Expanded Outpatient Clinic Serves Fredericksburg

By Richmond VAMC public affairs

McGuire VAMC held the official ribbon-cutting ceremony for the new Fredericksburg Outpatient Clinic July 16. Fredericksburg’s Mayor Mary Katherine Greenlaw helped cut the ribbon for the clinic, calling it “a very important service for some very important people.”

“Opening this new clinic demonstrates VA’s commitment to caring for those who have served while at the same time directly supports Virginia’s goal to become ‘America’s Most Veteran Friendly State,’” said Gus Davila, VISN 6 deputy network director.

“This new facility is double the size of the previous one. From the parking lot, where the spaces are actually larger, to the new floor plan, everything is designed to provide patients a comfortable atmosphere,” Davila said.

Additional space means having more exam rooms and staff, which in-turn allows the clinic to take care of more Veterans. A team of about 20 will be able to care for more than 4,500 area Veterans. Davila explained that the original clinic was bursting at the seams caring for 2,500 Veterans and since the new clinic became operational in June, it has already enrolled an additional 1,500 Veterans.

This 10,000-square-foot clinic was built by the local firm Wack General Contractors to LEED (Leadership in Energy and Environmental Design) standards.

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Fayetteville To Get $1.7 mil Phone Upgrade

By Robin DeMark
Fayetteville VAMC public affairs

Fayetteville VAMC Veterans and staff have more to cheer about as a project to replace the existing telephone switchboard with a new $1.7 million voice system is slated to kick off this September, ending a three-year wait.

Installation of the private branch exchange system is another critical step toward providing high quality communication systems in support of growth and expansion projects planned for the Fayetteville VAMC campus, two new health care centers and new community based outpatient clinics.

The PBX installation will encompass voice systems at the Public Works Commission located on Hay Street, the Village Green Annex and the Veteran Center on Ramsey Street.

“We believe this expandable state-of-the-art voice system will provide Veterans, staff, administration and clinicians servicing our Veterans in the greater Fayetteville community quite well for sometime into the future,” said VA telecommunications specialist Matthew Hammaker, national voice systems project manager for VA.

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- NFL Hall of Famer thrills Salem community; Military history for August.
- TRICARE Prime enrollment fee to increase October 1.
- VISN 6 Sites of Care with addresses and phone numbers for each location.

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From the Director

July was another busy month for VISN 6. Our new clinics are progressing nicely, working with the unions, we have developed a VISN-wide Alternative Dispute Resolution policy, and we are getting ready for a strategic planning meeting unlike any we’ve held before.

Before I share an update on the progress of the new clinics, let me tell you that VA has simplified the characterization of our clinics, eliminating the use of the term Multi-Specialty Outpatient Clinic. The term Community Based Outpatient Clinic (CBOCs) will be used to refer to most and the larger, more complex or multi-specialty clinics will all now be referred to as Health Care Centers or HCCs.

The new Wilmington HCC is moving forward and if all stays on track, we may be moving into that facility in January. The Greenville HCC is also on track and we expect to move to this new facility in the fall of 2013 and while permit problems temporarily slowed the Goldsboro CBOC, we’re now moving full speed ahead and expect it to come on line in the spring.

VA has identified sites for the HCCs programmed for Fayetteville, Kernersville and Charlotte. We expect to issue a contract for the Fayetteville facility in September; we are reviewing the final floor plan for the HCC in Kernersville and we expect to advertise the Solicitation for Offer in August. We also expect to advertise the Solicitation for Offer for the HCC in Charlotte in November.

The big news for this month is that Veterans living in or around Sanford will soon no longer need to journey north to Durham or South to Fayetteville to receive VA provided primary care. In early July, VA approved a well-needed CBOC for Lee County. With the approval hot off the press, we are now in the preliminary stages of planning and will broadcast more as the plan comes together. This will likely be our last new brick and mortar facility as we focus more and more on telemedicine to meet future needs.

Moving away from bricks and mortar, I’d like to address some of the ongoing internal efforts we are pursuing to ensure the best possible work environment for the entire VISN 6 team. Recently, we’ve enjoyed the fruits of the partnership between labor and management. Together, we are committed to finding creative, acceptable, and timely solutions to any and all disputes. Our commitment is demonstrated through the VISN-wide Alternative Dispute Resolution policy which relies on mediation to solve issues at the lowest level. The policy gives all VISN employees access to mediation as an alternative means of resolving disputes and demonstrates a positive approach that focuses on joint ownership of concerns and issues with the intent of resolving disputes quickly and informally. Our mediators can help the parties identify issues, foster joint problem solving, and explore settlement opportunities. Working together, we can maintain our focus on the important business of health care and organizational wellness. I’m proud to say that this policy was jointly developed through the VISN 6 Labor Management Forum which represents all eight medical centers, the American Federation of Government Employees (AFGE), National Association of Government Employees (NAGE), and National Nurses United (NNU).

Let me close by sharing that the VISN is reinvigorating our strategic planning process to provide a roadmap for our future. In collaboration with our Union partners, we will spend time in late August analyzing our internal strengths and weaknesses, and considering the opportunities and challenges in this current environment. Our intent is to position VISN 6 as a leader in delivering patient-centered care that is personalized, proactive and achieves measurable improvements in the health outcomes of all our Veterans. We intend to build on our past strong performances and flush out where we have opportunities to further improve. We will continue to evolve and refine our policies and practices to meet current and future challenges. Together we will forge a network of care second to none.

Sincerely,

Dan Hoffmann

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Voices of VISN 6 is published monthly by VA Mid-Atlantic Health Care Network.

Questions or comments about the newsletter, e-mail Bruce Sprecher@va.gov or call 919-956-5541.

Network Seeks Health Care Providers

The VA Mid-Atlantic Health Care Network is looking for highly qualified health care providers. If you or someone you know is looking for a challenging and rewarding opportunity, please contact Harold “Keith” Liles Jr., Mid-Atlantic Region’s National Healthcare Recruitment Consultant, for additional information. Liles can be reached via email at Harold.Liles@va.gov or by phone at 919-408-4741.

Current Vacancies

- Psychologist - Salisbury, N.C.
- Clinical Psychologist, Psychiatrist, Primary Care Provider - Fayetteville
- Pharmacist - Hampton, Va.
- Dermatologist, Gastroenterologist, Urologist - Salem, Va.
- Psychologist, Gastroenterologist, Pulmonologist - Beckley, W. Va.

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Go Red for Women

and the American Heart Association’s Go Red movement are raising awareness of heart disease as the #1 killer of women veterans. Connect with other military women in the Go Red Heart Match program.

LEARN MORE: www.womenhealth.va.gov

VA Mid-Atlantic Health Care Network | August 2012
In Wheelchair Games Aftermath: Stats, Stories, Spirit

By Steve Wilkins
VISN 6 public affairs

Thousands flocked to Richmond the week of June 24, committed to one goal: to volunteer for the 32nd National Veterans Wheelchair Games. Motivated by reasons as varied as the people themselves, for months they’d set their hearts on getting to Richmond to help make the annual Games a success.

Athletes rolled through the hallways of Richmond International Airport to a dramatic welcome featuring cheering squads who’d come to greet them, along with volunteers with banners, set to escort them through the registration process and on to shuttles to their hotels.

Now, in the weeks following the Games, is when numbers are crunched, and discussions go on about what worked and how to improve processes and systems. The final tabulations will reflect that more than 500 athletes earned 148 gold, bronze and silver medals.

Something new took place in tracking medal counts this year, too. Tallies were kept and reported per VISN. At first, the athletes didn’t notice, then as they began to learn what a VISN was, and how their contribution affected their “team count,” they began to watch the tote boards more closely.

VISN 6 participants took home a large share of the medals, with 63 Gold, 41 Silver and 25 Bronze (exceeded only by VISN12, the Great Lakes Health Care System).

For the record, there are some significant numbers that VISN 6, especially Richmond VAMC, staff can be proud of. The first National Veterans Wheelchair Games, held at Richmond VAMC in 1981, involved 74 Veterans from 14 states. This year’s Games offered competition in 17 events, and included more than 3,000 volunteers who served 540 athletes and 90 coaches. In 2012, athletes traveled from 48 states, Puerto Rico, Guam and Great Britain to attend the event.

The numbers from this year’s event will travel to the next location, Tampa, Fla., along with equipment, reports, instructions and advice. What won’t, and what is the element that the staff there will work hard to recreate for the athletes is the sense of spirit and the feeling of achievement that it will take all of them and each of their volunteers to generate. The funny thing is that they aren’t the memories etched in athletes’ heads.

What will stay with them are the moments they spent toughing out their competition, conversations with volunteers and among fellow athletes, sharing tips and nostalgic stories; or recalling what may have just happened on a field of play. It may even be the wheelchair repair station that saved them from elimination, or the motorized wheelchair that pushed a manual chair along the thick convention center carpet, or up the hill to the hotel.

Countdown To 33rd Veterans Wheelchair Games Begins

The Games ’torch’ is passed to Tampa VA Hospital Director Kathleen Fogarty and Florida Gulf Coast PVA Chapter President-Elect Davis Celestine, signaling the official start of planning for the 33rd National Veterans Wheelchair Games, the largest annual wheelchair sports event in the world. The Games will be held in Tampa July 13 to 18, 2013 and are expected to draw more than 500 Veterans from across the United States, Puerto Rico and Great Britain. With the theme “Seize the Day in Tampa Bay,” the 33rd Games will be hosted by the James A. Haley Veterans Hospital along with the PVA’s Florida Gulf Coast Chapter. This is only the second time the Games have been held in Florida; Miami hosted the event in 1991.
Graduates Embrace Health Informatics As Vehicle For Improved Care Delivery

By Jeff Melvin
VISN 6 public affairs

Twenty-seven people in VISN 6 were among the 730 staff VA-wide to successfully complete an eight-week online VA Health Informatics Training Program offered to VA staff through Bellevue College in Washington State.

The graduates devoted more than 60 hours of their time outside of work to complete the program, said Diane Bedecarré, the Health Informatics Workforce Development Co-Lead.

“Health informatics,” Bedecarré said, “is an emerging discipline at the intersection of computer science, information science and healthcare. With the increased use of information technology in healthcare the VA needs to ensure its workforce is capable of developing, implementing and supporting health information technology that improves care delivery to our Veterans.”

Health informatics includes a number of subareas such as clinical informatics, nursing informatics, pharmacy informatics, medical informatics, health information management and health information technology. The varying types of informatics focus on a particular set of needs inside the larger structure of health care. For example, pharmacy informatics focuses on improving safety and efficiency of medication management by coordinating prescription orders against insurance databases and patient records, as well as secure electronic prescription transmission.

Bedecarré, a registered nurse, said the training program provided an overview of the use of health information technology (HIT), how HIT can improve care delivery, how HIT can be designed with the user in mind and the various standards that enable information exchange.

She said students participating in the program came from various parts of the organization and in various roles such as nurses, physicians, pharmacists, data analysts, medical records staff, application coordinators, and information technology staff.

The program was well received by students. “Comments from students such as, ‘This was the best training program I ever participated in’ and ‘I am able to use the information in my job today’ were not uncommon,” Bedecarré said. “That mixture of staff from various roles led to rich and lively online discussions in the interactive learning environment. This training program will serve as a model for future HIT training offered to VA staff. Discussions are in process with Bellevue College to extend the VA health informatics course to Department of Defense colleagues. Stay Tuned!”

Monica Miller, pharmacy informatics program manager at the Hampton VAMC, was one the VISN 6 students. Noting that Hampton has been selected as one of two pilot sites for the integrated electronic health record, she said she hopes to apply what she learned from the course to Hampton’s movement to the iEHR.

“Providers, nursing, pharmacy, IT, admin staff—we are all part of the informatics team and all need to feel we have input when a new system is implemented,” Miller said. “I hope to use what I learned from the course as the Hampton VA prepares for the pilot of the iEHR.”

Salisbury VAMC Community Health Nurse Coordinator Jacenta Best is another of the VISN 6 students. Planning to pursue a graduate degree in nursing, she took the course because she wanted to know if informatics was an area she would want to work in.

Best related how she plans to use some of the knowledge she gained to help get the Salisbury community health staff up to speed on mobile electronic documentation for community visits in contract nursing homes and adult day care centers, a practice used at the Madison (Wis.) VAMC, where she worked prior to her recent transfer.

“It was a national initiative; however, it is not being used here in community health and I would like to make this a goal for our department,” Best said. “Implementation of mobile electronic documentation would allow practitioners to document in real time, streamline visits, be able to view a Veterans medication list, upcoming appointment and review past clinic appointments and problem list. This provides more timely answers to Veterans and caregivers and eliminates phone tag, faxing, and delays in responses.”

Health informatics can potentially provide a number of benefits. Electronic records can speed up admission and treatment times for patients, saving time for the patients and health care professionals. Informatics can also reduce the duplication of tests, saving money and potentially reducing health care costs. Similarly, electronic data and orders can be read more easily, reducing the guesswork that can accompany handwritten records and improving accuracy in care health.

A study by the Center for Information Technology Leadership covering a 10-year period between 1997 and 2007 found that VA’s health IT investment saved the organization $3 billion during the period. Titled “The Value from Investments in Health Information Technology at the U.S. Department of Veterans Affairs,” the study by Charlestown, Mass. researchers was first published in the April 2010 edition of “Health Affairs.” The authors noted that most of the savings were in areas that also improved quality, safety and patient satisfaction.
Hampton’s Rural Health Launches Diabetes Seminars

By James Coty
Hampton VAMC Public Affairs

Maintaining good health can be a struggle for many Veterans, but it can be even more so in rural locations where preventative health care can be more challenging to find. One of the missions of the Hampton VAMC’s Rural Health Initiative team is to reach out to these areas and provide health care education to Veterans in rural northeastern North Carolina and southeastern Virginia.

“We know that if we can engage Veterans and encourage them to talk about health care, we can help them,” said Debra Frondelli, Hampton VAMC nurse educator. “As part of the RHI team, it’s my job to teach Veterans about ways to self-manage their health care.”

Frondelli is one of two nurse educators who travel to the rural areas that are part of Hampton’s catchment area to educate Veterans about diabetes and ways to manage their condition as part of the diabetes self-management program.

“We want to empower Veterans to make changes necessary to manage their diabetes,” said Frondelli. “We have partnered with American Legions and VFWs throughout the area to help us promote the program among their members.”

Through the DSME outreach program, the RHI team has touched the lives of more than 120 Veterans and 20 family members.

As part of the program, the nurse educators conduct a series of one-hour classes designed to help Veterans learn how to manage their condition. The classes are held once a month for six months and include topics such as Healthy Eating, Be

Outreach, Rural Health Teams To Visit Local Communities

Veterans in the Fredericksburg, Va., Leland and Whiteville N.C. communities can enroll in the VA health care system, receive health information, and find out about various services available to them through the Veterans Health Administration when representatives of the Richmond and Fayetteville VA Medical Centers conduct outreach events in August.

The Richmond VAMC Community Outreach Team will visit Fredericksburg Aug. 8. The event will be held at VFW Post 3101, 2701 Princess Ann Street, Fredericksburg, Va., 22401. The event will be held from 9 a.m. to 2 p.m.

The Fayetteville VAMC Rural Health Team will visit Leland Aug. 10 and Whiteville Aug. 15. The Leland event will be held at VFW Post 9408, 1211 Village Road, Leland, N.C. 28451. The Whiteville event will be held at the American Legion Post 233, 313 West Phillip Street, Whiteville, NC 28472. Both events run from 10 a.m. to 2 p.m.

Representatives will be available to discuss resources available to Veterans. Eligibility and enrollment specialists will be on-hand to discuss VA health benefits and accept Veterans’ enrollments on site.

According to Davila, VA is not only better able to care for more Veterans, but doing so with increased care for the environment as well.

Vietnam Veteran George Firehammer attended the ribbon-cutting ceremony. “Leadership for the outpatient clinic came up and thanked us,” Firehammer said. “It shows they have our best interests at heart. I think the clinic represents VA’s intent to provide care for more Veterans.”

Angelo Laviano, a spry 82-year-old Veteran said he has been a patient at the Fredericksburg clinic for 10 years and is looking forward to his first appointment at the new clinic. “They take good care of us,” he said. “It’s why I look so young.”
VA Announces Grants To Help End Veteran Homelessness

Four organizations in the VISN 6 region – three in North Carolina and one in Virginia – are among the 151 community agencies in 49 states, the District of Columbia and Puerto Rico, to benefit from $100 million in grants announced July 17 by Secretary of Veterans Affairs Eric K. Shinseki. The grants will help approximately 42,000 homeless and at-risk Veterans and their families as part of the Supportive Services for Veteran Families program.

“We are committed to ending Veteran homelessness in America,” said Shinseki. “These grants will help VA and community organizations reach out and prevent at-risk Veterans from losing their homes.”

Under the program, the four agencies received nearly $1.7 million. Asheville Buncombe Community Christian Ministry, Inc. in Asheville received $360,000; Passage Home Inc., in Raleigh received $153,437; United Way of Forsyth County, in Winston Salem received $560,085 and Virginia Supportive Housing in Richmond received $671,812.

Under the Supportive Services for Veteran Families program, VA is awarding grants to private non-profit organizations and consumer cooperatives that provide services to very low income Veteran families living in – or transitioning to – permanent housing. Those community organizations provide a range of services that promote housing stability among eligible very low income Veteran families.

Under the grants, homeless providers will offer Veterans and their family members outreach, case management, assistance in obtaining VA benefits and assistance in getting other public benefits.

Community-based groups can offer temporary financial assistance on behalf of Veterans for rent payments, utility payments, security deposits and moving costs.

VA estimates these grants will serve approximately 42,000 homeless and at-risk Veteran families nationwide. This is the program’s second year. Last year, VA provided about $60 million to assist 22,000 Veterans and family members.

In 2009, President Obama and Secretary Shinseki announced the federal government’s goal to end Veteran homelessness by 2015. The grants are intended to help accomplish that goal. According to the 2011 Annual Homelessness Assessment Report to Congress, homelessness among Veterans has declined 12 percent since January 2010.

Fayetteville continued from Pg 1

Central Office.

Hammaker added that the new NEC SV8500 and SV8300 voice systems will provide new functionality to greatly improve medical care response time for patient service delivery and improve staff efficiency. The system will also add unique capabilities for the information technology managers.

According to Marine Corps Veteran John Syme, Fayetteville VAMC telecom manager, facility systems managers can look forward to new call accounting tools to provide management with call statistics, monitoring and traffic analysis as well as power failure recovery when needed during an emergency. The PBX, using Voice over Internet Protocol capabilities, will communicate through existing data circuits and bypass publically switched phone systems that will provide significant cost savings.

“The new phone system provides us the up-to-date tools necessary to bridge the communications gap with our Veterans,” said Syme. “It still relies on a robust and adequate workforce to field the calls and address the needs of our Veterans.”

The PBX installation is being contracted with Standard Communications, Inc. a Virginia-based service disabled, veteran-owned small business. They are currently supporting more than 100,000 telephones at 220 VA locations and several other Federal agencies across the country.

“I was delighted to see the level of commitment from the Fayetteville VAMC staff at the kickoff meeting,” said company president and Navy Veteran, John Moliere. “Elizabeth Goolsby (Fayetteville VAMC Director) and her senior staff understood this project affects each and every member of the administration and clinical staff and she promised to make this project successful. We look forward to working with the Fayetteville folks to make this the most successful installation and cutover we ever undertook.”

The new phone system is expected to be installed by March 2013.
VISN 6 Learning Consultant Brings Graphic Recording Skills

By Katherine McMullin
VISN 6 health systems specialist

VISN 6 is fortunate to have among its talented employees Learning Consultant Carol Vollmer, who is trained in the skill of graphic recording.

Graphic recording, also called visual facilitation, is a method of capturing in real time the essence of a group discussion using colors, words, and images. The colors, words, and images are recorded on large, 4-feet by 8-feet sheets of paper.

The goal of the graphic recorder, Vollmer said, is not to interpret the discussion, but to record it visually, as faithfully as possible.

“Graphic recording tends to encourage more group participation because everyone can see that their thoughts and contributions are being captured,” said Vollmer. “Participants can look at the graphic recording and see how parts of the discussion relate, interact, and what is missing. This documentation becomes part of the group’s memory. Digital photos can also be taken and sent to the group participants to remind them of the discussion.”

Though graphic recording has been in use since the 1970s, it has become more popular in recent years, perhaps as society has become more accustomed to visual input like the internet. Because many people remember a drawing or an image better than they remember a message that they hear, graphic recording may increase the impact of a group’s work, or a meeting or training.

Among the skills that effective graphic recorders should have are the ability to draw quickly and the ability to listen actively. They must be able to draw quickly (but not necessarily perfectly) so that they don’t miss important parts of the discussion. Most graphic recorders have standard images that they use in many of their recordings to help them maintain their speed in recording. Strong listening skills help them pull out the important themes from the discussion. As part of active listening, the recorder sorts through what is being said to cluster like ideas and to capture tone and emotion.

There are three ways to use graphic recording. In the first, graphic recorders start with a blank sheet and capture the essence of what is being discussed or presented. Another use of graphic recording is the creation of teaching aids. The basics of the presentation are pre-drawn on large sheets of paper so that the participants have an opportunity to see where they have been and where they are headed in the training event. The last method uses templates which have a pre-drawn visual component related to the group process. The recorder or facilitator fills the template as work proceeds. The templates can cover a wide variety of topics including Strengths/Weaknesses/Opportunities/Threats, Graphic History, Context Maps, or even a Meeting Start Up format to include goals, team roles, agendas, etc.

Ms. Vollmer became interested in graphic recording through her work in VA’s Employee Education System. While working with a group that was planning for the future of Primary Care in the VA, she was exposed to documents that presented information graphically. She found those documents very inviting to read. To advance her skills in graphic recording, Vollmer pursued training with The Grove, a consulting company in California. The training included several sessions on graphic recording and team building.

Roberta Kee, a VISN 6 management and program assistant, and Felix Petteway, a VISN 6 human resources assistant, recalled participating in an administrative planning meeting facilitated by Vollmer. They attested to Vollmer’s graphic recording’s team building success.

“The graphic designs that Ms. Vollmer used in our admin planning session portrayed Sharks and Dolphins,” Kee said. “This gave us insight into how well we work together as a team. The visual images helped the group to come up with great ideas to improve and rebuild our team.”

Petteway said that he liked having graphic recording used at their meeting because it “gave us a visual of the direction of where we’re going. It let us use what was going on rather than just hearing it.”
WASHINGTON – VA has started pilot tests linking primary care providers with specialists via videoconferencing technology. Specialty Care Access Network-Extension for Community Healthcare Outcomes (SCAN-ECHO) aims to increase access to specialty care services for Veterans in rural and medically under-served areas.

“We are committed to providing increased access to high-quality health care to Veterans regardless of where they live,” said Secretary Eric K. Shinseki. “Through SCAN-ECHO, patients in rural areas with complex medical conditions are now able to receive specialty care treatment from their local VA physician.”

SCAN-ECHO is modeled after an outreach program developed by the University of New Mexico Health Sciences Center’s Project ECHO. SCAN-ECHO enables specialty care teams in areas such as diabetes, pain management, and Hepatitis C to use videoconferencing equipment to connect with Veterans’ local primary care providers and Patient Aligned Care Teams. During a scheduled SCAN-ECHO clinic, the primary care provider presents a patient’s case and the specialty care team recommends a treatment plan. In addition to case presentations, formal clinical education is also provided.

This year, the VHA established a collaborative agreement with the Project ECHO program to educate and provide training materials to VHA staff. In addition, Project ECHO staff will be available for consultation as VHA’s program continues to expand and new Centers are added.

Eleven VA medical facilities currently serve as SCAN-ECHO Centers: VA Connecticut Healthcare System, West Haven, Conn.; VA Pittsburgh Healthcare System, Penn.; Hunter Holmes McGuire VA Medical Center, Richmond, Va.; Salem VA Medical Center, Salem, Va.; Louis Stokes VA Medical Center, Cleveland, Ohio; VA Ann Arbor Healthcare System, Ann Arbor, Mich.; New Mexico VA Healthcare System, Albuquerque, N.M.; VA Eastern Colorado Healthcare System, Denver, Colo.; Portland VA Medical Center, Portland, Ore.; San Francisco VA Medical Center; and Veterans Integrated Service Network (VISN) 22 (services split between VA Greater Los Angeles Healthcare System and VA San Diego Healthcare System).

These centers are piloting the original model as developed by Project ECHO and adapting it to the VHA. The program is currently being evaluated to assure that Veterans are experiencing improved access to care prior to a system wide expansion.

To date, 35 teams in 14 different specialties have been formed as of May, with 150 sessions held and a total of 690 consults completed.

One of Secretary Shinseki’s top three priorities is increasing access to VA care and services for Veterans wherever they live. VA is expanding access in a three-pronged effort that includes facilities, programs and technology. VA operates one of the nation’s largest integrated health care systems in the country. With a health care budget of about $50 billion, VA expects to provide care to 6.1 million patients during 920,000 hospitalizations and nearly 80 million outpatient visits this year. VA’s health care network includes 152 major medical centers and more than 800 community-based outpatient clinics.

Project ECHO is funded in part by the Robert Wood Johnson Foundation, a philanthropic organization dedicated to improving health and health care for Americans.
Former NFL great and Virginia Tech alum Bruce Smith visited Salem VAMC recently to speak with about 200 Veterans, staff and volunteers. Salem VAMC volunteer Ashley Conner took advantage of the visit to bring a story full circle. While at Virginia Tech 16 years ago, Smith signed one of her baby shoes when she was just two years old. In a moment she is bound to treasure, Conner, now 18, got the 2009 Hall of Fame inductee to sign the other shoe during his visit.

**This Day In Military History: AUGUST**

- **2 1964** North Vietnamese gunboats attack USS Maddox in the Gulf of Tonkin. On Aug. 7, the U.S. Congress gives President Johnson the power to take whatever actions he sees necessary to defend southeast Asia.

- **6 1945** “Little Boy” is dropped by a U.S. B-29 on Hiroshima, Japan in an effort to bring the Pacific War to a more speedy conclusion and save American lives.

- **8 1918** U.S. and Allied Forces begin a counteroffensive on the European theater Western Front. With severe losses, German Gen. Ludendorff calls this date, “the Black Day of the German Army.”

- **14 1945** Japan accepts the Allied terms of surrender, with the instrument of formal surrender being signed on USS Missouri Sept. 2.

- **19 1812** USS Constitution HMS Guerriere duel off the coast of Nova Scotia during the War of 1812.

Veteran Retraining Pgm Milestone

WASHINGTON – More than 25,000 unemployed Veterans between the ages of 35 and 60 have already applied for new benefits to cover education costs for up to one year through a joint Department of Veterans Affairs and Department of Labor program that focuses on retraining up to 99,000 Veterans for high-demand jobs.

“Veterans realize this is a great opportunity to hone the skills they need to be competitive in the job market, and this program contributes directly to enhancing the strength of our Nation’s economy,” said Secretary of Veterans Affairs Eric K. Shinseki.

As part of a provision of the Veterans Opportunity to Work (VOW) to Hire Heroes Act of 2011, the Veteran Retraining Assistance Program (VRAP) allows qualifying Veterans to receive up to 12 months of assistance equal to the full-time Montgomery GI Bill – Active Duty rate, currently $1,473 per month.

Veterans can apply now on a first-come, first-serve basis for VRAP. Unemployed Veterans should act quickly and apply online to avoid missing this great opportunity. Assistance under this benefit program will end on March 31, 2014.

To complete the application, Veterans need their direct deposit information (bank routing number and account number), the name and location of the school they wish to attend, and the high-demand occupations they are working toward.

To qualify Veterans must:
• Be 35-60 years old, unemployed on the day of application, and not dishonorably discharged;
• Start education or training after July 1, 2012, in a VA-approved program of education offered by a community college or technical school leading to an associate degree, non-college degree or a certificate for a high-demand occupation as defined by DOL;
• Not be eligible for any other VA education benefit program, such as Post-9/11 GI Bill, Montgomery GI Bill, or Vocational Rehabilitation and Employment;
• Not be enrolled in a federal or state job-training program within the last 180 days;
• Not receive VA compensation at the 100 percent rate due to individual unemployability.

Upon completion, DOL will contact participants within 30 days after their training to help them find good jobs that use their newly learned skills.

“VA has many partners around the country who are helping us to spread the good news about this unique benefit, which provides our unemployed Veterans with the opportunity to obtain the skills they need to be competitive in the high-demand job market,” added Under Secretary for Benefits Allison A. Hickey.

For more information on VOW, VRAP, the definition of “high-demand occupations,” and how to apply, visit www.benefits.va.gov/VOW, or call toll free to 800-827-1000. Veterans may also access the VRAP application online at www.ebenefits.va.gov through eBenefits, a joint project of the DoD and VA.

Veterans are also encouraged to visit the nearly 3,000 One-Stop Career Centers across the nation for assistance. To find the center near you visit www.servicelocator.org. For more information about DOL’s Veterans programs, go to www.dol.gov/vets/.

TRICARE Prime Enrollment Fee To Increase October 1

FALLS CHURCH, Va. – New TRICARE Prime enrollment fees for uniformed service retirees and their families will begin Oct. 1. Retirees who were enrolled before Oct. 1, 2011 will see a more significant increase since their enrollment fee remained at the 2011 levels of $230 and $460 per year when the fees increased last year.

The National Defense Authorization Act for fiscal 2012 allows for the annual increase of TRICARE Prime enrollment fees for most retired beneficiaries based on the annual cost-of-living adjustment. Exceptions to annual increases are for survivors of deceased active-duty supporters and medically retired service members and their dependents.

Here’s how the increase will affect beneficiaries enrolled before Oct. 1, 2011:

- People now pay $230 per year for individual coverage, and $460 per year for family coverage. Beginning Oct. 1, individual coverage is $269.28 per year, and family coverage is $538.56 per year.

- All TRICARE Prime enrollees must pay annual enrollment fees, except active-duty service and family members, transitional survivors, and beneficiaries younger than 65 with Medicare Parts A and B.

For more information, go to www.tricare.mil.

New Laws Aid Virginia’s Claim As ‘Most Veteran Friendly State’

QUANTICO, Va. – Joined by active-duty Marines, Veterans, and members of the General Assembly, Governor Bob McDonnell signed legislation July 27 that furthers Virginia’s claim as the “Most Veteran Friendly State in America.”

“The governor ceremonially signed 22 bills, including: extending the Commonwealth’s Veterans hiring preference to active members of the Virginia National Guard looking for state employment; making it easier for overseas military voters to have their ballots delivered and returned more quickly; and, expediting the issuance of business or occupational licenses in Virginia to spouses of military service members.

“Virginia is home to 830,000 Veterans and the largest Navy base in the world. We do not take our strong relationship and history with the military for granted. Instead, it is imperative that we continue to further our goal of making Virginia the ‘most Veteran friendly state in America,’” said Governor McDonnell, speaking about the legislation signed that day.

“We must make sure that those who have fought on the frontlines to keep this country safe have the services they need to be productive citizens in the Commonwealth. It is because of their service to this great nation that we live in a safe and prosperous country, and now it is our duty to serve them,”

Delegated Scott Lingamfelter (R-Woodbridge) said, “It is important that we continue to put in place measures that help both active-duty military and their families be successful in the Commonwealth while stationed here. Often it is hard for spouses to find work because they do not have the proper licensing to get a job. We are changing that in Virginia.

“Because of legislation passed this year, spouses will now be able to receive necessary licensing and permits for certain occupations and professions more quickly so they can find a job. This is a commonsense measure that will help our military families truly make the Commonwealth their home while stationed here,” Lingamfelter added.
Voluntary Education Safeguards

By Lisa Daniels
American Forces Press Service

The Defense Department is nearing completion of an agreement with post-secondary schools to ensure service members have the best possible experience in continuing their education, a senior Pentagon official said July 25.

The department will release later this summer a memorandum of understanding to be signed by colleges, universities and technical schools to make costs, schedules and other particulars transparent to service members, Charles E. Milam, principal deputy assistant secretary of defense for military community and family programs, said. He made the comments at the Department of Defense Worldwide Education Symposium in Las Vegas, held every three years to improve and expand voluntary education for service members and their spouses.

An online draft of the new instruction says all schools providing high school completion and post-secondary education through the DoD Tuition Assistance Program must agree to the multi-agency memorandum of understanding and other distance learning methods, our service members have been able to pursue educational goals regardless of their location.”

As the military draws down in Afghanistan, the department is embarking on a new chapter after 10 years of war. “We are at a point of transition where we are rezoning our military, where we face competing budget priorities, and where we are facing a new type of technical warfare.”

The premier conference brings together professionals in the field of HIV, as well as policy makers, people living with HIV/AIDS, and others committed to ending the pandemic.

VA’s special session, “Improving HIV Outcomes using the Electronic Health Record: Case Study: HIV and Aging,” focused on how electronic health records, a clinical case registry, and computerized “clinical reminders” to care providers within the health record have improved VA’s diagnosis and treatment of Veterans with HIV infection.

VA uses the EHRs to guide HIV management efforts, such as promptly health care providers to offer HIV testing, tracking patients’ progress over time, and providing feedback to providers on health outcomes, said Maggie Czarognorski, M.D., VA’s director of clinical public health programs.

VA’s efforts to increase HIV testing in Veterans are paying off. The number of Veterans ever tested in VA has doubled from 2009 to 2011,” said Czarognorski.

Currently, 91 percent of Veterans in VA care who qualify for HIV therapy are receiving medication, and data shows that most Veterans on therapy have undetectable levels of the HIV virus in their blood, which means that Veterans with HIV can live longer, healthier lives.

Since the 1980s, VA has been a pioneer in developing and using EHRs to improve access to care and to boost health outcomes for Veterans. Two out of three new HIV diagnoses in VA are Veterans over age 50, giving VA valuable experience with the issue of HIV and aging.

The International AIDS Conference is an opportunity to assess where we are in the fight against HIV/AIDS, evaluate recent scientific developments and lessons learned, and collectively chart a course forward.

VA’s participation in the conference share best practices in treating the disease and offer opportunities for dialogue on care issues in the global response to HIV.

For more information on the conference go to www.aids2012.org.

Electronic Records Focus At World AIDS Conference

NC Gov OKs Vet Friendly Jobs Bill

RALEIGH, N.C. – Gov. Bev Perdue signed a bill July 24 to make it easier for military spouses to get jobs, and for former military personnel to work there.

The new law would help military families in two ways.

Military spouses whose jobs require a professional license won’t have to obtain a North Carolina license if they already have a license with equivalent or tougher standards from another state.

Former military personnel who received training in a field that requires a professional license in the civilian workforce could use their military certifications to obtain a state license if the military standards are equivalent or greater than the state’s standards.

North Carolina requires licensing in dozens of professional specialties, such as social work, massage therapy, locksmithing and electrical contracting. Several professions, including medicine and law, are exempt from the bill; those professionals would need to obtain a North Carolina license.

Fort Bragg spokesman Tom McCollum also hopes the bill is helpful.

“Spouses of our soldiers find it hard to locate quality high-paying jobs. Assistance provided by this bill hopefully will help ease their employment needs and allow potential employers to take advantage of their skills and qualities,” he said in a written statement.
### VISN 6 Sites of Care

<table>
<thead>
<tr>
<th>Site Name</th>
<th>Address</th>
<th>Phone Numbers</th>
<th>Website</th>
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<tbody>
<tr>
<td>Albemarle POC</td>
<td>1845 W City Drive, Elizabeth City, NC 252-331-2191</td>
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<tr>
<td>Asheville VAMC</td>
<td>1100 Tunnel Road, Asheville, NC 28805, 828-298-7911, 800-932-6408</td>
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<td><a href="http://www.asheville.va.gov/">www.asheville.va.gov/</a></td>
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<tr>
<td>Beckley VAMC</td>
<td>200 Veterans Avenue, Beckley, WV 25801, 304-252-8220</td>
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<tr>
<td>Brunswick Outreach Clinic</td>
<td>20 Medical Campus Drive, Supply, NC 28462, 910-754-6141</td>
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<tr>
<td>Charlotte VAMC</td>
<td>8601 University East Drive, Charlotte, NC 28213</td>
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<td>Charlotte CBOC</td>
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<tr>
<td>Charlotte Vet Center</td>
<td>2114 Ben Craig Dr., Charlotte, NC 28262, 704-549-8025</td>
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<td>Danville VAMC</td>
<td>705 Piney Forest Rd., Danville, VA 24540, 434-710-4210</td>
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<tr>
<td>Durham VAMC</td>
<td>508 Fulton St., Durham, NC 27705, 919-286-0411, 888-878-6890</td>
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<tr>
<td>Emporia CBOC</td>
<td>1746 East Atlantic Street, Emporia, VA 23847, 434-348-1500</td>
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<tr>
<td>Fayetteville VAMC</td>
<td>2300 Ramsey St., Fayetteville, NC 28301, 910-488-2120, 800-771-6106</td>
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<tr>
<td>Fayetteville Vet Center</td>
<td>4140 Ramsey St., Fayetteville, NC 28311, 910-488-6252</td>
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<td>Franklin CBOC</td>
<td>647 Wayah St., Franklin, NC 28734-3390, 828-369-1781</td>
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<td>Fredricksburg CBOC</td>
<td>130 Executive Center Pkwy, Fredericksburg, VA 22401, 540-370-4468</td>
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<tr>
<td>Greensboro VAMC</td>
<td>2009 S. Elm-Eugene St., Greensboro, NC 27406, 336-333-5366</td>
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<tr>
<td>Greenbrier County CBOC</td>
<td>804 Industrial Park Rd., Maxwelton, WV 24957, 304-497-3900</td>
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<td>800 Moye Blvd., Greenville, NC 27858, 252-830-2149</td>
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<td>Hamlet CBOC</td>
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<td>Hampton VAMC</td>
<td>100 Emancipation Dr., Hampton, VA 23667, 757-722-9961, 866-544-9961</td>
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<td>Hickory CBOC</td>
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<td>Robeson County CBOC</td>
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<td>Raleigh CBOC</td>
<td>3305 Sungate Blvd., Raleigh, NC 27610, 919-212-0129</td>
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<td>Raleigh II Annex</td>
<td>3040 Hammond Business Place, Raleigh, NC 27603, 919-899-6259</td>
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<td>Raleigh Vet Center</td>
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<td>Richmond VAMC</td>
<td>1201 Broad Rock Blvd., Richmond, VA 23249, 804-675-5000, 800-784-8381</td>
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<tr>
<td>Roanoke Vet Center</td>
<td>300 Jefferson Street, Roanoke, VA 24016, 540-342-9726</td>
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<td>Staunton CBOC</td>
<td>102 Business Way, Staunton, VA 24401, 540-886-5777</td>
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<tr>
<td>Tazewell CBOC</td>
<td>123 Ben Bolt Ave., Tazewell, VA 24651, 276-988-2526</td>
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<tr>
<td>Virginia Beach CBOC</td>
<td>244 Clearfield Avenue, Virginia Beach, VA 757-722-9961, ext. 1900</td>
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<tr>
<td>Winston-Salem Vet Center</td>
<td>324 Southport Circle, Suite 102, Virginia Beach, VA 23452, 757-248-3665</td>
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<tr>
<td>Winston-Salem CBOC</td>
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<td>Winston-Salem Annex</td>
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<td>Wytheville CBOC</td>
<td>165 Peppers Ferry Rd., Wytheville, VA 24382-2363, 276-223-5400</td>
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