Appendix C. VA Documents on Service Provision

VA/DoD COLLABORATION ON RETURNING COMBAT VETERANS: GUIDANCE FOR VHA FACILITY POINTS OF CONTACT
September 2003

Background: The Department of Veterans Affairs (VA) is collaborating with the Department of Defense (DoD) and their Military Treatment Facilities (MTFs) to seamlessly transfer the health care of returning combat veterans from the MTF to a Veterans Health Administration (VHA) facility. Each VHA facility has selected a Point of Contact who will work closely with the VHA social workers serving as VHA/DoD Liaisons detailed to MTFs and Veterans Benefits Administration (VBA) representatives to assure a seamless transition and transfer of care. While this initiative pertains primarily to military personnel returning from Afghanistan (Operation Enduring Freedom) and Iraq (Operation Iraqi Freedom), it also includes active duty military personnel returning from other combat assignments.

VHA/DoD Liaisons:

- The Washington, D.C. VA Medical Center has assigned a full time social worker (Xiomara Telfer) to Walter Reed Army Medical Center and the National Naval Medical Center in Bethesda.
- The San Antonio VA Medical Center has assigned social worker James Lasater to liaison with Brooke Army Medical Center
- The VA Puget Sound VA Health Care System has assigned social worker Brooke Eggimann to liaison with Madigan Army Medical Center.
- The Augusta, Georgia VAMC has assigned social worker Deborah Wakefield to liaison with Eisenhower Army Medical Center.
- Supervisory social worker Jennifer Perez, the Point of Contact (POC) for the Washington, D.C. VA Medical Center, will serve as VHA/DoD Liaison for the remaining MTF's.

Roles and Functions of the VHA/DoD Liaison:

- The primary role of the VHA/DoD Liaisons is to assure the transfer of health care, both inpatient and outpatient, from the MTF to the appropriate VHA facility.
- While the provision of direct services may be necessary in some situations, it is not a prerequisite to the primary referral and linkage function. Onsite collaboration and coordination is, however, crucial.
- The liaisons will establish contact with DoD social workers, case managers and discharge planners to identify patients ready for discharge to VHA and to obtain clear referral information, including the VA/DoD Referral Form, Admission Sheet, and MTF Medical Records. The referral should clearly identify the patient's health care and psychosocial needs and requests for VHA health care services.
- The liaisons will collaborate with staff in their facility's Eligibility Office to initially enroll returning combat veterans at their facility as active duty, utilizing the

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referral information. Getting these combat veterans enrolled and in the computer system will ease transfer of care to the VHA treatment facility.

- Liaisons identify the VHA facility where care will be transferred. To assure ease of enrollment procedures, enrollment information will be transmitted via PDX from the liaison's facility to the identified receiving VHA facility.
- Liaisons identify and communicate with the Point of Contact (POC) at the receiving VHA facility and initiate referrals and linkages for transfers of care. They document all liaison activity in the Computerized Patient Record System (CPRS).
- Liaisons maintain contact with the VHA POC and with MTF staff, coordinating the transfer of care and discharge from the MTF.
- Liaisons will provide referral and outcome information to on all transfers of care from the MTF to VHA to Jennifer Perez, the POC for the Washington, D.C. VA Medical Center and the central POC for VA Central Office.

VHA Facility POC's: Each VHA facility has selected a POC, and many have identified alternate POC's. The role of these POC's is critical to the successful transfer of care from DoD to VHA. VHA is standardizing the functions of the facility POC's to assure that the care of all returning combat veterans is transferred seamlessly from DoD to VHA.

Roles and Functions of VHA Points of Contact (POC)

- The principal role of the VHA facility POC is to receive and expedite referrals and transfers of care from the VA/DoD Liaison and to assure that the appropriate linkage is made for the requested clinical follow-up services. Given the importance of this patient population, significant efforts must be made to expedite the transfer of care and provision of the VHA health care services identified.
- The POC confirms that returning combat veterans are enrolled at the treating VHA facility and arranges for assignment to a primary care provider.
- The POC coordinates initial transfer of care activities (i.e., arranging for an inpatient bed, assuring that outpatient appointments have been made, assuring the provision for necessary Durable Medical Equipment and prosthetic devices and supplies, etc.)
- The POC documents all activity in the Computerized Patient Record System (CPRS).
- The POC assures the transfer of the military medical record from the referring MTF and coordinates completion of all necessary paperwork for the transfer of care, including application for VHA medical benefits.
- The POC serves as the primary facility liaison with the referring VA/DoD Liaison on all information and coordination of activities.
- The POC alerts the VHA facility clinical case manager of the impending transfer of care of all returning combat veterans.
- The POC will immediately alert the appropriate VBA Case Manager to the combat veteran's transfer.

Case Managers for Combat Veterans: Each combat veteran will be assigned a case manager, usually a social worker or nurse.

Roles and Functions of VHA Combat Veteran Case Managers

- The principal role of VAMC Combat Veteran Case Managers is to provide ongoing case management services to returning combat veterans and their families over the course of time VHA health care services are being provided.
- The Case Manager makes contact with the combat veteran prior to transfer of health care from the MTF to provide his/her name and phone number and to explain the case manager role.
- The Case Manager makes similar contact with the combat veteran's immediate family and determines whether any family members will accompany the veteran. (If family members will accompany the veteran or visit during an inpatient stay, the case manager will help arrange lodging in a VHA Fisher House or in the local community.)
- The Case Manager will work closely with the combat veteran's interdisciplinary treatment team to assure good communication and treatment planning.
- The Case Manager will ask the VHA provider to contact the combat veteran's DoD provider at the MTF to discuss transfer of medical care.
- The VHA Case Manager will communicate and collaborate closely with the VBA Case Manager and will assist VBA in making contact with the veteran.
- The Case Manager will make referrals to community agencies for services not provided by VA and will coordinate all the care and services provided to the combat veteran by the VA and by non-VA agencies from the initial point of contact until the combat veteran no longer requires services.
- The Case Manager will identify mental health treatment needs and readjustment counseling needs and make referrals as appropriate to the VHA facility Mental Health program and/or to the local Vet Center.
- The Case Manager will communicate regularly with the MTF that referred the veteran.
- The Case Manager will actively participate in discharge planning if the combat veteran is admitted to the VHA facility, involving the veteran and family and keeping the MTF updated.

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UNDER SECRETARY FOR HEALTH'S INFORMATION LETTER

PREPARING FOR THE RETURN OF WOMEN VETERANS FROM COMBAT THEATERS

1. This Information Letter provides guidance to facilities in planning and projecting special care needs for women veterans who have served in a combat theater.

2. Background

a. Women have been deployed (Active Duty, Reservists, and Coast Guard) in combat support positions, serving with distinction, as early as the 1960s, and continue to serve today in combat theaters such as Somalia, Haiti, Bosnia, Afghanistan, Kuwait, and Iraq.

b. Since 1973, when the draft ended, the percentage of active duty personnel who are women has increased dramatically from 1.6 percent in 1973, to 15 percent at the start of 2003. Today, over 210,000 women serve on active duty in the military services of the Department of Defense (Army, Navy, Marine Corps, and Air Force) and over 3,800 women serve in the active Coast Guard, part of the Department of Homeland Security in peacetime. The Reserve and National Guard components have an increasing percentage of women, who constitute 17.2 percent of current personnel at the beginning of Fiscal Year (FY) 2003.

c. The growing number of women in the armed forces means concomitant growth in the number and percentage of women veterans, enrollees, patients and Department of Veterans Affairs (VA) health care expenditures. In FY 2002, the number of women veteran enrollees and patients increased 10.8 percent and 6.6 percent respectively. The population of women veterans differs from that of male veterans. The average woman veteran is younger than her male counterpart and is more likely to belong to a minority group.

d. It is anticipated that many of the medical problems of men and women will be the same. Both groups are reporting symptoms of combat fatigue, diarrheal illnesses, skin irritation from dry air and sandstorms, and the constant threat of heat exhaustion and/or dehydration due to a lack of potable water.

e. VA facilities need to prepare for health issues that pose special problems for women. These issues may include but are not limited to:

(1) Unplanned pregnancy,

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(2) Adverse reproductive outcomes,

(3) Sexually transmitted diseases resulting in chronic Pelvic Inflammatory Disease (PID) and/or infertility,

(4) Urinary tract and gynecologic infection resulting in chronic uro-gynecological conditions,

(5) Menstrual disorders,

(6) Fibromyalgia and chronic fatigue,

(7) Behavioral health sequelae resulting from prolonged separation from children and families,

(8) Employment re-entry concerns, and

(9) Military sexual trauma (MST).

3. Guidance. Facilities are encouraged to:

a. Evaluate the adequacy of gynecology and urology services available for women veterans in anticipation of gender-specific health issues.

b. Evaluate the adequacy of services for MST screening, counseling and treatment and the therapeutic environment in which these services are delivered. Evidence suggests that the after effects of MST can pose long-term health problems for women veterans.

c. Develop and widely disseminate educational literature, targeting women veterans. This literature should highlight the gender specific services offered, identify access sites and provide points-of-contact in your catchments area.

4. Resources

a. "A Promise Kept," a video produced by the Women Veterans Health Program (WVHP), was distributed to all VA Medical Centers in April 2003.

b. Veterans Health Initiative module on "A Guide to Gulf War Illnesses," published March, 2002.

c. Post-deployment Health Evaluation and Management may be found may be found through link at: www.oqp.med.va.gov/cpg/cpg.htm .

d. Summary of VA Benefits for National Guard and Reservist Personnel brochure (IB-164 May, 2003), an Information Bulletin, is being distributed to all Reservists and National Guard troops, and is available at:
http://www.hooah4health.com/environment/deployment/familymatters.

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e. War Related Illness and Injury Centers (WRIISCs) brochure (IB 10-165 April, 2003), available at:
www.va.gov/WRIISC-DC and www.wri.med.va.gov.

f. Title 38 United States Code, Chapter 43, Part III, the Uniformed Services Employment and Reemployment Act (USERRA) of October 1994, and The Committee for Employer Support of the Guard and Reserve (ESGR), available at:
http://www.esgr.org.

g. Iraq War Clinician Guide, published in June 2003, addresses the unique needs of veterans of the war in Iraq, available at:
http://www.ncptsd.org/topics/war.html.

h. Environmental agents and VA benefits are available at:
http://www.appc1.va.gov/environagents.

5. References

a. Kang, H, MaGee, C, et al. "Pregnancy Outcomes Among U.S. Gulf War Veterans: A Population-Based Survey of 30,000 Veterans," Annals of Epidemiology. 11:504-511; 2001.

b. Manning, L, Wight, V, "Women in the Military," A Women in the Military Project Report for the Women's Research and Education Institute, 1989.

6. Inquiries. Questions regarding this Information Letter can be directed to Carole Turner, Director, Women Veterans Health Program, VA Central Office, 810 Vermont Avenue, NW, Washington, DC, or at 202-273-8577.

S/ Nevin M. Weaver for
Robert H. Roswell, M.D.
Under Secretary for Health

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DEPARTMENT OF VETERANS AFFAIRS
Veterans Health Administration
Washington DC 20420

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UNDER SECRETARY FOR HEALTH'S INFORMATION LETTER

CLINICAL REMINDER REGARDING VETERANS OF THE RECENT CONFLICTS IN AFGHANISTAN AND IRAQ

1. **Purpose.** This Under Secretary for Health's Information Letter provides guidance to Department of Veterans Affairs (VA) health care providers who are evaluating veterans of the recent military conflicts in Afghanistan and Iraq.

2. **Background**

a. Shortly after September 11, 2001, military personnel began deploying to Southwest Asia to liberate Afghanistan. In late 2002, additional military personnel were deployed to this region to liberate Iraq. Operation Enduring Freedom in Afghanistan and Operation Iraqi Freedom produced a new generation of war veterans who may be at increased risk of both medical and psychological illnesses due to complex deployment-related exposures. It is therefore important to screen these conflict veterans for unique health risks.

b. Because VA is in the forefront of electronic medical record keeping, computer-driven "clinical reminders" are an ideal approach to provide targeted health care to the veterans of recent conflicts in Southwest Asia. Clinical reminders are clinical decision support tools that assist health care providers in complying with recommended care. VA's Computerized Patient Record System (CPRS) supports automated clinical reminders that assist clinical decision-making and instruct providers about appropriate care by providing links to educational materials. Electronic clinical reminders additionally improve documentation and follow-up by allowing providers to easily view when certain tests or evaluations were performed, as well as to track and document when care has been delivered.

c. There are a number of benefits to creating nationally mandated clinical reminders. National reminders help standardize health care and ensure that experts have had input into how clinical care is delivered. Because of reporting mechanisms built into the CPRS clinical reminder system, national reminders facilitate system-wide assessment of performance and quality of care.

d. This information letter describes a newly developed national clinical reminder, "Afghan & Iraq Post-Deployment Screen," designed to aid VA health care providers who are evaluating veterans of the recent conflicts in Southwest Asia. This clinical reminder will assist in providing new combat veterans with ongoing, high-quality health care in an environment structured to their

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unique needs and status. Although Iraqi Freedom veterans are eligible for the Gulf War Registry, clinical registries only assess veterans on the one occasion when they volunteer for a special examination. A much better approach is to ensure that all members of this unique group of veterans receive specialized care from the time they first present to a VA health care facility.

e. Veterans of recent military conflicts are being asked specifically about chronic, debilitating symptoms because these complaints were a major health problem for some veterans after the last Gulf War in 1991.

3. Guidance

a. **Identifying Veterans for the Afghanistan and Iraq Clinical Reminder.** Reminders are designed to apply to a given population and appear on a patient's CPRS screen, based on patient criteria found in a definable data field within CPRS. Once the Afghanistan and Iraq clinical reminder software patch is installed and the reminder is activated at a local facility, it will appear (pop-up) on the CPRS cover sheet for veterans presenting to a VA health care facility who served in the United States military after September 11, 2001, when these deployments began. Identified veterans will then be asked specifically whether they served on the ground, in nearby coastal waters, or in the air over Afghanistan and Iraq after September 11, 2001. If the veteran answers yes, the rest of the reminder dialogue will appear on the computer screen for completion by the health care provider.

b. **Preventing Duplication**

(1) Because of increasingly widespread use of electronic clinical reminders across VA, there is concern that continued implementation of new reminders will cause undue burden to health care providers. To prevent duplication and unnecessary work, a health factor will be available that allows this Afghanistan and Iraq clinical reminder to be completed just once in the lifetime of a veteran. Importantly, the "Afghan & Iraq Post-Deployment Screen" will satisfy current clinical reminders for depression, alcohol abuse, and Post-traumatic Stress Disorder (PTSD) until the scheduled interval lapses for re-administration of these reminders. Consequently, veterans will not be asked the same questions again soon after the completion of this clinical reminder.

(2) It was not possible to account for similar screening questions asked of veterans before this reminder comes into effect. However, this should be a rare problem because most veterans sent to Iraq or Afghanistan will be young troops who usually have not received VA health care. And for the veterans who have received VA health care in the past, this will have occurred at least 6 to 12 months previously, which is the usual length of deployment to these theaters of conflict.

c. **Resolving the "Afghan & Iraq Post-Deployment Screen"**

(1) Once a reminder pops-up on a computer screen in a VA health care facility, it needs to be resolved or will remain active. Reminders designate specific tasks or evaluations that need to be done or specific information that needs to be provided; and they designate what information, evaluation, or test results will turn off the reminder. Consequently, the reminder may trigger the

ordering of additional tests. Alternately, information provided as a result of the reminder may be sufficient to resolve it. This is the case for the Afghanistan and Iraq clinical reminder, which only involves specific screening questions. However, positive responses to these questions might direct the health care provider to perform a more extensive clinical evaluation or, in some cases, to order additional diagnostic tests.

(2) For the Afghanistan and Iraq clinical reminder, all questions in the reminder have to be answered before it is resolved. The questions in this reminder address long-term medical and psychological health risks among veterans of recent conflicts in Afghanistan and Iraq. Reminders are programmed so that when they are resolved, specific information from the reminder is automatically downloaded into a progress note.

d. **Activation.** The "Afghan & Iraq Post-Deployment Screen" was released on January 26, 2004, and needs to be installed in CPRS VA-wide by the end of February 2004. This modification of CPRS will enable VHA treatment facilities to reliably identify veterans of the recent conflicts in Afghanistan and Iraq and provide targeted health care.

e. **Screening Questions.** Veterans of recent military conflicts are being asked specifically about chronic, debilitating symptoms because these complaints were a major health problem for some veterans after the last Gulf War in 1991.

(1) The "Afghan & Iraq Post-Deployment Screen" begins with an introductory explanation and screening question to confirm the veteran's status as a participant of the recent conflicts in Southwest Asia (see Att. A).

(2) The reminder then screens for risk factors associated with the development of PTSD (see Att. B).

(3) The reminder next screens for risk factors associated with the development of depression (see Att. C).

(4) The reminder next screens for risk factors associated with the development of alcohol abuse (see Att. D).

(5) Finally, this clinical reminder screens for infectious diseases endemic to Southwest Asia and for chronic symptoms. This health problem is being targeted in this clinical reminder because infectious diseases, principally enteric infections, malaria, and leishmaniasis, can present after a veteran returns to the United States and even after separation from active duty. ***NOTE:*** *More information about relevant infectious diseases can be obtained in the VA Veterans Health Initiative teaching module, "Endemic Infectious Diseases of Southwest Asia," found at http://www.va.gov/vhi/.*

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f. **Updating Reminder.** The National Clinical Practice Guideline Council (NCGPC) assesses all national reminders annually to see if changes or improvements are warranted. It reviews any comments from the field that have been collected and collated over the course of the year. Suggested modifications may be addressed to the VHA Office of Public Health and Environmental Hazards (13) at 202-273-8579.

4. **Contact.** Questions regarding this information letter may be addressed to the Environmental Agents Service (131) at 202-273-8579.

S/ Robert H. Roswell, M.D.
Under Secretary for Health

Attachments

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ATTACHMENT A

INTRODUCTORY EXPLANATION AND SCREENING QUESTION TO CONFIRM THE VETERAN'S STATUS

The "Afghan & Iraq Post-Deployment Screen" begins with an introductory explanation and screening question to confirm the veteran's status as a participant of the recent conflicts in Southwest Asia:

Afghan & Iraq Post-Deployment Screen

This template is designed to help identify health problems that are uniquely related to military service in Afghanistan and Iraq during recent hazardous combat operations. The questions target infectious diseases, mental health problems, and chronic symptoms which may develop in some veterans of Operation Enduring Freedom and Operation Iraqi Freedom.

SOME WEB LINKS HAVE BEEN PROVIDED FOR REFERENCE.

Office of Quality & Performance: Clinical Practice Guidelines
Medically Unexplained Symptoms: Pain and Fatigue (VA-DOD Guideline)
Major Depressive Disorder (VA-DOD Guideline)
Clinical Care: Mental Health
Outlines in Clinical Medicine
Environmental Agents Service
(also links to Veterans Health Initiatives)

Did the veteran serve in Iraq or Afghanistan, either on the ground or in nearby coastal waters, or in the air above, after September 11, 2001?

__ No -- No service in or over Iraq or Afghanistan

__ Yes -- Service in or over Iraq or Afghanistan

(completion of screening required)

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ATTACHMENT B

SCREENING FOR RISK FACTORS ASSOCIATED WITH THE DEVELOPMENT OF POST-TRAUMATIC STRESS DISORDER (PTSD)

This reminder then screens for risk factors associated with the development of post-traumatic stress disorder (PTSD).

1. SCREEN FOR PTSD

answer all questions

Have you ever had any experience that was so frightening, horrible, or upsetting that, in the past month, you:

Have had any nightmares about it or thought about it when you did not want to? __ (No) __ (Yes)

Tried hard not to think about it; went out of your way to avoid situations that remind you of it? __ (No) __ (Yes)

Were constantly on guard, watchful, or easily startled?
__ (No) __ (Yes)

Felt numb or detached from others, activities, or your surroundings?
__ (No) __ (Yes)

RESULTS OF PTSD SCREENING
(a 'yes' answer to two or more of the above questions is a positive screen)

__ PTSD Screen Negative

__ PTSD Screen Positive

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ATTACHMENT C

SCREENING FOR RISK FACTORS ASSOCIATED WITH THE DEVELOPMENT OF DEPRESSION

This reminder, next screens for risk factors associated with the development of depression.

2. SCREEN FOR DEPRESSION

DEPRESSION SCREEN (2 questions screen)

1. During the past month, have you often been bothered by feeling down, depressed, or hopeless?

2. During the past month, have you often been bothered by little interest or pleasure in doing things?

A "Yes" response to either question is a POSITIVE screen for depression. Further evaluation is then needed.

__ Depression Screen Negative

__ Depression Screen Positive

C-1

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ATTACHMENT D

SCREENING FOR RISK FACTORS ASSOCIATED WITH THE DEVELOPMENT OF ALCOHOL ABUSE

This reminder, next screens for risk factors associated with the development of alcohol abuse.

3. SCREEN FOR ALCOHOL

In the past 12 months, has the patient had any drinks containing alcohol?

choose one

__ Yes (Perform AUDIT-C)

__ No -- no alcohol in the past 12 months

__ Patient declined to answer questions about alcohol use.

Example: The patient reports having consumed alcohol in the past year. An alcohol screening test (AUDIT-C) was positive (score = 3).

1. How often did you have a drink containing alcohol in the past year?
2. How many drinks containing alcohol did you have on a typical day when you were drinking in the past year?
3. How often did you have six or more drinks on one occasion in the past year?

D-1

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ATTACHMENT E

INFECTIOUS DISEASES ENDEMIC TO SOUTHWEST ASIA

Finally, this clinical reminder screens for infectious diseases endemic to Southwest Asia and for chronic symptoms. This health problem is being targeted in this clinical reminder because infectious diseases, principally enteric infections, malaria, and leishmaniasis can present after a veteran returns to the United States and even after separation from active duty. ***NOTE:*** *More information about relevant infectious diseases can be obtained in the VA Veterans Health Initiative teaching module, "Endemic Infectious Diseases of Southwest Asia," found at http://www.va.gov/vhi/* .

4. SCREEN FOR INFECTIOUS DISEASES AND CHRONIC SYMPTOMS

answer all 4 questions

Do you have any problems with chronic diarrhea or other gastrointestinal complaints since serving in the area of conflict? __ (No) __ (Yes)

(If yes, the patient's stool should be evaluated for ova and parasites because of high rates of giardiasis and amebiasis in Southwest Asia).

Do you have any unexplained fevers? __ (No) __ (Yes)

(If yes, the patient should be evaluated for malaria and possibly visceral leishmania infection because of high rates of these diseases in Southwest Asia. Amoebic infection should again be considered.)

Do you have a persistent papular or nodular skin rash that began after deployment to Southwest Asia? __ (No) __ (Yes)

(If yes and an unusual rash or lesion is verified, the patient should be evaluated for cutaneous leishmaniasis.)

Have you had any physical symptoms, such as fatigue, headaches, Muscle and/or joint pains, forgetfulness, for three months or longer that have interfered with your normal daily activities at home or work?

__ (No) __ (Yes)

E-1