

How Community Health Providers Can Help Patients Connect to Veterans Affairs Resources

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To assist the community provider in understanding and accessing Veterans Affairs (VA) resources, this commentary describes basic information regarding care of veterans. It highlights questions that may be incorporated into routine history taking, provides military culture resources, and clarifies pharmaceutical benefits. Table 2 is a quick reference guide to locate VA-based information on the Internet.

Any person who served in active military service and who was discharged or released under conditions other than a dishonorable discharge is considered a veteran as it relates to Veterans Affairs (VA) health benefits and related services [1]. Members of the reserves or National Guard who have been activated to duty and completed their entire service time may also be eligible for benefits through the Veterans Health Administration [1]. Veterans may be awarded enhanced eligibility status if they meet certain criteria, such as a designated service-connected disability rating of 10% or more, service in an active theater of operations within the past 5 years, and/or income that falls below national or geographical adjusted income thresholds [1].

Although the total number of veterans continues to decline, those veterans seeking care from VA is rising [2]. This increase is directly associated with the aging of veterans who served in the Vietnam era [2]. Estimates suggest that, by 2017, almost 10 million veterans will be 65 years of age or older, and this group will represent 46% of US veterans [2]. These same estimates suggest that the degree of disability is ever increasing in the veteran population as veterans are reporting more conditions in their compensation evaluations. The relative degree of disability is also increasing in the veteran population; from 1950-1995, the average service-connected disability rating was 30% [2]. Since 2000, the average service-connected disability rating has increased to 47.7% [2]. This increase in disability determinations reflects the fact that the veteran population is growing older and more infirm; thus their reliance on the health system is increasing despite the lower overall veteran population.

The 2011 American Community Survey data suggest that more than 736,000 of the more than 21.5 million veterans in our country call North Carolina home [3, 4]. Veterans represent 9.8% of our state's total population, with higher num-

bers living in the 3 major urban areas (Charlotte, the Triangle, and the Triad) and larger proportions in the Sandhills region (Fayetteville and Jacksonville) [4]. The median age of North Carolina veterans is 61 years, although a growing percentage of veterans are under age 44 years [4]. Population estimates suggest that the number of veterans in our state will continue to increase over the next decade as retirements and drawdown efforts continue.

Almost 75% of eligible veterans do not receive health care through the Veterans Health Administration. Veterans have numerous insurance options, such as the military health system (Tricare), private insurance, or Medicare (if enrolled). Thus, it is increasingly likely that North Carolina medical providers will encounter one or more veterans in each day's patient encounters. As clinicians who are privileged to serve veterans every day, we suggest other clinicians be familiar with the following resources to maximize care provided to veterans across all practice settings.

Military Culture Training

It is important that all caregivers of veterans develop a basic understanding of military culture. Veterans report strong feelings of association with the military values and identity they developed during active service long after completing their service to our country [5]. Enhanced understanding of military culture may improve providers' ability to relate to veterans and provide context for care coordination efforts. Providers may also develop increased appreciation for the veteran's military service and commitment to self-sacrifice for the benefit of others. Many health care providers do not incorporate screening questions for military service into routine history taking, nor do veterans self-identify service in all settings, so the American Medical Association issued guidelines for assessing a patient's military experience and duty assignments during service [6]. A summation of these guidelines and related clinical questions that clinicians can incorporate into history taking can be found in Table 1. Through systematic incorporation of

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TABLE 1.
Military Health History Screening Questions

Would it be ok if I asked you about your military experience?
When and where do you/did you serve in the military?
What do you/did you do while in the service?
How has military service affected you?
<i>If a patient answers in the affirmative to any of these questions, ask:</i>
Can you tell me more about your service in the military?
Did you see combat or casualties?
Were you wounded, injured, or hospitalized? Any head injury? What about a buddy?
Did you become ill during service? Were you a prisoner of war?
Do you have a service-connected condition?
Would it be ok to talk about sexual harassment or trauma that you might have experienced while serving in the military?
Is a past experience causing you problems now? Do you want a referral?
Would it be ok if I asked about some things you may have been exposed to during your service?
What were you exposed to? Chemical exposure? Biological exposure? Physical exposure?
How concerned are you about the exposure?
Have you ever had a blood transfusion?
Have you injected drugs such as heroin or cocaine at any point during your life?
Would it be ok to talk about stress?
During your life, have you ever had an experience so upsetting or horrible, that in the past 30 days you.....
Have had nightmares about the experience or thought about it when you didn't want to?
Tried hard not to think about it or tried to avoid situations that reminded you of it?
Were constantly on guard, watchful, or easily startled?
Felt numb or detached from people, activities, or things around you?

Source: Adapted from Military Health History Pocket Card for Clinicians [6].

screening questions, providers can identify patients who qualify for additional benefits and care, and they can offer thanks for service completed. Several free continuing education programs and resource guides outlining military culture are available for review and completion in the community provider toolkit (see Table 2).

How to Communicate With VA

Once a veteran is identified through screening questions, the provider (in conjunction with the patient) may wish to obtain records of treatments provided at VA facilities. A provider may contact the VA facility Release of Information (ROI) office to determine what information is required to receive patient-specific data. Afterhours contact with VA for urgent medical records or medication reconciliation needs are adjudicated by reaching the facility's point of contact, often the administrator on call, for assistance. Contact information for North Carolina VA facilities is summarized in Table 2.

The Virtual Lifetime Electronic Record (VLER) Health Program will enable the VA health system to meet information-sharing goals between VA and non-VA partners,

and it will allow access to a veteran's health information electronically through the eHealth exchange [7]. This portal is a joint effort by VA and the Department of Defense to develop and provide a completely integrated and electronic profile for each veteran, through which VA and non-VA partners can query and retrieve veterans' health information for treatment purposes [7]. As of June 2015, 3 of 52 Veteran Health Information Exchange Partners were located in North Carolina (Duke University Health System, Novant Health, and Vidant Health).

In order to exchange data with non-VA partners through this exchange, the veteran must complete the VA Request for and Authorization to Release Protected Health Information to the eHealth Exchange (VA 10-0485) [8]. Rollout of VLER program access to all VA facilities in North Carolina is scheduled to occur over the next several years. In the meantime, veterans may be authenticated to access all VA medical records and Department of Defense records through use of the VA Blue Button on the My HealtheVet portal. Some veterans choose to access this portal prior to visits with non-VA providers to print out patient data, laboratory results, studies, and notes. Other veterans and caregivers choose to review this data in real time during outpatient provider intake visits to adjudicate the need for further evaluation of medical conditions.

The Pharmacy Formulary

Clinicians at VA encounter daily questions about how patients who receive care from outside providers can get prescription medications and supplies from VA. Generally speaking, prescriptions for medications that are not written by VA clinicians are not honored due to lack of VA credentialing. Patients who are prescribed medications by VA clinical staff may choose to have these agents provided through VA pharmacies at standard copayments of \$8-9 per month or \$28 for a 90-day supply. Patients who are service-connected for a condition are entitled to receive all medications related to that condition at no charge. Medication copayments are waived entirely for veterans who are designated as service-connected at 50% or greater for any condition.

In some cases, veterans may bring prescriptions from an outside provider to VA to discuss whether the VA provider will rewrite the prescription to lessen the financial burden on the patient. VA providers are not obligated to order the prescription medication through VA channels, though frequently, they will. In order to streamline therapeutic interchange and reduce delays in care, it is recommended that patients who receive dual care—care provided in the community and at VA facilities—review the VA National Formulary and share this information with outside providers to facilitate medication selection as appropriate.

The VA National Formulary was created in 1997 as a means to standardize drug benefits for veterans across the United States [9]. The Pharmacy Benefits Management Services, a medical advisory panel, and regional formu-

TABLE 2.
Veterans Affairs (VA) Resources at a Glance

Reference site	Most common use
www.va.gov	US Department of Veterans Affairs
www.benefits.va.gov	Veterans Benefits Administration
www.va.gov/health	Veterans Health Administration
www.va.gov/healthbenefits/apply	VA Health Benefits
www.myhealth.va.gov	My HealtheVet Portal and Blue Button Program
www.doa.state.nc.us/vets	North Carolina Division of Veterans Affairs
www.doa.state.nc.us/vets/vso-map.aspx	Interactive map for North Carolina Veterans Service Officers
www.va.gov/directory/guide/division_flash.asp	Directory for all VA sites of care by town or ZIP code
www.pbm.va.gov/NationalFormulary.asp	VA National Formulary
1-800-273-8255 (press 1)	24/7 Veterans Crisis Line
1-877-424-3838	24/7 Homeless Veterans Help Line
www.caregiver.va.gov/support/support_benefits.asp	VA Caregiver Support Program for Post 9/11 Vets
www.prosthetics.va.gov	Rehabilitation and Prosthetic Services
www.asheville.va.gov	Asheville VA Medical Center
www.durham.va.gov	Durham VA Medical Center
www.fayettevillenc.va.gov	Fayetteville VA Medical Center
www.salisbury.va.gov	Salisbury VA Medical Center
Locations of Vet Centers in North Carolina	
www.vetcenter.va.gov	Charlotte
	Fayetteville
	Greensboro
	Greenville
	Jacksonville
	Raleigh
www.publichealth.va.gov	Resource for health information pertinent to military
www.va.gov/opa/choiceact	Veterans Choice Program
www.ebenefits.va.gov/ebenefits/jobs	Veterans Employment Center
www.benefits.va.gov/vocrehab	Vocational Rehabilitation and Employment

lary committees work collaboratively to develop drug class reviews and treatment guidelines [9]. These groups are also responsible for making changes about which drugs are included, excluded, and preferred for use in the VA population. The VA National Formulary is updated regularly, and new pharmacologic entities may be reviewed after 1 year on the US market, unless the product has been designated by the US Food and Drug Administration with a priority category [9]. The most recently updated VA National Formulary may be reviewed online [10].

Conclusion

Each veteran has committed to serve our country, and we owe a great debt of gratitude for this selfless act. Through engaging each veteran with thoughtful questions, identifying opportunities for service-related care, and maximizing coordination throughout the health care environment, health care providers can show veterans their appreciation by delivering quality health care. As additional tools are available to facilitate communication and records transfer between clinicians at VA and non-VA sites, our veterans will benefit through reduced duplications of care. **NCMJ**

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