



Modernizing Veteran Health Care



**“I am a slow walker,
but I never walk back.”**

—Abraham Lincoln

The Department of Veterans Affairs is in the midst of the most sweeping organizational transformation in its history.

The road we travel is long, but steady steps in the right direction add up, and we are happy to report that 2017 has been a year of encouraging progress.

Veteran homelessness has decreased by nearly 50 percent thanks to the relentless efforts of VA and its numerous community partners. Veteran homelessness is on a steady decline for a number of reasons, not the least of which is VA’s ‘Housing First’ initiative. Another major factor in the nation’s declining homeless population is VA’s increasing emphasis on community partnerships—including new and exciting collaborations with Walgreens and organizations like Military Outreach USA and Veterans Matter.

An issue that has challenged the Department for years—providing Veterans with more timely access to care—is being successfully addressed through the technological marvel of telehealth (including our new Video Connect app that connects Veterans with their health care team from anywhere) as well as an evolving Choice Program that allows Veterans to obtain their health care at non-VA providers in their community. Another significant milestone: VA has now achieved same-day service at all of its medical centers (and the majority of its clinics) for Veterans who are in need of immediate primary care or mental health care.

We are moving steadily ahead with our modernization efforts by completely overhauling our electronic health record system. The systems used by VA and the Department of Defense (DoD) will now be inter-operable. This transition means service members’ electronic health records will seamlessly follow them after they leave the military. This is just one example of how the partnership between VA and DoD is rapidly evolving as both agencies explore ways to deliver better care, more efficiently, and at lower cost.

VA is attacking the nation’s opioid crisis head-on by steadily introducing new approaches to pain management that involve less reliance on drugs and considerably more emphasis on education, lifestyle changes, and a ‘whole health’ approach that takes into consideration the vast complexity and uniqueness of each patient.

During 2017 we made some notable strides in our efforts to improve the services we provide to America’s Veterans. Following are some highlights.

VHA Fiscal Year 2017 Operating Statistics

(10/1/2016–9/30/2017)



179
inpatient
sites of care

1,061
outpatient
sites of care

300
Vet Centers



109 million
outpatient
visits (including
readjustment
counseling)
+3 million
from FY 2016

615 thousand
inpatient
medicine/
surgery
patients treated
+16 thousand
from FY 2016



149 thousand
inpatient
mental health
patients
treated
-3 thousand
from FY 2016

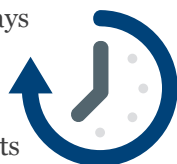


118 thousand
institutional long
term support &
services patients
treated
+3 thousand
from FY 2016



96%
appointments
within 30 days

21%
same-day
appointments



95 thousand
nurses (CRNA,
RN, LPN, & NA)

25 thousand
physicians



76 thousand
volunteers

8 million
volunteer
hours



\$69 million
donations
received



2.18 million
telehealth
episodes of care

727 thousand
Veterans served
by telehealth

13 thousand
Veterans
served by video
telehealth in
their home or
other non-VA
location

743 thousand
Facebook fans



201 thousand
Twitter followers



3.2 million
YouTube views



1.95 million
website visits



3.8 million
subscribers



President's Budget
\$ 72,163,760,000

- Community Care**
\$ 8,075,181,000
- Choice Act 802**
\$ 3,602,237,000
- Choice Act 801**
\$ 920,730,000
- Research**
\$ 722,358,000
- Medical Facilities**
\$ 5,300,034,000
- Support & Compliance**
\$ 6,525,573,000
- Medical Services**
\$ 47,017,647,000

Cross Sectional Activities Snapshot SUBSET OF MAJOR INITIATIVES

Medical Services Care in the Community	\$ 8,075,181,000
Veterans Choice Care in the Community	\$ 3,602,237,000
Ending Veterans Homelessness	\$ 1,661,653,000
New Hepatitis C Treatment	\$ 748,800,000
Telehealth	\$ 1,225,013,000
Non-Recurring Maintenance	\$ 1,157,109,000
Education Training & Support	\$ 892,000,000
Trainees	\$ 920,649,000
Activations	\$ 836,293,000
Traumatic Brain Injury	\$ 298,300,000
Rural Health	\$ 250,000,000
Suicide Prevention	\$ 165,005,000
Electronic Health Record Modernization & Interoperability	\$ 65,000,000
Health Professional Educational Assistance Program	\$ 68,869,000

New Technology for Spinal Cord Injury

In October 2016 VA began a nationwide study of the **health benefits of a robotic exoskeleton for Veterans with spinal cord injury**. VA researchers are studying the FDA-approved ReWalk exoskeleton and its impact on health and quality of life. They are enrolling 160 Veterans with spinal cord injury at 10 VA sites. Enrollment is expected to be completed in August 2020. The computer-controlled, Israeli-developed product provides powered hip and knee motion to help paraplegics stand upright, walk, turn, climb, and descend stairs.

Community Care

Our Office of Community Care is designing a new provider network that **streamlines both clinical and business processes to coordinate care through one community care program**. It also redesigns the coordination between VA, community partners, and third-party administrators with a focus on accountability and high performance. With roughly a third of all Veteran appointments being scheduled through community care, our new network will improve Veterans' access to care as well as the timeliness of payments to our community providers.

Preventing Inpatient Suicides

A VA study published in November 2016 determined that **a physical-environment checklist used in VA psychiatry units led to a sharp decline in inpatient suicides**. (The suicide rate dropped from roughly four to one per 100,000 admissions following implementation of the checklist.) VA launched the Mental Health Environment of Care Checklist in 2007 as part of efforts to help stem Veteran suicides, specifically those that occur in inpatient hospital settings. The checklist was designed to eliminate hazards that could increase the chances of patient suicide or self-harm. It focused on architectural changes, since structural hazards such as anchor points—a hook on the wall or a ceiling vent, for example—had been linked to most attempted or completed suicides.

Traumatic Brain Injury (TBI)

As part of our ongoing commitment to provide the highest quality rehabilitation care for TBI patients, teams at the Department's five Polytrauma Rehabilitation Centers have **enrolled over 1,000 participants in the VA TBI Model Systems project and completed over 660 follow-up assessments after their discharge**. The Model Systems project examines the course of recovery and outcomes following the delivery of a coordinated system of acute neurotrauma and inpatient rehabilitation. The Department's ongoing collaboration with private sector TBI Model Systems researchers enables VA to translate state-of-the-art research outcomes into clinical training opportunities, thereby fostering enhanced patient care for Veterans with TBI.

Accountability & Oversight

We established the **Internal Audit and Risk Assessment Program Office and implemented a new Audit, Risk and Compliance Committee**. This new internal audit capability and executive governance structure are comparable to audit and risk functions in other federal agencies. Part of VA's ongoing effort to modernize its systems, this enhanced audit capability is based upon industry best practices for effective oversight and accountability. Veterans ultimately benefit when the health care system serving their needs is scrupulously monitoring itself and continually striving to increase its efficiency, effectiveness and accountability.

OCTOBER

Health Equity

We published a **National Veterans Health Equity Report** that provides detailed data on disparities in health care and health outcomes among many Veteran subgroups. More importantly, it sets goals for improving their care. The report is available online at www.va.gov/healthequity/NVHER.asp



NOVEMBER

Equipment Modernization

The modernized medical equipment deployed this year **expands Veteran access to care, provides clinical functionality that meets or exceeds community standards and improves patient safety and information security**. Just one example: in 2017 a VA Medical Center in Missouri invested heavily in equipment modernization by replacing



\$1.1 billion of new medical equipment deployed in FY17

all its inpatient beds at once. The new beds provide multiple ways to interface with new and existing technology, creating one sustainable way to care for patients. The beds purchased now serve as the springboard for additional functions that bring care and access to caregivers closer to the patient. They will seamlessly integrate with nurse call and wireless phone systems, thereby modernizing clinical communication and coordination, call response, emergency response, and ancillary and support systems.

DECEMBER

DoD Sharing Agreement

We developed and adopted enhanced VA/DoD Health Care Resources Sharing Guidelines. These guidelines provide uniform instructions to **streamline resource sharing including referral management and care coordination**. The guidelines also established an advance payment methodology between VA and the Defense Health Agency. Implemented throughout the fiscal year, the new guidelines are designed to **improve patients' access to care by increasing shared services**, thus giving Veterans a greater choice of appointments and specialists. It is also designed to strengthen military provider readiness, foster joint research and training, and ultimately reduce care costs.



Modernization

We kicked off our modernization efforts with a functional review of the organization's current state of affairs. Our Modernization Team spoke to stakeholders at 72 program offices and 18 Veterans Integrated Service Networks. The team also conducted interviews with other health care systems (such as Kaiser Permanente and Providence St. Joseph) as well as other countries (Denmark and Sweden). This research is **aimed at increasing efficiency, effectiveness and accountability at VA**. In addition, front-line forums were conducted with more than 200 representatives including facility staff, program office executive assistants, and members of national workgroups. Information gathered at these forums will guide the development of a change management roadmap for organizational transformation.

Revenue Collections

We launched the Revenue Transformation Initiative as part of the Department's ongoing efforts to modernize its systems. The initiative is designed to **improve processes, eliminate inefficiencies and, ultimately, improve the Veteran's experience**. Major areas of improvement include registration, clinical documentation, coding, pricing, billing and collections. The overarching goal of this modernization effort is to maximize VA's efficiency in delivering care.

\$3.51 billion
in community
care collections in
September 2017.
Exceeded **\$3.32**
billion goal from
President's budget.

Quality and Experience Comparison

An independent research team published findings that **VA hospitals performed better than private sector counterparts in mortality, patient safety, and readmissions**. The study showed that while VA outperforms on quality we still must continue to improve the patient experience within our medical centers. To do so throughout the next year we partnered with the VA's Veteran Experience Office to define, design, and deploy a Veterans Patient Experience framework and set of standard experience expectations. The new framework will support our facilities in providing a branded, consistent, exceptional experience that—along with great clinical care—strengthens Veterans' trust and confidence in VA.

Veterans Choice Program

We worked with Congress to help pass a Senate bill that extends and improves the Veterans Choice Program. The new law removed the August 7, 2017 sunset date for Choice, made VA the primary coordinator of benefits (eliminating costly and time-consuming manual processes), and removed barriers to health record-sharing with community providers in order to improve care coordination for Veterans. **More than 1.8 million Veterans have received care through the Choice program by way of nearly 50 million appointments** and a half-million participating community partners.

Infertility Assistance

We began offering in-vitro fertilization as an option for eligible Veterans whose service-connected disabilities resulted in infertility. Other services include infertility assessments, counseling, hormonal therapy and surgical correction.

JANUARY

Opioid Safety

The Department's Academic Detailing Service received the **2017 American Society of Health-System Pharmacists Best Practice Award for their efforts to improve opioid safety for the Veteran population**. Academic detailers, who are trained clinical pharmacists, provide face-to-face outreach to front-line providers at VA. Their work is aimed at reducing overdose fatalities by decreasing prescriptions of high dose opioids and increasing prescriptions of naloxone. Many Veterans experience improved pain control as a result of this program.

Online Scheduling

We launched an online application that allows Veterans to **self-schedule and request assistance in booking both primary care and mental health appointments**. Veterans can also track appointment details and the status of requests, send messages about requested appointments, receive notifications and cancel appointments. Online scheduling is available at more than 100 VA medical centers and their associated clinics, and all locations are expected to have online scheduling by spring 2018. This online scheduling application was developed to address a key priority for Veterans: the ability to more quickly and easily make a doctor's appointment. It also gives VA new ways to track metrics and wait times.

FEBRUARY

Full Practice Authority

We amended medical regulations to permit Advanced Practice Registered Nurses to practice to the full extent of their education and training. These nurses can make diagnoses and prescribe medications, just as doctors do, thereby **increasing VA's capacity to provide timely primary care to America's Veterans**.



MARCH

Peer Mentors for Homeless Veterans

In March 2017 a VA team published research on the role of peer mentors—in this case, Veterans who were once homeless themselves—in improving the health outcomes of currently homeless Veterans. The findings suggest many homeless Veterans will “engage with peer mentors, who may provide psychosocial support that can complement traditional health care encounters,” and that “peer mentors may serve a **key role in building trust between patients and providers to foster engagement with the health care system.**”

Adopt-a-Vet

Since 2010, ongoing efforts have resulted in a 47 percent reduction in homelessness among Veterans. In February, Military Outreach USA launched a program known as **Adopt-a-Vet to encourage communities to connect with local VA facilities and help VA provide support to homeless** or recently homeless Veterans and their families. The program connects individuals and organizations such as schools, businesses and faith-based groups with a local VA Homeless Program Manager.

Same-Day Service

We now have **same-day service at all of our medical centers for Veterans who are in need of immediate primary care or mental health care.** Same-day primary and mental health care is also available at over 99 percent of VA's community-based outpatient clinics nationwide, and will be available at all VA sites of care by the end of the first quarter of next year.

Women Veterans

Women comprise 15.5 percent of today's active-duty military and 19 percent of National Guard and Reserves. VA launched the End Harassment campaign to improve the Veteran experience. Additionally, **VA trained nearly 800 primary care providers in women's health services** and began a 5-year plan focused on training rural providers through mobile mini-residencies. Another example of VA's success in advancing women's health care: we provided mammography screenings to 84.6 percent of age-eligible women in 2016, compared to 72.7 percent in private-sector HMOs.



Prosthetics Advancements

The Life Under Kinetic Evolution (LUKE) arm has received approval from the Food and Drug Administration and a commercial vendor following nearly eight years of clinical partnership and research between VA and the Defense Advanced Research Projects Agency's Revolutionary Prosthetics Program. The LUKE arm is the **most advanced upper extremity prosthetic to date, and the first major improvement in upper extremity prosthetics in more than 50 years.** The first two Veterans received LUKE arms at the Manhattan VA Medical Center on June 30, 2017.

Urgent Consults

As part of our priority to meet the urgent care needs of Veterans, we focused on improving the speed at which urgent care referrals are generated and sent to specialists. The **average time for an urgent consult to be completed is now less than three days**, down from an average 20 days in 2014.

APRIL

VA, VFW and Walgreens

Veterans of Foreign Wars (VFW), Walgreens and VA announced a collaborative agreement in May that will help **improve mental health care for Veterans through enhanced education, access to resources, and outreach.** All three organizations are working together to reach Veterans in communities across the country with targeted initiatives to address mental health awareness and treatment, Veteran suicide prevention and opioid overdose education.

MAY

REACH VET

We launched the Recovery Engagement and Coordination for Health – Veterans Enhanced Treatment (REACH VET) initiative in an effort to **focus resources, services and technology on reducing Veteran suicide.** Using a new predictive model, REACH VET analyzes existing data from Veterans' health records to identify those who have a statistically elevated risk for suicide, hospitalization, illness or other adverse events. This helps VA to provide pre-emptive care and support for Veterans—in some cases before the Veteran even begins to have suicidal thoughts. The REACH VET program is now fully implemented across the VA and has identified 27,853 at-risk Veterans.

JUNE



Best Care Everywhere

Our new book provides a snapshot of the innovative and transformative work being done

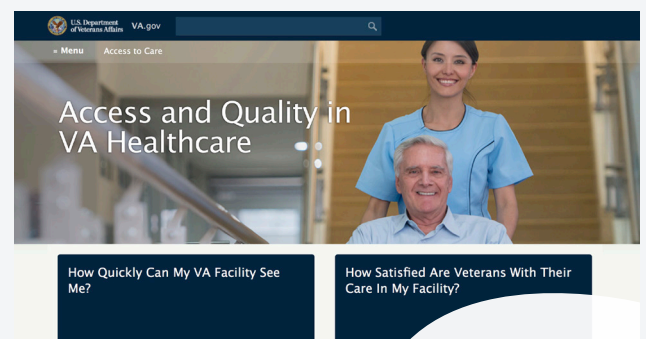
by front line VA employees. It is a **compilation of more than 150 practices developed and implemented at the VA** by staff committed to providing excellent care and service to our nation's Veterans.

Veterans Matter

During the summer, VA and Veterans Matter, a non-profit, announced they have **helped 1,500 Veterans exit homelessness and move into permanent housing.** Veterans Matter provides security deposits to homeless Veterans who qualify for rental subsidies from the joint Department of Housing and Urban Development-VA Supportive Housing (HUD-VASH) program.

Access and Quality

We launched a website to display our access and quality data. The site provides Veterans and the public with easily understandable information about **wait times, patient satisfaction, and quality at each VA facility.** VA is the first nationwide health care system to provide this level of monitoring and reporting.



www.accesstocare.va.gov

**111 thousand
unique visitors**

VA Innovators Network

The **VA Innovators Network** grew by **50 percent to 31 sites**. It is further extending its impact by adding new partnerships, such as one with Verizon to support events including VA Innovation Demo Day and Innovation Specialist trainings.

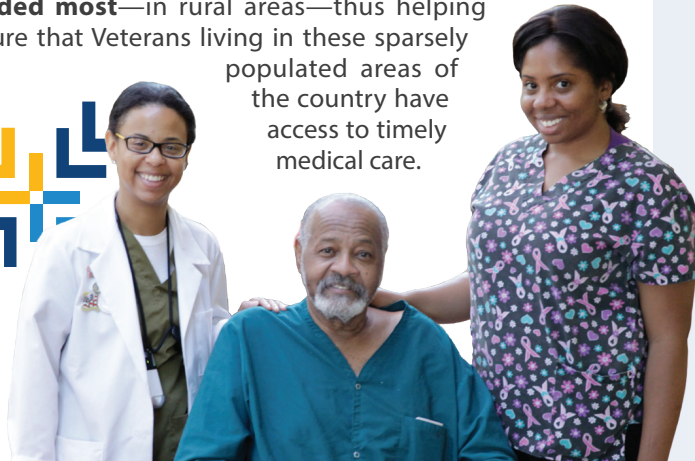
The Spark-Seed-Spread Innovation Investment Program announced 147 winners in February 2017. Those projects included “A Self-Leveling Walker for Safe Stairclimbing” for Veterans with orthopedic injuries and movement difficulties and “Introducing 3D Printing as Art Therapy” to provide Veterans with a technology-based alternative to traditional art therapy.



Innovators Network

Physician Ambassador Program

More than **1,000 doctors nationwide** have registered for the Physician Ambassador Program, launched this year in over 120 VA facilities. The Physician Ambassador Program **deploys these physician volunteers where they are needed most**—in rural areas—thus helping ensure that Veterans living in these sparsely populated areas of the country have access to timely medical care.



600 thousand calls answered by VCL Responders

108 thousand referrals to local facility suicide prevention coordinators

21 thousand emergency dispatches

Flu Shots for Veterans

Veterans enrolled in the VA health care system were advised they could get their **seasonal flu shot** not just at any VA health care facility, but also **at any Walgreens** that administers them. To get a seasonal flu shot at Walgreens, Veterans only need show their VA ID card. Collaborating with community partners enables VA to continually provide more convenient options to Veterans to improve immunization rates and patient care.

Crisis Line Expanded

We opened two additional Veterans Crisis Line (VCL) centers—one in Atlanta, Georgia; the other in Topeka, Kansas—thereby expanding VA’s capacity to promptly help Veterans in need. With these expansions, **calls are answered within 8 seconds** on average and rollovers have been effectively eliminated. Additionally, the telephone systems at all VA Medical Centers and over half of VA’s Community Based Outpatient Clinics have been programmed to allow callers to simply press 7 to be immediately transferred to the Veterans Crisis Line.

Veterans Crisis Line



1-800-273-8255
PRESS 1

JULY

AUGUST

SEPTEMBER

Treating Prostate Cancer

In July 2017 a **large VA trial that spanned nearly two decades** reported that surgery does not significantly reduce deaths from prostate cancer among men diagnosed in the early stages of the disease. The study also found that surgery to remove the prostate commonly resulted in immediate and long-term harms that were bothersome and sometimes serious.

State Veterans Homes

VA announced we will change regulations for its State Veterans Home Construction Grant Program to make it **easier for states to receive VA funding to construct Veterans Homes in rural areas**. Historically, some rural areas have found it difficult to compete for VA State Home Construction Grants due to the way the current regulations are written. Changing these regulations is another aspect of VA’s ongoing efforts to improve the lives of Veterans who live in rural areas by improving their access to care and services.

Mental Health Care for Other-than-Honorable Discharges

With suicide prevention as its top clinical priority, VA began providing **emergency mental health coverage to Veterans with other-than-honorable military discharges**. Former service members with such discharges may now receive care at any VA medical center for their mental health emergency for an initial period of up to 90 days, which may include inpatient, residential or outpatient care.



Expanding Telehealth

President Trump and VA Secretary David Shulkin held a White House event to announce telehealth initiatives that will **expand access to health care for Veterans across the country**. The announcement included the nationwide roll-out of **VA Video Connect**. This application connects Veterans with their VA health care team from anywhere, using encryption to ensure a secure and private session. This makes VA health care more convenient and reduces travel times for Veterans, especially those in very rural areas who have limited access to VA health care facilities. The application also allows quick and easy health care access from any mobile or web-based device.

VA Video Connect is being used by **500+ VA providers & 70 VA facilities**

& will be available to all VA in early Fiscal Year 2018



VA | U.S. Department
of Veterans Affairs

Veterans Health Administration
810 Vermont Ave NW, Washington, DC 20420
www.va.gov/health