THE AMERICAN VETERAN
EPISODE 307
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SEGMENT TITLE: DR KUSSMAN INTERVIEW

KANE FARABAUGH, HOST: JIM BENSON VISTS WITH DR. MICHAEL J. KUSSMAN... THE NEWLY CONFIRMED UNDER SECRETARY FOR HEALTH OF THE DEPARTMENT OF VETERANS AFFAIRS.
IN HIS NEW POST... DR. KUSSMAN PLAYS A KEY LEADERSHIP ROLE IN A SYSTEM THAT CARES FOR FIVE-POINT-ONE MILLION VETERANS YEARLY.

JIM BENSON
THANKS KANE. I'M HERE WITH DR. MICHAEL KUSSMAN. DR. KUSSMAN THANKS FOR TAKING TIME IN YOUR BUSY SCHEDULE TO BE WITH US TODAY. CONGRATULATIONS ON YOUR RECENT CONFIRMATION BY THE SENATE FOR THE POSITION OF UNDERSECRETARY FOR HEALTH FOR THE DEPARTMENT OF VETERANS AFFAIRS. THAT'S GREAT.

DR. MICHAEL J. KUSSMAN
WELL, THANK YOU VERY MUCH.

JIM BENSON
CAN YOU TELL US A LITTLE BIT ABOUT THE SCOPE OF YOUR RESPONSIBILITIES AND DUTIES FOR SUCH A LARGE ORGANIZATION AS VHA?

DR. MICHAEL J. KUSSMAN
WELL, I'M TRULY HONORED AND HUMBLED BY THE OPPORTUNITY TO RUN THE LARGEST INTEGRATED HEALTHCARE SYSTEM IN THE COUNTRY. WE HAVE ALMOST 200,000 PEOPLE WHO WORK FOR THE VETERANS HEALTH ADMINISTRATION, 155 HOSPITALS, 1400 SITES OF CARE, AND A BUDGET THAT'S PROBABLY GOING TO BE IN THE RANGE OF $38 BILLION DOLLARS.

JIM BENSON
THAT'S AN INCREDIBLE AMOUNT OF THINGS TO KEEP TRACK OF. NOW YOU'RE A VETERAN YOURSELF, RETIRED ARMY PHYSICIAN WHO'S HAD MANY COMMAND OPPORTUNITIES, BOTH FROM A HOSPITAL ALL THE WAY TO THE COMMAND LEVELS, AND INCLUDING A TOUR AT WALTER REED ARMY MEDICAL CENTER. WHAT DREW YOU TO VA AFTER ALL THAT SERVICE IN TERMS OF EITHER THE MISSION OR OTHER THINGS, AS OPPOSED TO PRIVATE PRACTICE OR GOING INTO TEACHING?

DR. MICHAEL J. KUSSMAN
WELL, THAT'S AN INTERESTING QUESTION. AND I RETIRED IN SEPTEMBER OF 2000, AND ACTUALLY WHAT I WAS LOOKING FOR IS AN

OPPORTUNITY TO CONTINUE TO SERVE, EVEN THOUGH I WAS TAKING MY UNIFORM OFF AFTER OVER A QUARTER OF A CENTURY OF SERVICE. AND, HOORAY, MUCH TO MY APPRECIATION OFFERED ME AN OPPORTUNITY TO CONTINUE TO DO SO. SO I'M ETERNALLY GRATEFUL TO THE VA FOR OFFERING ME THAT OPPORTUNITY.

JIM BENSON
WELL, A NUMBER OF STUDIES RECENTLY HAVE HIGHLIGHTED THE VA'S NEW LEADERSHIP ROLE IN HEALTHCARE DELIVERY AND QUALITY. HOW HAS THE VA MANAGED TO TURN THAT AROUND IN SUCH A SHORT PERIOD OF TIME?

DR. MICHAEL J. KUSSMAN
WELL, I THINK THAT WE'RE TEN YEARS INTO IT. WE HAVE A TECTONIC SHIFT, IF YOU WILL, OF CARE. WE WENT FROM A HOSPITAL-BASED SYSTEM TO A PATIENT-BASED, A CLINIC-BASED SYSTEM IN THE MID-'90S. AND WE PUT A LOT OF EMPHASIS ON PERFORMANCE AND OUTCOMES AND QUALITY. AND I THINK THAT JUST DROVE THE SYSTEM THROUGH THE POSITION THAT WE'RE IN WHICH I WOULD RATE AS THE BEST CARE ANYWHERE, THE BEST CARE IN THE COUNTRY.

JIM BENSON
AND THAT QUALITY PERFORMANCE IS SOMETHING THAT WE HAVE A PARTICULAR ADVANTAGE ON BECAUSE OF THE WAY OUR SYSTEM IS STRUCTURED, CORRECT?

DR. MICHAEL J. KUSSMAN
WELL, THAT'S CORRECT. I MEAN, OUR SYSTEM IS SELF-CONTAINED TO A LARGE DEGREE AND WE CAN THEN SET UP PROCEDURES AND POLICIES AND DIRECTIVES THAT WILL MAINTAIN THE QUALITY. BUT ALSO, WE HAVE AN ADVANTAGE OF HAVING, AGAIN, DEPENDING ON WHO YOU TALK TO, THE MOST SOPHISTICATED, BEST ELECTRONIC HEALTH RECORD IN THE WORLD. AND SO THAT'S ALLOWED US TO MONITOR WHAT WE'RE DOING AND LOOK AT OUTCOMES.

JIM BENSON
WELL, THAT WOULD TAKE ME TO THE NEXT POINT BECAUSE THAT HAS BEEN CITED INDIVIDUALLY AS ONE OF THE GREAT ACHIEVEMENTS FOR VA AND HOW WE USE THAT. HOW DOES IT SPECIFICALLY CONTRIBUTE TO THE IMPROVEMENT OF HEALTHCARE FOR VETERANS?

DR. MICHAEL J. KUSSMAN
WELL, FIRST OF ALL, IT WAS BUILT BY THE PEOPLE WHO HAD PROVIDED CARE. I MEAN, IT WAS DEVELOPED OVER A QUARTER OF A CENTURY ACTUALLY, A LITTLE HERE, A LITTLE THERE, AND THEN TESTING THINGS AND GETTING THE BUY-IN OF THE PROVIDERS. THAT'S ALWAYS BEEN A CHALLENGE WITH ELECTRONIC HEALTH SYSTEMS IN THE COUNTRY

WHERE SOME OF THE PHYSICIANS OR OTHER PROVIDERS DON'T SEE IT AS A VALUE-ADDED OR A COSTLY THING. SO WE'VE BEEN VERY FORTUNATE THAT WE ACTUALLY HAVE A HOMEGROWN SYSTEM, BUT THAT ALLOWS US TO MONITOR AND KEEP TRACK OF WHAT WE ARE DOING. FOR INSTANCE, JUST USING HURRICANE KATRINA AS AN EXAMPLE, WE LOST NO RECORDS. THEY WERE ELECTRONICALLY TRANSFERRED FROM OUR HOSPITAL IN NEW ORLEANS. AND WHEREVER THE PATIENTS WENT WHEN THEY MOVED FROM NEW ORLEANS, THEY COULD JUST GO IN AND THEIR RECORDS COULD BE PULLED UP, SO IT'S SITUATIONS LIKE THAT AND THE DAY TO DAY OPERATIONS.

JIM BENSON
THAT AN AMAZING SUCCESS STORY. AND THIS ALSO TIES IN WITH PRESIDENT BUSH'S PLAN, LONG-TERM PLAN, FOR HAVING MORE PEOPLE ON THE ELECTRONIC RECORD SYSTEM.

DR. MICHAEL J. KUSSMAN
THAT'S CORRECT. ONE OF THE PRESIDENT'S INITIATIVES IS TO HAVE THE ELECTRONIC HEALTH RECORD PUT EVERYWHERE IN THE COUNTRY. AND WHEN WE ROLLED OUT THIS INITIATIVE THERE WAS NO MISTAKE WHY HE WENT TO BALTIMORE VA TO USE THAT AS HIS PLATFORM. WE'RE REALLY VERY PROUD OF THAT.

JIM BENSON
WE'VE SEEN STORIES ABOUT MORE THAN 200,000 VETERANS WHO HAVE COME SO FAR TO THE VA, WHO SERVED IN IRAQ AND AFGHANISTAN, IN THOSE TOURS, AND MORE ON THE WAY. WHAT IS VA REALLY PREPARED TO DO TO MEET THEIR NEEDS AND TAKE CARE OF THEM?

DR. MICHAEL J. KUSSMAN
WELL, THAT'S REALLY ONE OF OUR HIGHEST, IF NOT OUR HIGHEST, GOAL RIGHT NOW, IS TO TAKE CARE OF THESE NEW VETERANS. THERE HAVE BEEN ABOUT 660,000 OF THEM, SERVICE MEMBERS WHO HAVE LEFT THE ARMY, NAVY, AIR FORCE, MARINES, HAVING SERVED, AND ABOUT HALF NATIONAL GUARD AND RESERVES, HALF REGULAR COMPONENT. AND ABOUT A THIRD OF THEM WITH THE LOWEST NUMBERS HAVE COME TO THE VA FOR A WHOLE MYRIAD OF DIFFERENT THINGS. BUT EVEN WITH THIS SIGNIFICANT INFLUX OF PATIENTS WE SEE, THIS YEAR WE EXPECT TO BE AT OVER 5.5 MILLION VETERANS, AND NEXT YEAR WE WOULD BE UP AT 5.8. SO EVEN THOUGH IT'S A LARGE INFLUX, IT'S RELATIVELY SMALL IN COMPARISON TO THE TOTAL NUMBER OF VETERANS WE SEE. OBVIOUSLY IF ALL 220,000 SHOWED UP IN ONE PLACE, IT WOULD BE AN OVERWHELMING RESPONSIBILITY, BUT THEY'RE SPREAD OUT ALL OVER THE COUNTRY.

JIM BENSON
I KNOW THAT ONE OF THE THINGS YOU TALKED A LOT ABOUT IS OUTREACH TO THE VETERANS AND THOSE COMING TO THE VA. AND RECENTLY YOU HAD A WELCOME HOME HERO EVENT. CAN YOU TELL US ABOUT THAT?

DR. MICHAEL J. KUSSMAN
WELL, I MEAN, ONE OF OUR GOALS IS TO BE SURE THAT PEOPLE WHO ARE ELIGIBLE FOR CARE AT THE VA AND BENEFITS OR WHATEVER KNOW WHAT THEY CAN GET AND (WORD?) IF THEY WANT TO TO TAKE ADVANTAGE OF THAT. I PUT OUT A DIRECTIVE NOT SO LONG AGO THAT ENCOURAGED OR DIRECTED EACH OF OUR FACILITIES TO HAVE THIS WELCOME HOME OPPORTUNITY OR EVENT IN EVERY FACILITY AT LEAST ONCE A YEAR. AND THE WASHINGTON VA MEDICAL CENTER DID THEIR FIRST ONE A COUPLE OF SATURDAYS AGO. IT WAS AN ABSOLUTELY MARVELOUS SUCCESS.

JIM BENSON
THAT'S GREAT TO HEAR. AND I KNOW THAT ONE OF THE THINGS THEY MENTIONED TOO ABOUT THE BENEFITS IS THAT WE'RE INCLUDING MORE BENEFITS FOR FAMILIES AND GETTING THEM INVOLVED AS WELL IN THIS PROCESS. HOW HAS THAT WORKED OUT SO FAR?

DR. MICHAEL J. KUSSMAN
WELL, WE WANT TO BE SURE THAT THE FAMILIES ARE AN INTEGRAL PART OBVIOUSLY IN THE VETERANS' WELLBEING. THEY ALSO CAN ASSIST BY KNOWING WHAT THE SERVICES ARE AND HELP THE VETERAN IF HE OR SHE NEEDS IT TO WORK THROUGH THE PROCESS OF GETTING THOSE BENEFITS. WE ALSO REALIZE THAT PARTICULARLY WITH SERVICES LIKE TBI OR PTSD, WE CAN'T TREAT THE VETERAN IN A VACUUM. AND SO ALTHOUGH WE ARE LIMITED IN OUR ABILITY TO ACTUALLY DIRECTLY CARE FOR FAMILY MEMBERS BECAUSE WE'RE NOT AUTHORIZED TO DO THAT, THAT WE ARE KIND OF PUSHING THE ENVELOPE PRETTY HARD ON THAT TO BE SURE THAT THE FAMILIES ARE TAKEN IN AND THEIR NEEDS ARE RECOGNIZED AND WORKED ON AS WELL AS THE VETERANS'.

JIM BENSON
WHEN IT COMES TO DISCUSSING INJURIES OR OIF AND THE OEF CONFLICT AND THE VETERANS WHO HAVE SUFFERED THERE, ONE OF THE NEW TERMS THAT HAS COME INTO THE DIALOGUE HAS BEEN POLYTRAUMA. CAN YOU TELL US ABOUT WHAT THAT IS AND WHAT VA IS DOING TO RESPOND TO THAT NEED?

DR. MICHAEL J. KUSSMAN
I LOOK AT IT AS THREE SIGNATURE EVENTS, MEDICAL EVENTS, THAT HAVE OCCURRED DURING THIS WAR. EVERYBODY'S HEARD ABOUT TBI,

TRAUMATIC BRAIN INJURY, PTSD, POST-TRAUMATIC STRESS DISORDER. BUT ONE OF THE ONES THAT WE'VE SEEN THAT IS LESS WELL KNOWN IS WHAT WE CALL MULTI TRAUMA OR POLYTRAUMA. WE CREATED THAT TERM IN THE MEDICAL LEXICON BECAUSE ONE OF THE GOOD THINGS THAT'S HAPPENED IN THIS WAR IS THE SURVIVAL RATE IS VERY HIGH AFTER YOU'VE BEEN INJURED. UNLESS YOU'RE KILLED OUTRIGHT ON THE BATTLEFIELD, THE SURVIVAL RATE IS VERY HIGH. AND WE'RE ALL PLEASED WITH THAT BECAUSE OF THE (WORD?) FORWARD HEALTHCARE THAT THE MILITARY IS PROVIDING, AS WELL AS THE BODY ARMOR. ON THE NEGATIVE SIDE OF IT IS THAT PEOPLE ARE SURVIVING WITH HORRIFIC AND COMPLEX WOUNDS. INSTEAD OF HAVING JUST AN AMPUTATION, AND I DON'T MEAN TO MINIMIZE THAT, BUT WE CONSIDER INJURIES LIKE AMPUTATION, SIGHT LOSS, SIGNIFICANT TBI, SPINAL CORD, SEVERE MENTAL ILLNESS AS PART OF SEVERE ILLNESSES. AND SOMETIMES THESE POOR KIDS HAVE ALL OF THESE THINGS. AND SO THAT'S WHERE WE GOT TO THE TERM POLYTRAUMA, MULTI TRAUMA. AND WHAT WE DID TO ADDRESS THAT ISSUE IS THAT BACK IN 1991 WE ESTABLISHED FOUR TRAUMATIC BRAIN INJURY CENTERS AS PART OF (WORD?) VETERANS BRAIN INJURY CENTER THAT REALLY HAS ITS HOME AT WALTER REED, BUT WE HAVE PARTNERED WITH THEM FOR THE LAST 16 YEARS. AND WHEN IT BECAME APPARENT THAT THE SERVICE MEMBERS, ESPECIALLY THAT HAD SEVERE TBI, THAT THEY HAD MORE THAN THAT. AND SO WE HAD TO PUT THE MULTI DISCIPLINARY APPROACH TOGETHER BECAUSE WHEN THEY CAME TO ONE OF OUR TBI CENTERS, THEY STILL MIGHT HAVE HAD SPINAL CORD OR SEVERE MENTAL ILLNESS, AMPUTATION, SIGHT LOSS. SO WE'VE REALLY PUT SOMETHING TOGETHER THAT IS UNIQUE IN THE COUNTRY. THERE'S NO OTHER, I BELIEVE, MEDICAL SYSTEM THAT CAN PROVIDE THAT FULL SERVICE CARE IN ONE PLACE.

JIM BENSON
AND THAT TAKES THEM THROUGH ALL THESE OTHER TRANSITIONS AS THEY COME OUT OF RECOVERY FROM EACH OF THESE TYPES OF INJURIES?

DR. MICHAEL J. KUSSMAN
THAT'S CORRECT. I MEAN, THE DOD IS NOT GEARED AND NEVER WAS GEARED TO DO SIGNIFICANT LONG-TERM REHABILITATION. THAT'S ALWAYS BEEN THE ROLE OF THE VA IN A SYMBIOTIC RELATIONSHIP BETWEEN THE TWO ADMINISTRATIONS. BUT WE'VE REALIZED THAT JUST HAVING THESE FOUR MAJOR CENTERS ISN'T THE END OF THIS THING BECAUSE PEOPLE LIVE IN DIFFERENT PARTS OF THE COUNTRY. WE HAVE THESE FOUR CENTERS IN PALO ALTO, MINNEAPOLIS, TAMPA AND RICHMOND, AND IF YOU'RE LUCKY ENOUGH TO LIVE NEAR ONE OF THEM, THAT'S GREAT, BUT MOST PEOPLE DON'T. AND SO WE PUT TOGETHER A POLYTRAUMA SYSTEM OF CARE THAT IS A SERIES OF GRADED LEVELS OF SOPHISTICATION. A POLYTRAUMA LEVEL ONE

CENTER IS THE MOST SOPHISTICATED, THE FULL RANGE OF CARE. THEN EACH VISN, VETERANS INTEGRATED SERVICE NETWORK, HAS A LEVEL TWO WHICH HAS MANY OF THE SAME THINGS, BUT MAYBE NOT THE SAME SOPHISTICATION. AND THEN EACH FACILITY IS SUPPOSED TO HAVE A POLYTRAUMA TEAM THAT CAN PROVIDE PERHAPS AT THAT LEVEL MORE OUTPATIENT CARE THAN INPATIENT CARE. BUT REALLY TRYING TO DO IS PUSH THE SERVICES FAR FORWARD, IF YOU WILL, AS CLOSE TO HOME AS POSSIBLE.

JIM BENSON
SO AS THEY GET BETTER AND BETTER, THEY NEED LESS AND LESS OF THE TOTAL CARE AND THEN THEY'RE CLOSER TO HOME WHEN THEY DO NEED IT.

DR. MICHAEL J. KUSSMAN
THAT'S CORRECT.

JIM BENSON
WELL, AS WE LEARNED FROM OUR VIETNAM LESSONS, THE MIND AS WELL AS THE BODY IS A VICTIM OF WAR, AND YOU ALREADY MENTIONED TWO OF THE KEY THINGS WITH PTSD AND TRAUMATIC BRAIN INJURY. WHAT KINDS OF PROGRAMS ARE VA WORKING TO REALLY ADDRESS THOSE ISSUES?

DR. MICHAEL J. KUSSMAN
WELL, FIRST AND FOREMOST, PTSD, POST-TRAUMATIC STRESS DISORDER, REALLY ONLY CAME INTO THE MEDICAL LITERATURE AND LEXICON IN 1980, '81. IT GREW OUT OF VIETNAM. IT WAS NEVER DETERMINED, I MEAN, WE CAN LOOK BACK RETROSPECTIVELY, SHELL SHOCK AND ALL THOSE OTHER THINGS INDEED MIGHT HAVE BEEN PTSD, BUT IT WAS NEVER TERMED THAT UNTIL 1991. THE VA HAS TAKEN THE LEAD IN THAT EVER SINCE THAT POINT AND WE HAVE PROBABLY THE WORLD'S BEST CENTER IN WHITE RIVER JUNCTION NATIONAL CENTER ON PTSD THAT'S LOOKED UPON AS AN INTERNATIONAL ASSET LOOKING AT RESEARCH, TREATMENT AND THINGS RELATED TO PTSD. WE'VE TRIED TO LEARN FROM OUR PREVIOUS EXPERIENCES 'CAUSE IT'S CLEAR THAT IF YOU CAN GET AT PEOPLE EARLY WHEN THEY HAVE SYMPTOMS THAT ARE POTENTIALLY RELATED TO PTSD, MAYBE YOU CAN PREVENT AT LEAST THE (WORD?) RATE, OF THE SERIOUS DISEASE. AND TBI, AS I MENTIONED TO YOU TOO, WE WERE REALLY A NATIONAL LEADER IN THAT GOING BACK TO 1991. SO WE'RE VERY PROUD OF THE SERVICES THAT WE HAVE, BOTH IN PTSD AND TBI.

JIM BENSON
WHEN YOU SAY ABOUT ALL THE QUALITY SERVICES WE HAVE, AND I'M SURE MANY ON ACTIVE DUTY TODAY HAVE HEARD SOME OF THE

CHALLENGES ABOUT MOVING FROM THE MILITARY SYSTEM TO THE VA HEALTHCARE SYSTEM, BUT I UNDERSTAND YOU HAVE AN OFFICE DEDICATED TO SEAMLESS TRANSITION. CAN YOU GIVE US A LITTLE FEEL OF WHAT THAT TERM MEANS AND HOW IT AFFECTS THE VETERAN?

DR. MICHAEL J. KUSSMAN
YEAH. SEAMLESS TRANSITION IS JUST WHAT IT IMPLIES, IS THAT WHAT WE NEED TO DO IS MAKE IT EASY FOR VETERANS OR SERVICE MEMBERS AND THEIR FAMILIES TO TRANSITION FROM ONE BUREAUCRACY, DOD, TO THE DEPARTMENT OF VETERANS AFFAIRS. AND WE SHOULDN'T COMPLICATE THAT, PARTICULARLY WITH PEOPLE WHO ARE INJURED AND STRESSED. I MEAN, WE'VE GOT TO MAKE IT EASY, NOT COMPLICATED. AND AGAIN, IT DEPENDS ON WHAT KIND OF TRANSITION YOU'RE TALKING ABOUT. I TEND TO DESCRIBE IT AS BIG SEAMLESS TRANSITION AND LITTLE SEAMLESS TRANSITION. BIG SEAMLESS TRANSITION IS EVERY TOM, DICK AND HARRIET WHO HAD A UNIFORM ON ANYWHERE FROM TWO YEARS TO SOMEONE LIKE MYSELF WHO WAS OVER A QUARTER OF A CENTURY. WHEN YOU GET OUT YOU BECOME A VETERAN AND YOU GET YOUR DV214 AND THERE'S A TRANSITION PROCESS. SOME PARTAKE IN IT, SOME DON'T. BUT WE NEED TO BE SURE THAT WE EDUCATE OR PROVIDE EVERYONE WHO'S GETTING OUT THE PROPER INFORMATION. AND WE TRY TO DO THAT IN SEVERAL PROCESSES. THERE'S A THING CALLED THE BDD, THE BENEFITS DELIVERY AT DISCHARGE, THE TAP PROGRAM IS THE TRANSITION ASSISTANCE PROGRAM. AND SO THAT'S FOR TENS OF THOUSANDS OF PEOPLE A YEAR. WHEN YOU TALK ABOUT LITTLE SEAMLESS TRANSITION, I'M TALKING ABOUT THE KIDS WHO HAVE BEEN REAL BANGED UP HERE AND HOW THEY'RE MOVING ALONG. AND THAT'S ALWAYS BEEN A COMPLEX THING, OF THE HAND-OFF. THAT BACK IN THE SUMMER OF 2003 WHEN THE WAR STARTED TO GET WOUND UP, WE REALIZED THAT WE NEEDED TO DO SOMETHING DIFFERENT HERE BECAUSE THE SYSTEM'S ALWAYS BEEN CLUNKY AND BEEN CHALLENGING FOR PEOPLE. SO WITH MR. PRINCIPI AT THE TIME, THE SECRETARY OF THE VA AT THE TIME, HE POINTED HIS FINGER AT ME AND SAID FIX THIS PROBLEM. AND SO WHAT WE DID IN AN UNPRECEDENTED WAY WAS PUT BENEFITS COUNSELORS AND VA SOCIAL WORKERS, IMBEDDED THEM IN THE LARGE DOD FACILITIES THAT WERE TAKING THE CASUALTIES AND BRINGING THEM BACK. BUT ALSO WE ASKED THE ARMY AND THE ARMY PUT ACTIVE DUTY PEOPLE IN OUR FOUR POLYTRAUMA CENTERS WHERE THAT SEAMLESS TRANSITION CAN BE MADE EASIER BECAUSE OF THE PEOPLE ACTUALLY HELPING THEM ALONG THE WAY. THIS HAS GROWN. IT HAS CHANGED, EVOLVED. IT'S A QUANTUM LEAP BETTER THAN IT WAS WHEN WE STARTED. AND THE LATEST THING THAT WE'VE ADDED IS THESE TRANSITION PATIENT ADVOCATES THAT WE HAVE. WE'RE IN THE PROCESS OF HIRING 100, THAT EVERY ONE OF THE SERIOUSLY

INJURED PEOPLE WHO HAVE ONE OR MORE OF THOSE DEFICITS THAT I TALKED ABOUT WILL HAVE A TRANSITION PATIENT ADVOCATE WHO WILL BOND WITH THEM IN THE MILITARY FACILITY AND THEN FOLLOW THEM AS THEY MOVE POTENTIALLY TO ONE OF OUR POLYTRAUMA CENTERS AND EVENTUALLY THEY GET HOME. AND THEY WILL HELP THEM AS AN OMBUDSMAN, IF YOU WILL, FOR ALL THE PROBLEMS THEY MIGHT HAVE, WHETHER IT'S HEALTHCARE, WHETHER IT'S BENEFITS OR WHETHER IT'S WORKING WITH THE ARMY. AND THAT RELATIONSHIP WILL BE DEVELOPED AND GO ON FOR YEARS.

JIM BENSON
MUCH LIKE THE MILITARY SAYS, IN ORDER TO BE SUCCESSFUL YOU HAVE TO HAVE BOOTS ON THE GROUND. SO WE HAVE VA PEOPLE IN THE MILITARY HOSPITALS, MILITARY PEOPLE IN THE VA HOSPITALS. WE'VE GOT THAT INTEGRATION SO THAT THAT HAND-OFF IS A LOT SMOOTHER.

DR. MICHAEL J. KUSSMAN
(OVERLAPPING) THAT'S CORRECT.

JIM BENSON
WELL, YOU MENTIONED A MOMENT AGO, I KNOW KIND OF A REFERENCE TO TOM, DICK AND HARRIET, BUT IN FACT THAT STRIKES A VERY IMPORTANT NOTE. IT IS THE GROWING NUMBER OF WOMEN IN THE MILITARY, AND ALSO, AND PARTICULARLY NOW IN COMBAT ROLES AND EXPERIENCING COMBAT ENVIRONMENTS. WHAT IS VA DOING TO ADDRESS THEIR PARTICULAR HEALTH CONCERNS?

DR. MICHAEL J. KUSSMAN
RIGHT. WELL, THIS IS A VERY IMPORTANT ISSUE FOR US, AND SOME PEOPLE HAVE CRITICIZED THAT WE'VE BEEN A LITTLE SLOW ON THE DRAW ON THIS. BUT CLEARLY, MORE AND MORE VETERANS ARE WOMEN AND THEY HAVE UNIQUE WOMEN'S HEALTH ISSUES, ALL THE WAY FROM OBSTETRICS TO BREAST CANCER AND OTHER GYNECOLOGICAL THINGS. AND ALL OUR FACILITIES HAVE WOMEN'S HEALTH CLINICS THAT ARE REALLY SET UP TO DO THAT. ALSO, IT APPEARS THAT WOMEN MAY HAVE DIFFERENT REACTIONS TO PTSD THAN MEN, YOU KNOW. WE HAVE SPECIALIZED TREATMENT FOR WOMEN WITH PTSD, A MILITARY SECTION WITH TRAUMA. WE HAVE A PROGRAM IN PALO ALTO THAT'S VERY SOPHISTICATED FOR THAT, AS WELL AS AN INPATIENT FACILITY IN CINCINNATI THAT ONLY CATERS TO WOMEN. SO THIS IS VERY IMPORTANT TO US. WE PROVIDE A LOT OF CARE FOR WOMEN. BUT WE'RE ALSO VERY COGNIZANT OF THE FACT THAT, I MEAN, WE HAVE A LOT OF WOMEN VETERANS NOW WHO ARE IN CHILDBEARING AGE, AND WE DON'T DELIVER BABIES. SO WE'VE CONTRACTED, AS APPROPRIATE, WITH APPROPRIATE FACILITIES

WHEREVER WE NEED TO BE TO PROVIDE THE FULL GAMUT OF SERVICES.

JIM BENSON
NOW AS THE CHIEF HEALTH EXECUTIVE FOR THE LARGEST INTEGRATED HEALTH DELIVERY SYSTEM IN THE COUNTRY, YOU HAVE A LOT OF RESOURCES AT YOUR COMMAND. ONE OF THE MOST IMPORTANT I UNDERSTAND THOUGH THAT YOU'VE TALKED ABOUT IS YOUR VOLUNTEERS. CAN YOU TELL US ABOUT HOW IMPORTANT THEY ARE TO THE ROLE AND DELIVERY OF CARE TO VETERANS?

DR. MICHAEL J. KUSSMAN
WELL, SURE. I MEAN, THEY'RE WORTH THEIR WEIGHT IN GOLD. I MEAN, WE HAVE 200,000 PEOPLE (MUMBLES) . WE COULDN'T DO IT ON OUR OWN. I MEAN, THE VOLUNTEERS IN GENERAL, A LOT OF THEM ARE FAMILY MEMBERS OF VETERANS OR VETERANS THEMSELVES, AND THEY BRING AN INVALUABLE COMMODITY TO THE ARENA , TALKING TO THE VETERANS, EXPRESSING THEIR EXPERIENCES AND THINGS. SO THEY'RE JUST A WONDERFUL ORGANIZATION. I DON'T REMEMBER EXACTLY HOW MANY THOUSANDS OF HOURS OR THOUSANDS OF HOURS THAT THEY PROVIDE IN MANPOWER EVERY YEAR, BUT IT'S TRULY WONDERFUL.

JIM BENSON
WELL, NOW EVERYBODY KNOWS YOU'RE RUNNING THIS LARGE SYSTEM, BUT IT ALSO HAS ITS OWN LARGE SCALE CHALLENGES AS WELL. WHAT DO YOU SEE AS SOME OF THE MAJOR THINGS THAT YOU'RE GONNA TRY TO TACKLE IN TERMS OF HEALTHCARE CHALLENGES FOR VETERANS IN THE NEXT YEAR?

DR. MICHAEL J. KUSSMAN
WELL, AGAIN, I THINK IT GOES BACK TO OUR CHALLENGE OF TAKING CARE OF THESE NEW VETERANS WHILE NOT FORGETTING ABOUT ALL THE OTHER VETERANS WHO WE OWE SO MUCH TO IN PREVIOUS WARS. BUT THE FUTURE WILL DEPEND ON HOW WELL WE TAKE CARE OF SOME OF THESE NEW VETERANS AND REALLY FOCUSING ON THEIR NEEDS. THEY'RE A DIFFERENT GENERATION OF VETERAN. THEY HAVE DIFFERENT EXPECTATIONS AND NEEDS, LOOKING AT PARTICULARLY THE TBI AND PTSD AND OTHER TYPES OF ISSUES, THE HIDDEN ILLNESSES AS SENATOR AKAKA TALKS ABOUT. AND WE HAVE TO BE COGNIZANT OF THAT IN EMPHASIZING ACCESS AND QUALITY CARE, AND CONTINUE TO BUILD ON ALL THE POSITIVE THINGS THAT WE'VE DONE.

JIM BENSON
IS THERE ONE LAST BIT OF ADVICE OR COMMENT OR INVITATION YOU'D LIKE TO MAKE TO BOTH THE ACTIVE DUTY SERVICE MEMBERS AS WELL AS OUR VETERAN POPULATION?

DR. MICHAEL J. KUSSMAN
WE'RE HERE FOR YOU. THAT'S THE ONLY REASON WE EXIST, IS TO PROVIDE SERVICES AND A WHOLE SPECTRUM OF THINGS FOR THE VETERAN. WE'RE AN ORGANIZATION THAT IS SERVICE-ORIENTED. IT'S A GREAT MISSION. WE HAVE GREAT PEOPLE AND I THINK WE'RE DOING A VERY GOOD JOB. WE'RE NOT PERFECT. AND SO WHEN WE MAKE MISTAKES OR THINGS DON'T GO WELL, WE WANT TO HEAR ABOUT IT FROM OUR CONSTITUENTS AND WE'LL ACCEPT RESPONSIBILITY FOR IT AND FIX IT. BUT IT'S A GREAT ORGANIZATION THAT'S HERE FOR THE VETERAN AND THAT WE WANT YOU TO TAKE ADVANTAGE OF THAT.

JIM BENSON
DR. KUSSMAN, AGAIN, CONGRATULATIONS AND THANK YOU VERY MUCH FOR YOUR TIME TODAY.

DR. MICHAEL J. KUSSMAN
BACK TO YOU KANE.

KANE FARABAUGH, HOST: VA HEALTH CARE HAS AN ANNUAL BUDGET OF APPROXIMATELY THIRTY-FOUR BILLION DOLLARS.

IT EMPLOYS MORE THAN ONE-HUNDRED-NINETY-EIGHT THOUSAND HEALTH CARE PROFESSIONALS AND SUPPORT STAFF AT MORE THAN ONE-THOUSAND-FOUR HUNDRED SITES OF CARE.

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