

Veterans'

HealthMatters

Spring 2002

The Wellness Magazine
from the VA Sierra Pacific
Network

Network Highlights

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Network

Highlights

Quality Matters Most

The VA Sierra Pacific Network continually measures its performance in three dimensions: quality, access and efficiency. In this edition of Network Highlights, you will read about some of our recent accomplishments in our highest priority—the quality of our services.

For the second consecutive year, the VA Sierra Pacific Network has led the Veterans Health Administration (VHA) with the highest percentage of veterans receiving preventive and screening services. We also have the highest percentage of clinicians who use evidence-based clinical practice guidelines in their care of veterans.

Recently, we received 11 VHA Clinical Programs of Excellence (out of a total of 65 Programs nationwide). These prestigious awards were bestowed by an independent panel of experts who evaluated the quality of services. VA Palo Alto HCS received six designations and VAMC San Francisco received five. The Program areas cover a wide range of services, including medical,

surgical, psychiatric and rehabilitative care.

This year two surgeons, Dr. William Blaisdell, VA Northern California HCS, and Dr. Frances Selsnick, VA Sierra Nevada HCS, received the VHA Mark Walcott awards for Excellence in Clinical Care. These are the two highest awards presented to clinicians in VHA.

The Network also is continuing its excellence in research. We support more than 500 investigators who make substantial contributions that benefit everyone. Current areas of study include prevention of prostate cancer, treatment of breast cancer and management of Parkinson's disease.

I am very proud of the clinicians and other staff in our Network who are deeply committed to providing veterans with the best health care possible. As you will see in the facility messages below, exceeding your expectations is also part of our commitment to you.

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

San Francisco VA Medical Center (SFVAMC): Homeless veterans receive messages

SFVAMC established the Phone Mail System for Homeless Veterans, a pilot project, for veterans to receive messages from their health care provider. The system offers physicians and nurses a means to contact their homeless veteran patients where none existed before.

The system examines the effect of a health care provider's ability to leave confidential clinical messages for homeless patients and the impact on patient health. It also offers an opportunity for SFVAMC to contribute to community service while improving coordination of care for a disenfranchised and vulnerable

population of veterans.

SFVAMC will prioritize the patients as to their need for free and secure phone mail service, implement policies and procedures for use and management of the service, train physicians and nurses in the use of this one-way message receiving service, and evaluate the program's success. If the system improves access and results in better health care for the patient, the program may be extended to other appropriate homeless veteran populations.

VA Northern California Health Care System (VANCHCS): Improving patient satisfaction

VANCHCS joined together with other VISN 21 facilities in an

ongoing effort to improve patient satisfaction. Using feedback from local and national patient surveys, we are focusing on several key areas including patient education, visit coordination, clinic access, and pharmacy wait times.

For more than two years we have collaborated with the Institute for Healthcare Improvement on various projects to improve patient satisfaction. We also participated in the Patient's Evaluation of Performance in California Satisfaction Survey Project, which has resulted in significant improvements throughout our health care system.

VANCHCS also has been successful in reducing pharmacy wait times by increasing staffing and streamlining operations. Later this

year, we plan to implement an automatic order entry program. The program will further reduce wait times by allowing physicians to enter prescriptions into a computer system and transmit them directly to the pharmacy for processing.

VA Medical & Regional Office Center Honolulu (VAM&ROC): Perfect score

The Spark M. Matsunaga VA Medical & Regional Office Center achieved a perfect score of 100 in its Joint Commission on Accreditation of Healthcare Organizations (JCAHO) staff accreditation survey for ambulatory care.

In a series of tailored surveys, the medical center received scores of 99 in behavioral health care, long-term care and home care. The facility was evaluated against a set of national standards by a JCAHO ambulatory health care services team.

“Our accreditation scores reflect our commitment to making quality medical care a top priority,” said Director H. David Burge. “Our veterans have earned and deserve the highest quality care. Accordingly, we view this achievement as an important step in our quest for excellence.”

VA Sierra Nevada Health Care System (VASNHCS): Improving our service to you

How satisfied are you with the health care you receive? Our Veterans Service Survey scores tell us you are increasingly satisfied with the care you receive at VASNHCS. However, we know we need to keep improving.

There are 10 key areas covered in the surveys, which are mailed to randomly selected inpatients and outpatients several times each year. If you have received one of these surveys, you answered questions on access to health care, courtesy, overall coordination, patient education, preferences, and pharmacy to name a few. Over the last several years, VASNHCS has improved in these categories, with some showing significant improvement. Your feedback indicates that more provider communication is needed to better understand your care, your test results, and what comes next in your treatment plan. You also told us that sometimes you weren't sure whom to contact if you had questions. We're working on all of these concerns, and we hope that you'll notice an improvement in these areas.

VA Central California Health Care System (VACCHCS):

The perfect patient visit

VACCHCS received excellent results from the recent inpatient satisfaction survey, improving in all nine categories surveyed and better than national averages in eight of the nine. The national surveys are mailed to recently discharged and randomly selected patients but were consistent with recent in-house surveys conducted by service chiefs and volunteers.

Realizing the positive inpatient results, led the VACCHCS to develop the 'perfect outpatient visit' during a two-day planning conference comprised of veterans and management. Currently, six teams

are working diligently to implement the recommendations produced at the conference.

“We are committed to the process that ensures each veteran has the opportunity for the perfect patient visit for every outpatient appointment,” said Director Al Perry. “Our goal is to continually improve the satisfaction of veterans with our compassion and care worthy of their recognition.”

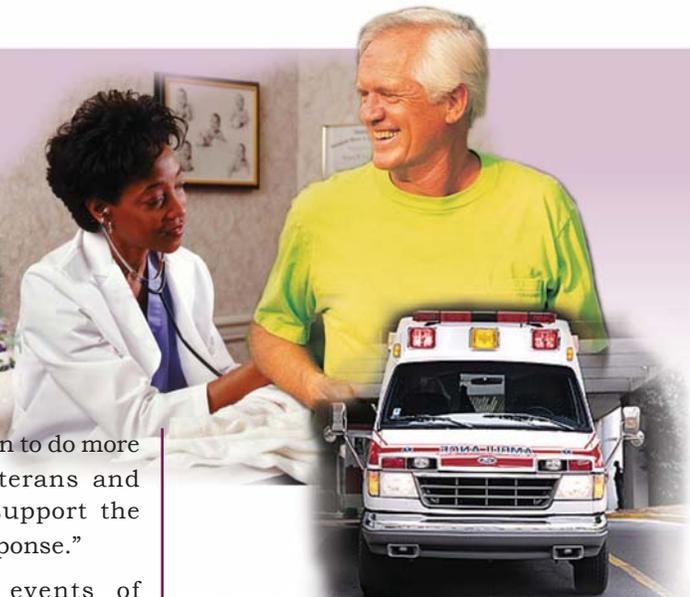
VA Palo Alto Health Care System (VAPAHCS): Healthwise for Life

In an effort to continue to improve service to veterans, VAPAHCS is distributing a handbook, *Healthwise for Life: Medical Self-Care for People 50 and Better*, to primary care patients.

The handbook includes basic guidelines on how to recognize and cope with more than 190 of the most common health problems facing adults. Using this book can help a patient become a more active partner in his or her health care. The handbook includes advice on how to best prepare for health care visits and communicate with their providers; prevention, home treatment and when to call a health professional; how to make wise decisions about tests, medications and surgeries; how to manage chronic health problems and how to be optimally involved in their health care decisions. The handbook also directs interested veterans to an Internet web site where they can obtain additional up-to-date health information.

If you are enrolled with VAPAHCS, you may request a copy of the *Healthwise for Life* handbook by contacting your Primary Care Clinic staff member. ★

PREPARED TO RESPOND



The Department of Veterans Affairs (VA) has a long history of readiness in meeting the needs of patients even under emergency conditions. Part of VA's mission is to provide emergency response support to the Department of Defense (DoD) – a mission that VA has fulfilled numerous times over the years. For example, the San Francisco VA Medical Center and the Northern California Health Care System at Martinez both provided services supplementing local community emergency medical activities after the 1989 earthquake in Northern California.

“VA's emergency preparedness plans were tested on September 11th, and they stood up to the challenge,” said Secretary of Veterans Affairs Anthony J. Principi.

“VA has been called upon to do more – more to protect veterans and employees, more to support the nation's emergency response.”

Since the tragic events of September 11, 2001, VA has heightened its focus and vigilance regarding emergency preparedness. Each facility has a comprehensive emergency preparedness plan to ensure the continuity of care for our veteran patients in the face of natural or man-made disaster. They also hold regular drills to ensure that personnel are familiar with their roles and emergency preparedness activities. The facilities within the VA Sierra Pacific Network have plans to assist DoD and local communities in times of disaster, providing medical and psychological health care services, as well as other tangible services. Plans are in place

to ensure that inpatients are cared for and outpatient emergent needs, such as prescriptions, continue to be met despite potential emergencies.

As a part of a national movement to increase the safety of employees and patients at our facilities, all VA police officers will soon carry firearms. VA's mission is to care for its veteran patients during times of war as well as peace. In times of local or national emergency, VA can be counted on to help, while at the same time continuing the high quality care our veteran patients deserve and expect. ★

VA Lowers Outpatient Care Copayments

Veterans who currently make copayments for outpatient health care provided by the Department of Veterans Affairs (VA) will have lower bills, and in some cases, no bills at all, under rules published in the Federal Register on Dec. 6, 2001.

The new regulation sets up a three-tier copayment system for outpatient care.

The tiers are:

- \$0** – for preventive care visits such as hepatitis C screenings, immunizations, and health fairs.
- \$15** – for each primary care outpatient visit.
- \$50** – for each specialty care outpatient visit such as outpatient surgery, audiology and optometry.

The copayments do not apply for the treatment of medical problems that are officially recognized as “service connected.” For nonservice-connected conditions, the outpatient copayments apply primarily to veterans enrolled in Priority Group 7.

Another VA regulation will increase the copayment some veterans make for outpatient medications from \$2 to \$7 for each 30-

Outsmarting Osteoporosis

Everybody knows what bones look like, hard, white and sturdy. Of course, looks can be deceiving. Far from being solid and unchanging, bones are constantly being broken down and rebuilt. As people age, bone mass gradually declines. In some cases, bones become so thin and brittle—a condition known as osteoporosis—that simply stepping off a curb can cause a fracture. Fortunately, people have more options than ever for keeping bones stronger longer.

Finding out you have osteoporosis

Collapsed vertebrae (bones in the spine), bones that break easily, a dowager's hump—those are some of the dramatic signs of advanced osteoporosis. But well before the disease has reached that stage, small signs appear such as chronic back pain. Eighty percent of the more than 24 million Americans who have osteoporosis are women. Although the risk for osteoporosis

in men is much lower than in women, two million men have osteoporosis and three million are at risk. After age 50, the disorder affects almost 30 percent of men.

If your bones are in danger

If the test shows that your bone health is at risk, there are several preventive and treatment options. These options include hormone replacement therapy (HRT) for women. Hormone replacement therapy can stabilize declining estrogen levels, slow bone damage and help rebuild bone. Other nonhormonal alternatives are also available.

No bones about it

Ask yourself what you can do today to protect your bones ... exercise? ... take supplements of calcium plus vitamin D? ... quit smoking? If you suspect you may already have a problem, see your VA health care provider. ★

Osteoporosis Risk Factors Include:

- smoking
- inadequate calcium and vitamin D intake
- excessive alcohol consumption
- drinking coffee
- a sedentary lifestyle
- depression
- a thin, small frame; being underweight
- a family history of the disease
- advanced age
- being Asian or Caucasian

If you are at risk, your VA health care provider may recommend further evaluation. The next step may be an exam that measures bone density.

day supply, with maximum annual out-of-pocket payment of \$840 for veterans in certain enrollment priorities. Every dollar collected from outpatient and medication copayments is returned to the VA facility where the veteran received medical care. The copayment collections are used to improve medical care for veterans. The medication copayment regulation was effective Feb. 4, 2002.

“Many veterans still come out ahead,” said VA Secretary Anthony J. Principi. “Previously, for example, a veteran who saw his primary care doctor for an illness and received two prescriptions paid \$54. Under the new regulations, he pays \$29 — \$15 for the visit and \$14 for the medications.”

VA is proposing no changes to the hospital care copayments. Currently, some veterans pay \$792

for each 90 days of hospital care. In addition to this, there is a \$10 per diem charge. For each subsequent 90 days of care in the same fiscal year, the charge is \$396, or half the cost of the first 90 days.

Congress gave the VA Secretary the authority to change outpatient and medication copayments in Public Law 106-117(Nov. 1999). ★

Melanoma is the most lethal skin cancer, although it can be easily cured if caught early enough. In some parts of the world, especially among Western countries, the number of people who develop

anywhere on the body. Melanoma is rare in people with dark skin. When it does develop in dark-skinned people, it tends to occur under the fingernails or toenails or on the palms or soles.

Malignant Melanoma: The Deadliest Skin Cancer

Think "ABCD"

Often, the first sign of melanoma is a change in the size, shape, color, or feel of an existing mole. Most melanomas have a black or blue-black area. Melanoma also may appear as a new,

black, abnormal, or "ugly-looking" mole.

Thinking of "ABCD" can help you remember what to watch for: **asymmetry, border, color and diameter.**

A physician should examine any suspicious lesion with one or more of the features discussed above or that changes noticeably in size, color, or shape. Itching, tenderness, scaling, bleeding, crusting, or sores can signal potentially cancerous changes in any mole.

Minimize your risk

Primary prevention of skin cancer may involve limiting sun exposure, avoiding tanning facilities, and wearing protective clothing (long sleeves and hats) or applying sunscreen preparations.

Like most cancers, early detection and treatment saves lives. Examine your body frequently, watching for any unusual spots or signs of change. If in doubt, call your VA primary care provider. ★

melanoma is increasing faster than any other cancer. Australia has the highest melanoma rate in the world, and in the U.S. the incidence is highest in California. The American Cancer Society estimates nearly 8,000 people die in the United States each year from melanoma. Could you become a statistic?

Who's at risk?

Men are at higher risk because they are more likely to work and play outdoors. Fair skinned people are also more vulnerable, but skin cancer strikes both sexes and people of all skin colors. Serious sunburns as a youngster increase your risk of developing melanoma, as does heredity if a relative has had melanoma. Age plays a role – about half of all melanomas occur in people over age 50.

Melanoma can occur on any skin surface. In men, it is often found on the trunk, between the shoulders and hips, or the head and neck. In women, melanoma often develops on the lower legs, but it can appear



Thinking of "ABCD" can help you remember what to watch for:

Asymmetry

The shape of one half does not match the other.

A

Border

The edges are often ragged, notched, blurred, or irregular in outline; the pigment may spread into the surrounding skin.

B

Color

The color is uneven. Shades of black, brown, and tan may be present. Areas of white, grey, red, pink, or blue also may be seen.

C

Diameter

There is a change in size, usually an increase. Melanomas are usually larger than the eraser of a pencil (5 mm or 1/4 inch).

D

When driving down a narrow, curvy road, “WARNING” signs alert you to danger ahead. Similarly, a “WARNING” sign that you might suffer a debilitating or life-threatening ailment should also get your attention!

Problem is, many folks don't recognize one of life's most serious warning signs: a transient ischemic attack (TIA) or mini-stroke that occurs when blood flow is temporarily interrupted to an area of the brain. The symptoms come on suddenly but may last only a few minutes.

Symptoms of a mini-stroke include:

- ▼ Severe headache**
- ▼ Confusion or trouble speaking**
- ▼ Numbness or weakness of face, arm or leg on either side of the body**
- ▼ Loss of vision in one or both eyes**
- ▼ Dizziness, loss of balance, or coordination**

Because they feel better quickly, people often ignore the symptoms. But following a TIA, the chance of suffering a full-blown stroke increases dramatically, so it's important to diagnose the cause and determine the proper course of treatment.

In some patients, TIA's occur because of a plaque buildup in the arteries. For others, a piece of loose plaque becomes stuck in a blood vessel. Either way, the diminished blood flow to the brain requires immediate medical attention. Doctors usually pinpoint the problem by performing scans.

Doctors recommendations may include:

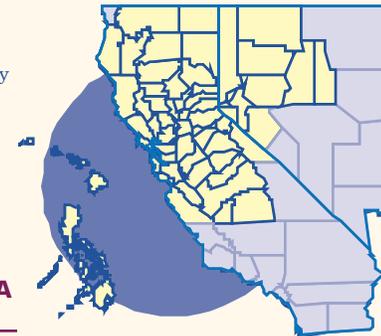
- Increase exercise**
- Improve diet**
- Quit smoking**
- Medications to treat high blood pressure or high cholesterol, or to prevent blood clots**
- Surgery to clear blockage in a carotid artery**

Give your body the same respect you would give to a dutiful highway worker by paying attention to warning signs! For more information, consult with your VA primary care provider. ★

Mini-Stroke= Major Warning

Many folks don't recognize one of life's most serious warning signs: mini-stroke





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