

Chronicling Health Care Transformation: *Federal Practitioner* Looks Back 40 Years

When *VA Practitioner* published its first issue in January 1984, federal health care was at the cusp of a dramatic transformation. *VA Practitioner* stepped in to serve “as a forum, as a bulletin, as an easy means of communication with colleagues who share your unique concerns,” founding editor James McCloskey noted in the first issue.

The need for this forum was most acute at the US Department of Veterans Affairs (VA). The agency of about 200,000 employees was decentralizing its management, developing the first electronic health record system, and caring for an aging population of World War II and Vietnam War era veterans with high comorbidity burdens. In the 1980s, the VA was at a nadir and under increasing pressure to change. At that moment of challenge, *VA Practitioner* offered columns suggesting a way forward and focused on clinical improvements with articles like, “The ghosts of budgets past,” “Psychoenvironment: a therapeutic redesign plan,” and “The VA’s geriatric goals.” Within a few years, the journal had enlisted an editorial advisory board to help guide the journal and provide the first peer review process for articles.

Peer Review and Expanded Focus

Ten years later, tremendous changes were underway for both *VA Practitioner* and the VA. Ken Kizer, MD, MPH, was named Under Secretary of Health in 1994 and almost immediately started the massive process of reforming and reorganizing the VA’s health care arm: Veterans Health Administration (VHA). The VHA would expand from 2.7 million enrolled veteran patients in 1993 to 8.9 million in 2014. In the process, the VA transformed from an oft derided institution to a major source of research and care that hosted most US

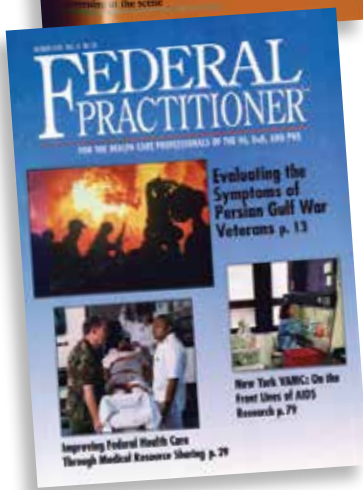
physician residents while delivering the “best care anywhere.”

In 1994, *VA Practitioner* changed its name, becoming *Federal Practitioner* with an expanded mandate to address the needs of US Department of Defense (DoD) and US Public Health Service (PHS) clinicians working at the Indian Health Service (IHS), Bureau of Prisons, and US Coast Guard. In addition, the journal instituted a double-blind peer review process. Health care reform was clearly on the agenda for the new journal.

A new vision for VHA sought to redistribute resources, decentralize decision making, and make care more patient centered. The VHA began development of the Computerized Patient Record System (CPRS), which was fully implemented by 1999 as one of the earliest electronic health record systems and shared it with the IHS.

The DoD, on the other hand, was in a long-term period of reduction and consolidation. The active-duty service member population dropped from 2.1 million to 1.6 million between 1984 and 1994 and would continue to drop to 1.4 million in 2001, even with the onset of the first Gulf War. The DoD rolled out the Civilian Health and Medical Program of the United States (CHAMPUS), which would later become TRICARE, that reshaped the way the DoD delivered health care for active-duty service members, their families, and retirees.

From the outset, *Federal Practitioner* sought to play a role in those transformations. For PHS officers stationed across the Centers for Disease Control and Prevention, US Food and Drug Administration, IHS, and Bureau of Prisons, the journal provided a new way to share findings and best practices. With a growing group of dedicated peer reviewers, *Federal*



Practitioner articles became more clinical and more patient centered. Frequent columns gave way to clinical reviews, continuing medical education, and best practice articles.

Addressing Post-9/11 Veteran Needs

All of these changes were well under way on the eve of September 11, 2001. After years of reductions, the size of the military stabilized, but the demographics were shifting in important ways. Women made up a larger proportion of the active-duty population, growing from 5% in 1975 to 10% in 1985 and 14% in 2005. The military was also becoming more diverse, with a growing number of service members indicating Hispanic, Asian, Pacific Islander, and other identities. More importantly, a new set of health care concerns emerged to challenge DoD and VHA clinicians. A growing number of service members and veterans of the Gulf Wars were seeking care for respiratory diseases, cancers, blast injuries, and prosthetics.

Federal Practitioner articles primarily focused on quality improvement but increasingly the journal published original research and case studies. Columns like *Common Errors in Internal Medicine* and *Advances in Geriatrics* focused on quality improvement and innovative therapies, respectively. To supplement its 12 regular issues, in 2011 *Federal Practitioner* began publishing special issues to provide even more depth of coverage in specific disease states, including hematology/oncology (in cooperation with the Association of VA Hematology/Oncology), mental health, neurology, infectious diseases, diabetes, among other topics.

The Last 10 Years and the Next 40

In 2013, the DoD formally reorganized its health care operations under the De-

fense Health Agency, starting an entirely new process that would dramatically reshape health care delivery for 8 million beneficiaries and 140,000 employees. This started a long process of consolidating separate systems and priorities for each branch into a single approach. Meanwhile, controversies around long wait times for VHA appointments (and veterans who died while waiting) put it under intense scrutiny. Legislation to privatize some or all of health care for veterans were discussed and considered, which finally resulted in the creation of the Veterans Choice Program, which greatly expanded the use of private health care services for covered conditions.

In 2018, *Federal Practitioner* was accepted by the national Library of Medicine's PubMed Central, ensuring the widest possible access to journal

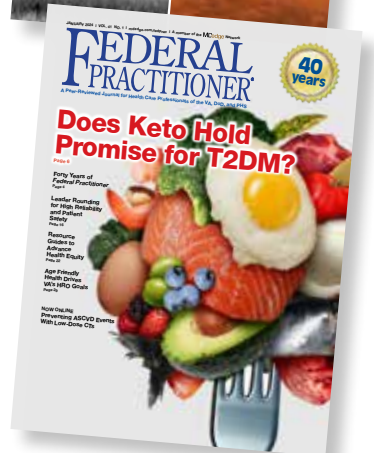
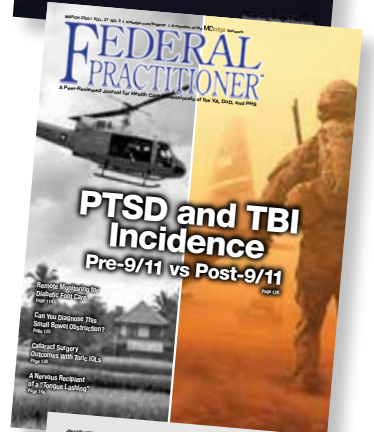
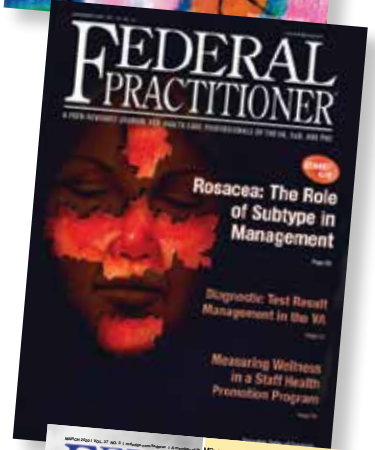
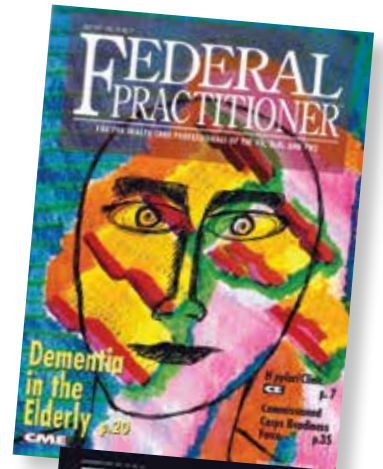
articles. The journal saw a steady growth in submissions and published a combined 21 regular and special issues that year driven by increased submissions and more original research studies.

More and more through the work of its authors, *Federal Practitioner* has been in the middle of critical and ongoing federal health care concerns. *Federal Practitioner* authors have turned to the journal to address issues ranging from the deprescribing of opioid medications to measures taken to decrease the incidence of veteran suicide and the challenges presented by artificial intelligence and telehealth delivery. Whether it was the federal responses to Ebola outbreaks in Africa or the myriad ways that the PHS and VA responded to the COVID-19 pandemic in the US, *Federal Practitioner* has been at the center of federal health care.

Further reading

To learn more about the past 40 years of federal health care visit mdedge.com/fedprac or [doi:10.12788/fp.0453](https://doi.org/10.12788/fp.0453).

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eAPPENDIX Further Reading

Agencies	Citations
Military Health System	<ul style="list-style-type: none"> • Adler JL. The founding of Walter Reed General Hospital and the beginning of modern institutional Army medical care in the United States. <i>J Hist Med Allied Sci.</i> 2014;69(4):521-553. http://www.jstor.org/stable/24631639 • Shelton HH, Ondra SL, Levin PL. Reforming the Military Health System: the opportunity and dire need for change in how we care for military personnel and their families. Center for a New American Security; 2015. Accessed January 2, 2024. http://www.jstor.org/stable/resrep06232 • Smith DJ, Bono RC, Slinger BJ. Transforming the Military Health System. <i>JAMA.</i> 2017;318(24):2427-2428. doi:10.1001/jama.2017.16718
Public Health Service	<ul style="list-style-type: none"> • Bergman AB, Grossman DC, Erdrich AM, Todd JG, Forquera R. A political history of the Indian Health Service. <i>Milbank Q.</i> 1999;77(4):571-604. http://www.jstor.org/stable/3350575 • Institute of Medicine (US) Committee for the Study of the Future of Public Health. <i>The Future of Public Health.</i> National Academies Press (US); 1988. Accessed January 2, 2024. https://www.ncbi.nlm.nih.gov/books/NBK218218/ • Mullan F. <i>Plagues and Politics: The Story of the United States Public Health Service.</i> Basic Books; 1989.
Veterans Health Administration	<ul style="list-style-type: none"> • Gordon S. <i>Wounds of War: How the VA Delivers Health, Healing, and Hope to the Nation's Veterans.</i> Cornell University Press; 2018. • Kizer K. Vision for Change: A Plan to Restructure the Veterans Health Administration. March 17, 1995. https://vhahospitalqualitystudy.org/1-Articles,%20References/Kizer,%20K.,%20Vision%20to%20Change,%20A%20Plan%20to%20Restructure%20the%20VA%20Health%20System,%201995.pdf • Longman P. <i>Best Care Anywhere: Why VA Health Care Is Better Than Yours.</i> BK Books; 2012.