



VA HEALTH CARE Defining EXCELLENCE in the 21st Century

Veteran Connection

VA Portland Health Care System Newsletter

Keeping the Promise - Advancing Excellence



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VA Portland Health Care System

3710 SW U.S. Veterans Hospital Rd.
Portland, OR 97239
503-220-8262 | 800-949-1004

Produced by the VAPORHCS Public Affairs Office

QUESTIONS / COMMENTS ??

Please email us at...

VHAPOR-PublicAffairs@med.va.gov

Lincoln's Promise (VA Mission Statement)

"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.

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For [VAPORHCS Events and Classes](#)—got to the VAPORHCS Web page...
www.portland.va.gov/calendar.asp

Message from the Director



Joanne M. Krumberger
Director, VA Portland Health Care System

Greetings.

I was honored to be a part of the VAPORHCS Women Veterans Health Fair held in our auditorium on March 31. We had well more than 200 participants at the event where our staff and partner organizations shared health related information and resources for our women Veterans. Thank you all who supported and attended the event and especially ODVA, VBA and the many community organizations that participated.

For several months we have been forming the VAPORHCS Veteran & Family Advisory Board (VFAB). I am happy to announce that the initial 11 volunteer members have been selected and the first meeting is scheduled later this month. We are dedicated at VAPORHCS to provide the best care possible as well as ensure every Veteran's experience here is nothing but exceptional. The VFAB is one more tool we are using to help us achieve this goal by advising us on key health care issues. I want to thank our VFAB members for their time and commitment to this end.

The VA announced an expansion of the eligibility criteria for the Choice Program on March 24 by changing the way the 40-mile rule is calculated. Details are on page 2 of this newsletter. We are delighted about this change as it is anticipated

to double the number of eligible Veterans across the nations for the Choice Program. As of March 31, about 1,550 appointment have been made through the program and our third-party contractor Tri-West. This number is fewer than anticipated but we hope will grow quickly as the new eligibility criteria is implemented and efficiencies are made as processes improve.

During the first week of April VAPORHCS was one of five VA facilities across the nation randomly selected to be part of a Government Accounting Office (GAO) review of Mental Health Services and processes. This was a mandated event directed by the Senate Veteran Affairs Committee to ensure quality of care in this area. I am extremely proud of our staff and the work that we do at VAPORHCS and I invite and encourage you to review the results of that review once they are published.

April 12–18 is National Volunteer Week. I want to give a shout out to the 760+ registered volunteers we have at VAPORHCS. Our Volunteers are an integral part of our team and we could not complete our mission without them. Every year our volunteers do more than 100,000 hours of work that help us provide the high level of care we do. Thank you volunteers—each and every one of you make a real difference every day at VAPORHCS.

Thank you for your service to our county and thank you for letting us serve you.

In Service to Veterans,
Joanne M. Krumberger

VAPORHCS / VBA Veterans Town Hall - May. 19 in Vancouver

Also at several CBOCs by video teleconference

When: Tuesday, May 19, 2015 at 5:00 – 6:30 p.m.

Where: VAPORHCS Vancouver Campus, Columbia Room and at the Bend, Salem, N. Coast, West Linn, Hillsboro and The Dalles CBOCs via video teleconference.

Who: Veterans, family members & caregivers

Questions?

VHAPOR-PublicAffairs@med.va.gov
503-402-2975

Why: Share information, answer questions and address concerns.



Veterans Choice Program update

Eligibility criteria for 40 miles calculation would change to driving distance

As most Veterans who get their care at the VA may know, the VA has implemented the Veterans Choice Program as authorized by the **Veterans Access, Choice, and Accountability Act (VACAA)** of 2014. This allows eligible Veterans to have the option to receive non-VA health care rather than waiting for a VA appointment or traveling to a VA facility. On March 24, 2015, the VA announced plans to expand the number of Veterans Eligible for the program.

One of the current eligibility criteria for the Veterans Choice Program is based on the distance calculation using the straight line distance from a Veteran's home to the nearest VA medical facility. Under VA's plan for expansion, this criterion will change to the driving distance calculation between the Veteran's home and the

nearest VA medical facility. The VA anticipates this change will double the number of eligible Veterans for the program.

This hyperlink below goes direct to the VA press release that provides additional detail;

www.va.gov/opa/pressrel/pressrelease.cfm?id=2687

This expansion will go into effect once VA publishes an interim final rulemaking and is published in the Federal Register. VAPORHCS will implement this as soon as we are allowed. Veterans who are eligible under this change will be mailed letters and Choice Cards from the VA, if they had not previously received one. VAPORHCS will share updates on this as soon as we have that information available.

Frequently asked questions about the new 40 mile rule:

Q: Why is VA changing this criterion now?

A: The interim final regulation was based on the discussion in the House Conference Report that accompanied the Act. After further review of other information contained in the report, VA believes that revising the calculation will still be in the spirit of the law and allow improved access for Veterans.

Q: What mapping tool is used to calculate the 40 miles?

A: The tool used will be a commercial product that is consistent with VA's long-established beneficiary travel program. As every commercial product uses priority programming, the results may vary among products.

Q: Is it still 40 miles from any VA medical facility or is it 40 miles from a VA medical facility that actually provides the care needed?

A: This is currently defined as any VA medical facility. Absent a statutory change, VA does not believe that it has the flexibility to adopt an alternative approach.

Q: How does VA plan to notify newly eligible Veterans?

A: Because all potentially eligible Veterans already received their Choice card, VA will send letters notifying Veterans who will soon be eligible under the revised mileage calculation.

Q: When will this expansion go into effect?

A: VA must publish an interim final rulemaking and this change will be effective upon publication of this rulemaking in the Federal Register.

What Veterans need to do to use the VACAA Program within VAPORHCS

1. **Veteran has appointment > 30 days;** VA Portland will add your name to the Veterans Choice List and mail you a letter outlining the process for utilizing the Choice Program.
2. **Veteran decides to utilize Choice Program;** they call the 1 866-606-8198 number 5-7 days after they receive a letter from VA Portland in order to allow time for the information to get to Tri West's system.
3. **Tri West will gather information** from Veterans, confirm eligibility and hand over the case to their scheduling team.
4. **Tri West scheduling team** should call Veteran within 5 days to make an appointment.
5. **If Veterans lives > 40 miles** from any VA facility - call Tri West directly at 1 866-606-8198 to review eligibility for care.

VA Choice Act Resources

- VAPORHCS Purchased Care Division
(360) 759-1674
- www.va.gov/opa/choiceact/

Colon Cancer is: Preventable. Treatable. Beatable.

Did you know that colorectal (colon) cancer is the #2 cause of cancer death for both men and women?

Colon cancer can be prevented or treated with screening.

How do I know if I am at risk?

Getting older raises your risk for colon cancer. Having a relative like a parent, sibling, or child with hidden growths called “polyps” or colon cancer also can raise your risk. The good news is that screening can lower your risk for colon cancer by more than half!

How can I tell if I have colon cancer?

If you are aged 50 or older, get screened. Early colon cancer usually does not cause symptoms. Screening allows your healthcare team to find and remove polyps before they become cancer.

What are my options for screening?

- **Stool test kit:** Your healthcare team offers a stool test kit for you to take home. The stool test looks for small amounts of blood in the colon. If you were given a stool test kit, please return it as soon as possible. If you need a stool test kit, please ask your healthcare team for one.

- The stool test should be repeated once each year. The good news is that you do not need to prepare (“prep”) for this test. Simply use the envelope provided to send your stool sample to the lab. If blood is found, your healthcare team will talk with you about getting a colonoscopy (ko-lon-os’-ko-pe).

Sigmoidoscopy (sig-moid-os’-ko-pe): This test looks at the lowest part of the colon and rectum with a flexible tube put in to the rectum. Most polyps found can be removed immediately. Prepping is needed, but drugs are not needed to make you feel sleepy. You can drive yourself home after the test.

- The good news is that this test only needs to be repeated once every 5 years. This test is not recommended if you have a family history of colon cancer or had polyps in the past.

Colonoscopy (ko-lon-os’-ko-pe): This test looks at the entire colon, so the “prep” takes longer to make sure your colon is fully clean. Drugs usually are used to help you relax. Most polyps found can be removed immediately. Someone must drive you home after the test.

If no polyps are found, this test only needs to be repeated once every 10 years. If polyps are found, your healthcare team will recommend screening more often.

Each screening test can lower your risk for colon cancer. The main message: Get screened!

Learn more about colon cancer and your options for prevention at the Veterans’ Health Library at www.veteranshealthlibrary.org

Veterans Health Administration Reexamining who's at high risk for colorectal cancer



Colorectal cancer is cancer that starts in either the colon or the rectum. This form of cancer is the second most prevalent in the United

States. For many people, colorectal cancer can be prevented through regular screenings.

See the whole story on the VA Office of Research & Development Web site –

www.research.va.gov/news/features/colorectal_cancer_risk.cfm

VAPORHCS holds GI Phone-a-Thon

On March 14, five VAPORHCS staff supported a Gastrointestinal (GI) Phone-A-Thon making more than 150 phone calls to Veterans.

The goal was to speak to patients that are approved for their colonoscopy through the Choice Program and to encourage them call Tri-West as soon as they could to schedule the procedure.

VAPORHCS will hold a second GI Phone-A-Thon on April 11 to encourage Veterans to get this done and remind them of the importance of obtaining a colonoscopy.



Information Desk Volunteer “gives back” to VAPORHCS

VAPORHCS Volunteer Highlight—National Volunteer Week is April 12-18

By Phillip Myers
Volunteer, Public Affairs Office



VAPORHCS is a “big” place. Visitors often need detailed instructions in order to get to their intended destination. One of the most dedicated guides is Volunteer Bev Smith who can be seen at the main Portland Medical Center reception desk three days a week. Bev has been helping at that desk for more than five years.

“I like helping people,” Bev said, “and I particularly enjoy assisting at the front desk, even though at times it gets pretty hectic.” People who come to the Medical Center often need someone to reach out to them with directions, and, sometimes, need a person to just listen if they are distraught, said Bev.

She says that quite a few people mistakenly come into VAPORHCS when they intend to visit OHSU, and, of course, Bev patiently explains the correct route. Due to the numerous special events that take place at VAPORHCS, Bev has to keep herself informed of these activities in order to provide directions. She also accompanies vision impaired Veterans to their appointments.

Bev is an active member of the Ladies Auxiliary Military Order of the Purple Heart and the VA Voluntary Service of which she is a deputy representative.

Her late husband, Herb Smith, was a Vietnam U.S. Army Veteran who also served during the Korean War. His aircraft was shot down in Vietnam, and, subsequently, was a patient at VAPORHCS for many years. Bev’s father, Clarence Hoard, was a WWI Veteran who passed away at the VAPORHCS facility, and her brother, Clarence Jr., was a U.S. Marine who saw combat in several major battles. Her niece, Dana Owens, works at the VAPORHCS ICU unit.

“I’ve always felt that I had pay back all that the Portland VA Medical Center has done for my family members, and, in some small way, I am doing that by volunteering here,” Bev said. “The hospital was fantastic to my husband.”

Bev Smith was born at OHSU and is a life-long Portland resident. Her personal motto could be “always prepared with directions and a smile” to enforce a lasting impression on patients and visitors to VAPORHCS.

Fisher House

2015 marks 25 years of Fisher House Foundation Service to our country’s Veterans and Active Duty Service members. Today there are 26 active VA Fisher Houses which will increase to 44 over the next several years.

The Portland VA Fisher House broke ground September 19, 2014 and is scheduled for completion by November 10, 2015. Construction for the 16-suite home is moving along as scheduled. The first floor framing began during the month of February and the second floor will soon follow.

The Fisher House Foundation has their very own interior designer who develops a “home away from home” environment in every house they build.



Portland VA Fisher House on the VAPORHCS Campus. Photo taken March 31, 2015

VA accelerates deployment of nationwide opioid therapy tool

[VA Vantage Point post](#); March 9, 2015

Keep an eye out for information on the VA Opioid Safety Initiative in future issues



Washington – The Department of Veterans Affairs (VA) is accelerating the deployment of a state-of-the-art tool to help protect Veteran patients using high doses of opioids or with medical risk factors that put them at an increased risk of complications from opioid medications.

The tool, referred to as the *Opioid Therapy Risk Report*, is being made available now to all staff in the Veterans Health Administration (VHA). Over the past week, VA's Interim Under Secretary for Health, Dr. Carolyn Clancy, has reached out to over 2,000 primary care providers in VHA clinics throughout the country to promote the use of this novel tool. It includes information about the dosages of narcotics and other sedative medications, significant medical problems that could contribute to an adverse reaction and monitoring data to aid in the review and management of complex patients.

“All of American medicine is aiming to better understand how to treat severe pain, and Veterans receiving care in the VA health care system typically suffer from higher rates of chronic pain than the general public,” said Dr. Clancy. “While opioid medications may be appropriate in some cases of chronic pain, we are dedicated to using them safely and providing effective pain care to our Veterans. It is critical that we ensure system-wide implementation of the Opioid Therapy Risk Report in the weeks ahead.”

The Opioid Therapy Risk Report allows VA providers to review all pertinent clinical data related to pain treatment in one place, providing a comprehensive Veteran-centered and more efficient level of management not previously available to primary care providers. VHA is actively deploying training aids to providers and facilities now and over the next several weeks to familiarize them with how to utilize this tool in their daily practice.

Overuse and abuse of prescription opioids is a significant public health issue, particularly since patients in pain are at risk for potential negative outcomes including unintended overdose, adverse medical reactions, and mental health complications. VA established the Opioid Safety Initiative (OSI) in 2012 to enhance safe and effective pain care for Veterans. As a result, there are currently:

- 91,614 fewer patients receiving opioids;
- 29,281 fewer patients receiving opioids and benzodiazepines together;
- 71,255 more patients on opioids that have had a urine drug screen to help guide treatment decisions;
- 67,466 fewer patients on long-term opioid therapy



New Initiative

VA, National Institutes of Health seek alternatives to addictive opioids

According to a recent Army study in the Journal of the American Medical Association, nearly half of all troops who have come home from Afghanistan and Iraq are coping with chronic pain. Chronic pain profoundly affects Veterans' quality of life, interfering with work, recreation, and social interaction. Says Indianapolis VA researcher Dr. Matthew Bair, "It's important that we treat chronic pain, and the most common way we treat it is with medication."

For the entire article – [click here](#).

Here is a link for the VA/DoD Clinical Practice Guidelines [Management of Opioid Therapy \(OT\) for Chronic Pain](#).

Additional information is available on this [Web page](#) to help Veterans understand VA and DOD clinical practice guideline with regard to opioid therapy.