment
- Started nationwide this month
• **Recovery Engagement And Coordination for Health – Veterans Enhanced Treatment**
  
  • Complements other VHA initiatives designed to identify new opportunities to enhance care
  
  • Notifies VA providers who reach out, re-evaluate, and enhance care if necessary
  
  • Supplements current clinical strategies
  
  • Aims to prevent suicide and other adverse outcomes, interactions with patients emphasize their complex care needs and how they will benefit from enhanced care
• Developed by VA and NIMH researchers
• Uses clinical and administrative data from VA electronic records to determine who is at highest risk among Veterans in VHA care

### Calculated Risk

<table>
<thead>
<tr>
<th>Outcome</th>
<th>Highest risk – Top 0.1%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Suicide (one month)</td>
<td>33 x</td>
</tr>
<tr>
<td>Suicide (one year)</td>
<td>15 x</td>
</tr>
<tr>
<td>Suicide attempt (one year)</td>
<td>81 x</td>
</tr>
</tbody>
</table>

### Preventing Other Adverse Outcomes

<table>
<thead>
<tr>
<th>Outcome</th>
<th>Highest risk – Top 0.1%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Other external-cause mortality</td>
<td>8.8x</td>
</tr>
<tr>
<td>Other all-cause mortality</td>
<td>1.5x</td>
</tr>
<tr>
<td>Mental health inpatient bed days of care</td>
<td>66.0x</td>
</tr>
<tr>
<td>Medical/Surgical/Rehab inpatient bed days of care</td>
<td>6.3x</td>
</tr>
</tbody>
</table>
Veteran Journey

Emergent/Contingent Veteran Places Call
Successful Contact

Press "7" Veteran Selects "1", then, NSPL Routes to VCL

No VCL Responder available or >30 seconds (No Answer), then, L2H Answers

Veteran Journey
Data is obtained from Medora records and shared monthly with the Office of Suicide Prevention via Rhett Herrera.
Data is obtained from Medora records and shared monthly with the Office of Suicide Prevention via Rhett Herrera.
Mental Health Services
2006 – 900,000 vs 2015 – 1.6 Million

Percent Growth Since 2005

Users of VA Mental Health

Users of VA Healthcare
Mental Health Providers

5510 Psychologists, 3185 Psychiatrists, 1100 Peer Support Professionals

(FTE) staffing levels 2005 to 2016
Improving Access – Telehealth Services

- 12 percent (677,000) of Veteran patients enrolled in VA care accessed care through Telehealth (45% rural)
- 2.14 million Telehealth encounters in FY 2015

**Home Telehealth**
156,000 Veterans
- Reduction in bed days of care – 58%
- Reduction in hospital admissions – 35%
- Patient Satisfaction – 89%

**Video Telehealth**
282,000 Veterans
- Clinical Video TeleMental Health Reduction Acute
- Psych bed days of care – 28%
- Patient Satisfaction – 94%

**Store & Forward Telehealth**
298,000 Veterans
- Patient Satisfaction – 96%
Improving Access Through Innovations

http://mobile.va.gov/appstore
Mobile Blue Button – Allows Veterans to access, print, download and store information from VA’s EHR

Summary of Care – Allows Veterans to view VA medical information – including lab results, medications and allergies

Sync My Data – Allows Veterans to transfer data stored in Apple HealthKit to the VA PGD database. Uploading data to the PGD will make it available to other VA health care apps and allow Veterans and their health care team to maintain a consolidated health care record

My VA Health – Helps Veterans track their health data, record their life and health goals over time, and share information about their health with their VA care team
Recently Released Apps for Veterans

**MOVE! Coach** - a weight loss app for Veterans and others who want to lose weight. This 19-week program guides the participants to achieve success with weight loss through education, and use of tools, in an easy and convenient way. Participants can monitor, track, and receive feedback regarding their progress with weight, diet, and exercise goals.

**Ask A Pharmacist** – allows Veterans to access information about VA pharmacies and medications easily – with the comfort of knowing the information is valid and from trusted sources. For Veterans with a verified My HealtheVet account, the app links to VA pharmacy and Secure Messaging services, allowing them to quickly go to personal medication and health information as well as learn about pharmacy-related topics.
Annie – a mobile messaging system that promotes self-care for Veterans. Annie sends regular, automated text message reminders to Veterans to help them track health information their VA care teams have requested. Annie can also send Veterans reminders and messages from their local VA facility.
Using Annie

Hi, Annie here! How is your blood pressure today?

bp 138 76

Thanks, I’ve got it. Looks good. I’ll stay in touch. Annie

Learn More:
https://www.youtube.com/watch?v=zkekNr6DeQY&feature=youtu.be
Staffing

• VHA employs over **24,500** physicians and **93,500** nurses
  – **1,234** health care facilities, including **168** VA Medical Centers and **1,055** outpatient clinics

• Increased net onboard staff by more than **20,000** employees from FY 2015-2016
  – Includes more than **6,640** nurses (RN, LPN & NA), **1,657** physicians, **112** psychiatrists, and **450** psychologists for VHA’s clinical care to Veterans.

• Clinical workload up **11%** over the past two years—**9%** within VA and **29%** in the community
  – roughly **7.4 million** additional hours of care for Veterans.
Rise in Community Care

From FY14 to FY15, Community Care appointments increased by approximately 20% from 17.7M to 21.3M.

Community Care Authorizations

Note: includes VACC and PC3 authorizations in to FBCS and Choice authorizations created by the contractors (11/05/2014-03/31/2016). Source: CDW FBCS inpatient and outpatient authorization files and contractor’s non-validated weekly data through 04/01/2016.
• Leverage the skill and training of former medics and corpsmen to serve other Veterans
• No specific license or credential required
• Education and career ladder
• Pipeline of providers for VA
Over the past year, 82% of VA Medical Centers have made significant improvement in quality measures

<table>
<thead>
<tr>
<th>Overall Quality FY15Q4-FY16Q3¹</th>
<th>FY16Q3 SAIL&lt;sup&gt;5&lt;/sup&gt; Quality Star Percentile Cut-Off</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Top10% Bottom10%</td>
</tr>
<tr>
<td>Large Improvement</td>
<td>8</td>
</tr>
<tr>
<td>Small Improvement</td>
<td>3</td>
</tr>
<tr>
<td>Trivial Improvement</td>
<td>1</td>
</tr>
<tr>
<td>Trivial Decline</td>
<td>3</td>
</tr>
<tr>
<td>Small Decline</td>
<td>1</td>
</tr>
<tr>
<td>Meaningful Decline</td>
<td>1</td>
</tr>
<tr>
<td>Total</td>
<td>17²</td>
</tr>
</tbody>
</table>

Notes:
1 Magnitude of Improvement/Decline excluded 30-day wait times and PSI.
2 A hospital with Quality score in the Top 10% may have be demoted to 4-Star if having acute care SMR and/or SMR30 in the highest 20% in VA (high mortality). An equal number of 4-Star hospitals are promoted to 5-Star to maintain a 10% hospitals having a 5-Star rating.
3 A hospital with Quality score in the bottom 10% may have be promoted to 2-Star if it performed better than bottom quintile health systems in private sector. No hospitals will be demoted to 1-Star as a result of this. Thus, the proportion of hospitals having a 1-Star rating could be less than 10%.
4 This includes all 128 SAIL main hospitals and 18 ad hoc hospitals. The ad hoc hospitals receive Quality scores calculated based on performance relative to the SAIL main hospitals on available metrics but do not receive Quality star rankings.
5 SAIL = Strategic Analytics for Improvement and Learning (http://www.va.gov/QUALITYOFCARE/measure-up/Strategic_Analytics_for_Improvement_and_Learning_SAIL.asp) Star rankings are relative rankings, meaning that there will always have some facilities in the 1-star category.
# Challenged Sites Improving

<table>
<thead>
<tr>
<th>Site</th>
<th>Indicator</th>
<th>FY14</th>
<th>FY16 (YTD)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Phoenix</td>
<td>CAPH5 - Routine Care</td>
<td>66</td>
<td>74</td>
</tr>
<tr>
<td></td>
<td>CAPH5 - Urgent Care</td>
<td>51</td>
<td>56</td>
</tr>
<tr>
<td>Hines</td>
<td>CAPH5 - Routine Care</td>
<td>83</td>
<td>88</td>
</tr>
<tr>
<td></td>
<td>CAPH5 - Urgent Care</td>
<td>74</td>
<td>78</td>
</tr>
<tr>
<td>Shreveport</td>
<td>CAPH5 - Routine Care</td>
<td>79</td>
<td>82</td>
</tr>
<tr>
<td></td>
<td>CAPH5 - Urgent Care</td>
<td>65</td>
<td>70</td>
</tr>
<tr>
<td>Spokane</td>
<td>CAPH5 - Routine Care</td>
<td>81</td>
<td>82</td>
</tr>
<tr>
<td></td>
<td>CAPH5 - Urgent Care</td>
<td>64</td>
<td>68</td>
</tr>
<tr>
<td>Greater LA</td>
<td>CAPH5 - Routine Care</td>
<td>82</td>
<td>83</td>
</tr>
</tbody>
</table>

Note: a 4 to 5 point change is considered “clinically significant”
What Veterans say about Access to Care at VA facilities

The data presented reflects what veterans have said about their own access experiences over the preceding 6 months. Your own experience may be different. For urgent problems, the VA offers options such as a same-day clinic. If your wait will be longer than 30 days, you may request a referral to Care in the Community.
Veteran Experience metrics are improving

<table>
<thead>
<tr>
<th>Effective</th>
<th>Ease</th>
<th>Emotion</th>
<th>Trust</th>
</tr>
</thead>
<tbody>
<tr>
<td>65%</td>
<td>46%</td>
<td>54%</td>
<td>47%</td>
</tr>
<tr>
<td>72%</td>
<td>61%</td>
<td>63%</td>
<td>55%</td>
</tr>
<tr>
<td>74%</td>
<td>65%</td>
<td>67%</td>
<td>59%</td>
</tr>
<tr>
<td>75%</td>
<td>66%</td>
<td>68%</td>
<td>60%</td>
</tr>
</tbody>
</table>

Dec 2015 (n=1,447)
Jan 2016 – Mar 2016 (n=24,415)
Apr 2016 – Jun 2016 (n=29,973)
Jul 2016 – Sep 2016 (n=27,420)

“I got the care or service I needed”
“It was easy to get what I needed”
“I felt like a valued customer”
“I trust VA to fulfill our country’s commitment to Veterans”

*We are here*
Culture change is occurring

Veterans are feeling the difference

- Rebuilding trust
- Improving access
- Improving the quality of healthcare
- Reducing homelessness
- Preventing suicide
- Overhauling the digital experience
- Answering the phone
- Feeling valued by a Veteran-centric VA

Employees are behaving differently

- Learning from fresh perspectives and teamwork
- Getting the right people in the right spots
- Developing leaders
- Showing empathy
- Living the ICARE values
- Being principles based rather than rules based
- Building new capabilities

VA is acting differently

- Running like an integrated enterprise
- Leveraging scope and scale
- Leveraging strengths
- Sharing best practices
- Reducing unfavorable variance
- Aligning resources with requirements
- Actively engaging partners
Partnering to Serve Veterans

[Logos of various companies and organizations]
Veterans Day Parade

https://www.youtube.com/watch?v=38pl8hc9aso&feature=youtu.be
From July 2012 to March 2016, there were:

- 151,982 fewer patients receiving opioids, a 22% reduction;
- 51,916 fewer patients receiving opioids and benzodiazepines together, a 42% reduction;
- 122,065 fewer patients on long-term opioid therapy, a 28% reduction;
- 18,883 fewer patients taking the equivalent of 100 milligrams of morphine or more per day, a 32% reduction.
Veterans Receiving an Opioid Prescription

171,529 fewer Veterans (25 percent reduction)
Veterans Receiving Opioid and Benzodiazepine Prescription Concurrently

57,734 fewer Veterans (47 percent reduction)
Veterans Receiving an Opioid Rx for > 90 Days

133,219 fewer Veterans (30 percent reduction)
Medications Returned By Veterans

All returned medications are destroyed in an environmentally responsible manner.
OEND Implementation by Fiscal Quarter

- # New Prescribers
- # Kit Prescriptions Released

Fiscal Quarter:
- Q4-FY13
- Q1-FY14
- Q2
- Q3
- Q4
- Q4-FY15
- Q2
- Q3
- Q4
- Q1-FY16
- Q2
- Q3

Overdose Education Naloxone Distribution

# New Prescribers

# Kit Prescriptions Released

Overdose Education Naloxone Distribution

56
Hepatitis C Treatment

- New hepatitis C antiviral drug treatments are available at VA
- FY 15: 148,000 Veterans with HCV in VA care were either untreated or had failed previous treatment
- In the last 2 years, VHA has treated almost 50% of these patients with new drugs
- Over 71,000 Veterans have received treatment for HCV.
- Cure rates of over 90%
- VA HCV clinical providers and staff continue to work diligently on aggressive outreach
Almost half of the 148,000 Veterans with HCV in VA care have been treated with new HCV drugs.

Source: Patient Care Services/Population Health/HCV Clinical Case Registry 9/30/2016. SOF, sofosbuvir; SMV, simeprevir; LDV, ledipasvir; OPrD, ombitasvir/paritaprevir/ritonavir/dasabuvir; DAC, daclatasvir; ELB/GRZ, elbasvir/grazoprevir; VEL, velpatasvir.
Hepatitis C Testing

- VA continues to aggressively test Veterans at high risk for HCV infection.
- 73% of Veterans in VA care in the high risk birth cohort (born between 1945-1965) have been tested for HCV.
- VA eligible Veterans can receive the hepatitis C test for free by asking their provider for a test at their next appointment.