



**VA HEALTH CARE** Defining EXCELLENCE in the 21st Century

# Veteran Connection

VA Portland Health Care System Newsletter

Keeping the Promise - Advancing Excellence

*Happy New Year*



## VA Portland Health Care System

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Produced by the VAPORHCS Public Affairs Office

### QUESTIONS / COMMENTS ??

Please email us at...  
VHAPOR-PublicAffairs@med.va.gov

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## Welcome from the Director



Joanne M. Krumberger  
Director, VA Portland Health Care System

Happy 2015!

I am very proud of the accomplishments and progress made at VAPORHCS in 2014 and doubly enthusiastic about the possibilities for the coming 12 months.

Our primary care wait time averages are down to 10.1 days for existing patients and are currently 27.3 days for new patients; this is down from 60.52 days in June 2014. We continue to make progress in hiring new primary care providers; one started work last month and five more are scheduled to start this month—three more formally accepted positions to start by April 2015. Implementation of the Choice Act now provides more options to our Veterans for timely access; to date, more than 2,600 VAPORHCS Veterans have been referred for care through the Choice Program; that number grows every day.

I am very appreciative of the extraordinary support and collaboration of our Veteran Service Organization leaders and congressional stakeholders this past year. Active participation at our monthly VSO Committee meetings have increased by more than 300 percent providing valuable input and ideas on how we can improve the care experience of our Veterans.

Our congressional partners continue to be ex-

tremely proactive in their communication with us and active in their participation of meetings and events. Creation of and participation in our new Veteran Transportation Task Force and appointment of the new VSO co-chair, Tom Cousino of DAV - are excellent examples of how we are working together to make real positive differences for Veterans right here in SW Washington and Oregon. Thank you, Tom, for volunteering to help us lead that important effort. We are also very proud of our staff and the work they do every single day for Veterans.

Our priorities at VAPORHCS for 2015 remain unchanged:

- Provide the best quality care possible for our Veterans.
- Ensure safety in everything we do for Veterans and employees remains uncompromised.
- Provide personalized, pro-active and timely care.
- Provide exceptional staff support & development.
- Continually improve what we do.

I promise that we will continue to move forward in improving the care experience of our Veterans in every possibly way. I thank you all for helping us do that with your active participation and feedback.

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 - Feb. 28 in Portland and at Bend and Salem CBOCs by video teleconference

**When:** Sat., February 28, 2015 at 9:30 a.m. – 11:00 a.m.

**Where:** VAPORHCS Portland Campus, Auditorium and Bend and Salem CBOCs via video teleconference.

**Who:** Veterans, family members & caregivers

**Why:** Share information, answer questions and address concerns.

For all the [VAPORHCS Events and Classes](#)—got to the VAPORHCS Web page...

<http://www.portland.va.gov/calendar.asp>

Questions?  
[VHAPOR-PublicAffairs@med.va.gov](mailto:VHAPOR-PublicAffairs@med.va.gov)  
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## Veterans Transportation Taskforce

Formed November 2014, the Veterans Transportation Taskforce was established to work with community partners to identify transportation issues and challenges for Veterans who get care at the VA; identify resources, organizations and means to address the issues and challenges; get resource owners and influencers to the table to start developing solutions and then see them thru to help make a difference for Veteran transportation needs in SW Washington and Oregon.

Current participants include VAPORHCS, DAV, Ride Connection, C-Tran, Catholic Community Services, Skamania County Senior Services, Sunset Empire Transit, Human Services Council and Klickitat County Senior Services.

The taskforce is co-chaired by VAPORHCS employee, Vickie Moreland, and as of very recently, Tom Cousino of DAV.

The group can always use help in identifying issues and providing



ideas and resources for solutions.

If you or your organization is interested in supporting this effort, please contact...

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Veterans Health Administration  
**Research & Development**  
Improving Veterans' Lives [www.research.va.gov](http://www.research.va.gov)

## VAPORHCS Research

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

Associate Chief of Staff, Research and Development

VAPORHCS currently has over 150 investigators and more than 500 active protocols (a document describing the procedures of a research study). In fiscal year 2013, VAPORHCS scientists were successful in competing for over \$33 million in research grants from the VA, National Institute of Health (NIH), Department of Defense (DOD) and other sources and published 265 peer reviewed research studies.

VAPORHCS 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 at VAPORHCS. The established research programs reflect the special needs and interests of veterans treated at this medical center. VAPORHCS has been fortunate to receive several large grants that reflect the critical mass of scientists who have assembled here to investigate important diseases.

(Continued on next page)

Major on-going VAPORHCS research centers ...

- » NIH-funded Alcohol Research Center
- » National Center for Rehabilitative Auditory Research (NCRAR, an RR&D funded Center of Excellence)
- » Mental Illness Research Education and Clinical Center (MIRECC)
- » Parkinson's Disease Research Education and Clinical Center (PADRECC)
- » Multiple Sclerosis Center of Excellence
- » Epilepsy Center of Excellence
- » NIH-funded Methamphetamine Research Center
- » 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

## VAPORHCS Research (continued from previous page)

VAPORHCS research endeavors benefits greatly from its strong affiliation with Oregon Health & Science University (OHSU). Research collaborations between the two institutions are greatly enhanced by a sky bridge that connects the VA 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, postdoctoral fellows and junior faculty members through VA and NIH training grants and career development programs. There are 17 career development recipients currently being trained at VAPORHCS and 27 other post-doctoral fellows.

### Lung cancer - what VAPORHCS is doing about it

#### Low-dose CT scan program may help save lives



By Christopher Slatore, MD, MS  
Physician and Investigator,  
VAPORHCS Health Services Research & Development

It has been known for years that smoking causes most lung cancer - after it causes the cancer, smoking blocks your body from fighting it. According to the Centers for Disease Control and Prevention (CDC), nearly nine out of ten men who die from lung cancer are smokers.

Portland is one of eight VA facilities chosen to develop a comprehensive a lung cancer screening system so we can provide high-quality care to high-risk Veterans. In addition to determining how best to care for Portland area Veterans, we will provide information that will help determine the best practices for lung cancer screening that may be used throughout the U.S.

Among middle-aged smokers, lung cancer is the cause of 33 percent of overall mortality. Veterans have an even higher lung cancer incidence and mortality than the general population, and in

2007, almost 5,000 Veterans were treated for lung cancer in VA facilities.

Lung cancer does not usually cause noticeable symptoms until it has spread. Most patients are diagnosed after it has already spread so treatments are generally

less effective than they could be. Accordingly, there is great interest within and outside VA to find ways to diagnose lung cancer earlier when treatments work better.

One method to diagnose lung cancer when treatments are more effective is to screen for it; that is, look for early lung cancers in people who are not having symptoms. Screening is what is commonly done for breast and prostate cancers.

Recent studies have evaluated whether computed tomography (CT or “cat”) scans help people at high risk of developing lung cancer, namely heavy smokers, to live longer. Under contract from the U.S. Preventive Services Task Force, the organization that helps primary care clinicians make decisions about screening, investigators at the Portland VA and Oregon Health & Science University reviewed thousands of studies that have addressed this topic.

The investigators reviewed over 8,000 papers related to the topic and narrowed that list to studies that directly addressed whether CT scans benefitted people at high risk of developing lung cancer. Four trials reported

results of CT screening among patients who smoked: one large trial involving screening indicated mortality reductions of 20 percent and 7 percent, respectively. In other words, in a group of 1,000 people screened once a year for three years, three fewer people had died of lung cancer after 6 years; instead of 21 people, 18 people per 1,000 died of lung cancer. However, potential harms to patients included radiation exposure and a high rate of false positive examinations, which were typically resolved with further imaging.

In conclusion, moderate evidence shows that low dose CT screening can reduce lung cancer and all-cause mortality, but there are also harms associated with screening that must be balanced with the benefit. Screening has only been studied in people

Lung cancer is by far the leading cause of cancer related death for men and women

An estimated 74 percent of Veterans are current or former cigarette users; 42 percent of all U.S. adults are currently or have previously smoked

## Low-dose CT scan program may help save lives (continued from previous page)

at high risk of developing lung cancer who are or have been heavy smokers. Screening people at lower risk of lung cancer will likely lead to many more harms than benefits. It is also important to note that the benefits of screening were shown in a study where comprehensive systems were in place to best care for patients before, during, and after the CT scan.

Based on the review of the evidence, the U.S. Preventive Services Task Force recently recommended that people who have been heavy smokers discuss lung cancer screening with their doctor (<http://www.uspreventiveservicestaskforce.org/uspstf13/lungcan/lungcansumm.htm>). The Task Force stresses that screening should only occur within health care systems that can optimally care for patients during the entire screening and treatment process. Because lung cancer screening of this type is new, these systems are just starting to be designed and tested. As they are validated, systems will be established throughout the VA health care system and details will be shared with Veterans about their care options.

We are very excited to see our research results lead to improved care. As a Veteran, if you have any questions or concerns related to smoking and your health, please speak to your primary care provider who will provide you guidance and care based on your particular situation.

## VAPORHCS Research Day

Here details from five researchers on their studies and what impact findings may have on Veterans and beyond

**When:** May 21, 2015 at 10:00 a.m. – 11:30 a.m.

**Where:** VAPORHCS Portland Campus, Auditorium

**Who:** Veterans, family members, employees & fellow researchers

**Why:** Share information about on-going research at VAPORHCS and meet and talk with staff

## VAPORHCS Fisher House construction is moving along



Architectural drawing of the VAPORHCS Fisher House currently under construction on the VAPORHCS Vancouver Division Campus

VAPORHCS Fisher House construction is making progress since the official groundbreaking ceremony held in September on the Vancouver Campus. The new home is expected to be operational in summer 2015. In case you didn't know, here is a little information about it.

The Fisher House primarily serves family members and caregivers of Veterans and active duty service members who are hospitalized at VA facilities or for others if the VA is funding and coordinating the Veteran's care in non-VA facilities. It may also serve family and caregivers of Veterans who are receiving extended outpatient specialty care, such as oncology care, at our various specialty clinics. Eligibility also requires that guests travel at least 50 miles, one way, or at least two hours from their home to VA.

This 13,400 sq. ft. "home away from home" is donated by the Fisher House Foundation and owned/operated by the VA. It is designed with 16 private bed/bath suites with a common kitchen, dining room, living room and library made to accommodate all ages. Also includes an elevator and comes professionally decorated and beautifully furnished.

The Fisher House is primarily for families and NOT the patient themselves. For Veteran to stay they must have someone with them the entire time. There will be NO clinical services offered in the Fisher House. Guests must be completely self-sufficient and stable both physically and mentally.

More updates will be shared as we get closer to opening this new facility.