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VHA National Center for Healthcare
Advancement and Partnerships

VHA Partnerships Bridge Gaps for Veterans

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U.S. Department of Veterans Affairs

Veterans Health Administration
National Center for Healthcare
Advancement and Partnerships

A Note From the Nurse Executive

The Veterans Health Administration (VHA) National Center for Healthcare Advancement and Partnerships (HAP) team hopes you are keeping well and enjoying sunshine and warm weather.

While the seasons are changing, the HAP team continues to foster partnerships and health innovations for Veterans. HAP is part of DEAN, the VHA Office of Discovery, Education, and Affiliate Networks. DEAN's mission includes:

- Office of Academic Affiliations—Educating current and future health care professionals for the Department of Veterans Affairs (VA)
- Office of Research and Development—Improving Veterans' lives with investigative medical research and evidence-based discovery
- Healthcare Innovation and Learning—Partnering with a community of industry experts that provide innovative solutions to systematic issues related to Veterans health care services

As part of DEAN, our HAP team facilitates public-private partnerships that complement VHA services and advance the health and well-being of Veterans through the exploration of innovative, safe, and ethical emerging therapies. A great example is our partnership with the GO₂ Foundation for Lung Cancer. For National Cancer Survivors Day (June 5), HAP recognizes the GO₂ partnership's work with Veteran cancer survivors. In this newsletter, we share the story about an Army Veteran who credits the GO₂ Foundation for helping him navigate his cancer diagnosis ([p. 6](#)).

In recognition of National Mental Health Awareness Month in May, we share how a Veteran Community Partnership helps Veterans in Florida and Georgia access mental health resources through group therapy, community events, and more ([p. 5](#)). In Texas, we also explore how a mobile unit traveling to Fort Hood helps transitioning Service members enroll with VHA and connect with mental health, employment, and more services prior to leaving the military ([p. 7](#)).

Our story of the Fort Hood unit also connects to our article on the Total Force Fitness–Whole Health Summit held this spring ([p. 4](#)). Both share information about how HAP is helping VHA reduce the high risk of suicide some Service members face when leaving the military and transitioning to civilian life.

May was National Nurses Month, a time for VA to recognize the essential contributions nurses make to keep Veterans healthy. VA nurses work collaboratively across disciplines and treatment settings to help coordinate the full spectrum of patient care. To continue excellence in nursing care for Veterans, VHA plans to hire 77,500 nurses nationwide between now and fiscal year 2026. These nurses are needed in multiple roles across VHA including VA medical centers, community living centers, and more. In this issue, we share more information about VHA's hiring plans and incentives, including travel nursing opportunities, scholarships for nursing students, and residencies for recent graduates ([p. 3](#)).

This year, HAP is looking forward to renewing existing partnerships such as the one with the American College of Emergency Physicians ([p. 10](#)), which helps improve Veterans' access and quality of care at VA and community emergency departments.

Finally, we also share in this newsletter how VHA and HAP embody values of resilience and expertise to form a high-reliability organization for Veterans ([p. 8](#)). This is part of our office's mission to serve as a trusted resource and catalyst for the growth of partnerships and emerging therapies that help Veterans live healthy lives. We invite you to read more and wish you a safe and healthy summer.

In good health,

Dr. Tracy L. Weistreich

*Nurse Executive, VHA
National Center for
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and Partnerships*



VHA is hiring thousands more nurses to meet Veterans' needs nationwide

Each May, which is designated as National Nurses Month, the Veterans Health Administration (VHA) recognizes the heroic work of nurses throughout the Department of Veterans Affairs (VA). VHA is committed to retaining current nursing staff and is ramping up to hire more for its 1,200 hospitals, clinics, community living centers, and other facilities serving Veterans nationwide.

As many VHA health care staff are predicted to retire in the coming years, VHA is planning to hire 77,500 nurses between the fiscal years 2022 and 2026, with 45,000 of those being registered nurses.

"We have to have a good strong workforce to give the very best care that we can to our Veterans," said Dr. Jennifer Strawn, Acting Executive Director of the Office of Nursing Services and the Deputy Chief Nursing Officer.

Dr. Strawn said VHA is hard at work recruiting nurses through online and digital job fairs, via recruiters in national nursing schools, and by word of mouth.

The projected VHA nursing staff shortage echoes a larger trend nationwide. A [Health Affairs analysis](#) found that the number of nurses in the United States fell by 100,000 nurses between 2020 and 2021—the biggest drop in four decades. Nurses typically constitute the largest group within the health care setting, particularly in in-patient or acute care. Within VHA, nursing comprises approximately 30% of the employees. A recent [think-tank report](#) indicated that appropriate nurse staffing is a nationwide challenge, decades in the making, that has been significantly worsened by the COVID-19 pandemic.

A major reason for nurses quitting their jobs (or the profession) is burnout, both physical and emotional, from working during the ongoing coronavirus pandemic. Fortunately, Dr. Strawn said the VHA has seen much lower nursing staff turnover rates (16.5%) compared to private health care systems (20%).

"I would say it's because people are tied to our mission and are really focused on helping Veterans," Dr. Strawn said of the lower VHA turnover rates.

VA has four statutory missions that include health care, research, training/academic affiliations, and improving the Nation's preparedness for response to war, terrorism, national emergencies, and natural disasters ("[4th mission](#)"). Nurses are integral to the VA meeting all four statutory missions.

VHA is also working on incentivizing nurses to join

and stay with the VA health care system with benefits including:

- Pay increases for VHA nurses and physician assistants thanks to the recent [VA Nurse and PA Retention and Income Security Enhancement](#) legislation
- A 12-month [residency program](#) for recently graduated nurses
- Opportunities for three 13-week travel assignments through the [VA Travel Nurse Corps Program](#)

These incentives augment VHA's [many other benefits](#) for nurses—which include a career ladder, 11 paid federal holidays plus five weeks of vacation, a separate sick leave bank that accrues without maximum limit at four hours per pay period, and scholarships for VHA nurses through the [National Nursing Education Initiative](#). In addition, VHA nurses receive retirement funds through an employer-matched 401(k)-type savings plan and may be eligible for credit for military service for retirement purposes.

"We have a crisis across our country, not only in nursing, but we're seeing the struggle in other disciplines as well," said Dr. Strawn. "I think there's a lot of opportunities in nursing. And I would say that it's been a wonderful career."

Dr. Tracy Weistreich, nurse executive for VHA National Center for Healthcare Advancement and Partnerships (HAP), has been a VA nurse since 1999 and agrees with Dr. Strawn. Weistreich said, "I have had amazing opportunities for training and held several positions over the course of my VA career, including frontline nurse in ambulatory care, quality manager, associate chief nurse in a joint VA-Department of Defense hospital, and associate director of patient care services in a rural VA medical center." Since 2016, she has served with HAP, formerly the Office of Community Engagement. "Having served in the U.S. Army (Reserves) Nurse Corps, I feel a special affinity for our mission and the Veterans, families, and caregivers we serve," Dr. Weistreich said. She shared that in her experience as both an employee and a Veteran receiving care at VA, "No one understands the unique needs of Veterans as well as VA nurses and other members of the health care team do."

To find out more about joining VHA as a nurse, visit www.vacareers.va.gov/Careers/Nursing. For more information on HAP's initiatives and partnerships, please visit: va.gov/HEALTHPARTNERSHIPS/updates.asp.

Community network supports Service members after active duty

Veterans Health Administration (VHA) staff recently participated in a summit to highlight the role of VHA and community partners in helping Veterans and Service members transition to civilian life.

The [2022 Total Force Fitness–Whole Health Summit](#), held March 22-23, focused on optimizing the health and well-being of Service members and Veterans during all phases of life and across a spectrum of health domains. In particular, the summit emphasized support for Service members transitioning out of the military and recently separated Veterans. Christine Eickhoff, health system specialist for the VHA National Center for Healthcare Advancement and Partnerships (HAP), and Dr. Joseph Geraci, psychologist and co-director of the VHA Transitioning Servicemember/Veteran and Suicide Prevention Center, briefed attendees on how community-based peers and the partnering organizations that manage them collaborate with VHA and the Department of Defense (DoD) to support Service members, Veterans, and their families through the military-to-civilian transition.

As part of their presentation during the summit, Ms. Eickhoff briefed attendees on the [Veteran Sponsor Partnership Network \(VSPN\)](#) initiative. Under VSPN, which is led by HAP, VHA establishes non-monetary partners with community organizations to better coordinate support for Service members and their families. The VSPN helps Veterans, former Service members, access Department of Veterans Affairs (VA) services and community resources, such as employment help, education benefits, housing assistance, and one-on-one support from peer sponsors.

“The actual transition time frame, that 6 to 12 months after leaving active duty, can be very challenging for some Veterans,” Ms. Eickhoff said. This time just after military separation, termed by Dr. Geraci as the [“deadly gap,”](#) is when risk for suicide is [nearly three times higher](#) compared to when Service members are on active duty. During the summit, Ms. Eickhoff and Dr. Geraci presented on how VHA care combined with community-based interventions and sponsorship programs can help Veterans achieve better outcomes across [social determinants of health](#), experience

less difficulty when transitioning back into civilian communities, and reduce risk factors related to Veteran death by suicide. Social determinants of health include the conditions where people live, learn, work, play, and worship and can affect health risks and outcomes.

The summit explored barriers to successful transitions and how community connections can help overcome those. Although Service members make a plan for civilian life employment before leaving the military, those plans do not always work out as intended. “Sometimes we end up in a once-in-a-generation pandemic or recession. The plan might not work out the way that anybody thought it would. Service members may be in between housing situations, perhaps they’re staying with a friend or family or in temporary housing,” Ms. Eickhoff explained.

Thanks to the community partners and their trained peers, Service members and Veterans can be paired with a sponsor in the community where they intend to locate. “The sponsor pairing is really key. It goes one step further to help truly integrate someone into the fabric of the community early on, so that you have a friend, you have a peer when you get there who will help the Veteran with whatever they need,” Ms. Eickhoff said.

Ms. Eickhoff noted during the summit presentation that the VSPN serves as a resource similar to the [military sponsorship program](#) within DoD. “DoD has great programs up until the point of separation, and VA has great programs from separation to beyond. But Veterans transition into communities, not government agencies, so agencies collaborating with the community to support successful post-military transitions is critical. Providing personalized care and better continuity of support from pre-transition to post-transition—that’s where the community fits in and that is the objective VSPN was designed to achieve, to coordinate seamless support for Veterans between the community, DoD, and VA,” she said.

The VSPN initiative is led by VHA’s [National Center for Healthcare Advancement and Partnerships \(HAP\)](#). For more information on the VSPN, please visit: va.gov/HEALTHPARTNERSHIPS/VSPN.asp.

VHA and Veteran Community Partnership collaborate and communicate to help Veterans with mental illness

More than 1 million Veterans [struggle with mental illness](#), from anxiety and depression to posttraumatic stress disorder and substance abuse. May is [Mental Health Awareness Month](#), and the Department of Veterans Affairs (VA) highlights mental health resources available to Veterans. In addition to mental health services offered by the Veterans Health Administration (VHA), Veteran Community Partnerships (VCPs) provide resources for every stage of recovery and beyond.

The [VA North Florida/South Georgia Health System](#) (NF/SGVHS) VCP has greatly expanded to further strengthen the partnership, including about 80 different local organizations and VA medical center (VAMC) programs. In fact, according to Dr. Jan Gay, local recovery coordinator for NF/SGVHS Mental Health and Recovery Services and VCP member, “We couldn’t do it all without the VCP. We’re the largest VA health system in the country, covering about 40,000 square miles, almost the size of the entire state of Florida,” she explained.

“We offer all modalities at VAMCs—individual and family or group therapy, residential treatment, and wellness therapies that are holistic. The VCP [community partners] supplements our work,” she said. VHA provides a full range of mental health care services, such as suicide prevention and addiction recovery, and the VCP provides access to these services for those who do not use VHA for medical care. VCP resources also augment VHA services, for example, some partners offer opportunities for socialization that support mental wellness.

“A big part of recovery-oriented care is that it’s not just about specific treatments, it’s about the Veteran as a whole and the need to be connected to meaningful activities. Our partners offer that ability to belong, to really socialize and connect,” Dr. Gay said.



Dr. Jan Gay, local recovery coordinator for NF/SGVHS Mental Health and Recovery Services, connected with Veterans in Alachua County, Florida, at the county’s annual “Veteran Resource Fair and Homeless Veteran Stand Down” in March.

The VCP helps Veterans in every area of life, “We know that with recovery, it’s not just about one part—mental illness taxes all areas of a patient’s life. So, if they’re struggling with depression, part of it could be that they need a better job, and they don’t know where to go for that, or they’re homeless, or they’re having substance use issues, or marital issues, or childcare issues, whatever the case might be,” Dr. Gay explained. Some VCP community partners provide exercise programs, such as yoga, social activities (art and cooking classes, for example), or activities for children of Veterans. One even offers computer support.

Dr. Gay noted that VCP partners regularly assist one another. “It’s not a matter of my area, your area, but it’s all of us together. We are all asking, what can we do to support Veterans? How can we help those that are in need? What are some of the challenges and how can we overcome those?” she said. “Someone may say ‘I’m holding this event in St. Augustine’ and another ‘I have the number for the person who will bring the bus.’”

NF/SGVHS established a “community council” in Gainesville, Jacksonville, and St. Augustine to coordinate with VCP partners in each area. “We check in with each other, everyone gets to share updates and upcoming events. And again, we are all asking, where is there a need? Is there anything that we could help with? Are there any needs for a Veteran that you’re working with? And then we brainstorm,” Dr. Gay said.

The VCP initiative plans to expand to every VAMC by [September 2024](#). VCPs are facilitated by the [VHA National Center for Healthcare Advancement and Partnerships \(HAP\)](#). For more information on VCPs, visit va.gov/healthpartnerships/vcp.asp.

Veterans with lung cancer receive help from GO₂ Foundation

Lung cancer is the leading cause of death in the U.S., and it occurs more often in Veterans than in the general population. The [GO₂ Foundation for Lung Cancer](#), a Veterans Health Administration (VHA) partner, helps Veterans diagnosed with lung cancer by providing resources and support in addition to the lung cancer screenings, treatment, and lung disease supportive services and resources the VHA offers.

VHA advances cancer detection and treatment by developing and applying new technologies, tools, research knowledge, and best-practice therapies. One of those technologies is precision oncology, which uses the genetic profile of a patient's tumor to tailor individualized treatment. VHA's Lung Precision Oncology Program, part of its [Precision Oncology Initiative](#), prioritizes early screening to identify early-stage lung cancer in Veterans.

The GO₂ Foundation and VHA are [working together](#) to promote early screening for lung cancer in Veterans. VHA helps educate staff at GO₂ screening centers about Veteran-specific factors related to lung cancer risk, prevention, and response to treatment, in addition to information about how patients can apply for VHA health care and benefits. In turn, GO₂ Foundation shares resources to help support lung cancer screening. The foundation also provides one-on-one support for lung cancer patients—GO₂'s helpline and phone buddy program are available to Veterans any time.

GO₂ Foundation's focus on Veteran support includes highlighting [Veteran stories](#) of lung cancer treatment and survival. One of those is Julio Sanchez, Army Veteran and lung cancer survivor, who credits the GO₂ Foundation in providing him with education and support after his initial devastating diagnosis in 2019.

"Someone at the GO₂ Foundation hooked me up with Jack, he's in Ohio. And Jack had the same diagnosis, same stuff I had going on. And he had been managing the disease for about three, four years ahead of me.



Mr. Sanchez loves spending time with his grandson, Theo (and Theo's new baby brother), during his "good week" every month in between rounds of chemotherapy.

He told me how his cancer started, how he was feeling, about all the treatment side effects, and how to make yourself feel better. That helped out tremendously, talking to somebody that is in the same foxhole and facing the same enemy," Mr. Sanchez explained. "GO₂ calls him my phone buddy but I call him my battle buddy!"

Mr. Sanchez lives more than 100 miles away from a VHA cancer treatment center but reached out to VHA for information on local support groups specifically for lung cancer. Finding none within driving distance, he began scouring the internet for help and discovered the GO₂ Foundation.

When Mr. Sanchez was diagnosed at 59, he was long retired from military service (since 2007), having served 28 years as a construction and combat engineer. "I was in the best shape of my life, running, working, doing some great things, living large. Married to my beautiful wife, Teresa, for about 40 years. And I started having this weird pain," he explained. His pain, which started as a dull ache on the right side of his back, was misdiagnosed for about a year. "I wasn't coughing up blood. I wasn't in respiratory distress," he noted.

As someone who never smoked, Mr. Sanchez was not considered "high risk" for lung cancer. Early screening for lung cancer is not typically done for patients who don't show signs of the disease (signs are rare in early stages) or nonsmokers. However, several factors contribute to the increased rate of lung cancer among Veterans. Smoking is just one—Veterans statistically have been [exposed to more environmental toxins](#) than non-Veterans. About 18% of Veterans with lung cancer have never smoked.

Eventually, excruciating pain sent Mr. Sanchez to the emergency room. "It was like a bayonet was stabbing me. They drained about two bottles of water out of my lungs. And then they did a biopsy on the tumor that they saw. And that's when they said, 'Yeah, you

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got cancer, lung cancer, stage four,” Mr. Sanchez said. Specifically, he was diagnosed with non-small cell lung cancer.

The shocking diagnosis caused Mr. Sanchez to feel hopeless. “I felt like a dead man walking. I was in a dark place for a while. I didn’t want to live. But something happened to snap me out of it—my grandson was born about the same time as my diagnosis. All of a sudden, I had a reason to live,” he said.

Since his diagnosis, Mr. Sanchez has endured more than 40 rounds of chemotherapy, which has eliminated about 85% of the cancer. “It’s tough, the treatment. But I’m glad to be alive,” he noted.

The partnership between VHA and the GO₂ Foundation is facilitated by the National Center for Healthcare Advancement and Partnerships (HAP). For more information on HAP’s initiatives and partnerships, please visit: va.gov/HEALTHPARTNERSHIPS/updates.asp.

Joint effort at Fort Hood assists with transition to civilian life

At Fort Hood, Texas, a combined project between the Veterans Health Administration (VHA) and one of its partners is helping Service members transition seamlessly from military to civilian life.

Every Tuesday, VHA staff from Waco drive a bus to Fort Hood and set up a table outside the facility, engaging with Service members scheduled to leave active duty (the phase of military life referred to in the Army as “expiration term of service,” or ETS). They help these future Veterans enroll in benefits and access services from the Department of Veterans Affairs (VA) and share information about community partners that can help with the transition experience.

Fort Hood hosts the [third-largest military population in the world](#) and is the final duty post for a significant number of Service members. On average, [more than 800 Service members per month](#) transition from Fort Hood to civilian life.

According to Dr. Seim, director of the Veterans Integrated Services Network (VISN) 17 Center of Excellence for Research on Returning War Veterans, when Service members change stations or assignments, the military has [a process](#) in place to help active-duty members transition between communities. However, neither DoD nor VA has a similar program for the military-to-civilian transition.

“With a PCS [permanent change of station], the soldier’s NCO [noncommissioned officer] assists them and their family with that transition. The military helps them find housing, dental care, places of worship, getting the kids registered for school. That’s all built into the military.



Veterans Brian Roeder (VHA contractor, left), Will Stewart (VHA lab technician, center), and April Salinas (VHA program support assistant, right) with the VHA mobile unit at Fort Hood help Service members access VHA and community-based services as they transition out of the military.

But that same structure isn’t necessarily in place for the transition to civilian life,” he explained.

That’s where community partners step in to assist. Community partners aligned with the [VSPN initiative](#) can pair a trained “sponsor” who lives in the area where a soldier expects to relocate after their ETS. The community-based sponsor can assist with finding resources to help with anything a Service member needs to reintegrate into the civilian world—looking for employment, education resources, navigating the VA health care or benefits system, or finding resources for their spouse or dependents—in addition to providing social support and a real-life connection in their new community.

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Fort Hood continued from p 7

Dr. Seim noted that separating from military service presents unique **challenges** and difficulties, especially with regard to mental health. “We’re concerned about the high suicide rate of Veterans during that first year away from active-duty service. You go from a military life, which is highly structured from when you wake up in the morning to when you go to bed at night, to having no structure or social support,” he said.

Research on this phase, also referred to as the “deadly gap,” indicates that some former Service members isolate after they leave service. According to Dr. Seim, “At first, they are relieved to be able to relax. But over time, they often begin to feel like they have no purpose or meaning. It’s kind of an insidious process that doesn’t happen right away. For example, a Veteran [former Service member] may feel little nervous going to the grocery store, so they perhaps let their spouse

do that. Old friends may not understand a Veteran’s military experience, and the Veteran feels like cannot relate anymore. And next thing you know, the Veteran has completely shut themselves off from society and is really struggling,” he explained.

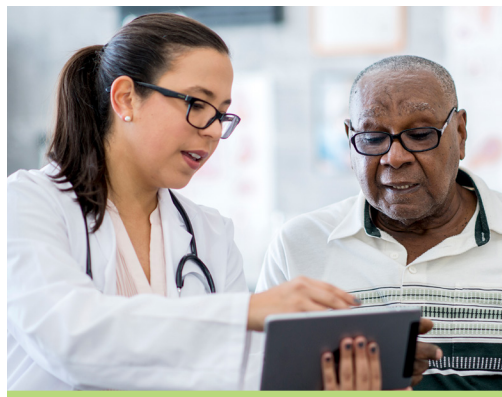
To counteract these challenges, community partners and their sponsors collaborate with VHA to help the Veteran successfully navigate resources, benefits, and social challenges, starting before separation from the military. To learn more about the nationwide network of partners, visit va.gov/HEALTHPARTNERSHIPS/VSPN.asp.

Editorial note: While this story focused on the experience of Service members leaving the Army, the same process and opportunities exist for all branches of the military through the VSPN initiative. VA offers many benefits, including health care, to transitioning Service members. For additional information, visit www.VA.gov.

VHA has millions of Veterans relying on it each day— here’s how it meets the challenge

Nine million enrolled Veterans rely every day on the Veterans Health Administration (VHA), the largest integrated health care system in the United States. Within VHA, there are hundreds of partnerships with organizations that prioritize Veterans’ health care, like the American Lung Association, which shifted its popular in-person support groups to a virtual platform and expanded the reach of its “Better Breathers Clubs” during the coronavirus pandemic. Veterans could rely on the services of this VHA partnership no matter what—that’s what makes VHA a high-reliability organization (HRO).

HROs are those that operate in complex, high-hazard domains for extended periods without serious accidents or catastrophic failures. According to the **Agency for Healthcare Research and Quality**, “the concept of high reliability is attractive for health care, due to the complexity of operations and the risk [when



failures occur].” VHA prioritizes the HRO concept as a strategic initiative to ensure the safety of the millions who rely on it for high-quality, Veteran-centric health care.

Randy Moler, licensed clinical social worker and program analyst for VHA’s National Center for Healthcare Advancement and Partnerships (HAP)—which is VHA’s main partnerships

hub—explained that the two **characteristics** (or “pillars”) of HROs that he and other HAP staffers prioritize in their work are “deference to expertise” and “commitment to resilience.” Mr. Moler offered more details about how HAP’s partnerships align with these critical pillars of an HRO.

HAP partnerships, Mr. Moler explained, prioritize (or defer to) the expertise of key stakeholders within VHA and community-based partners. Community-

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based partners interact with Veterans each day in the communities where Veterans live, work, worship, play, and age. Community partners bring their own expertise to share with VA, which has deep knowledge of Veterans and their Veteran specific conditions. Both partners' expertise combines to bring valuable support to Veterans, their families, and caregivers.

"[HAP partners with] organizations that realize that the person that can provide the most valuable information may not be who technically has the title of 'director' or 'boss,'" he said. Mr. Moler explained that regardless of a person's title, HROs like VHA uplift the insights of individuals who have the expertise and experience with what a partnership or program is working to accomplish on behalf of Veterans.

Partnerships, he continued, are made with agencies or organizations that have the relevant expertise and experience to address the situation that is affecting Veterans. For example, HAP manages VHA's [partnership with the American Lung Association](#) and helped to facilitate the [Parkinson's Foundation](#) partnership, and those organizations bring additional experience in treating lung diseases or Parkinson's disease among Veterans. When VHA partners with those groups, VHA will bring its own resources and experience to the table, and so will the partner. VHA partners can also potentially offer services to all Veterans, not only those who qualify for or are enrolled in VHA health care services.

A "commitment to resilience," Mr. Moler said, is top of mind for HROs as well. An organization with

a commitment to resilience knows that changes impacting their services can emerge at any time—such as the COVID-19 pandemic—and have plans in place to adapt. During the pandemic, VHA partnerships across the country had to pivot to virtual offerings or adjust operations significantly, as the American Lung Association did with its support groups.

HAP also recognizes that partnership best practices and expertise are established every day throughout the nation by community-based partnerships with local organizations or VA medical centers. The [VHA National Community Partnership Challenge](#), the annual contest facilitated by HAP, spotlights those partnerships.

HAP, as VHA's steward of high-quality partnerships for the Veteran community, keeps these pillars front of mind when it considers whether a potential partner is in Veterans' best interest. Many VHA partners can be trusted—can be relied upon—because they have a long track record of demonstrating the same HRO pillars as VHA. That's the kind of narrative for which Mr. Moler and his VHA colleagues are on the lookout.

"You're looking at organizations that have a history of being able to adapt, to be resilient, over a period of time," Mr. Moler said. "When you're doing due diligence [about a potential partner], it's great to have that history [and] see how an organization has evolved or changed."

For more about HAP's partnerships, please visit va.gov/HEALTHPARTNERSHIPS/updates.asp.

HAP offers VHA public-private partnership training for VA employees

HAP continues to offer its VHA Public-Private Partnerships (P3) training to VA staff, with approximately 500 employees completing it in the past year. This training is designed to equip VA employees with the necessary tools and information to develop responsible and productive partnerships with nongovernmental organizations and is a supplement to the national P3 Directive, 1098. The training includes topics such as, "Why VHA forms Public-Private Partnerships," "The Benefits of Public-Private Partnerships," "Examples of Public Private Partnerships," "How to Write a Partnership Memorandum of Agreement (MOA)," and many other topics. The updated P3 training is now available on the VA Talent Management System (TMS) website. The course number is VA 24092. For more information about P3 training or development of a formal P3, contact HAP staff at VHA_Partnerships@va.gov.

VHA and ACEP work together to provide best emergency care for Veterans

The Veterans Health Administration (VHA) continues to work with the American College of Emergency Physicians (ACEP) to provide Veterans with the best possible emergency care.

According to Dr. Chad Kessler, national program director for VHA emergency medicine, current efforts of the partnership focus on communication between VA and non-VA emergency departments to make sure Veterans receive quality treatment.

“It’s at early stages, but we’re getting joint communications out to the field. We’ve been working really hard together to share data across systems so we can compare and contrast patient information, show improvement, and share best practices,” Dr. Kessler noted. This effort does not involve sharing any individual patient information but allows VHA to compare data with private-sector providers.

Dr. Kessler is also working with ACEP to determine how to share electronic health records with emergency providers outside VA. In an emergency, a patient may not be able to convey essential details about their health. By sharing records, non-VA providers can fully understand a Veteran’s medical situation, including diagnoses, drug interactions, and test results—often life-saving information.

“We’re the biggest integrated healthcare system in the country, right? We have it all, [a patient’s] blood work, history, scans, other test results,” Dr. Kessler said. “To communicate and share this information, that leads to better care.”

Dr. Kessler noted that sharing patient records also keeps costs down. For example, “If someone had an MRI at the VA yesterday, comes into a community ER today, the provider could see when they might



have those results and when they may have may not need to order another MRI,” he said.

In addition, Dr. Kessler hopes that shared communications will result in more transfers from community providers to VA facilities. He cited results from [a recent study](#) that suggest Veterans taken to emergency

rooms by ambulance fare better at VA medical centers compared with non-VA hospitals. “Outcomes of Veterans taken to VA hospitals show significantly lower mortalities,” he noted. Referring to the fact that VHA is an integrated system, “We believe that’s why these patients did better in the VA system, as opposed to a bunch of single hospitals,” he explained.

To that end, VHA and ACEP are looking at how to simplify the process of transferring patients from community facilities to VA medical centers. “We need to make it seamless and easy for patients to transfer from a community facility to a VA center,” Dr. Kessler said.

One challenge is that non-VA staff are not always able to identify a patient as a Veteran. According to Dr. Kessler, “It may come up at an ER visit but probably not. We need to educate non-VA staff to identify the Veterans coming into their emergency departments. And we are working with ACEP to set up a ‘trigger,’ maybe in the form of a screening question: ‘Are you a Veteran? Did you serve?’” In that case, the medical team would realize that the patient could transfer to a VA medical center or, if not, that VHA patient records would be available.

To find out more about ACEP and its efforts to improve emergency care, visit www.acep.org. For more information on HAP’s initiatives and partnerships, please visit: va.gov/HEALTHPARTNERSHIPS/updates.asp.

