



EDITORIAL

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Maintaining the Public Trust

Being in the political cross-fire is nothing new to the VA. The largest health care organization in the U.S. has seen its share of firestorms. And that's okay. Transparency is essential for maintaining the public trust.

The mission to care for veterans and their families is one that the overwhelming majority of the 280,000 VA employees take extremely seriously. The reports of excessive wait times for veterans seeking care are disturbing to everyone inside and outside the VA. We fully expect the new Secretary of Veterans Affairs will act quickly to ensure that all veterans receive the care they deserve in a timely fashion.

Nevertheless, we remain concerned that the current climate may erode the trust that VA health care providers (HCPs) have earned. The vast majority continue to deliver high-quality care to a particularly vulnerable population. According to the latest American Customer Satisfaction Index, veterans are satisfied with the quality of care they receive at VA facilities. The VA, in fact, gets higher marks for its service than most other government agencies.¹

As President Obama insisted in a May press conference: "Every single day, there are people working in the VA who do outstanding work and put everything they've got into making sure that our veterans get the care, benefits, and services that they need." Unfortunately, not all critics recognize that commitment.

They should. There is important work being done by VA HCPs. For more than 30 years, *Federal Practitioner* has showcased the dedication of the men and women who deliver health care across government agen-

cies. The VA has been the source of many important innovations over the years, like recognizing the importance of nurse practitioners in health care delivery. The VA Computerized Patient Record System exemplifies how an electronic health record system can improve health care.

We talk to many at the VA who are committed to sharing best practices, difficult case studies, and innovative programs, which often exist only because of the dedication and commitment of passionate HCPs. For example, Dr. Dewleen Baker of the VA San Diego Healthcare System who wanted to understand the causes of posttraumatic stress disorder (PTSD) and traumatic brain injuries (TBIs) in the military and among veterans. Rather than waiting until veterans came in the door, Dr. Baker created a massive study in cooperation with the U.S. Marines and Navy so that subjects could have baseline evaluations before deployment and could be monitored throughout their lives. The results of the study may provide essential insight into PTSD and TBI and will benefit not only veterans, but all patients.

Veterans do, in fact, have unique concerns and deserve an agency focused on their care. Too many veterans, for example, return from their service with a desperate need for palliative care and prescriptions for opioids. Replacing pain with addiction, however, remains a significant concern. In response, the VA Pharmacy Benefit Management Service developed an opioid monitoring dashboard to improve prescribing practices and reduce the use of opioids. The dashboard allows the VA to both see pat-

terns across the entire system and to make exceptions for individual veterans, ensuring that each veteran gets exactly the care he or she needs.

Every issue of *Federal Practitioner* is replete with similar examples of HCPs who provide the best care possible within the budget constraints set by Congress. Whether it's the development of an e-consult program to speed access to diabetes specialists, a training program on how to disclose adverse events, or the development of a clinic for patients with chronic stable angina, VA HCPs are focused on meeting the demanding health care needs of veterans.²⁻⁴

Federal Practitioner will continue to highlight the great work that is being done across the federal health care system, even when it is not popular. The benefits of the medical research and health care innovations are shared by all Americans. They have earned our trust and respect. So, let us know what you think, and please continue to share your experiences serving your patients. That's why we're here. ●

Author disclosures

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REFERENCES

1. American Customer Satisfaction Index. ACSI Benchmarks for U.S. Federal Government 2013. <http://www.theacsi.org/acsi-benchmarks-for-u-s-federal-government-2013>. Published January 28, 2014. Accessed May 28, 2014.
2. Vasudevan MM, Hurr SD, Green MC, et al. The clinical impact of electronic consultation in diabetes care. *Fed Pract*. 2014;31(3):32-36.
3. Dunn EJ, McKinney KM, Martin ME. Empathic disclosure of adverse events to patients. *Fed Pract*. 2014;31(5):18-21.
4. Gillette MA, Frohnapple DJ, Knott A, Reeder D. Pharmacist-managed collaborative practice for chronic stable angina. *Fed Pract*. 2014;31(6):16-22.