MELTON, JOHNSON ADDRESS

PHOTO ABOVE: Newly appointed Salisbury VA Health Care System Executive Director John Melton (center) and Ronald Johnson, who filled in as interim director at Salisbury VA HCS until Melton’s arrival, attend a recent Frontier Coffee Shop Veteran Luncheon, where they spoke with area Veterans. Find more on Melton, who arrived on station July 18, and Johnson, who received recognition for another role in education, inside. (Photo by Todd Goodman).

Inside This Issue

Congratulations To Dr. Mina Sarbaz
DVAHCS Provider Wins David M. Worthen Award
Richmond Director Returns to Helm With New Award for Mentoring
VA Awards $431 Million in Grants to Help At-Risk Veterans and Their Families
Vietnam Welcome Home

Cybersecurity: Medical Device. Procurement: Why It’s OK to Be the Bad Guy
VA Develops National Standards for Health Care Professionals
VA Launches Improved Access to Care Website
New Veterans Crisis Line Phone Number
Hampton Presents at Sisters in Arms

CONTINUED ON PAGE 2
Happy August!

As many of you know, it’s already been a momentous month for VA and Veterans with the President signing the Promise to Address Comprehensive Toxics Act (PACT Act) 2022 on August 10, 2022. The PACT Act is historic and expands VA health care and benefits for Veterans exposed to burn pits and other toxic substances. The law empowers VA to provide generations of Veterans — and their survivors — with the care and benefits they’ve earned and deserve.

There will be a lot of updates in the coming months regarding PACT Act implementations. For now, we are asking Veterans and survivors to review the newly added presumptive conditions at VA.gov/PACT or by calling 1-800-MY-V A-411 and apply for benefits now.

What does it mean to have a presumptive condition for toxic exposure? To get a VA disability rating, a Veterans’ disability must connect to their military service. For many health conditions, Veterans have to prove that military service caused the condition they are claiming. But for some conditions, VA automatically assume (or “presume”) that the Veterans’ service caused their condition. VA call these “presumptive conditions.” VA considers a condition presumptive when it’s established by law or regulation. If a Veteran has a presumptive condition (like the ones below), they only need to meet the service requirements for the presumption (i.e. location, time period of service, and or occupation).

It is important for Veterans and survivors to file for benefits now. VA will start to process PACT Act-related benefits in January 2023, after Congressional funding is approved and allocated.

If a Veteran applies for benefits any time during this year and VA grant their application, VA will likely backdate the Veterans benefits to the date of the bill signing. This means VA will pay the amount a Veteran would have received from August 10, 2022, to the date we grant your application.

It is important to know that the PACT Act also:

- Improves the decision-making process for determining what medical conditions will be considered for presumptive status.
- Adds an initial toxic exposure screening and a follow-up screening every five years to enrolled Veterans. Veterans who are not enrolled, but who are eligible to enroll, will have an opportunity to enroll and receive the screening.
- Educates and trains VA health care staff and claims processors on toxic exposure-related conditions.
- Requires research studies on mortality of Veterans who served in Southwest Asia during the Gulf War, Post-9/11 Veteran health trends, and Veteran cancer rates.
- Helps VA build a stronger, more skilled workforce to meet the growing demand for benefits and services.
- Authorizes 31 new medical facilities across the country, providing greater access to VA health care.

Please share this information encourage Veterans and survivors to visit the website, review the information, and apply now for PACT Act-related benefits by visiting VA.gov/PACT or calling 1-800-MY-V A-411.

Thank you,

Paul S. Crews
MPH, FACHE, VISN 6 Network Director

CONGRATULATIONS
TO DR. MINA SARBAZ

Congratulations to Dr. Mina Sarbaz, who recently completed a 3-year surgical residency program with rearfoot accreditation. She is the 7th graduating resident of the program at Salem VA HCS. One resident is taken every year. Dr. Sarbaz is shown below middle, flanked by Ms. Rebecca Stackhouse, Salem VA HCS Executive Director, left, and Dr. Aliza Lee, Podiatry Attending and Residency Coordinator, right.

CONTINUED FROM COVER

John Melton Appointed New Executive Director

SALISBURY, N.C. — John J. Melton, recently retired Womack Army Medical Center Commander, returned to North Carolina as the new Executive Director for Salisbury VA Health Care System effective July 17, 2022. Melton comes to Salisbury with a wealth of experience leading extensive medical facilities. He retired from the U.S. Army as a colonel, with his latest assignment being deputy commander of the U.S. Army Medical Research and Development Command in Fort Detrick, Md. He oversaw a $2.5 billion operating budget and commanded 5,600 employees.

Before this assignment, Melton commanded the U.S. Army Defense Health Agency, Womack Army Medical Center (WAMC) in Fayetteville, N.C. He operated and regionally integrated Fort Bragg health delivery and its public health system. He achieved National Accreditation in Public Health, established WAMC as a trauma center, and was the Fort Bragg Executive of the Year.

“In the last 29 years, Mr. Melton has been recognized for his extraordinary contributions to the military health care system,” said Paul Crews, Network Director of Veteran Integrated Service Network (6). “He values making an impact on the quality of life for those that have served our
CONTINUED FROM PAGE 2

John Melton

country and their families, and I am glad to welcome him as the new Salisbury VA Health Care System director.”

Melton has a Bachelor of Science degree in Economics from the United States Military Academy at West Point, a Master of Business Administration from the University of Washington-Michael G. Foster School of Business, and a Master of Strategic Studies from the U.S. Army War College.

“I’ve always looked at service as trying to figure out how helpful and how impactful you can be for others,” said Melton. “I truly believe those who serve in uniform, who make that choice, are special — and the people who support them are special, too. I am privileged and honored to carry on my health care career with VA in the great state of North Carolina and serve the Veterans, employees, and volunteers of the Salisbury VA Health Care System.”

Salisbury VA Health Care System provides service to more than 100,000 Veterans across a 21-county catchment area in the Piedmont region of North Carolina. It comprises the main facility in Salisbury, a community-based outpatient clinic in north Charlotte, and health care centers in Kernersville and south Charlotte.

DVAHCS Provider Wins David M. Worthen Award

By Joshua Edson | DVAHCS ISCO OFFICE

A Durham VA Health Care (DVAHCS) provider recently won the prestigious David M. Worthen Award for excellence in health professions education.

Dr. Laura Caputo, physician hospitalist at the DVAHCS, is the recipient of the 2022 Innovator Award. Dr. Caputo took a leading role in Project MODEL (Maximizing Ongoing Development and Educational Leadership) for VA Hospitalists, a grassroots faculty development project to share best practices in clinical education on inpatient VA units.

“I have always been interested in medical education,” says Dr. Caputo. “Working at the VA has really allowed me the freedom to try out new ideas when it comes to instructing the next generation of physicians.”

The David M. Worthen Award comes in three categories. Rising Star, Innovator and Career Achievement. Specifically, the Innovator award recognizes a medical educator who introduces new modalities or techniques in advancing the skills of providers across the VA.

Dr. Caputo’s work in medical education focuses on two key areas: a faculty development education initiative and a graduate-level education initiative.

“At the faculty level, I have a program that helps inpatient providers develop their skill sets,” says Dr. Caputo. “I started the program here at the Durham VA and it’s expanded to other VA networks, and that’s pretty exciting.”

For providers who are still in their residencies, Dr. Caputo looked to technology to get her message out, in the form of a weekly podcast.

“Both of these programs have been really well received,” Dr. Caputo. “And it’s not just me; this has really been a team effort involving my fellow providers from across the Durham VA network.”

Training future generations of physicians and other medical providers is of great importance for the VA. According to the VA’s own Office of Academic Affiliations, each year around 70 percent of physicians and medical specialists receive training at VA facilities nationwide.

“I’m very honored and humbled by this,” says Dr. Caputo. “This is really an award for the Durham VA, not just me. We have so many people dedicated to our Veterans and those learning how to care for them, it’s inspiring.”

To learn more about the work Dr. Caputo is doing for VA medical faculty, please visit https://marketplace.va.gov/innovations/teaching-the-teacher-faculty-development-for-va-clinician-educators. To listen to her podcast for medical interns and residents, please visit https://soundcloud.com/user-911014559.
Richmond Director Returns to Helm With New Award for Mentoring

A senior VISN 6 executive recently received recognition for his ability to support, mentor and inspire his staff.

Just prior to returning to the helm of the Central Virginia VA Health Care System after spending several months as Acting Director of the Salisbury VA Health Care System, J. Ronald Johnson, MHA, FACHE received the 2022 Dean Toland Preceptor of the Year Award from the Baylor University Business Graduate Program (BUBGP) July 5.

Named for William G. Toland, former Dean of Baylor University’s Hankamer School of Business, who has had a profound, long-lasting impact on the U.S. Army-Baylor University graduate health and business programs. A faculty and student mentor, Toland graciously shared his knowledge and expertise. The award continually honors Dean Toland with respect, affection and gratitude for his contributions by selecting a BUBGP preceptor nominee who most exemplifies his shared qualities.

Johnson’s nomination was considered for the award with three others from the Evans Army Community Hospital, Fort Carson, Colo., the Medical University South Carolina (MUSC) Health, Charleston, S.C., and Mayo Clinic Hospital, Mesa, Ariz.

Johnson’s nomination package asserts that he is an exemplary leader who personally invests in his (student) residents’ professional development. His willingness to mentor, his transparent and caring approach to leadership, and his encouragement and support are key components of his training style. He challenges his residents to create opportunities and dive into projects while often reminding them that the residency year is what the trainee makes of it. He helps create an organization where leaders care about how staff treat each other, and he exemplifies ethical and professional conduct. Also, he has invested significant time into the larger U.S. Army-Baylor University program serving as an Oral Board Examiner, as well as recruiting and precepting other students.

Johnson was humbled by the nomination. “First, I was surprised when I learned that I was nominated,” he stated. “Second, I was truly surprised when I was selected, as the other nominees were likely much more deserving than me to be honored in this way.” Mr. Johnson also shared that he hopes this type of recognition encourages others across VA to get involved in educating and mentoring others. “It’s an honor and privilege to invest my time and energy developing the next generation of health care leaders, and I would encourage others to do the same.”

The U.S. Army-Baylor University Graduate Program in Health and Business Administration has been recognizing preceptors via the Dean Toland Preceptor of the Year Award since 1995. Of the 26 awardees to date, Mr. Johnson is only the third VA executive to be bestowed with this honor, following Ms. Pat McKlem in 2002 and Ms. Joanne Krumberger in 2015.

VA Awards $431 Million in Grants to Help At-Risk Veterans and Their Families

WASHINGTON — On Aug. 1, the Department of Veterans Affairs awarded $431 million in grants to 258 non-profit organizations across the nation to help homeless and at-risk Veterans and their families.

The funds, which are being awarded through VA’s Supportive Services for Veteran Families Program, will be available for use on Oct. 1.

SSVF grants enable community organizations to provide outreach and case management assistance to Veterans, and help them to access health care, financial planning, childcare, legal assistance, transportation, housing counseling and other services.

“Nobody should be homeless in the country they fought to defend — nobody,” said VA Secretary Denis McDonough. “These grant funds will help our partner organizations across the country provide at-risk Veterans with the resources they need to stay in their homes, where they belong, or find a new home.”

In this calendar year, VA has already placed more than 19,000 homeless Veterans into permanent housing — putting VA on track to meet our goal of 38,000 permanent housing placements for homeless Veterans in 2022.

In fiscal year 2021, SSVF served 114,175 participants, including 80,049 Veterans and 19,266 children.


View the list of grantees and learn more about SSVF.
Vietnam Welcome Home

Salem VA Exec. Director Rebecca Stackhouse welcomes home Vietnam Veteran John Igoe, and presents him with a Vietnam Veteran lapel pin. The pins are part of the Vietnam War Commemoration program that runs through 2025 and are intended to recognize, thank and honor U.S. military Veterans who served during the Vietnam War. Veterans who served on active duty between Nov. 1, 1955-May 15, 1975 are eligible to receive a pin. Please contact us at: vhasampublicaffairs@va.gov for more information.

VA Expands Grant Program for Community Organizations Helping Homeless Veterans

WASHINGTON — The Department of Veterans Affairs published a Proposed Rule, July 29, allowing Grant and Per Diem program grantees to receive reimbursements for costs associated with serving the minor dependents of homeless Veterans.

This includes such costs as child supervision, transportation and additional case management.

This regulation implements section 4204 of the Johnny Isakson and David P. Roe, M.D., Veterans Health Care and Benefits Improvement Act of 2020, which updates how VA reimburses GPD grantees by establishing a new rate for each minor dependent cared for by a homeless Veteran. The regulation also implements an increase to the maximum amount that grantees can be reimbursed, up to 115 percent of the state home for domiciliary care rate, which will support grantees’ ability to provide care to Veterans after the COVID-19 pandemic flexibilities end.

“Our work to end Veteran homelessness depends on our ability to effectively support Veterans and their family members,” said VA Secretary Denis McDonough. “This new regulation will make it easier for Grant and Per Diem grantees to provide the services Veterans’ families need to achieve independence.”

The GPD program has provided community-based transitional housing with supportive services for Veterans since 1994 as they transition back to permanent housing. By the end of 2022, VA plans to place 18,000 homeless Veterans into permanent housing.

View current GPD grantees and details about the program. The proposed rule is available at the Federal Register.
Imagine you are approached with a procurement request for a new, smart medical device never used in any hospital. Some of you might be thinking, “Yes! Let’s pave the way for other medical centers.” However, as a healthcare technology manager responsible for oversight of medical device/system management, it is your job to think a few steps further. Question not only how the device can be an asset to you, but also how it can be safely used within the security controls required by your program.

You should put yourself in the mindset that you are strengthening your cybersecurity programs through security controls such as encryption, system hardening and firewalls.

As healthcare professionals, we are often painted as the “bad guys” when it comes to assessing and procuring medical equipment. However, it is our critical responsibility to ensure that all equipment coming through the facility passes a pre-procurement assessment, and ultimately ensure the equipment is safe and secure to be used in a health care environment. In today’s world, with the constant increase in cybersecurity-related incidents, performing these technical assessments is critical. These incidents challenge us to continually test the limits of the medical devices/systems, questioning every aspect of the system and its capabilities.

Beginning a pre-procurement assessment can be a daunting task. You need to review factors such as safety, or whether the system follows the regulatory requirements. The moment you hear the device may have network capabilities or the ability to store sensitive data, you should be getting your stop sign ready to go. Think of it as if you are purchasing a brand-new car. When you are entering the dealership for the first time, you may be looking for the latest and greatest model. But, once you choose the perfect car and start the negotiation, you begin to change gears. The value and details about what the car provides now become the most important factors. This is the same process when evaluating medical equipment. After your initial introduction to the equipment, it is time to start asking the questions:

- “How do we patch it?”
- “Does it store patient data?”
- “Are we able to encrypt?”
- “Is it FIPS compliant?”
- “How do we control access?”

These questions might start you down a rabbit hole of email chains between the manufacturer and yourself, but it is essential to understand the equipment and how it will integrate in your health care environment. While there are a few concerns that need to be addressed, we are going to discuss three areas that tend to be overlooked in favor of more popular ones, such as OS patch management. These areas are: 1) Data Encryption, 2) User Authentication, and 3) Anti-Virus Software.

1. Data Encryption and FIPS compliance

If the system includes a database or if there is a possibility of sensitive information being stored on the device, start to focus on the database. Dive into the details of what the data is and where it is stored. You need to understand the data and determine if there is personally identifiable information (PII) and/or electronic protected information (ePHI) data elements. Ask questions such as: 1) Is the data at rest? 2) If the data does contain sensitive information, can it be encrypted? 3) Is there a database on the system itself or stored in a cloud environment? 4) Can the database be encrypted and at what level? If the data is stored on a local hard drive, you should also ask if the system can autodelete after a certain period of time.

When focusing on encrypting data, your ultimate goal is to protect sensitive information. The last thing you want is a breach that could affect 500-plus individuals. Although there are many algorithms that can provide security of sensitive information, it is important to understand that when working with the U.S. federal government, there is only one standard the government allows, and that is FIPS. “But what is FIPS?” you may be asking. FIPS is shorthand for Federal Information Processing Standards (FIPS). It is a set of government standards that are used to provide cryptography modules. The National Institute of Standards and Technology (NIST) provides a database for FIPS compliance certificates that can help with determining if there is an active certificate before you proceed with procurement.

2. User Authentication

One area of defense in a good cybersecurity model is enforcing strong password protection. Although it may not completely stop vulnerabilities, it will slow down the line of threat. With malware attacks on passwords increasing every day, it is important to review and follow your policy for passwords. Find out what authentication methods are available for the system and determine if the options are acceptable. If administrative accounts are required to operate the device, inquire about the available ways you can secure the system with a strong password.

Two-factor authentication is the preferred method for password protection, since it adds an additional level of protection. However, if the system can only allow for single-factor authentication, you should be inquiring about the allowable password length (at least 14 characters), in addition to the ability to combine letters, numbers and symbols. Lastly, many policies contain an aging requirement for single-factor authentication. If the device only can support single-factor authentication, question if the device also supports password aging. Adding each of these levels of security will ensure one more layer of defense.

3. Anti-Virus Software

Many attackers start with something as simple as a virus on your computer. To prevent this, implementing basic security controls such as anti-virus software can vastly improve the security in your health care environment. Understanding if the system is capable to support anti-virus software, and if there is a list of exclusions, is important when evaluating a system. If the system cannot support an anti-virus software, you will be imposing a higher risk to your network.

Procuring equipment is a group effort with multiple parties involved. We, as healthcare technology managers, must work together and mitigate risk to implement the best equipment for our health care environment. While we can be viewed as the “bad guy,” it is an essential part of our job to not sacrifice convenience for security and ultimately, the integrity of the patient record.
A big thank-you goes out to the 43 Western North Carolina VA Health Care System employees who rolled up their sleeves and gave the gift of life on Aug. 2, 2022, through their donations of blood at Charles George VA Medical Center. Shown here, Nurse Jamie Robison (in blue) and Jeff Shelton, a kinesiologist, were two of the employees who donated blood. The Medical Center hosts blood drives on a recurring basis to allow employees to volunteer their time — and blood — to this worthy cause.

The American Red Cross hosted the blood drive at the medical center and set a goal of 40 donations for the day. According to the Red Cross, the employee donations they collected have the potential to save 117 lives. (VA photos/ Juan Jimenez)
VA Develops National Standards for Health Care Professionals

WASHINGTON — The Department of Veterans Affairs published its first of 50 draft national standards of practice in the Federal Register June 30, along with the Notice of Request for Information on VA’s Blind Rehabilitation Specialist and Visual Impairment Services Team Coordinator Standard of Practice.

National standards of practice are a standardized set of services that all health care professionals in a given occupation can perform within VA, regardless of what is permitted by state licensure, certification or registration, per Authority of VA Professionals to Practice Health Care.

"VA is undertaking a multi-year endeavor to develop national standards of practice for each of its 50 health care professions to ensure the continued safe, high-quality care for our nation’s Veterans," said Deputy Under Secretary for Health Performing the Delegable Duties of Under Secretary for Health Steven Lieberman, M.D. "These standards will ensure VA health care professionals are able to deliver services in regions other than where they may be licensed, registered, certified or limited by a state requirement, so Veterans can get the care they need, when they need it."

The proposed national standard of practice for Blind Rehabilitation Specialists is consistent with the four national certifications from the Academy for Certification of Vision Rehabilitation and Education Professionals; therefore, Blind Rehabilitation Specialists will continue to practice in VA as set by their national certification.

There is no national or state license or certification for Visual Impairment Services coordinators. They will adhere to the national standard for the occupation in which they hold a license, certification or registration.

The development of national standards of practice enables VA to move health care professionals seamlessly throughout the organization. Further, national standards will support VA health care professionals practicing across state lines, and creates standardized practice and business operations across VA medical facilities.

VA is using a robust, interactive development process for these national standards that includes consultation with internal and external stakeholders, such as state licensing boards, VA employees, federal labor partners, professional associations, Veteran Service Organizations and others.

VA will share all draft standards on the Federal Register. Veterans, the public, professional associations and medical leadership are welcome to provide their comments during the 60-day posting period. VA employees will have a separate, internal mechanism to provide comments during the 60-day posting period. Comments will be reviewed and considered before VA finalizes each national standard of practice. Information pertaining to timing of all VA national standards and hyperlinks to the applicable commenting platform can be found on the National Standards website.

The final national standards of practice will be approved by VA leadership and published as an appendix into a new Veterans Health Administration policy. The policy will establish basic principles that apply across all national standards of practice, including oversight, reporting, implementation, training, and recertification.

VA values input and feedback from the VA workforce and external stakeholders. Please visit the National Standards website for additional information and to subscribe to the newsletter.
New Veterans Crisis Line Phone Number

WASHINGTON — Effective July 16, Veterans have the option to Dial 988 then Press 1 to connect with caring, qualified responders for 24/7 crisis support.

In response to the National Suicide Hotline Designation Act designating the 988 Suicide and Crisis Lifeline, the Department of Veterans Affairs has made it more user friendly to access the Veterans Crisis Line.

“During a crisis, every second counts,” said VA Secretary Denis McDonough. “This new, shorter number makes it easier for Veterans and those who care about them to reach lifesaving support without having to be enrolled in VA benefits or health care.”

Reducing Veteran suicide is the top clinical priority for the Department of Veterans Affairs and a top priority for the Biden-Harris administration. Enhancing suicide prevention crisis services is a key component of the White House strategy on reducing Veteran suicide as well as President Biden’s comprehensive strategy to address the country’s national mental health crisis.

VA operates the Veterans Crisis Line through the 988 Lifeline’s national network and thus collaborated to accomplish the successful transition. During two years of preparation, the department has added hundreds of crisis line employees and responder staff, with still more hiring underway, and has strengthened call center infrastructure.

The Veterans Crisis Line is a critical component of the nation’s largest integrated suicide prevention network. It links to more than 500 suicide prevention coordinators across the VA health care system, ensuring coordination into follow-up services as part of a full continuum of care.

Individuals who call the Veterans Crisis Line are five times more likely to have less distress and less suicidal ideation from the beginning to end of the call.

While Dial 988 then Press 1 is a new option for contacting the Veterans Crisis Line, the original number, 1-800-273-8255 and press 1, remains available, and Veterans can continue to reach out via chat at VeteransCrisisLine.net/Chat or by text to 838255.

If you or someone you know is having thoughts of suicide, contact the Veterans Crisis Line to receive free, confidential support and crisis intervention available 24 hours a day, 7 days a week, 365 days a year. Dial 988 then Press 1, text to 838255 or chat online at VeteransCrisisLine.net/Chat.

Hampton Presents at Sisters in Arms

Hampton VA Medical Center Women’s Veteran Program Manager Catherine McDonald, Deputy Program Manager Lisa Riha, and Nicole Dutta, Mental Health Champion, attended the Sisters in Arms event held June 15 at the Richmond Convention Center in Richmond, Va.

The Virginia Department of Veterans Services and the Virginia Employment Commission sponsored the summit. The important event brought together hundreds of Veterans, employers, community leaders, and government agencies from the federal, state, and local levels to raise awareness about the services and benefits offered in the Commonwealth specifically for women Veterans.

As experts in the field, Hampton’s presenters shared and provided information regarding Veterans Healthcare services, and programming available for Women Veterans in the Hampton Roads area. The audience had a lively question-and-answer session that highlighted opportunities for the speakers to provide accurate information on the topic and resource sharing.

Speakers throughout the event represented several levels of government, and included Virginia’s First Lady Suzanne Youngkin, Daniel Gade, Commissioner for Virginia Department of Veterans Services, and Carrie Roth, Commissioner for the Virginia Employment Commission. The event also presented a special guest speaker, Tulsi Gabbard, the former congressional representative from Hawaii, 2020 Democratic presidential candidate and U.S. Army combat Veteran.

Later, with a surprise visit, Virginia Governor Glenn Youngkin “stopped by” to offer a personal welcome to the women Veterans and to provide a brief update of several legislative initiatives currently underway to address perceived gaps in Veterans’ living conditions and employment needs.

Hampton contingent participation impacted hundreds of women Veterans in Virginia, allowing fellow sisters in arms to learn about accessing services and benefits in a large forum. The Hampton team had the opportunity to establish relationships with not only women Veterans, but with other community, government and corporate stakeholders.

“Thank you for loving the Commonwealth of Virginia; thank you for loving your country; thank you for loving the United States of America, and thank you for investing your time to be here to think about what we can collectively do to make the opportunities for women Veterans even better in the Commonwealth of Virginia …”

— Governor Glenn Youngkin, speaking at the 2022 Virginia Women Veterans Summit
VA Health and Benefits app

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- Send and receive secure messages with your health care provider
- Download common VA letters and documents
- Check claim status and upload new evidence

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