



PUBLIC BENEFITS

VA's inherent responsibility is to serve America's veterans and their families with dignity and compassion, and to be their principal advocate for medical care, benefits, social support, and lasting memorials. VA promotes the health, welfare, and dignity of all veterans in recognition of their service to the Nation. VA positively impacts the lives of veterans and their families, as well as the Nation as a whole. Employees at VA embody our commitment to veterans and, as stewards for the government, we strive to improve the efficiency, effectiveness, and management of all of our benefit programs. The following illustrations are just a few examples of VA innovations and our desire to improve.

Medical Care

The 2002 Institute of Medicine (IOM) report entitled *Leadership by Example* lauded VA's use of performance measures to improve quality in clinical disciplines and in ambulatory, hospital and long-term care. "VA's integrated health care information system, including its framework for using performance measures to improve quality, is considered one of the best in the nation," according to the IOM.

The IOM report also cited VA's National Surgical Quality Improvement Program (NSQIP), which uses performance measurements, reports, self-assessment tools, site visits, and best practices. It develops risk-adjusted information on surgical outcomes in VA's medical centers. From 1991, when NSQIP data were first collected, to 2000, the impact on the outcomes of major surgeries was dramatic: 30-day post-operative deaths decreased by 27 percent.

Innovation comes in many forms. For a VA nurse in Topeka, Kansas, it sprang from the most

unexpected of places, a rental car company. Her idea resulted in the development of a cutting-edge program that received the Pinnacle Award in the health system category in June 2002, a top honor by the American Pharmaceutical Association Foundation. Her inspiration evolved into Bar Code Medication Administration, a program designed to eliminate a host of problems like poor handwriting and lost paper prescriptions. According to the Department of Health and Human Services, medication errors in the Nation's hospitals can be cut by more than two-thirds if doctors enter prescriptions into a computer rather than scribbling on paper. Before dispensing medication at a VA hospital, a nurse scans a patient's wristband with a hand-held device similar to price scanners used in stores—or rental car companies—and then scans a label on the medicine to make sure the proper patient is getting the correct medication in the appropriate dose and at the right time. The Pinnacle Award comes to VA in no small measure because of a VA nurse's foresight and passion more than 10 years ago. This technology is now available in health care facilities across the Nation.

Also in 2002, VA's National Center for Patient Safety received the John E. Eisenberg Award in Patient Safety for System Innovation. The Eisenberg awards are given by the Joint Commission on the Accreditation of Healthcare Organizations and the National Forum for Healthcare Quality and Reporting.

Over 17,000 veterans successfully completed VA's blind rehabilitation program in 2002. As a result of their participation, these veterans became more self-sufficient in their daily activities and achieved a higher level of independence.

VHA emphasizes health promotion and disease prevention to improve the health of the veteran

population, and systematically measures and communicates quality of care and patient outcomes. One of two primary quality measures is the Chronic Disease Care Index II, a composite of the evidence and outcomes-based measures for high-prevalence and high-risk diseases. The individual indicators within the index are based on sound evidence-based medicine, a process that identifies specific processes of care, which in turn impact the overall outcomes for individual patients. For example, 85 percent of veterans with chronic lung disease received a pneumococcal vaccine in 2001, a targeted intervention in the CDCI II (the Centers for Disease Control and Prevention reported 50 percent of high-risk Americans received this vaccine in 1999.) VA estimates that this measure has reduced the number of veteran deaths by 4,000 nationally over the last 5 years and reduced the number of admissions for pneumonia by 8,000 from 1999 to 2001, which equates to about 9,500 fewer bed days of care. Health care providers have readily accessible information regarding their patients through the use of the Computerized Patient Record System (CPRS). The CPRS automatically reminds the provider at the point of patient contact about the interventions and screening indicators that need to be addressed during the veteran's visit. This technology has led to an increase in interventions and improved health for veterans and serves as a benchmark for the health care industry.

Two Centers of Excellence were established to develop new therapies for veterans with spinal cord injuries. The center at the Bronx VAMC will explore the use of pharmaceuticals to treat the secondary disabilities of spinal cord injury, and the center at the Miami VAMC will study pain management, recovery of motor and sensory function, and other related issues.

Medical Research

VA conducts medical research in a wide array of areas that address veterans' illnesses and disabilities and benefit the United States population as a whole. Some of the exciting advances in 2002 are:

- Identification of a promising new treatment for kidney cancer.
- The development of new prosthetic limbs that will reduce patient fatigue and produce greater propulsive forces for walking.
- Identification of a previously unknown dysfunction in neurons involved in multiple sclerosis, which could revolutionize treatment.
- A finding that patients who underwent "placebo" arthroscopic surgery for osteoarthritis of the knee were just as likely to report pain relief as those who received the real procedure. This is one of the most common surgical procedures for osteoarthritis of the knee. The results were published in the July 11, 2002, *New England Journal of Medicine*. The results of this research have implications for the quality, safety, and costs of medical care for VA and the rest of the Nation.
- In a multi-institutional study, VA researchers found an oral drug that kills smallpox and other viruses and could be the answer to saving thousands of lives during a bioterrorism attack or widespread epidemic.

Benefits

The Philadelphia VA Regional Office and Insurance Center was named the recipient of the Department's 2002 Robert W. Carey Quality Award. The award is made to the VA organization that best exemplifies quality service to veterans, dependents and beneficiaries. Foremost among the many accomplishments noted by the judges was that the center has developed a special relationship with its policyholders and is dedicated to constantly improving service and products. For the prior 2 years, the Insurance Center was selected as the winner in the "Benefits Category" of the award.

Insurance is targeting several outreach efforts to all separating servicemembers, especially severely disabled veterans. These efforts are designed to assist veterans in making an educated choice regarding their life insurance needs. The first

outreach effort is in response to findings that severely disabled veterans underutilize insurance benefits. For these veterans, our efforts include personal letters, phone calls, and an expedited application process. For recently separated servicemembers, the Insurance Center worked in coordination with Prudential's marketing department to develop informational brochures to be distributed through the Insurance Services' Transition Assistance Program. The brochures provide information on all open insurance programs. In September 2002, the Insurance Service began a new outreach program aimed at increasing the participation rate among disabled veterans eligible for Veterans Mortgage Life Insurance. This outreach involves developing improved written communication (i.e., informational letters and pamphlets), making follow-up telephone calls, and creating a database of matches to identify non-takers of the insurance. VA hopes that these efforts will ensure the retention of a valuable benefit for those most in need and also raise all veterans' awareness of their earned insurance benefits.

VA's compensation program is critical to improving the quality of veterans' lives and that of their families. In 2002, almost 2.4 million veterans received compensation benefits for disabilities incurred in or aggravated during military service. VA recognizes that certain veteran populations have unique needs or disabilities based on the circumstances of their service, and the compensation program specifically addresses these populations. Regulations that provide for presumptive service connection ease their burden of showing that certain medical conditions are related to service; these veterans include prisoners of war, those exposed to radiation in service or exposed to herbicides in Vietnam, and Gulf War veterans. In 2002, the list of presumptive conditions for veterans exposed to herbicides in Vietnam was expanded to include diabetes, and unexplained chronic multi-symptom illnesses were added to the list of presumptive conditions for veterans who served in the Southwest Asia Theater of Operations during the Gulf War.

In addition, the compensation program provides additional allowances for a veteran's dependents if the veteran is at least 30 percent disabled from a service-connected condition. It also provides for veterans' survivors in its Dependency and Indemnity Compensation (DIC) program, making benefit payments to the eligible parents, unmarried surviving spouses, and children under 18 years of age of veterans who either died of a service-connected disability, or died from a disease or injury incurred or aggravated while on active duty for training, or died from an injury incurred while on inactive training. In certain circumstances, DIC payments may also be authorized for survivors of veterans who were totally disabled from a service-connected disability when they died, even though this disability did not cause their deaths. In 2002, there were 332,600 survivors of veterans who received this benefit.

VA's benefits programs also address other quality of life issues for service-connected veterans by providing for specially adapted home grants to eligible veterans. This includes remodeling a home to accommodate special needs arising as a result of certain service-connected disabilities, such as loss of use of lower extremities, or blindness. Grants for adaptive equipment for an automobile are available to qualified veterans, as well as clothing allowances for qualified veterans who use prosthetic or orthopedic appliances as a result of a service-connected disability.

A pension benefit is of critical importance to many low-income veterans. It is available to veterans with qualifying wartime service who are permanently and totally disabled and to their survivors. In 2002, VA began paying this income-based benefit to qualifying veterans age 65 or older, regardless of whether they are permanently and totally disabled. In 2002, more than 346,000 veterans, and more than 238,000 of their survivors received this benefit.

VA's education programs assist veterans in readjusting to civilian life by helping them to obtain affordable higher education. These programs enhance the Nation's competitiveness

through the development of a more highly educated and productive workforce. About 323,200 veterans received Montgomery GI Bill program benefits in 2002. VA's program evaluation demonstrated a positive return on investment of 2 to 1 in the form of increased income taxes for every program dollar spent.

Each year, VA supports more than 200,000 veterans in their applications for home loans. The main purpose of the VA home loan program is to help veterans finance the purchase of homes with favorable loan terms and at a rate of interest that is competitive with the rate charged on other types of mortgage loans. While clearly of direct benefit to our veterans, this activity also impacts on the local economy as a whole.

VA also plays a critical role in helping veterans maintain their home ownership in certain trying situations. Alternatives to foreclosure can help veterans either retain their home or avoid damage to their credit rating, while reducing government costs.

Burial

VA provides headstones and markers for the graves of eligible persons in national, state, other public and private cemeteries. Delivery of this benefit is not dependent on interment in a national cemetery. In 2002, VA provided more than 360,000 headstones and markers for the graves of eligible persons in national, state, other public and private cemeteries. VA issued nearly 290,000 Presidential Memorial Certificates, conveying the Nation's gratitude for the veteran's service and bearing the signature of the President of the United States, to veterans' next of kin and loved ones.

VA processed 163,490 claims for burial allowances during 2002 providing monetary assistance to families and next of kin arranging for the burial of veterans.

VA provided a 16-ton granite marker that was dedicated to honor the 184 people killed in the

September 11, 2001, terrorist attack on the Pentagon. The Pentagon-shaped marker, bearing the names of the victims, was dedicated during a group burial service at Arlington National Cemetery and placed on a hillside overlooking the Pentagon.

In 2002, NCA initiated its first comprehensive inventory of an estimated 300 memorials located in more than 100 national cemetery properties across the country. Since national cemeteries were first established in 1862, they have become the sites of memorials erected to recall distinctive heroics, group burials, and related commemorations. These monuments or memorials range from modest blocks of stone, sundials, and tablets affixed to boulders to more sophisticated sarcophagi, obelisks, and single soldiers on granite pedestals. To complete this inventory, VA is partnering with Save Outdoor Sculpture! (SOS!), a non-profit organization with more than 10 years of experience using volunteers to survey public outdoor sculpture nationwide. In addition to gathering historical information about the memorial, volunteers will document physical information including materials, dimensions, appearance, evidence of damage, and the nature of the memorial's setting. The inventory will help VA prioritize conservation needs as well as develop a maintenance plan for all its memorials. When the project is complete, the inventory data will reside at VA as well as being publicly accessible on-line through another SOS! partner, the Smithsonian American Art Museum.

Homeless Programs

Veterans make up nearly 25 percent of the homeless population. Many more veterans who live in poverty are at risk of becoming homeless. VA offers a wide array of special programs and initiatives specifically designed to help homeless veterans live as self-sufficiently and independently as possible. In fact, VA is the only Federal agency that provides substantial hands-on assistance directly to homeless persons. Although limited to veterans and their dependents, VA's major homeless-specific programs constitute the

largest integrated network of homeless treatment and assistance services in the country. The following are a few illustrative examples of our activities:

- During 2002, more than 20,000 homeless and at-risk veterans received medical care from VA.
- More than 19,000 veterans received transitional and supported housing, directly or in partnerships with grant and per diem or contract residential care providers.
- VA's Homeless Providers Grant and Per Diem Program, offered annually as funding permits by VA's Health Care for Homeless Veterans (HCHV) Programs, funds community agencies providing services to homeless veterans. In 2002, VA identified \$13.5 million in homeless per diem grants.