



VA MID-ATLANTIC HEALTH CARE NETWORK - VISN SIX

Vol. 5, No. 9

“Excellent Care – Earned by Veterans – Delivered Here”

Voices of VISN 6

Official news from around *your* VISN

June 30, 2015

Durham Veterans Receive Gift Of Transportation

Thanks to the partnership of United Auto Workers - General Motors and Chevrolet, Durham VAMC’s Recreation Therapy Program just rolled into high gear.

VA medical centers, through their Recreation Therapy programs, work hard to provide those living in the community living centers and hospice the simple joy of enhanced mobility.

Recreation Therapy professionals know that helping Veterans re-engage with the community through recreational and

social events plays a key role in a person’s health and well-being.

The opportunity to venture out by taking a drive to the mall, a concert, the park, a restaurant or even to a movie is often taken for granted. Those whose opportunities have been curtailed because of health-related issues know the true value of the ability to travel.

“This van will be used by our incredible Recreation Therapy service to support outings

Continued on Pg 5



Linnie Skidmore

Durham VAMC CLC resident Karl Ahrens cuts the ribbon on the new van donated by UAW-GM and Chevrolet while Durham staff and fellow Veterans look on.

VA Seeks Budget Flexibility For Access To Care

In order to accelerate access to care, VA has used its authorities to refer Veterans for care in the community as quickly as possible, resulting in an increase of authorizations by 44 percent compared to the previous year. VA has hired thousands of new clinicians and essential support staff, extended hours of operations, and boosted productivity.

More Veterans are coming to VA for care, and those who currently use VA for care are increasing their opportunities to receive care. For the 12-month period ending in April 2015, VA experienced a 10.5 percent increase in workload. This

surge in workload both inside and outside VA, combined with the unprecedented growth in the existing Care in the Community program and new, life-saving Hepatitis C drug treatments, have led to an untenable situation in which demand exceeds resources available for Veterans’ medical care in Fiscal Year 2015. We currently estimate a budget shortfall of approximately \$2.6 billion.

Expanding Access to Care

• Nationally, VA completed nearly 52 million appointments between June 1, 2014, and April 30, 2015. This represents an increase of 2.7 million

more completed appointments than during the same time period in 2013-2014.

• In April 2015, VA completed 97 percent of appointments within 30 days of the clinically indicated or Veteran’s preferred date; 93 percent within 14 days; 88 percent within 7 days; and 22 percent on the same day. VA has completed 12 million same-day appointments, which is 20 percent of VA’s total appointments per year.

Providing More Care in the Community

• VA made over 2.9 million authorizations for

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From VA

MESSAGE FROM THE UNDER SECRETARY FOR HEALTH July 6, 2015



I am honored to introduce myself as the new Under Secretary for Health. I am truly privileged to join you in serving our nation's Veterans.

My connection to those that have served this country is well engrained in my fabric. As an Army psychiatrist, my father cared for active duty military servicemembers. Both of my grandfathers served in the US Army in World War I and my paternal grandfather, Joseph Shulkin, served as Chief Pharmacist at the Madison VAMC. I spent considerable time in numerous VA hospitals during both medical school and in my residency training; I am indebted to the dedicated health professionals at the Philadelphia VAMC, the West Haven VAMC and the Pittsburgh VAMC, who contributed to my training and learning.

During the past 25 years, I have led a number of complex health care organizations, including a large inner city hospital and some of the country's best academic healthcare systems and medical schools. My career has focused on managing large health systems and improving quality, patient safety, and integrated systems of care. I have learned there are no shortcuts to achieving great results. It requires creating a vision, setting high standards, engaging the workforce, focusing on implementation, ensuring open and regular communication, and holding people accountable.

Over the coming weeks and months, I look forward to having the opportunity to meet many of you in person as I travel to facilities nationwide. I have much to learn from you and our Veteran community. As we get to know each other better, I make the following commitment to you: I will communicate with you on a regular basis and involve you in the planning as we move forward in implementing the Blueprint for Excellence and transforming VHA. I will do my best to be responsive if you have recommendations for improving our health care system for Veterans. My one request from you is that you always act in the best interests of our Veterans. That is the bottom line. If we can do this, we will accomplish great things. There is not a nobler mission and it is my distinct honor and privilege to join you in this effort. Our Veterans deserve the very best, and with your support, I am confident we will succeed.

In closing, I would like to acknowledge the contributions of Dr. Carolyn M. Clancy and the entire VHA team. For the last year you have worked tirelessly to guide VHA through a very challenging period. Thank you for your dedication to serving our nation's Veterans, their families and survivors.

David J. Shulkin, M.D.
Under Secretary for Health

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VISN 6 To Receive VA's First Mobile Mammography Unit

Workers in Harmony, N.C., put the finishing touches on VA's first mobile mammography van. The van is scheduled to begin operation in Wilmington, N.C., this fall and will provide Women Veterans the opportunity for screening mammograms without having to travel to a VA medical center. When fully operational, the van will move between VA health care centers in North Carolina.

Courtesy Photo

Budget continued from Pg 1

Veterans to receive care in the private sector between June 1, 2014 and June 1, 2015. This represents a 44 percent increase in authorizations, when compared to the same period in previous years.

Over 1 million appointments are completed per month through doctors and clinics in the community, which represents nearly 20 percent of total appointments.

- VA expanded the Patient Centered Community Program (PC3) to increase access to health care in the community.

- VA extended the Project Access Received Closer to Home (Project ARCH) pilot program to continue to expand access to health care for eligible Veterans in rural areas.

- VA implemented the Choice Program in November of 2014, which allows Veterans already enrolled in VA to get healthcare from non-VA doctors if specific eligibility criteria is met:

- 1) A Veteran must have been enrolled in VA health care on or before August 1, 2014, or be eligible to enroll as a recently discharged combat Veteran within 5 years of separation.

- 2) The Veteran is told by his/her local VA medical facility that he/she will need to wait more than 30 days from his/her preferred date or the date medically determined by his/her physician.

- 3) The Veteran's current residence is more than 40 miles driving distance from the closest VA health care facility.

Recruiting and Hiring Health New Professionals

- Since April 2014, VA has increased onboard staff by 12,179 including 1,086 Physicians, 2,724 Nurses, and 4,671 other select critical occupations.

- More than 3,700 medical center staff have been hired using funding from the Choice Act.

- Turnover of about 9 percent continues to compare favorably to private sector healthcare turnover of 18 percent allowing hiring activity to result in net staff increase.

Budget Impacts

VA seeks budget flexibility from Congress to utilize existing Choice Program funds to continue its efforts to increase Veterans' access to care. Without it, VHA is at risk of not being able to continue to provide medical care in the community to Veterans.

Increased use of care in the community, hiring initiatives, and adjustments to improve clinical productivity, combined with the growth in the existing care in the community program, new, life-saving Hepatitis C drug treatments, and increased Veterans demand for prosthetics have led to a significant budget shortfall.

The funding situation for Veterans' care for FY 2015, as VA has previously stated to Congress and key stakeholders, is now untenable without the authority to shift money within our current budgetary resources. VA estimates the budget shortfall to be approximately \$2.6 billion.

In February and March, and again in May, VA formally requested limited budget flexibility to utilize existing resources, in a budget neutral manner, to continue to provide Veterans needed care while plainly articulating the denial of access to care that would result if resources are not made available.

The request for budget flexibility is consistent with the intent of Congress to accelerate access and the Department's request to allow resources to flow to Veterans' needs as they evolve.

Telehealth – Improving Quality Of Life From A Distance

By Steven Goetsch
Richmond VAMC public affairs

Richmond VAMC patient James O'Reilly likes his audiology appointments a lot better these days. That's because he's using the tele-audiology services to get his hearing aids adjusted at the Charlottesville CBOC instead of driving to Richmond.

O'Reilly, who has been using tele-audiology services for over a year, said he has better ways to spend the time than driving to and from the medical center. "I have a lot of children and grandchildren," the Air Force Veteran said. "So I like to spend time with them."

The Audiology Clinic is one of Richmond's busiest, averaging more than 580 hearing aid fittings each month. Sandra See, audiology chief, said each issued hearing aid requires a minimum of three follow up visits, and that can be a burden to patients who do not live nearby. Tele-audiology has really made a difference in access, making exams and treatment easier to get.

According to Mary Foster, VISN 6 Telehealth Program manager, "VA has been on the forefront in the effort to demonstrate how telehealth can be integrated into the specialty of Audiology. We know that by using tele-audiology, our audiologists may see 20-30 people per week who would have otherwise had to make an appointment and come to the medical center."

See said telehealth improves patients' quality of life not only by saving them time, but improved access encourages Veterans to use their hearing aids. "Many would get their hearing aids, but not wear them, or put them away if they were faced with driving long distances for adjustments," See said.

Audiologist Laura Istwany said tele-medicine is critical to the senior Veterans she treats. "Most of the Veterans I see are 90-plus," said Istwany. "They may not get care because they're from a generation that would not want to bother family members for help."



Steven Goetsch
Audiologist Laura Istwany adjusts James O'Reilly's hearing aids remotely using tele-audiology technology.

O'Reilly was using telehealth for adjustments to his new hearing aids that utilize smartphone technology. Istwany uses dual screens during the appointment, one with digital controls and outputs, while the other is a live video feed so she can see the effects the adjustments have on the patient.

Currently, Istwany still has to see rural patients for testing and their initial fittings, but the three required follow-ups and any adjustments can be made using telehealth. Istwany demonstrated quality of care by working with O'Reilly's spouse and ensuring optimal device performance by setting parameters based off of her voice, (the one O'Reilly will be hearing the most), as she recited her weekly menu.

There is more good news for Richmond's patients as the medical center is hiring dedicated audiologists for Charlottesville and Fredericksburg which means fittings will also be available in those locations.

North Carolina Governor McCrory Signs Bills To Support Vets

Governor Pat McCrory signed two bills into law June 24, to support Veterans and military families through in-state tuition at University of North Carolina (UNC) system universities and North Carolina Community Colleges and by improving job opportunities for veterans by extending the time period needed to qualify for a Commercial Drivers License.

Senate Bill 478 makes certain non-resident Veterans and other individuals entitled to federal education benefits under the Montgomery GI Bill Active Duty Education Program or the Post-9/11 Educational Assistance Program eligible for in-state tuition at UNC sys-

tem universities and North Carolina Community Colleges by waiving the 12-month residency requirement. The law goes into effect July 1.

Senate Bill 43 improves job opportunities for Veterans by extending the time period allowed between a retired or discharged applicant being regularly employed in a qualified position and the date of application for the CDL from 90 days to one year.

The bill also provides an additional method of certification of eligibility for the waiver by allowing an applicant to provide a Form DD 214 and a military-issued driver's license.

Fayetteville Urgent Care Clinic Expands To 24-Hour Operations

By Jeff Melvin

Fayetteville VAMC public affairs

The Fayetteville VAMC Urgent Care Clinic will double its operating hours, expanding from 12-hour, 8 a.m. to 8 p.m. treatment hours to 24-hour services, seven days a week, starting July 6.

Fayetteville VAMC officials emphasize that this change applies to operating hours only - and does not reflect a change in scope or type of cases handled, nor a return to Emergency Department status.

“Ensuring high quality care is always at the forefront of our decisions. This expansion of hours will provide more opportunities for Veterans to receive the high quality care they have earned and deserve in a familiar setting,” said Elizabeth Goolsby, medical center director. “We value our strong relationships with local community hospitals as health partners and will continue to collaborate closely with these hospitals to ensure that our patients receive seamless care when we are not able to serve them at our facility.”

As noted earlier, there is no change in scope or type of cases appropriate for the UCC. Examples of type of care typically provided at an UCC include treatment for ailments such as: minor injuries and fractures, fever, infections, ear and sinus conditions, respiratory prob-

lems, rashes and skin problems, allergies, abdominal pain, joint or limb pain, back pain, urinary complaints, headaches, diarrhea, constipation, vomiting, foreign bodies, medication effects, etc.

Additionally, these general conditions still apply:

- Fayetteville’s UCC does not provide emergency medical care, pediatric or maternity care; and is not intended to provide resuscitative therapy or stabilization in a life-threatening situation.

- The UCC will operate with ancillary service such as laboratory and basic radiology and will treat patients without a scheduled appointment who are in need of immediate attention for an acute medical or psychiatric illness or minor injuries.

- The UCC is not accepting ambulances. Ambulances will be directed to local hospitals. Depending on a Veteran’s individual eligibility status, coverage for the care provided may be covered.

- All Veterans experiencing a medical emergency should call 911 to be transported to the closest community hospital immediately.

A Veteran experiencing an emergency such as a stroke or heart attack, who is taken to a hospital by ambulance, should have the hospital contact Fayetteville VAMC as soon as possible by calling 800-771-6106, Extension 7002 or 800-936-7540.

Donation continued from Pg 1

for our Community Living Center residents and those engaged in Mental Health Intensive Case Management,” said, Ronni Miller, Durham VAMC’s chief of Voluntary Service, adding, “It will also be used by our Medical Foster Care program, our Blinded Veterans Rehabilitation services, our Women Veterans Leisure Group and most importantly for our Hospice patients who may have a special request for an outing, a favorite meal or to visit a favorite destination.”

As one would expect, each medical centers’ abilities to provide these programs is tied to the availability of resources. If a vehicle has to be rented, which was often the case at the Durham VAMC, the cost comes out of the overall operational budget for the program.

“Getting the Vet’s out and about is so important to their well-being, but it hasn’t been easy. Before the donation, we had to actually rent a van or hire it out. Now, thanks to UAW-GM, we can get Veterans out and about. I just can’t say enough about how much that means to them,” says Rashonna Avery, one of Durham VAMC’s recreational therapists.

With its high-top roof and wheel chair lift, the van provides the opportunity for up to 15 Veterans to enjoy an outing away from the medical center.

In a short ceremony June 25 in front of the medical center, representatives from UAW-GM and Chevrolet presented the keys to a brand new Chevrolet Express van to Durham VAMC Director DeAnne Seekins.

Accepting the keys on behalf of the medical center and all those who will benefit from the van, DeAnne Seekins said, “This van will help bring the Vets back to the community. And that is so vital to their health. It helps them fulfill a very human need - to have a place to go and a way of getting there. We are indeed grateful to the UAW-GM and Chevrolet.”

UAW-GM and Chevrolet have been donating similar vans to VA medical centers across the country since 2012. The vans are made in America at GM’s Wentzville (Mo.) Vehicle Assembly Plant by UAW Local 2250 members and specially modified to meet the specific needs of disabled Veterans.

UAW-GM is the partnership between General Motors and the UAW in which the two Detroit-based organizations work together on many initiatives including supporting communities in the United States. One emphasis is to support Veterans. Others include working together on quality, plus the health and safety of workers.

Home Depot Foundation Enhances Veteran Living Spaces

By Megan Warren
Durham VAMC public affairs

It's been a busy and heartwarming few weeks for the Durham VAMC, and the major theme throughout has been freedom. When we think of freedom we often think of the right to life, liberty and the pursuit of happiness. And those certainly are the freedoms that ring true to most Americans. But what about the freedom to be social? The freedom of self-advocacy? The freedom from isolation?

Through a generous grant from The Home Depot Foundation, Veterans living in the Durham VAMC Community Living Center as well as several local Veterans, now have the ability to celebrate the freedoms most of us take for granted.

This spring, a team from the Home Depot Store in Durham, N.C., renovated the CLC Recreational Therapy Kitchen, and several area Veteran's homes. Liz Karan, an Occupational Therapy supervisor at the Durham VAMC noted that, "The Home Depot Foundation has been extremely generous with their time and talents in creating a functional space for our Veterans that reflects a comfortable, home-like atmosphere."

The redesigned space will provide opportunities for Durham VAMC staff to engage Veterans in therapeutic activities, facilitating increased independence and participation in daily tasks that will improve their functional status. This will also help to prepare many of these Veterans for a safe and successful return to their home environments."

For our long-term and short-term care Veterans in the Durham CLC, this kitchen will give them a place to prepare meals and a place to achieve the rehabilitation goals they have set. Through Durham's rehabilitation program, Veterans are able to work together to find recipes, go shopping in the community for ingredients, and then work together as a group to prepare these meals. "Eating good food makes a person feel good. When the Veteran is responsible for assisting with making the dish, the feeling of accomplishing his or her rehab goal is rewarding" said Kendra Monden, chief recreation therapist at the Durham VAMC.

The Home Depot team didn't stop at just the CLC kitchen. Simon Poole, a local Korean War Army Veteran, who uses the Home Based Primary Care program, received the Home Depot Foundation grant to facilitate his goal of moving from a basement living space to the first floor area of his home. Through the grant, the Home Depot team completed several home modification projects to improve Poole's home accessibility, revamping the bedroom, living room, kitchen, deck and exterior of the home. The team from Home Depot



Linnie Skidmore

Top: The Home Depot team puts finishing touches on the CLC kitchen. Above: The Home Depot team: Ted Latta, Elizabeth Deacon, Don Sandhoff and Sheryl Gostling join with Durham's Director Ms. DeAnne Seekins and staff members Rashonna Avery, Ronni Miller, and Liz Karan while CLC resident James Francis cuts the ribbon on the newly remodeled kitchen.

widened doorways, reversed hinges on the fridge, and installed gates and modular ramps. "Once the project was completed, Mr. P was able to reach his goal and finally move upstairs to his new living environment. The home modifications allowed for improved access to his home, his outdoor patio, and all of his things and activities that are important to him," David Benthall, occupational therapist at Durham VAMC said.

In July, we celebrate the freedom of transportation for our Veterans within the community, the freedom of our country (Happy Birthday America), and now the freedom of everyday life. The Home Depot has provided a priceless service to those who have served America and protected our freedoms.

Connect Your Docs Campaign Underway

By VISN 6 public affairs

Access to a medical history can save time and money, and in some cases, could mean the difference between life and death. VA is working hard to develop community partnerships across the country that enable the sharing of patient information in a timely and secure manner.

VA's 'Connect Your Docs' campaign is focused on enhancing Veterans' health and well-being by leveraging technology. Because so many Veterans receive a portion of their care from non-VA health care providers, there is opportunity for duplication in testing and exams, as well as the concern for prescriptions that could be incompatible possibly cause an adverse reaction.

The Virtual Lifetime Electronic Record is a voluntary program that helps Veterans by connecting health records safely, securely and electronically. Veterans who sign a VLER Health Exchange Authorization form give their non-VA health care providers secure access to certain parts of their VA electronic health record.

The success of VLER depends on the ability of non-VA partners to seamlessly share information. For that, the VA relies on Healthway's eHealth Exchange to connect to one of its many members across their network so VA physicians and nurses can easily access their patients' health data.

"Prior to the creation of the eHealth Exchange, most data – when it was exchanged – was either done through faxes, phone calls, meetings, or it was a point-to-point [transfer]," says Michael Matthews, CEO of MedVirginia and President and Chair of the Board at Healthway. What makes the eHealth Exchange different, he explains, is that it has created "a scalable and repeatable process for engaging in widespread HIE adoption." Simply put, the reason many different clinics, hospitals, and data holders can send their information to the VA is because the Exchange provides the system for them to plug into.

The eHealth Exchange provides a standardized way to interconnect health systems, health information exchange organizations and government agencies to exchange health information regardless of geography or technology platform.

"The eHealth Exchange is a one-stop shop for organizations to connect with each other," says Kevin Isbell, senior director in Health Information Exchange at Kaiser Permanente, one of eHealth Exchange's original participants. "If a patient who lives in San Diego travels to Hawaii on vacation and needs to receive emergency care there, a Hawaii partner will be able to access their medical history, medications, allergies, and surgical history in real time, to be able to provide the pa-

tient with the best clinical outcomes. And ultimately, those outcomes are what the patient really cares about."

The VLER Health Exchange program is expanding daily. Over fifty partners are already participating from Alaska and Hawaii to the U.S. eastern seaboard.

Current partners with VISN 6 include:

- Sentara Healthcare with eight facilities and over 150 contributing clinics
- Duke University Health System with three facilities and over 400 contributing clinics
- Bon Secours with seven participating facilities
- Novant Health with 13 facilities and 404 contributing clinics
- Vidant Health with eight facilities and 212 contributing clinics

Carilion Clinic and the University of Virginia Health System will be soon join the exchange.

To learn more about the VLER program and how to share your VAMC medical record with participating partners, visit: www.va.gov/vler/.





**"TOP SHELF"
Fishin' Festival**

Saturday, October 3, 2015
Jordan Lake—Farrington Point Access Ramp
Farrington Point Rd., Apex, NC
8 am—5 pm (Rain or Shine)

**Hosting 50 North Carolina
Wounded Warriors & Disabled Veterans**

"Great Day of Fellowship and Fun"
Food - Beverages - Prizes

Details:

1. First 50 NC Wounded Warriors / Disabled Veterans (Fishing Experience Required)
2. Event Fishing License Provided by NC Wildlife Resources Commission
3. Fishing Host (Boater) will fish for either Bass or Crappie
4. Boat Personnel: One Fishing Host, One Wounded Warrior / Disabled Veteran and One Caregiver (if needed)

Show Your Support:

- Recommend a Wounded Warrior / Disabled Veteran
- Register to be a "Fishing Host"
- Food, Beverage, Prizes and/or Financial Contributions are Welcomed!

Provide Your Support and Contact:
Operation North State
mailbox@operationnorthstate.com
336-764-5967



Sound The Honor ~ Honor The Sound

By Howard T Reitenbaugh
Pennsylvania State Director, National Coordinator
Bugles Across America

In 2000, federal legislation clarified that every honorably discharged Veteran had a right to at least two uniformed military personnel to fold and present the flag, and to sound Taps for funeral honors. The law states that a recording of Taps may be used if a bugler is not available. Tom Day was not in favor of sending a CD to play Taps and responded by founding BUGLES ACROSS AMERICA (BAA).

Day founded BAA believing there were enough people with the ability to provide a dignified and live sounding of Taps. All that was needed was a way to create and maintain an accessible data base of these people.

Thanks to Day, that data now exists and includes more than 5,000 volunteers located throughout the United States and in several overseas locations. A web site has been established to provide publicity for the organization, but most importantly to allow the public to request the services of a bugler at no charge.

Anyone interested in volunteering must complete the application form found on the BAA web site and be auditioned to assure they can play an acceptable and dignified rendition of Taps.

Bugler volunteers can be male or female. They may be military, Veteran, or civilian. Any trumpet, cornet, bugle, flugelhorn, or field trumpet may be used to sound Taps for military funeral honors or memorial service.

Digital or Ceremonial Bugles employing a recording are not authorized. The bugler can be of any age so long as they can play the 24 notes of Taps with an ease and style that will do honor to the Veterans, their fami-

lies, and the burial detail performing the service.

There are no fees or dues to participate as a volunteer, although there are directives that must be followed which include that under no circumstance shall a member of BAA require, request, or otherwise suggest that they be compensated for their participation in a military funeral honors service. There will be no exceptions to this rule.

When a member has been included on the Buglers List of registered members, they will automatically receive an e-mail message to alert them of any Bugler Request that is posted through the BAA system if the event location is within established limits of their listed physical address.

BAA is a registered 501(c)3 not for profit organization created for and dedicated to the purpose of providing a live bugler to serve in honoring Veterans at military funerals and other memorial occasions. Since our system was put on line in October 2010, we have received over 17,000 requests. We are currently receiving 8 to 10 requests each day, and have been running above 95 percent acceptance rate.

For additional information, visit our website www.buglesacrossamerica.org. You may submit questions through our Contact Us link found on the home page.



Hampton Health Technician Best In VA This Year

After earning local appreciation and VISN recognition, Nathaniel Robinson has been awarded the Secretary of Veterans Affairs Award for Excellence in Nursing (Nursing Assistant/Healthcare Technician category) for his dedication to duty and demonstration of leadership as a Healthcare Technician (HCT) in the Spinal Cord Injury (SCI)/ Disorders Unit at Hampton VAMC.

Nathaniel Robinson accepts the national award for Excellence in Nursing from VA Deputy Secretary Sloan Gibson. Joining them is Hampton's Associate Director of Patient Care Shedale Tindall.

Daniel Henry



Benefits Expanded For Personnel Exposed To Contaminated C-123

VA has published a new regulation that expands eligibility for some benefits for a select group of Air Force Veterans and Air Force Reserve personnel who were exposed to the herbicide Agent Orange through regular and repeated contact with contaminated C-123 aircraft that had been used in Vietnam as part of Operation Ranch Hand.

VA published this regulation as an interim final rule so that it could immediately begin providing benefits to eligible Air Force Veterans and Air Force Reserve personnel who submit a disability compensation claim for any of the 14 medical conditions that have been determined by VA to be related to exposure to Agent Orange.

Secretary of Veterans Affairs Robert A. McDonald made the decision to expand benefits following receipt of a 2015 report by the National Academy of Sciences Institute of Medicine on Post-Vietnam Dioxin Exposure in Agent Orange-Contaminated C-123 Aircraft.

This VA-requested report found evidence that as many as 1,500 to 2,100 Air Force and Air Force Reserve personnel who served as flight, medical and ground maintenance crew members on ORH C-123 aircraft previously used to spray Agent Orange in Vietnam were exposed to the herbicide.

“Opening up eligibility for this deserving group of Air Force Veterans and reservists is the right thing to do,” said Secretary McDonald. “We thank the IOM for its thorough review that provided the supporting evidence needed to ensure we can now fully compensate any former crew member who develops an Agent Orange-related disability.”

Under this new rule, Air Force and Air Force Reserve flight, medical and ground maintenance crewmembers who served on the contaminated ORH C-123s are presumed to have been exposed to herbicides during their service, thus making it easier for them to establish entitlement for some VA benefits if they develop an Agent Orange-related presumptive condition.

In addition, for affected Air Force Reserve crew members, VA will presume that their Agent Orange-related condition had its onset during their Reserve training.

This change ensures that these reservists are eligible for VA disability compensation and medical care for any Agent Orange-related presumptive condition, and that their surviving dependents are eligible for dependency and indemnity compensation and burial benefits.

The interim final rule can be found on the Federal Register: www.federalregister.gov/public-inspection.

VA will immediately begin processing claims and issuing benefits to eligible Air Force crew members.

VA encourages reservists who were assigned to

flight, ground or medical crew duties at Lockbourne/Rickenbacker Air Force Base in Ohio (906th and 907th Tactical Air Groups or 355th and 356th Tactical Airlift Squadron), Westover Air Force Base in Massachusetts (731st Tactical Air Squadron and 74th Aeromedical Evacuation Squadron) or Pittsburgh, Pennsylvania, International Airport (758th Airlift Squadron) during the period 1969 to 1986, and developed an Agent Orange-related disability to file a disability compensation claim online through the joint VA-Department of Defense web portal, eBenefits (www.ebenefits.va.gov/).

VA also has identified several active duty locations where ORH C-123 aircraft may have been used following their service in Vietnam.

Active duty personnel who served in a regular USAF unit location where a contaminated C-123 was assigned and who had regular and repeated contact with the aircraft through flight, ground or medical duties during the period 1969 to 1986, and who develop an Agent Orange-related disability, also are encouraged to apply for benefits.

For more information on applying for these benefits, including the affected units, Air Force Specialty Codes and dates of service for affected crew members, and a listing of Agent Orange-related conditions, visit www.benefits.va.gov/COMPENSATION/claims-post-service-agent_orange.asp.

In order to avoid unnecessary delay of benefits, claimants should annotate “(C-123)” after each Agent Orange related disability in Part II, Block 14 of VA Form 21-526 or Section I, Block 11 of VA Form VA Form 21-526EZ when filing on eBenefits. Example: Diabetes (C-123).

If claimants have any of the following documents, they should be attached to their application: Discharge, separation papers, (DD214 or equivalent) USAF Form 2096 (unit where assigned at the time of the training action) USAF Form 5 (aircraft flight duties) USAF Form 781 (aircraft maintenance duties) Dependency records (marriage & children’s birth certificates) Medical evidence (doctor & hospital reports). VA will process all claims related to C-123 exposure at the St. Paul, Minnesota, VA Regional Office.

Claims not filed through eBenefits should be mailed to the following address (or faxed to 608-373-6694): Department of Veterans Affairs Claims Intake center Attention: 123 Claims PO Box 5088, Janesville, Wisc., 53547-5088.

Individuals with specific benefit questions related to herbicide exposure can call 800-749-8387 (available 8 a.m. – 9 p.m. EST) or e-mail VSCC123.VAVBASPL@va.gov.

VA Partners With Richmond International Raceway

VA announced a partnership with the Richmond International Raceway to promote greater access and awareness to VA benefits and services at the upcoming NASCAR races on Sept. 11 and 12 in Richmond. The partnership with RIR is part of VA's "Summer of Service" initiative designed to encourage and grow the number of individuals and organizations serving Veterans in their communities.

As part of a series of activities beginning this summer to reach Veterans, Servicemembers and their families, VA will honor past and present military members during the Pole Qualifying and Federated Auto Parts 400 NASCAR Sprint Cup Series.

VA's Mobile Vet Center will be onsite with a team of health and benefits experts who can answer Veterans' questions, share information and help Veterans and family members' access VA benefits and services.

As part of the collaboration, RIR will offer Veterans and their families a 70-percent discount on tickets for the Sept. 11 race, as well as their traditional military discount on tickets for the Sept. 12 race.

"The best way to reach Veterans is to involve partners that engage Veterans in the communities where they live," said Secretary of Veterans Affairs Robert A. McDonald.

"Through innovative partnerships like this and our

Summer of Service initiative, we have the opportunity to reach Veterans and their families who may not realize they are entitled to VA benefits and services or who may not know where to go for assistance," said McDonald.

Prior to the Richmond race, VA and RIR will hold a "Driving VA Benefits and Services Home" event Sept. 10 at the Richmond VAMC featuring NASCAR drivers, RIR representatives, VA benefits and services outreach staff, and a NASCAR pace car.

These outreach events are part of the larger MyVA initiative, which is dedicated to improving the Veteran experience and increasing customer-service access points in communities where Veterans live.

"Richmond International Raceway is proud to partner with such an important organization as the Department of Veterans Affairs," said RIR President Dennis Bickmeier. "NASCAR is a very patriotic sport, and we pride ourselves on supporting the men and women who have served and are currently serving our country. There's no better way to do that than by partnering with VA to set the field for the Federated Auto Parts 400 'Last Race to Make the Chase.'"

For more information about tickets and to learn more about the September RIR event, visit www.benefits.va.gov/benefits/nascar-outreach.

Community-Based Employment Service For Homeless Veterans

VA announced a new employment program aimed at helping job-ready Veterans exiting homelessness, and those on the brink of homelessness, gain stable and long-term employment.

The new program, Homeless Veteran Community Employment Services relies on Community Employment Coordinators who know their communities and can work with local employers to identify suitable jobs based on a Veteran's skills and abilities.

"Securing long-term, stable and fulfilling employment is important for Veterans who are exiting homelessness or are at-risk of becoming homeless," said VA Secretary Robert A. McDonald. "We know that finding gainful employment can change the life of a Veteran. This new program is a key component of the overall strategy to prevent and end Veteran homelessness."

Each VA Medical Center will have a dedicated CEC who will be responsible for connecting homeless and at-risk Veterans to appropriate VA and community-based employment services. The goal is to establish relationships with employers who may be able to hire Veterans while VA provides the necessary support services to ensure each Veteran's transition back into the

workforce is successful.

CECs also will work with existing VA employment programs and local workforce development organizations to identify other employment-related resources for this subset of the Veteran population. Veterans exiting homelessness offer a diverse skillset that is applicable to many different fields and leadership roles within organizations. VA offers a variety of wraparound services including health care, housing assistance and other VA supports to increase the likelihood of on-the-job success.

Employers interested in hiring a job-ready Veteran exiting homelessness should contact a local CEC who can work with them to find local Veteran candidates with applicable skillsets. Visit www.va.gov/homeless/cec-contacts.asp for a list of the CECs in your local area.

More information about VA's homeless programs is available at www.va.gov/homeless. If you know a Veteran who is homeless or at imminent risk of becoming homeless, refer him or her to a local VAMC, where homeless coordinators are ready to help. Veterans and their families can also call 877-4AID-VET to get connected to VA services.

Study May Help VA Find Patients With High-Risk Of Suicide

Clinicians are challenged every day to make difficult decisions regarding patients' suicide risk. Using VHA health system electronic medical record data, VA and National Institute of Mental Health scientists were able to identify very small groups of individuals within the VHA's patient population with very high, predicted suicide risk -- most of whom had not been identified for suicide risk by clinicians. Such methods can help the VHA to target suicide prevention efforts for patients at high risk, and may have more wide-ranging benefits.

John McCarthy, Ph.D., M.P.H, director of the Serious Mental Illness Treatment Resource and Evaluation Center in the VA Office of Mental Health Operations, Robert Bossarte, Ph.D., director of epidemiology in the VA Office of Public Health, Ira Katz, M.D., senior consultant for mental health program analysis in the VA Office of Mental Health Operations, and colleagues report their findings in the online issue of *American Journal of Public Health*.

Dr. McCarthy and colleagues developed their suicide-risk algorithm by studying the VHA patient population from fiscal years 2009-2011.

Data on manner of death came from the National Death Index, and predictors of suicide and other types of death came from VHA clinical records. Dividing randomly the patient population in half, the team used data from one half to develop the predictive model, and then tested the model using data from the other half. Each of the two study samples included 3,180 suicide cases and 1,056,004 control patients. Researchers compared predicted suicide risk to actual mortality to assess the performance of the predictive model.

"As the largest health care provider in the U.S., VA has the responsibility to continuously examine how our extensive suicide prevention efforts are working, and to

identify critical opportunities for improvement in service to our nation's Veterans," said Dr. Caitlin Thompson, deputy director for Suicide Prevention for VA. "This collaborative effort with NIMH provides us with unprecedented information that will allow us to design and implement innovative strategies on how to assess and care for those Veterans who may be at high risk for suicide. This model will advance the care provided to Veterans through VA's suicide prevention programs to allow us to better tailor our suicide prevention efforts so that we can ensure that all Veterans remain safe."

The VHA care system identifies patients as being at high-risk of suicide based on information assessed during clinical encounters. Researchers found that their predictive model was more sensitive than this clinical flagging, in the sense that, even in groups with the highest predicted suicide risk based on the model, less than one-third of patients had been identified clinically.

"This is valuable, because it gives VA more extensive information about suicide risk," said Michael Schoenbaum, Ph.D., senior advisor for mental health service, epidemiology and economics at NIMH and one of the co-authors of the report. "If VA can identify small groups of people with a particularly high-risk of suicide, then they can target enhanced prevention and treatment services to these highest-risk individuals."

In addition to identifying suicide risk, the team looked at deaths among people identified as highest risk for suicide in 2010. The team found that this group had both very high suicide and non-suicide death rates over the next 12 months.

"This finding reinforces the idea that using this process to target suicide risk interventions may have wide benefits across an extended span of time," concluded Dr. Schoenbaum.

VA To Recognize Same-Sex Marriages, Provide Benefits

On June 26, 2015, the U.S. Supreme Court held in *Obergefell v. Hodges* that the Fourteenth Amendment of the U.S. Constitution requires a state to license a marriage between two people of the same sex and to recognize a marriage between two people of the same sex when their marriage was lawfully licensed and performed out-of-state. Therefore, VA may recognize the same-sex marriage of all Veterans, where the Veteran or the Veteran's spouse resided anywhere in the United States or its territories at the time of the marriage or at the time of application for benefits.

VA will work quickly to ensure that all offices and employees are provided guidance on implementing this important decision with respect to all programs, statutes, and regulations administered by VA. Until this guidance has been issued, VA will temporarily wait to adjudicate all claims regarding same-sex marriage that cannot be immediately granted based on prior guidance.

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 Road
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

Princeton VA Clinic
1511 North Walker Street
Princeton, WV 24740
304-425-8105

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 Road
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