Primary Care Overview
Primary Care Mission

- To deliver the highest quality healthcare to the greatest number of eligible veterans in the most courteous, compassionate, and cost-effective manner.

- Serves as the medium by which patients avail themselves to the continuum of care VHA offers.

- Through Primary Care, patients encouraged to:
  - promote their health and well-being;
  - prevent disease;
  - receive treatment for existing illnesses;
  - recover functionality to its highest level;
  - utilize long-term care when it is needed.
Primary Care Programs

- Outpatient Clinical Care
- Specialty Care Referral
- Nutritional Care
- Clinical Pharmaceutical Therapy
- Home TeleHealth
- Social Work Services
- Telephone Care
- Influenza Vaccine Campaign
Primary Care Workload

- Thirteen primary care teams.
- Approximately 60,000 patients assigned.
- Over 140,000 primary care appointments completed in FY08.
Primary Care Clinical Teams

Gold Team
Purple Team
Women’s Wellness Clinic

East Point CBOC
Lawrenceville CBOC
NE Georgia/Oakwood CBOC
Smyrna CBOC
Stockbridge CBOC
Decatur Satellite Clinic
Rome Outreach Clinic

Infectious Diseases Clinic
Bronze Team
Platinum Team
Community-Based Outpatient Clinics (CBOCs)

Offering comprehensive care to veterans at convenient locations.
CBOC Services

- Primary Care and Preventive Health
- Mental Health Services
- Laboratory Services
- Prescription Services (through neighborhood pharmacies)
- On-site Radiological Services
- Teleretinal Imaging
Oakwood CBOC
3931 Mundy Mill Road
Established in 2000

Lawrenceville CBOC
1970 Riverside Pkwy
Established in 2001

Smyrna CBOC
582 Concord Road SE
Established in 2003

East Point CBOC
1513 Cleveland Avenue
Established in 2005

Decatur Satellite Clinic
755 Commerce Drive
Established in 2006

Rome Outreach Clinic
30 Chateau Drive SE
Established in 2007

Stockbridge CBOC
175 Medical Blvd
Established in 2008

Newnan CBOC projected activation 2009.
Blairsville CBOC end of FY2010.
Future locations based on enrollment.
Existing CBOCs expanded as needed.
Persian Gulf War Veterans

More than one-fourth of assigned patients served in one of the Gulf wars.

Special considerations for OEF/OIF veterans.
- Dedicated intake providers.
- Seamless transition team of case managers, social workers, and patient advocates.
- Post-Deployment screen for all OEF/OIF patients.
  - PTSD, depression, alcohol abuse, TBI
- Priority scheduling.

Approximately 14% of assigned patients served in Operation Desert Storm/Desert Shield.

Since 1991, 3,272 veterans have been seen at our facility for the Gulf War registry.
Managing Gulf War Veterans

Based on enrollment and registration data, difficult to determine number of Desert Storm/Desert Shield veterans currently assigned.

At enrollment, patients may request Gulf War Registry (GWR) examination.
  — Evaluation conducted by Special Exams section.
  — Not all eligible veterans (<37%) request GWR exam.

Patients receiving GWR exam are encouraged to seek primary care.

Patients who are referred to Primary Care are scheduled a comprehensive new patient visit and assigned to a team.
Capacity to Care for Gulf War Veterans

- Primary Care panels at 94%.
- Many clinical teams within the medical center and in the community.
- No wait list or backlog.
- 99% of all new patients are seen within 30 days of request date.
- Median wait time for new patient appointments is 14 days.
- Multidisciplinary teams to address patients’ complete healthcare needs.
Clinical Care for Gulf War Veterans

- Medical care consistent with the nature of the problems and the patient’s needs.
- TBI screening and referral.
- Pain management.
- PTSD screening, depression screening, and suicide risk assessment.
- Substance abuse brief counseling and referral to substance abuse treatment programs.
- Social workers available for each team.
- Mental Health providers at CBOCs.
Clinicians Need to Be Educated

- The specific effects of combat related exposure on post-war health.
- The specific causes of medically unexplained symptoms commonly seen in Gulf War veterans.
- The specific causes of Gulf War Syndrome.
- The relative contributions of combat related stressors, exposures and experiences to specific post-war health symptoms and concerns.
- The long-term health risks of combat related exposures and experiences.
Our Goals

- Patient care second to none.
  - Assessment
  - Treatment
  - Preventive medicine
  - Health maintenance

- Manage symptoms and conditions.
- Improve functional status and reduce further impairment.
- Provide support to help veterans get their health and life back on track.