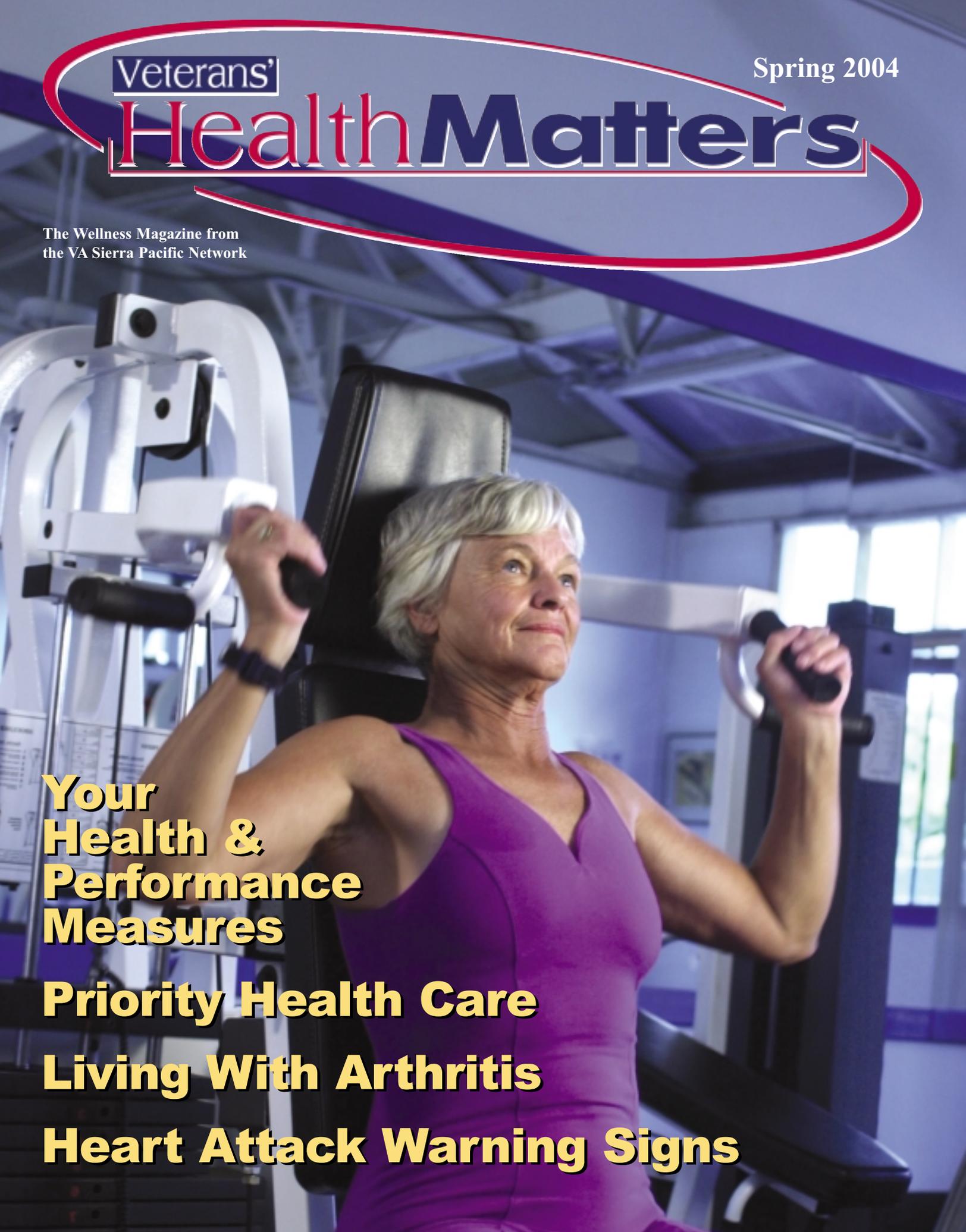


Veterans'

Spring 2004

# HealthMatters

The Wellness Magazine from  
the VA Sierra Pacific Network



**Your  
Health &  
Performance  
Measures**

**Priority Health Care**

**Living With Arthritis**

**Heart Attack Warning Signs**

# Network

## Highlights

### Results Count

**T**he Department of Veterans Affairs (VA) uses data to assess and improve the quality of its clinical services and the efficiency of its business operations. During the past several years, VA health care has been praised by organizations such as the prestigious Institutes of Medicine for its performance management system.

VA has one of the most sophisticated performance management systems in the country. In brief, VA establishes clinical and business performance measures, sets targets, regularly measures results and works hard to improve.

And we're getting results. I am pleased to tell you that VA is the national benchmark (i.e., has the best results) for 18 out of 18 measures of disease prevention and disease treatment. VA also sets the benchmark in the American Customer Satisfaction Index—an independent measure of patient satisfaction.

Although we are very proud of these results, we are not satisfied. In the following articles, you can read about

additional efforts at each VA health care facility in our Network.

We are working hard to improve the technical quality of our care, enhance our preventive services, provide better compensation and pension (C&P) examinations and raise our patient satisfaction scores.

One of the major reasons for our success is our electronic medical record. VA has the most comprehensive electronic medical record in the country. You may have noticed that nearly all of your medical information in VA is stored in computers, rather than paper charts. This means your chart will always be available when you or your health care provider needs it. Further, the computer programs remind your provider when certain tests or services should be offered to keep you healthy.

But the computer is just a tool. Our focus is and will always remain on our veterans. You have earned the best possible health care. VA believes it is the best health care system. More importantly, we can prove it.

Robert L. Wiebe, M.D., M.B.A.  
Director, VA Sierra Pacific Network

#### **VA Northern California Health Care System (VANCHCS): Improving quality and timeliness of C&P exams**

VANCHCS remains focused on continuous quality improvement through its active participation in the Compensation Pension Exam Project (CPEP), a joint Veterans Benefits Administration and Veterans Health Administration national office established to improve and monitor the compensation and pension (C&P) examination process to ensure improvement of quality and veteran satisfaction.

In our pursuit of greater efficiency and improved quality, we utilize CPEP to improve avenues of communication and training, develop and cultivate best practices, and review the

C&P examination process. Through this collaboration, we developed and implemented a comprehensive audit, monitoring, educational and feedback program to ensure we are meeting or exceeding the key elements identified by the CPEP.

Our active participation in this project has enabled us to reduce our turnaround time for completion of C&P exams to 24 days, which is significantly lower than the national performance goal of 35 days. In addition, these measures have resulted in greatly improved accuracy for all exams.

### **VA Central California Health Care System (VACCHCS): Improved quality patient care linked to Performance Measures**

The Performance Measure scores VACCHCS received in 2003 identify us as a leader in Clinical Practice Guidelines, Prevention Index and Chronic Disease Index. We exceeded the Prevention Index goal of 78 percent with an exceptional score of 85 and our cancer screening scores improved to the highest in the VA Sierra Pacific Network, with chronic disease scores reaching 87 percent.

To complement these outstanding achievements, the Survey of Healthcare Experiences of Patients' outpatient survey scores improved by 11 percent over 2002. Approximately 72 percent of outpatients and 74

percent of inpatients rated our services as very good or excellent. These scores were achieved in a year where both the workload increased by 10 percent to nearly 21,000 more outpatient visits and there was an overall increase in new patients of 3.5 percent.

In other important measures, VACCHCS was a leader in the computerized patient record system order entry with a score of 96 percent and met all six patient wait time goals and patient no-show rate goals. Our outstanding efforts come from the belief that improvements in quality patient care are directly linked to improved performance measures.

### **San Francisco VAMC (SFVAMC): Computers assist diabetic care**

People with diabetes have a higher risk of heart disease and those with high cholesterol increase that risk. Every diabetic patient should have a cholesterol screening at least every two years. SFVAMC's health care providers are using new techniques to assist patients in identifying ways to lower their cholesterol. One of these techniques includes the use of a computer program that tells providers when to order cholesterol tests and also reminds them to talk to patients about how to reduce their cholesterol through exercise and diet changes.

This computerized program works so well that SFVAMC wanted to find other ways to use the computer to help give better patient care. Providers now use the computer to find patients who have high cholesterol levels and to identify which cholesterol-lowering medications each patient is taking.

Dr. Carl Grunfeld, Chief of Endocrine and Metabolism, reviews each patient's cholesterol level and medications, and if necessary, suggests changes in medications to help lower the patient's cholesterol. This expert review assures diabetic patients that they are receiving the best possible care.

### **VA Pacific Islands Health Care System (VAPIHCS): Improving care to diabetic veterans**

Diabetes is one of the most frequently occurring medical problems in Hawaii's veterans. To assure a consistent, best practices approach to the treatment of diabetes, Clinical Practice Guidelines were implemented. At VAPIHCS, we utilize the electronic medical record and clinical reminders to ensure all veterans receive the highest quality of care. We review analyses of adherence to proactive guidelines, identify opportunities for improvement and implement specific actions aimed at ensuring that veterans receive the best diabetic care available. As a result of our ongoing improvement efforts, evaluations show our diabetic care has been rated as exceptional for several years. This achievement could only have been accomplished with the cooperation and treatment partnerships of veterans with diabetes. Veterans who are active participants keep their clinic appointments; have annual eye and foot exams; and get influenza and pneumonia vaccine shots. Veterans with diabetes who also see a physician in the community are co-managed by VA physicians who regularly review the treatment record from the outside provider in a program called Co-managed Care.

### **VA Palo Alto Health Care System (VAPAHCS): Exceptional performance in PI and CPGs**

We are extremely proud of our Performance Measure accomplishments in Prevention Index (PI) and Clinical Practice Guidelines (CPGs). Noelle Hall, R.N. and Ellen Shibata, M.D., are our PI and CPGs champions.

Hall and Dr. Shibata work as a team to disseminate information about PI/CPGs to various target audiences. Their approach to CPG implementation is to educate front line staff; use feedback of respected opinion leaders, content experts, and management staff; and secure internal audit systems. A key feature of the audit system is Hall's presence during External Peer Review Program (EPRP) visits and her review of "fall outs." The review of "fall outs" ensures that the reviewer finds all

relevant information in the Computerized Patient Record System and points out where implementation processes need additional work.

Dr. Shibata's role is to involve appropriate content experts; educate front line and management clinical staff about their role in CPG implementation; assess and eliminate operational barriers to implementation; and create a provider-specific feedback system in which primary care providers review each other's practice with respect to adherence to CPG elements. The team approach, careful oversight of the EPRP process and an efficient internal audit system has resulted in several years of exceptional performance.

### **VA Sierra Nevada Health Care System (VASNHCS): Improved SHEP scores**

The Survey of Healthcare Experiences of Patients (SHEP) tells us you are increasingly satisfied with the care you receive at VASNHCS, and we are very proud of our success. Based on the survey results, the Minden Community Based Outpatient Clinic ranked in the Veterans Health Administration's Top Ten Performers in emotional support.

The surveys are mailed to randomly selected inpatients and outpatients throughout the year. If you have received one of these surveys, you answered a variety of questions that are indicators of satisfaction. Over the last several years, VASNHCS has demonstrated steady improvement,

and we are committed to continuous improvement based upon your feedback.

Our ultimate goal is that you and your family members refer us to other veterans. That is the true test of your satisfaction and confidence in the health care we provide. Your input is our guide and we thank you for choosing VASNHCS to provide your health care and for the confidence and trust you place in our staff. The staff and volunteers are proud of the liberties and freedoms we enjoy due to your sacrifices and commitment; we are equally committed to providing for your health care needs.

# Your Health & Performance Measures

The Veterans Health Administration (VHA) is dedicated to providing each veteran with quality health care. VHA has identified a group of performance measures that are utilized across the country to measure important aspects of clinical treatment and preventative medicine. VA Sierra Pacific Network has implemented a performance management process that has resulted in consistently meeting or exceeding the goals of the national performance measures.

We believe in early disease detection by using screening tests to detect diseases before symptoms appear. Often, the earlier a disease is detected, the more likely it is that it can be cured or successfully managed. Managing a disease, especially early in its course, may lessen its impact on your life or prevent or delay serious complications.

## How do performance measures affect you?

One example of a performance measure is our use of nine Prevention Index scores that are monitored throughout our Network. Your health care provider will ask you about your medical history to determine risk factors. Risk factors might include family history and lifestyle issues. During your primary care appointment, you can participate in your health care by asking your provider about the following prevention indicators:

### Influenza

Taking an annual flu shot prevents death, severe illness, and protects others.

### Pneumococcal Immunization

Improved rates of pneumococcal vaccinations result in fewer hospitalizations.

### Tobacco Use Screening

Assists patients with quitting the use of tobacco products and identifying tobacco users at high risk.

### Hyperlipidemia Screening

(Cholesterol and Triglycerides)  
Evaluates a person's risk of coronary artery disease.

### Alcohol Screening

General questions are asked by the health care provider about alcohol use.

### Colorectal Cancer Screening

Tests include fecal occult blood test, sigmoidoscopy, digital rectal examination, barium enema, or colonoscopy to detect cancer.

### Prostate Cancer Screening

Tests include digital rectal examination, transrectal ultrasonography, or blood sample (to identify prostate specific antigen) to detect cancer.

### Cervical Cancer Screening

Pap test (smear) is used to detect cancer.

### Breast Cancer Screening

Two methods of early detection are used: mammography and clinical breast exam.

## How did the VA Sierra Pacific Network rank nationally?

In fiscal year (FY) 2003, there were 50 clinical quality measures included in the Network Director's National Performance Contract. The Network ranked as one of the VHA's top 10 performers 88 percent of the time under these national measures. There were 18 measures where the Network performed above the national average. In FY 2004, first quarter (October – December), performance results indicate that the Network is on target to continue this high level of performance of delivering excellent quality care to the veterans we serve.

The Network Performance Plan has proven that instituting managerial and clinical accountability can make important changes to the efficiency and responsiveness of our processes, but most importantly improves the health care provided to veterans.



# Disabled veterans get health care priority

**A**ll veterans with service-connected medical problems will receive priority access to health care from the Department of Veterans Affairs (VA) under a new directive.

“Caring for veterans with service-connected medical problems is a major reason VA exists,” said Secretary of Veterans Affairs Anthony J. Principi. “This directive should ease the minds of veterans who no longer have to wait for health care appointments.”

The new directive provides that all veterans requiring care for a service-connected disability – regardless of the extent of their injury – must be scheduled for a primary care evaluation within 30 days of their request for care. If a VA facility is unable to schedule an appointment within 30 days, it must arrange for care at another VA facility, at a contract facility or through a sharing agreement.

The directive covers hospitalization and outpatient care. It does not apply to care for medical problems not related to a service-connected disability. However, veterans needing emergency care will be treated immediately.

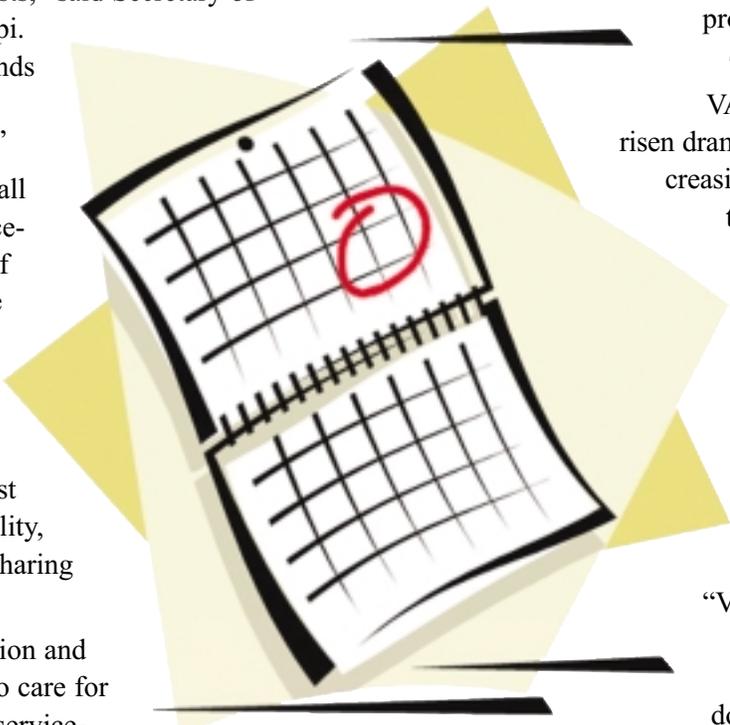
The new provision is an extension of rules that took effect in October 2002 for severely disabled veterans. Under the earlier rule, priority access to health care went to veterans with disabilities rated at 50 percent or more. For the severely disabled, the priority includes care for non-service-connected medical problems.

The number of veterans using VA's health care system has risen dramatically in recent years, increasing from 2.9 million in 1995 to nearly 5 million in 2003.

Although VA operates more than 1,300 sites of care, including 162 hospitals and more than 800 outpatient clinics, the increase in veterans seeking care outstrips VA's capacity to treat them.

“VA provides the finest health care in the country, but if a veteran cannot see a doctor in a timely manner, then we have failed that veteran,” Principi said.

“I will work to honor our commitment to veterans,” he said. “But when it comes to non-emergency health care, we must give the priority to veterans with service-connected disabilities.”



*If you would like to receive e-mail from VA with the latest news releases and updated fact sheets you can subscribe at the following Internet address:*

[http://www.va.gov/opa/pressrel/opalist\\_listserv.cfm](http://www.va.gov/opa/pressrel/opalist_listserv.cfm)

# LIVING WITH ARTHRITIS

**C**hances are you or someone you know has arthritis. It causes pain, stiffness and sometimes swelling in or around joints. As many as 70 million Americans – or about one in three – have some form of arthritis or joint inflammation. There are more than 100 different types of arthritis. Following is a list of some of the more common types.

**Osteoarthritis** is the most common type of arthritis. It occurs when the cartilage covering the end of the bones gradually wears away. Without the protection of the cartilage, the bones begin to rub against each other and the resulting friction leads to pain and swelling. Osteoarthritis can occur in any joint, but most often affects the hands and weight-bearing joints such as the knee, hip and facet joints (in the spine).

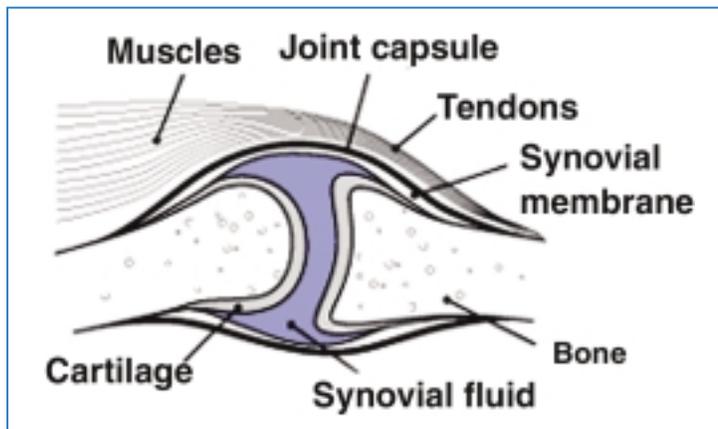
**Rheumatoid arthritis** is a chronic disease that can affect joints in any part of the body. With rheumatoid arthritis, the immune system – the body's defense system against disease – mistakenly causes the joint lining to swell. The inflammation then spreads to the surrounding tissues, and can eventually damage cartilage and bone.

**Gout** is a painful condition that occurs when the body cannot eliminate a natural substance called uric acid. The excess uric acid forms needle-like crystals in the joints that cause swelling and severe pain. Gout, seen most often in males over 40 years old, affects the big toe, knee and wrist joints.

## How is arthritis treated?

The goal of treatment is to provide pain relief and increase joint mobility and strength. Your doctor may recommend a combination of treatments that may include medication, weight management, exercise, use of heat or cold, and methods to protect your joints from further damage.

Both rest and exercise are important. Warm baths, massage, and stretching exercises may be helpful. Modifications in daily activities or using assistive devices to protect the joints are often recommended.



*Above: In a healthy joint, the ends are encased in smooth cartilage. Together, they are protected by a joint capsule lined with a synovial membrane that produces synovial fluid. The capsule and fluid protect the cartilage, muscles, and connective tissues.*



## What Causes Arthritis?

Although the exact cause of arthritis may not be known, researchers are examining the role genetics (heredity) and lifestyle behaviors have in the development of arthritis. Risk factors for arthritis include:

- ✓ **Age** – the risk of developing arthritis, especially osteoarthritis, increases with age.
- ✓ **Gender** – in general, arthritis occurs more frequently in women than in men.
- ✓ **Obesity** – being overweight puts extra stress on weight-bearing joints, increasing wear and tear, and increasing the risk of arthritis.
- ✓ **Work factors** – some jobs that require repetitive movements or heavy lifting can stress the joints and/or cause an injury, which leads to arthritis.



## KNOW HEART ATTACK WARNING SIGNS

- ✓ Uncomfortable pressure, fullness, squeezing or pain anywhere in the chest lasting more than a few minutes
- ✓ Pain spreading to the shoulder, neck, in one or both arms, stomach or back
- ✓ Chest discomfort with lightheadedness, fainting, sweating, nausea, vomiting, or shortness of breath
- ✓ Chest discomfort with a feeling of doom or imminent death

### HEART DISEASE IS THE LEADING CAUSE OF DEATH IN WOMEN

Beside symptoms common to men, women may have other symptoms such as:

- ✓ Shortness of breath without chest pain
- ✓ Pain in lower part of chest
- ✓ Fatigue

## CALL 911

### If you have any of these warning signs of heart attack:

- ✓ Don't delay
- ✓ Call 911 immediately
- ✓ Take 1 regular aspirin unless you're allergic to aspirin
- ✓ Tell the ambulance driver that you are having chest pain

*Driving yourself can delay care! It's too dangerous for you and other drivers.*

*Don't delay because you may be afraid of causing a scene, or finding it was a false alarm.*

## MAKE A PLAN

- ✓ Learn heart attack warning signs
- ✓ Share your plan with family and friends
- ✓ Talk to your VA care provider about reducing risks of heart attack and completing a survival plan wallet card

<http://www.va.gov/cardiology>

## VA MEDICAL CENTER SAN FRANCISCO

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San Francisco, CA 94121-1598  
(415) 221-4810

### VA EUREKA OPC

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(707) 442-5335

### VA SANTA ROSA OPC

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150 Muir Road  
Martinez, CA 94553  
(925) 372-2000

### VA MEDICAL CENTER SACRAMENTO

10535 Hospital Way  
Mather, CA 95655-1200  
(916) 366-5366

### VA REDDING OPC

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Redding, CA 96002  
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### VA CHICO OPC

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Chico, CA 95926  
(530) 879-5000

### VA SACRAMENTO OPC

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### VA MARE ISLAND OPC

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(707) 562-8200

### OAKLAND MENTAL HEALTH PROGRAM

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(510) 587-3400

### VA OAKLAND OPC

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## Veterans' HealthMatters

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