The Center for Veterans and Military Health (CVMH)

Working Group Meeting
September 9, 2013
2 to 4 p.m.
Why here? Why now? Why us?

- Almost 2 million vets in California (22 million veterans nationwide);
  - CA ranks #1 in the United States

- Increased Operation Iraqi Freedom/Operation Enduring Freedom veterans
  - Need for health care services (including emerging health care concerns)
  - Jobs
  - Education/Training
  - Housing

- Increased dual usage between VA and Non-VA

- Expansion of VANCHCS to better serve the different needs of veterans

- Unique opportunity afforded by UC, VA, and DoD Collaboration
2010 National Survey of Veterans: Reported Plan to Use VA Health Care in the Future, for Selected Groups of Veterans

All Veterans
- As primary source: 16.2%
- In addition to non-VA health care for some services: 34.8%
- As safety net when needed: 3.4%
- For prescriptions: 0.3%
- For specialized care: 1.5%
- Some other way: 31.7%

Women Veterans
- As primary source: 18.8%
- In addition to non-VA health care for some services: 4.2%
- As safety net when needed: 25.6%
- For prescriptions: 0.3%
- For specialized care: 4.2%
- Some other way: 2.0%

Post 9/11 Veterans
- As primary source: 29.4%
- In addition to non-VA health care for some services: 31.3%
- As safety net when needed: 1.7%
- For prescriptions: 0.5%
- For specialized care: 2.0%

Vietnam Veterans
- As primary source: 18.8%
- In addition to VA health care for some services: 36.7%
- As safety net when needed: 2.7%
- For prescriptions: 0.8%
- For specialized care: 1.4%
- Some other way: 4.2%

Source: Department of Veterans Affairs, 2010 National Survey of Veterans

December 2011

NCVAS National Center for Veterans Analysis and Statistics
# Quick Glance of Health Systems

<table>
<thead>
<tr>
<th>Health System</th>
<th># of Patients Served</th>
<th>Counties Served/Catchment Area</th>
<th>Overlapping Areas</th>
</tr>
</thead>
<tbody>
<tr>
<td>UC Davis Health System</td>
<td>About 1M patients/year</td>
<td>Sacramento, Yolo, and Placer, Colusa, Sutter, Yuba, Sierra, Nevada, El Dorado, Amador, Alpine Sonoma, Napa, Solano, Lake, Mendocino, Humboldt, Del Norte, Siskiyou, Trinity, Shasta, Tehama, Glenn, Butte, Modoc, Lassen, Plumas</td>
<td>• 9 northern CA counties (primary and secondary service areas only); 15 counties when you include tertiary area • 170K-193K veterans in UC Davis primary and secondary area; 250K-290K when you include UC Davis tertiary area</td>
</tr>
<tr>
<td>VANCHCS</td>
<td>About 340K patients/year</td>
<td>Alameda (partial), Amador, Butte, Colusa, Contra Costa, El Dorado (partial), Glenn, Placer (partial), Sacramento, Shasta, Siskiyou, Solano, Sutter, Tehama, Trinity, Yolo and Yuba</td>
<td>• Sacramento, Yolo, Placer, Colusa, Sutter, Yuba, , El Dorado, Amador, Solano, Siskiyou, Trinity, Shasta, Tehama, Glenn, and Butte</td>
</tr>
<tr>
<td>DGMC</td>
<td>• 130K TRICARE eligible patients in the immediate San Francisco-Sacramento vicinity</td>
<td></td>
<td>More than 377K VA eligible patients; The campus includes the VA Fairfield Outpatient Clinic.</td>
</tr>
</tbody>
</table>
UC Davis Health System Catchment Area

Source: UCDMC Public Affairs Office
Breakdown of Veterans Served at VANCHCS (by County)

- Solano: 9%
- Shasta-Butte: 24%
- Sacramento: 43%
- Contra Costa: 15%
- Alameda: 9%

Activities to Date

- MOU between IPHI and VANCHCS
- .5 FTE Program Manager Acquired (Sarah Walker)
- 1.0 FTE Community Health Program Rep (in recruitment)
- Job Fair
- Academic Affiliations Meeting Presentation
- Joint PCORI Proposal Submitted (not funded)
- Funding from CHEQ
Establishing The Center for Veterans and Military Health

DRAFT
<table>
<thead>
<tr>
<th>Preliminary Objectives</th>
<th>Research</th>
<th>Education</th>
<th>Community Service</th>
<th>Clinical Care</th>
</tr>
</thead>
<tbody>
<tr>
<td>First Priority</td>
<td>Formation of a database that shows current research involving Veterans and/or Military personnel</td>
<td>Course Curriculum for Healthcare Professional Trainees (e.g. med students, nursing students, etc.) on Veteran and Military Health</td>
<td>Participation and/or hosting Job Fairs for Veterans</td>
<td></td>
</tr>
<tr>
<td>Second Priority</td>
<td>Conduct Needs Assessment</td>
<td>Creating a Veteran-Friendly Campus at UC Davis (e.g. campus-at-large Vet Center, assist with health issues, etc.)</td>
<td>Homeless Primary Care Team formation and volunteer participation</td>
<td>Assist med students who are currently on active duty and/or Reserves</td>
</tr>
<tr>
<td>Third Priority</td>
<td>Harmonizing IRB Processes and Collaborating Research</td>
<td>Course curriculum for current healthcare providers on new veteran health information</td>
<td>Further collaboration with Sacramento Homeless Shelter–possible community garden?</td>
<td>Care coordination for dual users of VA and UC Davis service, such as oncology services</td>
</tr>
</tbody>
</table>
Funding Strategies?
Next Steps

- Memorandum of Understanding between IPHI and DGMC
- Gather information regarding current research activities involving veterans and/or military personnel
- Sharing Agreement between IPHI and VANCHCS
  - Allows CVMH to utilize VANCHCS resources
- Formation of Advisory Committee/Working Group(s)
- Next Meeting Date(s)
  - Working Group
  - Advisory Committee