

Challenge Cards

VALU RESOURCES

Community Learning Model

ADVANCE is an HR&A initiative to invest in people development, workforce engagement and talent management for the delivery of high-quality healthcare, benefits and other services to Veterans and their families.



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Guidelines for Using Challenge Cards

- The challenge cards in this document are laid out in a table grid by thematic initiative for ease of review.
- Challenge cards and conversation teasers are provided in bold text for ease of viewing.
- Facilitators should use these cards with small employee work groups of 10 -12 participants after receiving the overview training on the community learning model or viewing the interactive version of the community learning model.
- Each challenge on the left corresponds with a conversation teaser on the right. Together, they constitute one challenge card.
- Administration name on back of card denotes VA administration aligned to challenge question or fact card; four possible alignments - Veterans Benefits Administration (VBA), Veterans Health Administration (VHA), National Cemetery Administration (NCA), and Veterans Administration Central Office (VACO).
- If desired, leaders/discussion facilitators may copy each question and place it in the card template provided at the end of this document.
- Once produced as cards, these challenge cards may be used in group discussions with smaller workgroups of about 10-12 people.
- The cards are intended to spur discussion; specific responses are not supplied.

Challenge Cards: VA Transformational Learning Model

Table 1. Challenge Questions and Conversation Starters for Eliminate Veteran Homelessness Initiative

Eliminate Veteran Homelessness (Front of Card)	Conversation Starter (Back of Card)
<p>130,000 Americans gave their lives in WWI, Korea, and Vietnam – as many Veterans were homeless in 2009. According to data collected in 2010, one in five homeless adults (one in three homeless adult males) in the US is a Veteran.</p> <p>Question: Why are so many Veterans homeless?</p>	<p>VHA Forty-five percent of homeless Veterans have mental illness and more than 70 percent suffer from drug or alcohol abuse. Other factors contributing to Veteran homelessness include poverty, lack of social support, and dismal housing conditions.</p>
<p>Many disabled Veterans do not take advantage of the training, employment counseling, and job search assistance available to them through VA's Vocational Rehabilitation & Employment (VR&E) program.</p> <p>Question: What can we do to address this challenge?</p>	<p>VBA Veterans can apply for VA's VR&E if they: Have a discharge that is anything other than dishonorable Have a service-connected disability rating Turn in an application Why aren't Veterans applying for these services?</p>
<p>More than 1.5 million of 5.5 million Veterans had a mental health diagnosis in 2009. This is a 31% increase since 2004. The potential negative results of mental health issues, such as homelessness and suicide, are evident in the numbers – more than 131,000 Veterans are homeless on any given night and an average of 18 Veterans die by suicide each day.</p> <p>Question: What type of programs can be most effective in helping these Veterans? What are some strategies that could be employed to address these issues?</p>	<p>VHA Many studies point to the possibility that the numbers of Veterans with mental health issues may be higher since many Veterans do not report mental health issues for fear of jeopardizing employment opportunities. What can we do to help?</p>

Eliminate Veteran Homelessness (Front of Card)	Conversation Starter (Back of Card)
<p>The incidences of injuries that affect mental health, like post-traumatic stress disorder (PTSD), are on the rise. Current estimates of US Iraq and Afghanistan Veterans show that approximately 11-20 percent develop PTSD.</p> <p>Question: Is it possible that PTSD is more prevalent today than in the past?</p>	<p>VHA In Veterans with PTSD, natural feelings of anger and confusion over traumatic events do not dissipate and may worsen with time, affecting their ability to function in life. Do you think PTSD is more prevalent in Veterans fighting today's wars than those from the past?</p>

Table 2. Challenge Questions and Conversation Starters for Automate Records Initiative

Automate Records (Front of Card)	Conversation Starters (Back of Card)
<p>Since 1985, the average disability rating has risen and the dollar value of benefits paid out has doubled.</p> <p>Question: What has caused the increase in disability ratings?</p>	<p>VHA Military medicine today allows more Veterans to return home from war than ever before. More Veterans home means more potential disability claims. In addition, advances in medical research have contributed to a rise in disability rates. Take, for example, new research linking Agent Orange to prostate cancer in 1996 and Type II Diabetes in 2001. Each new research discovery leads to greater numbers of potential disability claims.</p>
<p>Not only is VA receiving substantially more claims, but claims have also increased in complexity. Original disability compensation claims with eight or more claimed issues have increased from 21,184 in 2000 to 67,175 in 2009 (over a 200 percent increase). This level of growth is expected to continue.</p> <p>Question: What actions do you think VA could implement to keep up with increased growth?</p>	<p>VBA From 2000 to 2009, the volume of claims received has grown by 75%, from 578,773 to 1,013,712. Along with the rising number of claims has come an increase in claim complexity. In the past nine years, disability compensation claims with eight or more claimed issues have increased over 200% - from 21,184 in 2000 to 67,175 in 2009. Automating the claims process is expected to help. What other actions might VA take to keep up with increased claims growth?</p>

Automate Records (Front of Card)	Conversation Starters (Back of Card)
<p>Since 2000, claim applications have increased 75 percent and the inventory of disability claims pending has increased 83 percent. Identify two additional problems, other than high claim volume, that might slow down the processing of claims.</p> <p>Question: What are some potential solutions?</p>	<p>VBA Processing claims is a complicated process at VA because of specific statutory and external requirements, like VA's 'duty to assist' requirement that needs to be met.</p>
<p>A service member is 10 times more likely to return alive, with multiple wounds, in 2010 than during WWII.</p> <p>Question: How does this statistic affect your work at VA?</p>	<p>VBA VA needs to create self-serve capabilities (i.e., electronic claims submissions), automatic decision support, and e-knowledge management within a paperless environment.</p>

Table 3. Challenge Questions and Conversation Starters for Improve Healthcare and Contain Costs Initiative

Improve Healthcare and Contain Costs (Front of Card)	Conversation Starters (Back of Card)
<p>Should we include psychological and behavioral treatments for conditions like pain and insomnia in our definition of mental health?</p> <p>Question: Would this change in terminology best serve our client - the Veteran?</p>	<p>VHA Offering Veterans meaningful choices among effective treatments might help to combat issues like depression, pain, and insomnia. Take, for example, a major trial treatment on Gulf War Veterans suffering from musculoskeletal pain, and/or cognitive difficulties. The study found that those treated with cognitive behavioral therapy and exercise showed modest but significant improvement in mental health functioning.</p>
<p>Question: Some believe that the psychological wounds of war are not as high of a priority as visible ones. How can we prevent this thinking from affecting the care we offer to our Veteran clients?</p>	<p>VHA Veterans from all wars suffer psychological wounds. The way VA treats these wounds can mean the difference between a healthy Veteran and one who spirals into severe personal isolation, shattered relationships, depression, and even suicidal behavior. According to a Center for Disease Control study published in July 2009, 20 percent of suicides in America are committed by Veterans.</p>

Improve Healthcare and Contain Costs (Front of Card)	Conversation Starters (Back of Card)
<p>Question: Should the VA embrace advances in technology like the use of home telehealth technologies, videoconferencing, the Internet, store-and-forward imaging, streaming media, and terrestrial and wireless communication? Why or why not?</p>	<p>VHA Home telehealth technologies will be especially beneficial for the two to three percent of patients who, in part because they frequently visit hospitals and outpatient clinics, account for approximately 30 percent of health care costs.</p>
<p>One-third of all Americans or 6,700,000 Veterans are obese. The average adjusted annual cost of care for the obese is \$5,500 per capita, compared to \$3,950 per capita for the non-obese.</p> <p>Question: Can you think of specific preventative health strategies that may be useful in targeting the problem of obesity in our Veteran population?</p>	<p>VHA VA launched a new preventative health care strategy called M.O.V.E. (Managing Overweight and Obesity in Veterans Everywhere). This national VA program aims at helping Veterans to lose weight, keep it off, and improve their health. VA's team of doctors and therapists guide Veterans in making healthier nutritional and exercise choices. What other ideas can others share? What sort of preventative health strategies would work with our Veteran population?</p>
<p>Even though nearly 10% of Veterans are female, 40% of VHA hospitals do not yet employ a gynecologist.</p> <p>Question: Do you think it is critical for all VHA hospitals to have a gynecologist on staff? Why or why not?</p>	<p>VHA Studies of women Veterans found that reproductive health issues are common among deployed OEF/OIF women. Frequent issues included pregnancy, UTI, menstrual or PAP smear abnormalities – all of which require treatment by a gynecologist. Organizational research studies have found that the presence of a gynecologist in VA or in a women's clinic is associated with IUD availability, advanced gynecologic procedures, and emergency gynecology service after-hours.</p>
<p>If technology could enable patients with chronic diseases such as diabetes, heart failure, and chronic pulmonary disease to be monitored at home, the number of hospital admissions, clinic visits, and emergency room visits would be greatly reduced.</p> <p>Question: Do you agree with this cost-savings approach? Why or why not?</p>	<p>VHA Home telehealth technologies do not replace the need for face-to-face doctor's visits or hospital tests. Instead, these technologies, offered free-of-charge to those in the program, reduce the travel time of frequent doctor's visits and enhance primary care by making patients partners in monitoring their health.</p>
<p>In FY 2006, 36% of Veterans enrolled in VA health care resided in rural areas compared to 20% of the overall US population.</p> <p>Question: Given that practitioner shortages are more acute in</p>	<p>VHA Vet Centers can help to serve rurally-located Veterans who have served in combat. They are eligible for free readjustment and outreach services from one of the more than 300 Vet Centers located across the US and surrounding territories.</p>

Improve Healthcare and Contain Costs (Front of Card)	Conversation Starters (Back of Card)
<p>rural areas, how might the VA address this challenge? How might rural clients be served, for example, reduction in travel time spent to a facility?</p>	
<p>Blast injuries are increasing, adding a new dimension to battlefield casualties and their care when the battle is over. These wounds often result in multiple severe injuries and disabilities requiring extended and highly specialized care, both mental and physical.</p> <p>Question: How do these injuries pose challenges in anticipating and responding to the demand for health care services?</p>	<p>VHA Part of the challenge posed by these injuries is the sheer volume of Service members returning from Iraq and Afghanistan. Improvements in body armor and surgical stabilization at the front-line of combat allow more Veterans to survive blast injuries, returning from service with complex, multiple injuries in unpredictable patterns, known as Polytrauma/Blast-Related Injury (PT/BRI).</p>

Table 4. Challenge Questions and Conversation Starters for Perform Research and Development Initiative

Perform Research and Development (Front of Card)	Conversation Starters (Back of Card)
<p>Question: Why are chronic conditions such as diabetes and hypertension increasingly prevalent in the Veteran population?</p>	<p>VHA In part, diabetes and hypertension seem to be more prevalent in the Veteran population because these chronic diseases, along with other chronic diseases nationwide, are being diagnosed at an earlier stage. Early diagnosis makes them seem more prevalent, shifting the focus of U.S. health care away from the acute care model, and more toward a patient-centered model focusing on wellness and disease prevention.</p>
<p>Question: Why it is important to develop comprehensive health promotion and preventive care programs that encompass healthy behavior coaching and promotion of psychological wellness and resilience?</p>	<p>VHA Consider a pilot study appearing in the November edition of the Journal of Alternative and Complementary Medicine. Study results found that Veterans with chronic low-back pain who took part in at least eight weekly yoga classes reported a significant reduction in pain. For the Veteran population especially prone to chronic pain and depression, promoting programs, like yoga, can help them to lead a greater quality of life. These programs offer Veterans an alternative to the dangerous use of long-term narcotic pain medications without side effects.</p>

Perform Research and Development (Front of Card)	Conversation Starters (Back of Card)
<p>Disability compensation has changed in recent years as the nature of combat related wounds and service-connected injuries has changed.</p> <p>Question: Are there preventative health care strategies for PTSD and prostate cancer that Veterans at risk could embrace?</p>	<p>VHA The average Veteran disability rating rose from approximately 30 percent in 1995 to 41 percent in 2009, with the percentages of Veterans in the two highest disability levels (PTSD/prostate cancer) growing at the fastest rates.</p>
<p>VA manages over 1,600 facilities that provide benefits and service to Veterans; many were built when the cost of fossil fuels was comparatively low and they consume large amounts of energy. To obtain the best value for our resources, VA must reduce its consumption of non-renewable resources.</p> <p>Question: What are some of the ways VA employees can retrofit buildings for energy conservation?</p>	<p>VACO Keep in mind the old mantra - reduce, reuse, and recycle - whenever possible. Make a personal, individual commitment to going green. Recycle your soda can. Turn off the lights. Begin to integrate “going green” actions into daily VA activities. Unplug phone chargers. Limit the use of color ink. Email handouts or post them to a website. Use a projector rather than pass out handouts. Turn off monitors. For more tips on developing a green routine, please visit: http://www.va.gov/greenroutine/tips/wastereduction.asp</p>
<p>Question: What are some creative ways we can balance our research and development resources across a variety of needs and opportunities?</p>	<p>VHA Currently, VA’s balances research and development resources within the following guidelines: Targeting the needs of Veterans Capitalizing on the unique resources and opportunities provided by the Veterans health care system Enabling sufficient managerial flexibility to accommodate a rapid response to changing health care needs, while maintaining the stability of the research infrastructure Balancing basic, applied, and outcomes research Covering a spectrum of health care issues or disease conditions that increase the likelihood of multiplicative benefits of individual projects</p>

Perform Research and Development (Front of Card)	Conversation Starters (Back of Card)
<p>Nationwide, chronic diseases are being diagnosed at earlier ages. This trend is changing our healthcare model from acute-care centered to patient-centered. In the short term, however, it may lead to shortages of nurses and primary care physicians, both in the U.S. generally and in VA's system because a patient-centered approach requires constant health-care monitoring.</p> <p>Question: What types of programs allow us to reduce the cost of health-care monitoring and still maintain high healthcare quality?</p>	<p>VHA VA's Center for Chronic Disease Outcomes Research has conducted a number of trials with patients suffering from chronic diseases. In one trial, patients and their Care Partners were trained to monitor and measure the status of the chronic disease. The study found the program to be cost-effective in supporting patients.</p>

Table 5. Challenge Questions and Conversation Starters for Integrate Services Initiative

Integrate Services (Front of Card)	Conversation Starters (Back of Card)
<p>VA plans to offer a unified desktop approach with access to integrated information management between all VA organizations to ensure continuity of service and to better resolve issues. In theory, this new system will allow for a call received at one VA center to be seamlessly resolved at another without losing the context of the issue.</p> <p>Question: In practice, what problems might arise? How should we work to resolve them?</p>	<p>VACO When communicating with VA staff by phone, email, snail mail, or other alternative interactions, VA clients should receive consistent information, access, and service levels across any and all systems that they prefer. In practice, they should be identified easily and be able to complete their transaction without having to repeat information.</p>
<p>Question: Can you describe ways VA staff can work with DoD to coordinate policies and decision-making?</p>	<p>VACO A joint VA/DoD Interagency Program Office (IPO), accountable for implementation and management of joint interoperability initiatives, can ensure that facilitation and coordination occurs between VA and DoD. What are some other areas where Veterans would benefit from closer collaboration between VA and DoD?</p>

Integrate Services (Front of Card)	Conversation Starters (Back of Card)
<p>Even though the number of Veterans has declined, 30,000 more memorial services were required in 2010.</p> <p>Question: Do you think this is occurring? How will it impact VA?</p>	<p>NCA Demand for services like cemetery/memorial services are projected to increase more than 7% from 106,000 annual interments in 2009 to 113,000 interments by 2011. VA needs to maintain cemeteries as national shrines and continue to streamline key NCA customer service processes in order to avoid unnecessary delays or additional stress on family members at a difficult time.</p>
<p>Currently, VA maintains separate and sometimes, overlapping customer access points. For example, for disability compensation, there are three possible access points – VBA’s central office, VBA’s regional office, and potentially DoD.</p> <p>Question: What strategies can be put in place to streamline this process?</p>	<p>VBA Even within VBA, there are different stops for disability compensation, education, loan guaranty, vocational rehabilitation, and insurance benefits, with additional touch points in DoD. A centralized approach to management and improved data sharing would offer Veterans with multiple health and benefit needs a better customer experience.</p>

Table 6. Challenge Questions and Conversation Starters for Build Relationship Management Capability Initiative

Build Relationship Management Capability (Front of Card)	Conversation Starters (Back of Card)
<p>Question: What are some methods to obtain service feedback from family members whose Veteran received a VA headstone or marker in a private cemetery or who requested a Presidential Memorial Certificate to commemorate a Veteran’s honorable service?</p>	<p>NCA Electronic methods might offer one viable way to collect and analyze client satisfaction data. Also, client satisfaction data could be collected at the Board of Veterans’ Appeals, regional offices, and other appropriate sites if technology and videoconferencing options were expanded.</p>
<p>Question: How can we avoid delays in offering burial services to Veteran families?</p>	<p>NCA VA plans to continue opening new national cemeteries in currently un-served areas with a Veteran population of at least 80,000, expand burial options in heavily populated urban areas where existing cemeteries are far from the urban core, explore new and emerging burial practices, and establish new state Veterans cemeteries to complement the national cemetery system.</p>

Build Relationship Management Capability (Front of Card)	Conversation Starters (Back of Card)
<p>Question: Name three ways in which My HealtheVet, an award-winning e-health website, can improve communications between patients, providers, and care coordinators.</p>	<p>VHA My HealtheVet gives Veterans one website to visit for their health information. Once logged in, they can see any upcoming appointments, treatment locations, provider names, and health insurance information. Secondly, my HealtheVet allows Veterans to check which medicines they take and why it is important to take them. Finally, inside My HealtheVet Veterans can research a medical topic of interest in two reputable, extensive online medical libraries.</p>

Table 7. Challenge Questions and Conversation Starters for Ensure Emergency Preparedness Initiative

Ensure Emergency Preparedness (Front of Card)	Conversation Starters (Back of Card)
<p>Each year, VA facilities experience a certain number of crimes and security incidents, including firearms and other dangerous weapons brought into the care or service environment, assaults on VA clients and staff, thefts, and vandalism.</p> <p>Question: What are some ways we can foster a culture of protection for the safety and security of Veterans, their family members, and our VA staff?</p>	<p>VACO Perhaps VA could research and identify periods where a high number of crimes and security incidents occur, then add additional staffing during these high risk periods.</p>
<p>WWI lasted almost 2200 days; the conflicts in Afghanistan and Iraq had lasted 3000 days by mid-2010.</p> <p>Question: How might the changing duration of conflicts affect our emergency preparedness planning?</p>	<p>VHA One effect of the increased duration of war is the need to coordinate the emergency and disaster plans for telehealth programs in VHA.</p>

Table 8. Challenge Questions and Conversation Starters for Recruit, Hire, Train, and Retain Quality Employees Initiative

Recruit, Hire, Train, and Retain Quality Employees (Front of Card)	Conversation Starters (Back of Card)
<p>Research shows that work-based health and wellness programs have the potential to decrease work-related injuries and sick days, increase productivity and job satisfaction, and reduce healthcare costs.</p> <p>Question: Do you think these programs are fully used? Why or why not?</p>	<p>VACO Are worksite management programs like <u>Health Education</u> (i.e., seminar, classes), <u>Supportive Social and Physical Environments</u> (i.e., health fairs, walking groups) heavily used by VA employees? Why or why not?</p>
<p>Demand for cemetery and memorial services are projected to increase more than 7%, from 106,000 annual interments in 2009 to 113,000 interments by 2011.</p> <p>Question: What are some strategies for VA to meet this demand?</p>	<p>NCA At the same time of projected increases of cemetery and memorial services, VA will face a wave of Federal government retirements as roughly 53 percent of all Federal employees become eligible to retire in the next five years. In addition to putting an aggressive action plan in place to hire and recruit new Federal workers, what are some additional strategies VA could implement to meet this demand?</p>
<p>VA, like the rest of the Federal Government, will soon face a wave of retirements. Roughly 53% of Federal employees will be eligible to retire in the next five years.</p> <p>Question: How can we prepare for this in our organization?</p>	<p>NCA Perhaps VA could launch an internal referral program where employees receive incentives for referring a candidate who is later hired. What other steps might VA take to recruit future employees?</p>
<p>Why did you decide to join the VA? Cite the single-most important factor in making VA your employer of choice.</p> <p>Question: How can that factor or reason contribute to this transformation initiative?</p>	<p>VACO In 1999, psychological associations presented awards aimed to honor organizations for committing to programs fostering employee health and well-being while enhancing organizational performance and productivity. How do you think VA ranks in the following five areas? Employee Involvement (e.g., self-managed work teams) Work/Life Balance (e.g., flexible work arrangements) Employee Growth and Development (e.g., tuition reimbursement) Health & Safety (e.g., healthy lifestyle incentives) Employee Recognition (e.g., employee awards) Do these five factors affect your perception of an organization? What additional factors should VA consider in</p>

	attracting new employees?
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Template for a Single Challenge Card

Front side of card

Back side of card