

OFFICE OF CLINICAL SERVICES

# THE HEART OF VETERAN CARE

*2024 ANNUAL REPORT*



U.S. Department  
of Veterans Affairs

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# WELCOME FROM LEADERSHIP

It’s a privilege to share the 2024 Annual Report for the Veterans Health Administration’s (VHA) Office of Clinical Services.

In Fiscal Year 2024, VA delivered more care and benefits to Veterans than ever before. Over 130 million health care appointments were completed this year – an extraordinary 7% increase over last year’s record. Behind these numbers are the stories of dedicated leaders, clinicians, staff, and Veterans themselves, whose voices are woven throughout this report.

Clinical Services remains *The Heart of Veteran Care*, touching nearly all the clinical care serving more than 9 million Veterans.

We continue to make great strides in providing care that meets Veterans where they are. Tele-Emergency Care expanded nationwide, making it easier for Veterans to connect with emergency providers from their own home. The National TeleOncology Program has grown significantly as well, serving 8,035 Veterans from FY22 to FY24. Forty-six percent of Veterans using TeleOncology live in rural communities and would face long travel times to appointments without this service.

The Office of Primary Care served as a leader in continuing to implement The Sergeant First Class (SFC) Heath Robinson Honoring our Promise to Address Comprehensive Toxics (PACT) Act, performing toxic exposure screenings for over 1.47 million Veterans, accounting for 84.5% of VHA’s total screenings.

Dental care also reached more Veterans, with VA clinics providing more than 6 million procedures, representing a 9% increase over last year’s record.

In FY24, efforts to combat Veteran homelessness continue to exceed expectations, with 47,925 Veterans permanently housed this year – far surpassing our goal.

The Office of Suicide and Prevention continued to advance outreach and evidence-based clinical intervention services to Veterans in times of crisis. The Veterans Crisis Line supported more Veterans than ever, receiving 1,123,591 million calls, texts, and chats – a 12% increase over last year.

This past year has been full of important milestones and remarkable achievements, all reflective of the passion and expertise of the Clinical Services team, whose unwavering dedication to serving Veterans continues to drive forward our mission.

To everyone who played a part – thank you.

As you read through this report, join us in celebrating the progress made and reflecting on the lives changed.



**Erica M. Scavella, MD**  
*Assistant Under Secretary for Health (AUSH) for Clinical Services | Chief Medical Officer  
Veterans Health Administration*



**Thomas P. O'Toole, MD**  
*Deputy Assistant Under Secretary for Health for Clinical Services  
Quality and Field Operations*



**Elizabeth L. Brill, MD**  
*Deputy Assistant Under Secretary for Health for Clinical Services  
Integration*

# CLINICAL SERVICES

## ABOUT CLINICAL SERVICES



VHA’s Office of Clinical Services, headquartered in VA’s Central Office, is one of the major program offices overseeing the delivery of care to more than 9 million enrolled Veterans. Led by the AUSH for Clinical Services and VHA Chief Medical Officer, Clinical Services provides national leadership for clinical programs and coordination with leaders across the enterprise, integrated clinical community committees, and service-based communities of practice.

Clinical Services defines policy and provides oversight for the many VHA clinical programs that make up *The Heart of Veteran Care*. Additionally, it enables the professional development of clinicians and leaders to optimize the operational strength of the VA health care system to provide Veterans, families, and caregivers with the highest quality health care.

Clinical Services leads 13 national lanes of effort: Dentistry, Diagnostics, Disability and Medical Assessment, Emergency Medicine, Homeless Programs, Mental Health, National Electronic Health Record Supplemental Staffing Unit, Nutrition and Food Services, Primary Care, Spinal Cord Injuries/Disorders, Specialty Care, Suicide Prevention, and Surgery.

In total, Clinical Services includes 47 unique parent and sub-specialty program offices, with the Specialty Care Program Office and its sub-offices making up approximately 70% of Clinical Services’ total operational architecture.

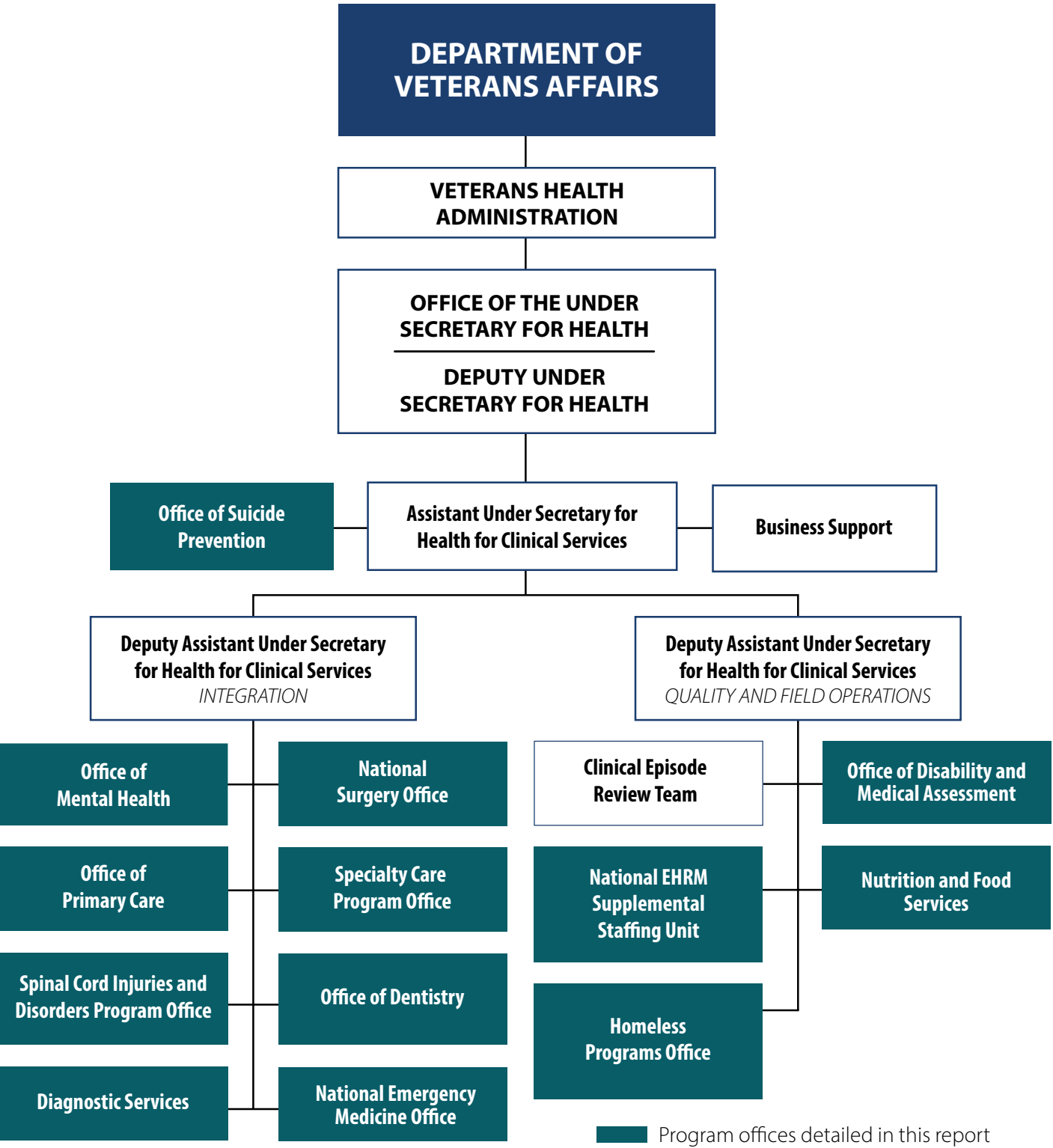
■ KEY FACTS

VHA is the largest integrated health care system in the United States, providing care at:

<b>1,380</b> Heath care facilities	<b>170</b> VA Medical Centers (VAMCs)	<b>1,198</b> Outpatient sites of care of varying complexity
More than <b>127,000</b> health profession trainees	More than <b>73,000</b> active volunteers	 VHA is also the nation’s largest provider of graduate medical education and a major contributor to medical and scientific research.
<b>362,000</b> Health care professionals and support staff		

# STRUCTURE

## ORGANIZATIONAL STRUCTURE



# IMPACT AND BUDGET

## VA HEALTH CARE PRIORITY IMPACTS

### CONNECT VETERANS TO THE SOONEST AND BEST CARE

Decreased new appointment wait times



### PREVENT VETERAN SUICIDE

Veterans Crisis Line is supporting more Veterans than ever, receiving

**1.1M**  
calls, texts, and chats – surpassing last year by 12%.

### SERVE VETERANS WITH MILITARY ENVIRONMENTAL EXPOSURES

Primary Care screened

**1.47M**  
Veterans



### SUPPORT VETERANS' WHOLE HEALTH, THEIR CAREGIVERS, AND SURVIVORS

More than

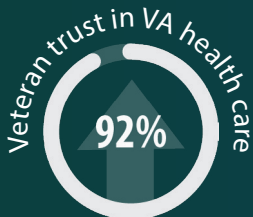
**796,000**

Veterans have enrolled in VA health care since the PACT Act was signed into law – a nearly 37% increase over the previous equivalent period.



### ACCELERATE VA'S JOURNEY TO A HIGH RELIABILITY ORGANIZATION

Veteran trust in VA reached 80.4% this year, an all-time record and an increase of 25% since 2016. Veteran trust in VA health care also reached 92%, another record.



### HIRE FASTER AND MORE COMPETITIVELY

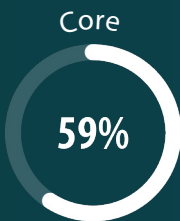
Reduced Clinical Services' vacancies by 5% from FY23



## BUDGET

FY24's budget increases enabled program expansion of Clinical Services programs, initiatives, and staff to provide more care to more Veterans.

### ALLOCATIONS



### INCREASES

**27%**  
DIAGNOSTIC SERVICES

**23%**  
NATIONAL EHRM SUPPLEMENTAL STAFFING UNIT

**17%**  
SPECIALTY CARE PROGRAM OFFICE

**10%**  
HOMELESS PROGRAMS OFFICE

**3.6B**  
**FY24**

**15.9M** Administration

**16.1M** Office of Dentistry

**20.3M** Diagnostic Services

**5.6M** Office of Disability and Medical Assessment

**2.9M** National Emergency Medicine Office

**2.1B** Homeless Programs Office

**299.9M** Office of Mental Health

**23M** National EHRM Supplemental Staffing Unit

**3.2M** Nutrition and Food Services

**65.4M** Office of Primary Care

**7.2M** Spinal Cord Injuries and Disorders Program Office

**509.3M** Specialty Care Program Office

**484.2M** Office of Suicide Prevention

**64.5M** National Surgery Office

# DENTISTRY

## OFFICE OF DENTISTRY

The Office of Dentistry contributes to Veterans' whole health by providing exceptional oral health care through patient-centered, evidence-based services.

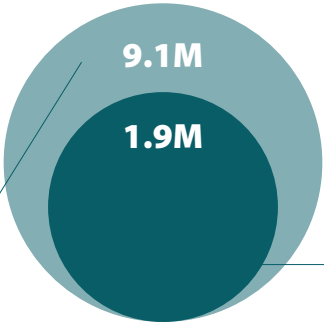


Over 81% of Veterans rated their regular dentist as a nine or 10, with 10 being the best score, according to results of the Dental Patient Satisfaction Survey.



For more information about dental benefits for Veterans, scan the QR code.

Veterans enrolled in VA health care



Veterans eligible for dental care

Through the efforts of more than 3,600 dedicated dental care team members at 245 dental clinics, Dentistry provides quality, compassionate dental care to more than

600,000

Veterans each year.

■ SIX DIRECTORATES FALL UNDER DENTISTRY:

**The Dental Informatics and Analytics Directorate** integrates clinical health care delivery with business informatics to enhance patient care, improve organizational outcomes and support decision-making by accurately analyzing pertinent clinical and business data.

The **Operations Directorate** provides direction, oversight, and guidance on processes that enable dental services to operate

efficiently and effectively while complying with regulations and promoting Veteran satisfaction.

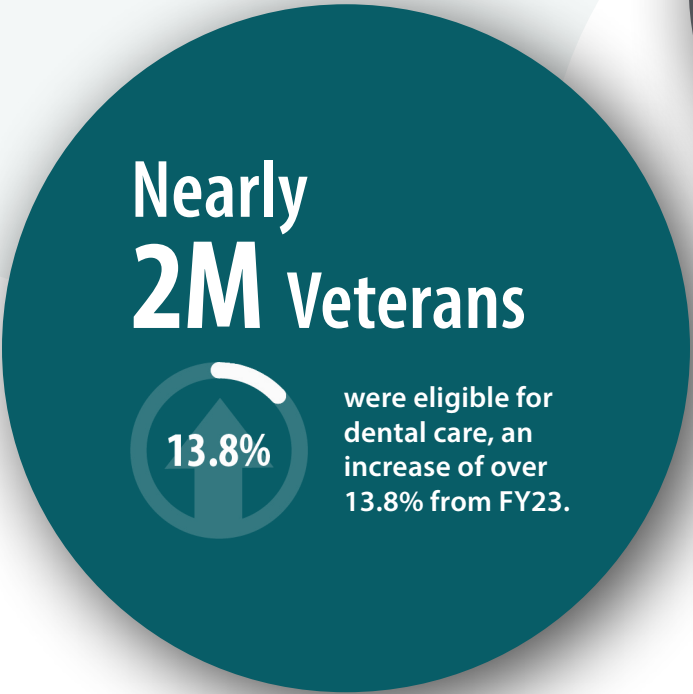
The **Business Operations Directorate** provides management, oversight, and support for the administration, staffing, resources, and finances, to include a wide range of administrative guidance for dental staff across the enterprise.

The **Oral Health Quality and Research Group** improves Veterans' oral health by using VA-based data and scientific literature to promote clinical practice based on the best evidence available.

The **Education Directorate** is the principal advisor regarding educational policies and mandates, collaborating with interprofessional teams to design curricula frameworks.

The **Central Dental Laboratory (CDL)** provides fabrication of dentures, crowns, and other dental prosthetics for the direct care of eligible Veterans. The CDL averages 6,000 dental cases in the daily production pipeline, shipping 400 cases daily to serve our 245 dental clinics across VHA.

■ KEY IMPACTS



■ LEADERSHIP

Christine LaMarre, DDS  
AUSH for Dentistry



**Jimmy Villanueva**  
*Army Veteran*

■ **VETERAN VOICE: VA DENTISTRY TAKES CARE OF BUSINESS**

Army Veteran Jimmy Villanueva is quick to flash a smile, but that wasn't always the case. For more than two decades, the former transport and supply soldier lived without most of his front teeth due to a motorcycle accident.

Now, Villanueva has a mouthful of pearly whites, thanks to VA's Homeless Veterans Dental Program (HVDP).

***"They're very professional, very clean, very polite, and always make me feel comfortable," said Villanueva.***

His experience has been overwhelmingly positive, he said, and he can eat his favorite foods again, including cashews. "I'm very grateful."

While homelessness is associated with a higher risk of dental issues, HVDP focuses on Veterans who have experienced or are at risk of experiencing homelessness, connecting them to VA dental examinations, X-rays, cleanings, fillings, extractions, and even partial or full dentures.

Studies have shown that dental care plays a significant role in improving outcomes for Veterans in rehabilitation programs, including more transitions to permanent housing and more success securing employment or financial stability.

Villanueva is now working with a VA caseworker to get his own apartment, and recommends fellow eligible Veterans take advantage of HVDP. "Be patient and follow the flow because they take care of business."



For more information about the HVDP, scan the QR code.



■ **DIGITAL DENTISTRY IMPROVES VETERAN CARE AND SATISFACTION**

VA Dentistry has made significant advances in modernizing oral health care through the implementation of digital dentistry technologies in facilities across the country and at the Central Dental Laboratory in Dallas. State-of-the-art equipment, such as 3D printers, scanners, and milling machines, enable shorter patient wait times, improved clinic utilization, and increased customer service and satisfaction.

VA dental clinics with digital dentistry capabilities can use intraoral scanners and milling machines to create a dental crown on-site in one appointment. Without the use of digital dentistry, a patient would have to wait weeks for a dental lab to fabricate a crown and require additional appointments for delivery. Digital dentistry reduces the number of visits to create new prostheses and significantly shortens turnaround times. Digital fabrication is especially helpful in replacing lost or broken dentures and crowns, which can be remade from the original digital file without starting the entire process over.

Marine Corps Veteran Walter Chandler lives two hours away from the Birmingham VA Medical Center in Alabama and said he appreciates the important dental upgrades.

***"Being able to potentially take care of everything in one visit not only saves me precious time, but also significantly cuts down on my travel expenses," he explained.***

"This will make it much more convenient for me, and I am very grateful."



**Eleonore Paunovich, DDS**  
*Assistant Chief of Dental Services  
South Texas VHCS*

■ **SPOTLIGHT: IMPROVING ACCESS TO CARE IN SOUTH TEXAS**

With over 40 years of federal service, Air Force Veteran and Assistant Dental Service Chief Dr. Eleonore Paunovich has proven her passion for improving access to oral health care. Paunovich began her VA career by establishing a geriatric dental program at the South Texas Veterans Health Care System (VHCS) in San Antonio, Texas, that increased elderly Veterans' access to care.

***"I wanted to be part of a system that does right by Veterans," said Paunovich.***

The South Texas VHCS houses the largest VA dental clinic in the country and includes clinic space at Randolph Air Force Base. It employs more than 140 staff members across multiple locations. "Our team at South Texas VHCS is always looking for opportunities to integrate new technology that can not only enhance routine dental care, but also improve care for Veterans," said Paunovich.

As the national oral and maxillofacial radiology consultant for the Office of Dentistry, Paunovich has also been instrumental in establishing policies and procedures for VA network systems.

"Throughout my career, I've pushed to increase access to care for those in need, using the most updated, modern technology possible."

Casey Sutherland, administrative officer at the James H. Quillen VAMC in Johnson City, Tennessee, took the lead this year in establishing a brand new dental clinic as project manager for the Knoxville, Tennessee, clinic activation. The new clinic expanded access to dental care for more than

**2,500**

Veterans in the region.

***"When I see Veterans in the waiting room and give them a smile, and they smile back, it just makes my day," said Sutherland. "A smile can light up the darkest days and inspire others to smile, too."***

**95%**

of CDL's dental prosthetics – including crowns and dentures – are digitally printed and milled.

# DIAGNOSTICS

## DIAGNOSTIC SERVICES

Diagnostic Services provides national leadership and consultation vital to the screening, diagnosis, and treatment of medical conditions.

**Radiology** includes nuclear medicine and mammography, overseeing the execution, administration, and quality management of all modalities of diagnostic imaging, image-guided therapy, and minimally invasive treatment.

**Nuclear Medicine and Radiation Safety** is responsible for monitoring nuclear medicine practice and issuing best practice guidance for the diagnostic and therapeutic use of radiopharmaceuticals.

**Pathology and Laboratory Medicine** is integral to the implementation, administration, and quality oversight of lab testing, anatomic and surgical pathology, cytology for tissue diagnosis, genetic sequencing, and advanced molecular analysis.

**Teleradiology** delivers round-the-clock remote interpretation of radiology exams to approximately 130 VHA facilities, augmenting facility services to ensure 24/7 coverage, including off-hours and periods of local radiologist shortages.

### ■ DIGITAL TELEPATHOLOGY SPEEDS PATIENT DIAGNOSIS

Digital telepathology uses telecommunications technology to enable secure transmission of digital pathology images. Traditionally, practitioners shared results with colleagues and patients via mail. When expert consultation outside the facility was required, glass slides or tissue samples were physically shipped to experts. Now, digital telepathology facilitates quick, easy, and confidential sharing of pathology images, allowing for primary diagnoses, digital tumor board consultations, education, research, and second opinions.

The field of digital pathology is growing and has high potential to improve Veteran care across VA medical facilities by providing access to specialty-trained pathologists, regardless of location. The technology also simplifies sharing of pathology results, increasing productivity and improving the quality of care.

Digital telepathology has been implemented in 10 Veterans Integrated Services Networks (VISNs) with 35 sites that are active or implementing the service. The project is expected to expand to at least another eight sites in FY25 and seven sites in FY26.



**Jennifer Colvin**  
*LCS Program Manager*  
*Acting Breast Imaging Operations Manager*

### ■ SPOTLIGHT: EXPANDING ACCESS TO CANCER SCREENING

Jennifer Colvin serves as the program manager for Lung Cancer Screening (LCS) in the national radiology program and acting program manager for the mammography program.

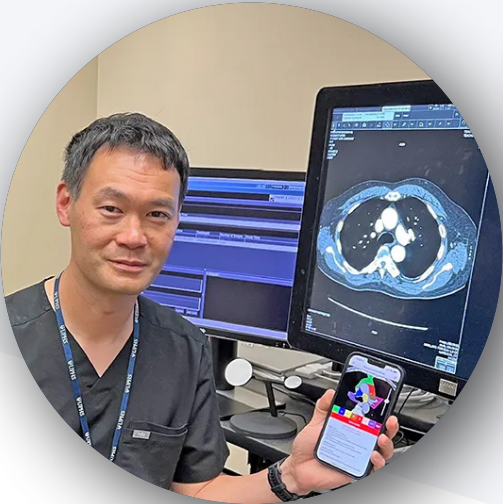
As the LCS program manager, Colvin partners with the National Center for LCS to develop and expand access to lung cancer screening programs nationwide. To date, more than 299,169 Veterans have enrolled in at least one of the 121 active LCS programs.

Colvin combines her passion for supporting and caring for Veterans with her expertise in health care administration. She oversees operations and regulatory compliance, ensuring the highest standards are met with precision and care at over 80 in-house VA mammography programs.

"Most people have a family member or someone close who has been impacted by cancer," said Colvin.

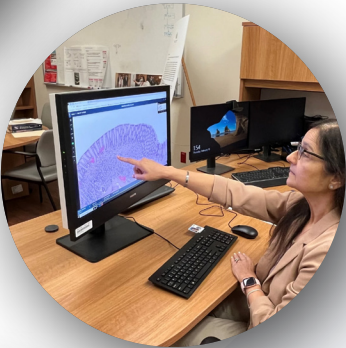
***"Being involved in the lung cancer screening and mammography programs is a fulfilling experience because I know I am making a difference for Veterans."***

### ■ KEY IMPACTS



Performed more than  
**10.9M**  
imaging exams

Performed more than  
**1.4M**  
teleradiology exams,  
a 16% increase over FY23



Performed more than  
**300M**  
pathology and laboratory tests,  
7% more than FY23

Expanded the national digital telepathology program to  
**18** sites and launching an additional 17 sites



### ■ LEADERSHIP

**William F. Arndt, MD**  
*Executive Director*

## ■ VETERAN VOICE: LIFE-SAVING SCREENINGS, ONE CALL AT A TIME

Life-changing screenings often begin with a single phone call. As a previous mammography coordinator at the Northport VAMC in Long Island, New York, Monica Ann Luisi answered the call for patients referred out for breast imaging.

Breast cancer rates in Long Island are higher than the national average. “People think, ‘It’s not going to happen to me. I don’t have a family history,’” she said. “It was my job to encourage them to make the appointment and keep it.”

Luisi remembers working to schedule mammography screening for a Veteran with a new baby and two small children. “It was so difficult to make the time, but I kept trying to make an appointment work and finally got her scheduled. She had no family history and no indicators, but was diagnosed with breast cancer.”

The Veteran stayed in touch with Luisi throughout her treatment, grateful Luisi had been so persistent in coordinating the screening.

***“Being deployed, coming back has helped me as a VA employee. I’m always looking to try to make things easier for Veterans,” said Luisi.***



**Monica Ann Luisi**  
Active Guard Reserve Veteran

## ■ VA’S NATIONAL VIRTUAL TUMOR BOARD CONNECTS VETERANS TO BEST-IN-CLASS CANCER CARE

Experts across VA’s system of care help assess and support Veterans with rare or complex cancers. The virtual tumor board has access to scans, notes, pathology from biopsies and surgeries, and treatment plans through the referring physician. By virtually connecting disease-specific experts, a Veteran’s care isn’t limited to the resources within their VA medical center or their immediate community.



# ASSESSMENT

## OFFICE OF DISABILITY AND MEDICAL ASSESSMENT

The Office of Disability and Medical Assessment (DMA) provides guidance for compensation and pension (C&P) examinations and collaborates with VHA program offices and other federal agencies to support Veterans filing claims for VA disability benefits. DMA also offers support for improving and conducting disability examinations and provides nationwide education and training on disability benefits topics. For many Veterans, their appointment with a C&P examiner is their first experience with VHA.

## ■ INCREASING AWARENESS OF AVAILABLE VA RESOURCES FOR VETERANS AND THEIR FAMILIES

DMA helped implement the Military Sexual Trauma Claims Coordination Act, which mandates VHA and the Veterans Benefits Association (VBA) coordinate and provide Veterans with specific resources and information about military sexual trauma (MST) and mental health. All VA C&P examination notification letters now include information about the Veterans Crisis Line (VCL), how to make an appointment with a mental health provider, and how to contact peer support specialists.

As a result of DMA’s efforts, more than

# 40,000

**Veterans received important updates and information on MST, increasing their awareness of VA resources and support services available to them and their families.**

## ■ IMPROVING VETERANS’ EXPERIENCE WITH C&P EXAMS

In collaboration with the Veterans Experience Office and feedback from VBA, DMA implemented a 100% web-based national C&P satisfaction survey supporting VA’s strategic objective of building lifelong relationships and trust. The survey measured Veteran satisfaction with scheduling a C&P examination and interaction with the clinician.

DMA received 18,000 responses in 2024, and shares results with C&P staff in the field on a quarterly basis. VA also follows up with Veterans who reported lower satisfaction scores and incorporates this feedback into future service improvements.

DMA strives to make sure Veterans understand the C&P process and are satisfied with their experience when they receive an exam at a local VHA facility. DMA’s close collaboration with the field, national reporting of survey results, and outreach directly to Veterans to discuss their experiences are vital to ensuring that Veterans and their families are satisfied with their disability examinations.



For more information on MST services, including disability claims, please scan the QR code.

■ KEY IMPACTS

VHA's medical disability examination program completed over

**227,000**

disability examination requests,

a 4.5% increase over FY23.

VHA C&P achieved a

**98%**

National Ratability Quality Aggregate score,

which demonstrates the likelihood VBA can rate claims based on the information provided by VHA C&P examiners.

Approximately

**33%**

of VHA's medical disability examinations

were completed using virtual modalities.

Over

**175,000**

Veterans

and service members received C&P examinations through VHA's medical disability examination program.



■ LEADERSHIP

**Toby Mathew**  
Chief Officer



**John Hanson**  
Air Force Veteran

■ VETERAN VOICE: THIS IS CALLED FREEDOM

After 20 years in the Air Force, John Hanson found himself battling chronic lower back pain. Several referrals and appointments later, he was diagnosed with amyotrophic lateral sclerosis (ALS), also known as Lou Gehrig's disease.

ALS, added to VA's list of presumptive compensable illnesses in 2008, is a neuromuscular disease that affects about 30,000 people of all backgrounds in the U.S. The disease

causes degeneration of nerve cells in the brain and spinal cord that leads to muscle weakness, muscle atrophy, and spontaneous muscle activity. Studies have shown that military Veterans are twice as likely as civilians to be diagnosed. While the cause of ALS is unknown and treatment can manage symptoms and slow progression, there is no cure.

Although a dreadful diagnosis, Hanson and his family set out to navigate this unexpected life chapter alongside VA.

"I kept falling and felt like I was losing my memory," said Hanson. "I couldn't go where I wanted. I couldn't see friends anymore. I couldn't even go to church. I was slowly starting to lose my independence."

Veterans with certain circumstances, such as ALS, qualify for priority processing of a claim, meaning VA ensures every available resource is brought to bear to support Hanson – including providing Hanson with a specially modified vehicle that enables him to once again enjoy the freedom of mobility.

In only two weeks, VA provided resources such as bathroom and shower modifications, physical therapy lifters, a power wheelchair and sleeping devices to meet his specific physical needs.

"I can't say enough about how we have been treated," said Hanson.

**"VA has opened doors for me. I don't think we can ask for more. This is called freedom."**



For more information on priority processing of claims, scan the QR code.

# EMERGENCY NATIONAL EMERGENCY MEDICINE OFFICE

The National Emergency Medicine Office (NEMO) is committed to providing acute, unscheduled, high-quality emergency medical treatment for Veterans through VA emergency departments (EDs), urgent care sites, ambulance services, and telemedicine. This includes ensuring that the services necessary to deliver emergency care are available, and planning for the management of patients who require services exceeding VA medical facility capabilities.



## ■ SERVICE SPOTLIGHT: EXPANDED AMBULANCE SERVICES OFFER VETERANS RELIABLE TRANSPORT TO EMERGENCY CARE

Currently, 30 VA facilities operate VA-owned ambulances as established Emergency Ambulance Services (EAS) programs. New and increased ambulance services provide support to Veterans in emergency situations by ensuring timely and reliable transport to VA medical facilities or community partners.

The Fayetteville VAMC in North Carolina saw the impact firsthand when it introduced three new ambulances in June 2024.

“Our new ambulance service extends transport options provided by community partners,” said Marri Fryar, executive director of the VA Fayetteville Coastal Healthcare System, one of the fastest-growing service areas. “Adding these services is essential to maintaining quality and access as the area grows.”

The new ambulances are staffed by paramedics trained to provide services from basic life support to advanced medical care.

## ■ EXPANDING CARE: NEW URGENT CARE AND AMBULANCE PROGRAMS

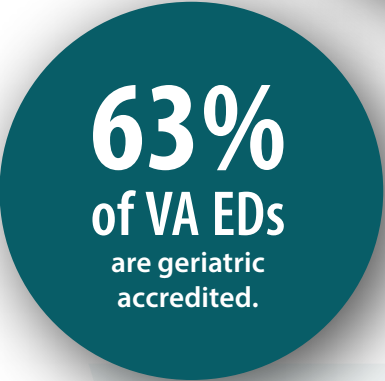
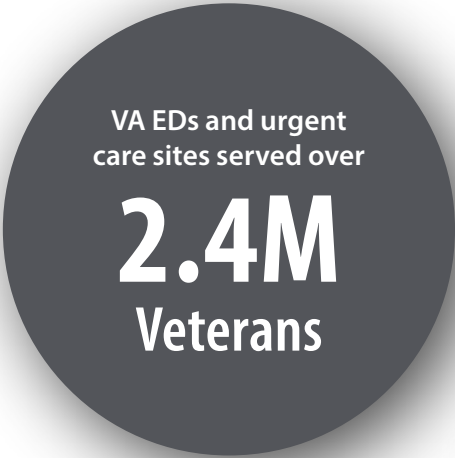
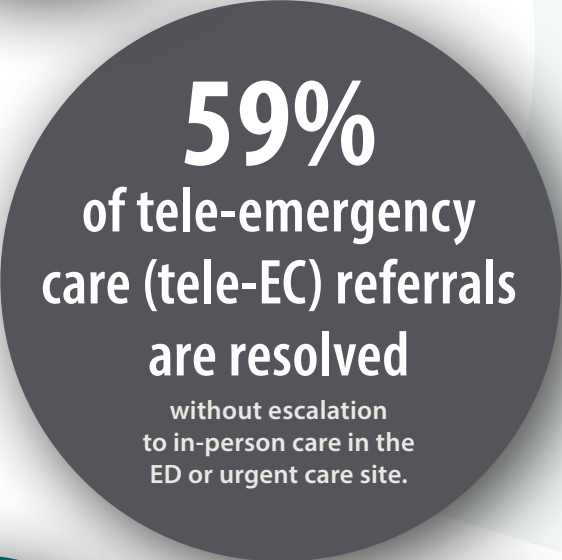
One new VA urgent care site opened in Lubbock, Texas.

Three new ambulance programs were established: Cincinnati, Ohio; Ann Arbor, Mich.; Fayetteville, N.C., and Clarksburg, W.Va.

## ■ KEY IMPACTS



\*This exceeds the national industry standard of less than 12 minutes "door-to-triage" time and less than 25 minutes "door-to-doc" time. [The Joint Commission]



## ■ LEADERSHIP

Neil Patel, MD  
Acting Executive Director



**Derek Bryant, MD**  
*Tele-EC Director*  
*VISN 16*

■ **SPOTLIGHT: BRINGING CRITICAL CARE TO RURAL VETERAN POPULATIONS**

Dr. Derek Bryant has made significant contributions to improving health care access for Veterans in VISN 16, a predominantly rural region with extensive challenges in this regard.

He initiated satellite urgent care locations, Video Connect Care (VCC), and tele-EC services to address the needs of Veterans who live far from health care facilities. This past year, Bryant spearheaded the establishment of an urgent care site in North Little Rock, Arkansas, with plans to expand to other communities within VISN 16.

In April, Bryant was appointed as the first tele-EC director in VISN 16, tasked with preparing for the launch of tele-EC in August. As the clinical liaison for VCC, Bryant advocated for emergency medicine providers to staff and manage VCC, aiming for quicker response times and higher patient satisfaction. This initiative significantly improved the use of telehealth in Little Rock and Fayetteville, Arkansas.

■ **TELE-EC EXPANDS VETERAN ACCESS TO CRITICAL CARE**

Tele-EC is now available nationwide, enabling Veterans to connect with a VA emergency care provider through VA Health Connect without unnecessary exposure to illnesses, travel, or long wait times.

As part of VA Health Connect, Veterans can speak with a clinical triage nurse who will connect them to a tele-EC provider when clinically appropriate. The tele-EC provider will then evaluate the Veteran over the phone or on video and recommend treatment or follow-up, including if in-person care is needed. In life-threatening emergencies, the VA nurse will call 911 and stay on the line until help arrives.

Through tele-EC, VA assisted more than

**81,000**

**callers. Of those encounters, 59% were resolved without escalation to in-person emergency care, addressing Veterans’ concerns in the comfort of their own home.**

**NEMO is working closely with facilities to obtain ACEP’s Geriatric Emergency Department Accreditation. At the end of FY24, 70 VA EDs are accredited, making VA the largest integrated health care system with the most GEDs.**

Through education, use of an interdisciplinary staff, and common geriatric care protocols, GEDs enable early identification of common geriatric syndromes and provide safe transition back to the Veteran’s home or to other settings such as community-based care, rehabilitation, or long-term care. GEDs work with existing resources to connect Veterans leaving the ED with VA resources needed to promote continued independence at home. Additionally, GEDs have physical environments, equipment, and supplies that improve care for older Veterans while they are in the ED and upon discharge.

■ **ELEVATING EMERGENCY CARE FOR AGING VETERANS**

NEMO has partnered with the American College of Emergency Physicians (ACEP) and others since 2018 to enhance geriatric emergency services across VA’s 111 EDs. More than half of all VA ED visits are by Veterans aged 65 years or older, and VA’s specialized geriatric emergency departments (GEDs) ensure that the specific needs of elderly patients are met, leading to better health outcomes for this vulnerable population.

**HOMELESS PROGRAMS OFFICE**

Homeless Programs assists Veterans and their families in obtaining permanent and sustainable housing with access to quality health care and supportive services to end homelessness. The office provides Veteran-centered, equitable, and inclusive offerings to empower and enable independence.

Ending homelessness among Veterans is a top priority for VA. VA is focused on ending Veteran homelessness through several efforts:

- Leading with an evidence-based, Housing First approach.
- Reaching underserved Veterans.
- Ensuring the delivery of quality supportive services.
- Increasing the supply of and access to affordable housing.

■ **FULLY UTILIZING THE RESOURCES AVAILABLE TO HOMELESS VETERANS**

The Housing and Urban Development-VA Supportive Housing (HUD-VASH) program is the largest permanent supportive housing program in the country, with nearly 113,000 housing vouchers allocated in FY24. Not only has the program been instrumental in contributing to the 55.6% decline in Veteran homelessness since 2010, but it has also been life changing to the more than 205,000 formerly homeless Veterans whom HUD-VASH has housed since its current iteration started in 2008.

Today, rising rent costs have significantly increased the barriers that Veterans face in finding safe and adequate housing, even with the rental assistance vouchers provide. Although more Veterans are currently housed through HUD-VASH than at any point in our country’s history, VA would like more Veterans to use the available vouchers.

HUD and VA hosted 11 boot camps in the fall of 2023 to help revitalize their shared commitment to ending Veteran homelessness. These two-day, action-oriented workshops brought together personnel from HUD field offices, public housing agencies, and VAMCs nationwide to improve coordination and collaboration, streamline and improve systems and processes, and increase referrals and utilization of the HUD-VASH program.

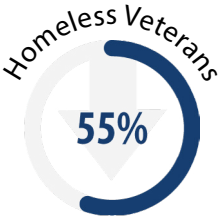
HPO is working with HUD to break down large-scale barriers identified during the boot camps, support communities with consistent process improvement strategies, and make the pathway from homelessness to housing as quick and efficient as possible.



Scan the QR code to find out more about HUD-VASH boot camps.

**47,925**

Veterans were permanently housed in FY24, surpassing VA’s goal of 41,000.



Homeless Programs’ network of partnerships has contributed to a 55.6% decrease in homelessness among Veterans since 2010.

■ KEY IMPACTS



4,621  
Veterans were  
permanently housed

after exiting Health Care for  
Homeless Veterans Contracted  
Residential Services.

10,510  
Veterans exited  
Grant and Per Diem  
to permanent housing.

45,995  
Veterans remained  
in housing.

42,064  
unsheltered Veterans  
were engaged through  
outreach efforts.



For more information  
about the Homeless  
Programs Office, scan  
the QR code.

88,306  
formerly homeless Veterans  
under lease through the  
HUD-VASH program.



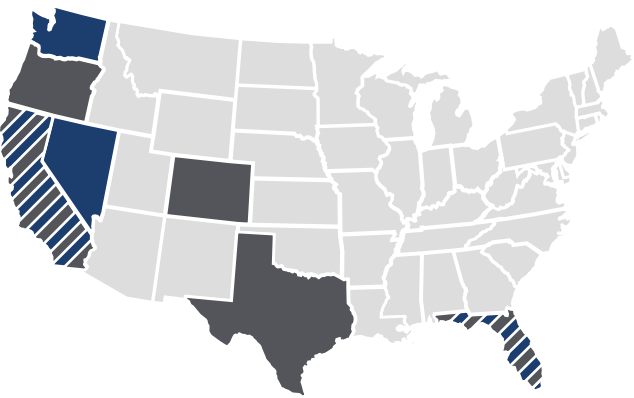
■ LEADERSHIP

**Monica Diaz**  
*Executive Director*

■ VA SURGES HELP REACH VULNERABLE, UNSHELTERED VETERANS

Unsheltered homelessness – sheltering in a place that is not meant for human habitation – is particularly harmful to a person’s health and can be a traumatic experience. Unsheltered Veterans tend to have more significant health challenges and are more vulnerable than sheltered homeless Veterans. Despite concerted efforts to connect unsheltered Veterans to interim housing services, such as emergency shelters and transitional housing, 44% of homeless Veterans were unsheltered during the 2023 point-in-time (PIT) Count.

In response, VA launched two unsheltered surge events during FY24. The goal of these events was to reduce the overall number of unsheltered Veterans in a VAMC’s catchment area. Surge efforts specifically focused on engaging unsheltered Veterans and linking them directly to temporary housing, like an emergency shelter or transitional housing, as well as permanent housing options.



FIRST SURGE

November to December 2023

The first surge took place at six communities: Bay Pines, Fla.; Los Angeles; Las Vegas; Long Beach, Calif.; San Diego; and Seattle.

SECOND SURGE

August to December 2024

Includes six new communities: Denver; Houston; Jacksonville, Fla.; Oakland, Calif.; Portland, Ore.; and, Sacramento, Calif.

**Thanks to the hard work and dedication of Homeless Programs teams and their community partners, 525 unsheltered Veterans were engaged through these enhanced outreach efforts. Additionally, 264 unsheltered Veterans moved into interim housing on the same day they were identified, and 335 unsheltered Veterans were enrolled in permanent housing programs.**



**Patricia James-Booker**  
*Air Force Veteran*

■ VETERAN VOICE:  
A BRIDGE FROM  
HOMELESSNESS  
TO HOPE

After serving eight years in the Air Force, Patricia James-Booker became a licensed practical nurse, working for 20 years until two strokes forced her early retirement. Despite tight finances, she maintained an apartment and volunteered with other Veterans.

Then COVID-19 hit. After the pandemic, James-Booker’s landlord didn’t renew her lease. Limited income and soaring rents left her weeks away from homelessness.

Through her volunteer work at the VA Wilmington Healthcare System in Wilmington, Delaware, James-Booker learned about VA programs for Veterans at risk of becoming homeless. After moving into a state-run shelter, James-Booker was able to use a HUD-VASH

housing voucher to secure an apartment. She lived there for a year before inheriting a house from her father, a Marine who inspired her military service.

James-Booker was impressed by the wraparound support VA offers to homeless Veterans. While she didn’t need many of the programs, she received spiritual counseling from a VA chaplain to help process her feelings surrounding homelessness. “That’s what I love about the HUD-VASH program. It’s tailored to what the Veteran actually needs,” she said.

James-Booker created a life of purpose. She founded Veterans in Between, a nonprofit that helps women Veterans and widows of Veterans with social support and transportation. She also mentors in the Philadelphia Veterans Court and serves in the Delaware Civil Air Patrol.

Jame-Booker hopes she can show others that anyone’s life can go through highs and lows.

**“I realized being silent was not a good thing. You need to share what you go through because it will help other people.”**



**Shawn Liu**  
Director of Communications  
Homeless Programs Office

## ■ SPOTLIGHT: ON A MISSION TO SUPPORT VETERANS EXPERIENCING HOMELESSNESS

Shawn Liu's personal passion for podcasting and professional drive to advance the discussion around Veterans and homelessness collided in 2022, and the Ending Veterans Homelessness Podcast was born. "It's been a labor of love for sure," said Liu. "The original idea was 'VA is here. Come to us for help.' As time went on, I wanted to do broader topics. I wanted to get content out there to not only let Veterans know about the programs and services we offer, but also educate the public."

The monthly podcast has amassed a dedicated following from within the VA community and members of the public who share a commitment to end Veteran homelessness. It consistently ranks within VA's top three most downloaded podcasts.

**"When talking about the complex issues around homelessness make it simple and plain for regular folks," said Liu. "I want my mom to be able to understand what I do for a living."**

Liu ends each podcast with a signature phrase that has become the podcast's mission statement: "We hope that you found this time to be valuable and that you feel empowered in our collective work to ensure every Veteran has a safe and stable place to call home."



To listen to the Veterans Homelessness Podcast, scan the QR code.

# MENTAL HEALTH

## OFFICE OF MENTAL HEALTH

The Office of Mental Health provides quality care to protect and restore Veterans' mental health and overall well-being during their transition back into civilian life and throughout their lifetimes with Veteran-centered and recovery oriented mental health services:

- Resources and policies to address Veterans' needs in the time, place, and manner that works the best for them.
- Programs to reach and link Veterans who are not connected to VA care.
- Ethical and accountable support and advocacy to ensure excellence in VA's mental health and suicide prevention services.



For more information about VA mental health care, scan the QR code.



**Eric Hermes, MD**  
Acting Director  
Psychopharmacology and Somatic Treatments

## ■ SPOTLIGHT: PREPARING FOR THE FUTURE OF PSYCHOPHARMACOLOGY

A psychiatrist and former Air Force flight surgeon, Dr. Eric Hermes directs programs and policy affecting a broad range of layered mental health services with the goals of improving the quality of and access to mental health care for Veterans.

His particular focus is on psychotropic medications and

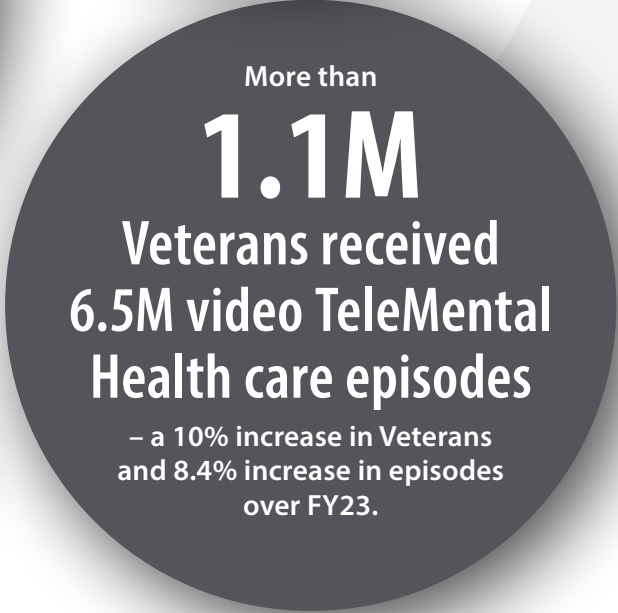
complex interventions for mental health disorders such as ketamine and esketamine, electroconvulsive therapy, and transcranial magnetic stimulation. Hermes also leads VA's psychotropic drug safety initiative, which is currently improving access to evidence-based care for 90,000 Veterans with stimulant use disorder and ensuring quality care for over 100,000 Veterans prescribed stimulant medications.

Hermes is also helping ensure VA is ready if and when federal regulators deem psychedelic interventions to be safe and effective.

**"VA is continually implementing novel, evidence-based interventions for mental health treatment, and is the leader for improving the quality of psychotropic prescribing. Every VA facility is involved in the process, and I am proud to help manage this program," he said.**



■ KEY IMPACTS



■ LEADERSHIP

**Tamara M. Campbell, MD**  
*Executive Director*



**Ray Best**  
*Army and Navy Veteran*

■ VETERAN VOICE:  
FINDING REST THROUGH  
SLEEP THERAPY

Army and Navy Veteran Ray Best served aboard the USS Iowa in the 1980s. His service was marked by an event that claimed the lives of 47 of his fellow shipmates. The memory continues to haunt Best, leading to nightmares and affecting his mental health.

For many Veterans, physical and psychological injury during their service can affect sleep long after their service has ended. Cognitive Behavioral Therapy for Nightmares (CBT-N) is a mental

health treatment designed to help Veterans confront and manage trauma-induced nightmares. Best worked with Dr. Kimberly Igirio, a staff psychologist at the Orlando VA Medical Center in Florida.

"Nightmares are often the brain's way of coping with the trauma," said Igirio. "Through CBT-N, Veterans like Best face their nightmares head-on using a process called rescripting, which allows the brain to process unresolved thoughts and emotions."

Initially skeptical, Best found Dr. Igirio's care and the CBT-N treatment transformative. Before treatment, Best was getting three to four hours

of broken sleep a night. Now, he gets about six hours, with fewer nightmares and better rest.

"When you're rested, your day is better. I'm easier to be around now, and I don't get agitated as easily," said Best.

For Veterans hesitant to seek help, Best has a message:

**"Asking for help is not a sign of weakness, it's a sign of strength. You wouldn't go into battle alone, and you shouldn't face these issues alone either."**



**Gayle Y. Iwamasa, PhD**  
*National Director  
Inpatient Mental Health Services*

■ **SPOTLIGHT: GUIDING INPATIENT CARE WITH COMPASSION AND INCLUSIVITY**

Dr. Gayle Iwamasa provides expert consultation to VA's many inpatient mental health providers who work with Veterans during the most challenging times of their lives. She helps equip providers with knowledge regarding VHA national policy requirements for inpatient mental health services and connects them to tools and resources designed to enhance the care Veterans receive during acute inpatient mental health hospitalizations.

***"It is an honor and privilege to work with the numerous VHA mental health providers who day in and day out provide compassionate, Veteran-centered, and evidence-based mental health services during times of crisis," said Iwamasa.***

In addition to her work related to inpatient mental health services, Iwamasa is passionate about ensuring that culturally diverse Veterans receive responsive mental health services. By developing and disseminating relevant education, tools, and resources – including those for self-care – her team ensures all VHA's mental health providers are equipped to serve Veterans.

■ **EVIDENCE-BASED THERAPIES OFFER HOPE FOR SUBSTANCE USE DISORDERS**

Veterans with a substance use disorder (SUD) are three to four times more likely to be diagnosed with depression. VA offers effective, evidence-based treatments for SUD, many of which are available at VAMCs:

Cognitive behavioral therapy helps Veterans with SUD develop more balanced and helpful thoughts about themselves, others, and the future. It can help Veterans manage the urge to drink or use drugs, refuse opportunities to use substances, use a problem-solving approach to deal with SUD, and achieve personal goals.

Motivational interviewing (MI) involves conversations between the Veteran and their provider to detect and strengthen personal motivations for change. In this therapy, Veterans look at the reasons they want to make a change and the potential benefits of that change.

Motivational enhancement therapy is a version of MI that focuses specifically on changing unhealthy alcohol or substance use.

Contingency management is a therapy in which the patient receives incentives for completing recovery behaviors such as abstinence verified by urine drug screens. The incentives increase in size with consistent performance of the recovery behavior.



Learn more about VA's treatments for SUD by scanning this QR code.



■ **TELEMENTAL HEALTH EXPANDS ACCESS TO MENTAL HEALTH CARE**

For Veterans living in rural areas or far from a VA facility, it can be challenging to attend in-person therapy and treatment sessions. TeleMental Health helps Veterans make the time to prioritize mental health by offering virtual care appointments. TeleMental Health can help overcome barriers to therapy for Veterans experiencing PTSD and other challenges like anxiety or depression by providing treatment to them in the comfort of their own home.



To learn more about VA TeleMental Health, talk to your provider or scan this QR code.

# NESSU NATIONAL EHRM SUPPLEMENTAL STAFFING UNIT

As part of VA's Electronic Health Record Modernization (EHRM), NESSU strives to ensure the readiness and integration of the Oracle/Cerner platform while increasing access to care and supporting local staff. This requires multiple strategies and extensive planning across various levels, including VAMCs, VISNs, and VA Central Office.

NESSU delivers direct patient care, assists with data migration, and offers peer support to medical facilities adopting the EHRM. Often referred to as "surge support," NESSU's clinicians are recruited and trained to augment the clinical workforce in areas such as Primary Care, Behavioral Health, Nursing, Pharmacy, and Scheduling during critical phases surrounding a facility's go live.

By offering mitigation services as each facility prepares for its EHRM transition period, NESSU provides support when local staff face decreased workload capacity. While most support is offered virtually, NESSU also offers in-person assistance in select service lines. With a team of trained clinicians and schedulers experienced in multiple electronic health record rollouts, staff also engage in peer-to-peer support through scheduled presentations, demonstrations, live support chats, best practices, and other modalities to enhance the skills and training of new users.



**Crystalynn Elder**  
*Air Force Veteran*

■ **VETERAN VOICE: HELPING FELLOW VETERANS INSIDE AND OUTSIDE OF VA**

"When I first came to VA, I felt lost in health care," said Elder, a 100% disabled Veteran who has chosen VA health care for more than a decade.

"I was already battling other things medically and didn't know what I needed help with. The front office staff at my local VA was able to help and guide me. They connected me to the many resources I was missing within local Veteran groups."

Inspired to serve her fellow Veterans, Elder now supervises medical support assistants within the NESSU scheduling team.

She also focuses on supporting local Veterans and active-duty military members within Klamath Falls, Oregon. Elder helps to raise money and resources for local Veterans in need, donating over 1,000 hours to local organizations.

She is a member of the Veteran Advisory Council for Klamath County and a local VA representative for the White City VAMC, Oregon.

***"Veterans are resilient, but we also need guidance in a world we are unfamiliar with," said Elder.***

"I wake up every day with the purpose and mission of dedicating my life to helping other Veterans navigate unfamiliar territory, leaving no Veteran behind, and providing them with the best care and service possible."



■ KEY IMPACTS



■ LEADERSHIP

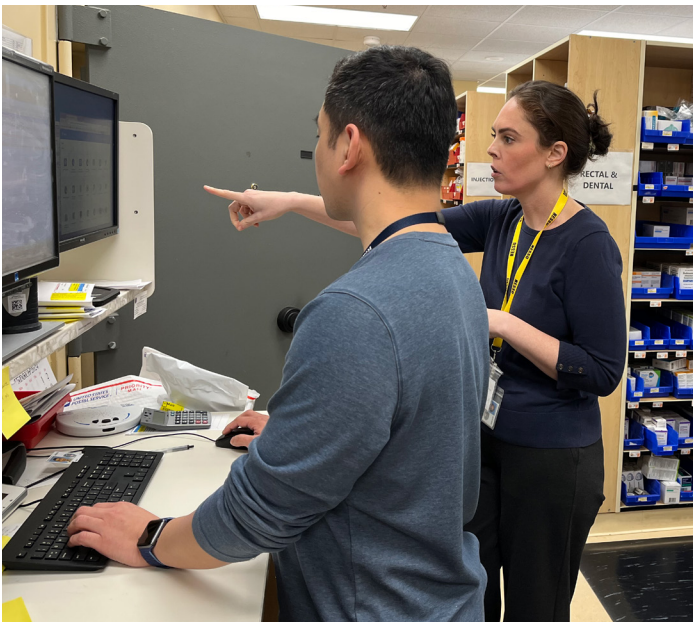
**Brenda Faas**  
*Director*

■ NESSU BEHAVIORAL HEALTH TEAM PROVIDES THERAPEUTIC GROUP SUPPORT FOR VETERANS DURING EHRM ROLLOUT

The NESSU behavioral health team stepped in to lead Veteran group therapy sessions to give clinicians at the Captain James A. Lovell Federal Health Care Center in North Chicago, Illinois, time to learn the new EHRM system while ensuring continuity of care.

Since the center went live with the EHRM in March 2024, NESSU therapists have led weekly addiction, coping skills, and anger management groups, totaling more than 800 Veteran group visits in six months. Additionally, the clinicians provide backup coverage for the dialectical behavioral therapy and cognitive behavioral therapy groups for the clinical resource hub staff.

Veterans experienced little or no impacts on their care during the site's transition while staff continued to master the new medical record. A secondary benefit was that the NESSU clinicians learned how to use group notes efficiently within the new medical record system. This knowledge benefits future VA sites with group offerings, as NESSU therapy staff can help lead the groups and enhance EHRM support across VA systems.



■ SINCE JANUARY 2024, NESSU PHARMACY HAS:

Conducted  
**1,545** comprehensive  
medication  
management encounters.

Processed  
**118,929**  
prescriptions.

■ SPOTLIGHT:  
PROMOTING HRO  
PRINCIPLES ACROSS VA

Julie Vatel and Anca Whitehouse are proud outpatient NESSU nurses. They are passionate about serving Veterans, streamlining processes, upholding safe practices, and sharing and advocating for high reliability organization (HRO) principles. Vatel has been involved in HRO work at VA since 2015, while Whitehouse started in 2018.

Vatel and Whitehouse started facilitating patient safety training courses for NESSU and VISN 9 staff last summer, resulting in more than 85% of NESSU employees being trained in policies and practices.



**Julie Vatel**  
*NESSU Nurse*



**Anca Whitehouse**  
*NESSU Nurse*

Recently, their work has transformed from the nursing HRO workgroup into the interdisciplinary NESSU HRO committee, helping reduce silos by promoting safety stories, increasing awareness through process improvement projects, and impacting future EHRM sites nationally. Their collaboration with VA Louisville Healthcare

System in Kentucky and VISN 9's clinical resource hub allowed for dozens of non-NESSU employees to become trained in National Center for Patient Safety Team Training over the last two years. Vatel and Whitehouse provide essential guidance and support to nursing teams, allowing them to feel more confident and better equipped to embrace EHRM.

# NUTRITION & FOOD

## NUTRITION AND FOOD SERVICES



Nutrition and Food Services (NFS) develops and provides comprehensive evidence-based nutritional services for Veterans and their families across VA's health care facilities.

The Food Security Office (FSO) is a program office within NFS, supporting Veterans experiencing food insecurity with access to nutritious, affordable, and culturally appropriate food through an interdisciplinary approach.

In addition to delivering safe and high-quality patient food, NFS is helping transform the patient experience. Through its advanced clinical nutrition practices, data-driven quality improvement, and healthy kitchen teaching programs, NFS is helping to improve health outcomes for Veterans and their families.



**Nigel Thomasford**  
Navy Veteran

■ **VETERAN VOICE:**  
**FINDING A FUTURE AT VA**

After serving 21 years in the Navy, Nigel Thomasford wondered what he would do next. His career counselor told him about the Department of Defense (DOD) SkillBridge program, which is designed to give transitioning service members the opportunity to gain valuable civilian work experience through specific industry training, apprenticeships or internships.

Looking through the DOD SkillBridge website, Thomasford noticed a

cook position at Audie L. Murphy Memorial Veterans Hospital (AMMVH), in San Antonio, Texas.

"I'd been to culinary schools while in the Navy, so I was very fond of that, and that's why I chose to pursue that position," said Thomasford.

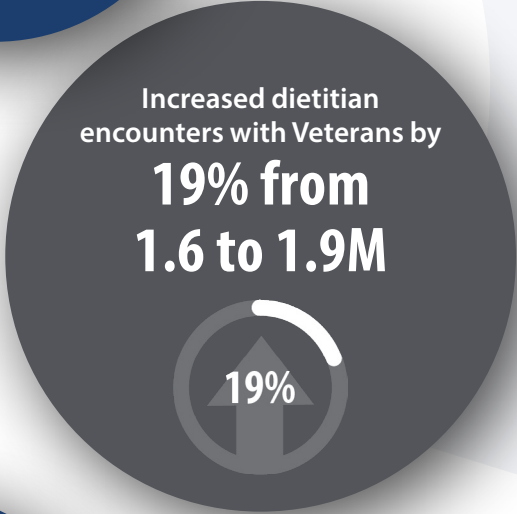
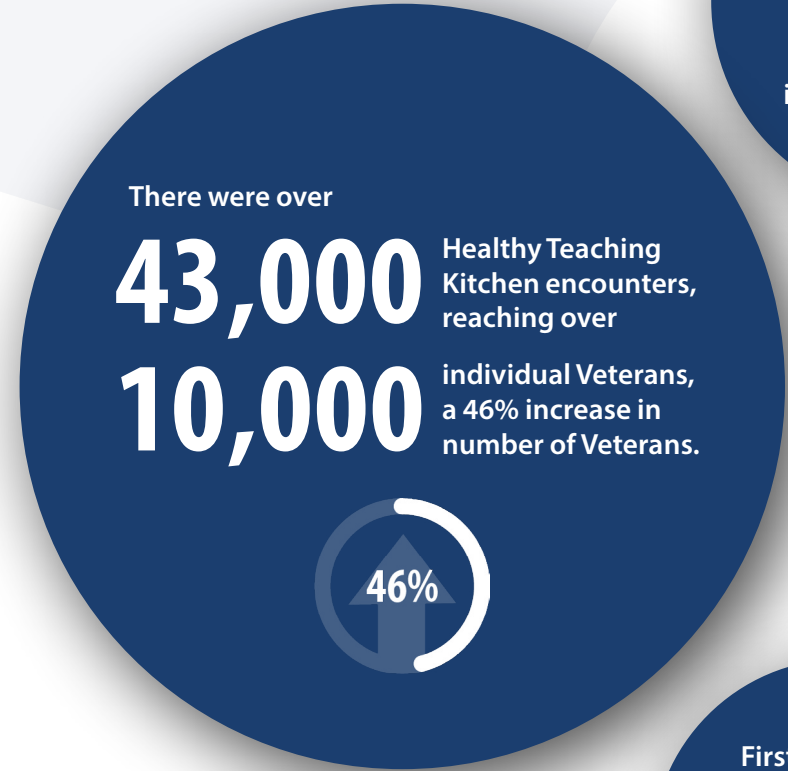
Thomasford contacted Maria Worley, chief of NFS for the VA South Texas Health Care System in San Antonio, Texas. "From the first email, I could tell he was positive and enthusiastic and would be the type of personality that we are looking for as a team member," said Worley.

Thomasford successfully completed the internship and accepted a full-time position as a senior cook, making AMMVH the first VA site to hire an NFS DOD SkillBridge applicant.

***"I love working for VA because every day I come to work, it's not just a job because I get to give back to the Veterans," said Thomasford.***

"As a Veteran, I have stock in it, so I take a lot of pride in what I am doing."

■ **KEY IMPACTS**



■ **LEADERSHIP**

**Anne Utech, PhD**  
Executive Director



**Christine Going, EdD**  
Senior Advisor  
Food Security Office

■ **SPOTLIGHT: LEADING THE CHARGE AGAINST VETERAN FOOD INSECURITY**

Christine Going's journey in VHA is a testament to her dedication to improving the lives of Veterans. Initially joining VA as an administrative dietitian at the Northport VAMC in Northport, N.Y. almost 33 years ago, Going now serves as senior advisor for FSO.

Her guidance was pivotal in establishing FSO after VHA approved the office in 2022. This marked a significant milestone for VA in its dedication to addressing food insecurity among Veterans.

■ **VERTICAL GARDEN GROWS FRESH PRODUCE FOR VETERANS YEAR-ROUND**

The VA Northern Indiana Health Care System's (VANIHCS) NFS department in Marion, Indiana, provides farm-to-fork food to Veterans living in the long-term care units, Substance Abuse Residential Rehabilitation Treatment Program, and acute mental health units from the facility's garden and greenhouse. The initiative is part of the facility's Green Environmental Management System and sustainability practices.

With the support of VA Whole Health and the Center for Development and Civic Engagement, the garden donates fresh produce to the Veteran food pantry and gives plants to outpatient Veterans to start their own gardens at home.

VA Northern Indiana HCS added a 10-tower vertical aeroponics garden to grow 360 plants at a time and incorporate summer produce into Veteran menus year-round. The vertical garden allows for a more controlled growing process because it eliminates heavy rain, bad weather, and droughts.

***“We have learned that vertical growing systems are beneficial for decreasing grow time, use less space to grow, and can be used year-round, which is very important to growing in Indiana,” said Lindsay Bartrom, VANIHCS’ chief of NFS. “Our gardener planted a tomato plant in a boxed garden and a tomato plant in the aeroponic tower, and the one in the tower is at least three times larger.”***

Going emphasizes the critical role of food security in overall Veteran health, citing research linking food insecurity to adverse health outcomes.

“Food insecurity affects nearly 34 million people in the U.S., with Veterans being 7% more likely to experience it than non-Veterans,” said Going.

***“That’s why VA is working to improve food security for Veterans and their families. While we have made significant strides, we understand that ongoing improvement and outreach are essential.”***

Food insecurity is associated with a higher probability of the following diet-related chronic diseases: coronary heart disease, hypertension, stroke, certain cancers, diabetes, heart failure, kidney disease, chronic obstructive pulmonary disease, as well as depression, with an increased risk for suicidal ideations.

She strongly advocates for developing interdisciplinary food security committees at the facility level and adopting innovative approaches like food hubs, which are food pantries that support the provision of food and other wrap around services.



# PRIMARY CARE

## OFFICE OF PRIMARY CARE

The Office of Primary Care oversees the policy, implementation, and sustainment of VA's Patient Aligned Care Team (PACT) model of care delivery. This approach places the Veteran at the center of their care team, providing accessible primary care services to enrolled Veterans. This is accomplished through team-based, patient-centered care focusing on personalized, integrated, comprehensive, and coordinated approaches.

The office's four major lanes of effort are operations, clinical practice, improvement and innovation, and business operations and management.

■ **PT IN PACT IMPROVES VETERAN ACCESS TO PHYSICAL THERAPY**

Primary Care partnered with Physical Medicine and Rehabilitation Services to embed physical therapy into primary care (PT in PACT), enabling Veterans faster access to care for musculoskeletal, neurological, and pain complaints. This effort has expanded to 177 facilities within 113 health care systems, with VISN and facility workshops being held to promote the model to those yet to implement.

Over  
**104,440**  
Veterans have been  
evaluated by PT in PACT since  
initiation of the project.

PT in PACT has yielded a host of benefits, including improved access for Veterans, safer care, improved patient outcomes, higher Veteran and staff experience scores, and resource savings for the enterprise.

Established as a VA Diffusion of Excellence partnership, PT in PACT will expand into every VA health care system by FY26.



**Lucille Burgo-Black, MD**  
National Co-Director  
Pain Management and Post Deployment Integration

■ **SPOTLIGHT: HELPING VETERANS FIND SAFE, EFFECTIVE PAIN MANAGEMENT**

Dr. Lucille Burgo-Black's career in primary care began with VA's original primary care pilot in 1986. As a clinical assistant professor at Yale, she instilled in trainees the importance of studying military history and hearing each Veteran's story to better understand their needs.

She became an ardent advocate for the safe and effective management of chronic pain so prevalent in Veterans, including assessment and management of co-occurring PTSD, traumatic brain injury, and substance use

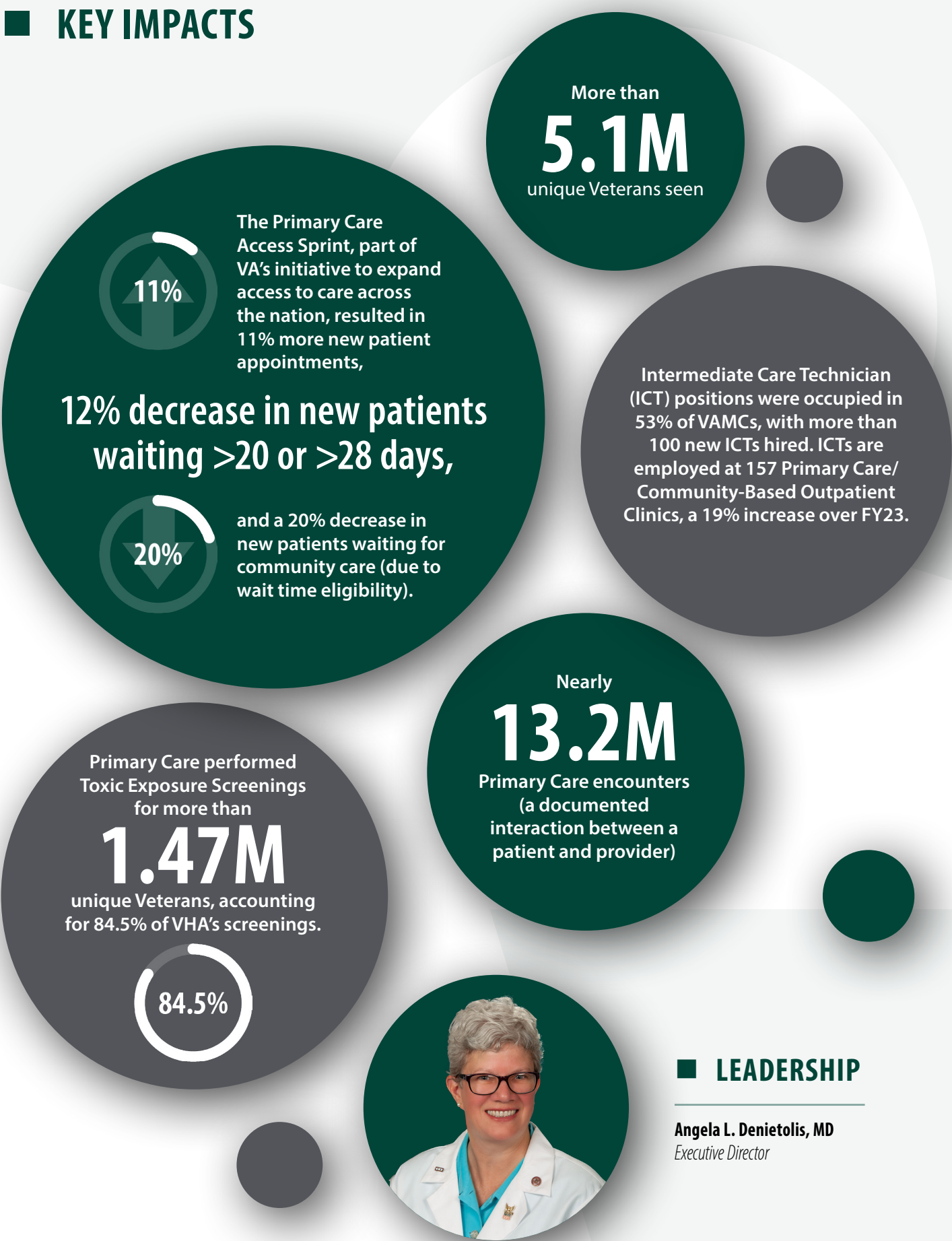


For more information  
about Primary Care, scan  
the QR code.

disorders. Burgo-Black was an early supporter of team-based pain management, appropriate opioid use, and integrated physical and occupational therapy. She also advocates for complementary activities like acupuncture, yoga, Tai Chi, and meditation to promote lifelong healing and well-being.

Today, Burgo-Black directs the pain care initiatives in Primary Care, including providing leadership for pain care champions in VA facilities nationwide and supporting safe and effective pain care and accessible opioid use disorder treatment.

■ KEY IMPACTS



**Delbert W. Brumbaugh**  
*Air Force Veteran*

■ **VETERAN VOICE: FINDING PERSONAL ATTENTION AT HIS LOCAL VA MEDICAL CENTER**

Air Force Veteran Delbert W. Brumbaugh was first made aware of the National Burn Pit Registry, he found the questionnaire exceedingly vague and restricting. "There were so many exposures not included in it that I had experienced but was not able to list," said Brumbaugh.

When Cynthia Pearson from Robley Rex VAMC in Louisville, Kentucky, reached out to Brumbaugh for a

toxic exposure screening follow-up call, she explained to him that VA's list of service-related presumptive conditions had expanded since the initial questionnaire. Pearson was also able to schedule an Airborne Hazard Open Burn Pit registry exam for Brumbaugh within seven days.

***"Cynthia Pearson and her team have been pivotal in ensuring that I, as a Veteran, am provided the personal assistance that is much needed in navigating the complexities of what should be an easy process," said Brumbaugh.***

"I cannot express what a difference it makes to have someone call you and ensure that you have all your questions and concerns answered, in addition to just the feeling that someone has taken the time to reach out personally to you. This has become such a welcome departure from 'just click on the link' and fend for yourself."

# SPINAL CORD INJURIES AND DISORDERS PROGRAM OFFICE

The Spinal Cord Injuries and Disorders Program Office (SCI/D) supports and maintains the health, independence, quality of life, and productivity of Veterans with SCI/Ds throughout their lives by providing oversight to the VA SCI/D System of Care (SoC).

The SCI/D SoC offers care and community-based services to provide equipment and assistive technologies, educational and vocational opportunities, community reintegration and resumption of social roles, and resources to optimize physical and mental health. Vocational, psychological, and social services are available to Veterans with SCI/D to help them live independently in the community.

The structure of the SCI/D SoC was developed more than 35 years ago and is still the model for the treatment of other special populations, including Veterans with polytrauma, blindness/low vision, and amputation. It offers inclusive, coordinated care provided by interdisciplinary teams of experts in 25 regional SCI/D Centers and designated local primary care teams at VA medical facilities that do not have SCI/D Centers. This multi-faceted and interdisciplinary approach ensures that this complex and vulnerable population receives timely, accessible, and high-quality services.

Additionally, VA provides long-term care not available elsewhere in the U.S. at six dedicated SCI/D long-term care centers across the country.

The care offered in VA, from diagnosis through the entire lifespan, is unsurpassed and remains the only integrated system of care in the nation to provide comprehensive, lifelong services for individuals with spinal cord injuries and non-traumatic spinal cord disorders.



For more information about the SCI/D SoC, scan the QR code.



## KEY IMPACTS



24,709  
Veterans  
with SCI/D served  
by VA

8,613  
Veterans  
served by SCI/D  
telehealth specialty  
clinics

19,668  
Veterans  
served by SCI/D  
specialty clinics



## LEADERSHIP

Itala M. Wickremasinghe, MD  
Executive Director



VA has now deployed **over 3,500 VR headsets** across more than **170 VAMCs** and outpatient clinics in **all 50 U.S. states**, Puerto Rico, Guam, and American Samoa.

■ IMMERSIVE TECHNOLOGY FOR THE SCI/D POPULATION

Veterans with complex wounds often need to stay in bed for weeks or months at a time. Virtual reality (VR), a form of immersive technology, allows Veterans to explore different environments based on individual preferences, allowing them to engage in sights and sounds that can provide a distraction from their illness or limitations. Alongside medical treatments, VR can improve quality of life by significantly decreasing feelings of loneliness and isolation, as well as reducing pain, anxiety, depression, and PTSD for Veterans with limited mobility.

VR has also been integrated into treatment programs and has been shown to have positive impacts on how well individuals with SCI/D are able to walk or move. VR can create more interactive and motivating environments for treatment and training, increasing participation. These interventions can serve as an effective, non-invasive, and non-pharmaceutical alternative for patients with SCI-related pain and unpleasant phantom sensations that Veterans with SCI/D often experience. VA is defining a new reality in health care delivery and experience through immersive technology, reinforcing why Veterans and staff choose VA.

■ VETERAN VOICE: JOY IN ADAPTIVE SPORTS

Marine Corps Veteran Paul Attaway's life took a challenging turn in 2021 when he sustained a spinal cord injury. Rather than succumbing to despair, Attaway found renewed hope and purpose through adaptive sports.

Attaway embarked on a continued rehabilitation journey at the Dallas VAMC's SCI Outpatient Recreation Therapy Program. Under the guidance of Certified Therapeutic Recreational Specialists Kelsi Rivera and Anna Martin, he discovered a world of possibilities through adaptive sports.

***"Attending the Wheelchair Games in 2023 was an incredibly enriching experience that I treasure deeply," said Attaway.***

"The highlight for me was the opportunity to connect with fellow disabled Veterans. Each encounter with fellow Veterans brought forth a unique and valuable story, reinforcing a profound sense of community."

Attaway also highlighted the crucial role played by volunteers at the games. Their dedication made the event possible and contributed to improvements in his ongoing quality of life.

Participating in the games was a powerful form of recreational therapy, strengthening Attaway's social ties within the wheelchair community. His journey exemplifies the transformative impact of adaptive sports on individuals living with spinal cord injuries. Through dedication, support, and a spirit of resilience, Attaway has embraced life after injury and is thriving.



**Paul Attaway**  
Marine Corps Veteran



**Dr. Emily Ehlers**  
National Therapy Program Coordinator

■ SPOTLIGHT: PROMOTING A SYSTEMATIC APPROACH TO CARING FOR VETERANS WITH SCI/D

Dr. Emily Ehlers brings her extensive clinical background as a physical therapist and seating and mobility specialist to her role as the national therapy program coordinator.

***"When someone has experienced a spinal cord injury, their world has been turned upside down," said Ehlers. "As part of the SCI/D team, we show Veterans what is possible and support them for years after their injury to thrive in a world that is not always set up for individuals with a disability."***

Leveraging her understanding of the needs of Veterans with SCI/D, she partners with stakeholders across VA, including Physical Medicine and Rehabilitation, Radiology, Prosthetic and Sensory Aids Services, and Advanced Manufacturing to enhance therapy services. Ehlers also led an effort to update the national clinical issuance guidelines for procurement of exoskeletons, which are wearable power devices that assist with walking.

Ehlers is passionate about helping Veterans with SCI/D regain as much lost function as possible and adapt to the changes resulting from injuries.

"I love serving this patient population because it feels like I can make a real difference helping Veterans regain their mobility, autonomy, and sense of self," said Ehlers.

# SPECIALTY CARE

## SPECIALTY CARE PROGRAM OFFICE



The Specialty Care Program Office comprises 23 national programs and five centers of excellence.

Specialty Care ensures the development and oversight of policies and regulatory requirements, clinical guidance, education support, patient care access needs, safety issues, and timely reporting. It also provides program design, guidance, and quality assurance for medical and select surgical sub-specialties, nutrition services, and programs.

■ **SPECIALTY CARE INCLUDES:**

- Allergy and Immunology
- Anesthesiology
- Cardiology
- Critical Care, Pulmonary and Lung Cancer Screening
- Dermatology
- Diabetes and Endocrinology
- Gastroenterology and Hepatology
- Genomic Medicine Service
- Health Physics
- HIV, Hepatitis and Related Conditions
- Hospital Medicine
- Infectious Diseases
- Kidney Medicine
- Neurology
- Oncology
- Ophthalmology
- Optometry
- Pain Management, Opioid Safety and Prescription Drug Monitoring Program
- Podiatry
- Radiation Oncology
- Rheumatology
- Sleep Medicine
- Telecritical Care

■ **CENTERS OF EXCELLENCE:**

- Epilepsy Centers of Excellence
- Headache Centers of Excellence
- Multiple Sclerosis Center of Excellence
- Parkinson's Disease Research, Education and Clinical Center
- VA-Department of Defense Vision Center of Excellence

■ **EXPANDING VETERANS' ACCESS TO LUNG CANCER SCREENING**

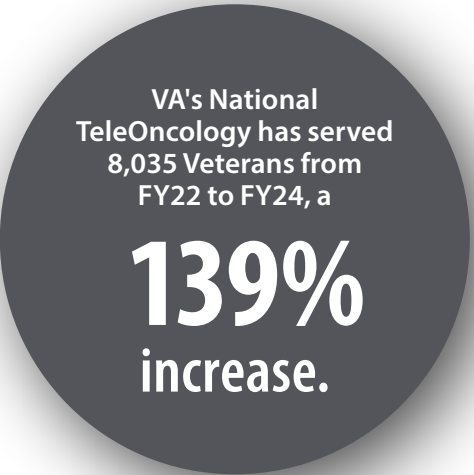
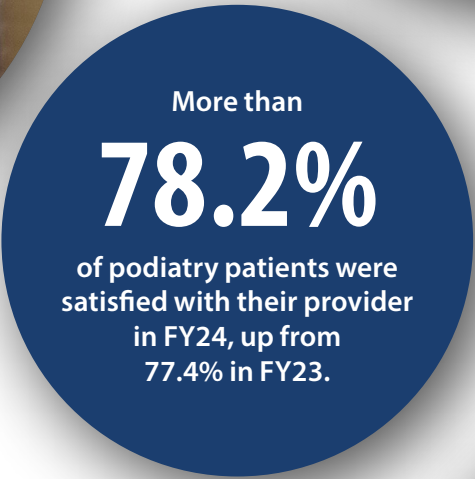
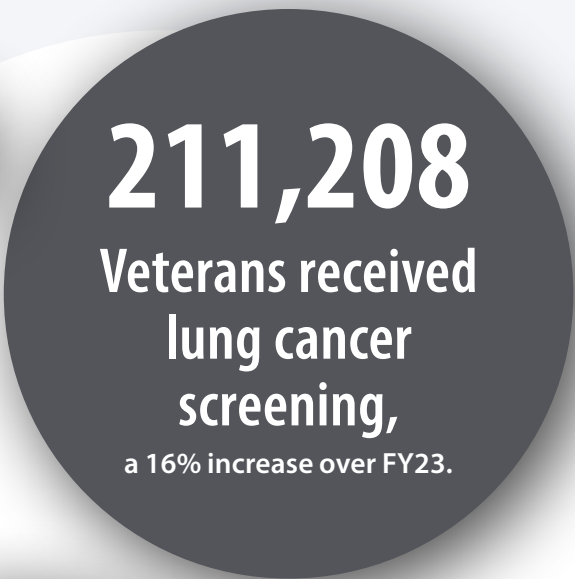
VA's National Center for Lung Cancer Screening supports systematic, integrated, and equitable access to lung cancer screening (LCS) for Veterans.

LCS continues to grow. Since February 2022, the number of Veterans screened for lung cancer has grown 77% to more than 305,399. One reason for this increase is the adoption of VA's Lung Cancer Screening Platform (LCSP), a VA-developed electronic medical record-embedded platform that allows facilities to identify and manage LCS patients.



In the fourth quarter of FY24, **facilities using the LCSP achieved 87% adherence to follow-up and surveillance guidelines**, meaning patients return for their follow-up appointments and repeat CT scans.

■ **KEY IMPACTS**



■ **LEADERSHIP**

**Ajay K. Dhawan, MD**  
*Chief Officer*

■ NATIONAL CARDIOLOGY PROGRAM INNOVATES CARE FOR VETERAN PATIENTS

Cardiovascular disease is the leading cause of death in the U.S. and the most common cause of hospitalization for Veterans. The National Cardiology Program has been hard at work over the past year providing expanded access to care for Veterans with aortic stenosis, one of the most common valvular heart diseases.

The team operationalized three new trans-catheter aortic valve replacement (TAVR) programs, which provide an alternative to open heart surgery, and there are four more programs currently in the pipeline. Through initiatives like this, the team aims to provide more Veterans with high-quality cardiovascular care at VA, where patient outcomes are often superior to those who get their care in the community.

VA’s National Cardiac Device Surveillance Program (NCDSP) remotely monitors nearly

**65,000** patients with Cardiac Implantable Electrical Devices (CIEDs)

like pacemakers and defibrillators at clinics across the country. This represents an industry-leading 87% of VA CIED patients participating in remote monitoring with 84% adhering to scheduled transmissions of data from their implanted devices to NCDSP.

In the last year, the NCDSP reviewed

**310,172** patient transmissions

and alerted local clinics that 63,598 had clinically important findings. These findings can impact diagnoses and therapeutic decisions, influence clinical outcomes, guide medical interventions, and even inform health care providers about necessary adjustments in treatment plans.

■ SPOTLIGHT: NATIONAL TELE-NEUROLOGY PROGRAM TEAM ENSURED ACCESS TO CARE FOR 10K VETERANS

The National Tele-Neurology Program (NTNP) Team was honored with the highest level of recognition for a High Reliability Organization (HRO) when they went above and beyond their job duties to ensure Veterans had seamless access to care.

When the NTNP Team noticed the Telehealth Management Platform was disconnected and patients could not schedule appointments, they jumped in to help. The team, including Josh Dehler, Jen Derby, Christina Hilliard, Mattea Schultz, Teresa Stiles, Shane Thompson, and Robin Islam (pictured below), quickly identified the root cause of the technology issue and proposed a solution.

Within 36 hours of identifying the error, NTNP communicated the solution to the nine VISNs they serve, and no NTNP patients experienced delays in care.



**The team’s quick actions ensured that over 10,000 Veterans received timely care.**

Two weeks after the outage was identified by NTNP, the resolution plan developed by the team became the recommended resolution plan by the national program office overseeing the telehealth platform.

The NTNP team received the 2024 National HeRO Award for its decisive action and ingenuity. The National HeRO Award is the highest level of HRO recognition at VHA and honors employees who demonstrate VHA’s HRO principles in action.

■ VETERAN VOICE: TELERHEUMATOLOGY CONNECTS VETERANS TO SPECIALTY CARE

While serving in the Army National Guard, Shawntell (last name withheld) was diagnosed with a connective tissue disorder. The nearest VA rheumatologist was a 90-minute drive each way from her home in Pennsylvania to the Pittsburgh VAMC.

Shawntell began using VA Video Connect, a free, secure app that allows Veterans and their caregivers to have video appointments with VA health care providers.

**“When we started doing the VA Video Connect sessions, it really helped me still get the help I needed without having to put my body in pain,” said Shawntell.**

She said she appreciates having the option of going in person or switching to a virtual appointment, especially on days when she may be dealing with more pain and swelling. “My provider at VA Telerheumatology does a really good job keeping up with me and checking in with me. I think this is a great service.”

Rheumatoid arthritis is an autoimmune disorder where the immune system mistakenly attacks the joints, causing inflammation, pain, and potential joint damage.

VA’s Telerheumatology program is available nationally, enabling Veterans to connect with a rheumatologist remotely for diagnostic follow-up appointments, saving them from traveling long distances for an in-person appointment.

**Shawntell**  
*Army National Guard Veteran*



# SUICIDE PREVENTION

## OFFICE OF SUICIDE PREVENTION



The Office of Suicide Prevention is guided by three core tenets:

- 1. Suicide is preventable.
- 2. Suicide prevention requires a public health approach that combines clinical and community-based approaches.
- 3. Everyone has a role to play in suicide prevention.

The drivers of Veteran suicide risk are complex, and success in meeting the needs of Veterans depends upon VHA's ability to combine individual and community resources with a whole-of-nation approach to suicide prevention.

Suicide Prevention strives to provide Veteran-centered services, including evidence-based crisis intervention services through Veterans Crisis Line (VCL), Clinical Telehealth Program, Community Based Intervention Program, and Staff Sergeant Parker Gordon Fox Suicide Prevention Grant Program.

### ■ A DIVERSE AND UPSTREAM APPROACH TO SUICIDE PREVENTION

The Staff Sergeant Parker Gordon Fox Suicide Prevention Grant Program (SSG Fox SPGP) directs efforts to reduce Veteran suicide by awarding grants to community based organizations to provide or coordinate suicide prevention services to Veterans and their families. Services include outreach to identify at-risk Veterans, mental health screenings, case management, peer support, linkage to VA and other federal benefits, emergency clinical services, innovative suicide prevention approaches such as cultural and faith-based interventions, and more.

VA prioritizes grant funding for rural communities, tribal lands, U.S. territories, medically underserved areas, or areas with a high number of minority or women Veterans.

The SSG Fox SPGP places an emphasis on reaching at-risk Veterans not yet in VA care and is designed to allow organizations to identify and meet diverse community needs. Thus far, VA has awarded \$157.5 million to 95 organizations across 43 states, the District of Columbia, American Samoa, Guam, and new for FY25 – Puerto Rico. Twenty-four grantees serve tribal lands, including Alaskan Native tribes, Cherokee Nation, Choctaw Nation, Navajo Nation, Cheyenne and Arapaho tribes, and others.

Early outcomes suggest that the SSG Fox SPGP is effective in reducing suicide risk factors and enhancing protective factors among participants while meeting its goal of engaging Veterans at risk for suicide who were not receiving VA health care.



For more information about the Office of Suicide Prevention, scan the QR code.



## ■ KEY IMPACTS



## ■ LEADERSHIP

**Matthew Miller, PhD**  
*Executive Director*

Caring Letters is one of VCL's critical crisis interventions to help Veterans at risk of suicide feel supported and engaged. VCL sends letters that are simple expressions of care and concern to approximately 90,000 Veterans a year. Veterans are mailed eight letters over 12 months after their call to VCL.

**Since the program launched four years ago, VCL has mailed over 2.6 million letters to over 357,000 individual Veterans, with more than 227,000 Veterans completing the full 12-month intervention.**

In early 2024, VCL received a call from a Veteran in distress who expressed thoughts of suicide and intent to end their life. During the conversation, the Veteran did not offer any identifying information and then it appeared they dropped the call. The VCL crisis responder worked diligently with the social services assistant, who was able to establish the location of the caller, and then contacted emergency services. First responders located and assisted the Veteran, who was engaged in preparatory behaviors to end their life. The coordination between VCL and first responders helped get this Veteran to safety. The Veteran made the brave call to reach out for support, and the VCL team was there to provide it.

## ■ SPOTLIGHT: CONNECTING WITH VETERANS AND EMPLOYEES

Dr. Jeffrey Bates is a psychologist and the director of crisis operations for VCL, which offers confidential crisis support for Veterans and their loved ones, 24/7. When VCL launched in 2007, 14 trained crisis responders fielded calls at a call center in Canandaigua, N.Y. Today, Bates manages over 1,000 responders who answer calls, online chats, and texts from more than 2,300 Veterans, service members, and their loved ones each day. Bates feels called to provide Veterans hope, confidential support, and resources for recovery.

***“Being on calls in the middle of the night and seeing 30+ people at all levels of VA – including Senior Executive Service folks – there for one purpose: save lives. It is hard to***



***not be moved by the commitment of the people in this agency who answer the call," said Bates.***

Bates' career is a long, winding road of service. In February of this year he swore into the U.S. Army Reserves, inspired to do so by his grandfathers, who both served in World War II. "If

there is an opportunity to deploy to support our troops during my time in the Army, I would welcome a chance to serve."

**Jeffrey Bates, PhD**

Director  
Crisis Operations, VCL

The National Surgery Office (NSO) is responsible for clinical oversight of VA surgical programs; monitoring outcomes; supporting national and regional surgery strategic planning; and policy management to enhance the quality, safety, and timeliness of surgical care. This involves collaboration with VISN leaders to oversee field surgery programs and provide surgery-related consultation. NSO maintains data on surgical outcomes and provides leadership for the VHA National Surgical Integrated Clinical Committee.

NSO manages specialty-specific surgical advisory boards and defines roles and responsibilities for field positions, including facility chiefs of surgery and surgery quality nurses, as well as VISN chief surgical consultants and lead surgical nurses.

Facility and VISN surgical workgroups ensure compliance with established policy.

NSO oversees:

- VA Surgical Quality Improvement Program (VASQIP) quality and safety reporting and performance improvement
- Frailty assessment and the Surgical Pause Practice
- Solid organ transplantation
- Stem cell transplantation and Chimeric Antigen Receptor Therapies
- Specialty surgical programs:
  - Bariatric
  - Cardiac
  - Cochlear implant
  - Deep brain stimulation
  - Intracranial neurosurgery
  - Robotic-assisted surgery
  - Reconstructive plastic surgery
  - Transcatheter aortic valve replacement
  - Mechanical circulatory assist devices

## ■ ENSURING HIGH QUALITY VETERAN PROSTATE CANCER CARE

Over 200,000 Veterans are prostate cancer survivors, and every year, approximately 15,000 Veterans are diagnosed and treated at VA for prostate cancer. NSO has collaborated with internal and external stakeholders to define and initiate implementation of an integrated strategic plan to ensure Veterans' access to the highest quality of care for prostate cancer. NSO and the National Oncology Program are working together to advance interdisciplinary approaches to screening, diagnosis, curative therapies, and management of advanced disease.

## ■ SURGICAL PAUSE RECEIVES NATIONAL AWARD RECOGNITION

In FY24, the surgical pause program received the 2023 John M. Eisenberg Patient Safety and Quality Award from the Joint Commission and National Quality Forum in the National Innovation in Patient Safety and Quality category. This national honor recognizes a significant improvement in patient safety and health care quality.

The program, overseen by NSO, facilitates assessment of surgical frailty by screening Veterans before surgery using a 14-item risk analysis index (RAI) embedded in VA's computerized patient record system (CPRS) template developed by VA surgeon Dr. Daniel E. Hall and colleagues. The RAI screens for frailty in approximately 30 seconds, reliably identifying Veterans who are at high risk of postoperative complications, loss of independence, and mortality.

VHA surgical programs utilizing the RAI frailty calculator tool have their patients' surgery risk score results tabulated in an online surgical pause dashboard. The pause enables further evaluation and optimization of each Veteran's customized treatment plan to align with what matters most to them.

The surgical program is an outstanding example of a project that changed the system to create a safer care environment and advocated on the Veterans' behalf. The innovative program has been replicated at more than 50 VAMCs and continues to expand across VHA.



For more information  
about the surgical  
pause practice, scan  
the QR code.

■ KEY IMPACTS



There were nearly  
**375,000**  
surgical procedures  
performed in  
VA operating rooms.

The most common  
surgeries in VA  
operating rooms  
include:  
Cataract surgery/intraocular lens  
Total knee arthroplasty (replacement)  
Inguinal hernia repair  
Cystoscopy



Women who received  
surgical care at VA faced  
**half the risk of  
surgical mortality and  
failure to rescue**  
than women who received  
private-sector surgical care.



■ LEADERSHIP

**Mark A. Wilson, MD**  
Executive Director



**Seth Spector, MD**  
Chief of Staff  
Miami VA Healthcare System

■ SPOTLIGHT: PROVIDING SURGICAL LEADERSHIP ACROSS FLORIDA AND THE CARIBBEAN

Dr. Seth Spector has served as the VISN 8 chief surgical consultant since 2009. In this role, he is charged with establishing and facilitating surgical leadership, oversight, and bi-directional communication between the field/VISN and VA Central Office. Spector also currently serves as the chief of staff of the Miami VA Healthcare System, and the director of both the VISN 8 surgical integrated clinical community (SICC) and the SICC Southeast Consortia. In these roles, he oversees medical services for 60,000 Veterans in South Florida and surgical services for more than 716,000 Veterans in Florida and the Caribbean. He serves as a resource and expert in VISN 8 and an NSO leader.

Spector's leadership and experience has been paramount in promoting quality improvement and connecting Veterans to personalized surgical care across VHA. "It has been an honor to serve Veterans throughout my 30-year career," said Spector.

***"In my role as the VCSC, quality and access are front of mind in our daily discussions and actions. Developing surgeons and surgical leaders is critical to our success, and I am blessed to have been involved in this effort throughout the country," said Spector.***

■ VETERAN VOICE: KIDNEY TRANSPLANT MEANS ENJOYING THE LITTLE THINGS AGAIN

Navy Veteran Craig Querns got his second chance at life when he received a kidney transplant through the VA National Transplant Program. This husband, father, and grandfather needed a new kidney, and knew nothing about the donor who would make it happen.

Seven days after the successful surgery, he finally met the stranger would save his life - Ben Kornelis.

A Minneapolis resident, Kornelis had signed up to be a kidney donor for his nephew's friend who is in the Army.

Ben's wife Pat said her husband is altruistic by nature. "It is who Ben is, so it's not surprising that he'd want to do that."

Now free from his large dialysis machine, Querns looks forward to returning to the YMCA pool and playing with his grandkids. Little things that mean so much are possible again, thanks to one man's selfless act.

***"To give someone another chance at life, I would think, would be enough of a reason for somebody to want to donate as long as they're healthy themselves," said Querns.***

VA's National Transplant Program provides life-saving solid organ (kidney, kidney/pancreas, liver, heart, heart/lung, and lung) and bone marrow/stem cell transplants to eligible Veterans at VA transplant centers nationwide.



For more information on VA's National Transplant Program, scan the QR code.



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This product is a collaboration among the  
Clinical Services Communications Office  
and program office liaisons.

**VA**



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of Veterans Affairs