

VA Portland Health Care System

2015 Annual Report





Defining
EXCELLENCE
in the 21st Century

2015 Annual Report

VA Mission Statement

To fulfill President Lincoln's promise "To care for him who shall have borne the battle, and for his widow, and his orphan" by serving and honoring the men and women who are America's Veterans.

VHA Mission

Honor America's Veterans by providing exceptional health care that improves their health and well-being.

VHA Vision

VHA will continue to be the benchmark of excellence and value in health care and benefits by providing exemplary services that are both patient centered and evidence based.

This care will be delivered by engaged, collaborative teams in an integrated environment that supports learning, discovery and continuous improvement.

It will emphasize prevention and population health and contribute to the nation's well-being through education, research and service in National emergencies.



Core values we believe in;

Integrity
Commitment
Advocacy
Respect
Excellence

VAPORHCS

Medical Centers

Portland VA Medical Center - (Portland, OR)
Portland VA Medical Center - Vancouver Campus (Vancouver, WA)

Clinics

Bend Community Based Outpatient Clinic (CBOC) (Bend, OR)
Community Referral Resource Center (CRRC) (Portland, OR)
Fairview Clinic (Fairview OR)
Hillsboro CBOC (Hillsboro, OR)
Lincoln City Clinic (Lincoln City, OR)
Newport Clinic (Newport, OR)
North Coast CBOC (Warrenton, OR)
Salem CBOC (Salem, OR)
The Dalles Clinic (The Dalles, OR)
West Linn Clinic (West Linn, OR)

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Photo cover by David M. Moody; Portland VA Medical Center at sunrise.

Director's Message

To our valued partners and stakeholders:

The entire VA and VA Portland Health Care System (VAPORHCS) alike are undergoing a continuous transformation to ensure the treatment of and service to our Veterans is Veterans-centric, personalized and proactive. This connection and subsequent relationship with our Veterans and their family members who support them starts with the very first time they inquire about using the health care benefits they have earned and deserve. This could be by browsing our Web site, calling us on the phone, or by dropping in at any one of VAPORHCS' 12 sites of care located across southwest Washington and northern and central Oregon from Newport to Bend and many points in between. It is our commitment at VAPORHCS to make sure that initial and every subsequent experience be the best possible.

We have made many improvements over the past couple years across VAPORHCS to include opening a new clinic in Lincoln City, newly expanded clinics in Salem and Fairview, a new Fisher House in Vancouver, and new clinics planned for in Vancouver, as well as a new home for homeless Veterans in Vancouver scheduled to open in the very near future. These new facilities are part of a long-term, multi-tiered strategic effort to better meet our Veterans' needs. We have been and continue to analyze our operations and implement changes to do just that. We know that Veteran satisfaction is our most important measure; we have heard and continue to listen to our Veterans' voices tell us that, and that's why we must transform the way we do business.

We at VAPORHCS will strive to continue to provide excellence in health care, with a clear focus on services that meet our patients' unique needs and personal health goals. Placing the Veteran at the center of everything we do is our mission and passion.

Thank you for letting us serve you.

Todd D. Burnett, PsyD
Acting Director, VAPORHCS



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Supporting the needs of post-9/11 Veterans

VAPORHCS Transition and Care Management Program

By Jenlynn Merrill

Acting Program Manager, Transition and Care Management

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Transition and Care Management (TCM), formerly known as Operation Enduring Freedom, Operation Iraqi Freedom, and Operation New Dawn (OEF, OIF, OND) Programs, specializes in caring for the needs of Veterans returning from deployments to Iraq/Afghanistan as well as those Servicemembers transitioning from the Department of Defense (DOD) to VA healthcare services.

The TCM team includes social workers and nurses with the aim of outreach to all post-9/11 Veterans, identification of needs, and assistance with access to care and proactive follow-up. We recognize that this time of transition can be especially challenging for Servicemembers, families and caregivers; we serve as a proactive resource for them during this adjustment to help support long-term positive outcomes.

The VA Portland Healthcare System (VAPORHCS) TCM team accepts referrals from military treatment facilities across the nation for Servicemembers moving or returning to the Portland service area at the time of military discharge. In fiscal year (FY) 2015, 111 referrals from military treatment facilities were completed by the Portland TCM team. Additionally, all Veterans who enter VAPORHCS from the DOD are screened for case management needs during their first healthcare appointment. This screening is personalized and focused on the unique needs as well as concerns and goals of the Veteran. If needs are identified at the time of screening, then a case manager will be assigned to help provide resources, identify goals, and to provide on-going contact to support a positive outcome. In FY 2015, VAPORHCS screened 1,625 new post-9/11 era Veterans for case management needs.

The TCM team utilizes a pro-active approach through



VAPORHCS Transition and Care Management (TCM) Welcome Home event team takes a break to pose for a photo while welcoming Veterans and family members to the Oregon Zoo on Sept. 13, 2015. The TCM program, formerly known as the OEF/OIF program, changed its name in 2015 to better reflect its mission in supporting all Servicemembers transitioning from Department of Defense (DOD) to VA healthcare services.

hosting and attending outreach events in order to inform and engage Veterans and their families. This includes hosting VAPORHCS-sponsored Welcome Home events to honor Veterans and their family members. This year, Welcome Home events were hosted in Bend, Ore. and at a local baseball club and in Portland at the Oregon Zoo. Close to 800 Veterans and family members participated in these events. The TCM Program also attends, among others, outreach events for National Guard and Reserve pre and post-deployment Yellow Ribbon, Post-Deployment Health Re-assessments, and Ready Reserve musters. The Post-Deployment Health Clinics are offered as a one-stop integrated clinic providing primary care, mental health, and case management services to transitioning Veterans. These clinics are currently offered at eight VAPORHCS community based outpatient clinics (CBOCs) and provide an average of 110 new patient appointments per month for returning combat Veterans. Post Deployment Health Clinic teams have specialists for the unique needs of returning and transitioning Veterans; this includes a variety of common reintegration concerns and specialized evaluation and care for environmental exposures and traumatic brain injury.

In the spring of 2015, just over 1,000 Oregon Nation-



The Schmuckley family joined other Veterans at the VAPORHCS Welcome Home event in Sept. 2015 at the Oregon Zoo. Lisa served as an Army nurse from 1982-1992. Pictured are her husband, Mark, and their two children.

al Guard Servicemembers returned from deployment to Afghanistan through Ft. Bliss and Ft. Hood, Texas. When they arrived, VA Portland TCM Program staff were waiting to welcome them home and assist with their transition. Formal briefings were provided as well as individualized assistance with enrollment applications; Servicemembers noted their clinic location preferences, desire date for first appointment, and specific care needs. TCM staff use these triage forms to aid in customized and prioritized support for Veterans to facilitate access to care upon return to the Portland area. These outreach efforts are crucial in helping VAPORHCS build constructive relationships with our newest Veterans and enable us to work proactively to meet their needs from the moment they arrive back on U.S. soil. TCM staff also work hand-in-hand with Veterans Benefits Administration (VBA) to link Veterans to additional benefits information.

Edwin Webb (Army 1971 to 2013) has been getting support from the VAPORHCS Transition Care Management (TCM) with customized case management for his health care needs at the VA since his retirement from the Army in Nov. 2013. Edwin served in Vietnam as a young Huey gun ship pilot as well as a combat tour in Iraq in 2009-10 as a Systems Engineer with the Oregon National Guard. Edwin served a total of 16 years on active duty and 27 years in the National Guard.

Are you a Veteran or family member of a Veteran transitioning from the DOD to VA healthcare services?

Contact the TCM Team today for support; (503) 273- 5075 or (800) 949-1004, ext. 53062

Transition and Care Management office; Portland VA Medical Center Building 101, Room 107
No appointment is needed.
Monday- Friday,
8 a.m. to 4 p.m.

Iraq and Afghanistan Combat Veteran Support Groups:

- Tuesdays at the West Linn CBOC
- Wednesdays at the Salem CBOC
- Thursdays at PVAMC



Division of Hospital & Specialty Medicine

By Sumaiya Ahmed

Administrative Specialist, DHSM

In Fiscal Year 2015 (FY15), the Division of Hospital & Specialty Medicine (DHSM) expanded Veteran access to care in colon cancer screenings and hepatitis C virus (HCV) treatment for Veterans.

The Gastroenterology (GI) service led a program to increase timely access to colon cancer screening through Veteran education, implementation of new screening technologies, and by optimizing the use of the Veteran's Choice Program for those who preferred other types of care options.

The project replaced existing fecal occult blood detection technology with the newer and more sensitive and easier to utilize fecal immunochemical tests (FIT). The fecal occult blood test (FOBT), introduced in the late 1970's, has been the simplest and most evaluated screening method available for colorectal cancer (CRC). FOBT is a fecal-based colorectal cancer screening option that allows patients to procure samples in the comfort of their own homes and at their convenience. FIT, sometimes identified as iFOBT (immunochemical fecal occult blood test), is an improved FOBT with higher sensitivity and specificity when compared to guaiac FOBT (or gFOBT). When used yearly, FIT has accuracy rates near those of colonoscopy without the invasiveness, inconvenience, discomfort and cost.

VAPORHCS formed a team who contacted more than 1,000 eligible Veterans to educate them on both the FIT testing option and the Veteran's Choice Program, for those Veterans

What Is Colorectal Cancer?

Colorectal cancer is a malignant growth that develops inside the large bowel. Most bowel cancers develop from tiny growths called polyps. Not all polyps become cancerous. However, some polyps can become cancerous over time. Cancer can narrow and block your bowel or cause bleeding. In more advanced cases, cancer can spread beyond the bowel to other organs.

Colorectal cancer is the fourth most common cancer in the US, affecting approximately 140,000 new patients every year and causing approximately 50,000 deaths. These numbers are staggering given the fact that most colorectal cancer is preventable and treatable.

How important is screening?

In a word: **Very.** Colorectal cancer, though one of the deadliest forms of cancer, is the most preventable and treatable. But prevention and treatment starts with screening on a regular basis.

If colorectal cancer is detected before it has spread beyond the bowel, the chance of surviving for at least 5 years after diagnosis is 90%. Most people are able to return to their pre-cancer lifestyles.

Early detection offers the best hope of reducing the number of Americans who die each year from colorectal cancer. Talk to your doctor about colorectal cancer screening today.

Definitions:

High-sensitivity fecal occult blood test

(FOBT) - which includes FIT, checks for hidden blood in three consecutive stool samples.

Flexible sigmoidoscopy - where physicians use a flexible, lighted tube (sigmoidoscope) to look at the interior walls of the rectum and part of the colon.

Colonoscopy - where physicians use a flexible, lighted tube (colonoscope) to look at the interior walls of the rectum and the entire colon. During this procedure, samples of tissue may be collected for closer examination, or polyps may be removed. Colonoscopies can be used as screening tests or as follow-up diagnostic tools when the results of another screening test are positive.

Fecal immunochemical test (FIT) - screening test for colon cancer. It tests for hidden blood in the stool, which can be an early sign of cancer. FIT only detects human blood from the lower intestines.

United States Preventive Services Task Force recommends average-risk men and women ages 50 and older should be screened for colorectal cancer.

desiring a traditional screening colonoscopy. In the first four months of the program, nursing staff provided FIT test materials to nearly 800 Veterans and facilitated outsourcing to the Choice Program for an additional 200 Veterans. This resulted in reducing wait times for colon cancer screening by 65 percent. VAPORHCS also expanded colonoscopy services by opening Saturday colonoscopy clinics from February to September completing over 100 procedures.

Throughout FY15, the Hepatology (the field of liver disease) Section of GI provided timely evaluation and optimal utilization of available funding to treat Veterans with hepatitis C virus (HCV). In late FY15, additional HCV therapy funding became available on short notice. The Hepatology Section responded to this by opening additional HCV clinics, resulting in accelerated evaluation and treatment of more than twice as many Veterans than had originally been planned for and ensuring all available resources were successfully used.

Why FIT?

Many patients use FIT as an easy way to screen for colorectal cancer and stay informed about their health. Here are several reasons why FIT may be a great option for you;

- It is easy to do.
- There are no special changes to diets or medicines.
- There is no need to change medications.
- There are no liquids to drink.
- You don't have to take a day off work.
- It is done in privacy of your home.

Cancer Care Navigation Team (CCNT)

By Phillip Myers

Volunteer, Office of Public and Congressional Affairs

A diagnosis of cancer can cause great distress for a Veteran and their loved ones. Initiating timely treatment often requires multiple visits to a variety of diagnostic and specialty care services.

Coordination of these visits can be complex due to unique Veteran needs and barriers to care, including comorbidities, travel and lodging concerns, and psychosocial issues that make it challenging for a Veteran to receive timely care.

In October 2013, VAPORHCS implemented a Cancer Care Navigation Team (CCNT) pilot program to support the unique needs of Veterans with cancer and their loved ones to ensure timely, Veteran-centered, coordinated care.

VAPORHCS' CCNT is part of a VISN20 network program that supports Veterans and their families with the goal of ensuring that Veterans have timely access to care and needed psychosocial support. There are a total of eight CCNTs across VISN20 located in Alaska, Idaho, Oregon and Washington. CCNTs in Oregon are located in Portland, Roseburg and White City.

The CCNT team consists of four multi-disciplinary team members and a program manager. Traudi



An art piece created at a recent VAPORHCS CCNT-hosted "Art as Therapy" class by participant Jimmie Lee Cherbak (Navy, '61-'65)



Members of the VAPORHCS Cancer Care Navigation Team (CCNT): (left to right) Marcia Long (licensed clinical social worker), Traudi Rose (registered nurse and program manager), Jennifer King (registered nurse), Linda Garrison (registered nurse), Philip Branscum (program support assistant).

Rose, an oncology certified registered nurse (RN), is the program manager. The local CCNT is comprised of two RNs: Jennifer King and Linda Garrison; a licensed clinical social worker, Marcia Long; and a program support assistant, Philip Branscum. During the past two years, the CCNT has supported more than 800 Veterans and tracks between 200-300 Veterans every month.

To support the program goals and network approach the CCNT priority group includes Veterans who reside outside the Portland catchment area with a suspicion or diagnosis of cancer. The CCNT team also supports Veterans from within the Portland catchment area on a case-by-case basis if they present complex psychosocial needs, or require intense coordination.

During the past two years, our CCNT supported more than 800 Veterans and tracks between 200-300 Veterans every month.

The team supports most cancer types, but specifically focuses on Veterans receiving multimodality treatments requiring complex coordination of care across multiple services. Coordination occurs among specialties such as oncology, surgery, radiation oncology, dental, speech, nutrition and others, depending on specific needs. Cancer types the CCNT most frequently work with include lung, head and neck, colorectal, pancreatic and melanoma.

Team member Jennifer King explains that CCNT ensures that the patient understands the diagnosis, treatment plan and logistical arrangements. “We often participate in patient appointments and facilitate meetings between providers and patients and family members,” said King. “Essentially, we are a barrier-focused

team whose primary function is to get the patient into timely treatment, and to facilitate a high level of understanding between the patient and his/her providers. We often facilitate communication between Veterans, their cancer care team, and their home primary care team.”

In addition to navigation, CCNT also offers cancer support and educational programs. Marcia Long, CCNT social worker, has initiated a variety of programs for patients undergoing treatment, cancer survivors, and caregivers to help enhance coping and provide emotional support.

Programs include: “Art as Therapy,” in which patients can become more self-aware, and be able to express fears, anxieties and other emotions that may be difficult to talk about; a program titled “Food, Friends and Fun!,” two-hour sessions that include educational cancer-related topics, nutritional education activity, and a light lunch; “Sound Therapy,” meetings that assist with relaxation and rehabilitation; “Food as Medicine,” with guest chefs who provide lessons on how to prepare simple life-giving healthy nutrition; and group therapy that features Mandala Art coloring that is intended to reduce stress and inspire creativity.

The CCNT has provided a unique, Veteran-centered approach to improve cancer care at VAPORHCS and across all facilities in VISN20. This is a best practice model of care that will be shared with other facilities across VHA in the coming year.

Northwest Innovation Center (NWIC)

Developing novel informatics tools that improve Veterans' health

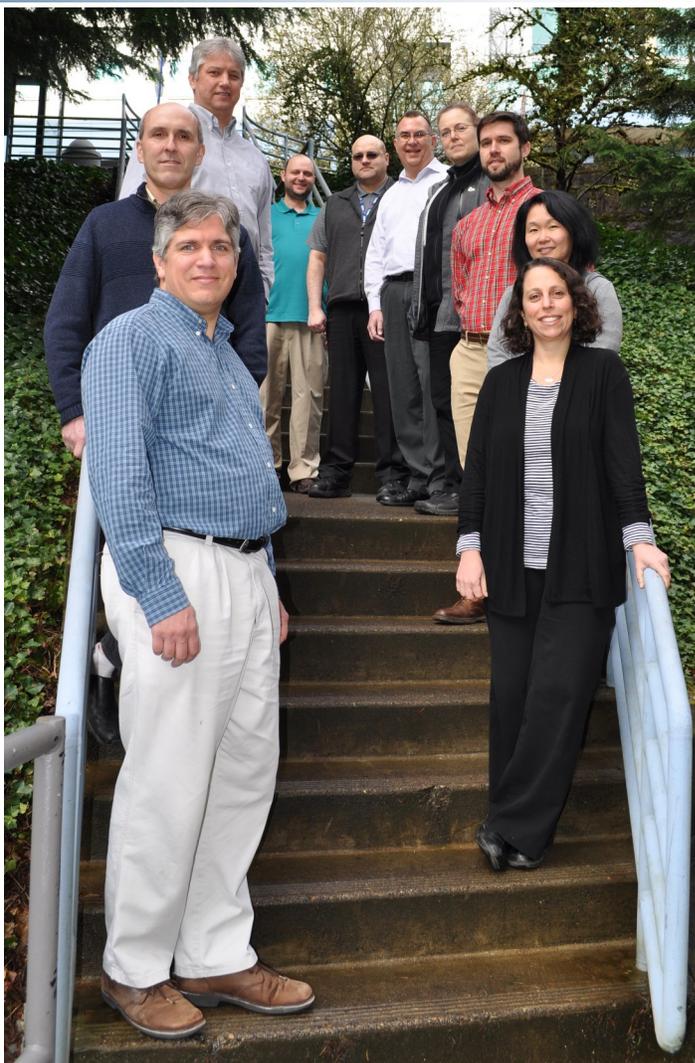
By Judy A. McConnachie
Program Manager, NWIC
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The Clinical Business Intelligence (CBI) section at VAPORHCS is dedicated to a very specific mission - to develop clinical informatics technologies and programs that transform VA health care delivery and Veteran outcomes.

Since inception, the CBI team, which falls under the Northwest Innovation Center (NWIC) located at the Portland main hospital, has developed web-based informatics tools to support clinicians and leadership that improves Veteran health, safety, quality of care, and workflow efficiency. Since 2012, CBI has been supporting projects for the entire four-state region of the Veterans Integrated Service Network 20 (VISN 20) Northwest Network. The CBI portfolio includes 20 applications currently in use at VAPORHCS, with 14 of them deployed across VISN 20. Over the past two years some of CBI's products have been implemented on a national level within the VA.

Since 2012, CBI has led the development of a VISN20 Cancer Care Platform (CCP). The CBI team partnered with clinicians and leadership across VISN20 to identify and develop initiatives to improve cancer care coordination. The result was implementation of the VISN20 Cancer Care Navigation Team (CCNT).

The CCNT model was developed using an evidence-based approach that used feedback from an extensive needs assessment of Veterans and staff. CCNT is a multidisciplinary team approach that focuses on identifying and eliminating barriers to care and supporting the coordination of care to assure that Veterans have timely access to cancer care and needed psychosocial support - an incredibly important aspect of the overall care regimen. Informatics tools were designed to enable CCNT to provide intense case management



The VAPORHCS Clinical Business Intelligence (CBI) team members (from left up); Brian Diggs, PhD, Jon Duckart, Todd Nordahl, Aaron Crandall, Michael Gager, Jerry Kohler, Lisa Winterbottom, MD, Eric Guess, Jianji Yang, PhD, Judy McConnachie (not pictured - Jonathan Sun).

for high risk cancer patients. The CBI team also created a new Cancer Findings Report, which pulls data daily from pathology results across the VISN to identify new cancer diagnoses for timely review; a CCNT Registry that lists all Veterans enrolled in the CCNT program for close monitoring; a Care Management Tool for team-based task management; and the VISN20 Resource Directory to help staff with timely communication and coordination of care across the network. Additionally, automated reports were developed to support the evaluation of the CCNT model with up-to-date reporting on productivity and impact measures for team and leadership review. Together, these tools have helped create a foundation for the VISN20 CCNT program and have contributed to the

success of this program in supporting cancer care coordination for Veterans across the network.

In addition to supporting cancer care, the CBI team has also developed tools that enable clinical staff to advance health care efforts for specific populations. In 2009, the CBI team developed its first Diabetes Registry, with a focus on supporting population management and performance measures for diabetic Veterans. This application continues to be widely utilized and the CBI team was awarded a national grant to rebuild the application in 2016 to support enhancements and allow for national VHA deployment.

The team has been working on several safety and stewardship projects. Since 2014, the team worked collaboratively with the Hepatologists from VAPORHCS and Puget Sound in development of a Hepatitis C registry and geo-mapping application that supports outreach efforts and safety monitoring for Veterans receiving newly released medications for treatment of Hepatitis C. This registry is widely used by clinicians across VISN20, and is regularly used to support reports to VISN and VA-CO.

Additionally, in 2015, the team received funding from the VA Center for Innovation to develop an approach to support identification and monitoring of Veterans on selected high cost/high risk non-formulary medications. Working collaboratively with Pharmacy, Health Informatics Service, Urology, and Primary Care, the team has built customized consults, and efficacy template, and a registry to support timely safety and efficacy monitoring for Veterans on selected non-formulary medications. It is expected that between 10-20% of targeted prescriptions will be adjusted or discontinued due to safety concerns or lack of therapeutic benefit, thus improving clinical out-

comes and facility resource stewardship. This project is supported by the VA Pharmacy Benefits Management and the VA Center for Innovation. It is expected that by the end of FY16 the program will be available in an additional four VA facilities with the goal of full national deployment over the course of the next few years.

Another application developed for a high-risk cohort is the Unsuspected Radiologic Findings (URF) Registry. This registry has helped to identify and track Veterans

with lung nodules for timely follow-up and early diagnosis of lung cancer. CBI partnered with the Pulmonary Department in the development and ongoing enhancements of this application. The URF registry was identified by the VA National Center for Prevention (NCP) as a 'best practice,' with a recommendation by NCP leadership for deployment across VHA.

Finally, the CBI team's Care Management Tool (CMT), an application that supports team-based task management, received national recognition in 2015. The application was identified as a priority item for inclusion in VA enterprise Health Management Platform (eHMP), which is the next electronic health record being developed to soon replace the current VA Computerized Patient Record System

(CPRS). This application has been deployed across several other VISNs, including VISN10, and VISNs 18-22. In the coming years, the CMT will be available to all VHA staff through the eHMP.

There are a number of other registries that have been developed and supported by the CBI team and many more to come. The VAPORHCS CBI team members will continue to work with our clinician partners and Veterans in designing and developing these products that contribute to improved care for our Veteran populations in the Pacific Northwest and beyond.



The Northwest Innovation Center (NWIC) was established in 2012 to improve efficiency and productivity. NWIC goals are to better meet the needs of VAPORHCS staff and leadership, and to disseminate products efficiently across VISN20 and nationwide. NWIC uses mixed approaches to design informatics tools and processes including principles from human factors engineering and agile development.

Making strides toward ending Veteran homelessness

By Bob Urell

Community Reintegration Services

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In late 2009, the VA announced an ambitious goal to end Veteran homelessness by 2015. This was the first-ever federal strategic plan for this urgent national priority. These moves galvanized federal, state and local actions to prevent Veterans from becoming homeless and help those who are homeless become stably housed as quickly as possible. This specific initiative has come to a close with great success in improving the lives of Veterans across the nation and in the communities VAPORHCS serves – but the efforts go on. The VAPORHCS Community Reintegration Service (CRS) has, and continues to make, great strides towards this end.

According to the 2015 Point-in-Time (PIT) Count—a “snapshot” of homelessness on a given night in America—nationally it shows that homelessness among Veterans was down by 36 percent since 2010. Locally, VA housing programs have placed 2,159 formerly homeless Veterans into permanent housing between Oct. 2011 and Sept. 2015. The CRS team has helped this vulnerable population of Veterans also gain access to the VA benefits they earned while in uniform. That’s an average 45 Veterans placed into homes, every month, for four years, despite most communities in the VAPORHCS catchment area having rental vacancy rates of less than two percent and some of the fastest growing rental rates in the country.

And the effort continues...

By the end of fiscal year 2015, the housing program staff were working with approximately 1,280 Veterans in various stages of being re-housed. They are placing Veterans faster and having more success reducing recidivism. Community partnerships with organizations like Transition Projects, The Salvation Army, and Easter Seals have expanded VAPORHCS’s ability to not only re-house homeless Veterans, but to prevent impending episodes of Veteran homelessness and to provide support for Veterans who are sheltered but in danger of losing their housing. These partnerships involve multiple established housing programs, and result in faster placements. It’s not uncommon for a Veteran to be sheltered in transitional housing under the Grant and Per Diem program while Supportive Services for Veteran Families (SSVF) Rapid Re-Housing dollars help put the Veteran into housing; then a HUD-VASH permanent housing voucher is used to keep them there while they receive intensive case management for up to five years. These coordinated placements across programs and partners assure that Veterans can be taken off the streets and sheltered very quickly after they present to VAPORHCS.



Veteran Kevin Blodgett, (Army, '75 – '81) poses with Erik Curl (left), a case manager within VAPORHCS Community Reintegration Services in front of his new apartment complex in Portland. Kevin was able to move in to his new permanent home with assistance through the Housing Urban Development-Veterans Affairs Supportive Housing (HUD-VASH) program in the fall of 2015. Kevin has been chronically homeless for the past five years living on the streets of Portland and working various jobs off and on. “Emily (Emily Hutchison, a VA social worker from the CRRC) found me living under a bridge and asked ‘Are there any Veterans here?’” said Kevin. “That afternoon she brought me some food, a bus pass, and some minutes for my cell phone; I couldn’t believe it! The next day I went to the CRRC downtown to fill out some paperwork and two months later I was off the street living here. I feel like a normal person again and hope to have a full-time job in the next few days. Erik and the rest of the community partners were amazing and I can’t do enough to thank them – they turned my life around.”

Homeless PACT at the Community Resource and Referral Center Patient Aligned Care Team - a model of care transformation



The VA Portland Health care System (VAPORHCS) Homeless-Patient Aligned Care Team (H-PACT), is one of over 50 primary care teams established nationwide to provide care to Veterans who are homeless or at risk of homelessness.

As part of a nationwide VA effort to end homelessness among Veterans, the H-PACT is tasked to provide medical and mental health care to those Veterans as they work to obtain appropriate and sustainable housing. VAPORHCS's H-PACT is embedded in the Community Resource and Referral Center (CRRC) located in the heart of downtown Portland with easy access by the vulnerable population it is designed to serve. The H-PACT is an interdisciplinary team of physicians, registered nurses, and licensed practical nurses. Our CRRC staff also consists of social workers, mental health providers in psychiatry and psychology, peer support specialists, and administrative support staff. We offer a Substance Abuse Treatment Program (SATP) intake and continuing care, Compensation and Pension exams, and access



Three members of the Homeless Patient Aligned Care Team (PACT) VAPORHCS at the Community Resource and Referral Center: James E. Bane, MD, Barbara E. Stoll, RN, and Michael K. Tanaka, LPN.



The Community Resource and Referral Center (CRRC) located at 308 SW 1st Ave., Portland, OR 97204

to work and benefits programs on site of the CRRC.

The entire CRRC team's mission is to break down barriers that many Veterans face when accessing medical treatment and to provide comprehensive primary care, mental health services, outreach and housing securement for homeless Veterans. We offer scheduled and walk-in appointments Monday - Friday. We are happy for referrals for those appropriate Veterans who are not assigned to primary care or for those who experience significant barriers in accessing other primary care settings.

Contact the CRRC at (503)808-1256 or (800)949-1004, ext. 51256
www.portland.va.gov/locations/crrc.asp
Walk-ins are welcome.

Staff profile

Gerald

Melchor, MD

Primary Care

Physician

West Linn Community
Based Outpatient Clinic



What influenced your decision to work for the VA?

During my time as the Patient Safety Chief Resident at the Omaha VA Medical Center, I was able to grasp the mission of the VA and the methodology of

care provided and felt that it was the way I wanted to practice medicine. The Patient-Aligned Care Team (PACT) model changed the focus of how we in the VA deliver care by placing the patient in the center – who is then supported by an entire team. It was different than what was being taught in medical school, where it was mostly about the physician and patient. We (the team) focus on and have an ownership in our relationship with the Veteran. The team is invested in developing trust with the Veterans we serve and the families who support them.

What has been the greatest change you have seen since you have been with VAPORHCS related to patient care?

We have changed the focus of Veteran care – Patient satisfaction has not always been at the forefront. Now, we put the Veteran first and focus on the Veteran’s goals, asking “What are your goals for wellness?” Part of my job is to educate them, so they understand their part in their own care and health.

What do you see as your greatest accomplishment thus far in your career?

In 2000, during my first year in residency, I suffered a stroke while on-call in the hospital. I lost my ability to talk as well as movement of my right arm and leg. While I was fortunate to be at the right place at the right time, I thought my medical career was over. In 2004, I graduated with a degree in Health Administration. During that time, I reconnected with some of my VA mentors. Through their support and belief in my abilities, I was able to overcome my physical struggles and finished my residency. *The VA saved me.*

What is the philosophy you share with your team as a physician/provider within the VA system?

To understand that the Veteran is everyone’s patient, whether it is the medical support assistant, licensed practical nurse, nurse care manager, me, or anyone else on the VA team. What we are building are relationships - with the Veterans we serve as well as within our teams. We must understand our roles, support each other, and function as a team to enable us to all work to the top of our abilities and provide the best care possible. As stewards of taxpayer money, our job is also to meet our obligations to the Veteran in a cost-effective and fair manner. We, as care providers must understand the complexity of the VA system and, at times, that we will need to help the Veteran and family, navigate the system regardless of what their question, concern or problem is. A Veteran’s care experience is not just in the clinical environment; we all need to do what we can to provide best overall experience for the Veteran and family that we possibly can.

Center for Women Veterans Health

In the late 1980's, VAPORHCS began offering women's health, but the services offered were very limited. At that time, the number of women Veterans choosing to use the VA for their health care was small and their health exams were conducted in two exam

rooms in the middle of the hospital. Today, VAPORHCS has a dedicated center for women Veterans to appropriately care for this, the fastest growing segment of Veterans the VA serves.

In 2010, the Center for Women Veterans Health opened, championing integrative health and offering primary care, mental health, social work, urology and gynecology in one location – just for women. There are eight exam rooms specially equipped to meet the needs of women Veterans. Since that time, the center has grown to serve more than 1,600 women Veterans in primary care alone. The center houses a maternity care coordinator who facilitates purchased care consults, social work services, and mental health support throughout the Veteran's pregnancy and initial post-partum period.

Additional projects in the Center for Woman Veterans include the orchestration and completion of the VA Portland's first Women's Health Fair in 2015. All staff members of the center are advocates for women Veterans trained to continuously scan the health care environment to assure excellent care and patient satisfaction. The Center for Women Veterans Health team is skilled in anticipating the unique needs of women Veterans and look for innovative ways to enhance the care environment and continuously improve health service delivery.

Women Veteran Demographics

- Women represent 14.5% of today's active duty military and 18% of guard and reserve forces.
- Women serve in every branch of the military
- There are 2.2 million living women Veterans
- The average age of women Veterans using VA care is 48 years, compared to 63 years for male Veterans
- The number of women Veterans using VA care is expected to increase dramatically

VAPORHCS has designated women's health providers at all community clinics offering a full range of health care services.

VAPORHCS is proud to offer:

- o Women's Health Education
- o Maternity, Reproductive, and Telehealth care
- o Gynecology and Urology
- o Mental Health Services and women's behavioral health groups
- o Specialized Homeless Programs
- o Social work

Lodging, Hospitality, and Health Care

By Matthew Schobert

Director, Chaplain & Social Work Professional Services

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VAPORHCS provides medical services to more than 95,000 Veterans every year. This includes those who are in our 26 county catchment area and also patients throughout the four-state Veterans Integrated Service Network (VISN) 20 area. In addition, VAPORHCS is a national kidney and liver transplant center serving Veterans from a vast area across our country. These geographical distances pose unique challenges for Veterans and their caregivers.

To alleviate the burden from traveling great distances to access their care, VAPORHCS has developed an array of temporary, overnight lodging accommodations for Veterans. These services include Kidney and Liver Transplant Lodging, Cancer Care Lodging, Hoptel (Hospital Hotel) Lodging, and Community Hotel Lodging. All of these lodging programs are self-care, meaning that at the time of lodging the Veteran must be clinically stable, capable of self-care or accompanied by an individual able to provide such care, and able to stay in an unsupervised setting.

For 25 years, VAPORHCS has provided temporary, overnight lodging accommodations to Veterans receiving outpatient specialty care; however, VAPORHCS has lacked a consistent and reliable lodging option for family and caregivers of hospitalized Veterans.

Fisher House Lodging

In 2014, VAPORHCS received a generous donation from the Fisher House Foundation for a 16-room, 13,400 sq. ft. Fisher House. On September 19, 2014, officials officially broke ground on what would become the 70th Fisher House. Soon after the groundbreaking event, progress moved along as scheduled with the new home opening for families on March 28, 2016. The new home, located on the Vancouver Division grounds, provides a “home away from home” environment for families and caregivers of Veterans and military service members who are hospitalized



The official party cuts the ribbon in front of the new VAPORHCS Fisher House on March 23, 2015, in Vancouver, Wash., during the grand opening event.

at VAPORHCS facilities in Portland or Vancouver. The Fisher House enables family members and caregivers to be close to their loved ones during hospitalization by providing comfortable lodging in a beautiful and relaxing setting. The Fisher House includes a common kitchen, laundry facilities, spacious dining room, an inviting living room with a library, and other common spaces for lodgers; there is no charge for families who stay at the Fisher House.

Kidney and Liver Transplant Lodging

In 1989, VAPORHCS began using former World War II military barracks at the Vancouver Division to provide transplant lodging services for Veterans and their accompanying caregiver. In 2006, VAPORHCS replaced the barracks with a new, 30-room Transplant Lodging Unit (TLU). The TLU provides lodging for Veterans and a caregiver during the Veteran's pre-transplant, transplantation, and post-transplant episodes of care. The TLU includes three full kitchens, three living rooms, a laundry room, an exercise room, and a computer lab. Lodging lengths of stay for a Veteran and their caregiver who are here for kidney transplantation range from days to weeks, while lodging lengths of stay for a Veteran and their caregiver who are here for liver transplants range from weeks to months.

Cancer Care Lodging

VAPORHCS began providing lodging at the Portland Division in 1990 for Veterans who were receiving radiation therapy or chemotherapy. Cancer Care Lodging is provided in five, two-bedroom, kitchenette-equipped, two-person, shared living quarters. The Veterans share a lounge/living room and a laundry room; lengths of stay range from days to weeks.

Hoptel and Community Hotel Lodging

In the mid-1990s, VAPORHCS began providing "Hoptel" beds at the Portland Division. "Hoptel" refers to temporary lodging facilities located at VA health care facilities. This began with a small number of unoccupied beds on acute care floors and then, by 2002, grew to a 32-bed dedicated Hoptel unit. Unfortunately, due to a limited and growing need for space at the main hospital, there are only eight Hoptel beds today. As Hoptel beds were reduced, VAPORHCS began providing community hotel lodging through contracts and purchase cards to meet the growing needs of Veterans who require specialty care services. Hoptel and Community Hotel lodging lengths of stay are generally one or two nights per episode of care.

**In fiscal year 2015—VAPORHCS
provided
≈ 1,800 nights
of lodging every night
for Veterans**

VAPORHCS Lodging program	Monthly average # of nights
Hoptel	120
Community Hotel	847
Cancer Care	277
Kidney Transplant	301
Liver Transplant	253
Total	1,798

**1,800 lodging nights
per month
equates to...**

**≈ \$121,000 of lodging expenses per month;
≈ \$1.5 million per year
...of annual taxpayer savings to
Veterans, family members,
and caregivers.**

With the addition of the Fisher House in 2016, VAPORHCS expects to provide more than **2,200** nights of lodging per month to Veterans and family members.

Taps for Babies

By Thomas Phillips

Supervisory Chaplain

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In August 2015, the VAPORHCS Deputy Chief of Staff approached me and asked if I would meet with a female Veteran who was interested in developing services for female Veterans who had experienced the loss of a baby. Though not familiar with the details, this sounded like it could become a part of the Chaplain Service-lead bereavement program ran through our Loss & Grief Groups at VAPORHCS facilities.

I was given the contact information for Veteran Tamara Wedin and I reached out and scheduled a meeting. Meeting Tamara was more than an occasional meeting with a Veteran; it was a life changing event for me.

Tamara is a “loss mom” – meaning she is one of a growing number of female Veterans who have experienced a pregnancy or infant loss (PAIL). Tamara is a U.S. Army Veteran and deployed during Desert Shield/Desert Storm. She is an extremely caring mother who takes her “rainbow child” (a child born after a pregnancy or infant loss) to her appointments while her other child stays with her husband, who is also an Army Veteran.

When Tamara began talking I had to hold onto my seat. She shared startling statistics about the number of female Veterans who have had pregnancy or infant loss in the VAPORHCS catchment area in past years; she was incredibly knowledgeable about local and international resources for people in the “loss community;” she was well in tuned to the language that is used in the loss community to include persons who have experienced loss during pregnancy, whose babies died prior to delivery, whose babies died at delivery, and whose infants died during the first year of life. The loss community includes and differentiates between each of these loss circumstances.

I was aware of these loss issues, but from a different perspective. I discovered that I was a “rainbow baby.” I was 62 years old when I met Tamara and I knew that my parents had a twin who died at birth. It was a



A flag made by a family in remembrance of their lost baby during an August 19, 2015, VAPORHCS-held “Wave of Loss – Day of Hope” event in the Healing Garden at the Portland campus. At the event female Veterans and their spouse, partner or family members could make a flag and display it in remembrance of their lost baby. It was time of gathering, remembering, sharing stories, and honoring the babies these families had lost.

story I had heard most of my early life. I knew that it was a feature of all my interactions with my parents and that it had been a part of my grandparents’ life story as well. I learned that these losses do not easily go away. They continue to weave their way into the lives of those persons who were the parents, grandparents, siblings, and family friends who experienced the loss.

It has been identified that there is a high incidence of female Veterans who have post-traumatic stress disorder (PTSD) or have experienced military sexual trauma (MST) in addition to their pregnancy and infant loss. There is also documentation that significant others of active duty military males who are deployed have experienced pregnancy and infant loss. I learned that most of the world does not like to talk about pregnancy or infant loss. But not talking about it does not make it any less real. When I started to talk with staff and others about this group of Veterans, I quickly discovered that someone in nearly every conversation I had either experienced this loss or knew someone who had. Tamara pointed us in the direction of a deep and unmet need for women Veterans and it was our oppor-

tunity to take action to help Veterans who have gone through this tragic and incredibly emotional experience.

In partnership with Tamara and others in the loss community, on August 19, 2015, VAPORHCS held a “Wave of Loss – Day of Hope” event in the Healing Garden at the Portland campus. At the event, female Veterans and their spouse, partner or family members could make a flag and display it in remembrance of their lost baby. The event was well attended and seemed to be greatly appreciated by those who attended. Female and male Veterans, their spouses and partners, siblings, grandparents, and employees from the VA and Oregon Health & Science University (OHSU) also attended. It was a powerful time of gathering, remembering, sharing stories, and honoring the babies these families had lost.

We held a second event on October 23, 2015. That event was a symposium, health fair, and dialogue. We discovered there are a host of agencies in the community who care for people in the loss community and interested in extending their services to Veterans. Up until now, female Veterans and their significant others who experienced pregnancy loss had to find these agencies on their own or through word of mouth. We discovered that providers in our system were not aware of the special needs of these Veterans because in the community, like in the VA, we do not talk

about the sensitive and very emotionally charged topic of dead babies. Approximately 16 community agencies participated in the event and provided information and resources.

We at VAPORHCS are currently working on developing a clinical pathway that begins with creating awareness for our female Veterans experiencing a loss and walking them through the maze of services and agencies along the way. We have since invited and collaborated with our partners at OHSU and their staff in the “Bridges Program” in the Palliative Care Division who

have extensive experience in this area. We continue to look for new partners and resources to work with.

We are well on our way in providing caring and on-going support services for these Veterans. We have dubbed our new program “Taps for Ba-

bies.” We have a great team of planners and we have an increasing number of persons who themselves have become a part of the loss community.

We ask all providers to join us in recognizing the needs of these families and female Veterans to be recognized as having experienced the type of loss of which few wish to speak. We can and will grow this program, which, to our knowledge, will be the first of its kind in the VA and hopefully can be a model for the loss community to partner in caring for our Veterans and their families in this unique and helpful way.

If you know someone who *has lost a child* or lost *anybody who's important to them*, and you're **afraid to mention them** because you think you might *make them sad* by reminding them that they died, **they didn't forget they died.** *You're not reminding them.* What you're reminding them of is that **you remember** that they lived, *and that's a great, great gift.*

Elizabeth Edwards

VA investigators making a difference for Veterans

By Michael P. Davey, MD, Ph.D.

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Veterans Health Administration
Research & Development
Improving Veterans' Lives  www.research.va.gov

VAPORHCS currently has more than 160 investigators and more than 560 active projects in Research and Development. In fiscal year 2015, Portland VA scientists were successful in competing for over \$33 million in research grants from the VA, other Federal agencies including National Institutes of Health (NIH) and Department of Defense (DOD), as well as societies, foundations and pharmaceutical companies. VAPORHCS scientists have also published 265 peer reviewed research studies this past year.

Our research department has approximately 100,000 square feet of wet and dry lab space that supports research programs in basic science, clinical research, rehabilitation, health services, cooperative studies, epidemiology and outcomes research. Investigator-initiated independent research programs represent the majority of research activities. The established research programs reflect the special needs and interests of Veterans treated within this health care system. Research at Portland has been fortunate to receive several large

grants that reflect the critical mass of scientists who have assembled here to investigate important diseases.

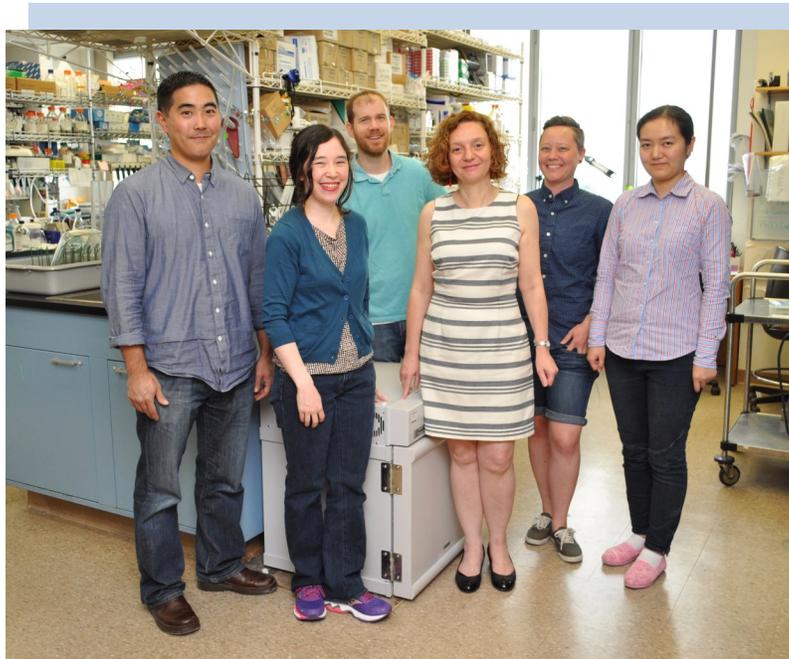
Portland VA's efforts in research benefits greatly from its strong affiliation with Oregon Health & Science University (OHSU). Research collaborations between the two institutions are also enhanced by a sky bridge that physically connects the Portland VA Medical Center with the university. OHSU is home to an NIH-funded Clinical & Translational Science Award (CTSA). All support services provided by the CTSA are fully available to VA faculty with dual appointments and many studies on Veterans would not be possible without this support. VAPORHCS has a track record of training graduate and medical students, post-doctoral fellows and junior faculty members through VA and NIH training grants and career development programs. We currently have 17 career development awardees.

VAPORHCS Research Programs;

- [NIH-funded Portland Alcohol Research Center \(PARC\)](#)
- [National Center for Rehabilitative Auditory Research \(NCRAR\)](#)
- [Mental Illness Research Education and Clinical Center \(MIRECC\)](#)
- [Parkinson's Disease Research Education and Clinical Center \(PADRECC\)](#)
- [Multiple Sclerosis Center of Excellence \(MSCoE\)](#)
- [Epilepsy Center of Excellence \(ECoE\)](#)
- [NIH-funded Methamphetamine Research Center \(MARC\)](#)
- [Center to Improve Veterans' Involvement in Care \(CIVIC, an HSR&D-funded Center of Innovation\)](#)
- Agency for Healthcare Research and Quality (AHRQ) Evidence Based Practice Center



Dr. Marina Guizzetti, PhD, joined the VAPORHCS Research Department in 2014. With her arrival, Dr. Guizzetti brought an established research program topical to female Veterans helping fill a research gap to support the fastest growing segment of Veterans the VA cares for. Dr. Guizzetti was raised and completed much of her education in Italy. She received her degree from the University of Pavia and her PhD from the University of Milan. In 1994, Dr. Guizzetti moved to Seattle to do a postdoctoral training at the University of Washington where she remained as research scientist for an additional 10 years before moving to the University of Illinois at Chicago to take a position as associate professor. In Chicago she became affiliated with the Jesse Brown VA Medical Center. After receiving a VA merit award the year prior, she was recruited by and joined the VA Portland Health Care System and our partners at the Oregon Health & Science University (OHSU).



Dr. Guizzetti's research team poses for a group photo in the Portland VA lab. Pictured left to right are Joel Hashimoto, Shelly Bloom, Clare Wilhelm, PhD, Marina Guizzetti, PhD, Melissa Roberts, Meng Xu, PhD.

Historically, alcohol and substance abuse disorders are common health issues among the Veteran population. For this reason, the investigation of the mechanisms involved in alcohol addiction has been a major focus of VA research for many years.

Dr. Guizzetti's research focus has been for many years the effects of alcohol on the developing brain.

Why is the VA interested in Dr. Guizzetti's research?

Women are playing a growing role in the U.S. military; a study from 2006 reported that women represent 15% of active military personnel, 17% of Reserve and National Guard forces, and 20% of new military recruits.

Women are the fastest growing group of new users of the VA health care system with particularly high enrollment of women Veterans from the recent wars in IRAQ and Afghanistan. During the last two decades, the Veterans Health Administration (VHA) has supported initiatives to fill the existing gap of care between men and women Veterans within the VHA.

Men and women returning from military service often experience increased alcohol use. Substance use disorders are common among women Veterans, particularly in women Veterans younger than 35.

Alcohol abuse in reproductive-age women represents a particularly severe problem because prenatal alcohol exposure can cause Fetal Alcohol Spectrum Disorders (FASD), a leading cause of mental retardation.

Eighty percent of the women returning from IRAQ or Afghanistan are younger than 40, many are in their teens or twenties and have the potential to go through several pregnancies.

(Continued on the next page)

Dr. Guizzetti (continued)

Research related to women Veterans' reproductive health, including pregnancy and newborn care, has been very limited and has been identified as an ongoing gap in women Veterans' health and a target for future VA research.

FASD is therefore a topic highly relevant to the VA mission, as alcohol abuse during pregnancy represents a risky behavior and a women Veterans' reproductive health concern.

Dr. Guizzetti's research program investigates mechanisms of child brain development that are affected and altered by excessive alcohol use by the mother during pregnancy. The program tests the effectiveness of dietary supplements and novel pharmacological compounds in preventing or ameliorating the effects of ethanol exposure to the unborn child during brain development.

In particular, Dr. Guizzetti's studies, funded by the VA, investigate the mechanisms by which dietary choline supplementation may ameliorate the effects of alcohol on the developing brain. The understanding of these mechanisms will strengthen the argument in favor of a choline supplementation therapy for FASD and will contribute to identify the proper timing for administering choline to reach the maximal effectiveness in ameliorating the effects of alcohol exposure to an unborn child during brain development.

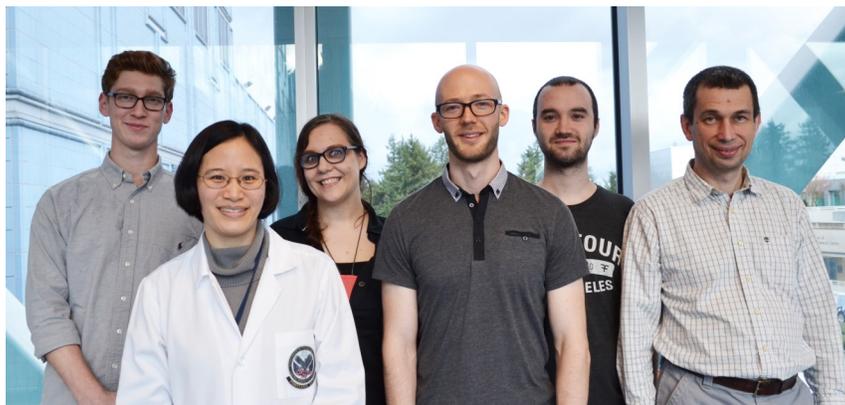
The resulting impact of this research could be far reaching for the health of the children of our young returning woman Veterans into the future. This is especially true as roles for women in the military continue to evolve and they are exposed to more and more direct combat operations and the resulting impact that experience could have on them when they return.

Investigator highlight

Sleep-wake disturbances in traumatic brain injury

Meet Dr. Maranda Lim, MD, PhD

Dr. Miranda Lim, MD, PhD, was recruited to VAPORHCS from the University of Pennsylvania in 2013, and shortly after her arrival, she received the VA Career Development Award. This award is given to new investigators within the VA system providing substantial protected time for research.



Dr. Lim's research team at the VA Portland facility; from left to right, Ryan Opel, Miranda Lim MD PhD, Rachel Champaigne, Matthew Gieger, Sam DeLuچه, and Nick Kuzma PhD. Of note, Rachel is an Army Veteran and Matt served in the Marines.

Dr. Lim's research program focuses on sleep disturbances in association with traumatic brain injury (TBI). TBI impacts nearly two percent of the U.S. population and is a major cause of physical and neuropsychiatric disability in Veterans, often interfering with family, community and employment. Poor sleep and excessive daytime sleepiness worsen quality of life after TBI and can exacerbate other disabilities. A clear understanding of the reasons why sleep is so profoundly affected after TBI has prevented the development of targeted treatments. Dr. Lim's laboratory aims to better understand how molecules like orexin (also called hypocretin; a neuropeptide that regulates arousal, wakefulness, and appetite) and glutamate (a nerve cell messenger) are affected by brain injury, and to test potential therapies that manipulate these neural circuits in improving sleep, mood, and other functional outcomes after TBI. Dr. Lim's long-term goal is to directly translate basic laboratory findings in animal models to improving clinical management of sleep disorders in Veterans.

Get to Know Your Pharmacy

VA Portland Pharmacy Service

By Jessica M. Ganschow, PharmD.

General Practice Pharmacy Resident

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The Mission of the Pharmacy Service is “to provide Veteran-centric pharmaceutical care that improves outcomes through a commitment to innovation, education, and collaboration.” The Pharmacy Service is separated into four primary sections: Acute Care, Ambulatory Operations, Ambulatory Clinical, and Pharmacy Benefits Management (PBM). Each section is distinct with different responsibilities, process improvement projects, and goals. In Fiscal Year 2015 (FY15), many forms of new technology were incorporated and pharmacy services were expanded. Safe, effective, and economical pharmaceutical care is a constant area of improvement and many positive changes were implemented in FY15.

Acute Care

The responsibility of the Acute Care section involves supporting Veterans that have been admitted to the hospital. Pharmacists conduct a clinical review of all medication orders, ensure medications are dosed and monitored appropriately, provide medication recommendations to medical teams, reconcile medication lists at admission, and counsel patients at discharge. Pharmacy technicians assist pharmacists in operational responsibilities such as distribution and compounding medications.

Ambulatory Operations

The Ambulatory Operations pharmacies are located at the Portland and Vancouver Division locations. Each day our pharmacists and technicians provide direct patient care to thousands of patients across the organization. A few notable services provided by the outpatient staff include pharmacotherapy counseling, outpatient prescription review and dispensing, Methadone Clinic, and discharge coordination. Every prescription undergoes a clinical review and is processed by a staff pharmacist.



Pharmacy Technician highlight:

Meet Tad Dunning, a lead acute care pharmacy technician at the VAPORHCS main Portland medical center. Tad is also an Oregon Air National Guardsman as a fuel craftsman with 20 years of military service in the active and reserve component. Tad has been a part of the VAPORHCS inpatient pharmaceutical team since March 2009. “What I like best about working on the Inpatient Team is seeing the entire operation of the hospital work together,” said Tad. Part of Tad’s job is to help maintain the automated medication dispensing machines that were recently added to the medical floors, operating rooms, emergency room, and other areas. This new technology has improved care significantly by increasing availability and expediting administration of medications to patients.

VAPORHCS Pharmacy by the numbers...

... **1.7 million** outpatient prescriptions were processed in FY15.

Approximately **423,000** prescriptions were filled locally between Portland and

Vancouver and **1.3 million** prescriptions were filled by the VA national consolidated mail order pharmacy (CMOP) in Chicago, Illinois.

VAPORHCS Pharmacy (Continued)

Ambulatory Clinical

The Ambulatory Clinical pharmacy section is comprised of Clinical Pharmacist Specialists (CPS) that are Licensed Independent Practitioners and are authorized to prescribe medications. While this utilization of pharmacists is relatively new in the community, the VA has been incorporating CPS's into the anticoagulation clinic, specialty clinics, research office, and the Patient Aligned Care Teams (PACT) in our Community-Based Outpatient Clinics (CBOCs) for many years. A total of 13,991 patient visits were documented in FY15.

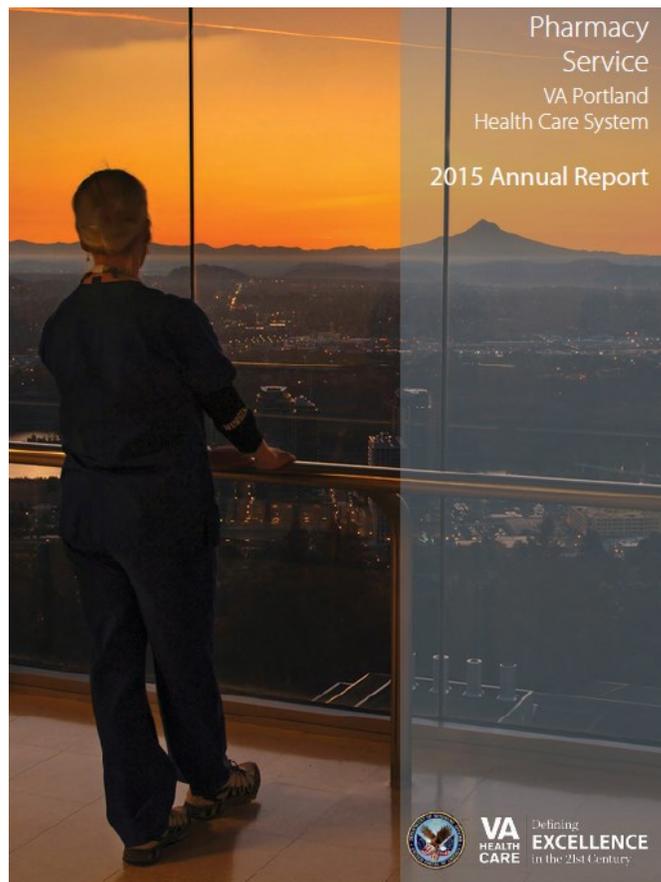
Pharmacy Benefits Management

Our local VA Pharmacy Benefits Management (PBM) team consists of a formulary program manager, a pharmacoeconomic specialist, an informatics pharmacist and procurement staff. By working closely with the Pharmacy and Therapeutics Committee (P&T), formulary decisions are made to balance medication effectiveness, safety, and cost. One cost saving opportunity is to identify medications that have a cheaper but equally effective alternative. The PBM and P&T work together to establish criteria that allows pharmacists to make these conversions, freeing up physician time for patient care. Another area with cost saving potential is to switch patients from brand to generic medications when they are released to market. Ultimately, the goal of the PBM is to maximize the pharmaceutical resources available and treat as many Veterans as possible. To the right is a summary of the types of projects the PBM worked on in FY15 and the documented savings.

FY15 was a year of change for the Pharmacy Service. Implementation of the Veterans Access, Choice and Accountability Act (VACAA) has allowed Veterans to receive care in the community. Ambulatory Operations has been able to support this care with outpatient pharmacy services including clinical prescription review and dispensing. 1,464 prescriptions were filled in FY15 for Veterans who received care outside the VA. VACAA has also allowed the Ambulatory Clinical section to expand in areas such as primary care, anticoagulation, operative care, mental health, infectious disease, and hepatitis C clinic. Looking into the future, the Pharmacy Service will continue to work toward improvement and expansion of pharmacy services in Fiscal Year 2016.

VAPORHCS Pharmacy Benefits Management Team Fiscal Year 2015 Project savings

Drug Conversions	\$849,003
Generic Switches	\$1,795,295
National Initiatives	\$2,991,305
FY15 Total Savings	<u>\$5,635,603</u>



Go to the VAPORHCS Web site to see the inaugural 2015 Pharmacy Annual Report—
www.portland.va.gov/services/Pharmacy.asp

Fiscal year 2015 at a glance

Voluntary Service:

- 685 registered volunteers
- 104,000 hours of service with a value of \$2.4 million
- \$833,000 in-kind donations
- \$53,000 monetary donations



Total Unique Patients	96,109	Assigned Primary Care Patients	65,238
Emergency Dept. Visits	28,355	Surgical OR Cases	8,107
Total Outpatient Visits	945,684	Mental Health Encounters	172,467

VAPORHCS staffing:

Full-time equivalent Employees.....	3,559
Part-time Employees.....	702
Physicians.....	474
Nurses.....	1,057
Social Workers.....	199
Psychologists.....	88

VAPORHCS budget:

Operating Budget.....	\$756,956,922
Medical.....	\$623,347,452
Admin.....	\$40,656,982
Facilities.....	\$49,692,467
VACAA / Choice.....	\$11,396,257
Care in the Community...	\$91,082,473
Information Technology...	\$3,801,333