



Patient Centered Care, Cultural Transformation

By: Tracy W. Gaudet, MD

Director, VHA Office of Patient-Centered Care and Cultural Transformation

To underscore its commitment to provide Veterans with world-class health care that is patient-centered and evidence-based, the Department of Veterans Affairs has established the Office of Patient-Centered Care and Cultural Transformation (PCCCT). The goal of this new Office is to transform medical facilities nationwide to patient-centered cultures. The national office will operate out of VA's Washington headquarters and will capture innovation in the field, align and coordinate ongoing initiatives, and demonstrate and deploy new models of care. In partnership with ongoing initiatives, such as those in the National Center for Health Promotion and Disease Prevention (NCP), the staff at the Office of Patient-Centered Care and Cultural Transformation will develop cultural change strategies that include educational training programs to support the nationwide implementation of patient centered care.

What Does this Mean?

The quality and the commitment of the clinicians and staff who work at the VA and who have dedicated themselves to serving our Veterans are unparalleled. The patient is



the entire reason most of us went into the health care field in the first place. So how is patient-centered care a *cultural transformation*?

Here is the central issue: Our existing health care system is not designed with the person at the center. It is actually designed with the problem or the disease at the center. The provider's note starts with "chief complaint," then a problem list, and finally a plan for the problem, but not a plan for the individual. The entire

orientation is around the problem; we offer the best possible disease care. While this system typically gets great results with acute issues, it often fails with chronic illness; and moreover, it largely ignores health promotion. The health promotion that is offered in health care today is typically not nearly as effective as it could be because it is offered in a system designed to deliver disease care and not health care.

Seventy-five percent of our health-care dollars are spent on chronic diseases, which are largely affected by health behaviors and lifestyle choices. This burden is part of the driving force to change our system. But how? The problem is that our current system of care lacks a core competency in optimizing health and healing or helping people to truly change their health behaviors. No one on the healthcare team has the responsibility or the training to partner with the patient to

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Additional Training in Support of PACT

The Veterans Health Administration (VHA) began implementing the patient-centered medical home model now known as PACT (Patient Aligned Care Teams) in the beginning of FY 10. The overall goal of the initiative is to transform our health care delivery system to provide more Veteran-centered care, starting first with primary care. Seamlessly integrating preventive care into primary care and engaging patients as partners are both key aspects of this transformation.

The National Center for Health Promotion & Disease Prevention (NCP) is contributing to this effort in a number of ways, including providing PACT staff with training in patient-centered communication skills that are integral to helping Veterans to stay well, prevent illness, and participate in self-management of existing health conditions. Patient Education: TEACH for Success (TEACH) and Motivational Interviewing (MI) training are two specific training programs that NCP is utilizing to enhance the Veteran-centered communication skills of PACT staff.

TEACH is a seven-hour, face-to-face experiential educational program that provides PACT staff with evidence-based, Veteran-centered communication skills that enable

them to collaborate with Veterans and "coach" them to engage in self-management of chronic conditions, health-behavior change, and healthy living. Classroom sessions use simulated patients and case scenarios to practice strategies and techniques designed for educating and coaching patients in brief encounters. TEACH programs are offered by NCP-trained TEACH facilitators who include Veterans Health Education Coordinators (VHECs), Health Behavior Coordinators (HBCs), and Health Promotion Disease Prevention Program Managers (HPDP PMs).

MI training provides clinicians with an opportunity to learn the principles, skills, and strategies associated with MI, an evidence-based clinical method that involves guiding Veterans to healthy choices by eliciting and supporting their own motivations to change. Research has demonstrated the effectiveness of MI across a wide range of health behaviors and within a variety of clinical settings. MI training studies indicate that learning MI requires considerable practice and

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CAVHCS All-Stars

As I discussed with you earlier today I have often provided constructive feedback when I saw opportunities for improvement in the delivery of quality, compassionate service to both my husband and other veteran's through our interaction with the primary clinic and other specialty clinics. However, today I want to point out that we received excellent service.

Dr. Schaffner from the Diabetic Clinic offered comfort, and support to me as a care giver and worked with Michael to identify some pharmaceutical adjustments that would help in having a better quality of life and maintaining his independence as long as possible. As you know Michael has a multitude of health conditions that require management by many specialists and with many diverse types of medication, which at times can cause unintended side effects. Dr. Schaffner was willing to listen to our concerns and discuss the pros and cons of each medication and the rationale for each medicine.

We left the appointment feeling like someone in the VA cared about Michael's quality of life and wanted to help me as a caregiver cope with his failing health. Please express my gratitude to leadership for employing physicians that are willing to work with the whole person. -- Amy L. Hill, Veterans Service Center Manager, Montgomery

I want to thank you for all the service I am receiving here at your campus. I'm a homeless veteran living in the dorm. The staff is A+ with the service, helping me with my addictions and helping me in my search for a job. The staff has gone above and beyond their duty to help me. Mrs. Clark of the dorm is doing a superior job at running the program. You need to give her a pat on the back or buy her lunch. -- Respectfully, Nekial S. Tuskegee, Ala.

I would like to take time to say thanks for so many of the people at the VA and the terrific job they do in helping us Veterans, especially those who have helped me in my journey towards recovery in Tuskegee. It all started in 2009 when I needed to get into the domiciliary. I want to thank Diane Allen and Lisa Brown who helped me get in at that time. They were very helpful. After I was placed I went to the Substance Abuse Treatment Program. I would like to say thank you to Mrs. Diane Dix, Tyrinda Caver and Lisa Brown who helped me while I was in the SATP. From there, Mrs. Caver referred me to the HUD/VASH program for housing. They helped me in my search for housing and I am now in my own apartment. All of these people have been very helpful to me and I just wanted to say thank you to each of them.

-- Sincerely, Charles R.

CAVHCS Survey says...

What is your favorite part of your job?



Maurice Pickett,
Housekeeping, EMS

"Knowing I can be a help to staff and Veterans. Plus, I like knowing that cleanliness is what keeps this hospital operational."



Gerald A Pollard
East Campus Logistical
Support Delivery, Supervisor

"That I'm able to get the supplies to the Veterans in a timely and professional manner."



Marie Motley,
Voluntary Services, Program
Support Assistant

"I get to do different things every day. It's not boring."

The CAVHCS Salute



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The CAVHCS Salute is produced by the Central Alabama Veterans Health Care (CAVHCS) Public Affairs Office. CAVHCS Salute is an unofficial, internal communications publication.

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Defining, Dealing with Workplace Harassment

By: Loretta McWhorter McCloud

CAVHCS Equal Employment Opportunity (EEO) Program Manager/Alternative Dispute Resolution (ADR) Coordinator

In recent months, there has been an overwhelming increase in the number of complaints reported to the Equal Employment Opportunity Office, and filed with the Office of Resolution Management alleging workplace harassment. Harassment is a form of discrimination, and is a violation of law and policy.

Harassment is defined as:

- Unwelcome verbal or physical conduct that an individual believes is based on race, color, religion, sex (gender), national origin, age (over 40), and/or disability.
- Conduct when the submission to, or rejection of, such conduct issued as the basis for employment related decisions or actions.
- Conduct that has the intent or effect of unreasonably interfering with one's work performance, or creating an intimidating, hostile, or offensive working environment (also known as hostile work environment).

Harassment is a form of employment discrimination that violates Title VII of the Civil Rights Act of 1964, the Age Discrimination in Employment Act of 1967, (ADEA), the Americans with Disabilities Act of 1990, and the Americans with Disabilities Act Amendment Act. Conduct that is not severe or pervasive enough to create an objectively hostile or abusive environment – an environment that a reasonable person would find hostile or abusive, is beyond Title VII's purview.

Not all harassment is protected by law. Claims of a few isolated incidents of alleged harassment usually are not sufficient to state a harassment claim, unless the conduct is very severe, pervasive and persistent. Workplace harassment is illegal and against VA's policy. Management is responsible for promptly addressing and eliminating all workplace harassment.

A manager's attempts to address performance and conduct issues are not routinely harassment. The conduct must create a work environment that is hostile, offensive,

pervasive, and substantially affect the work environment of a reasonable person.

Examples of behavior that may constitute harassment include:

- Racial or ethnic jokes or slurs
- Pictures, objects, or graphic material containing offensive content
- Threatening words or gestures directed at a person because of his or her membership in a protected class
- Obscene, vulgar, or abusive language
- Notes or E-mails containing slurs, jokes, or abusive language
- Stalking (waiting for the employee in the parking lot; hanging out near an employee's home)
- Physical assault, such as twisting a co-worker's arm, or brushing a hand across their body

Harassment becomes unlawful when:

- The conduct is sufficiently severe or pervasive as to create a hostile work environment
- Enduring the offensive conduct becomes a condition of continued employment, or results in a tangible employment action, and
- The conduct is based on an individual protected status, (i.e., race, color, religion, sex (gender), national origin, age (over 40), and/or disability).

The key issues are frequency and severity:

- The more severe the conduct, the less frequent the conduct must be to rise to the level of a hostile environment.
- The less severe the conduct, the more frequently it must occur to constitute a hostile environment.
- The victim does not have to be the person harassed, but can be anyone affected by the offensive conduct.
- Unlawful harassment may occur without economic injury to, or discharge of the victim.

For additional information you may contact the EEO Office at ext. 3571 or 3105.

Federal Government Hiring of Vets is on the Rise

Despite a decrease in overall hiring, the federal government brought on more veterans in fiscal 2010 than in fiscal 2009, according to a report released June 15, by the Office of Personnel Management (OPM).

The number of veterans hired rose by about 2,000 to 72,133 in fiscal 2010, OPM said. Veterans also accounted for a higher percentage of new hires, the personnel agency said, rising 1.6 percentage points from 24 percent of new employees in fiscal 2009 to 25.6 percent in fiscal 2010.

OPM emphasized increased hiring of disabled veterans, noting the percentage brought on grew 1.2 points, from 7 percent of new hires in fiscal 2009 to 8.2 percent the following year.

The Defense and Veterans Affairs departments saw the most new veterans hired, while the Transportation Department had the highest percentage point increase, going from 25.4 percent to 30.1 percent. While OPM itself hired more veterans than it did during the previous year.

This is the first report on veterans' employment data since President Obama issued an executive order in November 2009 to make hiring veterans a priority. The order created Veterans Employment Program offices in federal agencies, to guide veterans through the job application process and help them adjust to life as civilian employees once hired. Additionally, the order established a Council on Veterans Employment.

OPM called the increase a success but stressed that more work remains. "The Veterans Employment Initiative is off to a strong start, but this is only the beginning," OPM Director John Berry wrote in an introduction to the report. "We must work even harder in the months and years to come."



Developing a Skill Set to Manage Stress

By: Mary Catherine Porch, APN

CAVHCS Health Promotion Disease Prevention Program Manager

Stress is very common and influences many of our personal health choices such as exercise; healthy eating, tobacco use, and sleep just to name a few. So it's easy to see how developing skills to better manage stress are important to ensuring we're all on a path to healthy living.

First, you should discuss feelings of stress with your PACT or Patient Aligned Care Team. Everyone feels stress a times. Don't let feelings of embarrassment keep you from seeking help. Your primary care provider will be able to assess whether or not the level of stress you are experiencing requires professional assistance. Whether or not professional assistance is needed there are some things that you can do right away.

Mood often comes from our thoughts. It is important to control thoughts that cause you to feel stressed. Think of several positive statements that you can say to yourself when you feel stressed. For example, "I am calm and relaxed" or "I can control the reaction I am having to a situation even if I cannot control the situation." Another example is, "I will accept the things that I cannot change." Try to figure out what is behind the stressful thoughts that you are having. Ask yourself if the thoughts are sensible and realistic. Could you be overreacting? Replace the thoughts with opposite and positive thoughts.

To help your body handle stress, eat a healthy diet and be physically active every day. Treat yourself to a long shower or a massage and make sure that you get enough rest.

Another technique is to stop and count to 10 or take several slow deep breaths. Patients are often encouraged to practice deep breathing every night before bed and whenever they are waiting in line. Practicing deep breathing when you are not stressed helps you to become better at using this relaxation technique. When you need it under pressure, you will have a practiced, effective tool to use.

Be sure to manage your time well.

Do not put things off until the last minute. Divide large tasks into smaller ones and manage one at a time. Make to-do lists and check each item off as you complete it. If you plan ahead as much as possible, you will be better able to manage the unpredictable events of the day and keep from rushing or feeling pressured.

In managing your time, plan time for yourself. Have some quiet time for praying or meditating. Listen to music or express yourself artistically. Play games with your family members and spend time with your pets. Do things that you enjoy. Take time to call a trusted friend and talk about the things that concern you.

It is important to know that stress, anxiety and depression often occur together. Feelings of depression can lead to thoughts of harming yourself. In this situation, professional help is needed immediately. You can call the crisis hotline at **1-800-273-8255** and speak to a counselor 24 hours a day. Never hesitate to seek professional help! If you would like more educational information about managing stress and healthy living, please visit the Veteran/ Family Health Education Centers in Tuskegee and Montgomery.



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follow-up coaching and support. Thus, MI training for PACT staff will be at least four hours over at least two sessions. NCP plans to train all HBCs in MI.

The FY 11 Transformational Initiative Prevention Program Goal is to reach 20% of all PACT teamlet clinical staff (Clinical Associates, Providers, RN Care Managers) with TEACH training. Over 460 TEACH facilitators have been trained by NCP-supported faculty over the last several years, and more than 200 new TEACH program leaders have been trained over the first year and a half of the Transformational Initiative. Thus far this fiscal year, TEACH facilitators have held over 125 classes for PACT teamlet clinical members in facilities across the country.

MI Training has been disseminated more slowly, as the first group of HBCs was trained by NCP in August 2010. As of February 2011, 80 HBCs have received MI training and training has begun in many facilities. Twenty-five percent of all RN Care Managers have been targeted for MI training in FY 11, though other members of the PACT clinical team, as well as other clinical staff, are also welcome.

As the numbers of TEACH and MI facilitators continue to grow, NCP is exploring ways to provide these

individuals with additional support to assist them in delivering communication skills training and follow-up coaching to PACT teamlet staff. A workgroup, made up of NCP staff, VHECs, HBCs, and HPDP PMs, has recently been launched to assist NCP with this task. Our charge is to provide TEACH and MI trainers with support, guidance, tools, resources, and additional training to enhance their skills as educators, presenters, and clinician coaches. Armed with these additional resources and skills, they will be able to better serve PACT teams and help catalyze the VHA's transformation to more Veteran-centered care. Ultimately, this transformation will assist Veterans to avoid illness and live healthier and more productive lives.

Mark Your Calendar: For those VHECs, HBCs, and HPDP Program Managers not yet trained in MI and TEACH, two additional courses have been added for summer 2011. The TEACH program will be held July 20–22, 2011, and the MI training will be held July 26–28, 2011. Contact CAVHCS Education for more information.



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really help them change their health and their life. It is not just a matter of educating the Veteran. We have a large information-behavior gap in this country. It is easy to find Americans who know that smoking causes cancer and that exercise, good nutrition, a healthy weight, and stress management are good for us, resulting in optimizing our health day-to-day, and allowing us to live longer, happier lives. However, the health of our county and our Veterans continues to decline. Is this because Americans are inherently lazy or they don't care about their health? NO! It is because we have a Problem-Based Disease Care System when what we really need is a Patient-Centered Health Care System.

How does a Patient Centered Health Care System Work?

A Patient-Centered Health Care System starts and finishes with the Veteran, with his or her life. It begins with an exploration of what matters to Veterans. Why do they want their health and their life to improve? Many of us haven't given it that much thought. And until we do, our hopes and plans to make difficult changes in our lives and behaviors are likely to remain just that – hopes and plans. This new approach has Veterans at the center and begins with their *vision* of health and their *goals* for health. Created in partnership with their team, the Veteran has a personalized health plan that is based in what matters to them in their lives. We then support Veterans in acquiring the skills and resources they need to succeed in making sustainable changes in their health and life - whether they are young and fundamentally healthy, or whether they are in the end stages of their life. It starts and finishes with the Veteran.

Radical Departure, Rational Change

This new vision is a radical departure from the current system of care. This approach requires mutually reinforcing behavior change on the part of the system, the health care team, and the patient. What is culture? Culture is individual and collective behavior based in *experience and incentives*. The health care teams need to experience this approach to health care and the system needs to incentivize its delivery. And the patient needs to experience this approach to their health and life, and be incentivized to change. What is transformation? Transformation is profound, fundamental, and permanent change. This kind of change takes years. It takes perseverance and commitment. And in the end, our clinical outcomes will improve and our system will become more efficient and cost effective. And most importantly, our Veterans will be seen, understood, and will be the center of their own healthcare, from beginning to end.

The Office of Patient-Centered Care and Cultural Transformation will partner with the field through several core implementation strategies. Phase One of the national roll out in this strategy is already underway in partnership with Planetree. Phase I teaches the staff of our health care systems

the fundamentals of providing a patient centered experience. This also serves the vital function of mining the innovation that is occurring every day at the bedside, and creating the system by which these innovations can be understood and assessed for their potential dissemination across the system. While beginning to shift the culture across the systems through Phase One, we must also research, develop, demonstrate, and then deploy the models of care. To this end, we have identified five Centers of Innovation in each of four regions of the country (East Orange, New Jersey; Birmingham, Alabama; Los Angeles, California; and Dallas, Texas) which will serve as our innovation engines. The role of the Centers of Innovation is to help develop and demonstrate these new approaches to care, so that we can learn what will and will not work.

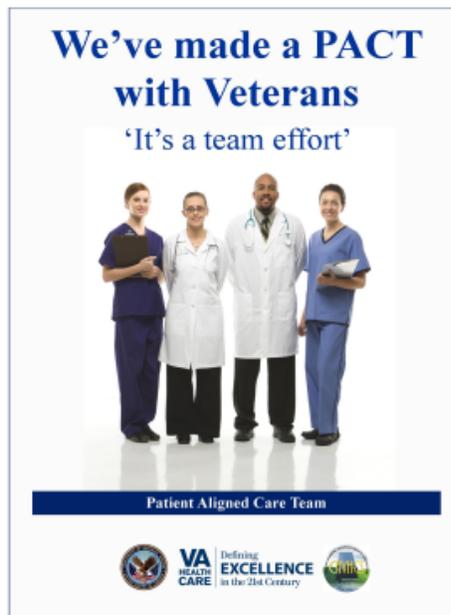
One of the critical goals of these Centers of Innovation is to pilot ways in which the impressive array of new initiatives within the VA can be integrated and aligned at the point of care. The Centers of Innovation and the national roll out will interface seamlessly as each team learns from the other by studying outcomes and then creating education and training to allow the national dissemination of innovations in patient-centered care.

Hearing, informing, and representing the Veterans is at the core of our office, from the Patient Advocacy Program to having a voice at the table of ongoing operations and policies at the national level. The Office of PCCCT must be a living, learning organization that cultivates innovation in our system, learns from these innovations, and translates them across the field in a staged and sustainable strategy.

The Future of Healthcare:

Critical Moment in the History of Medicine Twenty-first Century Healthcare focuses on the health and

healing of Veterans, the care they receive, their partnership with clinicians, and offering respect and commitment. It is delivered by a great team of people who place our Veterans at the center of all that they do, who address the whole person, and who are world-leading, cutting-edge health care innovators. In fulfilling its responsibility to optimize the health and healing of each and every Veteran, the VHA embraces the opportunity to transform the problem-based disease care system to patient centered health care. This is an opportunity unparalleled in the history of medicine and a radical departure from our current approach. The need for transformation has never been greater, and the imperatives are professional, financial, and moral. In this way, we will provide the future of health care to our Veterans today.



CAVHCS staff and leadership on both campuses came out in support of ending Veteran Homelessness as well as improving staff wellness during the inaugural VA2K Walk and Roll. The VA2K Walk and Roll saw participants bring in donations ranging from shoes and boots to toiletries and blankets. Afterward they walked a 2K course in support of health promotion and disease prevention. (VA photo by Eric Johnson)



JULY

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
CAVHCS exists to provide excellent services to veterans across the continuum of healthcare. We take pride in providing delivery of timely quality care by staff who demonstrate outstanding customer service, the advancement of health care through research, and the education of tomorrow's health care providers.					1 CARF Preparation Psycho-Social	2
3		5 SOARS/OIG Training CARF Preparation Psycho-Social	6 SOARS/OIG Training CARF Preparation Psycho-Social	7 SOARS/OIG Reviews Network Visit V-Tel CARF Preparation	8 SOARS/OIG Exit Training CARF Preparation Psycho-Social	9
10	11 Show Time CARF Survey - Psycho-Social CARF Preparation	12 Show Time CARF Survey - Psycho-Social CARF Preparation	13 CARF Preparation Veteran Industries	14 CARF Preparation Veteran Industries	15 CARF Preparation Veteran Industries	16
17	18 CARF Preparation Veteran Industries	19 CARF Preparation Veteran Industries	20 CARF Preparation Veteran Industries	21 CARF Preparation Veteran Industries	22 CARF Preparation Veteran Industries	23
24	25	26	27	28	29	30
31	VA Core Values: Integrity, Commitment, Advocacy, Respect, Excellence ("I CARE") VA Core Characteristics: Trustworthy, Accessible, Quality, Innovative, Agile, Integrated					

YR 2011

The CAVHCS Community Calendar is not intended to be an all-inclusive, official calendar. It is intended rather to provide a medium for CAVHCS Salute to share upcoming events.

If you would like to add a CAVHCS event please email details directly to alan.bloom@va.gov. Submissions are not guaranteed to be published. Editorial considerations will be made for propriety, promptness and print space.