

SPRING 2007

# Veterans' Health

*Your key to  
better health  
in the Midwest*

**MyHealth@Vet**

**Are You Ready  
to MOVE!?**

**Telewhat?  
Telehealth!**



**Treating Chronic Disease:  
The BEST You Can Be**





Dr. Robert Petzel

## THE BEST MEDICINE? PREVENTION!

**D**o you keep your car tuned up to prevent breakdowns and accidents? Well, keeping your body tuned up is important, too! According to Network Director Dr. Robert Petzel, ongoing efforts in the Network are helping you do just that.

“Many of the chronic illnesses we see in veteran patients—the ones that eventually end their lives—are preventable,” he says, citing chronic obstructive pulmonary disease and other health problems related to smoking. “Heart disease is preventable in many people with diet, exercise and cholesterol medicine,” he adds. “Certainly health issues from chemical dependency are preventable if treated.”

Dr. Petzel believes obesity is an epidemic problem that leads to many illnesses, particularly diabetes. “It’s clear that keeping weight under control will prevent or lessen the onset or severity of type 2 diabetes.”

An important effort toward prevention is the network’s focus on chronic disease. “Besides smoking cessation campaigns,” Dr. Petzel explains, “we

have aggressive screenings for cancers, some of which are preventable. We also have a well-developed program for obesity called *MOVE!* designed for veterans who want assistance with managing their weight by modifying behavior, nutrition, and physical activity.”

A recent initiative called HealthierUS Veterans demonstrates a huge shift toward preventative health. The VA, working closely with the U.S. Department of Health and Human Services (HHS), hopes to improve the health of the entire nation. Components of HealthierUS Veterans include support from the Fit for Life Veteran Volunteer Corps, and STEPS community programs targeting diabetes, obesity, and asthma. Another component of HealthierUS Veterans is Prescription for Health, an effort by VA primary care providers to distribute pedometers and write prescriptions for physical activity.

Dr. Petzel believes MyHealthVet is also a great tool for Network veterans. “It focuses on prevention, and as more features are added, it will give patients access to their VA medical records. We want them to take control of their own health and become responsible for making proper lifestyle choices because it helps us serve them better.”

### For More Information:

#### HealthierUS Veterans

[www.healthierusveterans.va.gov](http://www.healthierusveterans.va.gov)

#### The MOVE! Program

[www.healthierusveterans.va.gov/MOVE.asp](http://www.healthierusveterans.va.gov/MOVE.asp)

#### Prescription for Health

[www.healthierusveterans.va.gov/PrescriptionForHealth](http://www.healthierusveterans.va.gov/PrescriptionForHealth)

#### Fit for Life Corps

[www.healthierusveterans.va.gov/FitForLife](http://www.healthierusveterans.va.gov/FitForLife)

#### Steps to a HealthierUS Cooperative Agreement Program

[www.healthierus.gov/STEPS](http://www.healthierus.gov/STEPS)

#### MyHealthVet

[www.myhealth.va.gov](http://www.myhealth.va.gov)

## HELP A FRIEND BY CALLING IN!

**H**ave you ever shown up for an appointment at a VA facility only to find that your health care provider decided to sleep in? Probably not. But getting dressed, making travel arrangements and arriving on time would be understandably frustrating if nobody was available to treat you, wouldn't it?

Vicki L. Berardi, Clinical Coordinator for Primary Care and Specialty Medicine in Central Iowa in Des Moines, says it is equally disappointing when veterans fail to call if they are unable to show up for a scheduled appointment. “We work hard to make sure patients have access to a clinic when they need it,” she explains. “Volunteers even come

in each day and telephone veterans to remind them of their upcoming appointment. We do that because every *no-show* takes an available appointment away from someone who desperately needs it.”

A no-show, according to Berardi, is when a veteran doesn't show up for a scheduled appointment and doesn't call ahead so that their slot (appointment time) can be given to a fellow veteran. Central Iowa has the lowest no-show rate in the Network, but any open slot wastes resources.

Beyond that, Berardi says the most important reason to call if you can't keep your appointment is that you can reschedule your appointment to maintain your health, and the open slot can be filled by a patient who needs it. “If

you know you aren't coming, simply call ahead so that we can reassign your designated time to someone else,” she says. “Giving us notice is really like giving a gift to a fellow veteran who needs health care.”

*Veterans' Health* is published quarterly as a patient education service by VA Midwest Health Care Network, one of the 21 integrated networks of the Department of Veterans Affairs. The publication is intended to provide information to help you stay well, manage your health care and learn about the many health services available through VA. This publication is not intended as a substitute for professional medical advice, which should be obtained from your doctor. All articles may be reproduced for educational purposes.

# Two-Step Your Way to MyHealth<sub>e</sub>Vet



[WWW.MYHEALTH.VA.GOV](http://WWW.MYHEALTH.VA.GOV)

**H**ave you heard? You can now gain access to a wealth of personalized health information through a simple, two-step process!

After you have registered on the MyHealth<sub>e</sub>Vet website, the In-Person Authentication process is a quick and easy way to gain access to portions of your VA health care records. Bring a government-issued photo ID with you to the Release of Information office at your VA medical center. There you will be asked to fill out a form and watch a short video (you can also print out the form and watch the video from the MyHealth<sub>e</sub>Vet website ahead of time). After that, a clerk will log onto the MyHealth<sub>e</sub>Vet web site and complete the online authentication for the veteran.

After authentication, you can view your prescription drug names on MyHealth<sub>e</sub>Vet. As a registered MyHealth<sub>e</sub>Vet user, you have access to online tools to help you monitor things like blood pressure and weight—including having the information displayed on a graph for easy tracking—but Brenda Oistad, Executive Assistant to the Director and your MyHealth<sub>e</sub>Vet point-of-contact at Fargo VA Medical Center, says much more information will be added in phases throughout 2007. “One of our next releases will be an appointment calendar so veterans can see when their upcoming appointments are,” she explains. “Each veteran will only be able to access his/her own information. That’s part of the reason we have an in-person authentication policy, but we’ve made it a very easy process that is only done



once. After that, they are free to check their own records from anywhere they have Internet access.”

Oistad doesn’t anticipate problems with the site, but hopes you will report any MyHealth<sub>e</sub>Vet issues to the national help desk by clicking on the Contact MHV tab on the MyHealth<sub>e</sub>Vet website. If you need assistance, your point-of-contact at your VA medical center can help you. “If there is a problem with the system it impacts a lot of people, but we can’t fix it unless we know about it,” Oistad says.

Veteran Warren Tobin of Jamestown, North Dakota, loves using MyHealth<sub>e</sub>Vet. “My favorite feature is the online prescription refill because it is so convenient,” he says. “If I suddenly realize on a Saturday night that I need to refill my prescription, I can go online to MyHealth<sub>e</sub>Vet and do it right then. The site verifies my order, tells me when it will be processed, and gives me an estimate of when it will arrive by mail. The phone refill system is good, but I like the instant visual feedback with MyHealth<sub>e</sub>Vet.”

Another of Tobin’s favorites is the Health Library. “If I have questions about a condition, I have access to some good general information,” he says.

Veteran Warren Tobin

## HAVE QUESTIONS ABOUT MYHEALTH<sub>e</sub>VET?

Points of Contact at each VA medical center can help you learn the ins and outs of MyHealth<sub>e</sub>Vet. If you have questions or need a computer to access the website, head to your nearest VA medical center.

★ Network Office	Sharyl W. Schaepe	402-484-3225
★ Hot Springs	Deann Arneson	605-745-2000, ext. 2060
★ Fort Meade	Nancy Worth	605-347-7206
★ Central Iowa	Hansel Wood	515-699-5683
★ Fargo	Brenda Oistad	701-239-3700, ext. 3385
★ Iowa City	Kirk Sickels	319-339-7104
★ Minneapolis	Debra Pederson	612-467-3629
★ Grand Island	Joyce Clayton	308-389-5102
★ Lincoln	Laura Green	402-486-7847
★ Omaha	Brenda Vaverek	402-346-8800, ext. 3751
★ Sioux Falls	Ardelle Kleinsasser	605-333-6807
★ St. Cloud	Richard Schwegel	320-255-6480, ext. 6785

# TREATING CHRONIC DISEASE:

## What is chronic disease?

According to Dr. Terry Wahls, Associate Chief of Staff at VA Iowa City Health Care System in Iowa City, chronic diseases are those without a cure or those that patients may have for years – perhaps even their entire life. Examples include high blood pressure, diabetes, rheumatoid arthritis, depression, asthma, and chronic obstructive pulmonary disease (COPD). “People today live longer,” says Wahls, “and many of our veterans have some type of chronic disease, which can create a great deal of suffering for them and their families.”

## What is chronic disease management?

“Simply put,” Wahls continues, “it is managing chronic diseases – but differently than we have in the past. Rather than just prescribing medicines and telling patients what they need to do, we want to focus on helping the veterans learn small steps they can take that will get them a little closer to their goals. Slowly taking small steps that the veterans identify will help them achieve those goals, which will improve their symptoms and their quality of life.”

Wahls says patient self-management allows patients to actively participate in managing their chronic disease. For example, a diabetic veteran wants to be able to function at work and at home long term. Self-management requires him and his family to learn about the illness and decide what next step they are comfortable taking. This allows patients to improve control and decrease symptoms so they ultimately feel more “in charge” of the disease.

## How does patient self-management work?

“It used to be that doctors spoke and patients listened,” explains Wahls. “With self-management, we want patients to be a part of the decision-making process and tell us where they’d like to be with their disease. We share treatment recommendations and express what we’d like to see, but we want veterans to tell us their goals because they are ultimately the ones who will take the necessary steps to achieve those goals.”

Depending on the patient and the disease, Wahls says VA providers may recommend Telehealth, phone contact with a case manager, a peer-to-peer environment, or Living Well self-management classes.

➤ Telehealth involves the use of electronic and telecommunication devices to provide care from a distance. In many cases, a small messaging device transmits patient information such as blood pressure, weight, heart rate and blood sugar level to a VA facility without the patient having to leave home (see page 7).

➤ A case manager (or a Care Coordinator) works along with or in lieu of Telehealth equipment. Case managers talk with patients by telephone, sometimes daily, about their progress or problems.



# The Best You Can Be

- Peer-to-peer classes are groups of people with the same disease. In pulmonary rehabilitation group classes, for example, COPD patients learn to maintain lung function. In diabetic classes, a veteran with high blood sugar levels is more likely to believe he can get them under control when a fellow diabetic veteran explains the steps he took to do it. Hearing each other's stories, suggestions and encouragement are powerful ways for veterans to realize it is possible for them to get control of their disease.

The Network currently offers patient self-management programs for diabetes, congestive heart failure and COPD. Similar programs for depression and dementia will follow in the future, as they also cause a large amount of suffering for patients and their families.

## Who is eligible for patient self-management classes?

"Patients can ask a provider for a referral or contact any VA facility," Wahls says, "but enrollment in some Network chronic disease programs is limited for now. We try to select veterans within each disease group who can benefit most. For example, a diabetic who is doing a good job of managing blood sugar would not be a good candidate. Instead, we reach out to diabetics who have multiple hospitalizations or repeated visits to the emergency room to see if we can help them. With COPD, we perform tests to confirm the diagnosis, then educate the patient about using equipment such as a nebulizer or oxygen tank. With any chronic disease, we involve family members because the illness affects them, too."

Wahls adds that patient self-management classes are great for patients whose goal is to be their very best in spite of a chronic illness. "It's too soon to have much data or statistics on self-management, but we know these programs are changing lives. Our patients tell us that."

Self-management programs make services available to veterans who live



Dr. Terry Wahls

**“...we know these programs are changing lives. Our patients tell us that.”**

in rural locations. Elizabeth French, Chronic Disease Manager at the VA Nebraska Western Iowa Health Care System in Grand Island, says they currently have approximately 36 people on Telehealth monitors. “We get referrals from diabetic educators or providers whose patients live a long way from Omaha Cardiology. By outfitting diabetic patients with a monitor, we get their blood pressure and blood sugar every morning. For congestive heart failure patients . . . we monitor their vital signs and weight to make sure they aren't retaining fluids. In either case, I can take that information directly to the provider, and we can adjust patient medications without the patient ever coming in.”

For more information about Telehealth, speak with your health care provider or contact your VA facility.

**NOTE:** Living Well classes will be discussed in the next issue of *Veterans Health*.

# Are You Ready to MOVE!?



**A**fter years of saying, “Super-size my fries,” more and more veterans are saying, “I’m ready to *MOVE!*” Over 70 percent of veterans receiving medical care from the U.S. Department of Veterans Affairs (VA) are overweight or obese, increasing their risk for heart disease, hypertension, stroke, cancer and diabetes. The good news is we’re reversing that trend with a weight management program called *MOVE!*

## What is it and how do you sign up?

Simply put, *MOVE!* helps veterans lose weight, keep it off and improve their health. Omaha’s Hillary Chrastil, Registered Dietitian and *MOVE!* Coordinator for the Nebraska Western Iowa Health Care System, provides an overview of the program. “*MOVE!* is a five level program,” she explains, “that focuses on physical activity, eating habits and behavior modification.”

Signup begins with referral from your primary provider. After completing a questionnaire, VA personnel like Chrastil will help you set short-term goals. “We constantly set goals,” she says, “so veterans have a clear picture of where they are going. Patients can then choose which levels to participate in, as each level increases in intensity.”

**LEVEL 1** is an individual program that is great for working veterans or those in rural areas. “Veterans call their *MOVE!* coordinator monthly and update us on their progress. If they have questions or concerns, we discuss those. We can also mail helpful patient education material to them.”

**LEVEL 2** is a class that meets three times per month. In the Nebraska Western Iowa Health Care System, this meeting is held using telemedicine technology. Veterans listen to and ask questions of specialists such as dietitians, physical therapists, pharmacists, nurse practitioners, social workers, or psychologists. Chrastil says this method gives smaller sites such as Lincoln and North Platte access to a well-rounded group of professionals. It takes

approximately six months to go through all classes, after which patients can meet with a monthly support group for an additional 18 months.

**LEVEL 3** involves weight management medication, so a pharmacist carefully monitors a veteran’s overall health condition and keeps the primary provider informed. Levels 1, 2 and 3 don’t necessarily have to happen in order—it’s possible to do them at the same time.

You must participate in Level 1 or 2 for at least six months to be eligible for **LEVEL 4**, which is an outpatient, low calorie, medically-managed diet. “It is about 800 calories per day,” says Chrastil. “We provide liquid meal replacement formulas so patients lose weight quickly and must be monitored weekly. After eight weeks, we gradually taper the meal replacement formula and increase solid foods.” There is also a support group specifically for Level 4 patients.

**LEVEL 5** is consideration for bariatric or gastric bypass surgery in Omaha—but only after a patient has participated in *MOVE!* for at least a year and lost and maintained a five percent loss of their initial body weight. “According to research,” Chrastil explains, “this produces better long-term results and less surgical complications.”

Steve Norton of Beatrice, Nebraska signed up for *MOVE!* about two years ago. “A few friends told me about it,” he says. “I was overweight for 30 years and had dieted but regained the weight, so I asked my doctor to refer me to *MOVE!* After about a year, I did Level 4, which is OPTIFAST meal replacements.

“I started *MOVE!* at about 262 pounds and now I’m maintaining 174. I never anticipated I could lose so much weight.” Norton says he feels better about himself, has more energy and less joint pain, and is no longer on blood pressure medicine.

“I still go to the support groups,” he adds. “*MOVE!* is the best thing I’ve ever done for myself.”

For more information, speak with your health care provider or log on to [www.move.va.gov](http://www.move.va.gov).

# Telewhat? Telehealth!

**M**any Network chronic disease patients are receiving top-notch health care close to home, thanks to revolutionary new technology called *Telehealth*. But what is Telehealth and how does it work?

According to Sandra Schmunk, Network Telehealth Program Manager, Telehealth is a term that describes electronic and telecommunications equipment used to provide health care from afar. “Telehealth has two basic types of equipment,” says Schmunk. “One type of equipment is used to send digital images such as x-rays, pictures or even video from one VA facility to another.”

Elizabeth French, Chronic Disease Manager at VA Nebraska Western Iowa Health Care System in Grand Island, says Telehealth allows many patients in rural locations access to specialists without them having to drive so far. “Our congestive heart failure patients,” she explains, “don’t necessarily need to drive to Omaha to see their cardiologist. We can just bring that patient into our clinic here and relay the information directly to Omaha.”

“The second type of Telehealth equipment is used in a patient’s home when the person suffers from a chronic disease but wants help managing their condi-

Care Coordinator Connie Ginter, RN, customizes a home Telehealth device for patient use at St. Cloud VAMC.



tion,” Schmunk explains. “The patient hooks a small messaging device into a phone line, and we can monitor things like their blood pressure, weight and blood sugar daily. Using the device, they answer a few general questions about how they are feeling, and a care coordinator at the medical center reviews it.

Patients can also use the device to view educational material that helps them learn about their disease.”

Schmunk says the program works because patients get instant feedback about how their behavior affects their disease.

In her role, Schmunk oversees the Telehealth program at all sites. “Technology changes quickly,” she explains, “and we will continue to roll out new equipment for chronic care patients.”

Judy Wagner, Care Coordinator and Nurse Practitioner at Minneapolis VA Congestive Heart Failure Telehealth Clinic, thoroughly screens patients before putting

them in the program, and she says patients love being so involved in their own care.

“During hospitalization, we adjust their medications, if necessary, and start them on the Telehealth home monitoring program after discharge. Patients love it and feel comfortable knowing someone is looking at their vital signs daily. If we see something that alarms us, we can pick up the phone and call patients to discuss the daily readings or just check on how they are doing.”

For more information about Telehealth, speak with your health care provider or contact your nearest VA facility.



St. Cloud VAMC dietitian Joyce Mauel demonstrates the use of a home Telehealth device to veteran Lonnie Abbott.

**S**tan Maleska, an 83-year old congestive heart failure patient from Hibbing, MN, applauds the Telehealth program. “Telehealth saved my life,” he says. “I thought my congestive heart failure diagnosis meant I was about to die, but I ride my bicycle 3-4 miles each day in good weather, split firewood to heat my home, and serve as Color Guard for local funerals. The Telehealth equipment is on a shelf in my bedroom, and it only takes 10-15 minutes each morning to sit on the side of my bed and transmit my blood pressure and weight to my case manager. I am 200 miles from Minneapolis, but I can call my case manager, Judy, any time or she calls me if she has questions or concerns. She’s the best!”

# VISN 23 — VA MIDWEST HEALTH CARE NETWORK

## **NORTH DAKOTA**

**Fargo VA  
Medical Center**  
2101 N. Elm St.  
Fargo, ND 58102  
(701) 232-3241  
(800) 410-9723

## **SOUTH DAKOTA**

**Sioux Falls  
VA Medical Center**  
2501 West 22nd St.  
PO BOX 5046  
Sioux Falls, SD 57117  
(605) 336-3230  
(800) 316-8387

**VA Black Hills  
Health Care System**  
113 Comanche Road  
Fort Meade, SD 57741  
(605) 347-2511  
(800) 743-1070

500 N. 5th Street  
Hot Springs, SD 57747  
(605) 745-2000  
(800) 764-5370

## **NEBRASKA**

**VA Nebraska Western Iowa  
Health Care System**  
600 South 70th St  
Lincoln, NE 68510-2493  
(402) 489-3802  
(866) 851-6052

**VA Nebraska Western Iowa  
Health Care System**  
4101 Woolworth Avenue  
Omaha, NE 68105  
(402) 346-8800  
(800) 451-5796

**VA Nebraska Western Iowa  
Health Care System**  
2201 North Broadwell Avenue  
Grand Island, NE 68803  
(308) 382-3660  
(866) 580-1810

## **MINNESOTA**

**Minneapolis  
VA Medical Center**  
One Veterans Drive  
Minneapolis, MN 55417  
(612) 725-2000  
(866) 414-5058

**St. Cloud  
VA Medical Center**  
4801 Veterans Drive  
St. Cloud, MN 56303  
(320) 252-1670  
(800) 247-1739

## **IOWA**

**Iowa City  
VA Medical Center**  
601 Hwy 6 West  
Iowa City, IA 52246  
(319) 338-0581  
Illinois (800) 346-1843  
Iowa (800) 637-0128

**Central Iowa  
Health Care System**  
3600 – 30th St  
Des Moines, IA 50310  
(515) 699-5999  
(800) 294-8387

1515 W. Pleasant St  
Knoxville, IA 50138  
(641) 842-3101  
(800) 816-8878

[www.visn23.med.va.gov](http://www.visn23.med.va.gov)



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