

Veterans'

# HealthMatters

Fall 2002

The Wellness Magazine  
from the VA Sierra  
Pacific Network

**Network  
Highlights**

**CARES**

**Living with  
Lung Disease**

**Hospice and  
Palliative Care**

**Long Term  
Care Co-Pays**



# Network

## Highlights

### *Planning For The Future*

This edition of Network Highlights features a major planning initiative that will affect the future of VA health care. The initiative is the Capital Asset Realignment for Enhanced Services—or CARES.

Why are we conducting CARES? The VA health care system was designed and built decades ago when the focus was on hospital care. With new methods of medical treatment and changes in where veterans live, VA wants to be sure it can continue to provide health care where it is most needed.

What is CARES? CARES is about preparing for the future. The CARES process will predict the need for VA health care services in the future, assess our current capabilities and recommend changes to realign and enhance VA health care services.

Will veterans be involved? Absolutely. Communication from and with veterans and other stakeholders is a crucial component of CARES. As we develop our Network plan, you will receive periodic briefings from your medical center's CARES Market Team. Also,

your comments are welcomed and encouraged throughout the entire process.

You will also have a chance to express your opinions during an official 60-day comment period after the National CARES Plan is developed and published.

In the following pages of *Veterans Health Matters*, you will find more details about the CARES process, the six Market Areas in the VA Sierra Pacific Network (VISN 21) and how you can participate.

We have an ambitious schedule to complete our plan. With your involvement and support, I am confident we will meet this timeline and develop a plan that will ensure VA is even more responsive to your needs—now and well into the future.

Robert L. Wiebe, MD  
Director, VA Sierra Pacific Network

## Phase II of CARES Process Begins

The VA Sierra Pacific Network has begun Phase II of CARES (Capital Asset Realignment for Enhanced Services), the VA's national initiative to ensure its health care system meets the needs of veterans today and in the future.

The first phase of the CARES process was conducted in the Chicago area, Wisconsin and the Upper Peninsula of Michigan, and was completed in February 2002. Phase II, which began June 6, includes the rest of the VA health care system, and is scheduled to be completed within two years.

"CARES is a nine-step comprehensive planning process that objectively evaluates future demand for veterans health care services against current supply or capability and realigns VHA (Veterans Health Administration) assets in a way that will result in more accessible, quality health care for more veterans," said Larry Janes, co-chair, Network CARES Steering Committee.

VA launched CARES to bring its aging

health care system into the 21<sup>st</sup> century. VA's health care system was designed and built decades ago when inpatient care was the primary focus, with long inpatient stays. With changes in geographic concentrations of veterans and new methods of medical treatment, VA's medical system is not providing care as efficiently as possible nor are medical services always easily accessible to some veterans.

"We've gone from mostly an inpatient setting where we treat illness in its latter stages to a system focused on disease prevention, early detection, health promotion and easier access," said Robert Wiebe, M.D., network director. "VA's infrastructure, designed a half century or more ago, must be evaluated and updated to meet the needs of veterans today and in the future."

The VA Sierra Pacific Network has completed Steps 1 (develop markets) and 2 (analysis of need). Step 3 (identify planning initiatives) is scheduled to begin in October

2002, and Step 4 (develop market plans) will be conducted during a 90-day period starting in the fall 2002.

### **Step 1 – Develop Market Areas as the Planning Unit for Analysis of Veterans Needs**

A CARES health care market is a geographic area of sufficient population and geographic size to benefit from the coordination and planning of health care services either directly through VA facilities, the Department of Defense (DoD) or private sector facilities and to support a full health care delivery system.

The major factor considered in determining markets is the travel time from a county's population center to the nearest VA medical center or specialty ambulatory care facility. This requires identification of highways, traffic patterns and geographic barriers. Historic veteran utilization patterns are also considered.

*Veterans' HealthMatters is intended to provide supplemental health information. Individuals should consult their primary care provider before pursuing any treatment alternatives. You may visit our web site at the following address: [www.visn21.med.va.gov](http://www.visn21.med.va.gov).*



Cemetery Administration; the need to find uses for excessive vacant space; and other specific strategic program issues, such as the future need and location of specialty referral services, enhanced use opportunities, emergency preparedness and Homeland Security and Contingency back up.

unions, opinion leaders, and volunteers – will be briefed and their opinions will be solicited.

Once all 21 Networks have submitted their market plans to VACO, an independent commission selected by the VA Secretary will evaluate the draft National CARES Plan. Members of the commission will include individuals with special knowledge or interest relating to VA health care, as well as representatives from stakeholders' groups.

As part of the commission's evaluation of each Network's plans, hearings will be held with, and comments accepted from, local stakeholders. Only after careful evaluation of these comments will the commission then forward its recommendations to the Secretary. The Secretary will make his final CARES announcement in September 2003.

**Step 4 – Develop Market Plans to Address Planning Initiatives**

Networks will

develop specific market plans and alternatives that address current and future gaps. The VA Sierra Pacific Network will develop facility program and infrastructure plans that are cost effective and provide a feasible approach to meeting future veteran health care needs. Throughout the process, stakeholders – veterans, employees, academic affiliates, elected officials,

“VA has a responsibility to our Nation's veterans to ensure that VA health care resources and infrastructure are fully integrated to provide optimal care,” said Janes. “CARES Phase II offers an innovative and systematic approach to meeting that responsibility.”

Six proposed markets have been identified in the VA Sierra Pacific Network (see map below). They are:

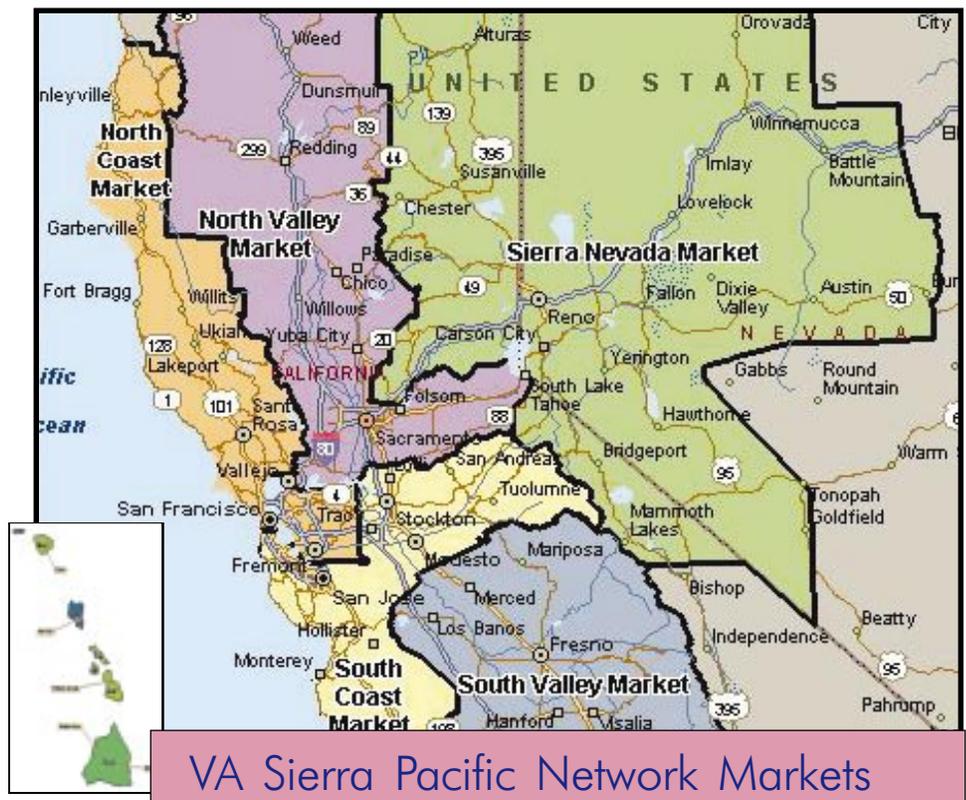
- Sierra Nevada Market;
- North Coast Market;
- North Valley Market;
- South Valley Market;
- South Coast Market;
- Pacific Island Market.

**Step 2 – Conduct Market Analysis of Veterans' Health Care Needs**

VA Central Office (VACO) will utilize standardized forecasts of future enrollees and their needs in each market throughout the system. An external actuarial consultant will provide this data. Information from VA program offices and Network strategic plans will complement the actuarial data.

**Step 3 – Identify Planning Initiatives for Each Market Area**

VACO will identify planning initiatives for each market area utilizing the data from Step 2. The initiatives will highlight apparent future gaps between supply and demand both geographically and in the number of resources required; sharing opportunities with DoD, Veterans Benefits Administration and National



VA Sierra Pacific Network Markets

# How can **Veterans** and other **Stakeholders**

**F**eedback from all of the Department of Veterans Affairs (VA) stakeholders is an integral part of the CARES process. Veterans and other stakeholders will have the opportunity to provide their views during the development of the planning initiatives, and be assured that their comments and concerns will be considered. Stakeholders will also be able to comment on the final recommendations from the Under Secretary during the 60-day comment period and the CARES Commission process.

Briefings are being held throughout the VA Sierra Pacific Network via town hall meetings, focus groups, employee meetings, letters, newsletters, and web sites. The goal of the briefings is to provide accurate, timely and focused information on the CARES process.

The Planning Initiatives developed in Step 4 – Develop Market Plans to Address Planning Initiatives – will not be accepted until they have been thoroughly reviewed by the National CARES Program Office. The CARES Commission must consider stakeholder comments and suggestions and receive a final evaluation by the Secretary. In addition, the CARES Commission may conduct regional public hearings and site visits to evaluate comments received during the 60-day public comment period.

The VA Sierra Pacific Network is committed to communicate with you at every stage of the CARES process.



provide  
**CARES** feedback?

**W**e appreciate your interest as we move forward in this important undertaking to bring VA's health care system into the 21<sup>st</sup> century. You may provide your comments and concerns to the following CARES Communications Liaisons.

**VA Central California Health Care System**

David Phillips  
Toll free 1-888-826-2838,  
ext. 5364

**VA Medical & Regional Office Center, Honolulu**

Fred Ballard  
(808) 433-0049  
Toll free 1-800-827-1000  
Oahu Toll Free 1-800-433-1000  
[www.va.gov/hawaii](http://www.va.gov/hawaii)

**VA Northern California Health Care System**

Karen Pridmore  
Toll free 1-800-382-8387  
E-mail: [maccares@med.va.gov](mailto:maccares@med.va.gov)

**VA Palo Alto Health Care System**

William Ball  
Toll free 1-800-455-0057  
[www.palo-alto.med.va.gov](http://www.palo-alto.med.va.gov)

**VA Sierra Nevada Health Care System**

Lisa Howard  
Comment Cards posted in  
Waiting Areas  
[lisa.howard@med.va.gov](mailto:lisa.howard@med.va.gov)

**VA Medical Center San Francisco**

Gene Gibson  
Toll Free 1-877-4-USA-VET  
(487-2838)  
[www.sf.med.va.gov/cares/cares.asp](http://www.sf.med.va.gov/cares/cares.asp)

# Living With Lung Disease

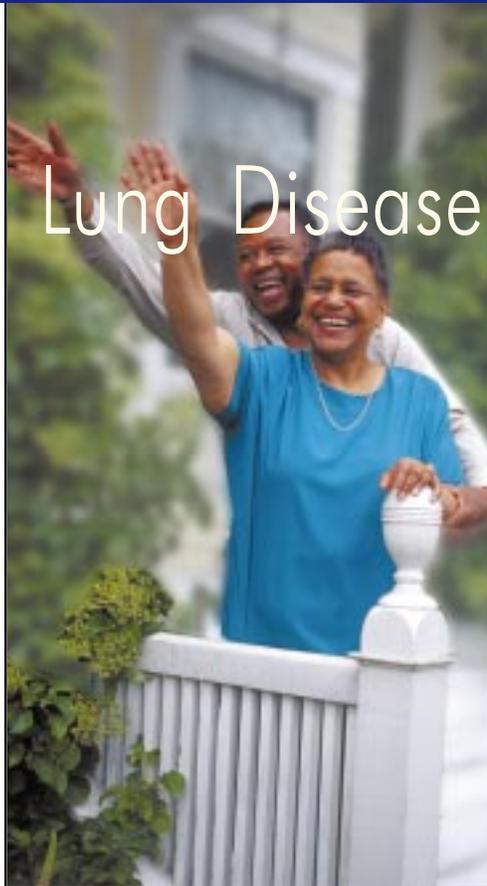
Day and night, our lungs expand and contract without needing any reminders. In fact, most of the time we don't even realize we're breathing. However, for the 16 million Americans who suffer from emphysema and chronic bronchitis, breathing is a constant concern. Because both conditions commonly occur together, they've been classified under the term chronic obstructive pulmonary disease (COPD).

## Chronic bronchitis

Otherwise known as "smoker's cough," bronchitis is marked by a chronic cough. Symptoms also include increased mucus, frequent clearing of the throat and shortness of breath.

Chronic bronchitis occurs when the bronchial tubes become infected and inflamed, decreasing the amount of air that can flow in and out of the lungs. If the bronchial tubes have been irritated for a long time, excess mucus is produced, the tubes thicken and an irritating cough develops. The situation can get dangerous if airflow is hampered. Cigarette smoking is the most common cause of chronic bronchitis. In fact, smoking causes 80 to 90 percent of all COPD cases.

Treatment involves antibiotics and drugs designed to relax and open up the body's air passages (called bronchodilators). If smoking is related to the condition, patients are instructed to quit.



## Emphysema

At times a chemical imbalance in the lungs causes the walls of the air sacs to lose their elasticity and break. Since the air sacs are responsible for trading the oxygen in the air for the blood's carbon dioxide, damage to the sacs causes the lungs to work harder to get more air to the body, causing shortness of breath. The loss of elasticity also makes exhaling difficult.

As with chronic bronchitis, smoking is a major cause of emphysema. Some people have chronic bronchitis before developing emphysema.

Although quitting smoking can stop the progression of the disease, it cannot cure emphysema. Other known treatments include bronchodilator drugs, antibiotics and exercise to strengthen lung muscles and to teach the heart to work more efficiently.

## The Great American Smokeout



Twenty-five years ago, the American Cancer Society (ACS) started the Great American Smokeout as an annual day to spotlight the dangers of smoking and challenge people to stop using tobacco. On November 18, 1976, the California Division of the ACS successfully prompted nearly one million smokers to quit for the day.

Today, an estimated 47 million U.S. adults smoke. Tobacco use can cause lung cancer, as well as other cancers, heart disease, and respiratory disease; and each year smoking is responsible for one of five deaths. Fortunately, the past 25 years have seen tremendous strides in reversing attitudes towards smoking, understanding the addiction, and learning how to help people quit.

If you're ready to quit, you should know you're not alone. The VA provides smoking cessation classes that can increase your chances of quitting successfully. To find out more information, contact the following VA staff:

**VA Central California Health Care System**  
Garry Bredefeld, Ph.D.  
(559) 225-6100

**VA Medical & Regional Officer Center, Honolulu**  
Joanne Magee, Psychologist  
(808) 433-0615

**VA Northern California Health Care System**  
Patrick Neer, Psy.D.  
(925) 372-2000 ext. 6427

**VA Palo Alto Health Care System**  
Robert Hall, Ph.D.  
(650) 849-0232

**VA Sierra Nevada Health Care System**  
David Antonuccio, Ph.D., ABPP  
(775) 786-7200 ext. 1490

**VA Medical Center San Francisco**  
Timothy Carmody, Ph.D.  
(415) 750-2004

<http://www.sf.med.va.gov/general.asp?durki=308&site=9&return=266>

# The End of the Journey: **Hospice and Palliative Care**

**H**ealth care providers throughout the United States are making a concerted effort to improve provisions for end-of-life (hospice) care and palliative treatment in terminally ill patients. The goal of hospice care is to relieve pain and other symptoms, and to keep the person as alert and comfortable as possible in a familiar environment with family and friends. Hospice services are not intended to speed up or prolong the dying process. Palliative care is treatment designed to relieve or reduce the intensity of uncomfortable symptoms without curing the underlying disease.

Historically, the Department of Veterans Affairs (VA) has taken a leadership role in the promotion and development of hospice and palliative care. Interprofessional Fellowship Programs in Palliative Care were instituted at six VA health care sites – Palo Alto, Calif.; Bronx; Los Angeles; Milwaukee; San Antonio, and Portland, Ore. These programs develop health care professionals with vision, knowledge and compassion to lead end-of-life care into the 21<sup>st</sup> century. Palo Alto serves as the hub site and is responsible for coordinating curriculum, program evaluation, educational outreach and recruitment strategies.

## **What does this mean to the chronically ill veteran?**

According to Stephanie H. Pincus, M.D., M.B.A., chief academic affiliations officer for geriatrics, it means that the patient will be more comfortable. It means the veteran might not have to die in an intensive care unit but instead be able to remain in the secure surroundings of his or her home. The patient will be treated by a caring, trained partnership of doctors, nurses, chaplains and social workers. And the veteran's family will be included in decision-making and care giving.

“Like VA, the nation's hospices want veterans to have more choices regarding where and how they spend the final phase of their lives,” said Chris Cody, vice president of education and innovation, National Hospice and Palliative Care Organization. “Access and education are the keys. By increasing veterans' access to quality hospice and palliative care services across all settings and expanding the knowledge and skills of the clinicians providing care, veterans will benefit from an enhanced range of end-of-life care options.”

Working with community hospice organizations across the country, VA has also begun a project to expand hospice and palliative services in VA, as well as educate health care providers about compassionate and coordinated end-of-life care for the nation's veterans. Called the VA Hospice and Palliative Care Initiative, the project will enhance and strengthen relationships between VA and non-VA health care organizations and provide opportunities for end-of-life care education.

“VA's leadership comes at a critical time,” said Dr. Charles F. von Gunten, medical director, Center for Palliative Studies, San Diego Hospice, and associate clinical professor of medicine at the University of California. “Medical progress has led to more people living longer with illnesses which will ultimately be fatal. VA is laying the groundwork for making sure that progress in relieving suffering is made clinically available to its veterans and their families. This initiative could change the face of health care.”

VA Hospice and Palliative Care programs offer pain management, symptom control, and other medical services to terminally ill veterans or veterans in the late stages of the chronic disease process, as well as bereavement counseling and respite care to their families. For more information, you may contact:

### **VA Central California Health Care System**

Paulette Ginier, M.D., Associate Chief of Staff for Geriatrics & Extended Care  
(559) 225-6100 ext. 5589

### **VA Medical & Regional Center, Honolulu**

Charlotte Kuwanoe, Program Coordinator, Home Based Primary Care  
(808) 433-0283

Craig China, M.D., Center for Aging  
(808) 433-0270

### **VA Northern California Health Care System**

Patricia Tunstall, R.N.  
(925) 370-4712

### **VA Palo Alto Health Care System**

James Hallenbeck, M.D.  
(650) 493-5000 ext. 60175

Dwight Wilson, R.N.  
(650) 493-5000 ext. 27303

# New Extended-Care Copayments

Some veterans without service-related medical problems will be charged new copayments for extended care, the Secretary of the Department of Veterans Affairs (VA) announced. The copayments will be individually calculated and based on the veteran's ability to pay.

"VA was mandated by Congress in the Millennium Health Care and Benefits Act to initiate extended-care copayments," said Secretary Anthony J. Principi. "However, we wanted to ensure that each veteran's situation was evaluated so that none suffered financial hardship."

The following veterans will not be required to make extended-care copayments:

- ▼ veterans with any compensable service-connected disability,
- ▼ veterans whose incomes are below the VA single pension level of \$9,556, and
- ▼ veterans who have received extended care from VA continuously since November 1999.

Currently, higher income, nonservice-connected veterans pay \$5 per day, plus \$812 (the Medicare deductible) for each 90 days of nursing home care. Billing for the new copayments began the end of July.

Under the new regulations, veterans will get the first 21 days of care free in any 12-month period. After that, the maximum that veterans could pay is:

- ▼ \$97 for each day of nursing home care,
- ▼ \$15 for each day of adult day health care,
- ▼ \$5 for each day of domiciliary care,
- ▼ \$97 for each day of institutional respite care,
- ▼ \$15 for each day of non-institutional respite care,
- ▼ \$97 for each day of institutional geriatric evaluation,
- ▼ \$15 for each day of non-institutional geriatric evaluation.

A formula will enable VA to individualize the copayments, with amounts varying from veteran to veteran. Among the factors used to determine the copayment will be the veteran's income, expenses and assets, as well as a

daily \$20 allowance.

For example, a veteran will be allowed to keep enough money to pay the mortgage or rent on a home, land, farm or ranch; to pay for an automobile, education, utilities, taxes and insurance; plus a daily \$20 allowance each for the veteran and spouse. After the first 21 days of care, which are free, veterans will make predetermined, individual copayments. These could vary from the maximum of \$97 a day to as little as \$97 a month, depending on the veteran's assets and expenses.

## For more information on your eligibility

Call toll-free: 1-877-222-8387  
or go to: [www.va.gov/elig](http://www.va.gov/elig)

"This personalized touch will cushion the impact of extended-care copayments on veterans and their families. Additionally, we hope that the new copayments will permit us to extend care to many more veterans," said Principi.

Principi added that the new regulations also expand VA's medical benefits package to include outpatient geriatric evaluation, adult day health care and respite care.

## Long Term Care Eligibility Checklist

Veterans qualify for long-term care if any of the following apply:

- ✓ Service-connected disability rated at 70 percent or more and in need of nursing home care
- ✓ Service-connected disability clinically determined to require nursing home care
- ✓ A compensable, service-connected disability
- ✓ Exposed to herbicides while serving in Vietnam
- ✓ Exposed to ionizing radiation during atmospheric testing or in the occupation of Hiroshima and Nagasaki
- ✓ A condition related to an environmental exposure in the Gulf War
- ✓ Former prisoner of war
- ✓ Collecting a VA pension
- ✓ Mexican Border period or World War I
- ✓ Eligible for or on Medicaid

### VA Sierra Nevada Health Care System

Nicole Guyette, M.S.W.  
(775) 786-7200 ext. 2193

Kimberly Hathcock, M.S.N., GNP  
(775) 334-4175

### VA Medical Center San Francisco

Ann Johnson, LCSW  
Palliative Care Program Social Worker  
(415) 221-4810 ext. 4246

## **VA MEDICAL CENTER SAN FRANCISCO**

4150 Clement Street  
San Francisco, CA 94121-1598  
(415) 221-4810

## **VA EUREKA OPC**

714 F Street  
Eureka, CA 95501  
(707) 442-5335

## **VA SANTA ROSA OPC**

3315 Chanate Road  
Santa Rosa, CA 95404  
(707) 570-3855

## **VA 13TH & MISSION CLINIC**

205 13th Street, Suite 3280  
San Francisco, CA 94103  
(415) 551-7300

## **VA UKIAH OPC**

238B Hospital Drive  
Ukiah, CA 95482  
(707) 468-1870

## **VA PALO ALTO HEALTH CARE SYSTEM**

3801 Miranda Avenue  
Palo Alto, CA 94304-1290  
(650) 493-5000

## **VA MENLO PARK DIVISION**

795 Willow Road  
Menlo Park, CA 94025  
(650) 493-5000

## **VA LIVERMORE DIVISION**

4951 Arroyo Road  
Livermore, CA 94550  
(650) 493-5000

## **VA CAPITOLA OPC**

1350 N. 41st Street, Suite 102  
Capitola, CA 95010  
(831) 464-5519

## **VA STOCKTON OPC**

500 W. Hospital Road  
Stockton, CA 95231  
(209) 946-3400

## **VA MODESTO OPC**

1524 McHenry Blvd., Suite 315  
Modesto, CA 95350  
(209) 557-6200

## **VA MONTEREY OPC**

3401 Engineer Lane  
Seaside, CA 93955  
(831) 883-3800

## **VA SAN JOSE OPC**

80 Great Oaks Boulevard  
San Jose, CA 95119  
(408) 363-3011

## **VA SONORA OPC**

720 Pauline Court, Bldg S  
Sonora, CA 95370  
(209) 533-5470

## **VA NORTHERN CALIFORNIA HEALTH CARE SYSTEM**

## **VA MARTINEZ OPC**

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**

351 Hartnell Avenue  
Redding, CA 96002  
(530) 226-7555

## **VA CHICO OPC**

280 Cohasset Road  
Chico, CA 95926  
(530) 879-5000

## **VA SACRAMENTO OPC**

5342 Dudley Boulevard  
McClellan Park, CA 95652-1074  
(916) 561-7400

## **VA MARE ISLAND OPC**

201 Walnut Avenue  
Mare Island, CA 94592  
(707) 562-8200

## **OAKLAND MENTAL HEALTH CLINIC**

Oakland Army Base  
2505 West 14th Street  
Oakland, CA 94607  
(510) 587-3400

## **VA OAKLAND OPC**

2221 Martin Luther King Jr. Way  
Oakland, CA 94612  
(510) 267-7820

## **VA FAIRFIELD OPC**

103 Bodin Circle  
Travis AFB, CA 94535  
(707) 437-1800

## **VA CENTRAL CALIFORNIA HEALTH CARE SYSTEM**

2615 E. Clinton Avenue  
Fresno, CA 93703-2286  
(559) 225-6100

## **VA SOUTH VALLEY OPC**

1050 North Cherry Street  
Tulare, CA 93274  
(559) 684-8703

## **VA CASTLE OPC**

3605 Hospital Road, Suite D  
Atwater, CA 95301-5140  
(209) 381-0105

## **VA SIERRA NEVADA HEALTH CARE SYSTEM**

1000 Locust Street  
Reno, NV 89502-2597  
(775) 786-7200

## **VA SIERRA FOOTHILLS OPC**

3123 Professional Drive  
Suite 250  
Auburn, CA 95603  
(530) 889-0872

## **VA CARSON VALLEY OPC**

925 Ironwood Drive  
Minden, NV 89423  
(888) 838-6256

## **VA MEDICAL & REGIONAL OFFICE CENTER HONOLULU**

459 Patterson Road (E-Wing)  
Honolulu, HI 96819  
(808) 433-1000

## **VA HILO PTSD RESIDENTIAL REHABILITATION PROGRAM**

891 Ululani Street  
Hilo, HI 96720  
(808) 969-1684



## **VA MAUI OPC**

203 Ho'ohana Street, Suite 300  
Kahului, HI 96732  
(808) 871-2454

## **VA HILO OPC**

1285 Waianuenue Avenue  
Suite 211  
Hilo, HI 96720  
(808) 935-3781

## **VA KONA OPC**

75-5995 Kuakini Highway  
Suite 413  
Kailua-Kona, HI 96740  
(808) 329-0774

## **VA KAUAI OPC**

3367 Kuhio Highway, Suite 102  
Lihue, HI 96766  
(808) 246-0497

## **VA GUAM CLINIC**

US Naval Hospital  
313 Farenholt Road  
Agana Heights, GU 96919  
(671) 472-7250

## **VA REGIONAL OFFICE & OUTPATIENT CENTER MANILA**

United States Department of  
Veterans Affairs  
PSC 501  
FPO AP, 96515-1100  
(011) 632-523-1001

### Veterans' HealthMatters

Diana L. Struski, Editor  
VA Sierra Pacific Network  
201 Walnut Avenue  
Mare Island, CA 94592

