HEALTH CENTERS SERVING VETERANS:
Improving Identification of Military Veteran Patient Characteristic
April 10, 2024
National Webinar

THE NACHC MISSION

America’s Voice for Community Health Care
The National Association of Community Health Centers (NACHC) was founded in 1971 to promote efficient, high quality, comprehensive health care that is accessible, culturally and linguistically competent, community directed, and patient centered for all.
Welcome!
- Today’s meeting is being recorded – you will receive recording and slides by email
- Take a moment to ensure your name is displayed correctly
- All attendees will be muted and cameras will be off, so participate by:
  - Using the Chat feature to introduce yourself, chime in, share your thoughts, and talk to one another throughout the session
  - Make sure to tap the drop down next to “To:” and select “Everyone” before sharing your thoughts!
- All questions should go in the Q&A box as soon as possible
  - Any remaining questions can be sent to trainings@nachc.org
- Please share your feedback by taking the post-webinar evaluation!

Today’s Objectives

1. Understand why the wording of screening questions to identify military veteran status matters
2. Be equipped to change your health center’s screening question with the most evidence-based, recommended screening techniques
3. Apply more accurate patient counts to needs assessment and service delivery to military Veterans
AGENDA

1 Welcome and Context Setting
2 US Department of Veteran’s Affairs Research
3 Health Center Perspectives
4 PRAPARE® Social Drivers of Health Screening Tool updates
5 HRSA Bureau of Primary Healthcare Remarks
6 Q&A/Wrap-up

MEET THE TEAM (Full Bios in Appendix)

Emily Vogt
Iowa Primary Care Association

Gina Capra
National Association of Community Health Centers

M. Bryant Howren
University of Iowa

Tony Flores
Community Health Centers of South East Iowa

Mary Zelazny
Finger Lakes Community Health

Nilani Tarrant
National Association of Community Health Centers

Judy Van Alstyne
HRSA Bureau of Primary Healthcare

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Primary Care Associations & Veterans

- State and regional Primary Care Associations (PCAs) provide training and technical assistance to support health centers in improving the health of individuals and communities.

- Community Health Centers provide care to under-resourced and vulnerable populations, including veterans, by providing comprehensive healthcare and reducing barriers to care.

- Millions of veterans face barriers in accessing services, such as having to travel long distances for healthcare access and stigma.

- Collaboration between the VA, PCA and community health centers can improve veteran access and engagement in health centers.
Community Care for Veterans: VA-FQHC Collaboration

- Opportunity to connect interested, eligible veterans in FQHCs to VA for mental and behavioral healthcare
- Quickly expanded beyond only mental and behavioral healthcare
- Partnership with Community Health Centers of Southeastern Iowa (West Burlington, IA and satellite clinics)
  - Over 17K unique patients
  - Predominantly rural
  - No nearby VA point of care (>40mi from nearest clinic)
  - Limited mental health resources; long wait times
Community Care for Veterans: VA-FQHC Collaboration

- Screening question to capture Veteran status was revised and added to the electronic health record as a required field
- Previous methods were unreliable and not done systematically
- Staff were trained and rollout occurred at affiliated FQHC sites
- Through systematic process, the number of Veterans identified increased dramatically

Have you served in the United States military, armed forces, or uniformed services? This includes: Air Force, Army, Coast Guard, Marines, Navy, Space Force, National Guard, Reserves, or the US Public Health Service and National Oceanic & Atmospheric Association.

Are you a Veteran?

Patients Identified as Veterans in Partner FQHC

Pilot Partner: Community Health Centers of Southeastern Iowa; West Burlington, IA

<table>
<thead>
<tr>
<th>Reporting Year</th>
<th>Number of Unique Patients (less children under age 18)</th>
<th>Number of Veterans identified</th>
<th>Percentage of total patients</th>
<th>Percentage of adult patients</th>
</tr>
</thead>
<tbody>
<tr>
<td>2015</td>
<td>17,459 (11,937)</td>
<td>56</td>
<td>.32%</td>
<td>.46%</td>
</tr>
<tr>
<td>2016</td>
<td>16,221 (11,306)</td>
<td>229</td>
<td>1.41%</td>
<td>2.01%</td>
</tr>
<tr>
<td>2017</td>
<td>16,827 (11,370)</td>
<td>506</td>
<td>3.01%</td>
<td>4.45%</td>
</tr>
<tr>
<td>2018</td>
<td>17,976 (12,182)</td>
<td>527</td>
<td>2.93%</td>
<td>4.37%</td>
</tr>
<tr>
<td>2019</td>
<td>17,641 (11,461)</td>
<td>555</td>
<td>3.14%</td>
<td>4.84%</td>
</tr>
</tbody>
</table>

Note: Veteran status screening item was fully implemented in February 2017.
Practice & Access Implications

- Clinical workforce training/development
  - Military culture/reintegration
  - Mental health/suicide
  - Community of practice opportunities
- Veterans programs; opportunities for “whole person care”
  - Social Determinants of Health Screening (adding Veteran status to PRAPARE)
- Expansion of clinical services (e.g., behavioral health)
  - Systematic screening: HRSA Uniform Data System 2020 Reporting Change for FQHCs
  - Resource “sharing”
- Expansion to other healthcare organizations (e.g., Critical Access Hospitals)

ONE HEALTH CENTER’S JOURNEY

Mary Zelazny
Chief Executive Officer
Finger Lakes Community Health
Who We Are
Rural FQHC in Finger Lakes Region of NYS

8 Health Center Sites
Community Portable Dental (Schools, Head Starts)
School Based Health Center
Mobile Medical for Farmworkers
Extensive Care Management Services

2023 UDS Data:
Total Users: 28,481
Veterans: 621
Ag Workers: 9,177
60% of patients want to be seen in a language other than English

Our reasons for not reporting Veterans data

- We were a freestanding Migrant Health Center until 2009. Very few of our patients were able to serve due to their immigration status.

- It took a lot of prolonged effort to attract non-ag related patients to our practice due to our emphasis on agricultural and immigrant health.

- Our electronic health system did not allow for multiple designations and our funding required that we count ag workers.
Awareness:
In our shop: Army vs Navy

• We were very skilled at identifying farmworkers – our funding depended on it!

• In 2015, we hired a Chief Medical Officer with time served in the U.S. Navy. We also hired a Chief Quality Officer who served in the U.S. Army. What a rivalry!

• These two individuals were instrumental in educating our team on veterans issues, the VA, and how veterans identified themselves.

Education:

• We developed a specific training for all front end staff and their supervisors. Reminders are also consistently given to all staff to ask the appropriate question.

• Our kiosks also ask the appropriate question about serving in any of the branches and an answer must be given in order to move on.

• Our Chief Quality Officer is very active with the VFW and has included our organization in events to promote our services.
What does our data show?

<table>
<thead>
<tr>
<th>Year</th>
<th>Number of Veterans Served</th>
</tr>
</thead>
<tbody>
<tr>
<td>2016</td>
<td>398</td>
</tr>
<tr>
<td>2017</td>
<td>478</td>
</tr>
<tr>
<td>2018</td>
<td>602</td>
</tr>
<tr>
<td>2019</td>
<td>730</td>
</tr>
<tr>
<td>2020</td>
<td>780</td>
</tr>
<tr>
<td>2021</td>
<td>721</td>
</tr>
<tr>
<td>2022</td>
<td>625</td>
</tr>
<tr>
<td>2023</td>
<td>621</td>
</tr>
<tr>
<td>2024</td>
<td>?</td>
</tr>
</tbody>
</table>

An updated training was developed to refresh our teams knowledge about the importance of asking the right question to help identify the veterans we serve.

Our efforts are paying off! Our data shows that in the first two months of 2024, we have already identified 319 veterans seen with 1,435 visits, half of what we identified for all of 2023!

It’s all in the question!

To ask the right question is already half the solution of a problem.

Carl Jung
SUSTAINABILITY OF VETERANS PROGRAM

Sustaining VA Program at CHCSEIA
Tony Flores
Chief Executive Officer
Community Health Centers of Southeastern Iowa, Inc.

SUSTAINING THE VA PROGRAM

Key staff identified

- Community Health Workers
  - Budget Allocation: 2-FTE for Certified Community Health Workers
  - To help identify and assist interested, eligible veteran patients with accessing VA care enrollment and services
- RN Care Management Team
  - Required expansion of RN Case Management outside of Primary Care (i.e. Behavioral Health)
  - Allocating 1-FTE RN case manager in Behavioral Health
  - Screen all patients presenting for care at CHC/SEIA for veteran status using standardized methodology
- The ability to build relationships and follow up for veterans overwhelmed by the complex VA system. Having one consistent person who provides quick turnaround responses to them means a lot.
SUSTAINING THE VA PROGRAM

Ongoing staff training

• Annual staff training
• Annually we acknowledge other CHC/SEIA team members that have served in our branch of service
• Part of the onboarding process to ensure that new staff members are aware of the services
• Personalizing the experience for Veterans (i.e. specific patient survey for veterans)

SUSTAINING THE VA PROGRAM

Telling the patient stories

• Create a plan to capture and tell the patient stories:
  • “Care in the Community is helping veterans with medication compliance. With the change in part D benefits for diabetics this year, several veterans were unable to afford their insulin. Providers are working with the VA to find formulary medications that the patient can afford.”

  • “I began working closely with the VA RN Care Manger in Quincy. Coordinating care allowed the patient to obtain the medication he needed at an affordable cost, durable medical equipment, and in home physical therapy, nursing visits and home maker visits. The patient’s health continued to decline. The VA was able to coordinate with specialists in the community and the patient was diagnosed with Multiple Myeloma and Lewy Body dementia. Knowing the patient was exposed to Blue Water in Vietnam, I was able to provide the patient and wife with the contact information to apply for compensatory benefits for Agent Orange exposure.”
SUSTAINING THE VA PROGRAM
Advertising VA Program Services

The Community Health Centers of Southeastern Iowa (CCHC/SEIA) is here to assist Veterans.

- We assist more than 20,000 veterans and family members in accessing healthcare services.
- We offer a comprehensive range of healthcare services, including primary care, mental health, and substance abuse treatment.
- We provide transportation services to help veterans access healthcare services.
- We offer financial assistance to help veterans pay for healthcare services.
- We have a team of experienced healthcare professionals who are dedicated to serving our veterans.

Need assistance?
We can help with:
- Enrolling veterans in healthcare services
- Assistance with VA benefits
- Challenges accessing healthcare

Contact our local office or call the VA

PRAPARE® Social Drivers of Health Screening Tool updates

Nālani Tarrant, MPH, PMP
Director, Social Drivers of Health, NACHC
PRAPARE®

Personal Characteristics

Have you served in the United States military, armed forces or uniformed services?

*This includes Air Force, Army, Coast Guard, Marines, Navy, National Guard, or Reserves or the US Public Health Service (PHS) and National Oceanic and Atmospheric Administration (NOAA).*

Yes

No

I choose not to answer this question

Optional Follow Up Questions:
- When did you serve?
- Where did you serve?

If the patient has indicated that they are a veteran or served in the armed forces, but not based in the U.S, the following questions can be asked to learn more about the patient’s veteran status:

- In which country did you serve in the military?
- Have you served as a contractor in the armed forces?
## Veterans Served

<table>
<thead>
<tr>
<th>Characteristic</th>
<th>2018</th>
<th>2019</th>
<th>2020</th>
<th>2021</th>
<th>2022</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Patients</td>
<td>28,379,680</td>
<td>29,836,613</td>
<td>28,590,897</td>
<td>30,193,278</td>
<td>30,517,276</td>
</tr>
<tr>
<td>Veteran Patients (#)</td>
<td>385,222</td>
<td>398,788</td>
<td>376,634</td>
<td>388,939</td>
<td>395,216</td>
</tr>
<tr>
<td>Veteran Patients (%)</td>
<td>1.36%</td>
<td>1.34%</td>
<td>1.32%</td>
<td>1.29%</td>
<td>1.30%</td>
</tr>
</tbody>
</table>

**Guidance for UDS Reporting**

- Veteran Status is Self-Reported to health centers by patients
- Table 4 (Patient Characteristics)/Line 25: Total Veterans (reported by all health centers)

<table>
<thead>
<tr>
<th>Year</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>2018</td>
<td>Report the total number of patients who have been discharged from uniform services in the United States.</td>
</tr>
<tr>
<td>2020</td>
<td>Specified uniformed services within the active military to include: Air Force, Army, Coast Guard, Marines, Navy, or as a commissioned officer of the Public Health Service or National Oceanic Administration, or served in the National Guard/Reserves on active duty.</td>
</tr>
<tr>
<td>2021</td>
<td>Expanded the uniformed services classification to include Space Force.</td>
</tr>
<tr>
<td>2024</td>
<td>Recommended wording of veteran status screening to improve accuracy; use of <a href="https://www.nachc.org/resource/recommended-language-for-veteran-status-screening-question-in-health-centers-oct-2023/">NACHC’s Recommended Language for Veteran Status Screening Questions in Health Centers</a>.</td>
</tr>
</tbody>
</table>

Coming Attractions

UDS Production Milestones
• 2023 UDS+ Submissions (Spring into Summer)
• 2024 UDS Final Changes PAL and Manual release (Spring)
• 2024 UDS Changes webinar (June 5th)
• 2023 UDS data release (August-- NHCW)
• 2024 UDS reporting TA webinar series (Sept-Nov)

UDS Key Resources
• Health Center UDS data: https://data.hrsa.gov/tools/data-reporting
• UDS Training and Technical Assistance pages: https://bphc.hrsa.gov/data-reporting/uds-training-and-technical-assistance

Thank You!

Judy Van Alstyne
Deputy Director- Data and Evaluation, Office of Quality Improvement
Bureau of Primary Health Care (BPHC)
Health Resources and Services Administration (HRSA)

jvanalstyne@hrsa.gov

bphc.hrsa.gov

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URL for HRSA Facebook page:
https://facebook.com/HRSAgov/

URL for HRSA X account:
https://twitter.com/hrsagov

URL for HRSA Instagram account:
https://www.instagram.com/hrsagov/

URL for HRSA LinkedIn profile:

URL for HRSA YouTube page:
https://www.youtube.com/user/HRSAtube
NACHC TRAINING RESOURCE
Recommended Language for Veteran Status Screening Question in Health Centers (Oct 2023) – download here

Gina
Register and Join Us for the Next Webinar in this Series

June 12, 2024 – 2:00 PM Eastern Time

Health Centers Serving Veterans: The US Department of Veteran Affairs (VA) Graduate Medical Education (GME) Pilot

Description: US Department of Veterans Affairs (VA) recently announced a new graduate medical education program to expand health care access to Veterans in rural, tribal, and underserved areas. NACHC’s national office hour will provide health centers and primary care associations with information about the pilot in which one hundred physician residents will rotate to non-VA health care facilities, like FQHCs, as authorized under VA MISSION Act Section 403 and administered by the VA’s Office of Academic Affiliations. Is this an opportunity for your health center?

Learning Objectives:
1. Articulate the importance of health centers having teaching as a component of their mission.
2. Understand the opportunities available through the MISSION 403 GME Pilot.
3. Determine whether the opportunities available through the MISSION 430 GME Pilot fit with their health center’s workforce plan.

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Resources for Health Centers Serving Veterans

Veterans Interest Group Mailing List
Sign up for quarterly updates and opportunities related to serving Veterans! Sign up here, or click “Newsroom” then “Newsletters and Subscriptions” on NACHC’s webpage.

NACHC Veterans Webpage
Visit NACHC’s webpage for publications, policy updates, and more!

Health Center Resource Clearinghouse
Search Veterans to access toolkits, archived webinars, fact sheets and other resources!

Technical Assistance Resources
Serving Veterans in Health Centers: A Compendium of Success Stories
Veterans and the Community Care Network (CCN): A Fact Sheet and Toolkit for FQHCs

NACHC has tons of great resources! Check out a few above and email trainings@nachc.org with questions!
QUESTIONS?

CALL TO ACTION:

1. Utilize the Recommended Veterans Screening Question
2. Complete Today’s Webinar Evaluation
3. Register for the June 12th Webinar on VHA GME

THANK YOU!

This webinar is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) as part of an award totaling $6,625,000 with 0 percentage financed with non-governmental sources. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by HRSA, HHS, or the U.S. Government. For more information, please visit HRSA.gov.
APPENDIX: FACULTY BIOS
Emily Vogt
serves as a Senior Strategy & Improvement Consultant at the Iowa Primary Care Association. In her capacity, Emily ensures that community health centers receive the support they need to thrive through targeted training and technical assistance. Her expertise lies in driving continuous improvement initiatives, aimed at optimizing the services provided by the Iowa PCA. Emily played a role alongside the Iowa Primary Care Association as a partner in the veteran identification and behavioral health screening project, a key focus of today’s presentation.

Gina Capra, MPA
leads a talented team responsible for the development, implementation and evaluation of professional education, training and technical assistance services for the workforce and governing boards of 1500+ community health centers in service to 31.5 million patients in medically underserved communities. Gina is also responsible for the strategic coordination of training services with partner organizations, including state/regional primary care associations, health center-controlled networks and 22 national training and technical assistance partners focused on improved health outcomes, operational effectiveness, and governing excellence. Training domains include financial management, practice operations, strategic planning and growth, community-based governance and leadership development. Prior to joining NACHC in 2016, Gina provided 20 years of federal service with the Health Resources and Services Administration (HRSA) and the Veterans Health Administration, administering and leading health care access programs.

Gina holds a Master’s Degree in Public Administration (MPA) from American University, a Bachelor’s Degree (BA) from The College of New Jersey and a Certificate in Maternal and Child Health (MCH) from the Boston University. She is Fellow of the Partnership for Public Service and has served on the Board of the Atlas Health Foundation.
M. Bryant Howren, PhD, MPH

is an Investigator at the Iowa City VA Health Care System and an Associate Professor in the Department of Internal Medicine in the Carver College of Medicine at the University of Iowa. He previously served as the Co-Director of the VA Office of Rural Health, Veterans Rural Health Resource Center in Iowa City for over 7 years and is a former VA HSR&D postdoctoral fellow. He also previously served as Director of the Florida Blue Center for Rural Health Research and Policy at Florida State University. Dr. Howren is trained as a health psychologist and has conducted extensive research in the areas of mental and behavioral health and access to care in Veterans. Much of his recent work focuses on rural Veterans receiving care in the community and understanding how best to increase access and coordinate care between VA and non-VA community-based healthcare partners.

Tony Flores, MS-HCM, MPH

joined CHC/SEIA in October 2019 as Chief Operations Officer and was later selected by the board of directors to take over as Chief Executive Officer in June of 2021. Tony has over 20 years of experience in healthcare in both private and nonprofit, and has been working in other FQHC environments across the country since 2008.

After serving in the U.S. Navy for 4 years, Tony went on to obtain his Bachelor of Arts in Sociology from UCLA, he also has a Master of Science in Health Care Management from Cal State Los Angeles, and a Master of Public Health degree from Oregon State University. When he is not in the office, Tony enjoys spending time with family and friends, enjoys the outdoors with his 10-month-old puppy Lylla.
Mary Zelazny

has been the CEO of Finger Lakes Community Health since 2006. As CEO, Ms. Zelazny has led a major expansion effort to provide access to healthcare services throughout the Finger Lakes region of New York, including the development of enhanced programs and services designed to reach out to the many culturally diverse communities it serves. Under Ms. Zelazny’s tenure, Finger Lakes Community Health has grown from a single health center site to 9 comprehensive health center sites across 6 counties of rural New York State. In addition, Ms. Zelazny has focused much of FLCH’s work on the integration of health information technology within the organization, including the development and operation of the Finger Lakes Telehealth Network. FLCH is now a nationally recognized leader in the implementation and use of telehealth, connecting a wide variety of healthcare providers through technology, to provide more access to care for patients. Ms. Zelazny is a NACHC board member representing New York State health centers. She serves on the NACHC Rural Health committee and the NACHC Agricultural Worker committee. Ms. Zelazny is on the board of the Community Health Center Association of NYS (CHCANYS) and is the Vice Chair of the board for the National Center for Farmworker Health.

Ms. Zelazny holds a Bachelor of Arts from the State University of New York at Brockport and a Masters of Business Administration/Health Informatics from New England College.

Nālani Tarrant, MPH, PMP

serves as the Director of Social Drivers of Health (SDOH) at the National Association of Community Health Centers, where her dynamic leadership plays a pivotal role in spearheading collaborative SDOH initiatives with Federally Qualified Health Centers (FQHCs). Together, they illuminate the path toward upstream community efforts that are instrumental in advancing health equity. Nālani’s multifaceted responsibilities encompass program development, implementation, and comprehensive evaluation, all with a dedicated focus on the Protocol for Responding to and Assessing Patients Assets, Risks, and Experiences (PRAPARE) screening tool. Under her skilful guidance, this tool has evolved into a powerful instrument for positive change, enabling healthcare providers to gain a deeper understanding of and effectively address SDOH that impact individuals and families well-being. Her academic journey includes a bachelor’s degree in Behavioral Science from Drew University, a Masters of Public Health in epidemiology from George Washington University, and the prestigious attainment of her Project Management Professional accreditation in 2017.
Judy Van Alstyne, MPH
is a dedicated federal servant and public health professional, who has led functional units, teams, and projects within BPHC’s Data and Evaluation area since early 2019. Prior to joining the unit, she served at the U.S. Department of Health and Human Services (HHS) Office of the Assistant Secretary for Health (OASH), (former) National Vaccine Program Office (NVPO), leading national strategic efforts focused on vaccine confidence and communications. Prior to federal service, Judy was a Senior Research Associate in the Department of Prevention and Community Health at the George Washington University Milken Institute School of Public Health, where she also completed her graduate work. Her research efforts focused on development and evaluation of smoking cessation and substance use prevention program delivery via mHealth and digital platforms. Judy feels very connected professionally and personally to serving the needs of veterans.