



★ Nurses Joining Forces to Care for Veterans

Last year, the U.S. health care community—including 135 medical colleges and teaching institutions, more than 150 state and national nursing organizations, and 500-plus nursing schools—committed to a broad coordinated effort to improve health care for the military and their families. The project is part of the larger Joining Forces campaign initiated in 2011 by First Lady Michelle Obama and Dr. Jill Biden. Because as many as half of all veterans and military families receive health care outside the military and VA systems, Mrs. Obama and Dr. Biden began working with leading professional associations to educate health care providers on the special needs of service members and veterans, with a focus on posttraumatic stress disorder (PTSD) and traumatic brain injury (TBI).

Led by the American Nurses Association (ANA), American Academy of Nurse Practitioners, American Association of Colleges of Nursing (AACN), and the National League for Nursing, in coordination with VA and DoD, the effort is mainly educational, teaching nurses how to recognize and care for patients with combat-related issues. The key commitments include creating workshops, continuing education programs, and new curriculum elements, all disseminating the most up-to-date information. “We want to...ensure that nurses in every community have access to the most current, evidence-based treatments and resources on PTSD and TBI,” said Amy Garcia, chief nursing officer of the ANA. To date, more than 625 nursing schools in all 50 states have pledged their support to the campaign.

The educational effort is also the theme of the Nurses Organization of Veterans Affairs 33rd Annual Meeting, taking place June 19-21, 2013, in San Francisco, California: VA Nurses: Joining Forces With the Community in Caring for America’s Heroes. Speakers will address topics such as poly-trauma care, military sexual trauma care, and “caring for the entire veteran family.” Mrs. Obama has been invited to give the opening keynote speech.

The nursing organizations are supporting the campaign in other ways as well. The AACN, for instance, offers the “Enhancing Veterans’ Care Toolkit,” which describes resources and exemplars to help faculty develop curricula. The toolkit is updated regularly; it allows users to submit new resources and exemplars. The AACN also provides a free webinar series that showcases innovative methods for preparing students and nurses to care for service members and veterans. The first part, for example, looks at “creative curriculum approaches” and how the VA is partnering with nursing schools to integrate content.

★ REACHing Out for the Homeless

A free mobile application that provides up-to-the-moment information about resources such as shelters, food kitchens, and health clinics is the grand prizewinner of VA’s Project REACH (Real-time Electronic Access for Caregivers and Homeless). The application, Homeless REACH, by Qbase in Reston, Virginia, connects users to resources within a selectable radius or from any keyed full or partial address.

Project REACH was cosponsored by VA, the Jon Bon Jovi Soul Foundation, and the departments of Hous-

ing and Urban Development (HUD) and Health and Human Services. Software designers competed to find creative and cost-efficient ways to use open data from the VA, other government agencies, and the private sector to locate resources for the homeless in any locality. Entrants were judged on factors such as sustainability, scalability, and completeness of information.

Five finalists announced in 2012 were given time to improve their applications based on feedback from volunteer beta testers. One of the finalists, recognizing that the homeless are unlikely to have smartphones, says it gives people who want to help the homeless a tool to do so.

“This mobile app represents another high-impact collaboration between HUD, VA, and key partners in our shared effort to end veteran homelessness in 2015,” says HUD Secretary Shaun Donovan. Homeless REACH, says Secretary of Veterans Affairs Eric Shinseki, is a “robust and scalable tool for caregivers, social workers, and anyone who wants to help homeless veterans access the support and physical care they need.”

★ Expediting Claims for Long-Suffering Veterans

A new VA initiative, announced in an April 19, 2013, press release, is aimed at helping resolve compensation claims for veterans who have waited a year or more. Effective immediately, the VA will begin to make “provisional decisions” on the oldest claims in its inventory, which will allow eligible veterans to begin collecting compensation benefits sooner. The decision will be based on all evidence received to date and during the time the claim has been pending. Provisional rating notices will note the

evidence on which the decision was based and will list any documentation that has not been provided or that the VA has been unable to obtain. If medical exams are required for a rating, the VHA will provide them in an “expedited” manner.

The initiative also provides a 1-year safety net, during which time the veteran can submit any further evidence that becomes available, while also protecting the veteran’s right to appeal a decision. Any awarded benefits will be retroactive to the original date the claim was submitted. If no additional evidence is obtained, the provisional decision becomes final after 1 year (or earlier if the veteran requests), at which time a final decision and appeal rights go into effect. The veteran then has the standard year in which to appeal the decision, effectively extending the current appeal window, while also providing near-term decisions and benefits for those eligible.

As a result of the initiative, the VA says, metrics used to track benefits claims will “experience significant fluctuations.” Average “days to complete”—the average time it takes VA to process a claim, currently 286 days—will rise significantly in the near term as the oldest claims are cleared, but as the backlog of oldest claims is cleared and more of the incoming claims are processed electronically, the average time to complete claims will significantly improve, the VA says. “Average days pending”—the average age of a claim in the inventory—will drop since the oldest claims will no longer be part of the inventory.

The most vulnerable veterans will continue to be fast-tracked, the VA emphasizes. Wounded, ill, and injured veterans from the Iraq and Af-

ghanistan wars will continue to have priority, as will veterans who are homeless, facing financial hardship, seriously wounded, terminally ill, former prisoners of war, Medal of Honor recipients, and veterans filing fully developed claims.

“Too many veterans wait too long for a decision, and this has never been acceptable,” says VA Secretary Erik Shinseki. The “aggressive” plan to eliminate the backlog by 2015, he adds, is “the right thing to do now for veterans who have waited the longest.”

★ More Help for Smokers Who Want to Quit

Smoking is a health issue for the military: Smoking reduces troops’ ability to participate in physical activity and can diminish quality of life after service members leave active duty. A 2008 survey of active-duty service members showed that smoking was on the decline, but at about 31%, the proportion of smokers is still higher than the U.S. average for adults (estimated at 19% in 2010). Smoking is also an economic issue. In 2007, TRICARE officials estimated that treatment of tobacco-related diseases cost the DoD at least \$500 million.

TRICARE already offers face-to-face counseling for smokers who want to quit, and at <http://www.ucanquit2.org>, TRICARE-eligible beneficiaries and veterans can live-chat with an online tobacco quit coach at any time; they can get live coaching through a toll-free line; and they can also connect to support through Facebook and Twitter. Moreover, if beneficiaries enroll in Train2Quit, a confidential interactive system, they can double their chances of successfully quitting, according to the website.

Now, TRICARE is giving smokers

another assist in quitting. Although some cessation medications have been available in military hospitals and clinics, beneficiaries can now get gums, pills, lozenges, patches, and nasal sprays delivered safely and conveniently through TRICARE Pharmacy Home Delivery (<http://www.tricare.mil/homedelivery>). The full range of medications should be available soon, for free, through most military hospitals and clinics. Patients with a prescription should check ahead for availability of medications and to find out whether their facility requires participation in a cessation program or class.

A Code of Federal Regulations final rule, effective March 29, 2013, authorizes TRICARE to implement a more comprehensive program that includes the smoking cessation medications. The program limits coverage of quit attempts to 2 each year. A third quit attempt may be covered with physician justification and pre-authorization.

Helping smokers quit is one of the targets of the Operation Live Well campaign. The broad efforts to encourage wellness include tobacco-free policies at some facilities. For instance, in July 2012, all medical and dental facilities, as well as the veterinary clinic, at Fort Stewart and Hunter Army Airfield established a smoke-free policy. As part of the policy, they offer free cessation classes to all active-duty service members, military retirees, and their families. The classes are offered during the duty day, “underscoring the organizational commitment to healthy lifestyle choices,” according to the UcanQuit2 website. Six months after the policy was instituted, enrollment in tobacco cessation programs had tripled. ●