

Component 1/Unit 2-2 Audio Transcript

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Welcome to component 1, Introduction to Health Care and Public Health in the U.S. This is Unit 2, Health Care Settings. In this lecture, we will discuss the organization of government health care services.

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This lecture will describe the organization of the Department of Veterans Affairs (VA) and the Military Health System (MHS), including the goals and functions of each of these government-subsidized health care networks.

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First, let's consider the VA system. The Department of Veterans Affairs was established as an independent government agency in 1930. Given veterans' sacrifices on behalf of all Americans, the mission of the VA was, and is, to ensure that U.S. veterans and their families receive medical care, benefits, social supports, and memorials to honor their service. Given current estimates of 24 million U.S. veterans, you can see why the VA is the largest integrated health care system in the U.S. Veterans include all individuals who have served in the Army, Navy, Air Force, Marines, or Coast Guard. Members of the Reserve or National Guard are also eligible. Family members include spouses, children, and parents of a deceased veteran.

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Here's a flowchart illustrating how the VA system is arranged. The Office of the Secretary, at the top, provides oversight. Several specialized administrative offices are evident at the top left, where you can see programs for small business, employment discrimination, women veterans, and minority veterans. Just above the bottom row are offices for information and technology, policy and planning, security and preparedness, human resources, government affairs, and legislative affairs.

At the bottom are three final branches: the Veterans Health Administration (VHA), which manages health care services; the Veterans Benefits Administration, which provides financial assistance; and the National Cemetery Administration, which manages burials and memorials. These three organizations oversee facilities throughout the U.S. We will concentration on veterans' health and veterans' benefits.

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The VA health system has five goals:

- Restore capabilities and improve the quality of life for veterans with disabilities and their families
- Ease the transition from active military service to civilian life
- Honor veterans in life, and after death through memorials
- Contribute to national goals of public health, emergency readiness, socioeconomic well-being, and U.S. history

- Delivery high-quality services to veterans and families through optimal personnel, technology, business practices, and financial resources

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Let's look at some of the services provided for veterans. Veterans are entitled to these benefits after discharge from active duty (assuming this was not a dishonorable discharge). For convenience, we'll consider these in categories of medical care, mental health care, and logistical or financial support. Keep in mind that this is just a sampling of the services provided.

Medical services include outpatient health care at various types of facilities as well as hospitalization; information about health issues; wellness programs such as disease prevention, smoking cessation, and weight control; dental care; nursing care; and help with prescription refill. Special health programs are offered for female veterans.

Several programs are targeted at mental health, including problems of readjustment, post-traumatic stress disorder (PTSD), substance abuse, and suicide prevention. Veterans have access to a chaplain for their spiritual needs. Patient advocates are available at every VA medical center to answer questions or deal with any problems or special needs. Rehabilitation is available for psychological as well as physical trauma.

Logistical and/or financial benefits include disability compensation, pensions, the GI Bill (financial coverage for a college education), vocational rehabilitation and assistance with employment, educational assistance for dependents (children), life insurance and traumatic injury insurance, home loans, and benefits for survivors. Finally, assistance is provided for burial. Because we are focusing here on health care systems, we will not discuss burials and VA cemeteries further.

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These numbers speak to the size and importance of the VA system, which has 153 hospitals, 956 outpatient clinics in the community, 134 community living centers, 90 domiciliary rehabilitation programs, 232 Vet centers, and 57 veterans benefits regional offices nationwide.

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Let's look at some of the specific facilities that offer health-related services to veterans. The most obvious are VA hospitals. Many areas of the country have veterans health care systems, which are groups of affiliated medical centers and clinics that work together and share resources to provide comprehensive care more efficiently. Two examples are the VA Pittsburgh Healthcare System in Pennsylvania and the VA Puget Sound Healthcare System in Washington state.

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Community-based outpatient clinics are freestanding clinics that provide routine outpatient services such as health and wellness visits. Located in every U.S. state, plus the District of Columbia, American Samoa, Guam, Puerto Rico, the Philippines, and the

Virgin Islands, these clinics are intended to be convenient alternatives to traveling to a large medical center.

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You can think of community living centers as nursing homes for veterans. Skilled nursing staff are on hand to care for veterans with chronic conditions such as dementia, those who need rehabilitation services, or those nearing the end of life.

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The Domiciliary [*dome-ih-sill-ee-air-ee*] Care Program is the oldest health component in the VA system, originally established as “Soldiers’ Homes” to provide care and housing for disabled and poor veterans of the U.S. Civil War in the late 1860s. (A *domicile* is a home or residence.) VHA domiciliaries are residences that provide treatment and rehabilitation for veterans with severe medical conditions, mental illness, substance abuse disorders, or other psychosocial problems.

Domiciliaries operate together with the VA’s Mental Health Residential Rehabilitation and Treatment Programs. Together these programs aim to foster healthful behaviors in a safe living environment, to improve quality of life, and to achieve integration into the greater community.

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Vet Centers provide counseling for veterans who have served in a combat zone and for their families who need assistance coping with military issues. All 50 states, including the District of Columbia and U.S. territories, have vet centers.

Counseling services and/or assessment and referral are provided for readjustment to civilian life, help with medical problems, military sexual trauma, substance abuse, bereavement counseling for families, and other services.

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One of the concerns about U.S. health care is the fragmentation of services. To avoid this problem, the VHA system is divided into 21 units called Veterans Integrated Services Networks (VISNs), which are located throughout the U.S. Each VISN coordinates and supervises administrative activities and health care provision in that region.

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Now let’s move on to the Military Health System. Unlike the VA system, which serves veterans and their families after military discharge, the MHS covers active-duty U.S. military personnel and their families and is operated by the Department of Defense (DoD). As such, it is a global medical network.

The top-down structure of the MHS comprises the Office of the Assistant Secretary of Defense for Health Affairs, the medical departments of each of the major service branches (Army, Navy, Marine Corps, Air Force, Coast Guard, and the Joint Chiefs of

Staff), the Combatant Command surgeons, and TRICARE providers (including those in the private sector). TRICARE is the DoD's managed health care program, which we will discuss next.

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TRICARE is a series of comprehensive, low-cost health plans operated through a network of civilian health care providers such as physicians, hospitals, and pharmacies. TRICARE serves active-duty service members, retirees, and their families from all seven service branches, including the Army, Navy, Marines, Air Force, Coast Guard, Public Health Service, and the National Oceanic and Atmospheric Administration. Certain National Reserve and National Guard members are also eligible. Besides immediate family members, survivors and certain former spouses may benefit from TRICARE.

Service members may choose from among nine TRICARE plans. The most common plans are described here. TRICARE Prime is a health maintenance organization (HMO) option and the most affordable; TRICARE Standard is the most flexible option. Retirees receiving Medicare benefits may enroll in TRICARE for Life as secondary health care coverage. TRICARE Reserve Select is available for a monthly premium to eligible National Guard and Reserve members. Other TRICARE plans are targeted to veterans who have been posted outside the U.S., and there is also a family plan as part of TRICARE Prime. Some of the plans require that the veteran assume some of the costs.

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Let's look at a table showing some of the MHS benefits in the TRICARE program. You may note that many of the medical and mental health services closely resemble those offered for veterans through the VA system. Most of the logistical or financial benefits for military personnel that we discussed previously operate through the VA system rather than the MHS.

TRICARE coverage encompasses outpatient health care visits, hospitalization, health information, wellness visits (preventive health care such as immunizations), dental and vision care, nursing care, pharmacy benefits, and services for female personnel such as maternity care. Programs for mental health include counseling, help in readjusting to civilian life, coping with trauma such as PTSD and traumatic brain injury (TBI), substance abuse problems, and suicide prevention. Personal coaches are on hand to help coordinate medical care, and chaplains are available. Rehabilitation may be needed for physical and/or psychological trauma.

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Given that military conflicts arise all over the world, the DoD must be able to provide health care services wherever our troops need to go. This graphic illustrates the concept of "deployable medical capability," which means the ability to transport and effectively implement health care services anywhere and at any time. (To "deploy" means to move military personnel into position or readiness.)

During peacetime, preventive health care maintains a healthy and fit military force. The right side of the picture shows the role of MHS medical care at the site of armed conflicts, also called “expeditionary operations.” First, medical care must be moved, or deployed, to the area of conflict. Then, wounded service members must receive immediate medical care, resuscitation, and rehabilitative care as quickly as possible in the “theater.” (A battle area is also termed a “military theater.”) The wounded also need transport for further medical care within the “joint operational area” (JOA), meaning the area of conflict.

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To ensure that health care is deployable anywhere around the world, MHS goals include the following:

- First responder care, or immediate care at the point of injury
- Essential care, or interventions to preserve life and limb
- Definitive care, to stabilize or rehabilitate at the area of conflict
- Care while en route to another medical facility
- Joint Medical Logistics and Infrastructure Support, or “JMLIS” as illustrated in the previous graphic, includes the provision of appropriate medical supplies, materials, and up-to-date equipment
- Joint Theater Medical Command and Control, or “JTMC²” as noted in the previous graphic, refers to education, training, and medical information technologies

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Another function of the MHS is disaster response, aimed at protecting DoD members and/or the general public. Such calamities include public health emergencies; mass casualty events; emergency operations for homeland defense; pandemic influenza (that is, widespread flu outbreaks) requiring medications and vaccines; humanitarian assistance after natural disasters; and global health initiatives, including medical representation in the North Atlantic Treaty Organization, or NATO, [*nay-toe*] and the International Committee of Military Medicine. Finally, the MHS provides health care to certain non-DoD-eligible individuals.

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To ensure excellent health care for active-duty personnel, the MHS provides education, training, and resources for health care providers. You may have heard of two of their hospitals, Walter Reed Army Medical Center and the National Naval Medical Center, which are large teaching and referral institutions affiliated with universities. Walter Reed is currently treating wounded soldiers from the wars in Afghanistan and Iraq.

MHS educational programs include, among others, the Defense Medical Readiness Training Institute, which offers courses in trauma care, burn treatment, disaster preparedness, humanitarian assistance, and other types of military emergency response. The JTTS Clinical Practice Guidelines are medical protocols developed by the Joint Theater Trauma System, part of the U.S. Army Institute of Surgical Research. Tactical Combat Casualty Care is a training course for medics, corpsmen, and other rescue personnel deployed in areas of combat.

MHS also supports and performs research at military treatment facilities and MHS laboratories. Many projects are supported by federal funds from within the DoD, from the VA system, and from the Department of Health and Human Services. Just a few examples include the Congressionally Directed Medical Research Programs, which represent studies on various diseases of concern to all Americans; the Military Infectious Diseases Research Program, which does vaccine and drug development; and the TriService Nursing Research Program, which supports military nursing research as part of the Uniformed Services University of the Health Sciences.

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To summarize, the VA and the MHS provide health care and other benefits for those who serve our country. The VA system is operated by the Department of Veterans Affairs, and it serves veterans after their discharge from service. The MHS is operated by the Department of Defense, and it serves veterans during their military service. Both organizations offer benefits to all uniformed personnel and their families. The goals—to enhance physical and mental health and provide logistical or financial assistance—are intended to thank veterans and active-duty personnel for their service to their country.