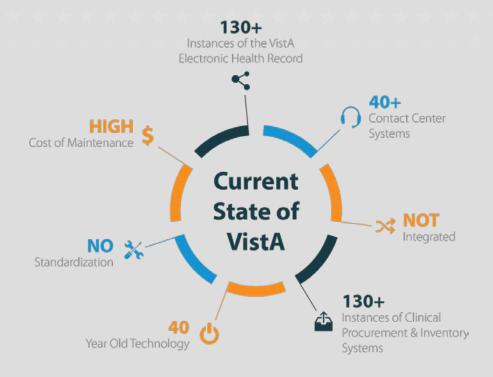




Current technologies **IMPAIR** operational capabilities

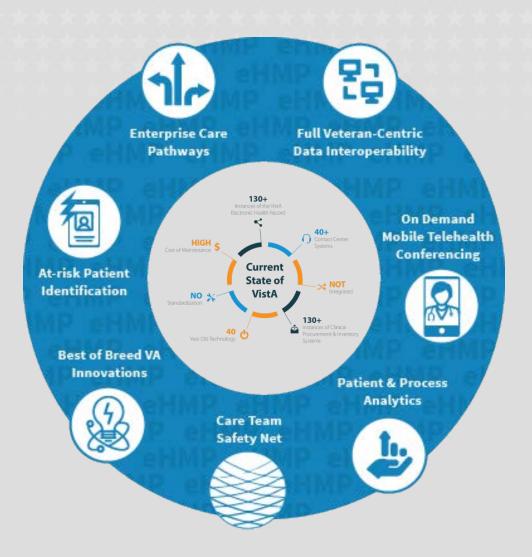
21%
Higher risk of suicide among Veterans



22
Veteran suicides per day

27,639Veteran suicides 2001-2014

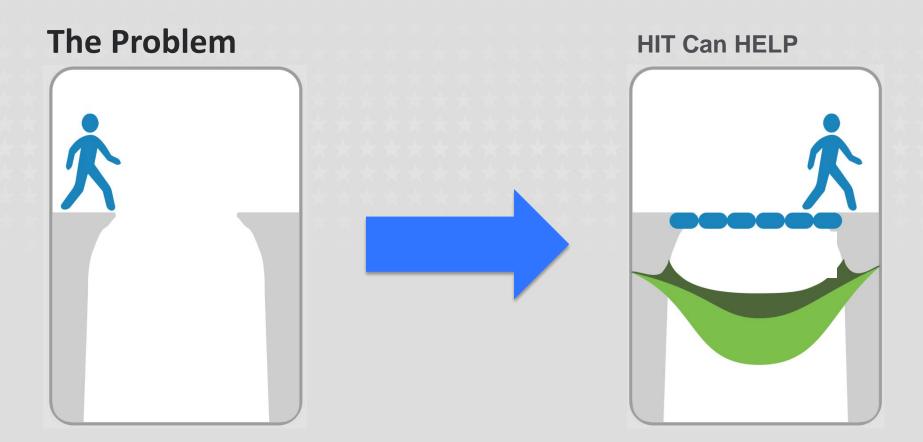
Future technologies **SUPPORT** operational capabilities



O/O
Higher risk of suicide among Veterans

Veteran suicides per day

Veteran suicides 2019



We have known gaps:

- Poor Situational Awareness of those at high risk for suicide
- Lack of Heath IT support for High Reliability handoffs
- No VA enterprise system to safety net in place



Byron is service connected for PTSD and Depression. He is a truck driver and hence his healthcare is received from a variety of VA and DoD facilities across the country. Unfortunately he was both recently laid off from work and separated from his wife. He wishes he could get healthier to rekindle his marriage and help other vets. He is enrolled in with a PACT team in Bath NY and gets frequent care for his post combat mental health and chronic pain issues.

It is early Sunday morning. Byron is intoxicated and has an active plan to take his life with a firearm.

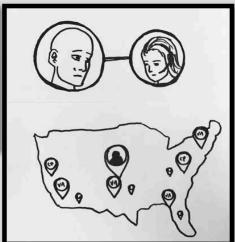
He calls the Veterans Crisis Line for help.

Now

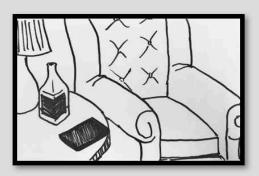








- Byron calls the Suicide Hotline.
- Current IT systems are not well integrated
- Coordination and timely intervention is challenging.





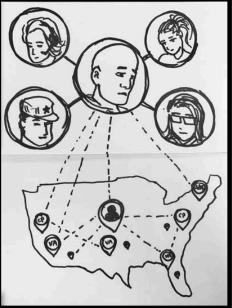


Future









Byron's Team and Family linked up through real time Telehealth. Warm handoff and tracking of his care milestones over his lifetime.











Meghan

Post-9/11 Era Female Veteran





"I want to be a career person and I want to accomplish things and feel like I'm contributing to society, my community and my family."



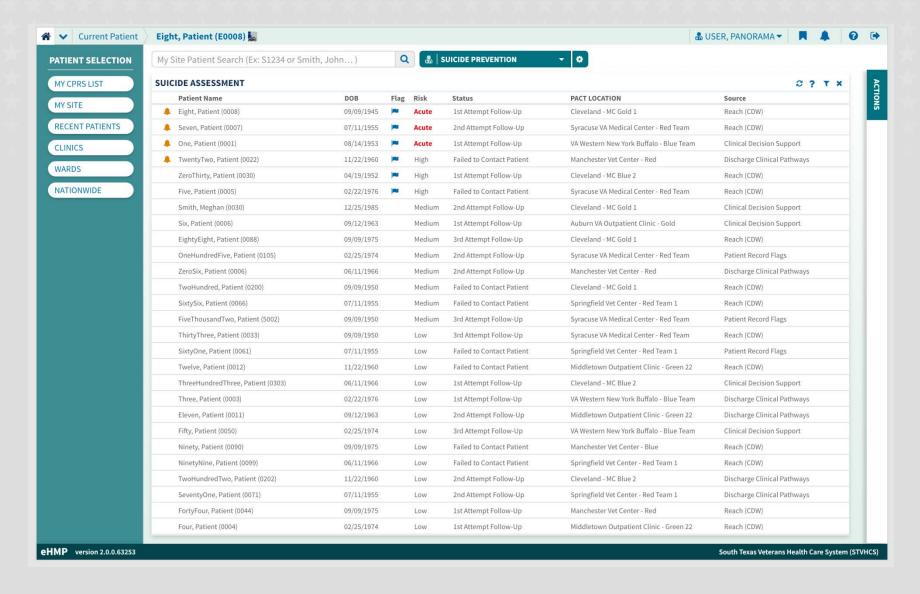
IPhone 4s (smart phone- health & productivity apps), Apple MacBook with Tiger 05 (MacLaptop), IPad Mini (tablet-lots of kid apps), Ribit Charge (fitness tracker wifstband)

Meghan is service connected for hearing loss, back pain and MST. She has a history of Post-Partum depression and still taking opioids for her back pain Meghan receives her Primary Care at the Richmond VA. Her Obstetrics care is provided by a local, private provider through the VA Choice program.

Meghan has recently again become pregnant. She is very concerned about the impact of her daily opioid regimen upon her pregnancy. Though excited to have another child, she is very worried about her families tenuous financial situation.

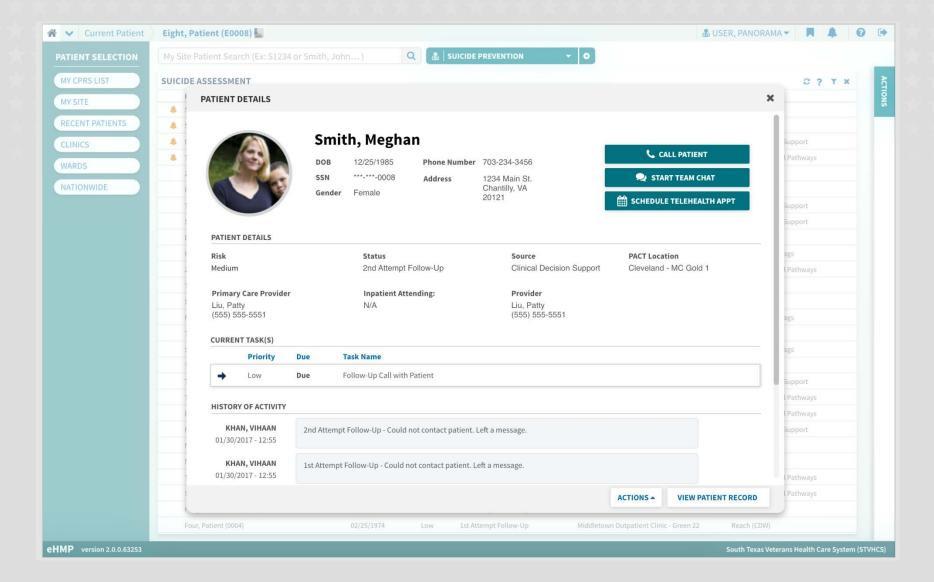
Pamela is RN who supports Meghan on her VA PACT. The Clinical Decision Support system in eHMP indicates to Pamela that Meghan is now at an increased risk for self harm and opioid toxicity. Per VA Clinical Practice Guidelines, Pamela contacts Meghan and sets up an appointment with her PACT team the next morning.

Managing Risk



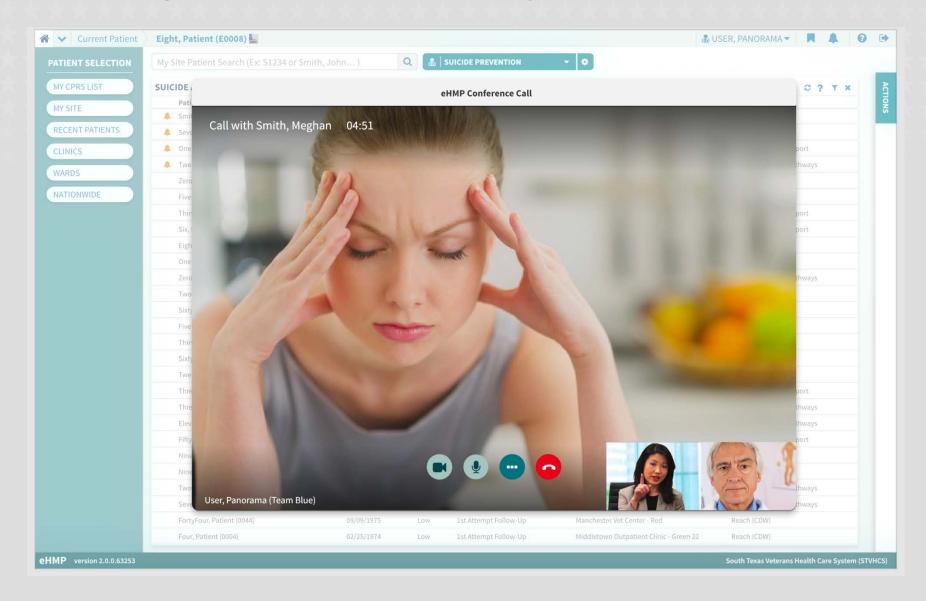
October 19, 2016 9

Direct Actions Lead to Reduced Suicide Ideation

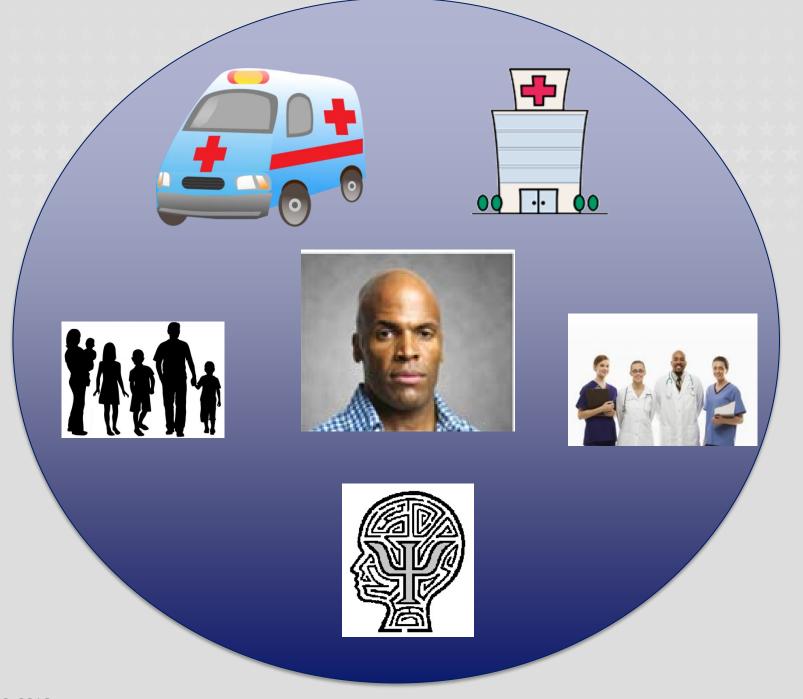


October 19, 2016

Reaching the Patient where they are



October 19, 2016



October 19, 2016