

I-REACH Veteran Connector Toolkit

This page is intended for distribution and posting among employees and volunteers to aid in their understanding of the importance of identifying Service Members, Veterans and their Families (SMVF).

Why should your health care/service delivery setting take special care with SMVF?

Many Veterans seek health care and services outside of the VA. Therefore, it's paramount for all health care and service providers to be competent in caring for SMVF in a culturally responsive manner that both honors and appreciates their military service.

Understanding the unique culture, possible exposures, and common medical conditions of military service will place facilities and providers in the best position to provide the highest level of services.

It's the right thing to do: delivering culturally competent and informed care is a way of thanking those who have served. They served us, and our country, now it's our turn to serve them.

Care capacity is needed in the private sector: in many states, VA accessibility, whether it be by proximity or capacity, is a chronic challenge facing Veterans.

Clinical awareness: symptoms may be difficult to understand without provider knowledge of past military experiences and exposures.

Recoup funds for services: Bill the VA for services through proper referrals, coding, and billing.

How this Toolkit can help your healthcare/service delivery setting:

Those who have served represent a distinct group of patients with unique health care needs, disease patterns, and cultural backgrounds. Providers that are unfamiliar with the nuances of this population may be at a disadvantage when attempting to build rapport, diagnose and treat SMVF. This Toolkit is designed to help leverage opportunities to better identify and understand SMVF and to create portals to provide better care and better outcomes.

Motivating and including your Veteran employees can be key to the success of this initiative.

Ask, "Have you, a family member, or anyone in your household ever served in the military?"

It is important to appreciate that each word in this question has value and purpose. Do not ask "Are you a Veteran?" This enables those who are not comfortable with the term Veteran or don't identify as a Veteran to be recognized. This helps identify spouses (benefits) and non-family members who are providing care (caregiver benefits). It allows others to identify Veterans and informs providers of conditions potentially associated with generational effects of military service. We recommend hanging a sign indicating that you would like to know if they have served.

After the initial question, consider what other information your organization will benefit from collecting, and how that can be done in an effective way. Consider mapping the internal process of identifying SMVF and documenting the procedure for future reference by all staff.

Staff making referrals should have a good working relationship with the professionals where SMVF will be referred. **Especially important is ensuring a good relationship with the accredited Veteran Service Officer (VSO) in your county.** The VSO can evaluate their eligibility and assist them with filing a VA claim and enrolling in care, as well as offering many other resources. We also recommend connecting with the local Guard and Reserves, and service organizations.



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Combating stigma in your practice:

Consider the following when interacting with Service Members, Veterans, or their Family members.

A good start

Make eye contact. Offer a handshake. You can say “Thank you for your service.”

Remember—she serves, too!

Ask, “Do you get any of your healthcare through the VA?”.

Remember that many Veterans do not get healthcare through the VA and that’s okay.

Believe the stories.

Transitions are hard whether from a deployment to home or from military service to civilian life.

Please don’t

Never insert politics into any conversation about someone’s service. Don’t join in if they start.

As well-meaning as you may be, don’t say “I’m glad you made it home safe/okay/unharmed” or

“Good thing you didn’t have to go over there!”

“Did you kill anyone?”—Nope, NEVER. Just Do Not Ask!

Don’t assume that one’s military service has involved a deployment or that a military deployment has involved combat. Listen and ask.

Don’t assume that one’s military service is a factor in their presenting problem. Don’t assume that it is not. Listen and ask.



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This page is intended for widespread distribution. Use it with intake paperwork or make available in waiting or treatment rooms.

Patient's Frequently Asked Questions:

Q: Why are you asking me about my Military Health History?

A: We have learned how important it is that any care, diagnosis, or treatment we provide considers all possible exposures or unique experiences you had during military service, including peace time, and foreign or domestic service. We want to provide you the best and most informed care. For example, military service often comes with unique vaccinations, even if you never deployed, and other chemical exposures such as mustard gas or burn pit smoke. Depending on your health concerns, some of these possible exposures will be important for us to know about.

When responding to a family member:

A: We recognize military service can sometimes be hard on families. To show our appreciation, we want to know about any concerns or difficulties you may have so we can help.

Q: Do I need to have been deployed or honorably discharged for my military service to be relevant?

A: Absolutely not! Our practice appreciates all those who have served! We realize there are unique exposures and medical conditions relevant to military service that may not be deployment-related, such as vaccinations, training-related injuries and chemical exposures.

Q: Will my information be shared with the VA, DoD or other third party?

A: No. While we are very proud of the Veterans we serve, consistent with the Health Insurance Portability and Accountability (HIPAA) Act of 1996, we will safeguard your service status and will not share this information with any third party without your written consent.

Q: How will this information be used?

A: Your history of military service will be captured in your medical record so any provider in our system who treats you will have access to all relevant information. Also, it will be used to document the volume of Service Members, Veterans and Family members we serve (just as we document the number of children, people with disabilities, and people over 65, etc.) so we can consider our patient population when making facility improvements. Above all, your health and well-being are our #1 priority. By knowing all there is to know about your health, we will be able to treat the “whole” you.

Q: What if I don't want to provide this information?

A: You are under no obligation to report your military service. We will always strive to provide you with the best possible care.



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Military Service Health History

Please complete this brief health history if you have EVER served in the military.

Why are we asking for this information? Military service comes with some unique experiences and exposures, many that civilians would never have. Some of those experiences or exposures might affect your health, now or in the future. Knowing this can help us make sure we are aware of all possible factors when it comes to any health concerns you may have or diagnosis or treatments you may need.

BRANCH: _____ Dates of service: _____

Please circle **YES** or **NO**

1. YES NO Do you have a service-connected condition or are you rated at the VA for any injuries or experiences?

CHECK if you are interested in learning how to file a VA claim.

2. YES NO Do you receive any of your healthcare at the VA?

CHECK if you are interested in learning how to enroll in VA care.

3. YES NO Did you have any illness or injuries while in the service? (i.e. wounds, fevers, stomach bugs, animal bites) Do you have any scars or nagging aches/pains?

4. YES NO Is there any chance you were exposed to chemical or biological agents? Even during training?

5. YES NO Have you had any exposure to the following: explosions, blasts, radiation, bullet wounds or fragments, excessive heat or cold, vehicle or aircraft crash, excessive noise or vibration?

6. YES NO Did you get any tattoos or were you exposed to any needles (medical treatment, blood transfusion, or drug use) in a foreign country? OR, have you had contact with blood or bodily fluids of someone who did?

CHECK if you would like to be screened for Hepatitis C or HIV

Thank you. We are very grateful for your service. We are honored to have been selected for your health care needs.

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If the answer is YES to any military service questions they might qualify for VA health care and compensation, offer more information on filing a claim and refer to a Veteran Service Officer (VSO) who can assist with filing a claim.

We recommend a warm handoff by directly assisting the patient with contacting the VSO.

Ask about caregiving:

Does your Veteran need any caregiving?

If YES: “Are you the primary caregiver for your Veteran?”

If YES: “Do you mind if I ask you a few questions about your caregiving role?”

Ask: “Are you involved with any Caregiver Supports, including at the VA? If not, “Are you interested in learning about services that may be available?”

Also worth noting is that those providing care or assistance may not identify as “caregivers”, even though the care they’re providing might qualify them for caregiver assistance. So, that question also needs to be framed properly.

Provide patient with an I-REACH resources handout.

Need more resources? Find them on the [Michigan Center for Rural Health](#) website.



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