

**Department of Veterans Affairs (VA)
Advisory Committee on Women Veterans (ACWV) Meeting Minutes
Site Visit to San Diego Healthcare System
September 19-23, 2016**

VA ACWV Members Present:

Colonel Mary Westmoreland, USA (Retired)
Kailyn Bobb, USAF Veteran
Tia Christopher, USN Veteran
Command Master Chief Octavia Harris, USN (Retired)
Keith Howard-Streicher, USA Veteran
Lieutenant Colonel Louisa Jaffe, USA, (Retired)
Rear Admiral Joyce Johnson, USPHS, (Retired)
Colonel Edna Jones, USA (Retired)
Major Shannon McLaughlin, MA ARNG
Lieutenant Commander Janet West, USN

VA ACWV Members Excused:

Sara McVicker, USA Veteran
Captain Leslie Smith, USA (Retired)

VA ACWV Ex-Officio Members Present:

Dr. Patricia Hayes, Chief Consultant, Women's Health Services, Veterans Health Administration (VHA)
Lillie Nuble, Assistant Director, Buffalo VA Regional Office, Veterans Benefits Administration (VBA)

VA ACWV Ex Officio Members Excused:

Dr. Nancy Glowacki, Women Veterans Program Manager, Veterans Employment and Training Service, Department of Labor (DOL)
Colonel Aimee Kominic, Military Director, Defense Advisory Committee on Women in the Services (DACOWITS), Department of Defense (DoD)

VA ACWV Advisors Present:

Faith Walden, Program Analyst, Office of Finance and Planning, National Cemetery Administration (NCA)

VA ACWV Advisors Excused:

Captain Michelle Braun, Nephrology Nurse Practitioner, National Institutes of Health

Center for Women Veterans (CWV):

Kayla M. Williams, Director
Dr. Betty Moseley Brown, Associate Director
Shannon L. Middleton, Program Analyst
Michelle Terry, Program Support

Other VA Staff:

Denise Aburto, Chula Vista Vet Center
Jesse Bashem, VA San Diego Healthcare System (VASDHS)
Jelessa Burney, Advisory Committee Management Office
Cynthia Butler, VASDHS
Cara Franke, VASDHS
Yuki Imqi, VASDHS
Melanie Krupa-Kelly, VASDHS
Katie Thomas, VASDHS

Guests:

Dr. Patricia M. Boer, Advancing Careers
April Kochur, The American Legion Auxiliary
Kindred Maples, Wounded Warrior Project
Dara Morgan, Wounded Warrior Project
Allison Scott, Wounded Warrior Project
Catherine Ann Sims, Advancing Careers

The entire meeting package is located in the Center for Women Veterans, Washington, DC.

Monday, September 19, 2016 — VA San Diego Healthcare System (VASDHS), 3350 La Jolla Village Drive, San Diego, CA 92161, Conference Room 1(4E)

Meeting was called to order by the Chair

- Introduction of Committee members and visitors.
- Review of agenda.
- Approval of minutes from the May 17-19, 2016 meeting, in Washington, DC.

Purpose for Site Visit, Kayla M. Williams, Director, Center for Women Veterans, Designated Federal Official (DFO)

- Discussed the purpose of the site visit:
 - To provide an opportunity for Committee members to compare the information received from briefings provided by the Administrations and program offices at VA Central Office with the activity in the field.
 - Committee members will be able to observe, first-hand, treatment, programs, and provision of benefits and services in place for women Veterans in VISN 22, especially at VASDHS.
 - All presentations will specifically address how programs, services, and benefits relate to women Veterans.
 - Site visits are considered advisory in nature.
 - This visit will give VASDHS senior leaders an opportunity to discuss any special interests they would like to share with the Secretary, or address any concerns regarding the welfare of women Veterans.
- Provided DFO updates:
 - Discussed the duties and responsibilities of Committee members.

- Provided previous site visit locations and dates.

Entrance Briefing/Welcome of Leadership and Introduction, Dr. Robert M. Smith, Director, VASDHS

- Facilitated introduction of VASDHS executive leadership team.
- Discussed excellence in VA's health care system and some highlights of that VASDHS's activities.
 - Discussed the Million Veterans Program.
 - Discussed a recent stand down: VASDHS provided hygiene products dental care, enrollment, housing assistance, and employment and vocational rehabilitation assistance for homeless Veterans.

Overview of VASDHS Facilities/Programs/Demographics, Dr. Robert M. Smith, Director; Dr. Kathleen Kim, Acting Chief of Staff; Carmen Concepcion, Associate Director, Patient Care Services and Nurse Executive; Cindy Abair, Associate Director; ADA YC Clark, Assistant Director, VASDHS

- VASDHS's mission is providing excellence in Veterans health care; serving homeless Veterans; promoting education; conducting research (one of the largest in VA with a budget of \$43.2 M and 679 projects, as of FY 2015); VA/DoD sharing; serving as a Veterans Integrated Service Network (VISN) 22 referral site.
- VASDHS is in VISN 22, and is aligned with three other VA health care delivery systems (Greater Los Angeles, Long Beach, Loma Linda).
- This organizational structure provides the framework for most of VASDHS's performance measures and strategic goals.
- VASDHS is a tertiary referral site for medical and surgical specialty care (including cardiac care, both interventional and surgical, and neurosurgery), and a hub for care of spinal cord injured patients from California, Nevada and Arizona.
- VASDHS has 296 beds, and has community based outpatient clinics (CBOC) in Mission Valley, Chula Vista, Imperial Valley, Escondido, Oceanside, Sorrento Valley, and Aspire.
- VASDHS has three Vet Centers: San Diego Vet Center, San Marcos Vet Center, and Chula Vista Vet Center.
- There are 235,104 Veterans in San Diego and Imperial County.
- In FY15, there were 82,695 patients enrolled; 7,106 hospitalizations; and 929,345 outpatient visits.
- There are 2,981 full time employees (FY 16).
- There were 304 total authorized inpatient beds: 104 medical/surgical, 38 psychiatry, 50 spinal cord injury, 43 community living, 40 Aspire Center (domiciliary), and 29 for the Substance Abuse Residential Rehabilitation Treatment Program (SARRTP).
- VASDHS access update:
 - Pending appointment average wait: for primary care is 5.85 days; for specialty care 12.18 days; and for mental health (MH) 9.57 days.
 - Completed appointment average wait: for primary care is 3.24 days; for specialty care is 8.30 days; and for MH is 5.91 days.
- VASDHS added 161 positions plus 11.5 resident physician positions in FY 2015, through the Veterans Access, Choice, and Accountability Act (VACAA).

- Comprehensive health care is provided through primary, specialty and long-term care services.
- Special emphasis programs include: women Veterans care; spinal cord injury and disorders; preservation amputation care and treatment (PACT); community living center; Medical Advisory Council; homeless Veterans care; prosthetics; readjustment counseling; and treatment for the seriously mentally ill; geropsychiatry; Seamless Transition Program; and tele-medicine.
- San Diego is among the top five areas in the country for returning Operation Enduring Freedom/Operation Iraqi Freedom/Operation New Dawn (OOO) Veterans.
 - There are currently 19,050 OOO Veterans receiving care at VASDHS.
- Roughly one-third of Veterans returning from Iraq and Afghanistan has a MH condition, or report experiencing a traumatic brain injury (TBI).
- There were 69.3 percent reporting with no MH disorder; 11.2 percent reporting MH condition only (PTSD or depression, no TBI); 7.3 percent reporting MH condition (PTSD or depression) and TBI; and 12.2 percent reporting TBI only.
- Approximately 1,381 homeless Veterans are in San Diego County.
 - Major Programs include: outreach; grant and per diem transitional housing; stand down; HUD-VA supported housing; 1,485 vouchers; homeless chronically, mentally ill; Veteran's cold weather shelter; social work information and referral service; VASDHS Annual Care and Share Food Drive; VA chaplain service; and Aspire Center (domiciliary care for homeless Veterans; 40-beds, offering residential and rehabilitation services).
- VASDHS has one of the largest training programs in VA; it is affiliated with University of California San Diego (UCSD) and other institutions, with 1,519 physician trainees--including students, residents, and fellows.
 - There are 891 other active trainees in nursing, dentistry, dietetics, pharmacy, psychology, and other clinical fields.
- VASDHS research:
 - One of the largest medical research programs in the VA, with annual expenditures of approximately \$ 43.2M (FY15).
 - Comprised of basic science, clinical, and health services programs, with more than 275 principal investigators supervising approximately 600 active research projects.
 - There were five Middleton awardees and a 2014 Barnwell awardee.
 - VA Cooperative Studies NODE (network of dedicated enrollment sites), to facilitate VA multi-center cooperative clinical trials.
 - Center of Excellence in Stress and Mental Health (CESAMH).
 - Mental Illness Research, Education and Clinical Center (MIRECC).
 - VA western consortium for spinal cord injury.
- VASDHS and NMC San Diego are working on two joint projects:
 - Developing a \$1.2 million DoD/VA rehabilitation care center in the VA Oceanside Clinic.
 - The Center, which will provide prosthetics care for both DoD and VA patients with staff from both organizations, and is planned to open in Spring 2016.
 - Developing two physical therapy clinics in Rancho Bernardo and Chula Vista with \$8.4 million.

- The Rancho Bernardo facility is opening in the second quarter of fiscal year 2016, and the Chula Vista facility will open in spring 2016.
- This initiative adds much needed physical therapy care to VA and non-active duty TRICARE Prime patients in the San Diego region.
- Staff will include 12 physical therapists, 21 physical therapy assistants and four medical service assistants from VA and DoD.

Overview of VASDHS Women Veterans Program, Jennifer Roberts, Women Veterans Program Manager, VASDHS

- Mission is to address the health care needs of women Veterans; to work to ensure that timely, equitable, high-quality, comprehensive health care services are provided in a sensitive and safe environment at VA health facilities nationwide; and to strive to be a national leader in the provision of health care for women, thereby raising the standard of care for all women.
- All eligible women Veterans requesting VA care are assured of: comprehensive primary care by a proficient and interested primary care provider; privacy, safety, dignity, and sensitivity to gender-specific needs; state-of-the-art health care equipment and technology; and high-quality preventive and clinical care, equal to that provided to male Veterans.
- Women Veterans program managers are required to be full-time in every health care system; serve as a linchpin for improved women's health services and a leader of facility women's program, and are a resource for women Veterans in the community.
- VASDHS offers comprehensive primary care, mammography, gynecology, bone density, same day mental health, assessments, and military sexual trauma (MST) counseling.
- Examples of MST include:
 - Inability to consent to sexual activities (because drunk or intoxicated); physically forced into participation; or offering of better treatment in exchange for sex.
 - Others include punishment for refusing sex; unwanted sexual attention; and persistent teasing or degrading comments because of actual or perceived sexual orientation.
- Some common physical symptoms associated with MST include: diabetes, chronic pain, gastrointestinal disorders, asthma and other respiratory problems, gynecological problems, and immune-system disorders (chronic fatigue syndrome, lupus, fibromyalgia).
- Sexual trauma is associated with increased rates of psychological distress which includes post-traumatic stress disorder (PTSD), depression, anxiety disorder, substance use disorders, and suicidal thoughts or attempts.
- Fifty to sixty percent of all rape survivors develop PTSD sometime during their lifetime.
- PTSD may develop many years after a trauma and may be triggered by an unrelated stressor.
- Men are twice as likely to develop PTSD after sexual assault as after combat trauma.

- MST affects different areas of life and can impact feelings of power and control; ability to trust other people and yourself; self-esteem; feelings of safety; and feelings of intimacy.
- VA offers care free of charge for Veterans who experienced MST.
 - Service connection is not required; no specific diagnosis is required.
 - There are no length of service, income or other conditional requirements.
 - Incidents do not have to have been reported at the time.
 - Veterans can request a referral for MST services from their providers.
- Services offered through Non-VA Care external services include: obstetrical care (via NMC San Diego or other local community hospitals via Choice program), gynecologic cancer care, uro-gynecologic care, radiation treatment, eating disorders, and chiropractic care.
- In fiscal year (FY)16, there were 13,032 VASDHS female patients enrolled:
 - Number assigned to a designated women's health provider (DWHP): 7,157.
 - Number of OOO women Veterans patients: 3,823.
 - Number of female gynecological consults: 1,102.
 - Obstetrical (OB)/newborn consults: 84 (NMC San Diego); 55 in the community.
- VA Go Red for Women Collaboration raises awareness of women Veterans' risk of heart disease, increases awareness of VA resources for women Veterans through high-profile VA initiative; VASDHS has an annual Wear Red Day.
- During women's history month, VASDHS hosts events to recognize women leaders and women Veteran facility leadership.
- The Clothesline project is a visual display that allows survivors to "Break their Silence" and share their stories by decorating a shirt or piece of their military uniform in a way that reflects the impact of sexual violence on their lives and their overcoming it.
 - This event is held in April, during Sexual Assault Awareness Month;
 - It aims to increase awareness of the problem of MST, and to inform Veterans of the services available to them, thereby increasing access.
- Established in August 2014, this program provides free infant car seats to pregnant women Veterans who are receiving their maternity care through VASDHS.
 - There have been 106 car seats provided to date; there is an average of eight applications per month.
 - CVS Health donated over \$5,000 to fund the program.
- VASDHS's facilities participate in an annual Pink Out event to promote breast cancer awareness.
- VASDHS collaborates with national and local officials to address women Veterans issues.
 - Congresswoman Susan Davis, Ranking Member of the Subcommittee on Military Personnel, who focuses on caring for Servicemembers during their active duty service and once they leave the military.
 - Marti Emerald, San Diego's City Council President Pro Tem, served as a guest speaker for VASDHS's 2015 Women's Equality Day event.
- For in Stand Down 2016, VASDHS provided 100 female hygiene goody bags to women Veterans, and provided gender-specific health care services, such as breast exams, pregnancy test and treatment for sexually transmitted diseases.

Overview of Women's Health, Dr. Meredith Barnes, Medical Director, Women's Health, VASDHS

- Discussed the roles of the Women's Health medical director:
 - Serves as the clinical leader for women's health services at VASDHS.
 - Works collaboratively with the WVPM, gynecology service and subspecialty groups to ensure appropriate and equitable comprehensive care for women Veterans.
 - Through collaboration with primary care leadership, ensures adequate staffing and training of Women's health primary care teams (WH-PACT).
- VA provides comprehensive women's care in primary care:
 - There is a DWHP at each CBOC.
 - More than 90 percent of WH-PACT teams have full staffing (with a registered nurse, licensed vocational/practical nurses, and a medical support assistant for each provider).
 - DWHPs must attend include the annual local conference, and attend VA Women's Health mini-residency every three years.
 - VA offers routine medical, preventive and gender-specific care from one provider, in one location.
- Women's health education:
 - Internal medicine resident's care for women in their primary care clinics, with the supervision of DWHP staff.
 - There is a two week rotation in Women's Health during intern year.
 - UCSD medical students rotate in Women's Health clinics during third and fourth year.
 - VA San Diego is one of six sites nationally for the VA Advanced Fellowship in Women's Health.
- Women's Health research initiatives include ongoing projects in mental health; completed projects addressing cholesterol reduction in women with heart disease; and participation in the Practice Based Research Network (PBRN).
 - The PBRN's CALM study (April 2017) is a Web based supervised cognitive behavioral therapy for anxiety; administered in primary care.
- For quality improvement, VASDHS is:
 - Tracking abnormal results of cervical cancer (Pap smear) and breast cancer screening (mammogram) studies: ensuring appropriate and complete follow up.
 - Monitoring cervical and breast cancer screening rates: finding missed opportunities and targeting clinical and administrative changes.
 - Comparing chronic disease care and outcomes by gender: looking at diabetes, heart disease, chronic pain.

Overview of Gynecology Services, Dr. Deborah Arsenault, Gynecologist, Dr. Robert Semo, Chief of Gynecology Department, VASDHS

- The gynecology department was established in 2003.
- It includes two full time and two part time doctors.
- There are 3 clinics, but there is significant space limitation in the clinics with limited space.
- Offers full gynecology services, clinical and surgical.

- OB services are sent to either NMC San Diego, or sent to providers in the community using Choice, following pre-OB visit at VASDHS with gynecologist attending.
- Robotic surgery is now available.
- UCSD chief residents and students rotate through the department.
- In a recent internal review board-approved survey comparing the perception of care and access to care at VA versus outside of VA, patients preferred VA for both.
- Future vision is to establish a free standing women's center that provides:
 - A place where women can get total health care in a comfortable, safe environment.
 - A separate waiting area for women only.
 - Several consultation and exam rooms, to allow more than one attending at a time.
 - The ability for residents to see their own patients and present to the attending.
 - A space for primary care, as well as radiology and a laboratory area.
 - A clinic-designated receptionist to check patients in and field phone calls.

Overview of Maternity Care Services, Melanie Krupa-Kelly, GYN/Maternity Care Coordinator, VASDHS

- Women Veterans are the fastest growing group of new users of VA health care services.
- Over 90 percent of OOO women Veterans are of childbearing age.
- VHA Handbook 1330.03 establishes procedures for providing and coordinating maternity care.
- VASDHCS has a pre-OB clinic where the patients receive an initial preventative medicine visit with a VA OB/GYN attending physician prior to visiting their OB provider in the community.
 - The pre-OB clinic is available at three CBOCs: Sorrento Valley, Mission Valley, and Oceanside.
- To promote maternity care coordination, the patient is provided the Pregnancy & Childbirth book, which contains a pregnancy passport card, VA Maternity Benefits Tri-Fold, WIC Program (Women, Infant, Children) information, and information about County of San Diego Services (information on breastfeeding and child services).
 - They are provided a "warm send-off" to the community.
- Telephone Care Manual Program was designed to ensure pregnant Veterans understand the full range of VA maternity benefits.
 - Veteran is called seven times throughout the pregnancy, at designated intervals throughout the pregnancy: first contact; 12 weeks gestation, 20 weeks gestation, 28 weeks gestation, 36 weeks gestation, 41 weeks gestation (post-partum or post-term), 6 weeks post-partum.
 - During the telephone calls the patients are assessed for depression, alcohol use, tobacco use, drug use, intimate partner violence screening, and all maternity benefits are explained in detail.
- Barriers/challenges in using Non-VA Care and Choice-First:
 - Patient panel is approximately between 120 -150 patients.
 - Helping the Veteran navigate through NON VA Care and Choice-First processes.

- 0.5 FTE Maternity Care and .5 GYN Surgical Care Coordinator.
- Achievements in using Non-VA Care and Choice-First:
 - Women Veterans are extremely grateful for the maternity benefits/services that they receive (breast pump, maternity bras and pregnancy cradle/belt).
 - They appreciate of having the Maternity Care Coordinator as a direct point of contact.

Transition and Care Management (TCM) Overview, Kym Grey, Program Manager, TCM, VASDHS

- Assists with transition from active duty to civilian life.
- Focused on OOO era Veterans who have gone through a medical evaluation board; have been in combat; have severe illness, injury or impairment; and have difficulty accessing VA Services.
- Veterans access the TCM team via referral from military treatment facilities; enrollment/member services; consult from VA provider; walk-in; outreach events; or referral by friends/family/community providers.
- Women Veterans continue to make up approximately 10 percent of TCM's caseloads and referrals.
- Successes:
 - Veterans are connecting with needed services, both at the VA and in the community (i.e. women specific services available at VA, Summer Sports Clinic, school, work, Vet Centers for counseling, child care, etc.)
 - Maternity care with community providers is going well.
 - Veterans are open to case management and are working with the TCM Team on identified goals.
- Challenges:
 - Difficulty accessing mental health care, due to restructuring of specialty clinics, discontinuation of the dialectical behavioral therapy (DBT) program, and delays in accessing other treatments.
 - A fast track or same-day option for women seeking MST treatment would be beneficial to connect them with care when they are reaching out and asking for treatment and support.
 - Some women Veterans leave the military not knowing they are eligible for VA health care.

Role of the Suicide Prevention Coordinator, Dawn Miller, Social Worker, Suicide Prevention Coordinator (SPC), VASDHS

- In 2007, the Office of Suicide Prevention was created and funding was granted to hire Suicide Prevention Coordinators (SPC) at each VA medical center across the nation.
- There are now two to eight SPCs per site, depending on the number of Veterans being served.
- The original SPCs were tasked with creating a suicide prevention program, based on the guidance provided by Central Office.

- The SPC functions as a coordinator of care for Veterans at risk for suicide and as consultants to the mental health director, facility leadership, program managers and staff.
- The focus of this program is to develop and improve suicide prevention strategies for the individual patient, the facility, and for the Veterans community as a whole.
 - This is accomplished through several strategies, which include tracking and reporting all suicide attempts and deaths at VASDHS, responding to crisis line calls and referrals, providing consultation to staff and providers, and managing a list of Veterans identified as high risk for suicide.
 - Other strategies include trainings and education, community outreach events, participating in root cause analysis and aggregate reviews, writing facility policy and procedures, and case management.
- If providers believe that a Veteran is at high risk for making a suicide attempt in the next 90 days (typically following a suicide attempt or a struggle with strong suicidal urges), they request a high risk for suicide flag be assigned to Veteran.
 - Typically each site has between 60 and 200 Veterans flagged as a “high risk for suicide” at any one time.
 - Each flag is reviewed every 90 days, until it is determined that the Veteran is no longer at high risk.
 - Providers accessing the Veteran’s electronic chart must acknowledge the high risk status before opening the rest of the record, ensuring proper attention is paid to assessing the Veteran’s current safety by ALL providers.
 - VASDHS currently has 165 high risk Veterans; 25, of which, are women.
 - All high risk Veterans complete a safety plan with their provider, usually as soon as the flag is requested; the plan is reviewed and updated regularly.
 - Veterans flagged as high risk are monitored and supported by the suicide prevention team at least weekly for the first month.
 - Suicidality is addressed in each session.
 - Veterans are connected to Mental Health treatment specific to their needs.
- The SPCs provide ancillary services to the Veteran and the staff.
- Statistics show that there were 14.3 percent suicides in FY13, 7.14 percent in FY14 and 6.25 percent in FY15.
 - It further showed that there were 17.6 percent suicide attempts in FY13, 21.6 percent in FY14 and 21.3 percent in FY15.
- Challenges:
 - Childcare issues prevent access to treatment.
 - Reluctant to seek inpatient treatment due to co-ed hospital units.
 - Co-ed treatment groups.
 - Being identified as having a “borderline personality”.
 - VA feels “military” and reminds them of the trauma.
 - Fear running into the perpetrator.

Overview of Mental Health Services, Dr. Niloofar Afari, Acting Associate Chief of Staff, Mental Health Services, VASDHS

- Mental health (MH) services are located in San Diego Medical Center (LJ), Mission Valley, Oceanside, Chula Vista, Sorrento Valley, Escondido, Rio Clinic, Aspire Center, and El Centro (telemental health).
- Comprehensive continuum of MH care:
 - In physical health settings, services are provided for MH integrated into primary care (also available at home); spinal cord injury; medical specialty clinics (i.e. pain, weight control, hematology/oncology), consultation liaison to inpatient medical units, and emergency department.
 - General outpatient MH includes the behavioral health interdisciplinary program (BHIP).
 - In specialty MH settings, services are provided for post-traumatic stress disorder; MST; interpersonal trauma; substance use disorder; family MH; serious mental illness; residential programs; vocational enrichment; and inpatient MH care.
- The demand for MH services has increased over the past several years, with 22,079 (in FY16) unique patients receiving MH services at VASDHS.
- FY16 strategies to improve MH access:
 - Prioritized recruitment efforts (from 78 to 18 vacant clinical positions).
 - Single consolidated consult for MH outpatient clinics.
 - MST services at medical center and CBOCs.
 - New care coordination agreement with primary care.
 - Increased integrated MH services in primary care.
 - Improved coordination of care between primary care and MH.
 - Restructured evidence-based psychotherapy clinics to put soft cap on number of sessions.
 - Increased access for more patients.
 - Weekly review of clinics, to move patients to earlier appointments.
 - Fast tracked most new patients to Choice Feb-May 2016.
- In FY15, 85 percent of individuals seen in MH were male and 15 percent female; in FY16 (through September 12, 2016), 84 percent were male and 16 percent were female.
- In FY15, there were 23,691 women Veteran MH encounters and 2,900 unique patients seen; in FY16 (through September 12, 2016), there were 19,787 women Veteran MH encounters and 3,045 unique patients seen.
- In FY15 and FY 16, the MST clinic had the highest proportion of women Veterans.
- Women Veterans Assessment Study was funded by VA Center of Excellence for Stress and Mental Health (CESAMH).
 - The objectives were to create a comprehensive assessment focused on mental and physical health issues, reproductive mental health, health care experiences, and treatment preferences; and to increase knowledge to inform development of targeted interventions for women Veterans.
 - It employed semi-structured interviews and questionnaires.
 - Eighty three women Veterans of Iraq and Afghanistan conflicts were recruited.
- Women Veterans Assessment Study preliminary findings:

- Respondents were 46 years old on average and primarily Caucasian; 19 percent Hispanic, and 15 percent African-American.
- Majority with some college education or higher.
- Majority of women still menstruating.
- Seventy four percent were positive for MST and 74 percent were positive for clinically significant pain.
- Initial analyses indicate that they had worse pain and more pain-related interference physical, social, and occupational activities related to MST; premenstrual symptoms related to more pain interference.
- They preferred female providers for treatment, as well as complementary and integrative health therapies.
- The Healthy Women Workshop: Finding Ways to Cultivate Health
 - A behavioral medicine clinic women-only group, based on primary care request.
 - Designed for women Veterans struggling with a variety of different health issues (primarily chronic pain).
 - Focused on acceptance and mindfulness strategies:
 - Understanding role thoughts and feelings have in maintaining unhealthy behavior.
 - Identifying valued life directions while also dealing with barriers and setbacks.
 - Learning skills related to mindfulness and present moment awareness.
 - Increasing quality of life and healthy living through values-guided action.
 - The workshop included six weekly, 90-minute sessions.

Homeless Veteran Program, Cara Franke, Homeless Veteran Program Manager, VASDHS

- Female-specific homeless services:
 - Health Care for Homeless Veterans (HCHV) program staff is 8.7 percent women Veterans.
 - Grant and per diem (transitional housing programs):
 - Welcome Home Family Program – provides transitional housing and services to female head-of-household Veterans and their families, and offers special needs programming.
 - Veterans Village San Diego Residential Treatment Center – provides transitional housing and services to single women Veterans in a female-only building and offers special needs programming.
 - St. Vincent de Paul – provides transitional housing and services to single women Veterans, and Veteran families (male and female head of household).
 - Founders, Veterans on Point, and Oceanside programs offer transitional housing services to single women Veterans.
 - Contracted residential programs (transitional housing programs):
 - Safe Haven (low demand) and Recuperative Care (medically/psychologically fragile) programs offer services to women Veterans.
 - HUD/VASH (permanent housing program):
 - Families with children (primarily female head-of-households) are prioritized as a higher level of acuity for intake.
 - Women Veterans represent 13 percent of Veterans enrolled in HUD/VASH.

- Homeless - patient aligned care team (H-PACT):
 - The primary care provider is a VA well-woman provider and has had additional training for women's health care.
 - This team accommodates children during the patients' medical visits and has special training to serve homeless Veterans.
 - H-PACT also coordinates care with women's Veterans health care programs.
 - Four percent of panel size is female (October 2014 – April 2015).
 - On par with the national average of 4.65 percent.
- Veterans justice outreach:
 - Outreach services and case management services provided to justice-involved women Veterans; available on a one-to-one basis.

Caregiver Support Program, Deena Brooks, Coordinator, VASDHS

- Veterans who were injured during the line of duty on or after September 11, 2001 and have a serious service connected injury requiring a Caregiver for six months or more may be eligible for this program.
 - The injury did not have to occur due to combat.
- VASDHS is working more with male caregivers who are caring for women Veterans and trying to introduce specific services for this population.
- Caregivers receive a monthly stipend for the care they provide, the stipend amount is determined based on care needs.
- The program seeks to educate and connect caregiver's with community services, support groups as well as support through the VA sponsored program including a Building Better Caregivers course and monthly educational calls.
- The caregiver will complete training prior to be approved for the program.
 - VA partners with Easter Seals for this training and, when complete, the caregiver has earned a home-health aide certificate which they can then add to their resume.
- Once approved, the caregiver is eligible for CHAMPVA, if they don't have any other access to health insurance.
 - Once approved, the dyad is eligible for the Hero Miles program, which will pay to fly in family members or friends to the area to provide respite to the primary caregiver.
 - They are eligible for two trips per year (only one can be during the holiday season).

Overview of Telehealth Services, Dr. Nilesh Shah, Director, VASDHS

- Home monitoring red alert triggers phone call and it requires a high level of participation.
 - Home monitoring significantly reduces in bed days of care, hospital admissions.
 - There can be frequent dropout rates, due to patient deaths and burnout.
 - Specific programs for women Veterans have been available since 2008.
 - In March 2008, submitted proposal; May 2008, women pilot program funded; Feb 2009-Program funded; and Nov 2014, program expanded to nurse practitioner (NP) services which allows medication management by NP and reduced utilization (emergency department (ED) visits, inpatient bed days of care).

- There have been 281 referrals; 241 women Veterans enrolled in the program; and current enrollment is 45.
- Demographics women Veterans: hypertension, 62 percent; diabetes, 50 percent; depression, 24 percent; chronic heart failure, 41 percent; post-traumatic stress disorder, seven percent; and chronic obstructive pulmonary disease, seven percent.
- The goal is to reach ceiling 50 patients; expand staff to enroll greater number of women Veterans; and reduce utilization of high levels of care (ED visits, hospital admissions).
- Our challenges are to expand conditions available home monitoring to include chronic pain and weight management, and to expand vendor/equipment utilized.
- The 2016 NP plan include recruitment; marketing to primary care, Vet Centers, Veterans service organizations; continuing education opportunities (monthly MST training calls, attend PTSD seminars, and SCAN-ECHO sessions).
- Synchronous telehealth:
 - Involves live video interactions between specialist and patient.
 - Care delivered to patient in remote clinic or direct into home.
 - Currently, there are more than 550 patient encounters per month.
 - Conducted by multiple specialties (more than 20 specialty clinics).
 - Future goal is future to expand coverage for women's health specialties (gynecology).
 - VA advantages:
 - It is a Federal institution; no barrier between states.
 - Reimbursement is not based on insurance coverage.
 - Privileging/licensure is shared between facilities.
 - Barriers:
 - International borders.
 - Ryan Haight Act: controlled substance prescriptions.
 - Limited physical examination.
 - Emergency protocol challenges to providing in home care.
 - Expansion to home/tablet based care.
 - Peripherals now available into home (stethoscope, blood pressure cuff, and scale).
 - More than 50 patients per month can to obtain care in home.
- ECHO care is model of healthcare from University of New Mexico and includes live video interaction between the primary care physician (PCP) and a multidisciplinary specialty group.
 - Concept:
 - Case based presentation.
 - Improve communication between PCP and specialty care.
 - Continuing medical education provided to PCPs.
 - Create pseudo specialists within primary care.
 - Improve access for managing complex health conditions.
 - VASDHS specialties include diabetes and spinal cord injury/wound care.
 - Greater Los Angeles facility's specialty is gynecology.

One VA Community Advocacy Board (CAB), Ron Stark, Representative, One VA CAB

- One VA CAB was recognized as a “best-practice,” which led to the establishment of My VA Communities throughout the entire VA system.
- The One VA CAB started at the VASDHS in 1995 and has created a dynamic community-VA partnership over the years.
- One VA CAB is focused on advocacy, and is not an advisory board.
- One VA CAB is developing a diverse membership, to make it more representative of the changing Veterans population.
- The CAB representative is not a VA employee, but a trusted Veteran serving in this capacity.
 - Representatives bring concerns back to the CAB, to ascertain if there is something they need to track.
- The CAB hosts open community forums, similar to town hall meetings.
 - VA leadership attends the forums to encourage a productive exchange between Veterans and the facility.

Veterans Choice, Ray Deal Jr., Assistant Chief, Health Administration Services, VASDHS

- More than before, Veterans are expressing interest in using the program.
- Since October 2015, approximately 47,000 patients were sent out to the community for care; 36,000 were Choice specific.
- Mental health treatment is the most common reason a Veteran uses Choice.
- VASDHS will spend \$10 million on dental alone.
- TriWest is a tremendous partner.
 - Trying to incorporate a TriWest telehealth option.
- VASDHS has shared medical agreements with Balboa NMC and Camp Pendleton.
- Choice providers undergo a credentialing process, and training on the military experience and treating Servicemembers and Veterans.

Wrap up/Adjourn

COL Mary Westmorland (USA, Retired) Chair, ACWV

Tuesday, September 20, 2016—VA San Diego Healthcare System, 3350 La Jolla Village Drive, San Diego, CA 92161; Mission Valley Clinic, 8810 Rio San Diego Drive, San Diego, CA 92108

- The Committee convened closed sessions and tours at VA San Diego Healthcare System and Mission Valley Clinic, due to patient privacy, in accordance with 5 U.S.C. 55b(c)(6).

Wednesday, September 21, 2016—National Veterans Summit Sports Clinic, San Diego, CA

- The Committee convened a closed session, as it attended VA's National Veterans Summer Sports Clinic, hosted by the San Diego VA Medical Center.

Thursday, September 22, 2016—San Diego Regional Benefit Office, 8810 Rio San Diego Drive, San Diego, CA 92108; Fort Rosecrans Cemetery, Cabrillo Memorial Drive, San Diego, CA 92106 and Miramar Cemetery, 5795 Nobel Drive, San Diego, CA 92122

- The Committee convened closed sessions and tours at the San Diego Regional Benefit Office, in accordance with 5 U.S.C. 55b(c)(6).
- The Committee convened a closed session, as it participated in tours of Fort Rosecrans, and Miramar National Cemeteries.

Friday, September 23, 2016—San Diego Marriott La Jolla, 4240 La Jolla Village Drive, San Diego, CA 92037, Salon D, 2nd Floor Ballroom

Meeting was called to order by the Chair

- The Committee conducted out-briefing with the VA San Diego Healthcare System Executive Leadership Team and Director, Women's Health; San Diego Regional Benefit Office leadership; and Fort Rosecrans and Miramar Cemeteries leadership.
- The Committee conducted a town hall meeting with local women Veterans and other stakeholders. Approximately 52 individuals attended.

**Discussion: Wrap Up
Meeting Adjourned**

/s/

Mary Westmoreland
Chair, Advisory Committee on Women Veterans

/s/

Kayla M. Williams
Designated Federal Officer, Advisory Committee on Women Veterans