

Community Medicine and Veterans Healthcare

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Why should you make your hospital or system veteran friendly?

- ▶ How will your patients benefit?
- ▶ How will your system or hospital benefit?

Background:
25 year old PG-1





“We don’t want a wider war !”



2.4 MILLION U.S.
Troops Sent to
Vietnam

Killed: 58,000
Injured: 300,000



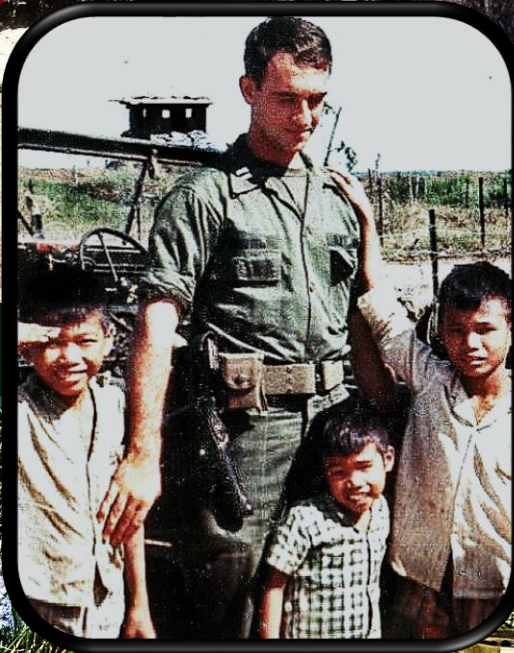
CASUALTY RATE 15%
One in Six

Deficiency of Reality-Based Planning





Forward Battalion Aid Stations



Veterans Are An Underserved Patient Population

One of every 14 U.S. adults (7%)
18 years and older has served in the military.
18.2 million veterans in 2017 plus
1.3 million active duty military



Only 20 percent receive
most of their care at the VA

One of every seven males (14%) between the ages of 35
and 65 years has served in the military.

**Eight of every ten veterans (80%) receive most of their
healthcare from civilian non-VA sources.**

- ✓ 40 percent are registered with the VA
- ✓ Most are insured. (Private, Medicare, Medicaid)

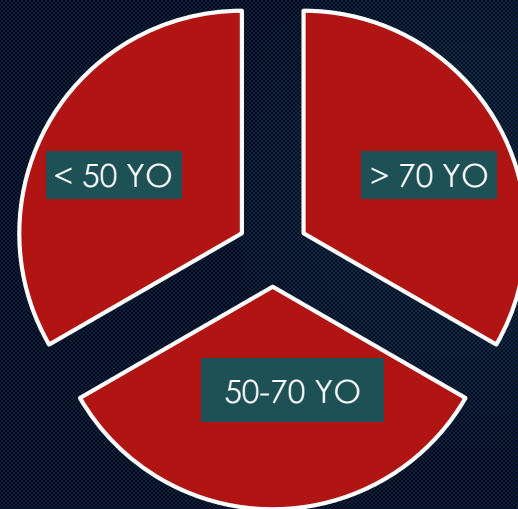
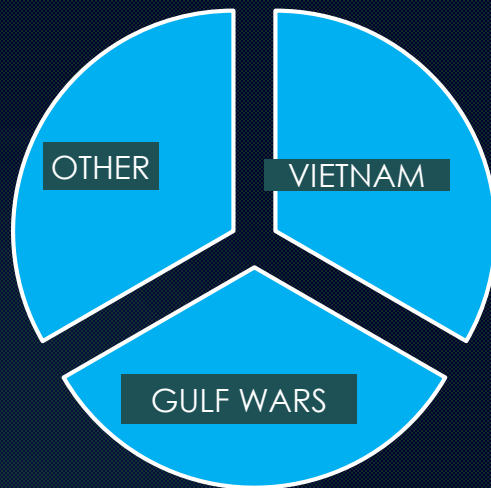
America's Veteran Population

Male Veterans

Female Veterans (5%)

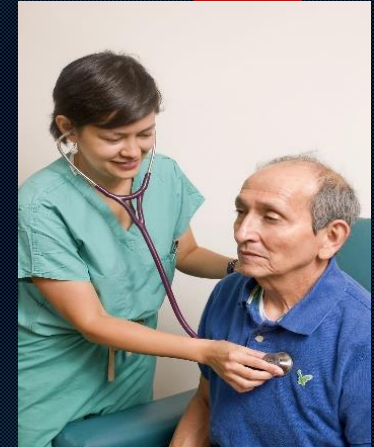
Median Age = 64 yrs

Median Age = 49 yrs



Expanding Role for Community Medical Providers

- Expected downsizing of active duty military will initially create a larger veteran population.
- The Affordable Care Act provided more veterans with comprehensive health insurance through employers.
- **Now - INCREASED OUTSOURCING**
 - Mission Act 2018
 - Veterans Community Care June 2019



Veterans Administration to outsource medical services for veterans' care

Published time: 19 Nov. 2015 09:24

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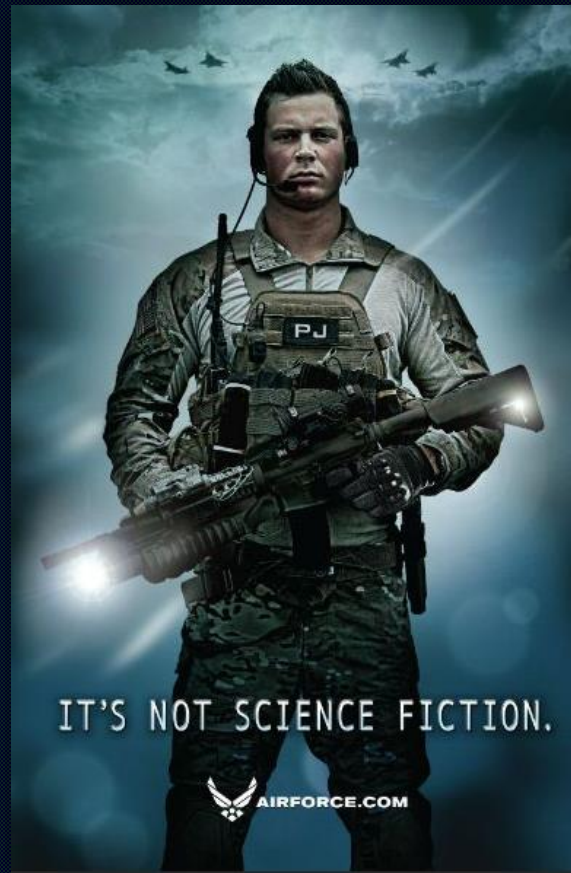
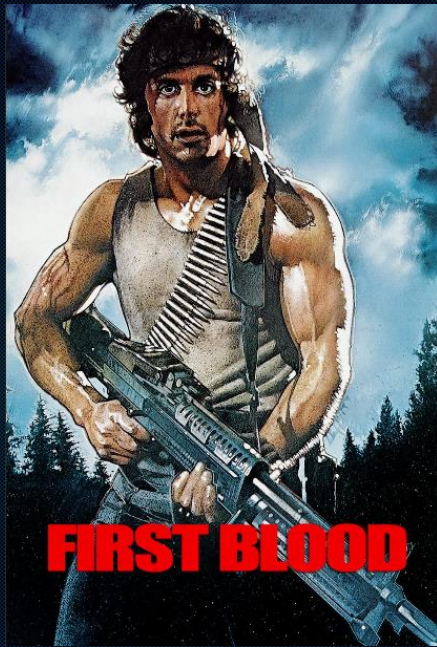
U.S. soldier Sergeant, who was wounded in Iraq, at the Physical Medicine and Rehabilitation center at the Walter Reed Army Medical Center in Washington © Yuri Gripas © Reuters

BUT.....Most community doctors have no clue which of their patients have served in the military.

- *And* - They don't know what questions to ask.
- *And* – *They don't know why it matters !*



Public Perception of Professional Soldiers vs Reality





Raw Footage Afghanistan April 2015

Don't Forget Veterans' Families - *Everyone Serves*



Everyone Serves



Everyone Serves



Military Work Hazards

Veteran Health Problems

Trauma: Enemy, friendly, accidental, and training



Military Work Hazards:

Trauma: Booby traps and land mines



Traumatic Brain Injury (TBI)

- ▶ Usually from **blast injury**
- ▶ **Immediate Symptoms**
 - ▶ Dizziness, confusion, LOC, seeing “stars”, transient loss of memory.
- ▶ **Later Symptoms**
 - ▶ Persistent headache
 - ▶ Sensitivity– light and noise
 - ▶ Visual disturbance
 - ▶ Loss of balance
 - ▶ Low energy
 - ▶ Tinnitus
 - ▶ Depression, apathy, anger, anxiety
 - ▶ Impaired cognition



Toxic Exposures Not Always Disclosed by Military and Not Always Related to Combat

Army Apologizes to Troops Exposed to US-Designed Chemical Weapons in Iraq



After it was reported that more than 600 service members suffered from chemical exposure in Iraq, the undersecretary of the Army issued an apology this week. The scandal goes deeper with its lack of proper medical treatment for these service members.

More Than 600 Reported Chemical Exposure in Iraq, Pentagon Acknowledges

By C. J. CHIVERS NOV. 6, 2014
nytimes.com | Nov. 6, 2014

More than 600 American service members since 2003 have reported to military medical staff members that they believe they were exposed to chemical warfare agents in Iraq, but the Pentagon failed to recognize the scope of the reported cases or offer adequate tracking and treatment to those who may have been injured, defense officials say.

The Pentagon's disclosure abruptly changed the scale and potential costs of the United States' encounters with abandoned chemical weapons during the occupation of Iraq, episodes the military had for more than a decade kept from view.

Navy sailors have radiation sickness after Japan rescue

By Laura Italiano and Kerry Murtha

December 22, 2013 | 6:40am



Who Cleaned Up Radioactive Islands Can't Get Medical Care

By ...

Facebook Twitter YouTube

March 2011 during a



... by Tim Holden, a military film crew dressed him in a protective suit and he arrived on Eniwetok Atoll in 1979. During the four months he cleaned up ... there, he wore only shorts and a sun hat.

Agent Orange (Dioxin) – 2.5 M Exposed



- Birth defects in offspring – esp. spina bifida
- Amyloidosis
 - Chronic B Cell Leukemias
 - Chlorachne
- Diabetes Type II
- Hodgkin's Disease
- Ischemic Heart Disease
 - Lou Gherig's Disease
 - Multiple Myeloma
 - Non-Hodgkin's Lymphoma
- Parkinson's Disease
 - Peripheral Neuropathy
 - Porphyria Cutanae Tarda
- Prostate Cancer
- Respiratory Cancers - Lung, Bronchus, Larynx
 - Soft Tissue Sarcoma – (not osteo)

Gulf War Service



Exposures

- Vaccinations
- Oil well fires – smoke and petroleum
- Fine dust and sand
- Chemical and biological weapons
- Depleted uranium
- Noise
- Chemical resistant paint
- Pesticides
- Infectious diseases
- Heat injuries

Symptoms

- ▶ Chronic Fatigue
- ▶ Fibromyalgia
- ▶ Functional GI disorders

Gulf War Syndrome

(Chronic Multi-symptom Illness)

- ▶ Weight loss, fatigue, CVD, myalgia, arthralgia, headache, neurologic and psychiatric disorders, sleep disturbance, dermatologic disorders, respiratory disorders.

Infectious Diseases



- ▶ Malaria
- ▶ Brucellosis
- ▶ *Campylobacter jejuni*
- ▶ *Coxiella Burnetii*
(Q Fever)
- ▶ *Mycobacterium tuberculosis*
- ▶ Nontyphoid Salmonella
- ▶ Shigella
- ▶ Visceral Leishmaniasis
- ▶ West Nile Virus

**STDs Including
HIV/AIDS**



Post-traumatic Stress symptoms

▶ Symptoms may include:

- ▶ Panic attacks
- ▶ Hypervigilance and startle
- ▶ Aggression and paranoia
- ▶ Intrusive thoughts - "flashbacks"
- ▶ Sexual dysfunction
- ▶ Depressed or flat affect
- ▶ Sleep disturbance and nightmares

▶ May take many forms including:

- ▶ Depression
- ▶ Anxiety
- ▶ Substance abuse

▶ Symptoms often precipitated by near or actual physical injury

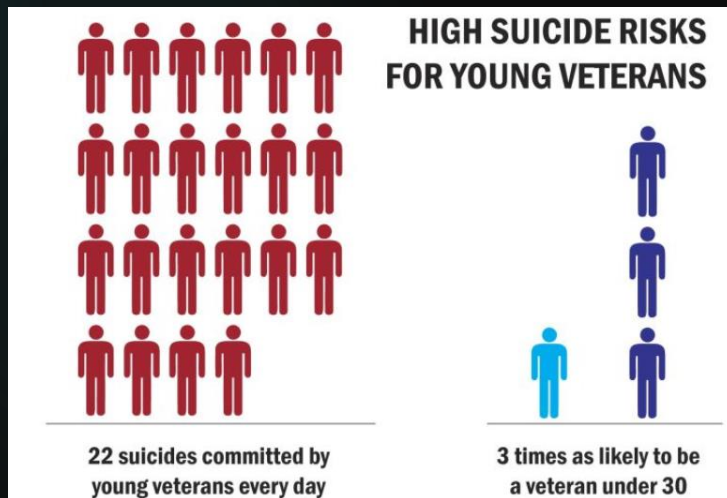
▶ **Often presents with somatic complaints**

▶ **LATE ONSET PTSD:** Physically, emotionally and Financially Vulnerable



Veteran Suicides

- ▶ Both male and female rates are 1.5 – 2x greater than rates for civilians
- ▶ Highest rate 18-35 yrs old.
- ▶ Younger age associated with most rapid increase
- ▶ 60 percent are 55 and older
- ▶ 70 percent of suicides involve firearms.



Veterans Health Insurance

- ▶ **PRIVATE AND PUBLIC HEALTH INSURANCE**
 - ▶ A greater percentage of veterans are insured than nonveterans
 - ▶ VA medical benefits can act like supplemental insurance
- ▶ **VETERANS ADMINISTRATION HEALTHCARE**
 - ▶ Service-related Health Issues
 - ▶ Not service-related Issues
 - ▶ May have a financial means test for eligibility
- ▶ **CHAMPVA** (VA's Civilian Health and Medical Program)
- ▶ *Mostly replaced by Tricare*
 - ▶ Spouses, widows and children of veterans
 - ▶ Administered by the VA
- ▶ **TRICARE**
 - ▶ Managed by the DoD Health Agency not the VA
 - ▶ Military service: active duty, retirees, reserves, dependents

Community Medical Providers

VETERANS COMMUNITY CARE NETWORK

Implemented June 2019



Do Your Providers Identify Patients Who Are Veterans?

Did you or someone close to you ever serve in the military?

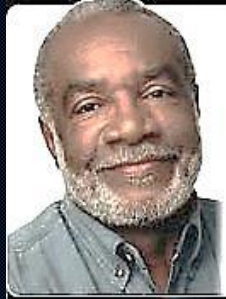
YES

Document and Refer Pt to a VA counsellor to define benefits

NO

Document.

Identification is the gateway into the system.

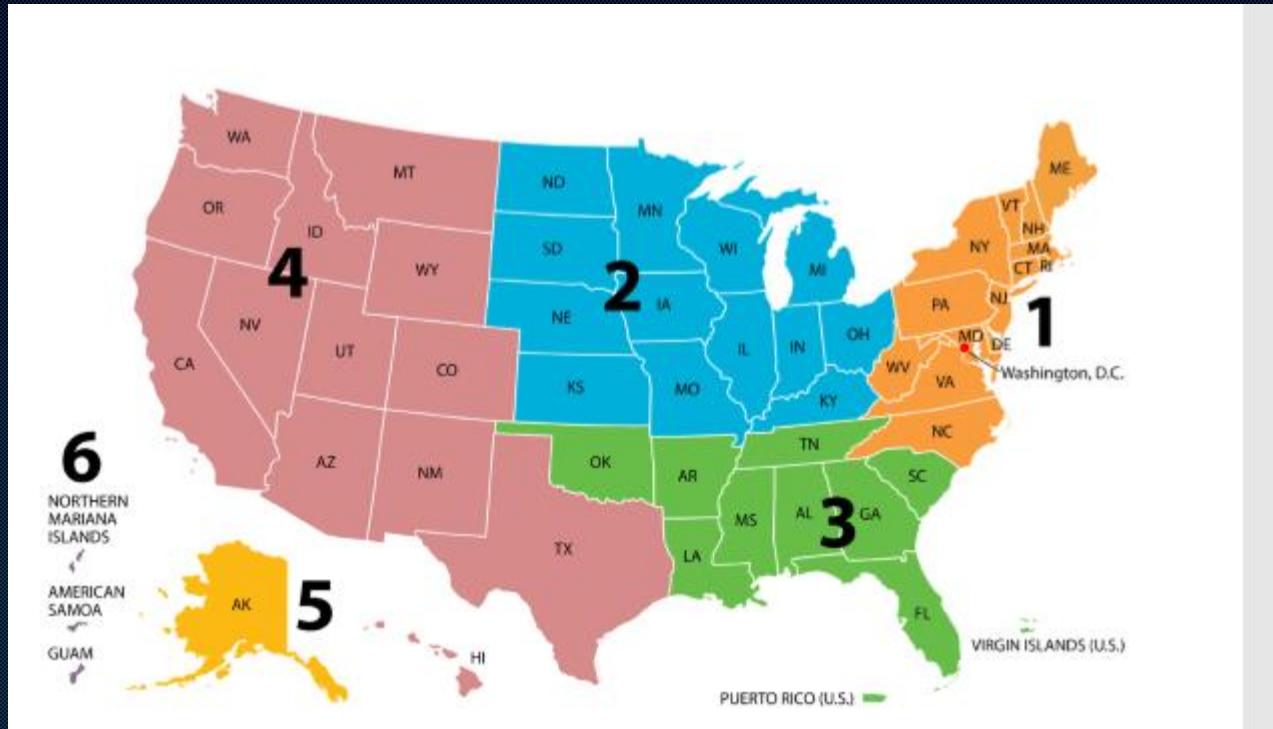


Most veterans look like non-veterans.
Are you missing their health problems ?

Veterans Community Care Networks (VCCN) June 2019

- Routine medical care for veterans and their families.
- Urgent Care
- Emergencies
- Home Care
- Hospice Care
- Infertility and In Vitro Fertilization (Service Connected)
- Healthcare during travel to foreign countries
- American Indian and Alaskan Native Veterans
- State Veterans Homes and Adult Day Care

Community Care Networks Administered by Region



Optum Public Sector Solutions (United Healthcare) Regions 1-3

TriWest Healthcare Alliance Regions 4-6
(Replaced Health Net)

Veterans Community Care Networks

▶ ELIGIBILITY FOR COMMUNITY CARE

- ▶ Patient and Provider registered at the VA
- ▶ Service not available at a VA facility
- ▶ Best medical interest of the patient
- ▶ Service line does not meet quality standards
- ▶ Grandfather clause from previous programs

▶ DESIGNATED ACCESS STANDARDS

- ▶ 20+ days primary and mental health appointment
- ▶ 28+ days specialty care appointment
- ▶ 25+ minutes to VA primary care
- ▶ 50+ minutes to VA specialty care



Veterans Community Care Networks

▶ URGENT CARE (Fever, minor injury, etc.)

- ▶ Vet registered at the VA
- ▶ Received care during past 24 months
- ▶ Provider registered for urgent care
- ▶ No prior authorization required
- ▶ VA bills patient for copay.



▶ EMERGENCY DEPT VISITS

- ▶ No prior authorization needed.
- ▶ VA pays if service-related condition or totally disabled
- ▶ If not service-related condition
 - ▶ Secondary to other insurance
 - ▶ If no health insurance, payments capped at 70 pc Medicare rates

Advantages of Making Your Hospital or System “Veteran Friendly”

(Veterans’ Product Line)

▶ ATTRACTS NEW PATIENT DEMOGRAPHIC.

(Veterans and Their Families)

- ▶ Competitive Advantage
- ▶ Most have private insurance, Medicare, or Medicaid.
- ▶ VA benefits used alone or as secondary insurance
- ▶ You are listed as a participating provider
- ▶ Direct Referrals from VA



▶ IMPROVED PATIENT CARE

- ▶ Fewer missed diagnoses -- Potential MALPRACTICE LIABILITY benefit
- ▶ Better Preventive Care
- ▶ Teaching Services with VA Facilities
- ▶ VA services for underinsured patients. (Drugs, PT, home care, etc.)

Financial Reasons to Make Your Hospital or System “Veteran Friendly”

▶ FEWER MEDICARE PENALTIES FOR ELIGIBLE UNDERINSURED PATIENTS

- ▶ Medications (especially insulin)
- ▶ Physical therapy
- ▶ Home nursing care and supplies
- ▶ Outpatient care

▶ TRANSFER COSTS FROM MONEY-LOSING SERVICES TO VA

- ▶ Mental health
- ▶ Hospice

▶ OTHER FINANCIAL BENEFITS

- ▶ Decrease receivables esp. Eligible ED Visits



Make Your Hospital or System Veteran Friendly

ADVERTISING AND COMMUNITY RELATIONS

***We Are Proud To Be
A Veteran-Friendly Facility***

***Our Veterans Served Us.
We Proudly Serve Them.***

***Our Staff Provides a Warm and Friendly
Welcome to Veterans and Their Families***



HOW to *Make Your* Hospital or System “Veteran Friendly”



▶ ADMINISTRATION

- ▶ Creation of a new Veterans' service line
- ▶ Designated Staff and Coordinator
- ▶ Administrative Liaison to VA
- ▶ Financial liaison / Insurance
- ▶ Social service to coordinate and make referrals

HOW to Make Your Hospital or System “Veteran Friendly”



▶ ELECTRONIC HEALTH RECORDS

- ▶ Identification of Veterans' and Family Members' recorded in Demographics and Medical Problem List
- ▶ Abbreviated Military Health History
- ▶ Sharing medical records

▶ STAFF EDUCATION

- ▶ Required video training on Veterans Health History and Cultural Awareness (20-30 min)

Current Initiatives

- IDENTIFY VETERANS who are not receiving services.
- TEACH HEALTHCARE PROVIDERS how to take a basic military health history
- ELECTRONIC HEALTH RECORDS should contain military history
- ROTATIONS THROUGH THE VA should require learning basic skills.

ENCOURAGE HOSPITAL NETWORKS TO BECOME VETERAN-FRIENDLY

- Train staff in basic skills
- Designated social services.
- Good public and community relations.
- Attracts a new patient base.
- Better rapport with neighboring VA facilities.
- Improved teaching opportunities through pooled resources
- Fewer readmissions when underinsured vets receive VA services.

SUMMARY

- ▶ Most veterans seek care from community-providers but most are not identified as veterans. This has negative impact on their care.
- ▶ The Mission Act allows eligible veterans to seek care from Community Care Network (CCN) providers without prior approval.
- ▶ Hospitals and Networks can create a Veterans Product Line to augment these services.



SUMMARY

- ▶ **Veteran-friendly providers will:**
 - ▶ Attract new patients and families.
 - ▶ Receive referrals from VA and provider lists.
 - ▶ Generate good public relations.
 - ▶ Give better service.
 - ▶ Dec liability from fewer missed diagnoses.
Dec readmissions and Medicare penalties,
 - ▶ Transfer some money-losing services to the VA.
 - ▶ Receive payment for underinsured patients.
- ▶ AND it will help veterans and their families in the process.



Questions Comments Suggestions ??



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*Questions
Comments
Suggestions ??*



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