



NATIONAL ASSOCIATION OF  
Community Health Centers®

## HEALTH CENTERS SERVING VETERANS NACHC Webinar Series

Improving Healthcare for Military  
Veterans: Spotlight on SALUTE

October 17, 2024

3-4pm ET





# 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](mailto:trainings@nachc.org)
- Please share your feedback by taking the post-webinar evaluation!

All planning members, faculty and reviewers involved in the October 17, 2024 live webinar **Health Centers Serving Veterans: Spotlight on SALUTE; Improving Healthcare for Veterans in Health Centers** have disclosed in writing that they do not have any relevant financial relationships

### **For Physicians:**

#### **CME Accreditation Statement:**

ECRI is accredited by the Accreditation Council for Continuing Medical Education (ACCME) to provide continuing medical education for physicians.

#### **AMA Credit Designation Statement:**

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## **For Nurses:**

This activity has been approved for up to 1.0 California State Nursing contact hours by the provider, Debora Simmons, who is approved by the California Board of Registered Nursing, Provider Number CEP 13677.

The California Board of Registered Nursing does not allow partial credit of less than one hour.

## **To qualify for credit:**

Credit will only be considered for attendees that are *individually* registered and attend the entire activity. In addition, **an evaluation will be emailed to all registered attendees immediately after this activity and must be completed in its entirety to be eligible for credit.** Once all information is verified, a certificate will be e-mailed from [ECRIcredit@ecri.org](mailto:ECRIcredit@ecri.org) to the address provided in the evaluation within 30 days.

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# 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.





# Meet Today's Faculty



**Gina Capra**  
Chief Education Officer  
National Association of  
Community Health Centers



**Shannon Davila**  
Executive Director, Total Systems  
Safety  
ECRI



**Jessica Dailey Haas**  
Director, Clinical Transformation  
West Virginia Primary Care  
Association



# Today's Objectives



**Describe military service-related health risks for military veterans**



**Discuss strategies to engage veterans and providers in partnering for safety**



**Discuss how community health centers can use available resources to improve veteran health**





# AGENDA

- 1** Welcome & Overview
- 2** SALUTE Program
- 3** Resources Supporting Health Centers Serving Veterans

- 4** Call to Action
- 5** Discussion/Q&A
- 6** Wrap Up/Evaluation



# Health Centers Serving Veterans

Gina Capra

Chief Education Officer

National Association of Community Health Centers



# Community Health Centers



Nearly **1,500** Community, Migrant, Homeless, and Public Housing Health Center Grantees and Look Alike Organizations provided care at over **16,000** service delivery locations

This includes:

**1,363** federally-funded health centers operating **15,665** service delivery locations

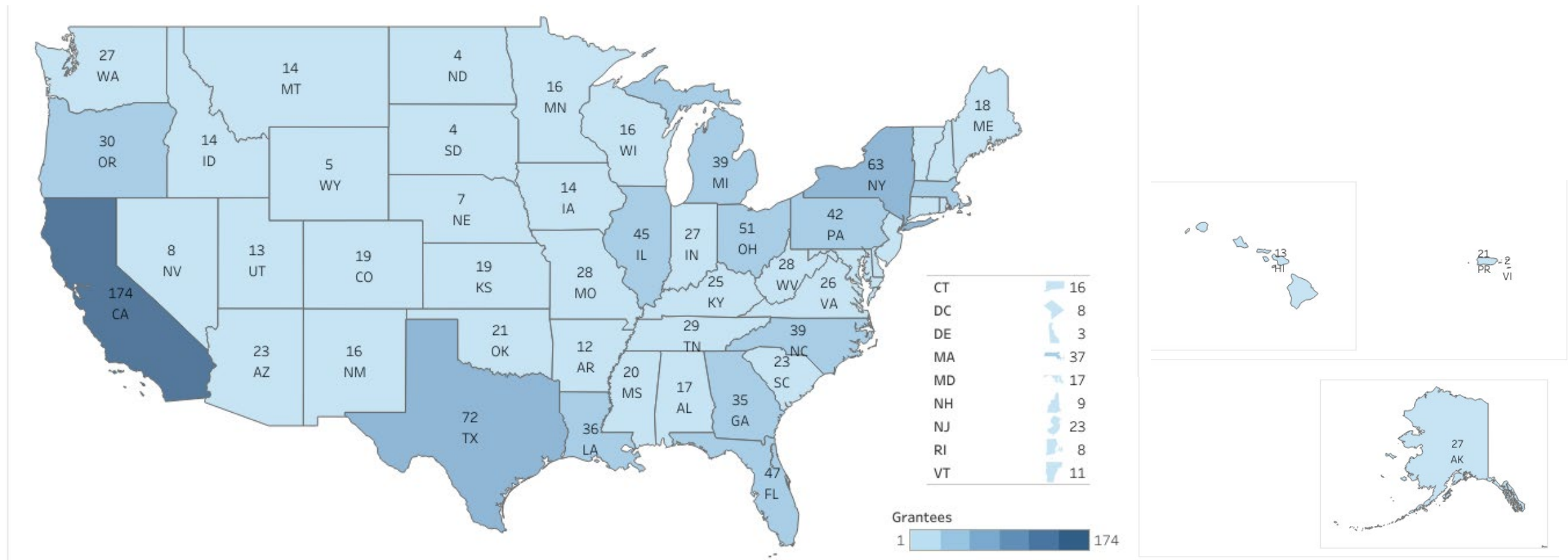
**133** Look-alike health centers operating **605** service delivery locations

**32.5 million** people served in 2023

**1 out of every 10 people** in the US receives care at a Community Health Center.

# Federally-Funded Health Centers

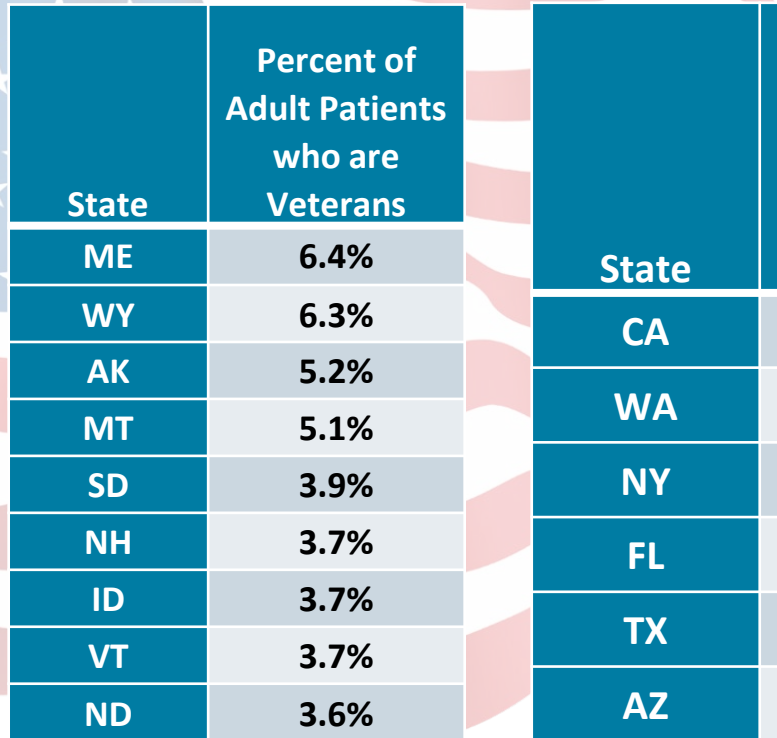
- ▶ Health centers are in all 50 states and in DC, as well as American Samoa, Commonwealth of the Northern Mariana Islands, Guam, Puerto Rico, and US Virgin Islands and the Freely Associated States (FAS) (the Federated States of Micronesia, the Republic of the Marshall Islands, and the Republic of Palau).



Notes: National figure includes health centers in every state and territory. Some territories are not shown in the map above.

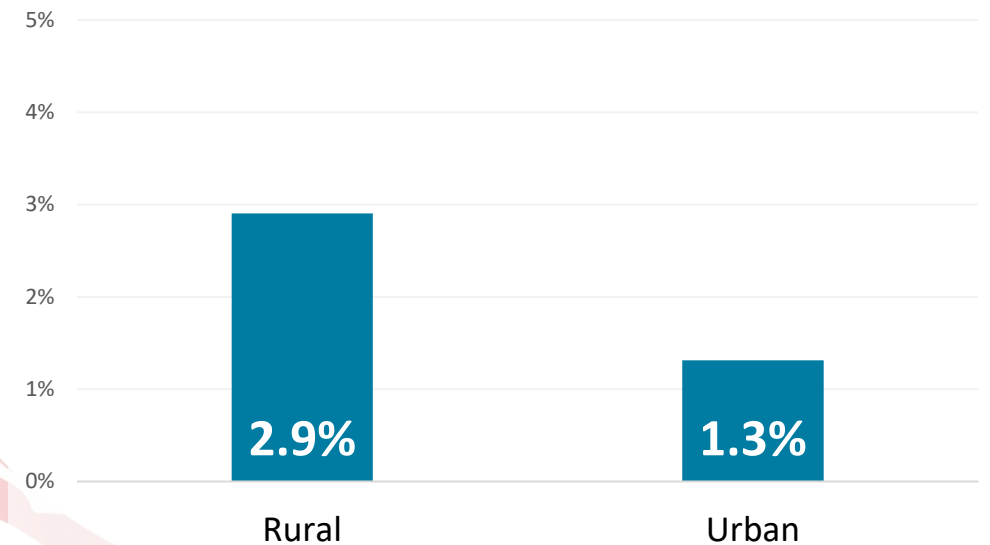
Source: 2022 Uniform Data System, Bureau of Primary Health Care, HRSA, DHHS.

# 419,020 Health Center Veteran Patients (CY 2023)



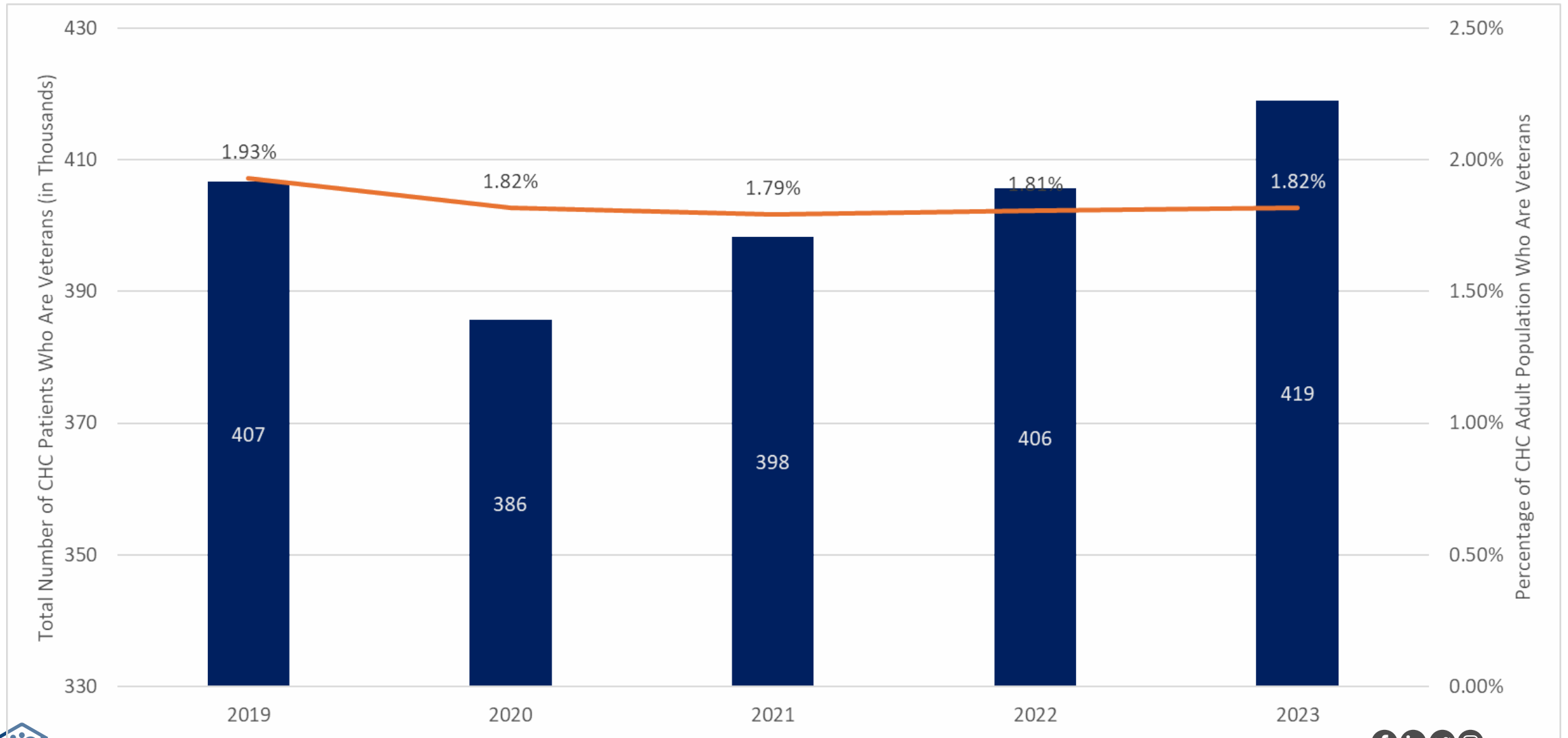
State	Percent of Adult Patients who are Veterans	State	Number of Adult Patients who are Veterans
ME	6.4%	CA	34,186
WY	6.3%	WA	24,211
AK	5.2%	NY	23,018
MT	5.1%	FL	18,186
SD	3.9%	TX	17,166
NH	3.7%	AZ	15,814
ID	3.7%		
VT	3.7%		
ND	3.6%		


Percentage of Patients at Rural and Urban CHCs who are Veterans



Rural health centers see more than double the percentage of adult patients who are Veterans.

Despite the growing number of veterans at CHCs, the percentage of adult patients who are veterans has remained steady.





**SALUTE**  
Serve our Veterans.  
Improve their Health.

Shannon Davila, MSN, RN, CPPS, CPHQ, FAPIC

Executive Director, Total Systems Safety  
ECRI

US Air Force Veteran

SALUTE™

Serve our Veterans. Improve Their Health.

A Component of ECRI's Total Systems Safety





# Meet Jackie



Jackie is a 39-year-old woman and has recently moved to a new town.

She has an appointment to meet her new healthcare provider for the first time.

As part of the check-in process, Jackie completed the usual intake forms about physical health, allergies and medications.

Once in the exam room, the provider briefly introduces themselves, sits at the computer and begins to review her medical history.

The visit is brief, Jackie appears to be healthy with no issues, and with no significant family history of disease, and at the age of 39, no additional screenings would be recommended.

The provider does not see the need for any additional follow up testing and asks Jackie to schedule her annual check-up for the next year.



# A Missed Opportunity to Identify and Understand Jackie's Service-Related Health Risks

What the provider was not aware of, is that Jackie served in the Army and was deployed to Afghanistan.

Jackie was a mechanic in the Army and during her deployment she worked every day in a hangar that was downwind from one of the base's burn pits.

The base commonly used the burn pit to destroy trash and other waste.

Jackie's exposure to the toxic chemicals emitted from the burn pits created a serious and potentially deadly risk for her, a risk that if left unevaluated could lead to undiagnosed disease, including cancer.

**Unfortunately, the provider did not know about Jackie's military service because no one asked her.**

# Poll

## Are you using the recommended universal screening language?

*“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 ”*

If yes, chat in where you are documenting this information. If no, chat in the barriers to implementing this screening.



# Unique Health Needs of Military Veterans



One-in five veterans have been **injured** during their military service.

For veterans that have been deployed, 23 percent experienced a negative impact to their **physical health**, with 23 percent also having experienced a negative impact to their **mental health**.<sup>1</sup>

The environment in which the men and women who serve in the military live and work **can create risks** for a wide array of health conditions.

Healthcare providers outside of the VA health system may not be **military culturally competent** enough to be aware of these risks.

Without an **effective process to assess for these risks**, healthcare providers are potentially missing opportunities to properly **diagnosis and treat veterans**.

# Mental Health Injuries



Military veterans struggle **with service-related emotional injuries** which can manifest as a variety of different mental health conditions.

In one study of OEF/OIF/OND veterans, **28 percent** self-reported that they had received at least one mental health diagnosis in the previous 24 months.<sup>2</sup>

These mental health issues can range from **depression, anxiety to post-traumatic stress disorder (PTSD), self-harm and suicidal ideation.**

These conditions can result from exposure to **high levels of stress** including multiple deployments, traumatic injuries, and military sexual trauma and/or harassment.

Within the veteran population, gender disparities occur, with female veterans having **higher rates of depression** than their male counterparts.<sup>3</sup>

# Toxic Exposure Related Injuries



Veterans exposed to **burn pits, radiation, Agent Orange and other toxic materials** during their military service, are at risk of a multitude of health conditions that may affect any system of the body, but the most commonly, the skin and the nervous, respiratory, and cardiovascular systems.

Can lead to **cancer (multiple types), asthma, and chronic obstructive pulmonary disease, among many other diseases and conditions.**<sup>4</sup>

In 2022, the **PACT Act** became federal law and expands VA health care and benefits for veterans exposed to burn pits, Agent Orange, and other toxic substances.<sup>5</sup>

Since its passage over **4.6 million toxic exposure screenings** have been performed within the VA health system.<sup>6</sup>

# Unknown Risks Can Lead to Missed Diagnostic Opportunities



# The SALUTE Program is guided by the following principles:

- Connecting with veterans to learn about their military service, experiences, perspectives, and service-related health risks.
- Establishing trust within the veteran-provider relationship and building a mutual understanding of the need for an accurate diagnostic testing process.
- Engaging veterans as partners in care to foster active participation in the management of their own health and treatment plans.



## ECRI's SALUTE Program

**S**creen veterans for service-related conditions

**A**sk veterans about their health goals

**L**earn how to manage service-related health risks

**U**nderstand how to listen and improve the veteran-provider encounter

**T**alk about how a safe diagnostic process can support early diagnosis and treatment

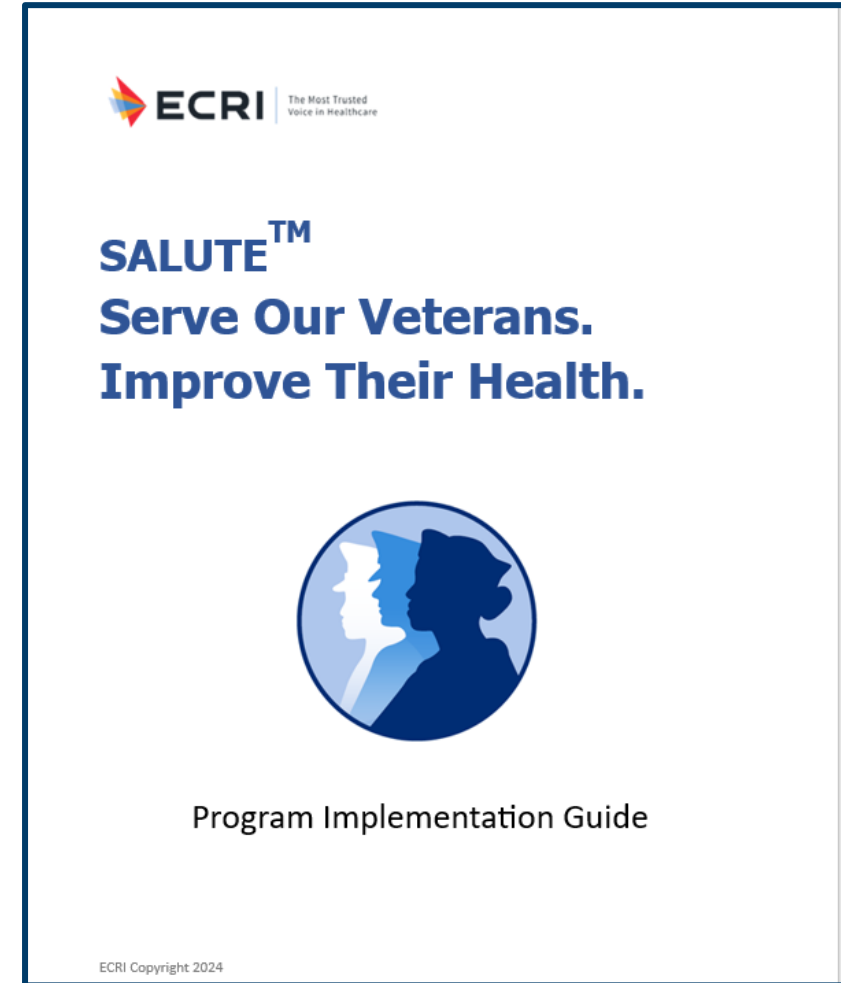
**E**ngage veterans in using available veteran resources and referral sources



# SALUTE Program Implementation Guide



- The purpose of this guide is to facilitate healthcare teams' successful implementation of the SALUTE Program's components using ECRI's Total Systems Safety approach to improvement.
- Total Systems Safety is a programmatic approach that aligns components of clinical and safety operations to improve patient care.





# SALUTE Implementation Steps

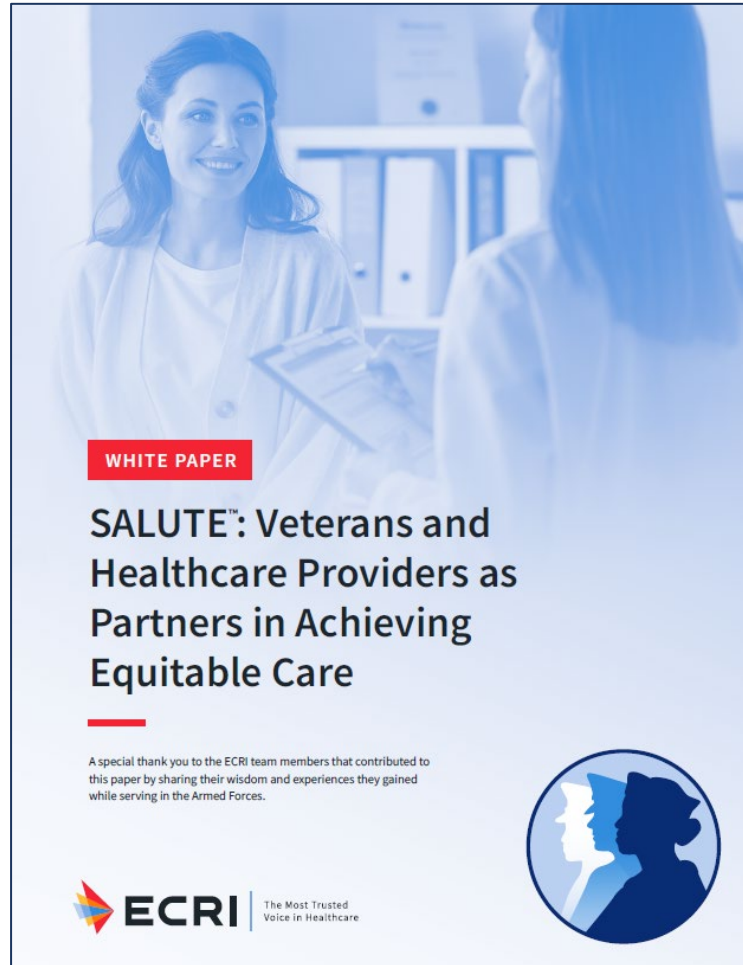
- STEP 1: Form a Change Team
- STEP 2: Complete the Veteran Engagement Systems Assessment
- STEP 3: Build an Improvement Plan with Driver Diagrams
- STEP 4: Review and Integrate the SALUTE Tools into Practice
- STEP 5: View the ECRI SALUTE Webinars
- STEP 6: Determine Measures of Effectiveness
- STEP 7: Engage with ECRI's SALUTE Program Team

# STEP 1: Form a Change Team



- Executive sponsor
  - Champion SALUTE at the executive and board levels of the organization and ensure that SALUTE team members have dedicated time and resources to successfully implement the program.
- Team lead
  - Lead the coordination of all SALUTE implementation activities, including team meetings, completion of the Veteran Engagement Systems Assessment, review of webinars and driver diagrams, and improvement planning.
- Physician champion
  - Lead engagement of physician team members with program implementation.
- Nursing champion
  - Lead engagement of nursing and other clinical team members with program implementation.
- Patient engagement champion
  - Provide insightful review of veteran engagement materials, represent veteran health issues at the Patient and Family Advisory Council, and lead collection and analysis of veteran feedback surveys.
- Veteran champion
  - Share the perspective of lived experience and provide feedback on program design.
- Safety or quality improvement champion
  - Lead collection and analysis of staff feedback, culture of safety survey results, and diagnostic safety data.
- Community liaison
  - Support partnerships between the healthcare organization and veteran support community organizations and agencies.
- Program management
  - Support programmatic aspects of SALUTE implementation and ongoing program maintenance.
- IT representative
  - Support changes related to the electronic health record (EHR) or other technology.


# Tools to Engage Stakeholders




**WHITE PAPER**

## SALUTE™: Veterans and Healthcare Providers as Partners in Achieving Equitable Care

A special thank you to the ECRI team members that contributed to this paper by sharing their wisdom and experiences they gained while serving in the Armed Forces.



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## SALUTE™ Serve Our Veterans. Improve Their Health.

### What is *Be the Expert on You: For Those Who Have Served in the Military*?

- A way to help veterans talk to their provider about their health
- A strategy to improve our practice's diagnostic safety

### What do I need to do?

- Understand the contents of the *Be the Expert on You: For Those Who Have Served in the Military* note sheet and why we are using it.
- Explain to veterans how they can complete the form and why.
- Quickly review the note sheet for completion before the veteran is brought into the exam room.
- Help veterans complete the note sheet if they are having trouble.

### How do I explain the note sheet to veterans?

- Use the sample scripts provided below to practice introducing the *Be the Expert on You: For Those Who Have Served in the Military* note sheet.
- Adapt the scripts to meet your needs.

*"Our practice is working to improve patient safety and diagnosis for veterans, and we need your help. [Insert provider name] would like you to fill out as much of this note sheet as you can before your appointment. This will help us understand your experiences now and when you served in the military so we can make the most of your time with us."*

*"If you have any questions about how to fill out the note sheet, please ask. We will be happy to help you. When you finish filling it out, hold onto it, because you'll discuss it when [insert provider name] comes in to see you."*

### Remember to:

- Remind veterans to keep the completed note sheet with them until they see the provider.
- Give support to veterans who need it. Not all veterans will ask for help—if you see a blank note sheet during rooming, take a minute to see if you can help the veteran complete it.
- Thank the veteran for taking the time to complete the note sheet and reinforce its importance.

Adapted from the AHRQ Toolkit for Engaging Patients to Improve Diagnostic Safety.



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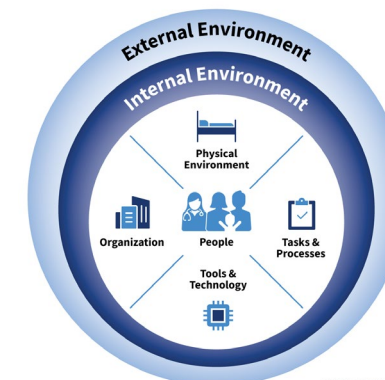
# STEP 2: Complete the Veteran Engagement Systems Assessment



## Veteran Engagement Systems Assessment

Item	Yes	No	Notes
<b>Organization</b>			
Does our board include any veterans?	<input type="radio"/>	<input type="radio"/>	
Do we have an employee resource group that supports staff members that are veterans or allies to veterans?	<input type="radio"/>	<input type="radio"/>	
Does our organization have any existing relationships with veteran service organizations, the US Department of Veterans Affairs (VA), or other national veteran agencies?	<input type="radio"/>	<input type="radio"/>	
Does our organization have any existing relationships with medical or nursing schools that include military cultural competence in their curriculum?	<input type="radio"/>	<input type="radio"/>	
Does our organization provide extra support or alternative accommodations for veterans who typically would have service/support animals accompany them in public?	<input type="radio"/>	<input type="radio"/>	
Does our organization allow appointment schedules to be adjusted so the provider has extra time to listen to the veteran's health needs?	<input type="radio"/>	<input type="radio"/>	
Do any veterans sit on our Patient and Family Advisory Council?	<input type="radio"/>	<input type="radio"/>	
<b>Physical Environment</b>			
Are the exam rooms quiet, private, and conducive to a conversation?	<input type="radio"/>	<input type="radio"/>	
Does the furniture in the exam room allow providers and veterans to have an eye-level, face-to-face conversation?	<input type="radio"/>	<input type="radio"/>	
<b>Tasks and Processes</b>			
Do we ask for and document patient's veteran or service status?	<input type="radio"/>	<input type="radio"/>	
Do we have a process to screen veterans for any service-related health conditions?	<input type="radio"/>	<input type="radio"/>	
Do we have a process to ask veterans about their health goals?	<input type="radio"/>	<input type="radio"/>	
Do we provide education for healthcare providers on veteran or military service-related health needs?	<input type="radio"/>	<input type="radio"/>	
Do we provide education for healthcare providers on unconscious bias and the impact of treating veterans?	<input type="radio"/>	<input type="radio"/>	
Do we provide patient education targeted to veterans in the community?	<input type="radio"/>	<input type="radio"/>	
Do we have a process to measure and act on diagnostic safety failures?	<input type="radio"/>	<input type="radio"/>	
Do we have diagnostic testing protocols in place for certain conditions?	<input type="radio"/>	<input type="radio"/>	

<b>Tools and Technology</b>			
Does our EHR have a place to document veteran status?	<input type="radio"/>	<input type="radio"/>	
If so, is veteran status easily visible (e.g., flagged) for healthcare providers, clinical staff, and care coordinators?	<input type="radio"/>	<input type="radio"/>	
Do we utilize technology to communicate with veterans before and after appointments (e.g., patient portal, text messages)?	<input type="radio"/>	<input type="radio"/>	
Does our EHR allow for the addition of veteran health clinical decision support materials?	<input type="radio"/>	<input type="radio"/>	
Does our EHR allow for additional documentation of veteran health goals and care planning?	<input type="radio"/>	<input type="radio"/>	
Do we have a repository that any team member involved in a veteran's care or care coordination can access to provide veteran health resources, benefits information, or referral sources?	<input type="radio"/>	<input type="radio"/>	
<b>People</b>			
Do we have any physicians, nurses, or other care team members that are veterans and could serve as a SALUTE clinical champion?	<input type="radio"/>	<input type="radio"/>	
Do we have patient advocates that have served in the military or have an interest in supporting veteran health?	<input type="radio"/>	<input type="radio"/>	



# STEP 3: Build an Improvement Plan with Driver Diagrams



- What are Driver Diagrams?
  - Visual display of your team's theory of what "drives" or contributes to the achievement of a project aim.
- Why use them?
  - They help you define the problem you want to solve and establish a plan of action.
  - They help clarify and communicate the improvement plan by identifying and prioritizing key activities that will drive change.

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Medication Practices **PSO**

## Driver Diagram Template

The driver diagram displays factors the team has identified that will "drive" the change needed to achieve the aim. The diagram illustrates a cause-and-effect relationship and begins with secondary drivers which will impact primary drivers which will impact the aim.

**Instructions:** Identify the team aim, primary drivers, secondary drivers, and change ideas.

- 1) First, state the aim of your improvement project. This statement should clearly identify what will be improved, by how much, for whom, and when. Develop this using SMARTER goal prompts (I.e., specific, measurable, attainable, realistic, timely, and redo).
- 2) Next, list up to two primary drivers. Primary drivers *directly* impact the aim.
- 3) For each primary driver, list secondary drivers that will impact the primary driver. These drivers suggest what the interventions will be.
- 4) Finally, list specific change ideas that will define the actions needed to impact secondary drivers.
- 5) **Important note:** The format below was developed for simplicity of use. However, secondary drivers may connect to more than one primary driver and change ideas may connect to more than one secondary driver.

\*Refer to this brief IHI video for more information: [How Do You Use a Driver Diagram?](#) (6:39)

Project aim		
Primary driver 1	Secondary driver	Change idea
	Secondary driver	Change idea
	Secondary driver	Change idea
	Secondary driver	Change idea
	Secondary driver	Change idea

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# A Closer Look



## Driver Diagram 3: SALUTE: Learn how to manage military service-related health risks.

**Why is this important?** Healthcare providers managing veterans' care should have the knowledge, attitude, and skills necessary to recognize, treat, and/or refer care associated with military service-related health risks.

**Aim statement:** Our healthcare providers will be military culturally competent and understand how to manage the unique service-related health risks of veterans.

Primary driver	Secondary driver	Change ideas
Provide healthcare teams the opportunity to build their military cultural competency, including knowledge of the unique service-related health risks that veterans experience.	Educate providers on service-related health risks.	<p>Conduct a baseline assessment of military cultural competency among the healthcare provider team.</p> <p>Provide education on important veteran topics, including military customs, ethos, toxic exposure risks, and mental health risks. Formats can include on-demand sessions, grand rounds, or hands-on simulation training.</p> <p>Ensure providers have direct access to online resources (e.g., the VA Exposure Ed App).</p> <p>Build a learning network for providers to learn from and share lessons with peers, including peers that are veterans and/or veteran allies.</p> <p>Partner with medical and nursing schools to develop military competency training curriculums.</p>

### Resources:

VA TRAIN Program: Military Culture: Core Competencies for Health Care Professionals Self-Assessment and Introduction to Military Ethos

<https://www.train.org/vha/course/1056248/details>

VA TRAIN Program: Whole Health TRAIN Courses

[https://www.va.gov/WHOLEHEALTHLIBRARY/courses/Whole\\_Health\\_TMS\\_Train\\_Courses.asp](https://www.va.gov/WHOLEHEALTHLIBRARY/courses/Whole_Health_TMS_Train_Courses.asp)

VA TRAIN Program: Military Culture in Primary Care

<https://www.train.org/vha/course/1068888/details>

VA TRAIN Program: Caring for Our Veterans Who Experienced Military Sexual Trauma

<https://www.train.org/vha/course/1091099/details>

Culturally Competent Behaviors Checklist

[https://deploymentpsych.org/system/files/member\\_resource/MCT\\_M04\\_Culturally\\_Compent\\_Behaviors\\_final-8oct13.pdf](https://deploymentpsych.org/system/files/member_resource/MCT_M04_Culturally_Compent_Behaviors_final-8oct13.pdf)

Cultural Vital Signs

[https://deploymentpsych.org/system/files/member\\_resource/MCT\\_M04\\_cultural\\_vital\\_signs\\_final-8oct13.pdf](https://deploymentpsych.org/system/files/member_resource/MCT_M04_cultural_vital_signs_final-8oct13.pdf)

VA Exposure Ed App for Providers

<https://mobile.va.gov/app/exposure-ed>

VA Military Exposures Resources for Providers

<https://www.publichealth.va.gov/exposures/>

Military Toxic Exposure Guide

<https://burnpits360.org/pages/military-toxic-exposure-guide>

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## STEP 4: Review and Integrate the SALUTE Tools into Practice

- Based on *AHRQ's Toolkit for Engaging Patients to Improve Diagnostic Safety*, these easy-to-use tools create an opportunity for veterans and healthcare providers to have important conversations about the veteran's military service and potential service-related health risks.
- By adopting ECRI's SALUTE Program, healthcare organizations can redesign the provider-veteran interaction and integrate evidence-based tools to:
  - Empower military veterans to become stronger advocates for their own health needs by using the ***Be the Expert on You: For Those Who Have Served in the Military*** checklist, and
  - Support healthcare providers in making more accurate assessments, diagnoses, and treatment plans for individuals who are at higher risk of service-related injuries with the ***60 Seconds of Listening to Improve Diagnostic Safety for Military Veterans*** training slides.



# SALUTE Tools



**Be the Expert on You**

## For Those Who Have Served in the Military

You are an important part of the care team. Your healthcare provider wants to be sure that they can safely address your health needs, including those that are a result of your military service. Thank you for taking an active role in your health and thank you for your service.

**Preparing for Your Visit**

Your provider needs your help to make a safe diagnosis and care plan. Please answer these five questions before your visit.

**1. Why are you here today?**

New problem    Follow-up    Medicine refill  
 Something else

**2. Has there been a change in how you are feeling since your last visit?**

No    Yes

If yes, when did it start?  
 Days    Weeks    Longer

How does it affect you?

**3. Have you seen anyone else about your health?**

No    Yes

If yes, whom did you see?

**4. Do you have questions about...**

Medicines?    Tests?    Treatments?  
 Something else?

**5. What are you worried about?**

**During Your Visit**

During the visit, your healthcare provider will discuss these important questions with you. Your responses will help them understand how they can support your health.

**Screening Questions**

**1** When and where did you **serve** in the military?

**2** What was your **occupation** in the military?

**3** Do you have any **illnesses** related to your military service?  
 New    Chronic

**4** Did you **experience** anything while serving that has impacted your health?  
 Physical health    Mental health

**5** Were you **exposed** to any toxins while serving in the Armed Forces?  
 Open burn pits    Airborne hazards  
 Gulf War-related exposure    Agent Orange  
 Radiation    Contaminated water at Camp Lejeune  
 Other

**6** Were you **exposed** to any blast caused by an Improvised explosive device (IED)?  
 Yes    No

**7** Since your transition from military to civilian life, have you had feelings of **not being valued or respected** by those around you or in your community?  
 Yes    No

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## 60 Seconds of Listening To Improve Diagnostic Safety

**"Just listen to your patient, he is telling you the diagnosis."  
- Sir William Osler**

Improve accuracy of assessment

Effectively communicate diagnosis

Improve timeliness of treatment

Adapted from the AHRQ Toolkit for Engaging Patients to Improve Diagnostic Safety

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# Partners for Safety: Veteran's Role

- Review the **Be the Expert on You: For Those Who Have Served in the Military** checklist.
- **Prepare for the visit** by answering a few questions about their current health.
- Consider how they will respond to the **screening questions** about their military service when the provider asks during the visit.

## Preparing for Your Visit

Your provider needs your help to make a safe diagnosis and care plan. Please answer these five questions before your visit.

### 1. Why are you here today?

- New problem  Follow-up  Medicine refill  
 Something else

### 2. Has there been a change in how you are feeling since your last visit?

- No  Yes

If yes, When did it start?

- Days  Weeks  Longer

How does it affect you?

### 3. Have you seen anyone else about your health?

- No  Yes

If yes, whom did you see?

### 4. Do you have questions about...

- Medicines?  Tests?  Treatments?  
 Something else?

### 5. What are you worried about?

## During Your Visit

During the visit, your healthcare provider will discuss these important questions with you. Your responses will help them understand how they can support your health.

### Screening Questions

- ? When and where did you **serve** in the military?

- ? What was your **occupation** in the military?

- ? Do you have any **illnesses** related to your military service?

- New  Chronic

- ? Did you **experience** anything while serving that has impacted your health?

- Physical health  Mental health

- ? Were you **exposed** to any toxins while serving in the Armed Forces?

- Open burn pits  Airborne hazards  
 Gulf War-related exposure  Agent Orange  
 Radiation  Contaminated water at Camp Lejeune  
 Other

- ? Were you **exposed** to any blast caused by an explosion, for example, an improvised explosive device (IED)?

- Yes  No

- ? Since your transition from military to civilian life, have you had feelings of **not being valued or respected** by those around you or in your community?

- Yes  No

Adapted from the AHRQ Toolkit for Engaging Patients To Improve Diagnostic Safety



# Partners for Safety: Provider's Role

- Healthcare providers will be culturally competent about **military service-related health risks**.
- By practicing ***60 seconds of Listening to Improve Diagnostic Safety***, they will hear the veteran's perspective and better understand the impact that past military service has on their current health state.
- Greater awareness of risks will allow more accurate **assessments** and **diagnostic** and **treatment** plans for veterans.
- Providers will engage veterans in **shared-decision making** about care options and will refer them to the right resources for support.





# STEP 5: View the ECRI SALUTE Webinars



- All webinars will be posted to the SALUTE Program site for viewing
- Webinar topics:
  - Overview of SALUTE Program and Strategies to Engage Veterans and Providers
  - Mental Health
  - Cultural Competency
  - Toxic Exposures
  - Moral Injury
  - Overview of Veteran Benefits

# STEP 6: Determine Measures of Effectiveness

- Possible areas to consider measuring for effectiveness:
  - Provider-veteran relationships
  - Healthcare providers' military cultural competence
  - Reduction in diagnostic errors
  - Reduction in healthcare disparities for the veteran population
  - Changes in the culture of safety among the office staff



**SALUTE™**  
Serve Our Veterans.  
Improve Their Health.

### Veteran Feedback Form

Please take a minute to fill out the following survey. It will help us improve your care. Thank you for your service!

Did you review the <i>Be the Expert on You: For Those Who Have Served in the Military</i> tool before your appointment today?	<input type="radio"/> Yes	<input type="radio"/> No
If so, did it help you prepare for the discussion with your provider?	<input type="radio"/> Yes	<input type="radio"/> No
Did the provider listen to you carefully during the appointment?	<input type="radio"/> Yes	<input type="radio"/> No
Did the provider encourage you to talk about your military service?	<input type="radio"/> Yes	<input type="radio"/> No
Did the provider ask any questions about how your military service impacted your mental health?	<input type="radio"/> Yes	<input type="radio"/> No
Did the provider ask any questions about how your military service impacted your physical health?	<input type="radio"/> Yes	<input type="radio"/> No
Did the provider ask any questions about possible exposures to toxins during your military service?	<input type="radio"/> Yes	<input type="radio"/> No
Did the provider ask any questions about challenges with your transition from military to civilian life?	<input type="radio"/> Yes	<input type="radio"/> No
Did the provider recommend any follow-up testing related to health issues associated with your military service?	<input type="radio"/> Yes	<input type="radio"/> No
If so, did the provider discuss how test results would be shared with you?	<input type="radio"/> Yes	<input type="radio"/> No
Did you and the provider discuss your health goals and next steps to achieve those goals?	<input type="radio"/> Yes	<input type="radio"/> No
If you discussed health issues related to your military service, did the provider share any veteran resources?	<input type="radio"/> Yes	<input type="radio"/> No

How would you rate your overall satisfaction with the appointment?

Not Satisfied    Satisfied    Very Satisfied

Do you have any other comments?

Adapted from the AHRQ Toolkit for Engaging Patients to Improve Diagnostic Safety.

**ECRI**   SALUTE@ecri.org | www.ecri.org

# STEP 7: Collaborate With Others as Part of the SALUTE Honor Roll

- Free to any individual or organization that wants to support veteran health
- SALUTE Honor Roll organizations are invited to participate in engagement activities to network and learn from the ECRI safety team and other SALUTE Honor Roll organizations
- Join live learning events featuring best practice organizations, voice of the veteran and subject matter experts



## Proud to Support our Veterans

By adopting ECRI's SALUTE Program, we are working to redesign the provider-patient interaction and empower military veterans to become stronger advocates for their own health needs

### SALUTE™ Program

**Serve Our Veterans. Improve Their Health.**

[www.ecri.org/SALUTE](http://www.ecri.org/SALUTE)





# SALUTE Program Resources



- Visit the SALUTE Program Honor Roll website to view program resources
- Contact the ECRI SALUTE Program team with any questions at [SALUTE@ECRI.org](mailto:SALUTE@ECRI.org)



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ECRI invites all healthcare leaders and providers to actively engage military veterans, their families, and caregivers as partners in safety.

**Affirm your commitment to serving veterans. Join ECRI's SALUTE Program!**

 **ECRI** | The Most Trusted Voice in Healthcare



# What Does Success Look Like?



- Improved provider-veteran relationships.
- Greater confidence and military cultural competence of healthcare providers.
- Reduction in diagnostic errors or delays.
- Reduce healthcare disparities for the veteran population.
- Pride among the care team that they are supporting the health and well-being of those who have served.





# THANK YOU

---

for being committed to providing  
safe and excellent care to our  
veterans.





# Resources for Health Centers Serving Veterans: A State-Wide Primary Care Association (PCA) Perspective

## *Improving Veteran Healthcare in West Virginia*

Jessica Dailey Haas, MSCN, RN, C-ONQS

Director, Clinical Transformation  
West Virginia Primary Care Association



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# Improving Veteran Healthcare in West Virginia West Virginia Primary Care Association (WVPCA)/ HCCN

October 17, 2024





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# About Me



US Navy- 8 yrs  
Heavy Gunner- USS Maryland (BB46)  
Pearl Harbor Survivor - 11 major  
battles in Pacific  
Last Pearl Harbor Survivor of WW  
**Grandfather**



US Airforce- Vietnam (2 tours) Combat Veteran  
**Friend**

**Father**- United States Army- Retired- Msgt- (24  
years of service)  
Vietnam Era- Combat in Operation Desert  
Shield/Desert Storm 1990-1991





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Bring awareness

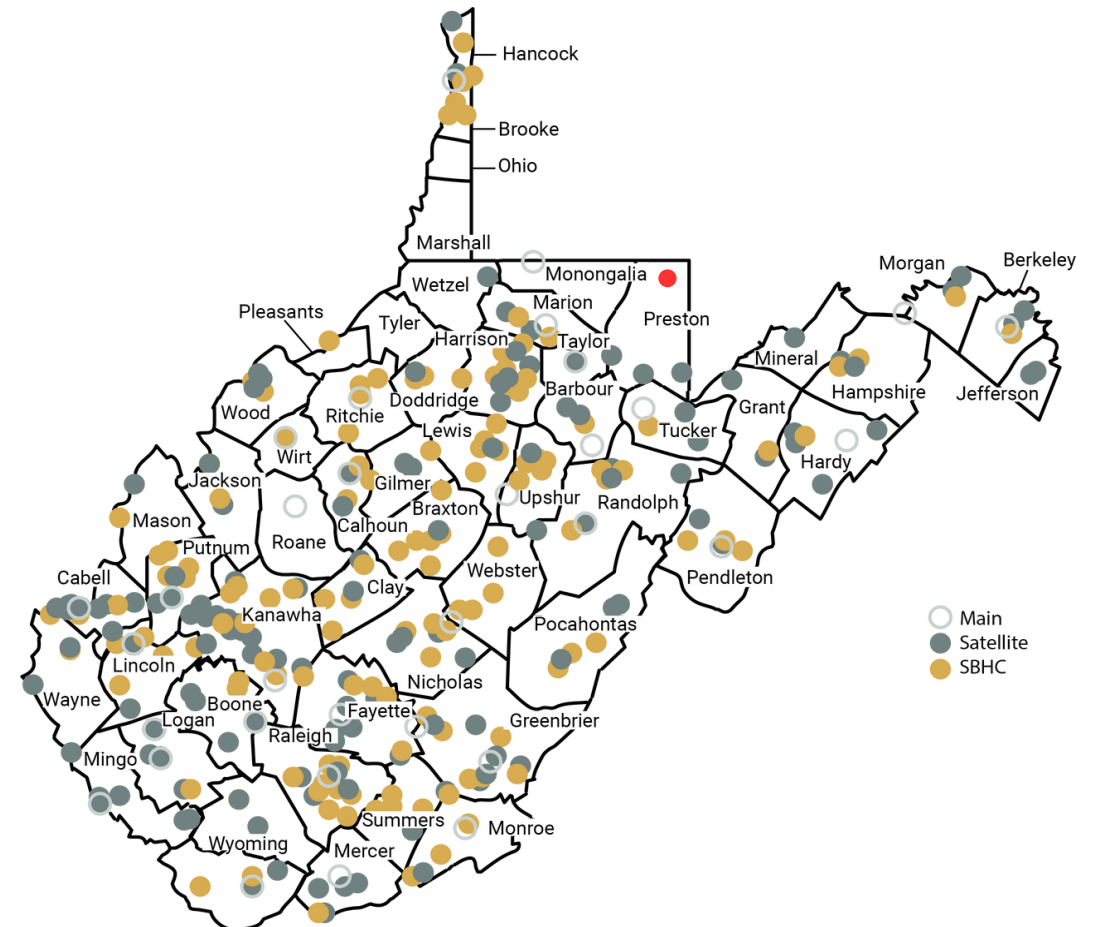




# Who we serve

## The WV CHC Network is comprised of:

- 28 WV; 2 MD-based FQHCs
- 3 Look-Alike Organizations
- 1 Rural Health Center
  
- Over 515 locations  
(~237 school-based health)
  
- WV CHCs serve over 543,000 patients across the Mountain State, representing 1 in 3 West Virginians
  
- The WVPCA is the largest organized independent primary care network in the state.



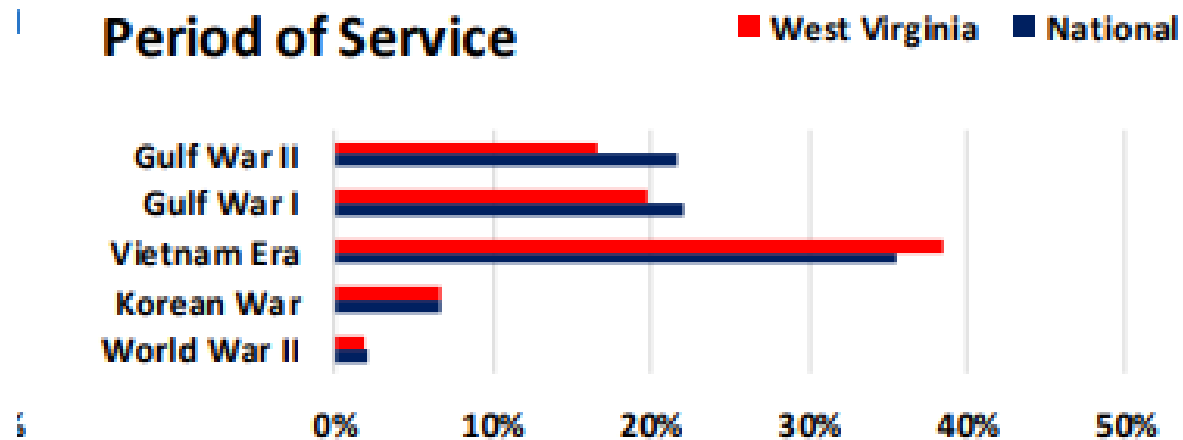


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# Veterans in WV

According to the 2023 WV UDS data, **11,773 veterans** were serviced in CHC. An increase of ~ 500 veterans from 2022.





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# NACHC Veteran Interest Group



NATIONAL ASSOCIATION OF  
Community Health Centers®

## Recommended Wording for Veteran Status Screening Question

UDS Table 4: Selected Patient  
Characteristics, Line 25 (Total Veterans)

Prepared: October 2023

Gina Capra, MPA

NACHC Veterans Interest Group Lead

Senior Vice President



## Veteran Status Screening Question: Wording Matters!

Improved accuracy in Veteran Patient Characteristic is proven when using the recommended wording

### RECOMMENDED (SHORT VERSION)

*Have you served in  
the United States  
military, armed  
forces, or uniformed  
services? (yes/ no)*

### RECOMMENDED [ADD ON to SHORT VERSION]

*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. (yes/ no)*

### NOT RECOMMENDED

*Are you a Veteran?*

**RATIONALE:** The US Department of Veterans Affairs (VA) has conducted research that shows individuals do not always consider themselves a “Veteran” for a variety of reasons (ie: unsure what a “Veteran” is; misunderstanding that it’s a “VA-designation” or applied only to individuals with honorable discharge).

As a result, VA recommends simply asking “Have you Served”, with the wording provided above.





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## HIT USER GROUPS

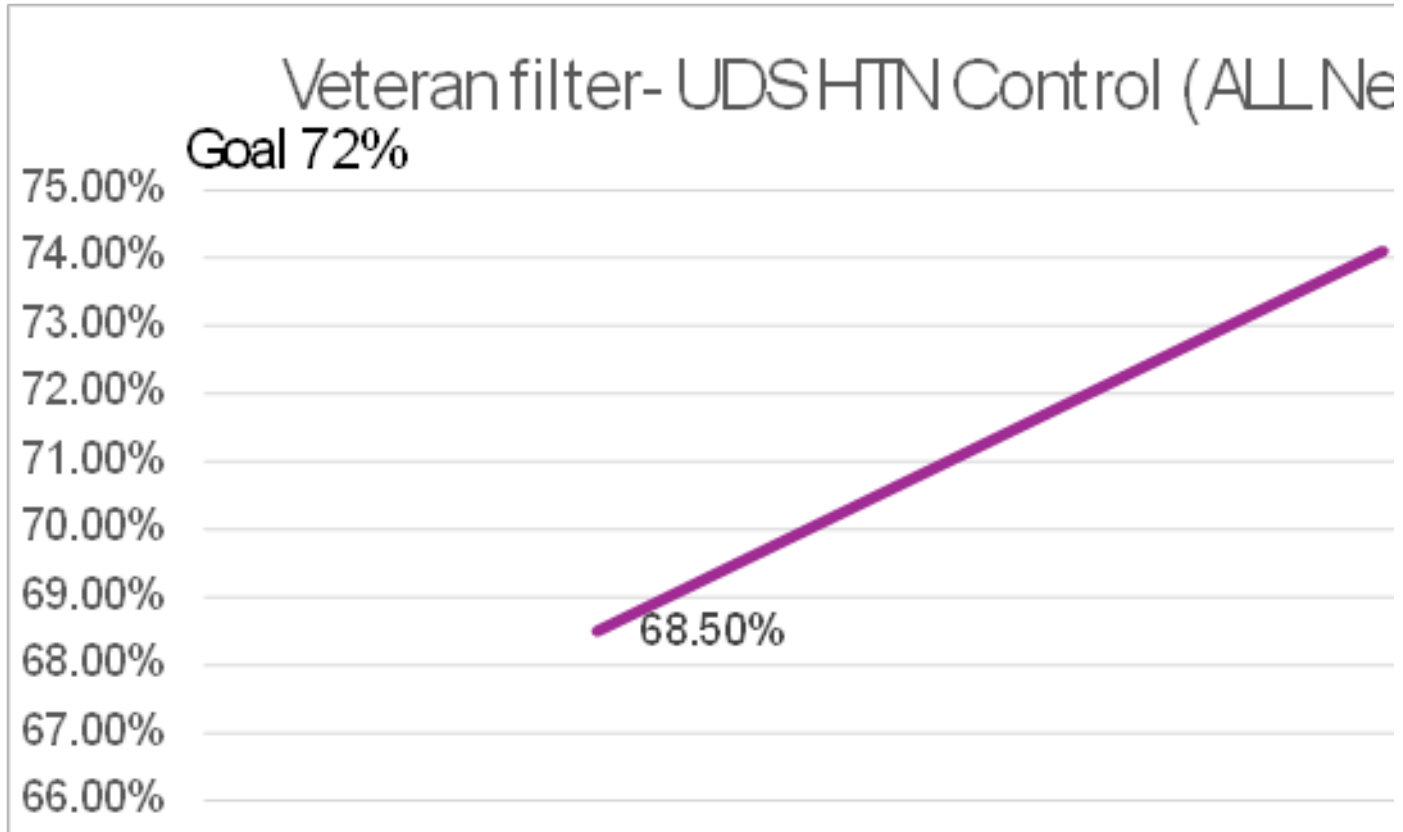
- Veteran screening update in all HIT User groups since 10/2023
- Discuss screening in monthly Quality, CMO, Nursing Administration Peer learning groups since 10/2023



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# Federal Workplan



Measure	Goal	Baseline ALL	End
UDS Controlling HTN	72%	69%	
AMA BP HTN Repeat	20%	9%	
AMA HTN Followup	50%	29%	
AMA BP Medication Intensification	10%	8.6%	
<b>Veteran filter- UDS HTN Control</b>		<b>68.5%</b>	<b>74.1%</b>
Repeat HTN		10%	
Intensification		6.8%	
<b>African American Filter- UDS HTN Control</b>		68.8%	71.1%
Repeat HTN		7%	
Intensification		8.2%	



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# ECRI SALUTE Program



## Clinical Projects at the WVPCA

- **Hypertension Workgroup- Monthly (Using AMA BP Metrics)**
  - 15% improvement in the past 2 months for the repeat blood pressure measure as a network
- **Referral Management Workgroup**
- **Chronic Care Management Workgroup**
- **Veterans- Vulnerable population**
  - Defining the UDS 2024 screening question
  - military environmental exposure training
  - GWI awareness
  - SALUTE ECRI Veteran Form
- **HIT User Group- Best Practices and workflows**
  - Greenway
  - Athena
  - Azara
- **Quality Peer Group- Peer Discussion Group**
  - Improve clinical quality measures and share best practices (Average 14 FQHC monthly)
- **Nursing Administration Group- Peer Discussion group for NA (Average 7 FQHC)**
- **Risk Management Group- Patient Safety and Risk Discussion Quarterly**
- **Colorectal Cancer Screening/Education- WV CCRT**
- **School-Based Health- Peer Group**
- **Behavioral Health- Peer Group**

## Be the Expert on You

### For Those Who Have Served in the Military



You are an important part of the care team. Your healthcare provider wants to be sure that they can safely address your health needs, including those that are a result of your military service. Thank you for taking an active role in your health and thank you for your service.

<https://home.ecri.org/pages/ecri-salute-program-veteran-resources>

#### Preparing for Your Visit

Your provider needs your help to make a safe diagnosis and care plan. Please answer these five questions before your visit.

- 1. Why are you here today?**  
 New problem  Follow-up  Medication refill  
 Something else
- 2. Has there been a change in how you are feeling since your last visit?**  
 No  Yes  
 If yes, when did it start?  
 Days  Weeks  Longer  
 How does it affect you?
- 3. Have you seen anyone else about your health?**  
 No  Yes  
 If yes, whom did you see?
- 4. Do you have questions about...**  
 Medicines?  Tests?  Treatments?  
 Something else?
- 5. What are you worried about?**

#### During Your Visit

During the visit, your healthcare provider will discuss these important questions with you. Your responses will help them understand how they can support your health.

#### Screening Questions

- 1. When and where did you serve in the military?**  
 What was your occupation in the military?
- 2. Do you have any illnesses related to your military service?**  
 None  Chronic
- 3. Did you experience anything while serving that has impacted your health?**  
 Physical health  Mental health
- 4. Were you exposed to any toxins while serving in the Armed Forces?**  
 Open burn pits  Airborne hazards  
 Gulf War-related exposure  Agent Orange  
 Radiation  Contaminated water at Camp Lejeune  
 Other
- 5. Were you exposed to any blast caused by an explosion, for example, an improvised explosive device (IED)?**  
 Yes  No
- 6. Since your transition from military to civilian life, have you had feelings of not being valued or respected by those around you or your community?**  
 Yes  No



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## Resources for providers

Viewing posts in all categories | page 4

+ Add a new post

### Gulf War Illness Research: *Health Measures and Outcomes*

#### Overview

- **Case Definitions for Gulf War Illness**
- **Symptom Assessment in Gulf War Veterans**
- **Other Health Measures of Importance**



Jessica H

Medical Journals and Research ▾

01 Jul

### Understanding Gulf War Illness for providers

Please see the attached provider education material for Gulf War Illness. Please allow this to be part of the network's ongoing improvement efforts in improving the healthcare of specific vulnerable population in our state of WV. (Veterans)

Best,

Jessy



gulf-war-illness-for-providers.pdf



Kansas case definition



# Promote Training

Viewing posts in all categories | page 2

+ Add a new post



Jessica H

CCM ▾ 22 Aug

## Veteran Class- Learn about Agent Orange Exposure and related health conditions

### Veteran Class: Agent Orange: What you need to know

Join VA's virtual class, *Agent Orange: What You Need to Know*, and learn about Agent Orange exposure, related health conditions, benefits, and information for Blue Water Navy Veterans. This free class takes place on Thursday, September 26, from 1:30 p.m. – 3:00 p.m. ET. You can attend through your personal computer, smart phone, or tablet.

To learn more about this class and sign up, see the class flyer at [https://www.warrelatedillness.va.gov/WARRELATEDILLNESS/education/local-offerings/support/Agent\\_Orange\\_flyer.pdf](https://www.warrelatedillness.va.gov/WARRELATEDILLNESS/education/local-offerings/support/Agent_Orange_flyer.pdf).



Jessica H

Provider training ▾ 26 Sep

## Agent Orange- What to know- VA educational webinar

Patient hand outs

Resource guide

Slides from webinar



WRIISC\_HOME\_AgentOrangeVirtualVeteranClass\_9.26.24\_final.pdf



Agent\_Orange\_Resources\_for\_Vets\_9.26.24.pdf



Agent\_Orange\_Info\_Sheet.pdf





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[Home](#) > [Education & Events](#) > Military Environmental Exposures Certifications

## Level 1 and Level 2 Military Environmental Exposures Certifications

Military Environmental Exposures  
(MEE) Certifications



**U.S. Department of Veterans Affairs**  
Veterans Health Administration



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Jessica H

Uncategorised ▾ 24 May

## Health Center Serving Veterans: Improving Identification of Military Veteran Patient Characteristic

Thank you for registering for the webinar, **Health Center Serving Veterans: Improving Identification of Military Veteran Patient Characteristic** on April 10, 2024. We hope you found the training useful. We wanted to reach out to provide the webinar recording and slides, which can be found on the Health Center Resource Clearinghouse Veterans Webinar April 10.

**Resource Summary:** This webinar focuses on key aspects of identifying military veteran status, including a discussion of why the wording of screening questions matters and how to apply more accurate patient counts to needs assessment and service delivery to military veterans. In addition, the webinar presents evidence-based, recommended screening techniques



NACHC-Health-Centers-Serving-Veterans-National-Webinar-April-10-2024\_edited\_(1).pdf



Jessica H

Uncategorised ▾ 07 Jun

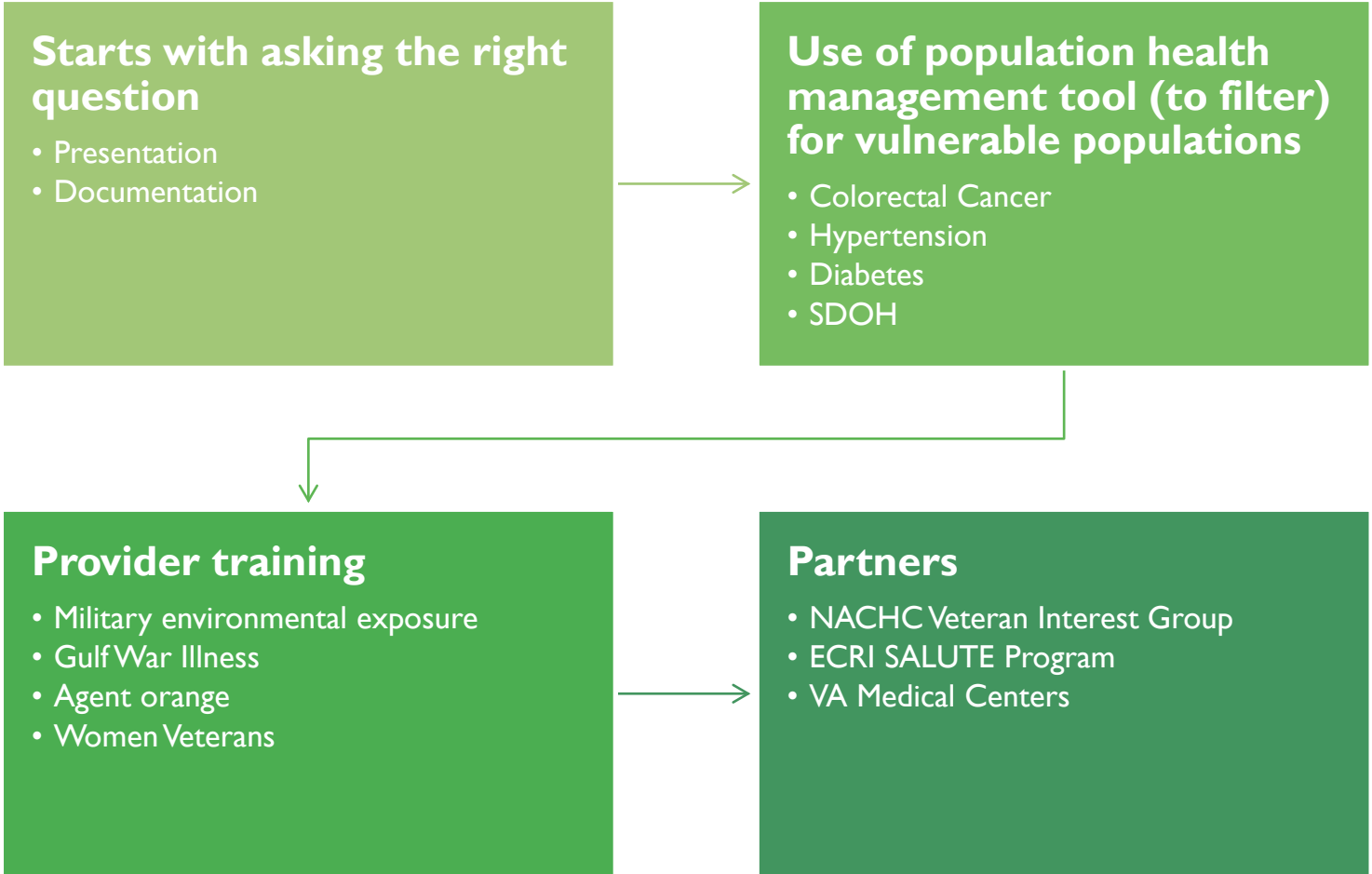
## Veterans GME Funding Opportunity Webinar

### Health Centers Serving Veterans: The U.S. Department of Veterans Affairs (VA) Graduate Medical Education (GME) Pilot

June 12, 2024 | 2:00 - 3:00 pm ET

U.S. 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 Federally Qualified Health Centers, as authorized under VA MISSION Act Section 403 and administered by the VA's Office of Academic Affiliations.





# KEY POINTS



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## CONTACT



**Jessica**  
Dailey Haas

RN, MSN, C-ONQS

Jessica Dailey Haas  
WV Primary Care Association/ HCCN  
[Jessica.haas@wvpca.org](mailto:Jessica.haas@wvpca.org)

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# Additional Resources for Health Centers Serving Veterans

Gina Capra

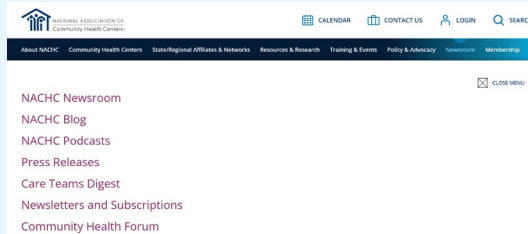
Chief Education Officer

National Association of Community Health Centers

# Resources for Health Centers Serving Veterans

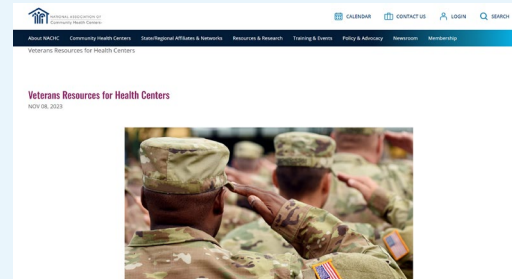
## Veterans Interest Group Mailing List

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](#)



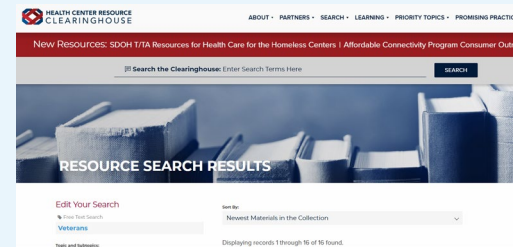
## NACHC Veterans Webpage

Visit [NACHC’s webpage](#) for publications, policy updates, and more!



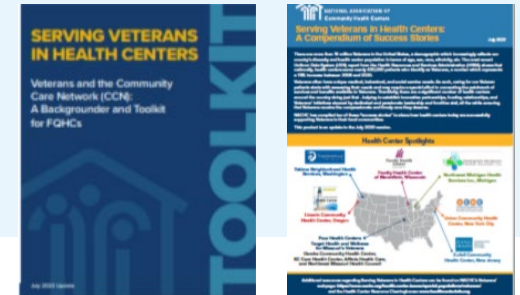
## Health Center Resource Clearinghouse

[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](mailto:trainings@nachc.org) with questions!

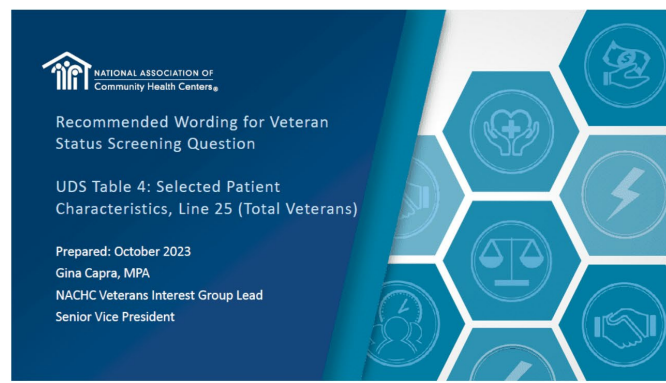


# NACHC TRAINING RESOURCE

## Recommended Language for Veteran Status Screening Question in Health Centers (Oct 2023) – download [here](#)

### Recommended Language for Veteran Status Screening Question in Health Centers (Oct 2023)

NOV 08, 2023




**DOWNLOAD**  
[Recommended Language for Veteran Status Screening Question in Health Centers](#)

Does your health center ask "Have you Served" to identify Military Veteran status? Evidence shows that the way you ask the question matters. Read more in this short NACHC presentation. Consider...

# QUESTIONS?

## CALL TO ACTION:

- 1. Utilize the Recommended Veterans Screening Question**
- 2. Try One of Today's Resources or Activities**
- 3. Complete Today's Webinar Evaluation**



All planning members, faculty and reviewers involved in the October 17, 2024 live webinar **Health Centers Serving Veterans: Spotlight on SALUTE; Improving Healthcare for Veterans in Health Centers** have disclosed in writing that they do not have any relevant financial relationships

### **For Physicians:**

#### **CME Accreditation Statement:**

ECRI is accredited by the Accreditation Council for Continuing Medical Education (ACCME) to provide continuing medical education for physicians.

#### **AMA Credit Designation Statement:**

ECRI designates this live activity for a maximum of 1.0 *AMA PRA Category 1 credits*<sup>tm</sup>. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

## **For Nurses:**

This activity has been approved for up to 1.0 California State Nursing contact hours by the provider, Debora Simmons, who is approved by the California Board of Registered Nursing, Provider Number CEP 13677.

The California Board of Registered Nursing does not allow partial credit of less than one hour.

## **To qualify for credit:**

Credit will only be considered for attendees that are *individually* registered and attend the entire activity. In addition, **an evaluation will be emailed to all registered attendees immediately after this activity and must be completed in its entirety to be eligible for credit.** Once all information is verified, a certificate will be e-mailed from [ECRIcredit@ecri.org](mailto:ECRIcredit@ecri.org) to the address provided in the evaluation within 30 days.

When authorized by the accrediting organizations, partial credit will be issued and is adjusted down in 15-minute increments. The California Board of Registered Nursing does not allow partial credit of less than one hour.



# 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](https://www.hrsa.gov).



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## APPENDIX: FACULTY BIOS

# Gina Capra, MPA

## Chief Education Officer, NACHC

Since 2017, Gina has led NACHC's 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 32.5 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 December 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.



# Shannon Davila, MSN, RN, CPPS, CIC, CPHQ, FAPIC

**Executive Director, Total Systems Safety, ECRI**

With a clinical background in adult critical care nursing, Shannon specializes in infection prevention, patient safety and healthcare quality improvement. She currently sits on the National Steering Committee for Patient Safety.

She has authored a book and published several articles that focus on the importance of infection prevention and patient safety. In 2016, Shannon was honored with the APIC Heroes of Infection Prevention Award.

Shannon has served in the United State Air Force and is appointed to sit on the New Jersey Commission for Women Veterans.

Shannon is certified in just culture, patient safety, infection control, healthcare quality, as a TeamSTEPPS Master Trainer and High Reliability coach. She received her BSN from the University of Southern Maine, her MSN from Walden University, and in 2020 was designated by APIC as a fellow in infection prevention (FAPIC).



# Jessica Dailey Haas

**Director, Clinical Transformation, West Virginia Primary Care Association**

Jessica was born and raised in the southern coalfields of Appalachia in West Virginia. She is a proud granddaughter of the last Pearl Harbor Survivor for the state of WV and the proud daughter of Master Sgt. Stephen Dailey who retired from the US Army after 24 yrs. entering during Vietnam and serving in combat during the 1<sup>st</sup> Desert Storm.

Professionally, she is a pediatric critical care nurse by training with leadership experience in Neonatal Intensive Care caring for the most vulnerable patients. Prior to joining the West Virginia Primary Care Association /HCCN in 2022, she was a clinical research nurse educator for neonatal/perinatal services in an academic children's hospital. She has co-authored over a dozen medical journals.

She is passionate about improving veteran's healthcare often appearing on the local news to discuss awareness of Gulf War Illness (a disease in which has affected her father). She participates in national discussions on Gulf War illness, military environmental exposure training, and research.

She currently serves as the Director of Clinical Transformation with the WV Primary Care Association and works with its members on clinical transformation including improving care for veterans.

