



"Excellent Care – Earned by Veterans – Delivered Here"

# Voices of VISN 6

Official news from around *your* VISN

Vol. 7, No. 3

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## New CBOC Officially Opens For Business In Raleigh

By Sharonda Pearson  
Durham VAMC  
Public Affairs

The Durham VA Health Care System held the official ribbon cutting for the Raleigh III Community Based Outpatient Clinic at 2600 Atlantic Avenue on Friday, Dec. 16.

The 10,000 square ft. outpatient clinic, located off Six Forks Road, will provide integrated primary care and mental health services and better accommodate the healthcare needs of the growing Veteran population in eastern

North Carolina. The clinic will have extended hours and Saturday clinics, as well as offer lab testing, women's health services, and telehealth.

The new location will operate under an open access model of care, allowing Veterans to get same day care. If necessary, patients will be able to call and speak with a member of their healthcare team to get advice and/or same day appointments.

The event's guest of honor was Mr. Sam Rob-

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**Linnie Skidmore**

*VISN 6 Director Daniel Hoffmann, Durham VA Health Care System Director DeAnne Seekins, Associate Chief of Staff for Ambulatory Care Dr. Brian Hayes and the event's guest of honor, Mr. Sam Robertson, participate in the Raleigh III ribbon cutting Dec. 16.*

## Durham Performs Robotic-Assisted Surgery

By Sharonda Pearson  
Durham VAMC  
Public Affairs

Veterans with coronary artery disease now have access to a new robotic-assisted technology to perform a procedure to restore blood flow

The Durham VA Health Care System recently announced the successful completion of the first robotic-assisted coronary angioplasty in the Department of Veterans Affairs.

Durham's Catheterization Laboratory Director, Dr. Rajesh Swaminathan, performed the procedure using Corindus Vascular Robotics CorPath System.



**Sharonda Pearson**

*Dr. Rajesh Swaminathan uses the FDA-cleared CorPath System to perform coronary angioplasty with robotic precision.*

The system is the only assisted precision to coronary FDA-cleared medical device to bring robotic-

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### Inside in Brief

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## From The Director

Looking back on the events and challenges of 2016, I am proud to say that VISN 6 continued to focus on providing the best possible care for Veterans. From standing up mobile clinics in rural locations to meet their needs in the aftermath of Hurricane Matthew, or finding opportunities to learn and make improvements through your shared Veteran experiences and Community Veteran Engagement Boards (CVEBs), VISN 6 remained steadfastly committed to putting North Carolina and Virginia Veterans at the center of everything we did this past year.



Secretary McDonald recently stated that we are privileged to have the most inspiring mission and the greatest clients in the world. His comment resonates deeply with each and every VISN 6 employee, and is the reason we do what we do.

In 2016, our medical centers completed more appointments and provided more pharmacy support than ever before. For the past decade and longer we have experienced an average of 2.5x the national growth rate in our VISN, which is why we made Access our number one strategic goal.

To help alleviate delays in care, we continued to increase availability of health care in the community while combining that with our strategic clinic expansions to bring care closer to our Veteran's home.

On Page 1 of this edition we highlight access by sharing an article about the new clinic in Raleigh, and renovations at the Asheville and Richmond VA medical centers on Page 3.

We also showcase how VA research continues to find solutions that improve Veterans' lives after service, working closely with our troop injuries as well as conditions complicated by chemicals or contaminants.

In 2016, VISN 6 doctors worked side by side with our affiliates to reduce the effects of conditions like ALS, Traumatic Brain Injury (TBI), missing limbs, paralysis and issues of mental health and suicide. VA excels in these areas and many of these VISN employees are among the best in the world at their profession. Be sure to check out how Durham introduced technological

breakthroughs on Page 1 and the article on Page 11 that shares the effectiveness of the Hepatitis-C cure, which is making great strides to eliminate the condition among Veterans.

Throughout 2016, the VISN team also worked closely with the Veterans Experience Office to enhance strategic community partnerships, one of VA's top priorities. Through MyVA and the creation of our CVEBs, we made great strides in building relationships that will last for many years to come and assist us in reaching every Veteran, where they live, to ensure their best quality of life.

By maintaining our focus on Veterans first, we will ensure that VISN 6 will continue to deliver the best possible care to Veterans. I invite you to be part of the journey and look forward to working with you in the new year.

Sincerely,  
Dan Hoffmann

### **VISN 6 Announces Interim Hampton VAMC Director**

The Mid-Atlantic Health Care Network (VISN 6) recently announced the appointment of Mr. Stephen Black as Interim Director of the Hampton VA Medical Center.



*Stephen Black*

Black, who has been serving as the Associate Director of the Durham VAMC in Durham, N.C., since April 2015, will begin his temporary position in January 2017. In this key role for the network, Black will maintain operational oversight responsibility for the Hampton facility until a permanent director is appointed.

Hampton VAMC opened its doors in 1870 as the National Home for Disabled Soldiers and Sailors, the fourth oldest VA facility in the nation, is now an innovative and technologically advanced facility providing health care services to Veterans in southeastern Virginia and northeastern North Carolina. The Hampton VAMC a Level 1-C complexity, 458-bed teaching facility, serves a six-county area in eastern Virginia and a nine-county area in northeastern North Carolina.

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Questions or comments about the newsletter, e-mail [stephen.wilkins2@va.gov](mailto:stephen.wilkins2@va.gov) or call 919-956-5541.

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### Asheville Updates Four Historic Buildings On Campus

Story and photo by Scott Pittillo  
Asheville VAMC Public Affairs

On Nov. 29, Asheville VAMC staff and Veterans celebrated the completed renovation of four historic buildings on the campus with a ribbon cutting and open house.

Two of the renovated buildings will be the new home of the medical center's Psycho-social Rehabilitation and Recovery Center (PRRC) and its Compensated Work Therapy Program (CWT). Both programs help Veterans with mental illness regain their independence and move toward living a normal life.

"This new space is exactly what we were looking for because it really will make Veterans feel more at home," said Robert Mosley, PRRC supervisor. "Our new offices give us more space for therapy groups and a living space that includes a kitchen, a washing machine and clothes dryer that will help us to reteach and reinforce life skills for independent living."

The renovated building that houses the CWT program includes a new career center and computer lab that will be open to all patients focused on finding and preparing for new careers.

"This new space allows us to remove distractions



*Charles George VAMC Director Cynthia Breyfogle cuts the ribbon for a renovated building on the medical center campus Nov. 29, 2016. VISN 6 Director Daniel Hoffmann stands to her right and the Assistant Chief of Mental Health to her left.*

and focus on the Veteran," said Michael Eisenhower

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### Renovated Richmond Unit Focuses On Veteran Well Being

By David Hodge  
Richmond VAMC Public Affairs

Leaders from the Richmond VAMC, recently joined congressional partners to cut the ribbon on a newly-renovated wing of the facility's fourth floor, dedicated to providing state-of-the-art medical care to patients in a private setting.

Opened in October 2016, the unit contains 21 private patient rooms, including two isolation rooms and one bariatric room.

"The new rooms are really state of the art," said Dr. Daniel Bechard, Chief of Medicine. "Studies have shown multi-patient rooms can create a degree of anxiety among patients who may need to share personal information with medical providers."

When originally constructed, the fourth floor of the hospital had a number of four-patient rooms. Over time, engineers plan to renovate the entire floor to be similar to the 4-D unit.

In this unit, each room is fitted with features such as a lift system, the latest modular head walls on the market and an interactive patient experience system to keep

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*Jason Miller (L-R) Janice Carter-Wesley, Richmond VAMC nurse manager is joined by Katie Pillis, from the office of Sen. Mark Warner (D-Va.), Nkechi George-Winkler, representing Rep. Bobby Scott, (D-Va., 3rd District), Daniel Bechard, Richmond VAMC chief of medicine, Jim Dudley, chief of engineering, and John A. Brandecker, director, Richmond VAMC, to cut the ribbon on a newly-renovated wing of Richmond VAMC's fourth floor in October.*



### VISN 6 Prepares To Bid Farewell To Hampton VAMC Director

The Mid-Atlantic Health Care Network (VISN 6) bids farewell to the Hampton VAMC Director Michael Dunfee this month. Dunfee has been at the Hampton VAMC helm since January 2013, making improvements in access and quality of care for Veterans, as well as fostering an environment where employees feel safe to raise concerns to leadership.

“During his tenure as director, Mike has been a staunch and fearless advocate for Veterans and has worked tirelessly to improve the Veterans experience through transparency and operational efficiency,” said VISN 6 Network Director Daniel Hoffmann. “His development of strong community partnerships and resulting successful initiatives will benefit Veterans for years to come.”

Dunfee’s contributions to the improvement of Veteran health care in the Hampton area have made an impact in the improved access and patient workload growth, as well as the expansion of facilities and services to include the 22-bed Spinal Cord Injury unit section,

a state-of-the-art Operating Room Suite and a newly-constructed Chesapeake Community Based Outpatient Clinic.

“Serving the Veterans of Hampton Roads in the role of director of the Hampton VAMC has truly been the greatest honor of my professional life,” Dunfee said. “I am proud of what we have accomplished working as a VA team, and more broadly of what we have accomplished in collaboration with groups outside the VA who care so deeply for Veterans. There are few communities that are as engaged as Hampton Roads and truly ‘walking the talk’ when it comes to pushing for improved Veterans services, including constant and strong support from our Congressional Delegation.”



Michael Dunfee

### New Nurses Prepared For Transition To Fayetteville

By Jermecka Covington, Teresa Yellowdy-Haley, Dr. Angelo Moore, and Sophia Peyton-Savage  
Fayetteville VAMC Nursing Education

Adequate transitioning of new nurses positively impacts safe patient care. Preceptors, like mentors or trainers play vital roles in orienting new nurses in any healthcare setting. Health care organizations can use preceptorship to develop solid foundations for newly hired nursing personnel. Nursing Education at Fayetteville VAMC has developed a Preceptorship Program.

“Providing knowledge, insight and role modeling is significant in facilitating the transition of newly hired nurses into the organization,” said Jermecka Covington,

Mental Health Nurse Educator. “Preceptorship also provides a supportive learning environment and evidence indicates it also improves recruitment and retention of new nurses.”

As demand for Registered Nurses (RNs) increases and experienced nurses retire and venture off into new endeavors, the need for preceptors in the clinical arena grows. Health care organizations need mechanisms to train new nurses that become part of the team.

“The cornerstone of our preceptorship program is a new policy developed by Nurse Education to guide the program toward new levels,” said Dr. Angelo Moore,

[Continued on Pg 7](#)

### Richmond VA Celebrates Heart Surgeon’s Impactful Career

*Dr. Szabolcs Szentpetery, center, celebrated his retirement from the Richmond VAMC after more than 30 years as a VA heart transplant doctor; Jan. 3. He is joined in the photo by fellow cardiothoracic surgeon Dr. Gundars Katlaps, left, and cardiologist Dr. Neil Lewis.*

*In all, Dr. Szentpetery performed more than 200 heart transplants at the Richmond VAMC. His colleagues suggest Szentpetery’s expertise is unmatched in the region. He is not only the most respected cardiothoracic surgeon in Virginia, but he also trained many top surgeons over the course of his career. He started the Richmond heart transplant program in 1980, and became the first VA doctor to perform a heart transplant. He led Richmond VAMC’s heart transplant program until 2014.*



Patrick Gordon

# Heroes To Heroes Takes Asheville Veteran To Holy Land

By Paul Waldrop  
Asheville VAMC Public Affairs

In 2013 Air Force Veteran Mary Joan Dickson, who goes by “Joanie,” was watching a television news program about a foundation called “Heroes to Heroes.” Dickson is a Veteran who receives health care at the Asheville VAMC.

Judy Isaacson Schaffer, founder and president of Heroes to Heroes, is the daughter of a World War II Veteran. Schaffer said she started the organization because she “had to do something to help” Veterans after visiting wounded soldiers at Walter Reed Army Medical Center in 2009. Recalling the “spiritual power” of the Holy Land in her own life during a teenage visit to Jerusalem, in 2010 Schaffer started Heroes to Heroes to see if the lives of others could be transformed.

Schaffer’s organization addresses life threatening mental and spiritual health issues by combining spirituality with peer support, through non-denominational trips to Israel. Heroes to Heroes can enable Veterans’ emotional bonding with other American and Israeli Veterans suffering with many of the same issues. Their motto is “A Journey Shared. A Life Restored.”

However, Dickson couldn’t help but notice that the Veterans featured on the show were male. She wondered, “why not me?” She e-mailed Heroes to Heroes and posed her question directly to the president.

To her surprise, Schaffer said she was the first woman Veteran to ask about the program. But Schaffer added that if enough women Veterans showed interest she would be glad to sponsor an all-female retreat.

Eventually, in late August of 2016, Dickson along with 11 other U.S. women Veterans spent 10 days sharing Heroes to Heroes’ first all-female Veteran spiritual retreat to the Holy Land with their female Veteran counterparts in Israel.

According to Heroes to Heroes in an article in the Jerusalem Post, “The all-female version followed the same itinerary as the tours for male Veterans, but the experience for the participants – and the traumas that drew them to the journey – was quite different: Almost all of the American participants on the women’s trip were survivors of sexual violence.” The camaraderie of the trip enabled them to talk more openly about the trauma.

According to Dickson, the trip balanced group discussions with daily activities such as visits to historic sites including the Holocaust Museum, Bethlehem; the birthplace of Jesus and Nazareth, his boyhood home. “Bethlehem was particularly memorable,” she said. “I couldn’t stop shaking, the energy was palpable as I approached the birthplace of Jesus.”



*Courtesy Photo*

*Air Force Veteran Mary Joan Dickson of Asheville, N.C. poses in front of the 9/11 Memorial in Israel during her visit to the area with Heroes to Heroes’ Women Veterans tour. The memorial is a 30-foot high bronze American flag sculpture and lists the names of the 2,974 people killed in the Sept. 11, 2001 World Trade Center terrorist attack, as well as their 92 countries of origin.*

She added that for her there were several experiences that she gave equal importance to on this trip. “First, as a recent Master of Divinity graduate this was a perfect closure to my education. Second, the trip was intimately touching because I have traced and studied my family tree and discovered that my blood line includes a small amount of Jewish heritage.” And finally, she added the military component. “Connecting with fellow female Veterans, both from the U.S. and those there in Israel, gave me inspiration and motivation that I needed to recapture.

The mixture of Holy Land and military historical sites was enlightening, educational, and at times even overwhelming,” she said, “I have memories that fill my soul deep within...that will last a lifetime.”

For more information about the Heroes to Heroes Foundation, visit [www.heroestoheroes.org](http://www.heroestoheroes.org).

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### Nurses continued from Pg 5

chief, Nursing Education.

The new program modifies a 5-module preceptorship course and provides Fayetteville VAMC nurses opportunities to participate in the VHA's Coaching and Mentoring course.

The courses were offered separately; but have been combined for the new Preceptorship Course, enabling participants to become preceptors and VHA certified mentors in the same time.

The initial preceptorship course was held in June 2016 and included 15 employees. A second course was offered in July at the Wilmington Health Care Center (HCC) where 10 preceptors successfully completed that course.

The most recent preceptorship course in November contained 23 staff members, including a Nurse Manager, and paired recent graduates with Nurse Educators to assist with teaching the course.

Fayetteville VAMC Nurse Educators also incorporated some new technologies they discovered at the 2016 South Eastern Nurse Educator Symposium

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### Asheville continued from Pg 3

CWT case manager. "We also wanted to make this a place where Veterans could get a real sense of history about where the Department of Veterans Affairs fits into Asheville and how Veterans have been coming to this same facility for almost a century to get help for many of the same things they receive help for today."

The total cost for the project was about \$1 million and included four buildings that were originally constructed in the 1920s and used for employee quarters. The renovations also included administrative office space and living space.

"The renovations were part of a larger plan to move

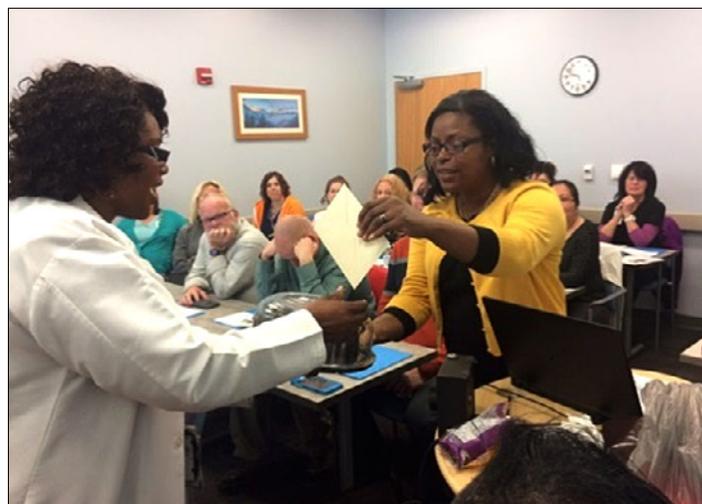
### Richmond continued from Pg 3

them connected during their stay.

The multi-phase construction project will modernize inpatient medicine beds over the next few years—totaling 66 private rooms when construction is completed.

The lift system runs on a track extending throughout the room to assist Veterans with mobility issues, explained Bechard. "The track system is very beneficial to the nurse, and it helps maintain the dignity of the patient," Bechard said. "That's the beauty of these rooms."

The modular head walls are some of the newest on the market, according to Tina Debella, engineering



*Courtesy Photo*

*Fayetteville VAMC nursing professionals participate in a recent preceptor class offered at the medical center. The class is intended to teach nurses how to train and introduce new nursing hires to the health care environment in the facility.*

and consolidate most of our mental health services to a location and environment that is most conducive to healing and is more convenient for our mental health patients who often have multiple routine appointments due to the nature of their care," said Asheville VAMC Director Cynthia Breyfogle.

Another larger renovation is taking place at the old nurse's dormitory known as "Building Nine," on the same property.

The project won't be completed until sometime in 2018. Then it will house the bulk of the medical center's mental health services.

project lead. The walls at the head of hospital beds are filled with electronics and connections for many medical uses, such as medical gasses and power supplies. The modular design allows for easy use and interchangeability.

The GetWellNetwork is an interactive patient care system that includes a computer/TV combination in each room that provides a patient with education and entertainment options through the use of videos, cable TV and internet access, according to Bechard. During a patient's stay, the GetWellNetwork provides a link to medical center staff and the outside world so patients can stay connected during their stay.

### Raleigh continued from Pg 1

ertson, a 99-year-old Veteran who served in WWII as a ball turret gunner. Mr. Robertson enrolled for VA healthcare 13 years ago when his favorite physician, Dr. Christian Donohue, joined the VA team from Duke University School of Medicine.

Durham VA Health Care System Director DeAnne Seekins says she's proud of the strides Durham is making to provide the best healthcare and access for local Veterans. "We are committed to improving access and Veteran experiences by ensuring Veterans receive the care they need, when they need it."

Seekins continued, adding, "The opening of the Raleigh III CBOC is a major milestone in that effort," she said. "Our vision is to be the benchmark of excellence

and value in healthcare by providing Veteran-centered care based on our core values. The only way to achieve our vision is through continuous improvement at every level of the organization, including improving the physical space to help meet the growing demand of Veterans in eastern North Carolina."

The new site of care will also improve the patient experience at Raleigh I by decompressing the space issue by transitioning Veterans, along with their PACT teams, to the Raleigh III CBOC.

Questions about the ceremony or the Raleigh III CBOC can be directed to the Durham VA Health Care System Public Affairs Officer Sharonda Pearson by email at [Sharonda.Pearson@va.gov](mailto:Sharonda.Pearson@va.gov).

### Robotic Surgery continued from Pg 1

nary angioplasty procedures while protecting medical professionals from potential radiation exposure in the catheterization laboratories.

"We are proud to be the first VA medical center and first hospital in the Triangle to implement robotic procedures for heart catheterization. Use of the robot allows for a precise measurement of heart blockages, which may lead to fewer stent implants, and increases the accuracy of stent placement," said Dr. Sunil Rao, Durham's Chief of Cardiology. Dr. Rao also serves as a tenured Associate Professor of Medicine at Durham VAMC's academic affiliate Duke University Medical Center.

Coronary artery disease, characterized by the plaque buildup that restricts blood flow in the arteries, is a widespread and life-threatening condition. It is the most common form of heart disease and the leading cause of death in America.

Traditionally, percutaneous coronary intervention (PCI), commonly known as an angioplasty is the most common treatment for CAD. In this procedure, a balloon is used to physically open an artery blockage and help improve blood flow. During the angioplasty, interventional cardiologists often use stents, a wire metal mesh tube, to prop open the artery and keep it open following the procedure. While angioplasty procedures

remain one of the most frequent performed procedures in the United States, with over 600,000 cases annually, the procedure itself has remained largely unchanged for decades.

"The first case with the CorPath System was very successful. Sitting away from the x-ray source in a radiation-protected area, I was able to use a joystick to advance the interventional devices, millimeter by millimeter through the artery," said Swaminathan. "Combining the enhanced visualization of the angiographic images with robotic precision will transform the way we perform angioplasty procedures and should ultimately improve patient care."

"An aging baby boomer population is driving demands for new, innovative technologies to treat CAD," said Rao. "Vascular robotics offers physicians and patients minimally invasive technology that improves the precision of stent and balloon placements and reduces radiation exposure during the procedure for physicians."

Interventional procedures performed in hospital cath labs are a leading source of radiation exposure for medical personnel and have been linked to the development of cataracts, cancer, and brain and thyroid diseases.

Rao concluded, saying "The adoption of the CorPath System truly emphasizes our continuous commitment to delivering state-of-the-art technology to Veterans."

### Nurses continued from Pg 7

(SENSES) to enhance the learning environment for students.

The course participants have been from sections throughout the Fayetteville VA Enterprise, with representation of nurses from the Urgent Care Center (UCC), Community Living Center, Primary Care Patient Aligned Care Teams, Medical-Surgical Unit, Sanford CBOC and Wilmington HCC.

During the course, Charles Hall, UCC Nurse Manager stated, "I wish I would have taken this course before. It would have been useful."

Some additional comments from class students were: "I enjoyed the interactive class, learned many styles of teaching and I am ready to take it back to my department;" "The class is very energetic;" and "All of the teachers are knowledgeable."

# VA Adopts Treasury's Cross-Servicing Program For Debts

Effective Dec. 20, 2016, VHA began using the Department of the Treasury's Cross-Servicing program to collect unpaid debt on any first party copayments for non-service connected care. VA Medical Centers will have 30 days to comply with the technical enhancements required to roll-out the program in their facilities. Communication about the program began last year to encourage Veterans to satisfy their first party delinquent copayment debt before they are referred to Treasury for collection.

VHA's current process provides Veterans with three monthly billing statements in increments of 30, 60 and 90 days in an attempt to collect first party copayments. Under the new Cross-Servicing program, first party debts that are not paid after 90 days will automatically transfer to VA's Debt Management Center (DMC) for offset of VBA benefits (if available).

If VBA benefits are not available, Veterans will have an additional 30 days to make payment arrangements to satisfy the debt. If arrangements to pay the debt are not made, VHA will automatically refer it at 120 days to the Treasury Cross-Servicing program who issues official notification letters to Veterans.

If the letters go unanswered, Treasury will use the Treasury Offset Program (TOP) to collect delinquent debt. The Treasury Offset Program (TOP) is used to offset any federal payments to include federal tax refunds, Social Security benefits, military pay, retirement pay,

and other federal payments that are not exempt by law. In accordance with appropriation law, collected funds remain allocated to the VA Medical Center providing the care.

Beginning in May 2017, Treasury will also employ the following collection methods as part of the Cross-Servicing Program:

- Administrative Wage Garnishment (AWG) – Treasury issues a wage garnishment order to the employer to deduct up to 15 percent of the Veteran's disposable income until the debt is paid in full.

- Private Collection Agency (PCA) – Accounts are referred to a contracted PCA to attempt to collect the debt. Treasury provides significant oversight to ensure Veterans are well protected and treated properly in their interaction with PCAs.

Facility Revenue staff at each VAMC will be the main point of contact for this information and have received training on the Cross-Servicing program.

Resources, including RTQ Statement, Key Facts, and Q&A are available to you on Com Site at Cross-Servicing. Additional information can also be accessed at these links: [www.va.gov/healthbenefits/resources/publications/behind\\_on\\_your\\_copayment.pdf](http://www.va.gov/healthbenefits/resources/publications/behind_on_your_copayment.pdf); [www.va.gov/HEALTHBENEFITS/cost/financialhardship.asp](http://www.va.gov/HEALTHBENEFITS/cost/financialhardship.asp); [www.va.gov/HEALTHBENEFITS/cost/debt.asp](http://www.va.gov/HEALTHBENEFITS/cost/debt.asp); [https://fiscal.treasury.gov/fsservices/gov/debtColl/faqs/debt\\_questions\\_crossserv.htm](https://fiscal.treasury.gov/fsservices/gov/debtColl/faqs/debt_questions_crossserv.htm).

# New Regulation Decreases Cost Of Outpatient Medication

VA is amending its regulation on copayments for Veterans' outpatient medications for non-service connected conditions. VA currently charges non-exempt Veterans either \$8 or \$9 for each 30-day or less supply of outpatient medication, and under current regulations, a calculation based on the medication of the Medical Consumer Price Index (CPI-P) would be used to determine the copayment amount in future years.

"Switching to a tiered system continues to keep outpatient medication costs low for Veterans," said VA Under Secretary for Health Dr. David J. Shulkin. "Reducing their out-of-pocket costs encourages greater adherence to prescribed outpatient medications and reduces the risk of fragmented care that results when multiple pharmacies are used; another way that VA is providing better service to Veterans."

This new regulation eliminates the formula used to calculate future rate increases and establishes three classes of outpatient medications identified as Tier 1, Preferred Generics; Tier 2, Non-Preferred Generics including over-the-counter medications; and Tier 3, Brand Name. Copayment amounts for each tier would

be fixed and vary depending upon the class of outpatient medication in the tier.

These copayment amounts will be effective Feb. 27, 2017:

\$5 for a 30-day or less supply - Tier 1 outpatient medication

\$8 for a 30-day or less supply - Tier 2 outpatient medication

\$11 for a 30-day or less supply - Tier 3 outpatient medication

These changes apply to Veterans without a service-connected condition, or Veterans with a disability rated less than 50 percent who are receiving outpatient treatment for a non-service connected condition, and whose annual income exceeds the limit set by law. Medication copayments do not apply to former Prisoners of War, catastrophically disabled Veterans, or those covered by other exceptions as set by law. Copayments stop each calendar year for Veterans in Priority Groups 2-8 once a \$700 cap is reached. More information can be found at: [www.gpo.gov/fdsys/pkg/FR-2016-12-12/pdf/2016-29515.pdf](http://www.gpo.gov/fdsys/pkg/FR-2016-12-12/pdf/2016-29515.pdf).

# VA Grants FPA To Advance Practice Registered Nurses

The Department of Veterans Affairs (VA) today announced that it is amending provider regulations to permit full practice authority to three roles of VA advanced practice registered nurses (APRN) to practice to the full extent of their education, training, and certification, regardless of State restrictions that limit such full practice authority, except for applicable State restrictions on the authority to prescribe and administer controlled substances, when such APRNs are acting within the scope of their VA employment.

“Advanced practice registered nurses are valuable members of VA’s health care system,” said VA Under Secretary for Health Dr. David J. Shulkin. “Amending this regulation increases our capacity to provide timely, efficient, effective and safe primary care, aids VA in making the most efficient use of APRN staff capabilities, and provides a degree of much needed experience to alleviate the current access challenges that are affecting VA.”

In May 2016, VA announced its intentions, through a proposed rule, to grant full practice authority to four APRN roles. Though VA does have some localized issues, we do not have immediate and broad access challenges in the area of anesthesia care across the full VA health care system that require full practice authority for all Certified Registered Nurse Anesthetists (CRNAs). Therefore, VA will not finalize the provision including CRNAs in the final rule as one of the APRN roles that may be granted full practice authority at this time. VA will request comment on the question of whether there are current anesthesia care access issues for particular states or VA facilities and whether permitting CRNAs to practice to the full extent of their advanced authority would resolve these issues.

APRNs are clinicians with advanced degrees and training who provide primary, acute and specialty health care services; they complete masters, post-masters or doctoral degrees. There are four APRN roles: Certified Nurse Practitioner, Clinical Nurse Specialist, Certified Registered Nurse Anesthetist, and Certified Nurse Midwife.

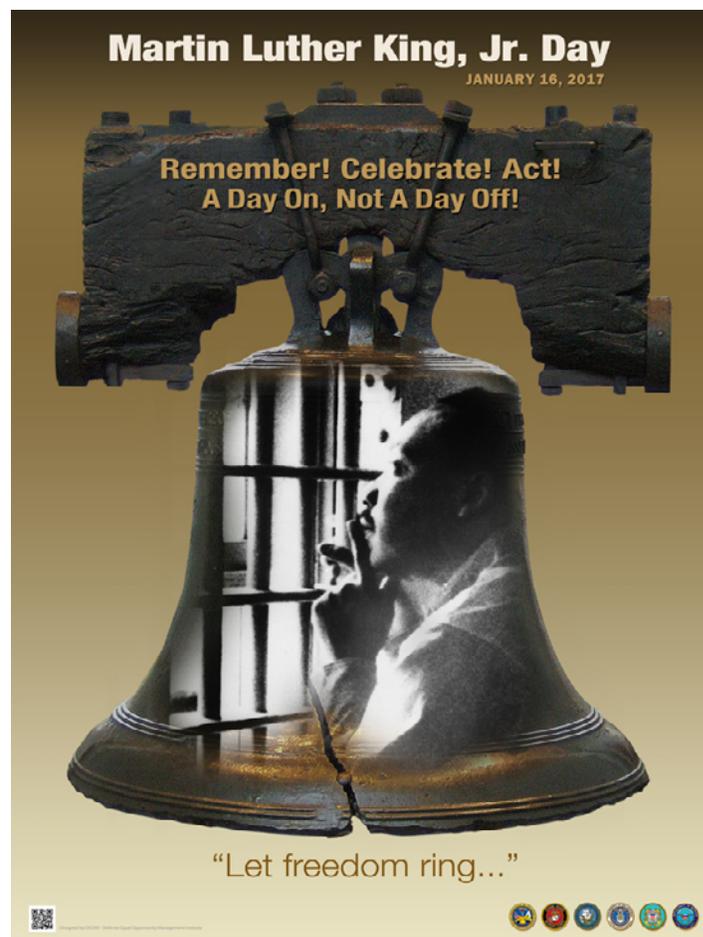
“CRNAs provide an invaluable service to our Veterans,” Under Secretary for Health Shulkin continued. “Though CRNAs will not be included in VA’s full practice authority under this final rule, we are requesting comments on whether there are access issues or other unconsidered circumstances that might warrant their inclusion in a future rulemaking. In the meantime, we owe it to Veterans to increase access to care in areas where we know we have immediate and broad access challenges.”

All VA APRNs are required to obtain and maintain current national certification. The final rulemaking es-

tablishes professional qualifications an individual must possess to be appointed as an APRN within VA, establishes the criteria under which VA may grant full practice authority to an APRN and defines the scope of full practice authority for each of the three roles of APRN. Certified Registered Nurse Anesthetists will not be included in VA’s full practice authority under this final rule.

VA is the nation’s largest employer of nurses; as of July 2016 its workforce of approximately 93,500 nurses (RNs, LPNs, NAs) including approximately 5,769 APRNs.

For more information about openings for nurses or other health care positions at VA, visit [Vacareers@va.gov](mailto:Vacareers@va.gov).



# VA Study Confirms High Cure Rates With New Hep C Drugs

A Department of Veterans Affairs (VA) database study shows that new drug regimens for hepatitis C have resulted in “remarkably high” cure rates among patients in VA’s national health care system. Of the more than 17,000 Veterans in the study, all chronically infected with the hepatitis C virus at baseline, 75 percent to 93 percent had no detectable levels of the disease in their blood for 12 or more weeks after the end of treatment. The therapy regimens lasted 8 to 24 weeks, depending on patient characteristics.

“This promising news comes as VA is dedicating significant funds to help greater numbers of patients with hepatitis C,” said David Shulkin VA Under Secretary for Health. “In March, we announced our ability to fund care for all Veterans with hepatitis C for fiscal year 2016 regardless of the stage of the patient’s liver disease. VA has long led the country in screening for and treating hepatitis C. As of mid-September 2016 alone, the Department treated more than 100,000 Veterans infected with the virus. More than 68,000 of these patients had been treated with these new highly effective antivirals.”

The VA researchers analyzed data from four subgroups of patients infected with hepatitis C—genotypes 1, 2, 3, and 4—and found that genotype 1 patients showed the highest cure rates and genotype 3 the lowest. Genotype 1 was by far the most common type of infection among the four subgroups.

The study group of more than 17,000 Veterans included more than 11,000 patients with confirmed or likely cirrhosis, a liver disease that can result from hepatitis C, among other causes. The study team found “surprisingly high” response rates of around 87 percent in this group.

The overall results were consistent with those from earlier clinical trials that led to FDA approval of the three new drug regimens in the study: sofosbuvir (SOF), ledipasvir/sofosbuvir (LDV/SOF) and paritaprevir/ritonavir/ ombitasvir and dasabuvir (PrOD).

The drugs, introduced in 2013 and 2014, have been credited with revolutionizing hepatitis C treatment, which means a cure is now in reach for the vast majority of patients infected with the virus. Previously, using earlier drug regimens, most patients could expect, at best, only a 50 percent chance of a cure. “Our results demonstrate that LDV/SOF, PrOD and SOF regimens can achieve remarkably high SVR [sustained virologic response] rates in real-world clinical practice,” VA researchers wrote.

The new drug regimens examined in the study do not contain interferon, which has troublesome side effects such as fever, fatigue, and low blood counts. The newer drugs are considered far more tolerable than ef-

fects such as fever, fatigue, and low blood counts. The newer drugs are considered far more tolerable than the older interferon-based antiviral regimens, although they are far more expensive.

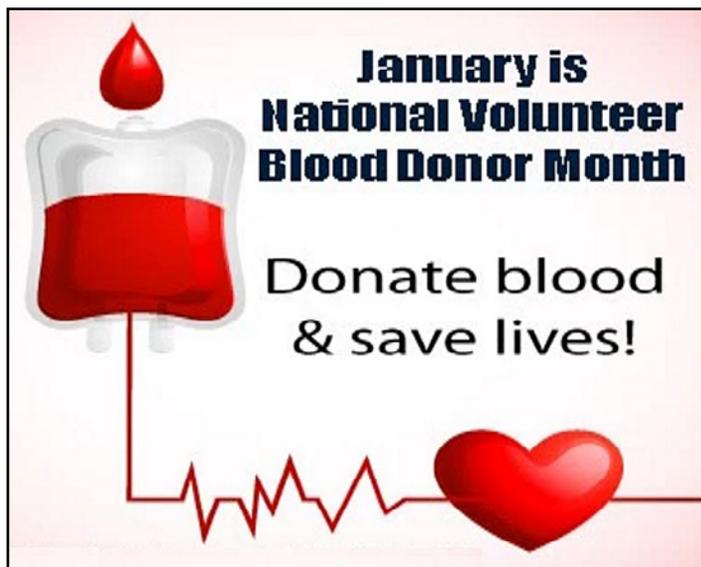
The researchers extracted anonymous data on all patients in VA care who received HCV antiviral treatments between January 2014 and June 2015 using the VA Corporate Data Warehouse, a national, continually updated repository of data from VA’s computerized patient records.

The study’s optimistic finding is a source of optimism for Veterans and others infected with the hepatitis C virus, according to coauthors Dr. Lauren Beste and Dr. George Ioannou, specialists in internal medicine and hepatology, respectively, with the VA Puget Sound Health Care System in Seattle.

According to the researchers, modern, direct-acting antiviral drugs for hepatitis C far outperform our older options in terms of efficacy and tolerability. With older drugs, most patients could not undergo antiviral treatment because they had contraindications or medication side effects. With newer options, almost anyone can safely undergo treatment for hepatitis C.

VA research continues to expand knowledge of the disease through scientific studies focused on effective care, screening, and health care delivery. Some studies look at particular groups of hepatitis C patients—for example, female Veterans, or those with complicated medical conditions in addition to hepatitis C.

For more information on VA care for hepatitis C, visit [www.hepatitis.va.gov](http://www.hepatitis.va.gov) and [www.hepatitis.va.gov/patient/hcv/index.asp](http://www.hepatitis.va.gov/patient/hcv/index.asp). Information about the database study may be found in the September 2016 issue of the journal *Gastroenterology*.



# 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/](http://www.asheville.va.gov/)

**Durham VAMC**  
508 Fulton St.  
Durham, NC 27705  
919-286-0411, 888-878-6890  
[www.durham.va.gov/](http://www.durham.va.gov/)

**Fayetteville VAMC**  
2300 Ramsey St.  
Fayetteville, NC 28301  
910-488-2120, 800-771-6106  
[www.fayettevillenc.va.gov/](http://www.fayettevillenc.va.gov/)

**Hampton VAMC**  
100 Emancipation Dr.  
Hampton, VA 23667  
757-722-9961, 866-544-9961  
[www.hampton.va.gov/](http://www.hampton.va.gov/)

**Richmond VAMC**  
1201 Broad Rock Blvd.  
Richmond, VA 23249  
804-675-5000, 800-784-8381  
[www.richmond.va.gov/](http://www.richmond.va.gov/)

**Salem VAMC**  
1970 Roanoke Blvd.  
Salem, VA 24153  
540-982-2463, 888-982-2463  
[www.salem.va.gov/](http://www.salem.va.gov/)

**Salisbury VAMC**  
1601 Brenner Ave.  
Salisbury, NC 28144  
704-638-9000, 800-469-8262  
[www.salisbury.va.gov/](http://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

**Charlotte HCC**  
3506 W. Tyvola Rd.  
Charlotte, NC 28208  
704-329-1300

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

**Chesapeake CBOC**  
1987 S. Military Highway  
Chesapeake, Va 23320  
757-722-9961

**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 HCC**  
7300 So. Raeford Rd  
Fayetteville NC 28304  
910-488-2120  
800-771-6106

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

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

**Fredericksburg at Southpoint CBOC**  
10401 Spotsylvania Ave, Ste 300  
Fredericksburg, VA 22408  
540-370-4468

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

**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**  
4006 Henderson Drive  
Jacksonville, NC 28546  
910-353-6406

**Kernersville HCC**  
1695 Kernersville Medical Pkwy  
Kernersville, NC 27284  
336-515-5000

**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

**Raleigh III CBOC**  
2600 Atlantic Ave, Ste 200  
Raleigh, NC 27604  
919-755-2620

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

**Rutherford County CBOC**  
374 Charlotte Road  
Rutherfordton, NC 28139  
828-288-2780

**Sanford CBOC**  
3112 Tramway Road  
Sanford, NC 27332  
919-775-6160

**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

**Virginia Beach CBOC**  
244 Clearfield Avenue  
Virginia Beach, VA  
757-722-9961

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

**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

**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**  
3515 W Market Street, Suite 120  
Greensboro, NC 27403  
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

**Raleigh Vet Center**  
8851 Ellstree Lane  
Raleigh, NC 27617  
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