



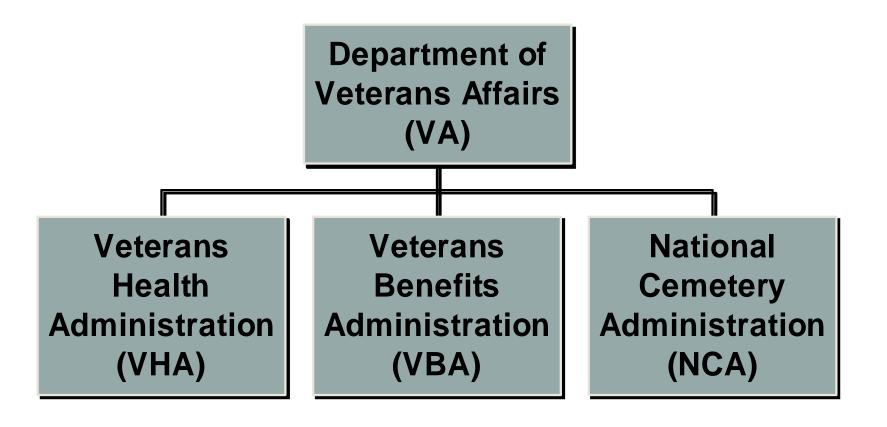
Team Up With Us

An Overview of Health and Behavioral Health Care Services for Returning OEF & OIF Veterans

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Department of Veterans Affairs





VA Healthcare Network Upstate New York

VA Medical Centers

Albany Bath Canandaigua Syracuse

WNY (Buffalo/Batavia)



Community Based Outpatient Clinics

Auburn Bainbridge **Binghamton** Catskill **Clifton Park** Cortland **Dunkirk** Elizabethtown **Elmira Fonda Glens Falls** Jamestown Kingston

Lackawanna Lockport Malone Massena Niagara Falls Olean Oswego **Plattsburg** Rochester Rome **Schenectady** Troy Warsaw Watertown Wellsville



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Vet Centers

- Established by Congress in 1979 for Vietnam Veterans
- 1995: Service extended to all combat Veterans & Military Sexual Trauma (MST) victims of any era
- Community Settings
- Services Include:
 - Individual, Group and Marriage & Family Counseling
 - Military Sexual Trauma Counseling
 - Bereavement Counseling
 - Liaison with VA & Community Resources
 - Referrals for VA Benefits Assistance



Vet Centers

- Albany
- Syracuse
- Rochester
- Buffalo
- Binghamton
- Watertown



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VA Health Care



VA Care Services

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- Advanced Illness/Palliative Care
- Case Management
- Chaplain/Pastoral Care
- Chiropractic Care & Acupuncture
- Community Living Centers/Long Term Care
- Dental Services
- Diagnostic Services
- Emergency Department Services
- Homeless & Incarcerated Veteran Services
- Inpatient Care
- Inpatient & outpatient Mental Health Services
- Ophthalmology & Optometry
- Pharmacy
- Polytrauma/Traumatic Brain Injury Treatment
- Outpatient & Residential PTSD treatment

- Primary Care & Preventative Health
- Prosthetics
- Re-adjustment Counseling
- Rehabilitation Services (physical, occupational & speech therapy)
- Specialized Screening exams for: Depression, Environmental Exposures, Substance Abuse, PTSD, Military Sexual Trauma & TBI
- Specialty Care
- Suicide Prevention Program & National Suicide Prevention Hotline
- Outpatient & Residential Substance Abuse Treatment
- VA/DOD Liaison Services
- Visual Impairment Services
- Vocational Rehabilitation Services
- Women's Health Care



Women Veteran Programs

Women Veterans may receive:

- Full continuum of medical benefits package
- Women's family planning and gender-specific health care
 - Hormone Replacement Therapy, Breast and Gynecological Care, Birth Control, Maternity, Limited Infertility Services
- Special considerations
 - Each facility has a Women Veterans Program Manager
 - VA researchers conduct studies on women's health
 - Women's Benefits Coordinator available for disability benefit assistance



VA Health Care Upstate New York Services Available at All VA Medical Centers

- Outpatient Mental Health
- Vocational Rehabilitation
- Healthcare for Homeless Veterans
- Day Programs
- Mental Health Intensive Case Management
- Post-Traumatic Stress Clinical Teams
- Substance Abuse Services



Other Services Available at the Albany VAMC

Acute Psychiatric Care (Inpatient)
Compensated Work Therapy
Transitional Residence
Emergency Medical Services

POC: Paul Postiglione, 518-626-5395



Other Services Available at Bath VAMC

Domicillary
Specialized Vocational Rehabilitation
Emergency Medical Care

POC: Edwin Presley, 607-664-4341



Other Services Available at Buffalo VAMC

Acute Psychiatric Care (Inpatient)
PTSD Inpatient Treatment (Batavia)
Emergency Medical Care

POC: Dr. Michelle McClellan, 716-862-7863



Other Services Available at Canandaigua VAMC

Residential Inpatient Services (SAS & Psychiatric)

• POC: Kevin O'Hagan, 585-393-7732



Other Services Available at Syracuse VAMC

Intensive Outpatient SAS Program
Veterans Industries Program (Voc Rehab)

POC: Mellissa Mahler, 315-425-4400, ext
 53884



OEF/OIF Veterans and VA Healthcare

VA provides enhanced enrollment opportunity and five years of cost-free health care to Veterans who served in a theater of combat operations, for any injury or illness associated with this service



OEF/OIF Care Management

- Available at every VA Medical Center nationwide
- Screening of all new OEF/OIF Veterans
- Case Management at varying levels of intensity based on needs of Veteran/Servicemember
- Collaboration with assigned Medical & Mental Health providers
- Education on applicable benefits & referrals for benefits assistance
- Linkage with community agencies as indicated
- Coordination with VA Community Based Outpatient Clinics
- Advocacy
- Liaisons with the Military Health System, Department of Defense, VBA & other federal, state and community agencies



OEF/OIF Outreach Efforts

- Contact & offer services to all OEF/OIF Veterans as they enroll in the VA Healthcare System
- Provide VA Healthcare & benefits briefings to local Guard & Reserve Units
- Outreach to OEF/OIF Veterans at local community events
- Host annual OEF/OIF Welcome Home events & Focus Groups
- Provide training to community agencies upon request
- Integral in the development of specific VA Healthcare briefings to separating Servicemembers at Fort Drum, NY



VA Benefits



Veterans Benefits Administration: Benefits Program Areas

 Disability Compensation: Compensation for any disease, mental condition or chronic condition which was caused in service or aggravated by service.

Examples: Torn knee ligament, amputation, PTSD, Heart Disease, skin condition

Education Programs

Examples: Montgomery GI Bill, Post-9/11 GI Bill

- Vocational Rehabilitation & Employment Program
- Life Insurance
- Home Loan Guarantee Program



Who is the OEF/OIF Veteran?



Analysis of VA Health Care Utilization among Operation Enduring Freedom (OEF) and Operation Iraqi Freedom (OIF) Veterans

VA Office of Public Health and Environmental Hazards February 2010

These administrative data have to be interpreted with caution because they only apply to those OEF/OIF Veterans who have accessed VA health care. These data do not represent all 1,094,502 OEF/OIF Veterans who have become eligible for VA health care since FY 2002 or the approximately 2.04 million troops who have served in the two theaters of operation since the beginning of the conflicts in Iraq and Afghanistan¹.

Cumulative from 1st Quarter FY 2002 through 4th Quarter



OEF/OIF Veterans & VA Health Care Utilization

- 1,094,502 OEF and OIF Veterans have left active duty and become eligible for VA health care since FY 2002
 - **52% (573,404)** Former Active Duty troops
 - 48% (521,098) Reserve and National Guard



Demographic Characteristics of OEF/OIF Veterans Utilizing VA Health Care

	% OEF/OIF Veterans		% OEF/OIF Veterans
	(n = 508,152)		(n = 508,152)
Sex		Unit Type	
Male	88.1	Active Duty	53.5
Female	11.9	Reserve/Guard	46.5
Birth Year Cohort*		Branch	
1980 – 1993	41.7	Air Force	12.1
1970 – 1979	27.9	Army	62.2
1960 – 1969	22.0	Marines	13.3
1950 – 1959	7.2	Navy	12.3
1926 – 1949	1.2		
		Rank	
		Enlisted	91.3
		Officer	8.7

Cumulative from 1st Quarter FY 2002 through 4th Quarter FY 2009



OEF/OIF Diagnostic Data

- Veterans of recent military conflicts have presented to VA with a wide range of medical and psychological conditions.
- Diagnoses have encompassed more than 8,000 discrete ICD-9 diagnostic codes.
- The three most common possible diagnoses of Veterans were musculoskeletal ailments (principally joint and back disorders), mental disorders, and "Symptoms, Signs and III-Defined Conditions."
- As in other outpatient populations, the ICD-9 diagnostic category, "Symptoms, Signs and III-Defined Conditions," was commonly reported.
 - It is important to understand that this is not a diagnosis of a mystery syndrome or unusual illness. This ICD-9 code includes symptoms and clinical findings that are not coded elsewhere in the ICD-9.
 - It is a diverse, catch-all category that is commonly used for the diagnosis of outpatient populations. It encompasses more than 160 sub-categories and primarily consists of common symptoms that do not have an immediately obvious cause during a clinic visit or isolated laboratory test abnormalities that do not point to a particular disease process and may be transient.



Frequency of Possible Diagnoses among OEF/OIF Veterans presenting for VA Care

Diagnosis (Broad ICD-9 Categories)	Frequency	Percent	
Infectious and Parasitic Diseases (001-139)	68,569	13.5	
Malignant Neoplasms (140-208)	5,809	1.1	
Benign Neoplasms (210-239)	25,491	5.0	
Diseases of Endocrine/Nutritional/ Metabolic Systems (240-279)	135,250	26.6	
Diseases of Blood and Blood Forming Organs (280-289)	14,342	2.8	
Mental Disorders (290-319)	243,685	48.0	
Diseases of Nervous System/ Sense Organs (320-389)	202,298	39.8	
Diseases of Circulatory System (390-459)	94,671	18.6	
Disease of Respiratory System (460-519)	116,308	22.9	
Disease of Digestive System (520-579)	172,462	33.9	
Diseases of Genitourinary System (580-629)	63,421	12.5	
Diseases of Skin (680-709)	93,635	18.4	
Diseases of Musculoskeletal System/Connective System (710-739)	265,450	52.2	
Symptoms, Signs and III Defined Conditions (780-799)	233,443	45.9	
Injury/Poisonings (800-999)	130,300	25.6	

^{*}These are cumulative data since FY 2002, with data on hospitalizations and outpatient visits as of September 30, 2009; Veterans can have multiple diagnoses with each health care encounter. A Veteran is counted only once in any single diagnostic category but can be counted in multiple categories, so the above numbers add up to greater than 508,152; percentages add up to greater than 100 for the same reason.

Cumulative from 1st Quarter FY 2002 through 4th Quarter FY 2009



Frequency of Possible Mental Disorders among OEF/OIF Veterans since 2002¹

Disease Category (ICD 290-319 code)	tal Number of OEF/OIF Veterans ²
PTSD (ICD-9CM 309.81) ³	129,654
Depressive Disorders (311)	90,936
Neurotic Disorders (300)	74,559
Affective Psychoses (296)	52,982
Nondependent Abuse of Drugs (ICD 305) ⁴	41,980
Alcohol Dependence Syndrome (303)	24,454
Specific Nonpsychotic Mental Disorder due to Organic Brain Damage (310)	15,040
Special Symptoms, Not Elsewhere Classified (307)	14,531
Sexual Deviations and Disorders (302)	12,382
Persistent Mental Disorders due to Conditions Classified Elsewhere (294)	12,029
¹ These are cumulative data since FY 2002. ICD diagnoses used in these analyses are obtained from computerized administrative data. Although diagnoses are made by trained health care providers, up to one-third of coded diagnoses	may not

be confirmed when initially coded because the diagnosis is provisional, pending further evaluation.

² A total of 243,685 unique patients received a diagnosis of a possible mental disorder. A Veteran may have more than one mental disorder diagnosis and each diagnosis is entered separately in this table; therefore, the total number above will be higher

Cumulative from 1st Quarter FY 2002 through 4th Quarter FY 2009

than 243,685.

This row of data does not include information on PTSD from VA's Vet Centers or data from Veterans not enrolled for VA health care. Also, this row does not include Veterans who did not receive a diagnosis of PTSD (ICD 309.81) but had a diagnosis of

adjustment reaction (ICD-9 309).

⁴ This category currently excludes 67,172 Veterans who have a diagnosis of tobacco use disorder (ICD-9CM 305.1) and no other UCD-9CM 305 diagnoses.



Summary

- Recent OEF and OIF Veterans are presenting to VA with a wide range of possible medical and psychological conditions.
- Recommendations cannot be provided for particular testing or evaluation – Veterans should be assessed individually to identify all outstanding health problems.
- 46.4% of separated OEF/OIF Veterans have sought VA health care since 2002 compared to 45.8% in the last quarterly report three months ago. As in other cohorts of military Veterans, the percentage of OEF/OIF Veterans receiving health care from the VA and the percentage with any type of diagnosis will tend to increase over time as these Veterans increasingly continue to enroll for VA health care and to develop new health problems.



Summary (2)

- Because the 508,152 OEF and OIF Veterans who have accessed VA health care were not randomly selected and represent just 25% of the approximately 2.04 million OEF/OIF Veterans¹, they do not constitute a representative sample of all OEF/OIF Veterans.
- Reported diagnostic data are only applicable to the 508,152 VA patients – a population actively seeking health care -- and not to all OEF/OIF Veterans.
 - For example, the fact that about 48% of VA patient encounters were coded as related to a possible mental disorder does not indicate that approximately half of all recent Veterans are suffering from a mental health problem. Only well-designed epidemiological studies can evaluate the overall health of OEF/OIF Veterans.

¹ As provided by the Armed Force Health Surveillance Center (Personal Communication), 01/20/2010



Summary (3)

- Rates of VA health care utilization by recent OEF/OIF Veterans may be influenced by combat Veterans' enhanced access to VA health care enrollment (in January 2008, this authority was extended from 2 years to 5 years post discharge) and exemption from co-pay charges for any health problem possibly related to their military service.
- Also, an extensive outreach effort has been developed by VA to inform these Veterans of their benefits, including the mailing of a personal letter from the VA Secretary to Veterans identified by DOD when they separate from active duty and become eligible for VA benefits.



Veteran Suicide Hotline/Chat line 1-800-273-TALK

Enrollment/Eligibility 1-888-823-9656

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Presenters

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Retired military personnel
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