

The Veterans Affairs Health Care System in North Carolina

Sara Haigh

The mission of the Veterans Health Administration, one of 3 divisions of the United States Department of Veterans Affairs, is to “honor America’s veterans by delivering exceptional health care that improves their health and well-being.” In North Carolina, that mission is carried out through an integrated network of hospitals and community-based clinics that are designed to maximize coordination and communication between sites of care. This article presents an overview of the Department of Veterans Affairs, followed by a description of services available at VA facilities in North Carolina; a brief explanation of eligibility, enrollment, and benefits; and a description of VA’s integrated health care system. Special emphasis is placed on services available to veterans now returning to North Carolina from participation in Operations Enduring Freedom and Iraqi Freedom.

Department of Veterans Affairs

The Department of Veterans Affairs benefits system traces its roots back to 1636 when the Pilgrims of Plymouth Colony were at war with the Pequot Indians. The Pilgrims passed a law which stated that disabled soldiers would be supported by the colony. Since that time the system has evolved to include disability compensation, insurance, vocational rehabilitation, and education benefits. The establishment of the Veterans Administration came in 1930 when Congress authorized the President to “consolidate and coordinate Government activities affecting war veterans.” World War II

resulted in not only a vast increase in the veteran population but also in a large number of new benefits enacted by the Congress for veterans of the war. The World War II GI Bill, signed into law on June 22, 1944, is said to have had more impact on the American way of life than any law since the Homestead Act more than a century ago. Further educational assistance acts were passed for the benefit of veterans of the Korean Conflict, the Vietnam Era, Persian Gulf War, and the

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All-Volunteer Force. The Department of Veterans Affairs (VA) was established as a Cabinet-level position on March 15, 1989.¹

The Department of Veterans Affairs is the second largest of 15 Cabinet departments and operates nationwide programs for

Sara Haigh is staff assistant to the director at the Durham Veterans Affairs Medical Center. Ms Haigh can be reached at Sara.Haigh (at) va.gov or 508 Fulton Street, Durham NC 27705.

health care, financial assistance, and burial benefits. The Veterans Health Administration, Veterans Benefits Administration, and National Cemetery Administration are the 3 main branches of the department, with the Veterans Health Administration (VHA) handling health care services.

Veterans Health Administration Services

In North Carolina, a system of hospitals, community-based outpatient clinics, and Vet Centers deliver the majority of health services to veterans.

Veterans Affairs Medical Centers

The Charles George VA Medical Center (VAMC)³ in Asheville consists of a 116-bed acute care hospital and a separate 120-bed extended care and rehabilitation center serving western North Carolina as well as portions of South Carolina, Georgia, and Tennessee. The Charles George VAMC is a tertiary care facility providing primary, tertiary, and long-term care in the areas of medicine, surgery, psychiatry, physical medicine and rehabilitation, neurology, oncology, dentistry, geriatrics, and extended care. The Asheville facility also operates a home-based primary care program and a substance abuse rehabilitation treatment program.⁴

The Durham VA Medical Center is a 154-bed tertiary referral hospital with a separate 120-bed extended care and rehabilitation center. The facility serves as a major referral center for North Carolina, southern Virginia, northern South Carolina, and eastern Tennessee for subspecialty treatment, radiation therapy, neurological disorders, therapeutic endoscopy, high-risk open-heart surgery, and other special procedures. Special programs at Durham include the comprehensive Women's Health Center, a home-based primary care program, the Geriatric Research, Education, and Clinical Center (GRECC), the VISN 6 Mental Illness, Research, Education, and Clinical Center (MIRECC), the Center for Health Services Research in Primary Care, and the Epidemiology Research and Information Center (ERIC).⁵

The Fayetteville VA Medical Center is a general medicine and surgery and mental health facility with 90 beds. It also maintains a 69-bed long-term care unit. The medical center serves veterans in 19 counties in southeastern North Carolina and 2 counties in northeastern South Carolina. Comprehensive health care is provided through primary and long-term care in areas of medicine, surgery, psychiatry, posttraumatic stress disorder, ophthalmology, podiatry, physical medicine and rehabilitation, neurology, dentistry, geriatrics, and extended care. Tertiary care is referred to Durham VA Medical Center.⁶

The W G (Bill) Hefner VA Medical Center in Salisbury provides primary and secondary inpatient health care to more than 287 000 veterans living in a 23-county area of the central Piedmont region of North Carolina. This includes the Charlotte area with over 100 000 veterans and the Winston-Salem area with 65 000 veterans. Inpatient services include acute medicine, cardiology, surgery, psychiatry, and physical medicine and rehabilitation, as well as subacute and extended care.⁷

Veterans Affairs Community-Based Outpatient Clinics

Community-based outpatient clinics are located in Charlotte, Winston-Salem, Jacksonville, Wilmington, Raleigh, Greenville, and Morehead City. Additional community-based outpatient clinics are scheduled to open in Hamlet, Hickory, and Franklin by late 2008. Community-based outpatient clinics provide primary care, mental health, and selected specialty services and were established to improve geographic access for veterans. Patients receive prescriptions via a mailout pharmacy. If they need specialty care or testing, such as a CT scan or cardiology consultation, they are referred to a main VA hospital. In some cases, patients are referred to private providers on a fee-for-service basis when VA services are not available or the patient is not able to travel to a facility that provides the needed service.

Veterans Affairs Vet Centers

Vet Centers in Charlotte, Greensboro, Raleigh, Fayetteville, and Greenville are part of VA's Readjustment Counseling Service. Vet Centers provide psychological counseling for war-related trauma, community outreach, case management, and referral activities plus supportive social services to veterans and family members. Vet Centers are open to any veteran who served in the military in a combat theater during wartime or anywhere during a period of armed hostilities. Vet Centers also provide trauma counseling to veterans who were sexually assaulted or harassed while on active duty and bereavement counseling to the families of service members who die on active duty.²

The 4 North Carolina VA Medical Centers and 7 community-based outpatient clinics are components of the VA Mid-Atlantic Health Care Network (VISN 6), headquartered in Durham. VISN 6 includes an additional 3 VA Medical Centers in Virginia and 1 in West Virginia and 5 outpatient clinics. In fiscal year 2007, some 307 959 veterans received care throughout the network service area.

Eligibility, Enrollment, and Benefits

Eligibility for most veterans' health care benefits is based solely on active military service in the Army, Navy, Air Force, Marines, or Coast Guard (or Merchant Marines during WW II), with a discharge under other than dishonorable conditions. Reservists and National Guard members who were called to active duty by a Federal Executive Order may qualify for VA health care benefits as well. Returning service members (including Reservists and National Guard members) who served on active duty in a theater of combat operations have special eligibility for hospital care, medical services, and nursing home care for 2 years following discharge from active duty.

The Department of Veterans Affairs maintains an annual enrollment system to manage the provision of quality hospital and outpatient medical care and treatment to all enrolled veterans. A priority system ensures that veterans with service-connected disabilities and those below the low-income threshold are able to be enrolled in VA's health care system. Some veterans are

exempted from having to enroll. This includes veterans with a service-connected disability of 50% or more, veterans discharged from the military within one year but not yet rated for a VA disability benefit, and veterans seeking care for only a service-connected disability. Veterans with service-connected disabilities receive priority access to care for hospitalization and outpatient care.

The Department of Veteran Affairs' enrollment allows health care benefits to become portable throughout the entire VA system. Enrolled veterans who are traveling or who spend time away from their primary treatment facility may obtain care at any VA health care facility across the country without the worry of having to reapply.

The Department of Veterans Affairs provides a medical benefits package to enrolled veterans which includes the following types of services:

- Hospital, outpatient medical, dental, pharmacy, and prosthetic services
- Domiciliary, nursing home, and community-based residential care
- Sexual trauma counseling
- Specialized health care for women veterans
- Health and rehabilitation programs for homeless veterans
- Readjustment counseling
- Alcohol and drug dependency treatment
- Medical evaluation for disorders associated with military service in the Gulf War or for exposure to Agent Orange, radiation, and other environmental hazards²

Integrated Health Care System

A great strength of the VA health care system is the integrated nature of the clinical care network. All sites use a computerized patient record system to document all aspects of care including office visits, provider orders, diagnostic tests, specialty consultations, prescriptions, procedures, and hospitalizations. Paper documents from non-VA providers are scanned into the electronic record as needed. The system allows a physician in Durham to look up past treatment, medication, and testing information on a patient from Fayetteville with a few clicks of the computer mouse. Since all information is typed, legibility is not an issue. The prescription ordering interface includes a variety of patient safety features such as checks for drug allergies, drug-drug interactions, or inappropriate dosing. For inpatient care, a bar code medication administration system is used to match the computerized drug order, the medication, and the patient to ensure the patient receives the right drug at the right dose at the right time. A special system of clinical reminders is used to facilitate compliance with clinical practice guidelines. For example, the computer will flag a patient who is due for an annual mammogram or depression screening. It alerts providers to patients with out-of-range lab values or abnormal radiology results by sending an electronic notification.

Another way that VA ensures health care delivery is consistent across all sites of care is through an extensive performance

management system. Clinical performance measures are used to assess key aspects of the care process such as diabetes control, management of hypertension or hyperlipidemia, screening for posttraumatic stress disorder or depression, and cancer prevention. Other measures assess the process of care delivery by looking at waiting times for appointments, patient satisfaction, and utilization of hospital beds. Data is collected at all VA sites of care and compared to VA and private sector benchmarks. The performance measure system is woven into performance plans and appraisal systems for VA managers and care providers with physician pay being linked to performance.

Post Conflict Care: The Department of Veterans Affairs Newest Wounded Warriors

In North Carolina, VA has launched special efforts to provide a "seamless transition" for those returning from service in Operations Enduring Freedom and Iraqi Freedom (OEF/OIF). Each VA medical facility has a point of contact to coordinate activities locally to help meet the needs of these returning combat service members and veterans. Special interdisciplinary care teams work with National Guard Units to provide onsite information about VA health care benefits to troops returning from deployment. They also perform health care screenings and enrollment to those wishing to access VA health care. In addition, VA has increased the staffing of benefits counselors at key military hospitals where severely wounded service members from Iraq and Afghanistan are frequently sent. Once home, recent Iraq and Afghan veterans have ready access to VA health care which is free of charge for 2 years following separation for any health problem possibly related to wartime service. According to the VA Mid-Atlantic Health Care Network Data Warehouse, over 14 300 active duty service members and veterans of the Global War on Terror have sought VA health care in North Carolina since September 11, 2001. Special polytrauma care units have been established at VA medical centers, and screenings for the possible presence of traumatic brain injury is provided to every OEF/OIF enrollee. President Bush's Commission on Wounded Warriors and the President's Task Force on Returning War on Terror Heroes have recently generated additional recommendations on how VA can provide speedier, fairer, and more efficient care to returning veterans of the Global War on Terror.⁸

Focus on the Future

This is a time of challenge for VA health care. It must meet the needs of its newest veterans by providing individualized case management services while also maintaining the historic commitment to providing the highest quality care to veterans of all eras. The ability to respond quickly to new needs is sometimes affected by the Congressional budget and capital project approval and funding processes which may create a lag between when new demands for care arise and when the facilities and resources are in place to meet those needs. The Department of Veterans Affairs has successfully responded to past challenges through the dedication of its staff and an ongoing commitment

to its special mission. As the other articles in this issue show, the full attention of VA's clinical and research community is focused on meeting the health care needs of veterans by fulfilling

the charge made by President Abraham Lincoln in his 1862 inaugural address: "To care for him who shall have borne the battle, and for his widow, and his orphan." **NCMJ**

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