

Iowa City VAHCS Newsletter



What's In a Name?

In 2011, the Iowa City VA Medical Center (VAMC) officially changed its name to the Iowa City VA Health Care System (ICVAHCS). This change was intentional and deliberate on my part because I have always felt since my arrival in 2006 that the name of Iowa City VAMC did not accurately reflect all the great things we do as an organization. We are so much more than a medical center. The name change is a step in the right direction, but we still have a long way to go before we reap the full benefits of an integrated health care system. As we continue to expand our services to Veterans to more community based clinics we need to continue to emphasize that we are a health care system. In 2012 we will open up two new community-based outpatient clinics located in Sterling, Illinois and Decorah, Iowa, bringing the number of ICVAHCS community-based outpatient clinics to nine.

As the Iowa City VA Health Care System we have three primary missions: delivery of health care services to our Veterans, providing a teaching platform for our medical affiliates, and providing a supportive environment for our research program. All are important missions, all define who we are as the Iowa City VA Health Care System. Additionally, we serve as support in times of national emergencies such as Hurricane Katrina.

In his book "Best Care Anywhere - Why VA Health Care Is Better Than Yours," Phillip Longman holds the care provided by the VA as the benchmark for health care in America (see related article in this newsletter). Since 2006, the health care provided by the Iowa City VA Health Care

System has consistently improved. In 2006, the ICVAHCS achieved an overall performance measurement in the low 50 percent, as defined by quality, access, and satisfaction. We have consistently improved our performance measures each year, ending the 2010 performance year at 89% of performance measures achieved.

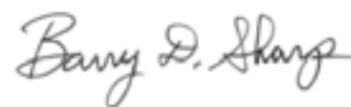
So how do we maintain our excellence and make the ICVAHCS even better? You are the answer. In 2008, I had the privilege to interview Dr. Gordon Spendlove (Iowa City VAMC Director from 1959 to 1969, who along with his wife celebrated 100 years of life, and 75 years of marriage). I ask him the question "What do you most remember about your time as Director of the Iowa City VAMC?" He thought about it and responded "It's the people". A truer statement could not have been made. While I as the Director may be the figurehead of this organization, it is the people that deliver the healthcare, provide a safe and clean environment, perform the research, educate the next generation of healthcare providers, and provide countless volunteer hours that make the difference.

As a Level I tertiary care facility, the Iowa City VA Health Care System serves as the teaching platform for our medical affiliates to educate the next generation of health care professionals. The ICVAHCS supports nearly 100 resident and fellow physicians, more than 450 rotating medical students, approximately 200 nursing students each year, as well as other allied health professionals.

The research program at the ICVAHCS has been active for over 50 years and is consistently one of the top ten VA research programs nationwide in VA in terms of funding for research grants, which total over \$30 million, with over 200 active research protocols. In addition, the ICVAHCS research program is host to three major centers in VA research: Center for Comprehensive Access and Delivery Research and Evaluation (CADRE), Rural Health Resource Center - funded by the VA Office of Rural Health, and the VA Research Center for the Prevention and Treatment of Vision Loss. Due to favorable capital funding in recent years, the ICVAHCS recently opened the third research building in our research complex, in total comprising over 60,000 sq. ft. of state of the art research space.

At the end of the day we need to remember that as an organization we exist for only one purpose and that is to serve America's Veterans. General Omar Bradley probably said it best "We are dealing with veterans, not procedures -- Their problems, not ours." If we keep General Bradley's quote in our thoughts every day we will achieve our goals in serving America's Veterans with the best health care anywhere.

Thank you for what you do every day in serving our Veterans.



Barry D. Sharp
Director ICVAHCS

Why VA Healthcare is Better



Emily Ferguson

Public Affairs Intern

Best Care Anywhere started as a story for Forbes magazine about quality health care, but when journalist Phillip Longman discovered where to find the best health care in America, it quickly became an in-depth look into why government-funded Veterans Affairs

Hospitals continue to top the private sector in every aspect of health care. In his second edition, updated to reflect some of the recent healthcare changes, Longman expands his groundbreaking book and lays out a plan for private health care that could allow the continued right for Americans to choose their own health care plan, without having to sacrifice quality.

Longman begins his story with his own personal experiences within the private healthcare system from the time that his wife was diagnosed with cancer to her death 10 months later. It was this experience that led him to touch on the extensive and continuous problems plaguing the private health care system, such as lack of quality and the ever growing cost. Longman thoroughly details the overtreatment, questionable procedures, and low quality care that takes place in private health care in order to increase profits.

The solution, according to Longman, can be found in the most unlikely of places; VA health care. He goes on to chronicle the history of the VA and how it became so good. Over the years, a high volume of patients forced the doctors working at the VA to develop their own software in order to keep track of patients electronically. This advancement started over 30 years ago and continues today even while most private hospitals are reluctant to move beyond paper files.

Vista software enables care givers with the ability to update patient information over years and years and to use evidence based medicine to work in a preventative way. Unlike HMO's

or privatized plans, veterans stick with the VA for their entire lives. Vista allows for health care providers to focus on life-long health, not on profits or market incentives. Longman argues that this is the one place where the free market works in the opposite direction, unlike privatized medicine that focuses on profit while forsaking quality, the VA's emphasis on quality care leads to lower costs because of better long term outcomes.

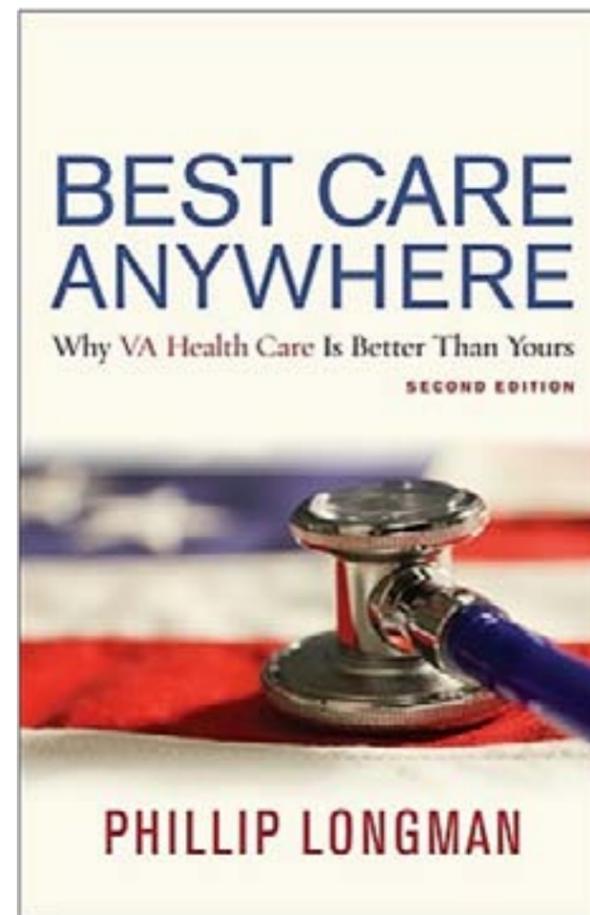
Given the VA's tumultuous history and the intense criticism of "socialized" medicine, many people questioned the validity of the first edition of Best Care Anywhere, however, Longman's statistics and facts held true in the 3 plus years since the first

edition. According to Medical Care (2006), patients in Medicare's Advantage Program had "significantly higher" mortality than corresponding VA patients. In 2004, American Journal of Managed Care reported that the VA topped both Medicare and best available non-Medicare programs in 18 of 18 criteria.

Although he states that the VA is a shining example of advance health care that should be looked to in changing the private system, Longman does not say that the VA system is a perfect one. In fact, the first step in Longman's plan for improvement of the American health care system starts within the VA itself. He claims that growing the VA to include all veterans is one way to make good on America's promise to provide care for those who serve their country. This plan also would include military family members, who would be able to buy into the VA system if they chose to do so.

As for the private sector, Longman's "Vista Life Network" vision for American health care would combine the advanced technology of the Vista system and the contin-

ued focus on improving health care quality of the VA, with the free-market competition and free choice of the private health care system. According to Longman, this would create a "high-quality, cost-effective, health care delivery system available to all veterans, and the 47 million Americans who cannot afford private health insurance." Longman offers a plan so simplistic and feasible in nature for solving the health care crisis that it leaves many Americans pondering why it has up to this point been so difficult and controversial to attempt a health care system that would be available and affordable for everyone.



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Courtesy Photo

Keith Barkalow repairs the operating room sterilizer during his humanitarian visit to Guatemala.

Miles of Smiles

How Healing Can Change Lives

By Emily Ferguson

In Guatemala there is a significantly higher incidence of cleft lip and palate than in the United States. Families don't have financial resources or easy access to medical facilities where corrective surgery can be performed. Cleft lip and palates then result in difficulties eating and communicating and can isolate children and adults from many social interactions. It is exactly for that reason that one Iowa City VA Health Care Systems employee chose to spend ten days in Huehuetenango, Guatemala with the Miles of Smiles Program helping to give cleft lip surgeries to children who were unable to have them done at birth and offering an amazing opportunity to families who might only be given one chance at a fresh start.

Biomedical engineer, Keith Barkalow, has worked for the Iowa City VAHCS for 27 years and says that this trip not only changed his life but also touched his heart. He had heard about the program in the past, but had never before been given the opportunity to go. Although excited about the mission, Barkalow said that he was a bit apprehensive before beginning the trip.

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"I was really nervous at first because a few of the 33 people who went down knew each other and they didn't know me," said Barkalow. "I was only there based on the word of someone else. As one person put it, 'you're kind of a MacGyver down there.' You have to go in and get everything running and keep everything ready. I brought my bag of tricks and tools along that I use in the OR here but I wondered if they would work on their equipment."

Barkalow spent his time in Guatemala repairing and maintaining OR equipment that was needed for surgery, and helping the Miles of Smiles Team (MOST) with any others parts of the intensive process of helping as many people as possible in a week's time.

"Everyone was great to work with," said Barkalow, "the doctors were really friendly and willing to answer my questions. It's not like in a regular hospital; no one is busy. The goal is to help the kids,

it isn't just you doing your job, the kids are what you are there for."

Every year families from across Guatemala come to the clinic for their children to be screened. Some travel over 200 miles or more to reach Huehuetenango for the possibility of surgery. This year MOST screened around 100 applicants with ages ranging anywhere from newborns to 56 years old. Although not all of the families are accommodated often children are given the opportunity to come back in the upcoming years.

"One of the hardest parts is not being able to help everyone," said Barkalow. "Some kids have the flu or a cold and we can't perform surgery on them because there isn't any follow up. We leave at the end of the week and we want everyone in good health, because there is limited care available after we leave."

One patient's story in particular touched not only Barkalow but all of the members of the team. Mario, a 16 year old boy with both a cleft lip and a bilateral palate cleft, traveled for two weeks with only six dollars from his home in the mountains to reach the clinic. He wanted his chance at surgery to improve not only his communication skills, but also his future.

"He would come and talk to all of us and tell us how he wanted to have a wife someday, how he wanted to be normal

and not have people spit on him anymore," said Barkalow. "After hearing his story and everything he went through to get here we knew that we

"To see what families go through is just amazing . . . it is very emotional."

-- Keith Barkalow

had to help him, it was a really heartfelt story."

Mario and 51 other patients received 65 procedures to improve their overall quality of life. The procedures ranged from tooth extractions and cleft lip repairs, to insertion of ear tubes and cleft palate repairs.

"You see a little baby come in and those are the most touching stories," said Barkalow. "They are dealing with a horrific looking face and when they are

done they look just like a normal baby. It's cool, it's really cool. To see what the families go through is just amazing. After the procedure when they bring the patient over to the families, for those parents to see their baby whole again is very emotional."

This is the fourth year that the Iowa MOST has traveled to Guatemala and performed these procedures. Although Barkalow isn't sure if he will have another opportunity to make the trip, he is certain that he would be happy to go again and would tell anyone else with the chance to go for it. For Barkalow and so many other team members to experience the ability to give families a fresh start was a life changing experience.

"To see so many kids helped with life altering surgeries was truly amazing," said Barkalow. "I feel blessed to have witnessed the professional and dedicated work of the MOST team and the strength of the children and their families. What we take for granted here at home is only a dream for them. As someone penned

on the trip, it was truly soul food for the heart."

For more information on this year's trip please visit: iowamost.blogspot.com/2011

(Editor's Note: Emily Ferguson is a senior at the University of Iowa majoring in Journalism and Mass Communications, Communication Studies, and minoring in Anthropology. She is an intern in the Public Affairs office.)



Courtesy Photo

A balcony-view of the streets of Huehuetenango.

My Healthevet

Veterans who are enrolled in a VA facility, registered on My HealtheVet and have completed the one-time In-Person Authentication process, can:

- Refill their VA prescriptions online by viewing the name of the medications
- View their VA appointments online
- Receive VA Wellness Reminders, such as Influenza, Pneumococcal, Hypertension, LDL and Lipid control, Body Mass Index, Colorectal cancer screen, Diabe-

tes retinal exam, Mammogram screen

- Send Secure Messages to their participating health care teams, which is currently being implemented within the Primary Care Clinics, Speech Pathology, and Audiology
- Record and track health information, such as vitals, lab and test results, and health history
- Create food and activity journals
- Access trusted online Medical Libraries

Patients who are My HealtheVet registered users can now download their personal information that is stored in My HealtheVet from the new Blue Button. This makes it possible for My HealtheVet users to view, print, or save their health data that are currently available in My HealtheVet.

My HealtheVet is available 24/7 and may be accessed anywhere there is access to the internet. There is a My HealtheVet kiosk available for patient use on the 8th floor B bank elevator area within the Iowa City VA Health Care System. Once a patient has registered on the My HealtheVet website (www.myhealth.va.gov), they may complete the In-Person Authentication process at the ROI office or at any of the Iowa City affiliated CBOCs.

For more information on My HealtheVet contact Sarah Steen at (319) 338-0581, extension 3607.



Piloting Innovation

Inside Veterans Rural Health

By Lars Headington

Before the Veterans Health Administration created the Office of Rural Health in 2006, not a lot was known about the issues of health care access faced by veterans who did not live near a VHA facility.

But in the five years since, the VHA has developed a deeper understanding of those issues. In 2008, the Office of Rural Health established three centers across the country that could act as a department resource specifically to identify barriers and improve methods of health care delivery to rural veterans.

One of those centers – the Veterans Rural Health Resource Center, Central Region (VRHRC) – was established at the Iowa City Veterans Affairs Health Care System (ICVAHCS) in 2008 under a five-year, \$10 million grant.

Until 2010, the VRHRC's staff of about 25 was spread throughout the Iowa City VAHCS with no central work space. But now, with 3,000-square-feet of office and conference space on the third floor of building 40 in the ICVAHCS's new research complex, project teams have been able to collaborate with greater ease.

Dr. Peter Kaboli, MD, has been the director of the VRHRC since its inception. Kaboli, a researcher with 13 years of experience under his belt, emphasizes the evaluative process central to the center's work.

"We try to identify problems related to the delivery of care to veterans that we can overcome," Kaboli said, "Sometimes we know what the best solution is and sometimes we don't, so we're constantly trying to test new ideas and see if we can find a better way to deliver care."

In order to identify problems, the VRHRC combines analysis of VHA patient data for health care and outcome patterns

with the collection of observations from VHA providers, and insight given by focus groups, interviews and surveys of rural patients and rural providers.

"We did a qualitative study of 15 VA clinics in the Midwest to ask 'what are the major issues to providing care for rural areas and how can we overcome those,'" Kaboli said. "It's ongoing. We're trying to build on what we've learned from it to make those next-step studies or pilot projects."

The VRHRC operates and completes several pilot programs a year, with most lasting less than a year, but with some programs taking up to two years to be properly conducted. A common denominator for many is overcoming the sometimes long distance between rural veterans and the centralized services and facilities located at VAHCSs, like the one in Iowa City.

"We are trying to test new ideas and see if we can find a better way to deliver care."

-- Dr. Peter Kaboli, M.D.

With veterans in 47 counties in eastern Iowa and northwestern Illinois under its purview, the ICVAHCS – even with seven Community Based Outpatient Clinics (CBOCs)

throughout its region to meet patients closer to home – finds that bringing rural veterans to the care they need is fraught with challenges.

"We know that distance is a major barrier," Kaboli said. "It's probably the most significant barrier – the farther you live from something, the harder it is to get to. It just takes more time."

Various methods, such as telehealth check-ups and at-home testing kits have been tested by the VRHRC in delivering a variety of services to rural veterans. Another such ongoing pilot program working to overcome distance is a study into the feasibility of using a mobile teleretinal imaging unit that can travel between the CBOCs. Staffs at the CBOCs perform the retinal imaging and then the results are sent back to Iowa City for examination by an ophthalmologist. Dr.

Kaboli explains that the program isn't just about delivering the service, but doing so efficiently.

"Instead of buying a piece of equipment for every CBOC that's not going to be used every day, you schedule patients for specific days to get their retinal screening done for diabetes," Kaboli said. "We have one unit right now that we're testing to see how many units we would need. Instead of just buying a bunch of units and throwing them out there, we're evaluating it as we do it."

On-going projects include an innovative way to bring Colorectal cancer (CRC) screening to veterans through mail-out home testing and virtual team-based care for HIV using clinical video telehealth. Both projects bring care closer to the homes of rural veterans and help remove travel distance as a barrier to care. Other projects include evaluating reasons Veterans have for not using VA services, infection prevention practices in rural VA hospitals, mobile teleretinal imaging to bring screening to CBOCs, telemental health care OEF/OIF veterans at Western Illinois University, remote delivery of cardiac rehabilitation, and a pilot test of MyHealtheVet to improve co-managed care.

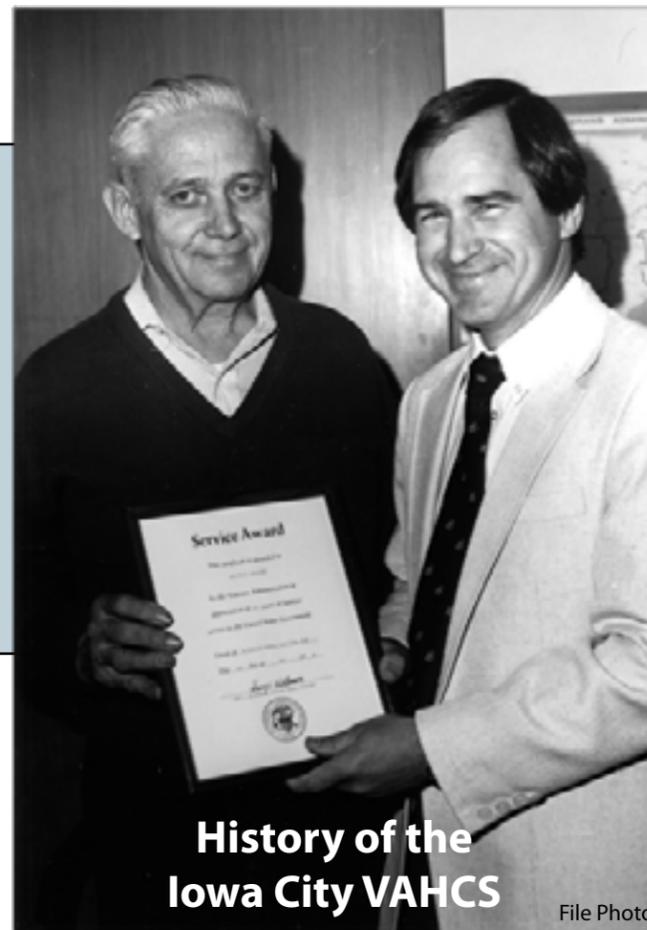
The VRHRC's location at the new research facility brings the center in close proximity with the research offices of the Center for Comprehensive Access and Delivery Research and Evaluation (CADRE).

CADRE is a branch of the VHA's Research and Development arm, executing larger studies through research-specific grants.

The VRHRC works closely, and reciprocally, with CADRE on some of its projects. The access and analysis of VA data for study by the VRHRC requires the expertise of CADRE personnel while some pilot projects at the VRHRC can also generate pilot data and determine potential benefits of an innovation for use in a larger study by CADRE researchers or disseminated into practice locally and nationally.

"There's a lot of interaction between the research group and the rural health group, a lot of overlap" Kaboli said, "So that we learn from them and they learn from us."

Bill Williams, left, was presented his service award by Bill Mountcastle, Associate Director, in May 1986.



History of the Iowa City VAHCS

File Photo

The Last of the First May 1986

By Lars Headington

Twenty Five Years ago this month, the Iowa City VAHCS said goodbye to its last original employee.

In December of 1951, before the hospital doors had even opened to patients, Bill Williams, an Army veteran of World War II, was among the new VA hires already at work helping to unload furniture and supplies into the new facility. But while he had arrived moving furniture into the new hospital, decades later, on May 2, 1986 he left it as a seasoned VA administrative employee of 34 years.

While his retirement, at age 66, was an opportunity to look back on a dedicated government career and to the facility's beginnings, it was also a reminder that enduring institutions, despite the changes they may undergo, rely on continuity from one generation of personnel to the next.

In an interview with The Gazette at the time of his retirement, Williams talked about three decades of remodeling and expansion to the medical center, with additional research space and modern technology that had transformed the hospital.

"The contractor wouldn't recognize it now, except for the

outside," Williams said.

But Williams kept at least one thing consistent about his work over the years. His manual typewriter – a relic even in 1986 among the electric typewriters and the emerging desktop computers – had itself become a desktop monument to institutional memory, if not just his personal calling card. But Williams told then-Iowa City Press-Citizen columnist Johanna Beers that he resisted "technological change" in favor of a familiar machine that he was most at ease with in getting his job done right.

Since 1958 that job had been the work of a claims examiner, determining a veteran's eligibility for VA medical coverage. It was a task that required both a degree of scrutiny and of conscientiousness, traits his coworkers attributed to him.

They may have likely also been traits he passed along to a few of his younger coworkers, keeping the continuity of the VAHCS's central mission of caring for veterans one aspect within the facility that still remains unchanged.

(Editor's Note: Lars Headington is a senior majoring in Journalism and minoring in History and Political Science at the University of Iowa. He is an intern in the Public Affairs office.)



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We'd Like To Hear From You

Please e-mail us if you have any ideas for the name the newsletter as well as what content you would like to see in the future. All suggestions can be sent to:

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