



## ★ VA's Continued Effort to Reduce Health Care Gender Disparities

In a press release dated August 28, 2012, the VA announced improvement in gender disparities in 12 out of 14 Healthcare Effectiveness Data and Information Set (HEDIS) measures in the VA since 2008. Screening, prevention, and chronic disease management are areas of care measured by 90% of U.S. health plans using HEDIS measures. An analysis of both gender-specific and gender-neutral HEDIS measures shows that the VA consistently scores higher than private sector health care.

"We have a solemn obligation to provide high-quality health care to all veterans, regardless of gender. Although we are encouraged by the progress we have achieved, we are not going to stop working until all gaps are eliminated," said Secretary of Veterans Affairs Eric K. Shinseki.

In 2008, the VA started a nationwide initiative to eliminate gender gaps in preventive care. In 2011, the VA asked each U.S. health care region to review gender disparity data and create and execute an improvement plan. The VA's Office of Informatics and Analytics' report, *Comparing the Care of Men and Women Veterans* in the Department of Veterans Affairs, shows that the VA improved gender disparities in 6 performance measures specific to the VA, including improved rates of screening women veterans for depression, posttraumatic stress disorder (PTSD), and colorectal cancer; improved disease prevention for women veterans via increased vaccination rates; and improved chronic disease management for women veterans in hypertension, diabetes, and hyperlipidemia (all significant risk factors for cardiac disease). Despite these advances, care remains better for

men than for women in cholesterol control, diabetes management, and flu vaccination.

The Women Veterans Health Strategic Health Care Group, which leads a national initiative to improve care for women veterans, issued a report on gender disparities entitled *Gender Differences in Performance Measures, VHA 2008-2011*.

"We're looking at what works and trying to replicate it through VA's system," said Patricia Hayes, chief consultant for the Women Veterans Health Strategic Health Care Group. "We want to sustain this trend toward shrinking gender disparities and become a model for all other health systems on how to eliminate gender disparities. Most importantly, we want to give every veteran the best health care."

The reports can be downloaded at <http://www.womenshealth.va.gov>. Additional information about VA programs and services for women veterans is available by logging on to <http://www.va.gov/womenvet> and <http://www.womenshealth.va.gov>.

## ★ Obama Administration Invests in Public Health

Health and Human Services (HHS) Secretary Kathleen Sebelius, in a press release dated August 29, 2012, announced new investments targeting the nation's public health workforce.

"These investments are part of our work to promote public health and they will help strengthen our efforts to fight disease and illness before they happen," Secretary Sebelius said.

The Health Resources and Services Administration (HRSA) is providing \$23 million in grants to 37 public health training centers for training in public health issues such as nutrition and epidemiology, and enhance-

ment of the workforce's basic public health skills. The Centers for Disease Control and Prevention (CDC) is providing \$25 million for fellowship programs, placement of fellows in state and local public health departments, and expanding training programs for existing public health workers with a focus on e-learning. The CDC investment includes funding for 227 new fellows in contract and field positions providing necessary screening services, community education, and help with ongoing public health challenges.

"Public health workers are on the front lines, educating their community members and doing the hard work to ensure we stay healthy and can respond to public health challenges when they arise," HRSA Administrator Mary K. Wakefield, PhD, RN, said. "These resources will help ensure they have the resources they need to do the job."

More information on HRSA's Affordable Care Act-supported public health workforce grants is available by logging on to [bhpr.hrsa.gov/grants/publichealth/phtc.html](http://bhpr.hrsa.gov/grants/publichealth/phtc.html).

## ★ Sleep Deprivation and PTSD Risk

A new study published in *Neuropsychopharmacology* showed that sleep deprivation about 6 hours after exposure to a traumatic event reduces the development of posttrauma-like behavioral responses. Sleep deprivation the first 6 hours after stress exposure might be a simple, effective intervention for PTSD. About 20% of people exposed to a severe traumatic event (car accident, work accident, terrorist attack, and war) cannot carry on with their lives normally. Retaining the memory of the event for many years, these people encounter considerable

difficulties in functioning in daily life and, in extreme cases, may be completely dysfunctional.

“Often those close to someone exposed to a traumatic event, including medical teams, seek to relieve the distress and assume that it would be best if they could rest and ‘sleep on it,’” said Professor Hagit Cohen, director of the Anxiety and Stress Research Unit at Ben Gurion University’s Faculty of Health Sciences and one of the study’s researchers. “Since memory is a significant component in the development of posttraumatic symptoms, we decided to examine the various effects of sleep deprivation immediately after exposure to trauma.”

The experiments conducted on rats showed that those rats that underwent sleep deprivation after exposure to trauma (predator scent stress exposure) did not later exhibit behavior indicating memory of the event. The control group of rats allowed to sleep after the stress exposure showed posttrauma-like behavior, indicating they remembered.

“As is the case for human populations exposed to severe stress, 15% to 20% of the animals develop long-term disruptions in their behavior,” says Cohen. “Our research method for this study is, we believe, a breakthrough in biomedical research.”

### ★ **Therapeutic Phone Call Effectively Encourages Vets to Get Help**

The VA announced its discovery that a brief therapeutic phone conversation is more effective than a simple “check-in” call in convincing Iraq and Afghanistan veterans with mental health diagnoses to begin getting treatment. Results from the study were published in *General Hospital Psychiatry*.

“Study participants receiving telephone motivational interviewing also were significantly more likely to stay

in therapy,” said Dr. Karen Seal, director of the Integrated Care Clinic at the San Francisco VAMC in San Francisco, California, who led the study. “They also reported a reduction in their use of marijuana and a decreased sense of stigma associated with seeking mental health treatment.”

### ★ **IHS, VA Agreement Makes Veterans’ Rx Refills Convenient**

In a press release dated August 17, 2012, the VA announced that almost 250,000 patients served by the Indian Health Service (IHS) have used a prescription service available through an interagency agreement between IHS and VA.

“Federal partners such as IHS are invaluable in VA’s commitment to collaborating and expanding award-winning services that enhance patient care,” said Secretary of Veterans Affairs Eric K. Shinseki. “This agreement reflects VA’s pledge to be an effective steward of federal resources and ensure that countless veterans and patients of IHS receive the best health care possible.”

IHS pharmacies are now able to use the VA Consolidated Mail Outpatient Pharmacy (CMOP) to process and mail prescription refills for IHS patients. “The use of VA’s CMOP saves IHS patients travel time and wait time at the pharmacy and allows IHS pharmacists to focus more attention on patient care,” said Kenneth Siehr, director of the VA CMOP program.

The CMOP program gives patients another way to obtain medication refills when challenges accessing transportation or work schedules make visiting a pharmacy difficult. This agreement has allowed pharmacists to spend more time in clinics interacting with patients and answering questions.

“As a result of our partnership with VA and our use of CMOP, we’ve seen advances in our patient

care and satisfaction,” said Randy Grinnell, deputy director for IHS.

The VA, having successfully used CMOP since 1994, currently processes more than 111 million prescriptions annually. More information about this program is available by logging on to <http://www.va.gov/CBO/wfm/cmop.asp>.

### ★ **Afghan War Vets With TBI May Develop CTE**

In an article dated August 15, 2012, in *The Huffington Post*, military researchers report that almost 250,000 U.S. troops diagnosed with traumatic brain injury (TBI) are at risk of developing chronic traumatic encephalopathy (CTE). There is no known way to diagnose, prevent, or treat this condition. Military researchers say CTE causes outbursts of anger and depression and can lead to memory loss, difficulty walking and speaking, paranoia, and suicide. Researchers are looking into new procedures to detect and diagnose CTE and are hopeful that early detection of brain injury among troops exposed to blasts from improvised explosive devices could prevent them from contracting CTE.

“We don’t fully understand the incidence of CTE with the occurrence of TBI,” said Air Force Lt Col Randall McCafferty, chief of neurosurgery at the South Texas Veterans Health Care System in San Antonio, Texas. “But we may be able to learn that early treatment of the initial acute [brain] injury may avoid this cascade from brain injury to CTE.”

Recent Pentagon data indicate that 244,217 U.S. military personnel have been diagnosed with TBI, often caused by 1 or more exposures to bomb blasts, and thousands more are estimated to have experienced undiagnosed mild brain damage from blast injuries. ●