

Department of veteran's affairs' health care delivery system

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In the past few decades, the role of the Department of Veteran's Affairs (VA) as a healthcare delivery system has raised awareness among health care administrators, veterans, and policy makers alike. The core mission of the VA delivery system is to provide primary care, specialized care, and related medical and social support services to veterans (Wilson & Kizer, 1997). Some of the most common medical benefits awarded under the VA are to veterans who have become disabled by illness or injury in the line of duty during military service.

As a result, the VA health care delivery system serves as a safety net because many of the veterans served are psychologically and economically disadvantaged and have a high disease burden (Wilson & Kizer, 1997). In addition, veterans who use the VA health care system have a higher level of illness than the average population, and 60 percent have no private or Medigap insurance. The VA health care delivery system provides many services for veterans, and also contributes greatly in managing health care resources.

Research indicates that the availability of federal, state and local government funds to subsidize the care of persons left without services varies by state and community and may not match community need (Wilson & Kizer, 1997). In this way, the VA health care delivery system contributes in managing health care resources because it takes on the strains of existing alternatives. Within this patchwork, the VA health delivery system stands out as a significant, coordinated, nationwide safety net for veterans (Wilson & Kizer, 1997).

The VA also cares for small vulnerable populations for whom care is expensive but generally unprofitable in the private sector (Wilson & Kizer, 1997). In addition to veterans with service connected injuries, illness and exposures and former prisoners of war, the VA is legislated to treat veterans with special disabilities of spinal cord dysfunction, blindness, amputation, traumatic brain injury, substance abuse and homelessness resulting from mental illness (Wilson & Kizer, 1997).

The VA headquarters manages its networks by setting goals and defining strategies to maximize health care value throughout the nation. Value is defined as balanced performance of five factors: cost, access, technical quality, patient functional ability, and patient satisfaction (Wilson & Kizer, 1997). The VA headquarters also focuses on developing a standardized management and monitoring system that supports risk adjusted comparative analysis among networks (Wilson & Kizer, 1997).

These efforts are designed to assure that high quality care is consistently delivered. The VA health care delivery system also plays an important role in transitioning patients from one level to another level of care in the health care continuum. This transitional role can be illustrated through the VA's treatment of serious health problems such as Parkinson's Disease, which currently affects about 1.5 million Americans who are diagnosed with the disease (Department of Veterans Affairs, 2001).

Parkinson's disease is a progressive degenerative disorder of the central nervous system, with physical symptoms of tremor, rigidity and bradykinesia

(Mitchell et. al. , 1996). It can usually be diagnosed based on the medical history and physical findings. To better address the needs of veterans with Parkinson's disease, in February 2001 the VA announced the creation of six centers specializing in Parkinson's disease (Department of Veterans Affairs, 2001). The VA Parkinson's centers also develop training programs for patients, families, students and health care professionals.

Additionally, each site conducts a clinical demonstration program for evaluating new models of care delivery for veterans with Parkinson's disease and movement disorders (Department of Veterans Affairs, 2001).

Furthermore, the VA hospitals are devoted to new research on Parkinson's disease in the development of surgical treatment for late-stage patients for whom medical therapy is no longer effective and development of new medications, which are more effective and have fewer side effects (Department of Veterans Affairs, 2001).

In this way the VA health care delivery system assisting in the transition of patients from one level to another level of care. Finally, the available research indicates that the VA health delivery system contributes well overall in providing services and managing health care resources. This health care system appears to spread itself over the areas where other health care services are lacking, thus enhancing the quality of care and services provided.

As long as market forces dominate the health care industry and state and local funding vary, the stabilizing influence of a national safety net such as

the VA health care delivery system becomes more crucial. As improvements in health care become more necessary and evident, the VA system will continue to improve the standards of health care for all veterans. Future analysis of the VA health care delivery system in comparison to other health care delivery systems will assist in evaluating the quality of care offered by the VA.