Those who have served in the military constitute a culturally (and clinically) unique subset of our nation’s patient population. This guide provides a roadmap for establishing a veteran-centric culture in your organization and delivering culturally responsive care to veterans and their families.

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1. Introduction

Veterans represent a distinct group of patients with health care needs, disease patterns and cultural backgrounds unique to those who served in the military. Civilian health care providers may not be adequately trained to provide the best possible health care services to veterans and their families, a population whose care is often fragmented between the Department of Defense (DOD), Veterans Affairs (VA), and what can be numerous civilian health care facilities.\(^1\) Achieving a veteran-centric culture within your organization requires a foundational understanding of the best way to provide culturally responsive and patient-centered care uniquely tailored to this population.

This guide is designed to aid in creating a “veteran champion” network within your health care delivery setting that leverages opportunities to better identify and understand your veteran population and their needs, and to create portals to provide better care—and better outcomes. This kind of patient-centered care is aided by valuing the military service of your patients and capitalizing on the military experience of your staff members. This guide will assist health care organizations identify key stakeholders to execute best practices for providing high-quality, veteran-centric care. Your veteran employees hold the key to this transformation; motivating and including them is foundational to the success of providing veteran-centric health care.

2. Target Audience

The target audience for this guide includes:

- Senior Management/Health Care Administrators
- Physician/Clinical Leaders
- Directors/Managers
- Cultural Diversity Leaders

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\(^1\) Erin Bagalman, The Number of Veterans That Use VA Health Care Services: A Fact Sheet (CRS Report No. R43579)
3. Veteran-centric Health Care (VCHC)

With 30%<sup>2</sup> of veterans seeking care outside of the Veterans Affairs (VA) system, it is paramount for civilian health care providers to be able to care for veterans in a culturally responsive manner that both honors and understands their military service.

The majority of care for the Active Duty component of our Armed Forces is provided by the Department of Defense (DOD) within its direct care system. Providing veteran-centric health care (VCHC) to the veteran patient population leverages culturally responsive care for Active Duty, Guard and Reserve component members when they require care in a civilian, non-governmental setting. Other reasons to provide VCHC include:

“It’s the right thing to do”: Providing VCHC meets the broader mission of community-based health care providers and is a way to thank veterans for their service and sacrifice. This “moral imperative” is strengthened when anchored to health equity and quality metrics for veterans.

National security and force readiness: As a contracted partner with DOD, via the Defense Health Agency (DHA), your participation in VCHC as a TRICARE health plan provider benefits our military, and the nation, by assisting with the medical readiness of our Armed Forces.

Care capacity is needed in the private sector: Even though the VA’s health services are available throughout the country, community hospitals are a significant source of health care for veterans. More than 70 percent of veterans receive care from non-government health care facilities and providers.<sup>3</sup>

Vitally needed access to a full spectrum of care: Health care partnerships deliver vital access to high-quality health care for our nation’s military and veterans. Both the DOD and the VA rely heavily on non-government health care to provide for the full spectrum of their population health care needs that cannot be met organically.

Cross-cultural care: High-quality health care provision requires clinicians to align diagnostic and treatment regimens with their patients’ (and families’) cultural backgrounds and preferences.

Military values: Aspects of military culture (such as “selfless service” and “devotion to duty”) may be a factor in seeking timely health care services. Understanding a patient’s military background will facilitate the delivery of culturally responsive and patient-centered care.

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<sup>3</sup> Same as footnote 2.
Clinician awareness: Veterans may exhibit service-related symptoms that can go undiagnosed (and untreated) without provider knowledge of past military experience.

Social and family needs: Beyond medical conditions, veterans and their families have unique mental health needs that clinical encounters and/or hospitalizations can address. The VA publication, How Deployment Stress Affects Children and Families: Research Findings, provides a compelling picture of the family support imperative:

What are the effects of deployment on children and families?

While frequent moves, absence of the military parent, and other stresses are common for military families, the deployment of a parent to a combat zone represents a challenge of a different magnitude. For the parent who stays behind (usually the mother) increased family responsibilities, financial issues, isolation, and fear for their spouse’s safety can cause anxiety, loneliness, sadness, and a feeling of being overwhelmed.

Children’s reactions to a parent's deployment vary by child, and more broadly, by a child's developmental stage, age, and presence of any preexisting psychological or behavioral problems. Very young children may exhibit separation anxiety, temper tantrums, and changes in eating habits. School-age children may experience a decline in academic performance, and have mood changes or physical complaints. Adolescents may become angry and act out, or withdraw and show signs of apathy.

Especially for young children, the mental health of the at-home parent is often a key factor affecting the child’s distress level. Parents reporting clinically significant stress are more likely to have children identified as “high risk” for psychological and behavioral problems.

Health system capabilities: Activities that raise awareness of these particular needs and community services will aid clinicians and other health care colleagues in providing high-quality care to veterans. The care you provide to the veteran population may build upon what are already centers of excellence within your respective organization.

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4. Shared Vision

Serving veterans is about more than simply stating that your organization is, “veteran friendly.” To serve a population genuinely, it is imperative to know them, welcome them, and most of all care about what makes them unique. Identifying key stakeholders is the first step toward establishing a veteran-centric culture of service within your organization. As quoted by our Warrior Centric Health ® (WCH) partners, “You Must Know Me to Treat Me.”

Identifying stakeholders

While senior-level management ultimately has the responsibility for the culture of an organization, there are other interested and viable stakeholders throughout every level of the organization that should be actively engaged and that will help ensure success.

Obtaining commitment from the executive level and engaging veterans in clinical and administrative management positions are important steps toward creating a veteran-centric culture. It is equally important to involve colleagues that are not veterans themselves but that express and demonstrate interest in serving veterans. This multidisciplinary team will bring the needed diversity and passion to your “veteran champion” structure, a group that can serve as the vehicle to execute your initiative.

The veteran champion structure should have a senior sponsor who can keep executives and other senior leaders apprised of the effort and assist in key decision making. In a perfect world, both an operational and clinical executive would co-lead your efforts. Depending on the size of your organization and the proposed VCHC initiative scope, one or two project leaders should be recruited and appointed. The sample veteran champion structure shown in Exhibit A is recommended as it provides for a division of responsibilities with subprojects identified (along with corresponding subproject leaders/teams).

Providing veteran-centric care for your region’s veteran population will no doubt be closely aligned with your organization’s mission, vision and values because it facilitates more equitable care, thus increasing quality of care. As stated, the rationale for providing veteran-centric care begins with the moral imperative that it’s the right thing to do and then incorporating a strong business case and other imperatives. Health care leaders can reach out to government-sponsored health care providers (DOD and the VA), offering and cultivating partnerships to augment health services. Improving access to care and facilitating a seamless experience improves the lives of our veterans and their families, and reduces stress experienced through military service. The DOD, the VA, and their respective third party administrators, are all key stakeholders and should be seen as crucial partners in your VCHC program.

When health care organizations begin to examine and understand that most military members and their families rely heavily on non-government health care to meet their demand for health services, they can also formulate a strong business case for providing care to this segmented population. As mentioned,
only 30 percent of veterans obtain care in the VA system, thereby leaving 70 percent\(^5\) of all VA-eligible veterans to obtain care through local community health care resources. This suggests a tremendous market penetration opportunity in the private sector.

**Maintenance events:**

Generating and maintaining a veteran-centric culture requires maintenance events that must be coordinated and incorporated into the larger program. These events keep veterans and other interested employees in your organization connected—and are an overt demonstration of your commitment to veterans, military members, and their families. These events also provide a means for soliciting innovative ideas, identifying issues/challenges, and sustaining organizational momentum. Below are examples of possible events to keep your program vibrant:

- Weekly project leader meetings
- Periodic senior/executive sponsor reports
- Regular subproject leader meetings
- Quarterly or semiannual veteran champion meetings
- Veteran volunteer service corps\(^6\) internal and external events
- Regional veteran events
- Internal Veterans Day and Memorial Day ceremonies
- Flag raising tributes
- Deceased honors

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\(^5\) Erin Bagalman, *The Number of Veterans That Use VA Health Care Services: A Fact Sheet* (CRS Report No. R43579)

\(^6\) A Veteran Service Corps is a group of members that seek out and support programs and activities in the organization where volunteers are needed to execute the project. This element of the veteran champion structure can be profoundly helpful for those veterans that seek ongoing experiences similar to those when they served as part of a formal military unit.
5. Leadership Endorsement and the Business Case

Building a VCHC culture requires strategic alignment, organizational commitment, and dedicated resources. Your organization’s commitment will be the cornerstone to guide the necessary resources and expertise to analyze opportunity, organize operations, market what is being offered and construct a plan to execute.

Building a business case is critical and necessary to understand the enterprise and make sound judgments to validate what is believed to be a financially prudent venture. Veteran health care may be overlooked in business case development because of perceived low reimbursement rates and difficulty navigating TRICARE and VA rules effectively to maximize those reimbursements. With more health networks looking at value-based pricing and Accountable Care Organization models, government-sponsored health care opportunities present an often untapped or under-explored source of revenue.

**Untapped market**

The demands of our veteran and military population are increasing. In the last decade Reserve Component and National Guard members who serve on and support operational missions and other deployments, along with their families, have been given unprecedented access to benefits generally reserved for Active Duty members. These individuals are seeking medical professionals to care for themselves and their families. Many communities are not located near military bases that offer the full line of health services and therefore depend on local providers to fill in this military health system service gap. There is a similar trend now occurring for benefits offered by the VA due to the mounting challenges of keeping pace with a growing demand for services from Iraq and Afghanistan war veterans.

**The VA capacity crisis**

Veterans having served in current and past military conflicts/operations are able to seek care through the VA. However, in the past few years, the VA crisis revealed deep gaps in its ability to see and care for all veterans. In part this is due to the overwhelming needs of veterans seeking care from the VA, and

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8 Rand Corporation. *Veterans Affairs health system faces significant challenges, studies find Demand for VA services will increase through end of decade.* June 30, 2016. [https://www.sciencedaily.com/releases/2016/02/160208124847.htm](https://www.sciencedaily.com/releases/2016/02/160208124847.htm)

limited funding levels and health professionals available to see patients at the VA Medical Centers (VAMC) and Community Based Outpatient Clinics (CBOC). Veterans returning from recent combat often have severe yet survivable injuries that will require ongoing care. Our military’s advances in equipment that protect the war fighter, along with military medicine’s ability to reach the injured, stabilize, transport and treat wounded quickly, have resulted in unprecedented rates of battlefield survivability. A health care network that embraces a VCHC program can offer vitally needed services, target a population with unique health needs, improve quality of care and life, and maximize revenue opportunities. Regardless of any programming changes you do or do not make, veterans are in your care delivery system now—and, in our opinion, more are coming. Developing a posture of readiness and a solid business case will help your organization prepare for the veteran patient shifts to private sector.

Managed care opportunities

Favorable financial results are yielded by building a program that first seeks to accommodate the veteran’s needs in an effective manner while establishing a common working ground with the third-party insurance administration company. The VA has various purchased care tools and contracts used to augment care for veterans (i.e., Patient-Centered Community Care/Veteran Choice Program\(^1\) and other contractual arrangements) and for the DOD – TRICARE. To leverage these arrangements effectively, organizations interested in building a VCHC program must understand how these arrangements work and build collaborative relationships with the government representatives that negotiate these agreements.

High military operational tempo has become a steady and enduring state for all branches of the military. The federal government will look increasingly to non-government health care providers to care for military men and women, veterans and their families. Health care organizations that provide tailored veteran health care services will adapt quicker to growing opportunities and health care requirements for this market segment.

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\(^1\) The Veteran Choice Program is part of the Veterans Access, Choice, and Accountability Act of 2014 (VACAA); [http://www.va.gov/opa/choiceact/factsheets_and_details.asp](http://www.va.gov/opa/choiceact/factsheets_and_details.asp)
6. Engage Champions

As you launch your VCHC program, it is important to identify employees that have military experience. Human Resource departments can be helpful in this task as many organizations capture veteran/military status during the application process. Additionally, managers and department leaders can be invited to refer colleagues to this program, organization-wide emails may be distributed asking colleagues to self-identify as veterans, and newsletter articles and website communications can be used to promote the program launch.

**Veteran employee recruitment and retention**

*Loyalty, Duty, and Selfless Service* are core values of every military branch and are exhibited within the military culture. Veterans bring a unique skill set to the workplace as they place a high value on teamwork, accountability, and have been proficiently tested as leaders. Actively recruiting and retaining veterans will benefit not only the veteran population through gainful employment, but also the organization by fostering a dedicated and capable workforce.

There are usually a group of identifiable veterans who are proud and open about their military service. They can be the first members of a coalition of “veteran champions” that can advance the VCHC program mission. They will often be able to identify immediately other veterans within the organization that may not be as transparent about their service. Generally speaking, veterans may be quicker to self-identify as such to their fellow veterans. The HR department may also be able to help identify veterans within the organization. Below are some ideas on how to engage veteran champions:

- Senior leader participation in an initial veteran champion meeting to demonstrate commitment to the project and to share their military experience and/or passion, interest or other connections to military service. Senior leadership involvement is important to the legitimacy and trajectory of the program. A veteran at the executive level can advocate for the work and help address any barriers that may arise. Military veterans are ideal program leaders, but a “patriot” (civilian employees with a passion for supporting veterans) may be equally effective.
- Special events are the cornerstone of the program as they create more recognition and visibility than any other form of internal marketing. Special events may be a celebration or a time of remembrance and should, ideally coincide with already recognized military dates (i.e., Memorial Day, Veterans Day, etc.). A team of employees (veterans and patriots alike) are integral in both the design and implementation of such events. Senior leader attendance at these events is paramount for awareness building and programmatic success.

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11 HR departments are required to report on specific demographic data of the employees they hire. The way your HR department may pose the question of veteran status may not be entirely inclusive of everyone who has served. For example, those who served during peace times may be unintentionally excluded. You may find that your HR department requests additional, non-required veteran related information for their own purposes. The proactive collection of employee veteran status/demographics is encouraged.
• Find a way to recognize the veterans in the organization. For example, an ID badge holder with “VETERAN” written on it can be made available to veteran employees. This small token shows both employees and patients the organization’s commitment to veterans.

• Create a 30-second overview of the initiative (an “elevator speech”) that can be shared with internal colleagues and external customers (within the time of a brief elevator ride). Ensuring that all veteran champions are able to reiterate the elevator speech will aid in disseminating accurate and effective information about the program across your organization. Consistency of the message will help legitimize the project efforts.

• It is important to create relationships with local Guard, Reserve Component and active duty units, and other veteran service organizations (VSOs). Identify a point of contact from a medical unit, a unit commander, or a readiness noncommissioned officer (NCO) to help assess the health care needs that exist in the local veteran community. These contacts can assist in promoting the services offered by your veteran-centric health care program.

• Provide opportunities for veteran champions to inform and design VCHC services. Their military experience and expertise can aid in the design of program services, materials and culturally appropriate marketing approaches.

• Establish the needs of the program and decide what subprojects will be pursued. Identify veterans and patriots with the skill sets and organizational insight to lead those subprojects. Have them form teams to execute assigned goals. Subprojects may evolve or dissolve as necessary to support the current direction of the project.

• Align the program design to your organizational goals of patient-centered experience and delivery of high-quality care. In this way, the VCHC program is fully integrated into the mission and vision of the organization.

• Create an organizational chart establishing the hierarchy of the personnel administering the program to clarify decision making and functional roles. (See Exhibit A for a sample project structure.)
7. Assess Current Status

As you continue to prioritize improved care access and outcomes for veterans, it is important to assess the clinical resources within your organization as well as identify gaps/make recommendations for improvement.

Decentralized “military and veteran medicine”

While they may not recognize it as such, many health care organizations are already providing “military medicine,” albeit from a decentralized posture. Veterans from the most recent conflicts have complex comorbidities, but many have similar diagnoses of musculoskeletal injuries, head trauma, post-traumatic stress disorder (PTSD), etc. Many need physical and occupational therapy services. By providing these services, organizations, in essence, have decentralized veteran medicine. It is advantageous to understand the capacity, strengths and limitations of these and other service lines where military men and women and veterans require the most care. You may find providers with specialized training in military medicine who would be willing to accept these referrals more actively. As illustrated by the puzzle pieces that follow, equally important is understanding community-based resources outside the organization to which veterans may be referred.

Information and referral

As resources are pieced together to ensure a continuum of care for your veteran patients, strengthening information and referral resources will be critical. This approach directly ties your current services to external, community-based services. You may begin with ensuring your central appointment line functions have military patient-friendly protocols and instructions. Specific patients may be referred to pre-identified providers with more military medicine expertise. For example, veterans seeking a primary care provider may be referred to a provider with specialized training in military culture and veteran-
centric health care. An option we have found particularly helpful is through Warrior Centric Health ® (WCH)\textsuperscript{12}. Additionally, appointment line staff may be provided with additional training on the unique cultural experiences and medical needs of veterans to better accommodate the access to care requirements of this patient population.

\textbf{Centralized “military medicine”}

As information and referral resources are strengthened and improved, organizational services and community-based resources can be bridged together more fluidly. At this point, or at a future time when and if resources align, a centralized military medicine option can be considered. There are efficiencies gained with streamlined and targeted population health management if your military patients can be directed to a centralized practice. Such services could include primary care, orthopedics, neuro/head trauma, pulmonology, etc., just to name a few. Any centralization should be based upon actual service line utilization, and the highest utilizing patients with the most significant co-morbidities may be the initial group referred to this practice.

\textsuperscript{12} Warrior Centric Health ® (WCH) has been our strategic partner for many years. Their 5-hour CBT and other resources have been powerfully helpful in advancing our VCHC. More information on WCH can be found by visiting: http://warriorcentrichealth.com/
An ongoing assessment of your services (both in-house and external) is essential. As the military population evolves and new medical issues arise, organizational services and messaging may need to be adjusted/updated accordingly.
8. Patient Screening

Rationale

As the delivery of health care evolves to a population health approach, it is incumbent upon health care systems to identify accurately their military service personnel and veterans within their patient population and to deliver care that meets these patients’ specific needs. Collecting demographic data (including patient race, ethnicity and language preference) in order to assess and improve the health outcomes of targeted populations has become a routine part of health care delivery. A similar approach can be used for the collection of veteran status among patients. For example, as part of a larger initiative, LVHN studied how best to ask “the question” and how best to prepare for inevitable questions from veteran patients. In collaboration with six other hospitals/health systems, a region-wide veteran patient screening/identification initiative was launched whereby all hospitals asked the question in the same way—thereby facilitating consistent and reliable data collection processes and population health analytics.

Process

The following steps can be taken by health care organizations to formalize a veteran screening process:

1) Screening question design: In order to get an accurate representation of your military and veteran population, it is critical to ask the right questions in the most culturally sensitive and non-threatening fashion. The question should be worded in such a way that both veterans (those separated from the military) as well as those currently serving personnel would answer in the affirmative, without reservation or hesitation. In the absence of explanation, patients who are veterans may be concerned that by answering “yes” to this question, they will be referred to seek care outside of your health care organization without consent, or have their health records shared without permission. It is critical that questions be framed in a manner that does not cause undue concern.

Veterans within your health care organization and your community can be helpful by reviewing and providing feedback on potential screening questions and responses. Focus groups with members of veteran service organizations (such as Veteran of Foreign War posts, American Legions, etc.) and surveys may be used for this purpose. Involving veterans in the question design as well as registrar responses to patient questions are essential to addressing preemptively any concerns. Revisions to the screening question and responses can be made based on this feedback.

One example of a screening question could be, “Are you a veteran or member of the U.S. Armed Services?” The following answer options should be considered: Yes, No, Declined to Answer, Unknown, and Unable to Answer.
2) **Secure organizational approvals:** Secure approval on final screening questions from your organization’s Patient Registration, Risk Management and Legal Affairs representatives, along with any other appropriate departments. These organizational experts should be aware of, and consult on, this change in the registration process. As a result, your organization will be prepared for any patient inquiry should it arise.

3) **Patient registration:** While collection of this information through the patient registration process is the most effective, efficient, and consistent means to acquire the data, it is recognized that this is one of dozens of questions asked at registration. Securing commitment from the organization’s patient registration/patient logistics leadership is essential. Justification for the addition of this screening question includes helping clinicians identify patients who may have been exposed to significant occupational environmental hazards (depleted uranium, toxic chemicals, etc.), identifying the size of the veteran patient population, and justifying access to special services offered to veterans within your organization. Additionally, regulatory, TRICARE and VA discussions suggest that hospitals may soon be required to collect this demographic information.

4) **Health record system modification:** Modify patient demographic data collection systems (such as your organization’s electronic health record) to accommodate collection of this veteran status data. It is recommended that the veteran status field be required (a “hard stop”) to complete the registration process and to ensure the collection of this information. While collected through the registration process, it is highly recommended that this information be available on the patient’s health record and viewable by their clinician(s).

5) **Registrar education:** Collecting this information in a valid, reliable and culturally sensitive fashion requires educating registration staff members. This training should include a rationale for the screening process, a “script” detailing how to ask the question, instruction on how to record responses, and answers to potential questions patients may have about this demographic inquiry. Registrars can be invited to acknowledge and thank the veteran for his/her service if the registrar is comfortable doing so. Live or online training programs can be used for registrar education. In addition, a patient registration “job aid” (See Exhibit B) or small poster that includes the scripted question and responses to patient questions can be provided if the registrars believe it would be helpful to them and to patients.

6) **Clinician and colleague education:** All organizational colleagues should be informed about this change to the patient screening process to engage their support and commitment to the provision of veteran-centric health care. Medical staff members and all patient care services personnel must be educated about the collection of this information so they are prepared to address patient inquiries as to why this information
is being solicited. While it is not imperative for clinicians to become experts in military medicine, health care providers are encouraged to ask their patients with military service to share with the clinician anything about their service that might have affected their health or health care. The providers should then incorporate this part of the patient’s background into diagnostic and treatment considerations. Identifying an effective medium through which to engage clinicians is essential. A briefing can be provided at an existing forum such as Medical Grand Rounds or similar continuing education events to raise awareness of veteran health issues and to announce the screening process initiative.

7) **Monitor for quality patient screening and data collection:** Ongoing monitoring of the screening process is essential to address any unanticipated concerns or feedback voiced by patients or families, as well as the registrars themselves. Review of the process of asking the questions as well as the recording of the data should be monitored in accordance with other performance monitoring strategies. Veteran health program leaders or veteran champions can provide support and encouragement to registrars to demonstrate the importance and value of their patient screening efforts to the overall provision of VCHC. Sharing the findings of how the data collection informs ongoing veteran programming can also be useful to sustain registrar engagement in this screening process.

8) **Leverage the emerging data to build—and strengthen—your business case:** Once you have been asking the question for a year or more, you will have invaluable data that yields a better understanding of your veteran/military patient mix. We found that 10% of our inpatient population were veterans in 2015; these same veterans represented 12+% of total revenue. This data underscored academic assertions that veterans are more likely to have one or more third-party insurances than their non-veteran counterparts.\(^\text{13}\)

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9. Clinical Education

Rationale

Education about patient-centered care for military service members, veterans and their families is essential to ensure the delivery of high-quality, equitable health care. The vast majority of U.S. veterans receive care in the civilian health care system. Those that qualify for VA services may also access medical services from non-VA sources. In spite of the majority of veterans receiving their care outside the VA system, less than 30 percent of civilian providers feel knowledgeable about military experience as an aspect of a patient’s cultural background. A clinician’s ability to integrate a veteran’s military history into an episode of care optimizes the delivery of care in that setting as well as the provision of services across the entire continuum of care.

Content

At a fundamental level, the content of professional health education should include the identification of military culture, its characteristics and impact on the service member’s health and access to health care. In addition, education should include the common morbidities and environmental exposures associated with military service personnel returning from recent conflicts. Information on local community resources that exist to aid veterans and their families should also be covered. Specifically, clinicians should be competent in how to inquire about military experience (“What do I need to know about your military experience that will help me take care of you?”) and identification of local expertise and resources that may aid the clinician in the care of the patient. More in-depth content can be accessed from live and online resources, and should include topics such as toxic chemical exposure, post-traumatic stress disorder symptoms, traumatic brain injury and suicidal risk, and the psychosocial and economic impact of multiple deployments on spouses and families. At a minimum, provide your clinicians with the VA’s “Military Health History – Pocket Card for Clinicians” (See Exhibit C; versions March 2013 and May 2016). These simple pocket guides provide a listing of military conflict specific conditions and environmental exposures, helpful questions to ask, and more.

Process delivery

Providing education in a manner that clinicians can access in very time-limited schedules is challenging. A variety of formats and course lengths should be considered to attract users with varying degrees of availability and interest. Aligning military health content into existing educational programming such as Grand Rounds presentations is one effective strategy. Computer-based training platforms that offer

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14 Erin Bagalman, The Number of Veterans That Use VA Health Care Services: A Fact Sheet (CRS Report No. R43579)
17 Same as footnote 12.
flexible scheduling are also helpful. The provision of education by military personnel and veterans brings validity and authenticity to the presentation. Engaging clinicians from your organizations who have prior military experience may attract learners to educational programming as well.

**Warrior Centric Health ® (WCH)**

As mentioned in section 7 (Assess Current Status), WCH has been powerfully helpful in advancing our VCHC. Their services include:

1) **Helping Healthcare Providers Treat Veterans.** Warrior Centric Health (WCH) is a for-profit corporation that addresses the national challenge of providing health care to veterans and their families that fits their special needs, including the invisible scars inflicted by their hostile workplace.

2) **A Scalable and Sustainable Solution.** WCH does this not by creating a new or cumbersome system of care, which would be unsustainable, but by working within the current U.S. health care environment. The vast majority of vets already turn to civilian medical systems for care, yet remain invisible—civilian systems neither screen for them nor know how to treat their special needs. WCH provides these establishments the tools to identify, attract and treat vets and their families profitably, thus both enabling and encouraging the players in the current system to meet this challenge.

3) **Medical Systems Get the Help They Need:**
   - A standard of care created in partnership with best practice organizations, including the American Hospital Association – Institute for Diversity.
   - Fully certified Training and Continuing Medical Education, including an extensive e-learning program, which addresses the complex combination of unique clinical issues—both physical and psychological—that impact veterans and their families.
   - Onsite workshops and best practice reviews.
   - Exclusive data analysis, including organizational environmental scans and veteran health history data.
   - Marketing aids, including veteran demographic data, community marketing tools and hands-on help in developing strategy.

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10. Sustainability

By successfully implementing the various components of this guide, the structure and functions of a VCHC organization will form. However, sustainability of these efforts requires ongoing executive engagement, a visible and vocal leader of the initiative, a network of strong veteran champions who can enact aspects of the shared vision within their spheres of influence, the execution of short-term wins (such as the establishment of patient screening for veteran status), and closely aligning veteran health care into the cultural fabric of the organization. The aspiration of your VCHC program should be that this type of patient centered care becomes, “just the way we do things around here.”

Organizational change is never without hurdles and surprises; the initiation of a veteran health service within a civilian health care organization will not be exempt from these difficulties. Reliance on the military values of tenacity, teamwork and honor for fellow service personnel can fortify individual and group efforts to provide the highest quality care for military and veteran men and women, and establish a veteran-friendly organization for your employees and the communities you serve.
11. FAQs:

1. What is this guide?

   This guide seeks to help implement veteran-centric care within a health care organization.

2. How do I use this guide?

   Follow the steps laid out in this guide to begin your transformation into a veteran-centric health care (VCHC) organization and to create a veteran- and military-friendly culture. The strategies and suggestions in this guide should be adopted and merged to fit the unique culture and structure of your organization.

3. What is this guide designed to do?

   It is designed to provide a roadmap on integrating various levels of your organization into a veteran-centric program which engages leaders and colleagues alike in the transformational approach to a veteran-friendly culture.

4. What does veteran-centric health care mean?

   Veterans have vastly different experiences and culture compared with their civilian counterparts. These experiences affect a veteran’s overall health, well-being and health care utilization. VCHC is the recognition that veterans are a unique patient population that cannot be most effectively cared for without recognizing their shared military culture and experiences.

5. Why is the veteran population considered vulnerable?

   The veteran population faces multiple occupational health risks not typically experienced in civilian career fields. Training, combat and daily operations weigh heavily on a veteran’s physical and mental health. Prolonged, multiple morbidities have the tendency to escalate if care is not properly managed.

6. Do I need to be an expert on veteran/military health and culture?

   No. However, when training is available on military medicine and/or culture, efforts should be made to make this programming available to your staff. Having a veteran as part of the leadership in this effort will be very beneficial in understanding the military culture.

7. What additional information is valuable to know about the patient?

   Examples of additional information include a veteran’s branch of service, time period served, conflicts, occupations, known exposures, etc. (See Exhibit D, “Questions to Ask Your Veterans”)

8. If I ask for veteran status, am I legally obligated to treat that patient differently?
No. Medical-legal and risk management personnel suggest there are no Federal or State regulations or standards that require uniquely different medical care for a person self-identified as a veteran in the civilian health care setting. Risk management personnel agree that formal identification of veterans in the patient registration process and/or the EMR prior to providing provider/staff education and training creates a potential risk for public relations issues. More importantly, this could lead to opportunities for self-identified veterans to ask unprepared staff, “So now that you know that I am a veteran, what will you do differently for me?” Your staff should be educated on the reasons for capturing veteran status.

9. What departments or positions are most valuable when recruiting veteran champions?

It is common to find a larger density of veterans in certain departments of your organization. You may find large densities in engineering, information services and security. Engage these departments in your efforts, and have them be advocates for your program.

10. How do I respond to patients who want to know why I am collecting veteran information?

It is not uncommon for patients to be alarmed when collecting new information. Ensure the patient that this information will not be shared with any third party and that it is strictly used to provide high quality care tailored to their unique background.
12. Exhibits

Exhibit A: Sample Veteran Champion Structure
Exhibit B: Patient Registration Job Aid

Veterans Health Care

Are you a veteran or member of the U.S. Armed Services?

Please let us know so we may provide care tailored to your needs.

Sponsored the Lehigh Valley Military Affairs Council's
Healthcare in Our Community Project

A PASSION FOR BETTER MEDICINE
Lehigh Valley Health Network

610-402-CARE LVHN.org
Please let me know:

Have you served on active duty in the U.S. Armed Forces and/or were you activated, into active duty, as a member of the National Guard or as a Reservist?

- Yes
- No
- Declined/Refused
- Unable to Answer

<table>
<thead>
<tr>
<th>Frequently Asked Questions</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1. Why are you asking me for this information?</strong></td>
</tr>
<tr>
<td>We seek to continue providing you with the highest quality of care and knowing your status as a veteran helps us to improve our ability to appropriately tailor your care.</td>
</tr>
<tr>
<td><strong>2. Do I need to have been deployed for my veteran status to be relevant?</strong></td>
</tr>
<tr>
<td>No, while deployment environments can lead to environmentally unique medical symptoms/conditions, your experiences in the military culture/community could affect how we should best care for you.</td>
</tr>
<tr>
<td><strong>3. What are examples of deployment-related factors that might uniquely influence my care—and potentially improve care outcomes?</strong></td>
</tr>
<tr>
<td>For example, many Vietnam War veterans have illnesses and symptoms that are masked as other conditions when the root cause is Agent Orange exposure. As another example, during most of the recent wars, a great number of returning service members are reporting exposure to traumatic events resulting in moderate to severe brain injury. Loss of fellow service members in battle and other experiences can lead to symptoms of post-traumatic stress disorder (PTSD). If these unique experiences were shared with your care provider, he/she is armed with the entire picture to better treat you.</td>
</tr>
<tr>
<td><strong>4. Will my information be shared with the VA, DoD medical treatment facilities/units, or other third parties?</strong></td>
</tr>
<tr>
<td>Consistent with the Health Insurance Portability and Accountability (HIPAA) Act and the Privacy Act of 1974, we will safeguard your status as a veteran and will not share this information with a third party without your written consent.</td>
</tr>
<tr>
<td><strong>5. How will this information be used?</strong></td>
</tr>
<tr>
<td>Your status will be captured in our patient registration records and may “flow” to your medical record so that your clinician is aware of your service. This also allows us to capture the volume of veterans for whom we provide care. As health care providers better understand their patients, there is increased likelihood that veteran oriented patient care improvement efforts will be made.</td>
</tr>
<tr>
<td><strong>6. What if I don’t want to provide this information?</strong></td>
</tr>
<tr>
<td>You are under no obligation to report your status as a veteran—and we will still provide you with the best possible care regardless.</td>
</tr>
</tbody>
</table>
Exhibit C: Military Health History – Pocket Card for Clinicians

### Military Health History
**POCKET CARD FOR CLINICIANS**

**Asking Veterans these questions...**

...will provide you with information helpful in understanding patients’ medical problems and concerns, and in establishing rapport and therapeutic partnerships with military service members and Veterans. Answers may also provide a basis for timely referral to specialized medical resources.

### Veterans’ Health Concerns

<table>
<thead>
<tr>
<th>Environmental Exposures</th>
<th>Operation Enduring Freedom, Operation Iraqi Freedom, Operation New Dawn (OEF/OIF/OND)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Asbestos</td>
<td>Ionizing &amp; Non-Ionizing Radiation</td>
</tr>
<tr>
<td>Burn Pit Smoke</td>
<td>Jet Fuel</td>
</tr>
<tr>
<td>Contaminated water</td>
<td>Lead</td>
</tr>
<tr>
<td>(benzene, trichloroethylene, vinyl chloride)</td>
<td>Mustard Gas</td>
</tr>
<tr>
<td>Endemic Diseases</td>
<td>Nerve Agents</td>
</tr>
<tr>
<td>Hexavalent Chromium</td>
<td>Particulate Matter</td>
</tr>
<tr>
<td></td>
<td>Pesticides</td>
</tr>
<tr>
<td></td>
<td>TCDD &amp; other dioxins</td>
</tr>
</tbody>
</table>

- Animal Bites/Rabies
- Combined Penetrating
- Blunt Trauma
- Burn Injuries (Blast Injuries)
- Dermatologic Issues
- Embedded Fragments (shrapnel)
- Leishmaniasis
- Mental Health Issues
- Multi-Drug Resistant Acinetobacter
- Reproductive Health Issues
- Spinal Cord Injury
- Traumatic Amputation
- Traumatic Brain Injury
- Vision Loss

### Gulf War
- Chemical or Biological Agents
- Depleted Uranium (DU)
- Dermatologic Issues
- Immunizations
- Infectious Diseases (i.e., Leishmaniasis)
- Oil Well Fires
- Reproductive Health Issues

### Vietnam, Korean DMZ & Thailand
- Agent Orange Exposure
- Hepatitis C

### Cold War
- Nuclear Weapons Testing (Atomic Veterans)

### WWII & Korean War
- Cold Injury
- Chemical Warfare Agent Experiments
- Exposures to Nuclear Weapons (Including Testing or Cleanup)
The March 2013 pocket guides was disseminated to all Lehigh Valley, PA hospitals and health networks as the recommended, foundational tool for providers.

Military Health History
POCKET CARD FOR HEALTH PROFESSIONS TRAINEES & CLINICIANS

General Questions
Would it be ok if I talked with you about your military experience?
When and where did you serve and in what branch?
What type of work did you do while in the service?
Did you have any illnesses or injuries while in the service?

If your patient answers "Yes" to any of the following questions, ask:
"Can you tell me more about that?"
- Did you see combat, enemy fire, or casualties?
- Were you or a buddy wounded, injured, or hospitalized?
- Did you have a head injury with loss of consciousness, loss of memory, "seeing stars" or being temporarily disoriented?
- Did you ever become ill while you were in the service?
- Were you a prisoner of war?

Compensation & Benefits
Do you have a service-connected condition?
Would you like assistance in filing for compensation for injuries/illnesses related to your service?
Call VHA at 1-800-827-1000

Sexual Harassment, Assault, and Trauma
Would it be ok to talk about sexual harassment or trauma that you might have experienced while serving in the military?
Have you ever experienced physical, emotional, or sexual harassment or trauma?
Is this past experience causing you problems now?
Would you like a referral for some help with that?
Many people find it helpful to get some support.

Living Situation
Would it be ok to talk about your living situation?
Where do you live and who do you live with?
Is your housing safe?
Are you in any danger of losing your housing?
Do you need assistance in caring for yourself and/or dependents?

“Help me understand my medical condition.”

“I had some unique experiences while serving our country, many that civilians would never have. Some of those experiences may be affecting my health, and that is why I am here at VA.”

“Help me understand my medical condition, and please be patient with me. Some of my memories may be painful or difficult to discuss.”

Asking the questions on this card will be helpful in understanding my medical problems and concerns.

Office of Academic Affiliations
www.va.gov/oaa/pocketcard/

Post-Deployment Health Services
www.publichealth.va.gov/about/postdeploymenthealth/

Veterans Health Initiative
Independent Study Courses
www.publichealth.va.gov/vhitheseinitiative/

War-Related Illness and Injury Study Center
www.warrelatedillness.va.gov

Information for Veterans:
Compensation & Pension Benefits
www.benefits.va.gov/compensation/

VA HEALTH CARE
Defining EXCELLENCE in the 21st Century

IB 16-483 IP98532
May, 2016
Veterans Health Administration
Office of Academic Affiliations
This most current VA pocket card was released by the VA in May 2016 and can be retrieved at:

Exhibit D: “Questions to Ask Your Veterans”

UNDERSTANDING YOUR CLIENT’S MILITARY BACKGROUND

You may be surprised to know that military background is not always assessed by clinicians or spontaneously share by Veteran clients.

Asking if the individual in your office has served in the military is simple, quick, and can have important implications for available benefits and care. Assessing Veteran status is not something that is commonly included in traditional behavioral health screenings and it’s not unusual for clinicians to report that they aren’t sure how many of their clients may have served in the military. In addition, Veterans may not self-identify as a Veteran to the clinician.

ARE YOU SEEING VETERANS IN YOUR PRACTICE?

Asking your client whether he or she has ever served in the military will ensure that each Veteran will have the opportunity to access the network of healthcare and support services for which he or she may be eligible. Learning more about his or her military experiences can inform treatment planning and increase awareness of the extraordinary strengths that Veterans often possess, as well as unique challenges that they may face.

Military service can be a significant, if not central, piece of one’s background. The military is a distinct culture – and each branch (Army, Marines, Air Force, Navy, Coast Guard) is represented by its’ own unique symbols, values, and mottos. Even after separating from the military, Veterans often continue to feel a strong sense of affiliation with this culture. Deployment and combat experiences are also unique and can profoundly impact an individual’s life. On this site we provide handouts and links to online trainings that can help you to learn more about military experiences and culture.

Additionally, many resources exist to support Service Members that can be accessed once a little more is known about his or her service. This includes not only access to VA healthcare but other resources through VA such as support services for college and employment.

The following are simple screening questions (suitable for both men and women) that, when asked with a stance of openness and respect, can be easily incorporated into a practitioner’s usual intake process.

SCREENING QUESTIONS

Basic Questions:

1. Have you ever served in the military?
2. Did you serve in the National Guard, Reserves, Coast Guard or in any of the Active Duty Services?
3. Do you have a close family member who has served in the military?
   - Asking whether your client has close family members who have served in the military can, 1) lead to a deeper understanding of the client’s family context, and 2) allow you to assess whether family functioning could benefit from connection with relevant resources.

For more information, visit [http://www.mentalhealth.va.gov/communityproviders/index.asp](http://www.mentalhealth.va.gov/communityproviders/index.asp).
Follow-up Questions:
1. What dates did you serve?
2. When did you separate from the military?
3. What branch and rank were you?

Additional Questions:
1. Where did you serve (e.g. in the US/where; overseas/where?)
2. What job/roles did you have when you were serving?
3. Were you ever deployed?
4. If so, where and when were you deployed?
5. Are there other things you would like to tell me about your military service?

KEEP IN MIND
1. The client may not consider him or herself to be a Veteran. To optimize understanding, interventions, possible referrals, benefits, and resources available, ask your client if he or she served in the military.
2. Use the sample questions above to guide your inquiry.
3. Ensure that you have enough time with the Service Member to allow them to expand on answers if desired.
4. The Service Member may not wish to discuss their experiences and the provider should respect this.
5. Convey a willingness to listen to the experiences if the Service Member wants to discuss them in the future.
6. If a Veteran has served in a combat theater, he or she may have experienced a range of potentially traumatic or stressful events including being under life threat, witnessing death and dying, and experiencing the loss of a fellow comrade. It can be helpful to become familiar with events commonly experienced in combat and potential reactions to this exposure.

FINAL THOUGHT
You may also want to create and hang a simple sign that indicates to Veterans and Service Members that you would like to know if they have served.

For more information, visit [http://www.mentalhealth.va.gov/communityproviders/index.asp](http://www.mentalhealth.va.gov/communityproviders/index.asp)

This most current Military Screening Questions guide was released by the VA as part of its Community Provider Toolkit and can be retrieved at:

[http://www.mentalhealth.va.gov/communityproviders/screening_howto.asp](http://www.mentalhealth.va.gov/communityproviders/screening_howto.asp)
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