

Population Health: Veterans

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Humble Beginnings

- Colonial Period
- From the beginning, the English colonies in North America provided pensions for disabled veterans.
- The first law in the colonies on pensions was enacted in 1636.
- In 1776 the Continental Congress sought to encourage enlistments and curtail desertions with the nation's first pension law. It granted half pay for life in cases of loss of limb or other serious disability.



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Growth in Number of Veterans

- When the Civil War broke out in 1861, the nation had about 80,000 war veterans. By the end of the war in 1865, another 1.9 million veterans had been added to the rolls.
- The first national effort to provide medical care for disabled veterans in the United States was the Naval Home, established in Philadelphia in 1812.
- In his second inaugural address in 1865, President Lincoln called upon Congress “to care for him who shall have borne the battle and for his widow, and his orphan.” This was later adopted as the VA’s motto.



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Injured World War I soldiers recovering at Walter Reed Army Medical Center



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Today's VA

- VA's health care system has grown from 54 hospitals in 1930 to 157 medical centers in 2005, with at least one in each state, Puerto Rico and the District of Columbia. More than 5.3 million people received care in VA health care facilities in 2005, a 29 percent increase over the 4.1 million treated just four years earlier.
- http://www.va.gov/opa/publications/archives/docs/history_in_brief.pdf



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Let's Talk Numbers

- 21.8 million = # of U.S. Veterans (2010)
- 1.6 million = # of female Veterans
- 9 million = # of Veterans > 65 y.o.
- <http://www.infoplease.com/spot/veteranscensus1.html>
- Info obtained from 2010 U.S. Census data.



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Veteran Centric Issues

- Veterans can have any/all of the same health issues as the general population. However, several injuries/illnesses occur with increased prevalence among Veterans. You are already familiar with some of these.
- Post-traumatic stress disorder (PTSD)
- Traumatic Brain Injury (TBI)
- Amputation



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PTSD

- Most people will experience post-traumatic stress, however when these symptoms recur and intrude into everyday activities of daily living it becomes a disorder.
- PTSD was called Nostalgia, Shell Shock, and Combat Fatigue before the current terminology was applied.
- Three clusters of symptoms must be present:
 - 1) Re-experiencing: vivid nightmares and intrusive thoughts.
 - 2) Avoidance/Numbing: avoid talking about the experience(s).
 - 3) Arousal: problems sleeping, hypervigilance.



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PTSD Treatment

- Mental Health issues can stem from PTSD
 - depression, suicide, substance abuse, panic attacks and severe anxiety. If your patient is hard to treat and they are a Veteran, consider PTSD Screening tools to help you determine if there is a larger, more overarching problem.
- <http://www.ptsd.va.gov/professional/pages/assessments/list-screening-instruments.asp> provides links to eight different screening tools. Positive screenings should be followed up with a patient interview to determine appropriate referrals and immediate patient safety.
- Treatment is multi-pronged and includes any/all of the following: education, medications, therapy, and rehabilitation programs.
- <http://www.usuhs.mil/usuhs/videocenter.html> provides a 28 minute on PTSD entitled "The Wounds Within"



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Traumatic Brain Injury

- TBIs are one of the signature injuries from the recent war in Iraq and the current war in Afghanistan.
- TBI is defined as when something outside the body hits the head with significant force. This could happen when a head hits a windshield during a car accident. It could happen when a piece of shrapnel enters the brain. Or it could happen during an explosion of an improvised explosive device (IED.)
- 30% of soldiers taken to Walter Reed Army Medical Center since 2003 suffered traumatic brain injuries, according to the Defense and Veterans Brain Injury Center.



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Traumatic Brain Injury

- Individuals who sustain a TBI may experience a variety of effects, such as an inability to concentrate, an alteration of the senses (hearing, vision, smell, taste, and touch), difficulty speaking, and emotional and behavioral changes. Whether the TBI is mild, moderate, or severe, persistent symptoms can have a profound impact on the injured survivor and those who serve as caregivers.
- <http://www.polytrauma.va.gov/understanding-tbi/definition-and-background.asp>



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TBI Treatment

- Screening is first. Military members and Veterans are screened to determine if they involved in a blast or explosion, vehicular crash, fragment wound above the shoulder, or a fall. www.polytrauma.va.gov provides a full listing of facilities and contacts.
- When a traumatic brain injury (TBI) occurs, the injury can range from a mild case (a brief change in mental status or consciousness) to a severe case (an extended period of unconsciousness or memory loss after the injury).



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TBI Rehabilitation & Recovery

- Each TBI is unique and each person responds differently to rehabilitation. Some persons have lengthy stays in an inpatient program, while others receive their care through outpatient services. Some persons treated in the polytrauma programs are able to return to active duty, pursue school, or return to work, while others will continue to need supportive services and care for longer periods of time.



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TBI Rehabilitation & Recovery Services

http://www.polytrauma.va.gov/downloads/VA_TBI_Toolkit_Brochure.pdf

- •Brain Injury Rehabilitation
- •Emerging Consciousness Program
- •Blind and Low Vision Rehabilitation
- •Amputation Rehabilitation
- •Mental Health and Psychological Support
- •Substance Abuse Services
- •Driver Rehabilitation Program
- •Assistive Technology Rehabilitation
- •Pain Management
- •Community Reintegration Services
- •Vocational Rehabilitation
- •Residential Transitional Rehabilitation Program



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Amputation

- The VA has an excellent independent study course on traumatic amputation, rehabilitation, long-term care, prosthetic clinical and administrative issues, along with primary care related to Veterans with traumatic amputations. It can be found at http://www.publichealth.va.gov/docs/vhi/traumatic_amputation.pdf
- The VA and the Department of Defense (DoD) remain leaders in the development and refinement of prosthetic devices and services.



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Women Veterans

- Women Veterans comprise more than 8% of the total Veteran population, while 14% of the active duty pop. currently is female. This is a growth area for the Veterans Healthcare Administration (VHA).
- Average age for women Veterans is 48 y.o., compared to 63 y.o. for male counterparts.
- Top three diagnoses for women Veterans in 2009-2010 are a) PTSD b) hypertension & c) depression.
- About 1 in 5 women seen in the VHA respond “yes” when screened for Military Sexual Trauma (MST).
<http://www.womenshealth.va.gov/WOMENSHEALTH/acts.asp>



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Women Veterans Services

- The Women Veterans Health Program (WVHP) seeks to increase the scope of services available to women Veterans.
- These include: DEXA scans, mammography machines, ultra-sound and biopsy equipment.
- Additionally, in August 2012 the WVHP was aligned under the Office of Patient Care Services to align more closely with Primary Care, Mental Health, & Specialty Care (i.e. cardiology and pain management).



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Telehealth

- The Office of Telehealth Services uses health informatics, disease management, and telehealth technologies to target both care and case management to improve access to care for Veterans.
- The VHA assesses patients for Care Coordination/Home Telehealth (CCHT). If the patient is determined to likely benefit from this service, they are provided a home telehealth device that uses video and messaging devices.
- <http://www.telehealth.va.gov/ccht/index.asp>



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Telehealth

- Additionally, patients can visit their Community Based Outpatient Clinic (CBOC) which are historically based in medium/low population densities. The CBOCs are also equipped for telehealth “appointments” with a specialist who is normally located in a larger medical center. This saves time and costs. The patient’s visit is facilitated by a health care provider at the CBOC.
- See <http://www.youtube.com/watch?v=JJvmsMZoBzw> for a 9 minute video.



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Conclusion

- This brief presentation was developed as a snapshot for Veteran centric health issues along with novel ideas that the Veterans Health Administration (VHA) has implemented to help care for America’s Veterans.
- There are other areas, beyond the scope of this brief overview, where the VHA leads the nation (i.e. electronic medical records).
- In short, ask your patient “did you ever serve in the military?” This one question may open up a patient history that may help guide your treatment along with possibly opening up a whole new line of resources for your patient.



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