



VA MID-ATLANTIC HEALTH CARE NETWORK - VISN SIX

Vol. 5, No. 2

*"Excellent Care – Earned by Veterans – Delivered Here"*

# Voices of VISN 6

Official news from around *your* VISN

November 30, 2014

## Asheville VAMC Gets First Hybrid OR in VISN 6

By Steve Wilkins,  
VISN 6 public affairs

Asheville VAMC opened their new Hybrid Operating Room (OR) Oct. 13, increasing their overall OR availability by 16 percent and enhancing their surgical capabilities immensely.

Hybrid ORs combine the features of traditional operating rooms with specialized medical imaging apparatus used to visualize blood vessels and organs inside the body. Including these imaging and scanning devices

within the OR provides surgeons with a variety of options and opportunities, enabling additional minimally invasive procedures.

The Hybrid OR capabilities will also allow Asheville VAMC to provide services which otherwise would require referral to community providers and hospitals. Additionally, the OR can still be used for conventional surgical cases.

Although common uses for Hybrid ORs in-

[Continued on Pg 4](#)



*Scott Pittillo*

*State-of-the-art diagnostic imaging equipment is permanently integrated into Asheville VAMC's new Hybrid operating room.*

## VISN 6 Trains For Infectious Disease

By James Payne,  
VHA Area  
Emergency Manager

The concern over Ebola has heightened the awareness of what CDC and VA are doing to prepare. As a result, emergency management training is an on-going effort throughout VISN 6.

Whether it's a patient who has been exposed to a hazardous chemical, or one with a suspected or confirmed case of Ebola Virus Disease (EVD); the VISN is working to ensure each facility is prepared to protect the Veterans, staff, and visitors.

[Continued on Pg 6](#)



*Linnie Skidmore*

*Durham Emergency Department nurses Lisa Buzolich (left foreground) and Caitlin Tucker (left rear) receive personal protective emergency gear training from Decontamination Team Leader Ellen Stagg (right rear) and James Payne, VHA Area Emergency Manager.*

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# Summits - Town Halls - Choice Cards: Changes Underway

Looking back over my tenure here, I can honestly say that rarely has a month gone by when there has not been some sort of change to, or unveiling of, a new process. But, never in my tenure have I seen so much change ongoing at the same time, and with such near-term goals for implementation.

Veterans and VA staff alike can rest assured that there have been numerous, focused conversations taking place at every level of our organization to ensure that these changes result in a more efficient, and effective VA ... one putting the Veteran at the center of our decision making. Our town hall meetings have helped identify issues in need of attention. Many issues, like parking and phones, are a common thread and may require higher VA-level solutions. On the other hand, when we get input for changes that make sense and that can easily and readily be implemented, we are committed to making them a reality quickly.

Because what we do is so intertwined with our local communities, we are also seeking input from stakeholders such as the civilian medical community, who we rely upon to provide non-VA care. The roll-out of the Choice Card has made their involvement even greater and we

must ensure that every Veteran eligible to use this new system, has the best opportunity for a successful outcome.

On Nov. 3, Gov. Terry McAuliffe hosted a Veterans Health summit at Virginia's War Memorial, in Richmond. Leadership from our Salem, Richmond and Hampton VAMCs and I were joined by Dr. Clancy, VA's Acting Under Secretary of Health, and met with the Commonwealth's Secretary of Veterans and Defense Affairs, Mr. John Harvey, and Secretary of Health and Human Resources Dr. William Hazel, as well as leaders from many other private sector health care providers in Virginia.



On Nov. 3, Gov. Terry McAuliffe hosted a Veterans Health summit at Virginia's War Memorial, in Richmond. Leadership from our Salem, Richmond and Hampton VAMCs and I were joined by Dr. Clancy, VA's Acting Under Secretary of Health, and met with the Commonwealth's Secretary of Veterans and Defense Affairs, Mr. John Harvey, and Secretary of Health and Human Resources Dr. William Hazel, as well as leaders from many other private sector health care providers in Virginia.

Our discussions focused on how to implement the Choice Card and streamline the process to ensure a warm hand-off between VA and non-VA providers. We discussed how to make the referral process work and how to ensure the records are properly shared and entered into each Veteran's VA health record. We also discussed how VA will pay for this service.

Presently, there are probably as many questions as answers. The key is that we are all working together to expedite the successful delivery of care to every Veteran enrolled in our region. You'll find more information about the Choice Card on Pages 10 and 11. Veterans who need more specifics can contact their local facility's Choice Card Champion identified on the bottom of Page 10.

We will work to keep everyone informed, using all our communication tools to include the medical centers' web sites and Facebook accounts to share new information as it becomes available.

Beyond the summits and town halls, I'm really proud of so much that has been accomplished recently throughout the VISN. The Hybrid Operating Room (OR) in Asheville is truly amazing. This new OR allows surgeons to collaborate with pathologists and radiologists during surgery and make assessments using real-time or instantaneous images.

The E4D Planscan (Page 5) is another example of our efforts to keep VA health care on the cutting edge of technology.

Finally, I'd be remiss if I did not comment on some of the awards received within the VISN. Durham VAMC being recognized as a Top Performer by The Joint Commission is something to shout about. My hat's off to DeAnne Seekins and her team for achieving this wonderful recognition.

I also want to make special mention about Mary Holtschneider receiving her VA-level award for the great work she does with simulation training and to Dr. Robin Hurley for being recognized by the state of North Carolina for her research in mental health.

It's truly an honor to be associated with the many super talented professionals that make up the VISN 6 team.

I look forward to where we are headed in the New Year. We will continue to forge ahead with making VISN 6 known for Excellent Service – Earned by Veterans – Delivered here.

I wish everyone a safe and joyous holiday season.

Sincerely,

Dan Hoffmann

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

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# ER Decision Is About Care, Not Cost

*Editor's note: On Sept. 19, the Fayetteville VAMC converted their Emergency Department into an Urgent Care Clinic. The change, due to provider staffing issues, was thoroughly coordinated with VISN 6, VHA and the Department of Veterans Affairs. Local conversation about this action has included information unsupported by fact. The following article was written by Fayetteville's director with the intention of setting the record straight.*

By Elizabeth B. Goolsby,  
Director, Fayetteville VAMC

All around the nation, communities great and small paid tribute on Veterans Day to all who have served in our nation's armed forces. And rightfully so. Our nation owes a debt of gratitude to our military.

As director of the Fayetteville Veterans Affairs Medical Center, I have the privilege of helping our nation repay that debt by overseeing the delivery of high quality care to more than 61,000 Veterans who choose the Fayetteville VAMC as their medical home.

This is an honor and a privilege that I eagerly embrace, as do more than 1,500 employees who share my passion and commitment to Veterans.

The week leading into Veterans Day, national representatives of the American Federation of Government Employees placed a full-page ad in the Fayetteville Observer that mischaracterized the nature of our decision to temporarily convert our emergency room to an urgent care center.

"Stop Cheating Veterans! Our heroes deserve quality care at their VA," the ad proclaimed. We agree wholeheartedly. Our heroes do deserve quality care at their VA.

We converted our ER to an urgent care center because we were unable to consistently staff the emergency room with board-certified emergency room physicians. That's it concisely.

We made this difficult decision because it was reasonable, prudent and supported by mounting evidence. We came to this conclusion because not to do so would put our Veterans at risk.

For several years, our emergency room has been staffed with a combination of Fayetteville VAMC physicians, fee-for-service providers and contract providers. The majority of the coverage came from contract providers.

Over time, the contract providers failed to fulfill their obligations. It was sporadic at first but then with alarming regularity when we notified them of our intent to seek a new service provider when their contract award period expired.

Now this is where we take exception with the

AFGE ad's request for area Veterans to tell me to "hire the doctors needed to open the emergency room immediately."

This isn't a budgetary issue nor is it a management issue. To imply such is ill-informed and misleading.

Our Veterans deserve the best care. In keeping with community and national standards, we are seeking board-certified emergency room physicians to staff our ER. This task is made more challenging as board certified emergency room physicians are in great demand across the country.

Moreover, recruitment is particularly challenging in areas that do not have a medical school or have salary caps such as the VA has. We are continuing to work with contract providers, hiring our own staff and using fee-for-service providers with the intent to open the emergency room again when we are convinced we can consistently and safely staff the area.

Patient safety must be our first priority and we will not compromise that responsibility.

We are also working with our academic partners and the North Carolina Medical Society to explore all solutions possible for our staffing concerns. Our desire is to have our ER open again as soon as possible. Consistent, safe staffing levels must be in place in order to do that, however.

We solicit AFGE's assistance as well. We are open to referrals, proposals, open dialogue, anything that can help us meet our mutual goal of securing a sufficient number of board certified emergency room physicians to help get our ER open again.

Last, I invite our Veterans and the community to contact me directly through our online "Ask The Director" program by email. I can be reached by email at [NC@VA.Gov](mailto:NC@VA.Gov).



*Elizabeth B. Goolsby*

***This isn't a  
budgetary issue  
nor is it a  
management  
issue...***

***Elizabeth B.  
Goolsby***

## Salisbury Doctor Recognized For TBI/PTSD Work

By Michael Maddox,  
Salisbury VAMC public affairs

Salisbury VAMC's Dr. Robin Hurley, Associate Chief of Staff for Research and Education, was recently recognized as the winner of the Psychiatric Foundation of North Carolina's 2014 Eugene A. Hargrove, M.D., Mental Health Research Award.



Dr. Robin Hurley

The selection committee chose Hurley as the winner for her contributions to the field of Traumatic Brain Injury (TBI) and Post-Traumatic Stress Disorder (PTSD) research, particularly her research related to the effects of military deployment-related TBI on brain function, behavior and psychopathology.

Hurley, who also serves as the Associate Director of Education for the VISN 6 Mental Illness Research, Education and Clinical Center

(MIRECC), said she was honored to receive the award. "I'm so grateful to the Psychiatric Foundation of North Carolina for giving me the award, and it is an honor to the Veterans, that they appreciated the work that we do with Veterans," she said. "This is a big deal, that our research was recognized. There are a lot of talented researchers in the state committed to understanding mental illnesses and their effects on people, and it's a great

honor that that our work with Veterans was singled out."

Hurley said she feels everyone on the MIRECC team also deserves to be recognized because they worked together on the research.

"None of this would have been possible without my team," she said. "Nothing in research is ever done in isolation. The days of one person doing research or doing anything in medicine ended decades ago. It's only with one team, with the same focus and mission, that you can accomplish anything. This award shows the work of the whole group, not just me."

She added, she feels Dr. Katherine Taber, Assistant Director for Education VISN 6 MIRECC and a Research Health Scientist in the Salisbury VAMC Research and Education Service, was instrumental in the research.

"I'm thankful for all her work here in building the program and her mentorship over the years. She's a neurobiologist, and I'm a clinician, and she and I have been a team doing this for 20 years, and none of this would have been possible if she weren't there with me," said Hurley.

The Hargrove award is named after Dr. Eugene Hargrove, who was Director of the North Carolina State Department of Mental Health, Developmental Disabilities and Substance Abuse Services from 1958 until 1973.

This annual award is in commemoration of Hargrove's contributions to mental health care in North Carolina and his recognition of and support for research in the public mental health system.

The Psychiatric Foundation of North Carolina presents this award to individuals who have been recognized by colleagues for exceptional contributions in the field of Mental Health Research.

### Hybrid OR continued from Pg 1

clude work on heart patients and neurosurgery, they are well-suited to address a variety of needs from orthopedic, laparoscopic and emergency surgery to biopsies. Now it's possible to look for internal problems and treat them in the same room, at the same time, which in many cases will eliminate the need to schedule separate dates to find the problem and then a second date to come back for treatment.

Having the new equipment in the room also allows surgeons to react more readily when problems are detected and to make smaller incisions, reducing pain and healing time for patients.

"Having this new capability will enhance care to Veterans in so many ways," according to VISN 6 Chief

Medical Officer Dr. Mark Shelhorse. He said the Hybrid OR will help to expand the types of procedures that can be done, shorten the treatment time and alleviate the need for multiple follow-up appointments. "The most important result is that Veterans will spend less time in the hospital and recover more quickly."

According to officials in Asheville, the Hybrid OR will have an emphasis on Vascular Surgery; however, it can be used by a wide array of specialists including thoracic surgeons, cardiologists, and radiologists.

The Hybrid OR cost \$2.2 million. At 893 sq. ft., the facility is much larger than a typical operating room and has space for as many 20 people who could be working simultaneous procedures.

# Durham VAMC Recognized As Top Performer

The Joint Commission, the leading accreditor of health care organizations in the United States has recognized Durham VAMC as a Top Performer on Key Quality Measures for 2013 in the Commission's 2014 annual report "America's Hospitals: Improving Quality and Safety."

The Top Performer program recognizes hospitals for improving performance on evidence-based interventions that increase the chances of healthy outcomes for patients with certain conditions, including heart attack, heart failure, pneumonia, surgical care, stroke, venous thromboembolism and perinatal care, as well as for inpatient psychiatric services and immunizations.

"We are proud to be named a Top Performer as it recognizes that the knowledge, teamwork and dedication of our entire staff," said DeAnne M. Seekins, director, Durham VAMC.

"Delivering the right treatment in the right way at the right time is a cornerstone of high-quality health care. I commend the efforts of Durham VAMC for their excellent performance on the use of evidence-based interventions," said Mark R. Chassin, M.D., president and CEO, The Joint Commission.

For more information about the Top Performer program, visit [www.jointcommission.org/accreditation/top\\_performers.aspx](http://www.jointcommission.org/accreditation/top_performers.aspx).

# New Equipment Enables Getting Dental Crowns Quicker

By Michael Maddox,  
Salisbury VAMC public affairs

Traditionally, the process of getting a dental crown made for a patient at the Salisbury VAMC could take several weeks, but now, thanks to new technology, it can be done in as little as a few hours.

The dental clinic recently received an E4D Planscan system, which is a Computer Aided Design/Computer Aided Manufacturing dental milling machine. The E4D allows the clinic to make its own porcelain crowns for patients.

Being able to make crowns in-house can shorten patients wait time considerably, said Geoff Moon, dental technician.

"It's really good for us because prior to this, we had no capability on-site to make any type of crowns. We had to ship them out to a VA central dental laboratory," he said. "The time savings of being able to make our own is just remarkable."

According to Val Gibberman, D.D.S., chief of VISN 6 Dental Service, Salisbury is currently the only VISN 6 facility with the machine. "These machines cost about \$170,000 and offer a wonderful service for the facilities that have higher patient volume."

The E4D process starts with making a model of the patient's teeth from an impression that dental technicians scan into the computer.

"Once we get it scanned in, we can look at any angle, look at the inside, look at the thickness – about any aspect you could think of," said Moon. "This machine is on the cutting edge of what's on the market for digital dentistry as far as milling."

Once the design is complete, it's sent to the milling machine that carves the porcelain blank into a crown in about 20 minutes. The entire process can take as little as a couple of hours. Keith Phillips, staff dentist and



*Michael Maddox  
Geoff Moon, a dental technician at the Salisbury VAMC, uses the E4D Planscan system to design a crown for a patient.*

director of the Dental Residency Program at Salisbury said, "It probably takes us about three hours right now to make a crown, so if the patient wants to wait, we can do it that day. If we can do it in one visit, which is our target, it can eliminate the patient having to return."

Moon added that doing all of the work in one day also helps Veterans by eliminating the need for follow-up appointments.

"Through utilizing his lab personnel to assist in the fabrication, Dr. Phillips' team has greatly improved the final product," said Gibberman. "Although production is limited at this time, Salisbury expects to produce as many as 300 a year."

When asked if other dental clinics in the VISN will get one of these machines, Gibberman said, "We're currently evaluating the effectiveness of the E4D Planscan system at Salisbury and will consider adding the machines to other clinics after reviewing the results."

# VBA-Hosted Veterans Walk-In Clinic In Winston-Salem

By Michael Maddox,  
Salisbury VAMC public affairs

More than 460 Veterans turned out for the VBA-hosted Veterans Walk-In Claims Clinic and Resource Center event held in Winston-Salem on Nov. 8. Staff from the Salisbury VAMC were on hand to assist with healthcare related issues.

The Salisbury team had specialists available to answer questions about healthcare eligibility, appointments, homeless Veteran benefits, mental health programs and women's health programs. They also provided medical screenings for blood pressure and blood sugar, as well as flu shots.

Quentin Wheeler, administrative officer for the Winston-Salem CBOC said "We wanted to make sure that Veterans could get help with their medical care, as

**Continued on Pg 7**



**Tammy Fletcher**

*Claims representatives from the Winston Salem VBA Regional Office assist Veterans during their walk-in claims clinic Nov 8.*

## Emergency Management Training continued from Pg 1

Nationwide, VA has put together multiple working groups to monitor the situation; coordinate efforts with local, state, and federal public health groups; educate VA staff; and to provide up-to-date guidance on infection control and prevention.

This guidance includes how to use personal protective equipment (PPE) and how to properly screen and care for sick patients.

In line with these nationwide efforts is hands-on training like that recently conducted at the Durham VAMC.

On Nov. 12, myself, along with Durham VAMC's Emergency Manager Mike Boucher, Decontamination Team Leader Ellen Stagg, and Jan Davis, Durham's industrial hygienist, provided training to Emergency Department nurses Lisa Buzolich and Caitlin Tucker.

Throughout the day, Buzolich and Tucker learned how to properly don PPE to include Powered Air Purifying Respirators (PAPRs), chemical resistant coveralls, gloves, and boots.

Boucher uses the analogy of a pre-flight checklist used by pilots. The checklist must be followed and every procedure completed in a specific order before a plane is allowed to take off. The same importance must be placed on the donning and doffing procedures.

After the nurses were fully attired in their PPE ensembles, they were provided the opportunity to walk around and enter the decontamination trailer to become familiar with how it feels to move and work while wearing the equipment. Finally, they were instructed on the proper procedure to remove (or doff) the PPE.

While most of the procedures for EVD PPE are the same as those used when decontaminating a patient who has been exposed to chemicals or other harmful materials, there are some additional items used, to include splash-proof aprons and disposable shoe covers, and critical differences in the order in which the PPE is donned and doffed when dealing with EVD.

Both Buzolich and Tucker were also trained on the use of the decontamination trailer. Later, Tucker was joined by two other nurses in more specific training related to dealing with a suspected or confirmed case of EVD in the Emergency Department. The nurses were also trained on the proper way to decontaminate themselves when leaving the isolation room.

According to Boucher, Durham VAMC presently has more than 80 people who have been through the basic decontamination training and 19 who have had the additional Ebola specific training.

As threats evolve and new challenges emerge, the Veterans and staff of the Durham VAMC can be confident that the dedicated members of the decontamination team and the Emergency Department care givers are prepared.

Additionally, the decontamination team members and Emergency Department care givers can be confident that they will continue to receive the highest-quality training along with the highest-levels of personal protection so they may provide care to our Nation's Veterans without worry.

For more information about ebola, or other infectious diseases, visit [www.publichealth.va.gov/](http://www.publichealth.va.gov/).

### Daughters Of The American Revolution Donate Flag



*Daniel Fahey (left) and Kevin Jones (right) prepare to hoist the new flag at the Staunton CBOC.*

*(L to R) Susanna Lerner, Kevin Jones, Susan Alexander, Daniel Fahey, Belinda Robinson, and Cheryl Gearhart display the flag donated to the Staunton CBOC on Nov. 7. The flag was flown over the U.S. Capitol on July 18. The flag and its certificate were donated to the CBOC by Alexander and the Augusta Parish Chapter of the Daughters of the American Revolution.*

### Walk-in Claims Clinic continued from Pg 6

well as with claims.”

Cheryl Rawls, director of VBA’s Regional Office in Winston-Salem, said “We have such a strong collaborative relationship with VHA in the state of North Carolina, and we work very closely with all of the medical centers, so it made sense to have them partner with us to provide services for the Veterans,” she said, adding, “this allowed us to ensure if a Veteran needed anything – whether it be to schedule an appointment, to be vested, or to get their claims done, they could do it here.”

Each Veteran seeking information about benefits could talk with a team of two claims representatives. Whenever possible, rating decisions were made and benefits granted on-the-spot. If benefits could not be granted, claims representatives provided explanations on what was needed to take further action on the claim.

Additionally, Vocational Rehabilitation and Employment counselors were available to assist Veterans seeking employment. Representatives from both the Philadelphia and Atlanta Regional Offices were standing by to assist with pension, education, and loan guarantee claims.

VBA staff provided immediate on-site assistance for Veterans and family members. Throughout the day, staff processed 110 new benefit claims; 31 dependency claims; seven applications for Vocational Rehabilitation and Employment; granted benefits to one World War II Veteran, and assisted six homeless Veterans.



**Michael Maddox**

*Jacklyn Sink, a licensed practical nurse with the Winston-Salem Community Based Outpatient Clinic, gives a Veteran a flu shot during the Veterans Walk-In Claims Clinic and Resource Center event. During the clinic, blood sugar and blood pressure screenings were also provided.*

VBA staff also provided training on Fully Developed Claims to Veterans Service Organizations and conducted two Town Hall meetings to provide updates and answer any questions or concerns related to Veterans Affairs.



## Durham VAMC Clinician Garner National Honors

Mary Holtschneider, a VISN 6 clinical educator, was recognized with the 2014 Under Secretary for Health Excellence in Clinical Simulation Training, Education and Research Practice Award Oct. 28.

Representing VA Interim Under Secretary for Health, Lygia Arcaro came to Durham VAMC to present the award.

The award is presented to people whose work in simulation training has had national impact and system-wide improvements in learner proficiency.

“For many years Ms. Holtschneider has worked to enhance learning and improve learning processes,” according to Durham VAMC Director DeAnne Seekins, who continued, adding, “Relying on her expertise in simulation, her efforts to improve course delivery has changed the instructive culture beyond the Durham VAMC and outside VA.”

Working with the Patient Center for Safety and Inquiry, Holtschneider contributed to process improvement and learner proficiency through projects that include Code Response Team Training, Operating Room to Intensive Care Unit Hand Over and “The Relationship between Leadership, Teamwork, and Team Performance during simulated Cardiac Arrests.”

Her work has more value to Holtschneider now than ever, after a couple of her former students performed



Courtesy Photo

Holtschneider demonstrates the training that saved her life to VA Secretary McDonald in Durham’s simulation suite.

CPR to help save her life in the Durham VAMC parking lot almost a year ago, when she suffered a pulmonary embolism. Reflecting on the training that saved her life, she declared, “I think the whole system works really well and I teach that. I live it.”

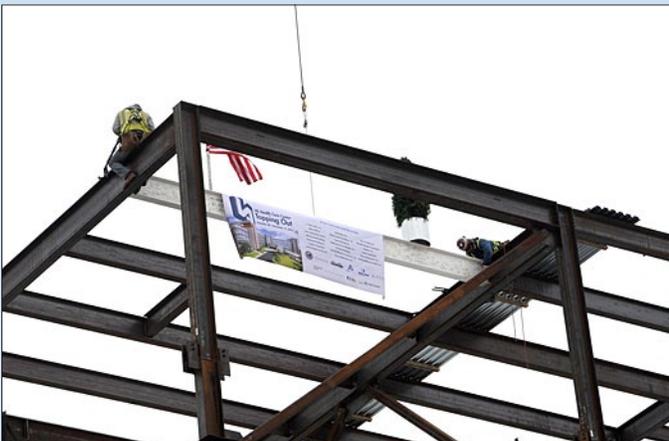
## Charlotte HCC Topping Out Ceremony

The last steel beam of the Charlotte Health Care Center (HCC) was put into place during a “Topping Out” ceremony Nov. 13 at the facility’s future location at West Tyvola Road and Cascade Pointe Boulevard.

Once completed, the new HCC will serve Veter-

ans who currently receive care through the Charlotte CBOC.

When completed, the Charlotte HCC will have 295,000 net usable square feet of space and 1,930 parking spaces. It’s currently scheduled to open in Spring 2016.



Courtesy Photo

The last beam of the Charlotte HCC is put into place.



Courtesy Photo

The beam is signed before being put in place.

### “Road To Veterans Day” Leads To Long-Term Reform At VA

VA Secretary Robert A. McDonald’s “Road to Veterans Day” initiative, announced on Sept. 8, has resulted in significant progress for Veterans. Over the past three months, VA has taken deliberate actions to improve service delivery for Veterans, rebuild trust, increase accountability and transparency and put the department on the path to long-term excellence and reform.

“Over the past three months, we’ve been taking a hard look at ourselves, listening to Veterans, employees, Veterans organizations, unions, members of Congress, and our other partners. Their insights are shaping our work to chart the path for the future,” said McDonald, who has traveled extensively during his first few months in office, visiting 41 VA facilities in 21 cities while also making 11 recruiting visits to medical schools. “While more work remains, our dedicated employees are making progress to better serve Veterans.”

To improve service delivery, VA has prioritized efforts to accelerate Veterans off of wait lists and into clinics through the Accelerated Care Initiative begun by Deputy Secretary Sloan Gibson this summer. Through this initiative, VA medical centers have increased access to care inside and outside of VA, added more clinic hours and work days, deployed mobile medical units, and shared their best practices from VA’s high-performing facilities throughout the organization. Significant improvements have resulted nationally:

- Scheduling more than 1.2 million more appointments in the past four months than in the same period last year. In total, VA medical centers have scheduled over 19 million Veteran appointments from June to Oct. 1, 2014. Reducing the national new patient Primary Care wait time by 18 percent.
- Completing 98 percent of appointments within 30 days of the Veterans’ preferred date, or the date determined to be medically necessary by a physician.
- Authorizing 1.1 million non-VA care authorizations, a 47 percent increase over the same period last year.

### VA Mail-Order Pharmacy Receives Top Score In J.D. Power Study

For the fifth consecutive year, the VA Consolidated Mail Outpatient Pharmacy (CMOP) has scored the highest in overall satisfaction in the J.D. Power National Pharmacy Study, Mail-Order segment.

This study, conducted annually, measures satisfaction among consumers who filled a mail-order prescription within the last 90 days.

Ten commercial organizations were also included in the study.

“VA’s first-class pharmacy services are an important component of the exceptional health care available to our Veterans,” said Dr. Carolyn Clancy, interim un-

der secretary for health. “We are proud to learn from our Veterans through this study that VA is delivering on that commitment.”

Customer satisfaction with mail-order pharmacy is measured across four key factors: cost competitiveness, prescription delivery, prescription ordering, and customer service.

VA also led the mail-order pharmacy industry nationwide in 2010, 2011, 2012 and 2013. VA participates in this annual survey as a way to compare itself against industry leaders and to ensure VA health care meets the highest standards.

On Sept. 17, VA announced an increase in the salary pay scale for VA doctors and dentists to aid in recruiting and retention.

As part of the “Road to Veterans Day,” McDonald has reaffirmed VA’s homelessness program and the Veterans Benefits Administration’s Claims Transformation Strategy. VA remains committed to working with its federal, state and local partners to end homelessness among Veterans, which has been reduced by 33 percent since 2010. With the backlog of disability claims reduced by 60 percent since its peak in March of 2013, VA is also on track to eliminate the backlog in 2015 and will continue to expand online claim-submission capability in all programs.

“VA exists to serve our Nation’s Veterans and their families. I’m convinced that our comprehensive reforms will enable us to better meet the needs of our Veterans because we will be looking at everything we do through their eyes. We owe them nothing less,” McDonald said.

### VA To Hold Small Business Engagement In Atlanta In December

The VA, in collaboration with other federal agencies and partners, will sponsor the 4th annual National Veterans Small Business Engagement (NVSBE), Dec. 9-11, at the Georgia World Congress Center in Atlanta, Ga.

The premier event for Veteran-Owned Small Businesses, the NVSBE is expected to attract as many as 3,000 attendees offering the chance to learn best practices from federal and commercial procurement decision makers. More than 400 exhibitors and 25 government agencies along with private industry partners, such as Lockheed Martin, Document Storage System, Inc. (DSS) and Boeing, will also participate in the event. The theme of this year's event, ACCESS, is focused on promoting and supporting small Veteran-owned business' access to economic opportunity.

"VA is committed to increasing the number of Veteran-owned small businesses," said VA Secretary Robert A. McDonald. "The NVSBE demonstrates our commitment by offering Veteran business owners the tools they need to thrive in the federal marketplace. We want to do all that we can to help our Veterans be successful."

The Engagement provides numerous opportunities for important relationships to start and thrive.

"One of the greatest challenges for small business owners is to connect with decision makers who can help them grow their businesses," said Thomas J. Leney, Executive Director of VA's Small and Veteran Business Programs. "NVSBE provides small businesses a solution to meet that challenge."

For more information about the 4th annual NVSBE, visit [www.nvsbe.com](http://www.nvsbe.com).

### Choice Cards Coming To Veterans Throughout VA

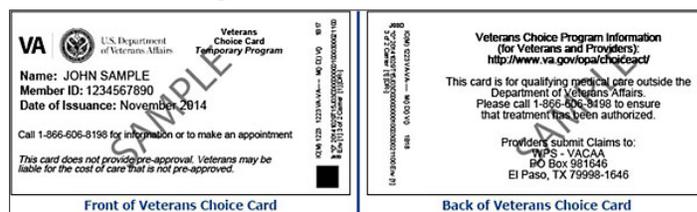
By Kenita Gordon,  
VISN 6 public affairs

In its continued work to improve access to timely medical care for Veterans, VA has begun implementation of the Veterans Access, Choice, and Accountability Act of 2014 (VACAA) that was signed into law on Aug. 7. VA began distributing the new Choice Cards to Veterans on Nov. 5 with plans to continue a staged distribution through January 2015.

There are more than 30 sections of the law that cover everything from outside provider reimbursement to physician recruitment and administrative matters; however, sections 101-103 specifically address Veterans access to care. Section 101 of VACAA requires VA to establish a temporary program ("the Choice Program") to improve Veterans' access to health care by allowing eligible Veterans to use eligible health care providers outside of the VA system (non-VA care). Choice cards are being sent in compliance with this section of the VACAA.

Section 101 requires VA to expand options for eligible Veterans to elect to use non-VA health care for a period of up to three years, based either on the distance a Veteran lives from a VA facility, or if he or she is experiencing wait-times beyond the new 30-day standard. This is referred to as the Choice Program. Veterans who meet eligibility requirements will be able to receive care from eligible non-VA providers.

To be eligible a Veteran must have been enrolled in VA health care on or before Aug. 1, 2014, or be eligible to enroll as a recently discharged combat Veteran within five years of separation. Additionally, a Veteran must also meet at least one of the following criteria:



- 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.
- The Veteran's current residence is more than 40 miles from the closest VA health care facility.
- The Veteran resides in a location and needs to travel by plane or boat to the nearest VA facility.
- The Veteran faces a geographic challenge, such as extensive distances around water or other geologic formations, such as mountains, that present a significant travel hardship.

For more information, call 866-606-8198, visit [www.va.gov/opa/choiceact/](http://www.va.gov/opa/choiceact/) or contact your VA medical center's Choice Card Champion.

Facility	Champion	Contact Number
Asheville	Gene Morris	828-298-7911
Beckley	Gary Eskins	304-255-2121
Durham	Clarence Lea	919-286-0411
Fayetteville	Jeffrey Stanko	910-488-2120
Hampton	Odette Gruber	757-722-9961
Richmond	Nora Vanderpool	804-675-5000
Salem	Janet Zellis	540-982-2463
Salisbury	Angela Gilley	704-638-9000

### Veterans Choice Program: Frequently Asked Questions

#### How will I get my Choice Card?

VA will mail the Choice Card to Veterans enrolled in VA health care as of August 1, 2014, and to recently discharged combat Veterans who enroll within the 5 year window of eligibility.

\*Not all Veterans who receive the Card will be able to participate in the Choice Program – they must meet the criteria established under the new law.

#### When will I get my Choice Card?

The Choice Card will be issued in three phases. The first group of Choice Cards along with a letter explaining eligibility for this program was sent Nov. 5 to Veterans who live more than 40 miles from a VA facility. The second group of Choice Cards was sent Nov. 17 to Veterans who are currently waiting for an appointment longer than 30 days from their preferred date or the date determined to be medically necessary by their physician. The final group of Choice Cards and letters will be sent by January to the remainder of all Veterans eligible for the Choice Program.

#### Is the criteria 40 miles or 30 days?

Eligibility is based on the Veteran's place of residence or the inability to schedule an appointment within the "wait-time goals", which have been established as 30 days from the date preferred by the Veteran, or the date medically determined by his/her physician. A Veteran could be eligible under one or both of these criteria.

#### Does the 40 mile rule refer to whether the specialty need (for example, Orthopedic Surgery) is available within 40 miles, or 40 miles from any VA facility, whether or not the specialty is available there?

Eligibility is based on the distance from the Veteran's residence to any VA medical facility, even if that facility does not offer the specific service the Veteran requires.

#### What are the criteria used to determine the 40 mile radius? Is it similar to the Dashboard used to calculate mileage reimbursement?

VA is using a straight-line distance, rather than the driving distance to calculate the mileage. VA has an interactive tool available at [www.va.gov/healthbenefits/apps/choice/](http://www.va.gov/healthbenefits/apps/choice/) to help Veterans determine their eligibility based on their place of residence.

#### What happens if I have insurance? Will my insurance be billed?

VA is the secondary payer for Veterans with private insurance for the costs associated with non-service connected care. VA will be the primary payer for medical services for service-connected health issues.

#### How will VA get my medical records?

When a Veteran receives care from a non-VA provider, the provider must submit a copy of any medical record information related to the care and services provided to VA. This information will be included in the Veteran's VA medical record.



# 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/)

**Beckley VAMC**  
200 Veterans Avenue  
Beckley, WV 25801  
304-255-2121, 877-902-5142  
[www.beckley.va.gov/](http://www.beckley.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

**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. 7816  
800-771-6106 Ext. 7816

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

## DIALYSIS CENTERS

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

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

## VET CENTERS

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

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

**Fayetteville Vet Center**  
4140 Ramsey St.  
Fayetteville, NC 28311  
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