



VA MID-ATLANTIC HEALTH CARE NETWORK • VISN SIX

Vol. 5, No. 6

“Excellent Care – Earned by Veterans – Delivered Here”

Voices of VISN 6

Official news from around *your* VISN

March 31, 2015

Hampton VAMC’s 1-East Clinic Opens For Business

By Daniel L. Henry
Hampton VAMC
public affairs

Dozens of Veterans, community stakeholders, VSO representatives, congressional staffers and medical center employees were on hand March 6, to help open the doors of Hampton’s brand new clinical spaces.

The 1-East Clinic opening is the culmination of nearly two year’s worth of planning, renovation, and re-design of former administrative spaces on the waterfront side of the

hospital. The new clinics will house five separate patient care teams and add 12,000 additional square feet of space supporting 18 exam rooms as well as integrated mental health and pharmacy space.

In the words of Dr. Terri Lockhart, Hampton’s primary care chief, the new space will allow Hampton to accommodate recently hired staff while promoting the health and well-being of Veterans in a comprehensive, team-based, manner.

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Daniel Henry
Facility Chief Scott Brown, Facility Interior Designer Carol Hargett, Deputy Facility Chief Jeff Harlow, 1-East Project Officer Gary Wassman, VISN 6 Director Dan Hoffmann and Hampton VAMC Director Mike Dunfee cut the ribbon of Hampton’s new 1-East Clinic.

VA Works To Expand Choice Program Eligibility

In order to expand eligibility for the Veterans Choice Program, VA announced that it will change the calculation used to determine the distance between a Veteran’s residence and the nearest VA medical facility from a straight line distance to driving distance.

The policy change will be made through regulatory action in the coming weeks. The Veterans Choice Program was authorized by the Veterans Access, Choice, and Accountability Act of 2014.

“VA has worked very quickly to implement the Veterans Choice Program and we appreciate the constructive feedback



shared by Veterans and our partners to help us improve service to Veterans,” said Secretary Robert McDonald. “We’ve determined that changing the distance calculation will help ensure more

Veterans have access to care when and where they want it. VA looks forward to the ongoing support of our partners as we continue to make improvements

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From The Director

During March, both Dr. Mark Shelhorse and I traveled extensively throughout the network, engaging with medical center leadership, schedulers, and Veterans to learn more about what's working well and what areas need more attention.

It comes as no surprise that the Choice Card has taken center stage with regard to issues needing additional focus. The many candid comments from our employees have been very helpful to us. I have been actively engaged in discussion with the people managing the Choice program using those insights from the field. It is my sincere hope that the program will systematically improve for our staff and Veterans over time. Many people, in and out of the medical centers, are working through the process of helping Veterans use the card. In some cases, communities are experiencing the same challenges VA has with access to specialty care.

In our travels we have experienced a fair amount of feedback from Veterans who feel that, in many cases, they would rather wait to be seen by a VA provider. We understand that there are cases when waiting is not an option, and in these cases, we will do everything we can to assist our patients get with the providers they need as soon as possible. For those who can and choose to wait, you have my commitment that we will do all we can to provide the best care as soon as possible.

I've said before that access is not something that can be solved overnight, but we have not let up on our efforts to enhance access wherever and whenever possible. I'm happy to tell you that construction is now underway in Sanford, and we're making solid progress with the new Jacksonville clinic and the three large health care centers located in North Carolina.

Additionally, we closed out March with the awarding of a contract for a new facility sorely needed on the south side of the Hampton Roads area. This new clinic will mirror the current Virginia Beach CBOC in terms of size and offered medical services - essentially doubling the current level of access for area Veterans.

The new clinic should provide about 6,000 Veterans with primary care and mental health services, while



Steve Wilkins

VISN 6 Deputy Director Retires

On March 31, VISN 6 said farewell to Deputy Network Director Augustin (Gus) Davila. Davila's retirement brings to a close more than 46 years of service to America; the first 20 years wearing Army green, and the last 26 years serving Veteran Soldiers, Sailors, Airmen, Marines and Coast Guardsmen in various roles while working for VA.

Gus has worked unwaveringly to enhance service to our nation's Veterans. To list all his accomplishments would be impossible. Suffice it to say that he leaves a legacy of service that has enhanced VA's ability to provide health care for millions of Veterans coast-to-coast.

VISN 6 wishes Gus and his wife Kyong God-speed as they open this new chapter in their lives.

eliminating the need for them to come through the Hampton Roads and Monitor Merrimac Tunnels.

As always, we've worked to include a good variety of content in this issue to help keep you informed as to some of the highlights ongoing throughout the network. I would like to point out that this month we've included the first in a series of columns labeled as Medical Developments. Under this header, we intend to provide information about new or developing treatments for medical issues that impact many Veterans. This month, our own Dr. Richard Trotta (U.S. Army retired), associate chief of staff, Wilmington Health Care Center, walks us through the new treatments available for Hepatitis C. I hope you find it worthwhile.

I would like to again offer my sincerest congratulations to Gus Davila, my deputy network director for the past 5 years, on his retirement. He will be missed.

Sincerely,
Dan Hoffmann

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Benefits From Cycling More Than Just Physical

By Steve Goetsch
Richmond VAMC public affairs

Veteran Rickey Wood churned through a mid-gear on his recumbent bike, motivated by McGuire Kinesiotherapist Alicia Frazier to complete the last 300 meters of his 10-mile ride which finished with a daunting incline. There weren't many other riders than the 10 Veterans from Richmond VAMC on the Capital Trail. The brisk air and fallen leaves dissuaded less committed riders, but also signified the end of another successful outdoor riding season.

Wood and his fellow Veterans are all participants in McGuire's Ride to Recovery cycling program. The rides take Veterans out of their comfort zones to battle the elements and challenge them physically. The program is gaining more and more popularity. "In 2011 we had eight riders," said McGuire recreation therapist and program manager Nicole Shuman. "We slowly increased our numbers, and last year we had 44 riders."

The cycling program is the only one in the country run out of a VA medical center. Since it is such a unique program, Shuman, Shawn Simmons, also a recreation therapist, Frazier and an additional kinesiotherapist Chris Mund, have been doing patient evaluations of the program and incorporating feedback as they go.

Roy Webb, a Marine and Vietnam Veteran says the cycling program has helped him tremendously. "I suffer from asthma, and biking really builds up my lungs," Webb said. He likes seeing the physical results of his hard work. He boasted that his systolic blood pressure is 111. He also said he routinely bench presses 200 pounds. He does all of this at age 69 and attributes it to the cycling program.

Webb and many of the riders agreed cycling helps with their PTSD. Webb was recommended for the program by his therapist and that turned out to be just what he needed.

"It helps me with PTSD tremendously," Webb said. "It brings me to the VA five times a week, and I'm always happy the whole time I'm here."

Another



Steve Goetsch

McGuire VAMC Kinesiotherapist Alicia Frazier gives patient and cycling program participant Rickey Wood an assist at the end of their weekly ride Nov. 21 in Central Virginia.

Veteran who arrived through the recommendation of a counselor was Marina Libro, who came to McGuire for care from a Warrior Transition Unit in 2011. Libro was involved with Project HERO, (Healing Exercise Rehabilitation Opportunity), which has partnered with Ride to Recovery to offer group riding therapy.

Shuman arranges community rides and pairs up with other programs like the Fort Eustis group.

That networking is also an important part of the program. "The biggest improvement we see outside of the actual cycling is when people first come to the class, they stay to themselves," said Shuman. "Then you see them open up and start talking to one another, even making plans outside class."

Those interactions are what helped Army Veteran Audie Wilkins to not only be healthier, but make a return to living again. "I love the social part of cycling, you know, being around Veterans," Wilkins said. "I'm in shape now, and as a result, I've been getting out more."

Wilkins also suffers from PTSD, and the resulting depression made him isolate himself and that led to him gaining weight and getting out of shape. You wouldn't know that by looking at the muscular Veteran who says he has grown and come a long way since entering the program a year ago. His turnaround has led him to embrace cycling. He now participates in races and has even trained for, and finished his first marathon.

"This program has resulted in helping to get me outdoors," said Wilkins. "I love the program and it's been a lifesaver for me." Joy Hawkins



Steve Goetsch

The Capital Trail offers a course with many grades and elevations that especially challenge recumbent riders.

VISN 6 Staffer Brings Empathy To Diversity

By Steve Wilkins
VISN 6 public affairs

Every life matters. That is the message in a new VHA course developed by a VISN 6 Education Specialist in collaboration with the VHA Office of Diversity & Inclusion and the Equal Employment Opportunity Affirmative Employment Office.

“How do we tie in the values of four generations in our organization?” Jan Johnson ruminated over the idea as she thought about potential gaps in VHA’s staff training. Johnson is the VISN 6 LEAD Program Coordinator. Her concern was to improve service throughout the organization. She was worried that as staff engage Veterans and interact with one another, they would do better if they were more attuned to the perspectives that may have shaped others’ thoughts.

Those concerns have led to the national roll-out of the Diversity Dimensions training program March 26, and in the weeks that follow at VHA’s EEO Regional Training conferences in Salt Lake City, Utah, Houston, Texas, St. Petersburg, Fla., and Washington, D.C.

The Diversity Dimensions program helps participants recognize the perspectives, contributions, biases, and personal history or challenges each of us bring into every encounter. It helps supervisors and leaders understand how to take those things they learn about their personal views and apply them to work situations.

Johnson says that is where the value of their interactions with staff and Veterans is enhanced. The emphasis in the program is figuring out what to do with the information after they return to the office, and how to use it day to day.

Johnson worked closely with members of the VHA Workforce Management and Consulting office, which

administers the Office of Diversity and Inclusion, as well as the EEO Affirmative Action Employment Office to incorporate the program with other professional development programs, like Coaching and Mentoring, Myers Briggs Type Indicator, 180/360 degree assessments, and team building.

“We’re so proud of the collaboration (on this project),” according to Aurora Quiroz-McKinney, a Program Specialist in support of the EEO Affirmative Employment Office and the VHA Office of Diversity and Inclusion.

Quiroz-McKinney worked closely with Johnson on the program design. So often, she added, “We preach teamwork, then work in silos.” But, through the collaboration with Jan and the team we realized the product of our power when we maximize everyone’s strengths.” She continued, suggesting that the initiative helps to meet VA’s efforts to promote and encourage diversity throughout the organization.

Johnson asserts that the rich treatment of deep feelings in the program will help staff empathize with others they connect with, asking themselves, “What does it mean to me day to day? How does [what I do] affect others’ lenses?” Johnson anticipates the questions will help staff as they work with older Veterans who don’t share their background and others whose personal history is colored differently than their own.

The program will be offered to staff initially through VHA supervisor training courses offered in each VISN.



Jan Johnson

Hampton continued from Pg 1

Research has shown, she said, that there are many advantages to team based care, including improvements in patient satisfaction, clinical quality, clinical outcomes, safety and efficiencies.

The new suites have been set up in a way that collocates various disciplines in order to facilitate ‘warm hand-offs’ among team members. This bi-directional, real-time, communication will help personalize the Veteran healthcare experience.

Hampton Director Mike Dunfee, speaking at the ribbon cutting, praised the hard work of the Hampton VAMC team, and noted that this was just one of many projects in the works to help meet Hampton’s rapidly growing Veteran population.

“This builds on the outstanding work that has been

done over the past few years to build outpatient capacity as our patient population continues to quickly grow,” he said. “Other recent examples include the new women’s clinic, the new OIF/OEF clinic, and the soon to be new CBOC on the Southside. The biggest step forward will come with the activation of our health care center on the Southside in 2020, providing 150,000 square feet of comprehensive outpatient primary care, mental health, specialty services and parking as far as the eye can see.”

Those projects, Dunfee noted, were the future. What is really important is the here and now. “The present, and why we are here today, is this beautiful suite of spaces...which will have an immediate impact on the Veterans we care for right now.”

Fayetteville Rural Health Supports Indian Unity Conference

By Joyce Hawkins
Fayetteville VAMC

Fayetteville VAMC's Rural Health Outreach team enrolled several new Veterans in VA healthcare while supporting the North Carolina's Indian Unity Conference March 19-21 in Raleigh.

Since 1976, the Unity Conference has gathered North Carolina's eight tribal leadership teams with the North Carolina Commission of Indian Affairs to address issues affecting Native American communities in the state.

According to NCCIA Executive Director Greg Richardson, this year's event provided a great opportunity for VA staff to meet and get to know tribal leaders and about 250 attendees. "Each year, we strive for an agenda at that helps our leaders learn more about VA benefits like education and housing, compensation, access to health care," he said. "Having the rural health team here adds great value to the conference."

Rural Health Teams integrate the services Veterans can get at VA medical centers and outpatient clinics with care available to them in their community. The effort is focused on enrolling Veterans, offering health-related education and solving Veterans' problems.

Fayetteville's Rural Health team has fostered a strong relationship with NCCIA and the tribal communities of southeastern North Carolina, and South Carolina. The partnerships help Native American Veterans with access to VA health care and benefits.

In the last year, the Fayetteville team has conducted nearly 50 educational sessions covering topics such



*Sharon Bostic
Melvin Peterson assists Gene Jacobs, Chief of the Coharie Tribe, and the another gentlemen with enrollment into the VA healthcare system.*

as diabetes, weight management, and computer skills training for MyHealthVet. "The team has attended tribal POW-WOW's in the Lumbee, Coharie and Waccamaw-Siouon Native American communities helping to foster greater collaboration," said Michael Shaw, Rural Health program support assistant.

During this conference, the team enrolled six Veterans, distributed 10 applications for benefits, and coordinated two educational classes. Outreach worker

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Veterans Choice Program continued from Pg 1

to this new program."

The method of determining driving distance will be through distance as calculated by using a commercial product. The change is expected to roughly double the number of eligible Veterans.

The Veterans Choice Program is a new, temporary benefit that allows eligible Veterans to receive health care in their communities rather than waiting for a VA appointment or traveling to a VA facility. Veterans seeking to use the Veterans Choice Program should call 866-606-8198 to confirm their eligibility and to schedule an appointment. Since the Choice Program went into effect on Nov. 5, 2014, more than 45,000 medical appointments have been scheduled.

Using expanded authorities from VACAA, VA continues to expand access to care through increased staffing and enhanced collaboration with both the Indian Health Service and Native Hawaiian Health Care Sys-

tems. See the VACAA progress fact sheet here:

VA is enhancing its health care system and improving service delivery to better serve Veterans and set the course for long-term excellence and reform. VA has made significant progress in various areas of the legislation, such as extending the Assisted Living/Traumatic Brain Injury Pilot program and Project Arch, to expand timely access to high-quality health care for Veterans.

For more details about the department's progress and related information, see www.va.gov/opa/choiceact/factsheets_and_details.asp and www.va.gov/opa/choiceact/documents/FactSheets/Progress-Report-March-2015-Fact-Sheet.pdf.

A fact sheet on the 40-mile-rule change can be found at www.va.gov/opa/choiceact/documents/FactSheets/March-2015-40-mile-rule-change-factsheet.pdf.

Hepatitis C Treatment In 2015 – It's A Whole New World

Dr. Richard F. Trotta, FACP
Associate Chief of Staff, Wilmington HCC

Hepatitis C virus (HCV) infects an estimated 186 million people worldwide and approximately 3.8 million people in the United States. The prevalence of HCV antibodies is highest among persons born during 1945–1965 which account for approximately three fourths of all chronic HCV infections among adults in the United States.

HCV usually begins as acute infections causing illness for a short period of time and then the patient clinically appears to get better. In approximately 80 percent of the people infected with HCV, the virus remains in the body resulting in a chronic form of hepatitis which usually leads to long-term liver problems.

Of those with chronic infection, 20 percent will develop liver cirrhosis, and of that group approximately 25 percent will develop liver failure or liver cancer. As a result HCV is the leading cause of liver transplantation in the United States.

Unlike Hepatitis A and B virus, for which there are vaccines to prevent infection, HCV has no vaccines and therefore prevention, education, and treatment are the cornerstones of management.

Recently new and exciting therapies have been developed for HCV infections which are changing the way we do business in dealing with this infection. Most importantly, in 2012 the CDC recommended changes to the current risk based screening requirements for HCV to include all adults born during 1945–1965. These new aggressive screening criteria along with the development of these new highly efficacious antiviral medications will hopefully lead to increased rates of sustained virologic response (SVR) or viral clearance and therefore a substantial reduction in the risk of all cause morbidity and mortality, to include liver transplant, from HCV infection.

HCV is usually spread by exposure to infected blood. Sharing needles or other equipment to inject drugs is a common means of transmission of the HCV. People who received blood transfusion prior to 1992 are at higher risk of HCV infection because prior to then, there was no test to screen the blood supply for this virus.

Additional routes of infection include: needle stick injuries in health care settings, transmission from an infected mother to her newborn infant, sharing razors or toothbrushes, and less commonly, sexual contact with a person infected with the Hepatitis C virus.

Initial therapies for HCV infection first appeared in the 1990s with medications such as interferon and

ribavirin. The medications were fraught with difficulties such as long courses of therapy (up to 48 weeks), the need for daily injections, and multiple adverse drug reactions. As a result many patients who started therapy were unable to complete the treatment course and those who did complete the therapy had about a 20 percent chance of a cure or SVR.

In the early 2000s a new longer lasting form of interferon (pegylated interferon) was developed that reduced the need for injections to once weekly and improved the SVR to approximately 40 percent. This is where we were in the HCV treatment world until 2011 and the introduction of the first set of new drugs for HCV in a decade.

These initial medications were called protease inhibitors and their addition as a third drug combined with pegylated interferon and ribavirin increased the success rate of therapy to near 75 percent and shortened the required treatment to 24 weeks.

Since the introduction of the first protease inhibitor, six new drugs have received FDA approval to the treatment of HCV. These new medications are classified as Direct Acting Antivirals (DAA) and combinations of these DAAs have resulted in successful therapy in 95 percent of most cases with as little as 8 to 12 weeks of therapy. Most importantly, there is no longer a requirement for the older medications such as the injectable pegylated interferon and frequently the oral medication ribavirin which has greatly reduced the side effects of therapy and the complexity of the regimen.

Presently VA has approved 10 medications to treat HCV. The original ribavirin and interferons, the original protease inhibitors (telaprevir and boceprevir) and recently they have added new DAAs (simeprevir, ledipasvir/sofosbuvir, and Ombitasvir/Paritaprevir/ritonavir, Dasabuvir).

Depending on several factors like the genotype of a person's virus, treatment history, and liver fibrosis status, there are preferred and alternate regimens of these medications which are recommended for use. With that said four particular regimens are recommended in



Dr. Richard F. Trotta

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Rural Health continued from Pg 5

Melvin Peterson provided information and assistance on preventing homelessness, mental health services, home-based primary care and hospice services. He also assisted Veterans with their disability claims, and helped two deceased Veterans' widows complete their pension claims. Peterson likes to say that, "I am here to serve the Veteran whether it is under a bridge or at a facility."

What distinguishes rural Veterans is their restricted access to health care and overcoming transportation challenges. "The Fayetteville Rural Health Team removes some of these barriers by taking VA services to Veterans where and when they need them," said LaVondra McLaughlin, another team nurse.

The team's care collaboration with the tribes brings all of the best pieces of the community and VA together for Veterans. As Jeffery Thomas, program support assistant for Fayetteville's team often states, "We not only provide excellent customer service, we build relationships." Fayetteville's rural health team does an outstanding job routinely collaborating with each other to demonstrate the true definitions of excellence and teamwork.

People interested in hosting the Rural Health team should contact Melvin Peterson, at 910-308-1183, Michael Shaw at 910-488-2120, extension 7098 or Jeffery Thomas, at 910-488-2120, ext. 5746.

Hepatitis C continued from Pg 6

the most cases of chronic HCV infection in the United States. These four regimens are: ledipasvir/sofosbuvir +/- ribavirin, sofosbuvir with ribavirin, Ombitasvir/Paritaprevir/ritonavir, Dasabuvir +/- ribavirin and Simeprevir/sofosbuvir.

All of this success comes at a cost and the price for these medications ranges from approximately \$25,000 to \$50,000 per treatment course depending on the medications chosen and the length of therapy.

This level of investment in therapy will make patient participation in the treatment process paramount. Adherence to protocol and follow up office visits will be important for the management of side effects, avoidance of drug resistance and reduction in treatment fail-

ure. Decisions on which drug to use will be based on efficacy, duration, and adverse event profile of the regimen, potential drug interactions, the patient's history of prior treatment, and the stage of fibrosis.

Finally, VA's Office of Public Health has already started a redesign effort at the national, network, and facility levels which will make therapy available to all Veterans. With the current screening recommendations for HCV infection which will identify Veterans who would benefit from therapy, and these new treatment options within the VA, the future is looking bright for our battle against Hepatitis C infection.

For more information about HCV, visit www.hepatitis.va.gov/provider/hcv/index.asp.

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VA Restarting Study On Service Dogs And PTSD

Reedy Hopkins says he always feels on guard in public places.

“I quit going to crowded areas. I couldn’t enjoy it, because I was constantly on guard, looking around, watching everybody’s movement ... I still have a hard time going into a restaurant and not sitting with my back to the wall.”

Hopkins is a 28-year Air Force Veteran who served in Iraq. He is one of dozens of Veterans who share their stories on the AboutFace website of VA’s National Center for PTSD.

Can Veterans with posttraumatic stress disorder, like Hopkins, benefit from service dogs? That’s the question VA researchers hope to answer in a three-year study that is getting underway in early 2015 and will wind down in 2018.

The study aims to enroll 230 Veterans with PTSD, from three regions: Atlanta, Iowa City, and Portland, Ore.

Service dogs for PTSD and other mental health problems are a topic of keen interest, and the study was mandated by Congress in 2010. VA launched a pilot the next year, but the study was halted after two service dogs bit children in Veterans’ homes. Further problems with the health and training of some of the dogs led to a second suspension of the study in 2012.

“Safety is our main concern,” says Dr. Patricia Dorn, director of VA Rehabilitation Research and Development. “As in all VA clinical trials, the safety and well-being of the Veteran comes first. In this study, we also extend that concern to the dogs. We want to make sure they are safe and well cared for.”

Along with that, says Dorn, the revised study meets a high bar in terms of its ability to generate reliable scientific evidence. “This study is rigorously designed,” says Dorn. “The findings should give VA a solid basis for making decisions about the provision of service dogs for Veterans with PTSD.”

As of now, VA provides service dogs only for Veterans with certain physical disabilities, such as vision or hearing loss, or the loss of a limb. The findings of the new PTSD study could potentially change that policy. Dorn believes that “the study will make an important contribution to the literature on the use of service animals for those with mental health diagnoses.”

To date, there is ample evidence on the benefits of service dogs for people with physical disabilities, but very little in the area of mental health. “There is no randomized controlled trial whatsoever involving service dogs and mental health conditions,” notes Dr. Michael Fallon, VA’s chief veterinarian.

Who wouldn’t benefit from having a four-legged friend at his side? The idea is hugely popular, admits Fallon. “The public, by and large, is in love with the concept of service dogs.” He acknowledges that



anecdotal reports on the topic tend to be very positive. But he points out that in reality, things can go awry.

“We also have anecdotal reports that things can go poorly if you don’t have the right dog. We know from our experience in the pilot study that a poorly trained dog can be detrimental to the Veteran. If the dog is behaving poorly in crowds, say, that can reduce the amount of time the Veteran wants to be out in public.”

Going out in the community is one of the parameters the researchers will measure. Overall, the focus is on quality of life and limitations on daily activities. Secondary outcomes the researchers will look at include PTSD symptoms, depression, sleep, suicidal intent, use of health care, and job status.

Unlike the pilot version, the new study will compare the benefits of two types of dogs. Half the Veterans in the study will be randomly assigned to receive a service dog. The others will get an emotional support dog. The difference between service and emotional support dogs is mainly a matter of training, explains Fallon.

“An emotional support dog is a very well-behaved pet that provides comfort and companionship,” he says. “They’re not trained to do specific tasks that address the disability, whereas a service dog is.”

The difference has legal ramifications. Service dogs are allowed in most public places—including VA hospitals and clinics—but emotional support dogs are not.

Comparing the two types of dogs adds scientific rigor to the study, says Dorn. If the service dogs do indeed improve outcomes, how much of that can be attributed to the general benefits of canine companionship, and how much to the specific trained tasks? If it’s simply the love and support of a dog that account for Veterans’ progress, then emotional support dogs should be just as effective, in theory.

One requirement for Veterans in the study is that they be in some form of mental health treatment for their PTSD. The dogs, says Skelton, may be a way to help therapy kick in and achieve its aims.

Regardless of the outcome, the Veterans will all have the option to keep their dog after the study ends.

For more information visit www.research.va.gov/currents/spring2015/spring2015-2.cfm.

— Reprinted from *VA Research Currents*

VA Establishes MyVA Advisory Group Of Respected Leaders

VA has announced the establishment of the MyVA Advisory Committee. The Committee brings together skilled experts from the private, non-profit and government sectors to assist in reorienting the Department to better meet the needs of Veterans.

This Committee is charged with advising the Secretary of Veterans Affairs with a focus on improving customer service, Veteran outcomes and setting the course for long-term reform and excellence.

The Advisory Committee will meet multiple times per year and will engage in periodic reviews to ensure the department achieves the goals of MyVA. The committee will provide advice on competing short-term and long-range plans, priorities and strategies to improve the operational functions, services, processes and outputs of the department, and will also advise on appropriate levels of support and funding necessary to achieve objectives.

Further, the committee will review implementation of recommended improvements and suggest any necessary course corrections.

Members of the committee have extensive experience in customer service, large-scale organizational change and advocacy for Veterans.

“The success of MyVA will be Veterans who are better served by VA, so the work of this committee is incredibly important,” said VA Secretary Robert A. McDonald. “The collective wisdom of our committee members is invaluable and each of them understands that VA must improve customer service and focus the Department on the needs of our Veterans. They are dedicated to that mission and I am grateful for their principled service to our Veterans.”

The biographies of committee members are below. The group will hold their first meeting in April.

MG Josue “Joe” Robles Jr., US Army (Ret.)

Mr. Robles retired from the U.S. Army as a Major General after 28 years in service and joined the United States Automobile Association (USAA), where he assumed the position of President and CEO in December 2007. In 2009, The Christian Science Monitor named Mr. Robles the “No. 1 Veteran in Business,” and American Banker named him “Innovator of the Year.” Mr. Robles retired from USAA in February 2015. He will serve as Chairman of the MyVA Advisory Committee.

Michael Haynie, PhD, Vice Chancellor, Syracuse University

Dr. Haynie provides strategic leadership within the university’s campus-wide portfolio of Veteran and military-connected programs, partnerships and re-

search – and works to develop new initiatives across the institution. He is an Air Force Veteran and serves as the Chairman of the Secretary of Labor’s Advisory Committee on Veteran Employment, Training, and Employer Outreach. Dr. Haynie serves as Executive Director of the University’s Institute for Veterans & Military Families, and he is the founder of Entrepreneurship Bootcamp for Veterans with Disabilities program. He will service as Vice Chairman of the MyVA Advisory Committee.

Herman Bulls, International Director, and Chairman Public Institutions, Jones Lang LaSalle

Bulls has vast experience in executive oversight of teams in real estate development, investment management, asset management, facilities operations and business development/retention. He serves on corporate boards including USAA, Tyco International, Comfort Systems and Exelis. Additionally he serves as a director of the West Point Association of Graduates and the Military Bowl, an NCAA sanctioned post season football game. An Army Veteran, Bulls is a graduate of the United States Military Academy at West Point and Harvard Business School.

Teresa Carlson, Vice President, Worldwide Public Sector Amazon Web Services

Ms. Carlson brings more than 20 years of experience as a business executive driving innovation and change, and producing successful business results. She is a leader in the information technology field. Prior to joining Amazon, Ms. Carlson served as Vice President of federal government business at Microsoft. She has 15 years of experience in the health care field and was recently named to Washingtonian Magazine’s “100 Most Powerful Women,” among other awards.

Richard H. Carmona, M.D., M.P.H, FACS, 17th Surgeon General of the United States

Dr. Carmona is a combat decorated and disabled U.S. Army Special Forces Vietnam Veteran. He is currently a Distinguished Professor at the University of Arizona, holds numerous public and private leadership positions and has extensive experience in public health, clinical sciences, health care management, national preparedness and a commitment to prevention as an effective means to improve public health and reduce health care costs while improving the quality and quantity of life.

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VA Eliminates Net Worth As Health Care Eligibility Factor

VA is updating the way it determines eligibility for VA health care, a change that will result in more Veterans having access to the health care benefits they've earned and deserve.

Effective 2015, VA eliminated the use of net worth as a determining factor for both health care programs and copayment responsibilities. This change makes VA health care benefits more accessible to lower-income Veterans and brings VA policies in line with Secretary Robert A. McDonald's MyVA initiative which reorients VA around Veterans' needs.

Instead of combining the sum of Veterans' income with their assets to determine eligibility for medical care and copayment obligations, VA will now only consider a Veteran's gross household income and deductible expenses from the previous year. Elimination of the consideration of net worth for VA health care enrollment means that certain lower-income, non-ser-

vice-connected Veterans will have less out-of-pocket costs. Over a 5-year period, it is estimated that 190,000 Veterans will become eligible for reduced costs of their health care services.

In March 2014, VA eliminated the annual requirement for updated financial information. VA now uses information from the Internal Revenue Service and Social Security Administration to automatically match individual Veterans' income information which reduces the burden on Veterans to keep their healthcare eligibility up to date. That change better aligned VA's health care financial assessment program with other federal health care organizations.

Veterans may submit updated income information at www.1010ez.med.va.gov/, or by visiting their nearby VA health care facility. For more information, visit www.va.gov/healthbenefits or call VA toll-free at 877-222-VETS (8387).

Standardized Forms Simplify Disability Benefits Application

With the goal of making the application process easier and more efficient for our Veterans, VA now requires Veterans seeking disability benefits to use standardized claim and appeal forms.

These standardized forms guide Veterans to clearly state the symptoms or conditions for which they are seeking benefits and provide the information necessary for VA to start processing their claims and appeals.

"This change will help VA provide faster and more accurate decisions to our Veterans, their families and survivors," said Under Secretary for Benefits Allison A. Hickey. "Standard forms are essential to better serve Veterans, build more efficiency into VA's processes and bring us in line with other government agencies."

The easiest and fastest way for a Veteran to submit an application for compensation is online through the eBenefits (www.ebenefits.va.gov) portal.

VA encourages Veterans to work with representatives of Veterans Service Organization (VSO), or their state or county representatives, who can assist with filing electronically or in paper form.

Standardized forms are a key component of VA's transformation, which will help achieve the department's goal to eliminate the backlog by the end of this year.

There are two claim actions that now require standardized forms:

1. Veterans' or Survivors' applications for disability compensation or pension – specific forms are designed to capture information necessary to identify and support benefit claims. Veterans filing for disability benefits must now use VA Form 21-526EZ, Application for

Disability Compensation and Related Compensation Benefits.

Wartime Veterans filing for needs-based pension must use VA Form 21-527EZ, Application for Pension. Survivors filing a claim for dependency and indemnity compensation (DIC), survivor's pension, and accrued benefits must complete VA Form 21-534EZ, Application for DIC, Death Pension, and/or Accrued Benefits.

2. Notices of Disagreement with any aspect of VA's decision on a disability claim – the standardized Notice of Disagreement form is used when a claimant wishes to initiate an appeal.

Veterans disagreeing with a VA compensation decision should use VA Form 21-0958, Notice of Disagreement. Veterans and survivors will not be required to use a standardized notice of disagreement form to initiate appeals of pension or survivors benefit decisions at this time.

VA recognizes that some Veterans may need additional time to gather all of the information and evidence needed to support their claim and therefore established a new intent to file a claim process. Applicants may notify VA of their intent to file a claim in order to establish the earliest possible effective date for benefits if they are determined eligible.



MyVA Advisory Group continued from Pg 9

Delos “Toby” M. Cosgrove, M.D., CEO and President, Cleveland Clinic

Dr. Cosgrove has emphasized patient care and patient experience in his leadership of the Cleveland Clinic, including the reorganization of clinical services. Dr. Cosgrove has launched major wellness initiatives for patients, employees and communities. He was ranked in Modern Healthcare’s “100 most powerful people in healthcare” and “most powerful physician executives.” He is a Veteran of the U.S. Air Force.

Laura Herrera, MD, Deputy Secretary for Public Health, Maryland Department of Health & Mental Hygiene

Dr. Herrera has served as Chief Medical Officer for Maryland and assisted the Secretary of Health on implementation of innovative health delivery reform structures in the state system. She served as a Medical Officer in the U.S. Army Reserve, National Director of Women’s Health and the Acting Deputy Chief Officer of Patient Care Services in the VA’s Veterans Health Administration.

Chris Howard, DPhil, President, Hampden-Sydney College

Mr. Howard currently serves as president of Hampden-Sydney College. In addition, he was nominated and confirmed as a member of the National Security Education Program Board. Mr. Howard is a member of the Board of Directors of the American Council on Education and has served as Vice President for Leadership & Strategic Initiatives at the University of Oklahoma. He is a retired Air Force Lieutenant Colonel.

Nancy Killefer

Ms. Killefer served as a Senior Director in the DC office of McKinsey & Company. During her career, Ms. Killefer has focused on strategy, marketing and organizational effectiveness and efficiency issues with an emphasis on consumer-based and retail industries. Ms. Killefer also founded and led McKinsey’s global public sector practice. She is a former Chief Financial Officer, Chief Operating Officer and Assistant Secretary for Management at the United States Department of the Treasury, and has previously chaired the IRS Oversight Board. Ms. Killefer now serves on a number of corporate Boards and is the Vice Chair of the Defense Business Board.

Fred Lee

Mr. Lee is a nationally recognized expert and consultant in the patient and family experience. He is the

author of the best-selling health care leadership book, “If Disney Ran Your Hospital, 9 1/2 Things You Would Do Differently.” His career in hospital management and expertise in quality improvement has changed the language of patient satisfaction in hospitals, and introduced experience based improvement to change management and staff engagement.

Eleanor “Connie” Mariano, M.D., Founder, Center for Executive Medicine

Dr. Mariano was the first female director of the White House Medical Unit and the first military woman to become a White House Physician to the President. Dr. Mariano joined Mayo Clinic’s Executive Health Program upon departure from the White House, and has since founded the Center for Executive Medicine. Dr. Mariano is a retired Navy Rear Admiral.

Jean Reaves

Ms. Reaves is a Vietnam Era Veteran who has been a Veteran Advocate for the last 20 years. She is a member of AMVETS and several other Veteran Service Organizations. She is currently President of North Carolina AMVETS Service Foundation. Ms. Reaves also served as Veteran Liaison for United States Senator Kay Hagan. She also is the wife and mother of Veterans.

Maria “Lourdes” Tiglao, Director of Outreach and Resource Development, The District Communications Group

Ms. Tiglao is a Veteran of the U.S. Air Force and was a co-founder of the first USAF Critical Care Medical Attendant Team in the Pacific. Ms. Tiglao currently serves as Regional Communications Manager for Team Rubicon, a Veteran disaster response service organization.

Robert E. Wallace, Assistant Adjutant General and Executive Director, Veterans of Foreign Wars

Mr. Wallace is a Vietnam Veteran and is responsible for the day-to-day operations of VFW activities in Washington, DC. Mr. Wallace’s VFW service follows a successful career in banking, and positions in New Jersey state government in Veterans Affairs and Employment and Training commission.

More information about the MyVA Advisory Committee may be found at www.blogs.va.gov/Vantage/17837/presidential-visit-highlights-vas-progress-in-phoenix.

VISN 6 Sites Of Care & VA Vet Centers

MEDICAL CENTERS

Asheville VAMC
1100 Tunnel Road
Asheville, NC 28805
828-298-7911, 800-932-6408
www.asheville.va.gov/

Beckley VAMC
200 Veterans Avenue
Beckley, WV 25801
304-255-2121, 877-902-5142
www.beckley.va.gov/

Durham VAMC
508 Fulton St.
Durham, NC 27705
919-286-0411, 888-878-6890
www.durham.va.gov/

Fayetteville VAMC
2300 Ramsey St.
Fayetteville, NC 28301
910-488-2120, 800-771-6106
www.fayettevillenc.va.gov

Hampton VAMC
100 Emancipation Dr.
Hampton, VA 23667
757-722-9961, 866-544-9961
www.hampton.va.gov/

Richmond VAMC
1201 Broad Rock Blvd.
Richmond, VA 23249
804-675-5000, 800-784-8381
www.richmond.va.gov/

Salem VAMC
1970 Roanoke Blvd.
Salem, VA 24153
540-982-2463, 888-982-2463
www.salem.va.gov/

Salisbury VAMC
1601 Brenner Ave.
Salisbury, NC 28144
704-638-9000, 800-469-8262
www.salisbury.va.gov/

OUTPATIENT CLINICS

Albemarle CBOC
1845 W City Drive
Elizabeth City, NC 27909
252-331-2191

Brunswick Outreach Clinic
20 Medical Campus Drive
Supply, NC 28462
910-754-6141

Charlotte CBOC
8601 University East Drive
Charlotte, NC 28213
704-597-3500

Charlottesville CBOC
650 Peter Jefferson Pkwy
Charlottesville, VA 22911
434-293-3890

Danville CBOC
705 Piney Forest Rd.
Danville, VA 24540
434-710-4210

Emporia CBOC
1746 East Atlantic Street
Emporia, VA 23847
434-348-1500

Fayetteville CBOC
2919 Breezewood Avenue, Ste 101
Fayetteville, NC 28304
910-488-2120, Ext. 6100/6101
800-771-6106, Ext. 6100/6101

Franklin CBOC
647 Wayah St.
Franklin, NC 28734-3390
828-369-1781

Fredricksburg CBOC
130 Executive Center Pkwy
Fredericksburg, VA 22401
540-370-4468

Goldsboro CBOC
2610 Hospital Road
Goldsboro, NC 27909
919-731-4809

Greenbrier County CBOC
804 Industrial Park Rd.
Maxwelton, WV 24957
304-497-3900

Greenville HCC
401 Moye Blvd.
Greenville, NC 27834
252-830-2149

Hamlet CBOC
100 Jefferson Street
Hamlet, NC 28345
910-582-3536

Hickory CBOC
2440 Century Place, SE
Hickory, NC 28602
828-431-5600

Hillandale Rd. Annex
1824 Hillandale Road
Durham, North Carolina 27705
919-383-6107

Jacksonville CBOC
241 Freedom Way, Suite 1
Midway Park, NC 28544
910-353-6406

Jacksonville II CBOC
306 Brynn Marr Road
Jacksonville, NC 28546
910-343-5301

Lynchburg CBOC
1600 Lakeside Drive
Lynchburg, VA 24501
434-316-5000

Morehead City CBOC
5420 U.S. 70
Morehead City, NC 28557
252-240-2349

Raleigh CBOC
3305 Sungate Blvd.
Raleigh, NC 27610
919-212-0129

Raleigh II Annex
3040 Hammond Business Place
Raleigh, NC 27603
919-899-6259

Robeson County CBOC
139 Three Hunts Drive
Pembroke, NC 28372
910-521-8452

Rutherford County CBOC
374 Charlotte Rd.
Rutherfordton, NC 28139
828-288-2780

Staunton CBOC
102 Lacy B. King Way
Staunton, VA 24401
540-886-5777

Tazewell CBOC
123 Ben Bolt Ave.
Tazewell, VA 24651
276-988-2526

Village Green Annex
1991 Fordham Drive
Fayetteville, NC 28304
910-488-2120 ext. 4020,

Virginia Beach CBOC
244 Clearfield Avenue
Virginia Beach, VA
757-722-9961, ext. 1900

Wilmington HCC
1705 Gardner Rd.
Wilmington, NC 28405
910-343-5300

Winston-Salem CBOC
190 Kimel Park Drive
Winston-Salem, NC 27103
336-768-3296

Winston-Salem Annex
2101 Peters Creek Parkway
Winston-Salem, NC 27127
336-761-5300

Wytheville CBOC
165 Peppers Ferry Rd.
Wytheville, VA 24382-2363
276-223-5400

DIALYSIS CENTERS

VA Dialysis and Blind Rehabilitation Clinics at Brier Creek
8081 Arco Corporate Drive
Raleigh, NC 27617
919-286-5220

VA Dialysis Clinic Fayetteville
2301 Robeson Street, Ste. 101
Fayetteville, NC 28305
910-483-9727

VET CENTERS

Beckley Vet Center
1000 Johnstown Road
Beckley, WV 25801
304-252-8220

Charlotte Vet Center
2114 Ben Craig Dr.
Charlotte, NC 28262
704-549-8025

Fayetteville Vet Center
2301 Robeson Street
Fayetteville, NC 28305
910-488-6252

Greensboro Vet Center
2009 S. Elm-Eugene St.
Greensboro, NC 27406
336-333-5366

Greenville Vet Center
1021 W.H. Smith Blvd.
Greenville, NC 27834
252-355-7920

Jacksonville, N.C. Vet Center
110-A Branchwood Drive
Jacksonville, NC 28546
910-577-1100

Norfolk Vet Center
1711 Church Street
Norfolk, VA 23504
757-623-7584

Princeton Vet Center
905 Mercer Street
Princeton, WV 24740
304-425-5653

Raleigh Vet Center
1649 Old Louisburg Rd.
Raleigh, NC 27604
919-856-4616

Roanoke Vet Center
350 Albemarle Ave., SW
Roanoke, VA 24016
540-342-9726

Virginia Beach Vet Center
324 Southport Circle, Suite 102
Virginia Beach, VA, 23452
757-248-3665