

Advocacy for Veterans within the Veterans Health Administration

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Our nation's 23.4 million Veterans are a special population with a unique set of experiences and needs. About 5.5 million Veterans receive part or all of their health care within the Veterans Health Administration (VHA) health care system. Traditionally Veterans seen at VHA facilities have been older, poorer, and sicker (more physical and mental health diagnoses), compared with the general US population.¹ The ongoing conflicts in Iran and Afghanistan, termed Operation Iraqi Freedom (OIF) and Operation Enduring Freedom (OEF), have added new Veterans to VHA's roles. These Veterans are, on average, younger but many suffer from multiple complex physical and mental health problems, including traumatic brain injury (TBI), amputations, burns, combat stress, and post-traumatic stress disorder (PTSD). Advocacy for individual patients trying to navigate health systems when they are ill is important

in any health care system, no matter how good. Advocates have been a particularly effective way to protect and improve health care for both older and younger Veterans—Veterans who may be suffering from a variety of physical and emotional conditions and who have to negotiate often difficult paths within a large federal organization.

Veterans' advocacy efforts are provided by a range of organizations that include governmental agencies at the local, state, and federal level and nongovernmental groups, such as the broad array of Veterans' service organizations (i.e., American Legion, AMVETS, Disabled American Veterans, Paralyzed Veterans of America, Veterans of Foreign Wars, Vietnam Veterans of America, and many others). All these groups advocate for Veterans to ensure that they receive needed services and eligible benefits in a high quality, efficient,

and timely manner. This commentary focuses on the clinical advocacy efforts being provided at the federal level within the Veterans Health Administration (VHA), part of the cabinet-level Department of Veterans Affairs (VA), and will also describe activities at the state level within North Carolina.

VHA is the largest integrated health care organization in the United States; in fiscal year 2008, it had 153 medical facilities and over 1,400 other sites of care, including community-based outpatient clinics, community living centers, Veterans

Centers, and residential rehabilitation treatment programs.² VHA's mission is to honor America's Veterans by providing exceptional health care that improves their health and well-being. Along with providing primary and specialty medical care for all eligible Veterans, VHA offers a range of specialized programs that provide advocacy and care for

specific groups of Veterans, such as female Veterans, homeless Veterans, those needing blindness rehabilitation, those needing readjustment counseling, and those at risk for suicide.

VHA's Patient Advocacy Program

In any health care setting, patient expectations are not always met. A patient may be upset about how he is spoken to or that he has to endure a long wait at the pharmacy, or he may disagree with the plan of treatment or may simply want to change providers. To ensure that all Veterans served in VHA facilities and clinics and their families have their concerns and complaints addressed in a convenient and timely manner, VHA initiated a formal Patient Advocacy Program.³ Established in 1990, the program was based on the recognition

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that a consistent, organized approach to handle patient complaints and improve the system was desirable to better meet patient expectations. Over time, the patient advocate role has evolved from a primarily administrative position to one that involves being a facilitator, problem-solver, and change agent, an important element in the VHA's effort to provide world-class customer service.

Patient advocacy programs now exist at all VHA facilities, with each facility having at least one patient advocate available to each Veteran and his or her family. The primary role of the patient advocate is to manage the process by which Veterans register complaints about their care, ensure complaints are documented, track complaints in order to make improvements in care delivery, and work to resolve such complaints. For example, a facility identified an increasing level of patient dissatisfaction with having to wait up to two hours to receive medications. At the same time, pharmacists recognized the need for increased patient education to reduce medication errors. As a solution, the pharmacists' role was expanded to include a colleague during patients' clinic visits to review medications and provide education. While education was taking place, other pharmacy staff filled prescriptions, thus shortening the waiting time for patients.

Patient advocates interact with individual patients and families to resolve issues and ensure Veterans are aware of their rights and responsibilities related to their care at the VA. They continually solicit Veteran feedback about the complaint process and provide training to Veterans on how to use that process. Patient advocates also assist front-line clinical and administrative staff in resolving issues that occur at the point of service, often within an environment fraught with emotion. A Veteran may come to the advocate's office and describe a situation in which he felt he was treated rudely and disrespectfully in an outpatient primary care clinic. After apologizing to the Veteran on behalf of the facility, the advocate then shares the Veteran's experience with the clinic staff to help them be more aware of how their speech and behavior can aggravate an already-difficult situation.

Advocates offer Veterans a person who is passionate about providing the best care for individuals within a very large, often confusing and frustrating health care system. Many advocates have clinical backgrounds that help them better serve patients. When a Veteran complains that "no one is doing anything for my stomach pain" or that he "was not given any medication to make the pain go away," the advocate will review his medical record, ascertain whether anyone explained the diagnostic purposes of his tests in a way that he understood, and facilitate a meeting between the Veteran and the clinic nurse to see that the information is provided in a patient-friendly and supportive way. Patient advocates also provide assistance to patients who are not satisfied with their treatment plans by arranging for second opinions from different providers.

Advocates also work directly with service chiefs to facilitate resolution of problems that are beyond the scope of front-line staff. Helping patients assert their right to change providers

when they are not satisfied with the care they are receiving is an example of a patient advocate's responsibilities. If the advocate notes that there are frequent change requests for a certain provider, the advocate may approach that provider's service chief with the information, so that the service chief can assess whether there is a need for the provider to be given opportunities to improve. At the facility leadership level, advocates present patients' perspectives on problems and make suggestions for improvement. By tracking and trending both complaints and compliments, advocates can identify system gaps and recommend needed improvements.

Patient advocates work with a number of program-specific staff in facilities, including OEF/OIF program managers, women veteran coordinators, and minority veteran coordinators to ensure these and other special Veteran populations have their concerns addressed and that system gaps between expectations and performance involving these Veterans has narrowed. This collaborative approach allows the VHA to identify the specific needs and interests of these special populations.

Advocating for Our Newest Veterans

The role of advocacy in patient-centered care is particularly salient when considering how best to provide health care for returning warriors while our country is still at war. Over 1.6 million men and women have served as part of the US all-volunteer fighting force during the past seven years, with most having been deployed to Iraq or Afghanistan.⁴ Nearly 75% of troops have been deployed two or more times, moving through all stages of the deployment cycle, back to reintegration with family and community, then preparing again for service in a combat zone. Meeting the health care needs of this varied and mobile fighting force has required unprecedented collaboration between the VA, the Department of Defense (DoD), and state and community health organizations.

Beginning in 2003, the VA Secretary created several new positions to assist these Veterans and their families with coordination of care issues. The VA Liaisons Program currently includes 27 liaisons through the VA Office of Care Management and Social Work who facilitate the transfer of care from military treatment facilities (MTFs) to VA Polytrauma Centers or other VA facilities of soldiers suffering from serious injuries.⁵ VA liaisons are integrated at MTFs, including two in North Carolina at Ft. Bragg's Womack Army Medical Center, to provide on-site consultation about VA resources and treatment options and to coordinate health care for service members as they transfer from DoD to VA.⁶ They actively engage with the OEF/OIF care management teams at local VA facilities through the coordination of referrals for health care in collaboration with Veteran Affairs Medical Center (VAMC) OEF/OIF program managers and care teams and maintain involvement until health care is arranged and transfer is complete.

Another new position, the transition patient advocate (TPA), accompanies these Veterans as needed when they transfer to VA medical facilities and, once there, serves as the

facility's point of contact to ensure that these severely-injured Veterans and their families have a personal advocate as they move through the VA system. These advocates help to smooth the often physically and emotionally difficult transition process. Sometimes the TPA may be found on the tarmac, welcoming home returning troops and providing a friendly face associated with VA. At other times the TPA may make home visits or assist a Veteran with transportation to important appointments, such as to his compensation and pension examination, perhaps after learning that the Veteran's PTSD and TBI symptoms have made driving impossible.

The VA health care system, like many others, is complex and can be difficult to navigate. For Veterans unfamiliar with the VA system and struggling with problems associated with combat trauma such as blast injuries, it can seem impossible. Symptoms such as memory problems, cognitive impairment, severe avoidance of trauma reminders which may include driving or crowds, may contribute to reduced ability to problem-solve and result in withdrawal to the point of social isolation and poor access to care. When combined with common readjustment issues such as insomnia, hypervigilance for danger, and hyperarousal, it's easy to see how frustration and anger dysregulation may serve as further barriers to problem resolution. The TPA can provide a trusted familiar connection to VA services and support access to health care for returning injured Veterans and assist them with the transition to civilian life. TPAs also forge collaborative relationships with their counterparts in the National Guard, the transition assistance advisor (TAA), to provide returning Veterans with accurate information about benefits available to them through DoD and VA.

As the number of OEF/OIF Veterans seeking VHA health care increases, VHA facilities are striving to meet the challenge of ensuring that they receive necessary physical health, mental health, and advocacy services, while continuing to assure the needs of all Veterans are being met. A Combat Veteran Call Center Initiative began on May 1, 2008, targeting specific groups of Veterans, including those who have been discharged from the military but have not accessed VA health care. The goal is to remind Veterans of the services the VA offers and provide information or contact staff should they need or choose to use VA medical facilities.

Advocating for OEF/OIF Veterans in North Carolina

Advocating for OEF/OIF Veterans is especially important in North Carolina, which has the fourth largest concentration of active duty service members in the nation and hosts several major military bases for Marine, Army, and Air Force service branches.⁷ The four VA medical facilities in North Carolina (Durham, Fayetteville, Salisbury, and Asheville) have developed a broad network of partnerships to better meet the health care needs of returning Veterans as they transition along the DoD/VA continuum of care.⁸ All four medical centers have conducted "Welcome Home" events annually for the past two

years, as mandated system-wide by VA. These events are geared specifically to OEF/OIF Veterans and family members. Representatives from a wide range of groups display information about their services, including VA, Vet Centers, state and local government agencies, Veteran service organizations, and community organizations. Veterans and family members are provided material on health care, health promotion and disease prevention, job services, and educational benefits. Many of these services may be unfamiliar to this new generation of Veterans and their families. National Guard service members and Reservists who were activated after August 1, 1990 and have served at least 90 days with receipt of an honorable discharge are potentially eligible for VA services. However, the VA has generally not been part of their military culture prior to the current conflicts. Reserve component troops have welcomed these tailored outreach and advocacy efforts, as reflected in the increased VA enrollment among returning National Guard and Reservists.

Because of the high prevalence of mental health concerns in returning troops,⁹ the VA Mid-Atlantic Mental Illness Research, Education, and Clinical Center (MIRECC), headquartered in Durham, is focused on post-deployment mental health. MIRECC programs develop educational materials for Veterans and families to help them understand and cope with post-deployment challenges. Research studies investigate new treatments for PTSD, depression, and TBI, and search for genetic, medical, and psychosocial factors that could be associated with chronic adjustment problems and lead to more effective prevention strategies. MIRECC staff have collaborated with the North Carolina Area Health Education Center (AHEC) program to advocate for and disseminate a provider education curriculum tailored to the needs of returning service members. With support from the Citizen Soldier Support Program,¹⁰ this curriculum for mental health professionals and primary care providers has been offered through a series of workshops across the state beginning in 2008. VA medical centers also provide OEF/OIF program staff at Post Deployment Health Reassessment events, which occur 60-90 days after return from combat deployment. These outreach efforts partner directly with DoD and National Guard/Reserves and help link returning Veterans with health care services instead of waiting for them to discover their options later on or when they are in crisis.

Partnering in Advocacy Efforts for Veterans

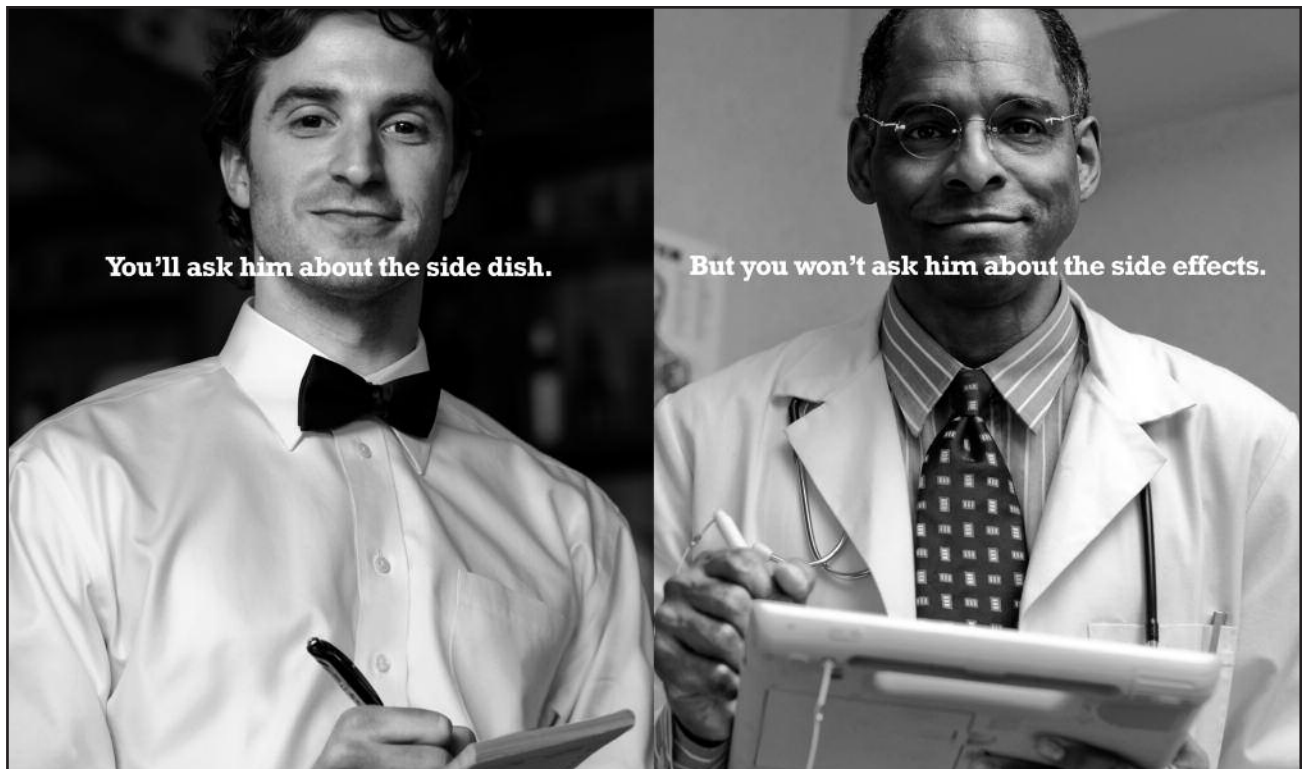
VHA's mission is to advocate for and meet the health care needs of all enrolled Veterans, from the few who are seriously injured to the many with less severe but still significant conditions. VHA recognizes that partnering with other agencies is essential to accomplish their goals. Communication with organizations serving Veterans and their families has never been more crucial. Thus, VHA is forming strategic partnerships to ensure effective coordination of care within VHA or to provide a "warm handoff" when necessary to community health care providers and other service organizations interested in meeting Veterans'

needs. These partnerships may include assistance in finding state mental health or TriCare providers for Veterans' children or spouses or helping Veterans find out information about their military discharge. In this way, and the other ways

described above, VHA is working to advocate for Veterans and to bridge the gaps in the system between national, state, and community levels of support. **NCMJ**

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