



VA MID-ATLANTIC HEALTH CARE NETWORK • VISN SIX

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“Excellent Care – Earned by Veterans – Delivered Here”

# Voices of VISN 6

Official news from around *your* VISN

February 28, 2015

## New Radiology Capabilities Benefit Hampton Veterans

By Daniel L. Henry  
Hampton VAMC  
public affairs

The recent introduction of Positron Emission Tomography, or PET, and advanced pain management modalities at the Hampton VAMC are providing Veterans who would normally be sent to other facilities the opportunity to have specialized procedures done closer to home - and much more quickly.

PET, which combines nuclear and anatomic radiologic examinations for

the diagnoses and staging of cancer, is the standard of care for determining many forms of the disease. In the past, Hampton Veterans who needed the service had to use non-VA care.

Now, through the use of a mobile PET/CT Van, the addition of this specialized procedure is making life easier for Veterans in need, and more efficient for the providers who take care of them.

According to Dr. Jose Morey, staff radiologist at

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**Daniel Henry**

*Dr. Jose Morey, staff radiologist at Hampton VAMC, reviews PET/CT results in reading suite.*

## North Carolina 2015 Social Worker Of The Year

By Valerie Arendt  
Associate Executive  
Director, NASW-NC

John Cowart has been named the 2015 Social Worker of the Year by the National Association of Social Workers North Carolina Chapter (NASW-NC).

The NASW-NC Social Worker of the Year Award is an annual award given to a social work professional who has demonstrated commendable social work practice and involvement with NASW and other professional, civic, and community organizations.

As a social work supervisor at the Charles

George VAMC in Asheville, John Cowart, provides direct patient care and performs individual, couples and group psychotherapy for Veterans.

Cowart has led an extensive career serving American Veterans. He has provided direct services and support to Veterans from the Spanish American War, World Wars I and II, the Korean War, Vietnam War, Gulf War, and the Afghanistan and Iraq wars.

In his role as the Former Prisoner of War (POW) Coordinator for the VA in Asheville he has organized annual week-end reunions for the survivors of the Battles of



*John Cowart*

Bataan and Corregidor in World War II.

For the past 15 years, Cowart has lead a group of Veterans diagnosed with Post Traumatic Stress Disorder (PTSD) to Washing-

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### Committed To Showing Results At The VA

Carolyn M. Clancy, MD, was named Interim Under Secretary for Health for the VA on July 2, 2014. On Feb. 17, Federal Practitioner talked with Dr. Clancy about the pace of change and the role of health care providers in improving care for Veterans. Below is an edited and condensed version of the interview. To hear the complete interview, visit [www.fedprac.com/multimedia/multimedia-library.html](http://www.fedprac.com/multimedia/multimedia-library.html).

#### Taking Measure of VA Strengths

I came to this system in August of 2013 after more than 20 years at HHS, all working for an agency that had the lead charge for funding research to improve quality and safety in health care; and I had spent the last 10 years prior to coming here as the director of that agency. I came to VHA because I thought this system was unique among all systems, public and private, in this country and had the strongest foundation in place to deliver 21st century health care. And at least as important—probably more so—was the sense of mission among all of the employees I met. These were people I’ve known in academia, people I met on the interviews, people I’ve intersected with for a number of years in the research community. You can’t replicate it, and you can’t buy it; and I figured the combination of a strong foundation and mission meant that this was one of the best systems to work for.

I still think that. Some of our best facilities could compete head to head with any facilities in the private sector. There is no question about that. We have some systems, facilities, and clinics that are struggling as well, which is also very typical of the private sector.

What we have is an incredible opportunity, first, because we have a fabulous mission. We have highly committed and dedicated employees. We have an incredible opportunity to actually learn as a system. There has been a lot of discussion at a number of levels about how health care in the new century needs to be a learning health care system. We actually have the capability of delivering on that promise. So I’m very, very excited.

#### VA Clinical Staff and Recruitment

I have often observed that change can be scary, but it’s also incredibly liberating. Some of our most dedi-



Carolyn M. Clancy

cated employees, I know, can be frustrated, because they feel like they’re doing their part; but they aren’t always sure that the members of the team are as dedicated as they are or are going to catch the ball. And there’s no question that you don’t get to high-quality care without a good team. In other words, superb health care and exceptional Veteran experience is a team sport by definition.

So I think it will actually help the vast majority of our frontline clinicians. It’ll be much, much easier for them to deliver the kind of care they want to deliver every single day but sometimes feel like they get stuck in workarounds.

As you have probably read and have heard me say, one of the biggest challenges of our crisis—now quite open to everyone—is how we had limited availability and limited capacity to meet the needs of the Veterans we had the privilege of serving. So we are on a very, very big recruitment drive for all kinds of clinicians. And in addition to the incredible mission, we have taken some steps to make salaries a bit more competitive with the private sector. I want to underline a bit. You wouldn’t be coming to VA because you wanted to become wealthy, but we recognize that people have to pay student loans and so forth. And speaking of student loans, we have a variety of programs to help people pay down their educational debt.

And all of these things actually help, but the opportunity to deliver care that is really focused squarely on the needs of the individual Veteran. That, I think, is what people will ultimately find far more exciting than any anxiety about change.

The answer to the question about who are we recruiting is: yes. We’re recruiting all of those people [physicians and midlevel providers]. We often speak about the health care market in this country as if there were one health care market. And actually, U.S. health care, of which VA is very much a part, particularly now with the new law, is very much a series of local and regional markets. So to some extent, the ratios and the types of people that we’re going to need will depend on the specific community; but we’re looking for people in all of those areas.

#### Changing VA Culture

There are a number of things that impact culture. Some of it is about stories. And I have to say that every

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# Salisbury To Offer Couple's Retreat For Veterans

By Michael Maddox  
Salisbury VAMC public affairs

Most Veterans would agree that good communication is key to completing any mission successfully. What they may not realize is that this concept is also essential to having a healthy, successful relationship with a significant other.

This is one of the key concepts Veterans will learn to apply during the upcoming "Warrior to Soul Mate" couple's enrichment retreat scheduled for April 17-19.

"The primary purpose of Warrior to Soul Mate couple's retreat is to strengthen the Veteran's relationship with their significant other through the teaching of communication skills," said Salisbury VAMC Chaplain Ryan Wagers, one of four retreat facilitators. "It's basically working toward building a solid foundation in that Veteran's life with their significant other."

Wagers said the retreat, which will take place at a hotel in Concord, N.C., will provide tools for Veterans to learn to not allow past military experiences to hinder communication with a spouse.

"There are some similarities between Veterans and non-Veterans - they're people, they're human beings, but what creates the differences often times are the ex-

periences that they've had either previous to that relationship or have been involved in as part of that relationship that relate to our military service," he explained. "It might be related to combat. It might be related just to the different job duties - the structure of the military - understanding they were put in a very stressful aspect of life that can carry over into relationships. There are various situations in life, both behavioral disorders and other things that are part of a Veteran's make-up that will also create barriers to communication, such as Post Traumatic Stress Disorder."

"Veterans bring along those life experiences, fortunate or unfortunate, that relate to their military service that can have an impact in their relationships," added Wagers.

After serving their country, it can be difficult for Veterans to translate and relate their experiences to civilian life. On top of that, there is often no transition time from soldier to civilian.

"Veterans, often times when they come back, they hit the ground running. There's not that time to talk with a significant other about some things that have happened or how they feel about communication,

[Continued on Pg 6](#)

# Asheville VAMC Signs MOU For Veterans Treatment Court

By Sharonda Pearson  
Asheville VAMC public affairs

Cynthia Breyfogle, director of the Asheville VAMC and Judge Marvin P. Pope signed a Memorandum of Understanding Feb. 27 to establish a new Veterans Treatment Court in Buncombe County. Pope, who will preside over the court, will handle numerous Veterans' cases instead of Veterans appearing before random judges who may or may not have an understanding of their unique problems.

"Buncombe County has been working on this since 2011, and we are proud to be the second [Veterans Treatment Court] in North Carolina," Pope said. Breyfogle agreed.

The Veterans Treatment Court team will include a presiding judge, a prosecutor, a defense attorney, court staff, and a representative from the Asheville VA, trained Veteran mentors, and other treatment professionals all there for a singular purpose: assist Veterans in their rehabilitation by addressing their unique service-related needs.

Katie Stewart, a Veterans Justice Outreach Specialist at Asheville VAMC will provide case management



**Sharonda Pearson**  
*Cynthia Breyfogle and Judge Marvin P. Pope sign a Memorandum of Understanding Feb. 27 to establish a new Veterans Treatment Court in Buncombe County.*

to Veterans enrolled in the Veterans Treatment Court.

"I am here to ensure that Veterans with legal issues are receiving all needed treatment services, as well as act as a liaison between the court and the medical center," Stewart said.

# Group Care, Self-Monitoring Helps Blood Pressure Control

By John Crawford  
VA Research Communications

VA is getting better when it comes to managing Veterans' hypertension due to comprehensive, and sometimes creative, treatment methods. That's the gist of a new study aimed at quantifying the success of various behavioral interventions VA has in place to improve hypertension and blood pressure control.

Hypertension is the most common chronic condition in the VA population, affecting nearly 4 in 10 Veterans. It can lead to stroke and other deadly complications.

"High blood pressure can have all kinds of negative ramifications. It can exasperate existing comorbid conditions like diabetes," says Dr. Leah Zullig, a core investigator at the Center for Health Services Research in Primary Care at the Durham VA Medical Center in North Carolina. "It really is a silent killer, potentially decreasing people's lifespan, and it's easy to overlook because it can be symptomless at the early stages."

Zullig, also an assistant professor of medicine at Duke University, reviewed the results of 15 trials on hypertension control in VA. Specifically, she looked at what kind of behavioral interventions were in play at various VA facilities and what their success rates were. The results appeared in the *Journal of Clinical Hypertension* in November 2014.

"When it comes to blood pressure and hypertension, there are things we can't control, like genetics. But with behavioral interventions, you're talking about diet, ex-

ercise, and other such factors that can make a difference in a person's health," says Zullig.

The indications overall are that VA is doing better at treating hypertension and controlling high blood pressure. Zullig cites a large VA study published in *Circulation* in 2012 that found that from 2000 to

2010, blood pressure control rates improved in VA from about 46 percent to 76 percent.

Part of that success, Zullig writes, is thanks to



*April Eiler*

[Continued on Pg 8](#)

## Radiology continued from Pg 1

Hampton, the new procedures provide additional access for Hampton Veterans.

"In the past, we had to refer Veterans to the Richmond VAMC or to non-VA facilities in the area. This put a burden on Veterans in terms of travel and time," Morey said. "Now that we can complete the procedures on-site, Veterans no longer have to wait to be seen or have their care coordinated away from their home hospital. Having this capability here also allows us to receive results more quickly and act on the findings."

Appointments for PET scans, currently being scheduled bi-weekly on alternating Tuesday's, have been filling up quickly and the hospital is already looking at the potential for expanding the service. In addition to offering PET, the radiology department has also begun implementing an array of procedures to assist with pain management. Procedures being offered in this area, which include epidural injections of the lumbar spine for back pain, imaging assisted injections for arthritis

of the major and minor joints, and ultrasound guided injections for tendon treatments, have become increasingly popular as alternatives to the use of oral opioid therapy.

"These therapies can be used to help Veterans come off long-term opioid use or be used as an effective pain management substitute in place of oral medications," said Morey.

Patients who need to receive pain treatment can be referred via a consult to Radiology through their primary care provider or their sub-specialist.

According to Hampton VAMC Director Mike Dunfee, meeting Veterans needs in-house is a win for Veterans and the hospital.

"Meeting the needs of our Veterans on-site through expansion of our capabilities enhances their health care experience and allows us to focus on delivering the best care possible. The introduction of these new modalities by our radiology department helps us do just that."

# Asheville Embraces Holistic Approach To Pain Management

By Sharonda Pearson  
Asheville VAMC public affairs

The Asheville VAMC held a ribbon-cutting ceremony Feb. 27 to mark the official opening of the medical center's new Veterans Integrative Pain Management (VIPM) clinic. The VIPM clinic, which will use a comprehensive approach that links traditional medicine with alternative pain interventions, will address multiple factors that may impact the quality of life for Veterans suffering from chronic pain.

"Pain is a public health issue that affects at least 100 million Americans—more Americans than diabetes, heart disease, and cancer combined. Unfortunately, Veterans are one of the populations disparately undertreated for pain" said Cynthia Breyfogle, the Asheville VAMC director. "As health care providers, it's essential that we not only understand the impact of pain on Veterans but also realize that pain management is a vital part of patient care."

Dr. Paul Riggs, chief of the VIPM clinic, believes that having a multi-disciplined team of care givers at the state-of-the-art clinic will allow Veterans to receive comprehensive pain care at the Asheville VAMC.

"The teams' central location will allow for close collaboration to address the individual needs of the Veteran," Riggs said. "The clinic setting and location of the team members allows for the development and implementation of formal treatment plans, updated pharmacotherapy advice on opioid, access to primary and specialty care."

The clinic will feature services such as complete pain evaluations, interventional treatments such as epidural steroid injections and radio frequency ablation, osteopathic manipulative therapy, acupuncture, and even other complimentary alternative treatments such as Tai Chi.

"Our patients will have access to a holistic approach



**Sharonda Pearson**

*Dr. Martin Greever, Chief of Primary Care Services joins Medical Center Director Cynthia Breyfogle and Dr. Paul Riggs, Chief of the Veterans Integrative Pain Management Clinic in officially opening the medical center's state-of-the art pain management clinic.*

to pain management in one centralized location, to include services such as acupuncture, biofeedback, injections, mechanical adjustments, medication assistance, and psychotherapy," said Breyfogle. "Today is truly a step forward in our ability to collaborate with our patients and empower them to explore a full range of pain management treatment options."

## Social Worker continued from Pg 1

ton, DC to visit the National War Memorials as a form of therapy and healing.

In addition to the excellent direct clinical services that Mr. Cowart provides, he is a talented clinical supervisor and social work educator.

He has served as a mentor to dozens of social workers under his supervision within VA, helping them to build their knowledge and clinical skills to serve Veterans and their families.

For 20 years John taught master's level social work courses as an adjunct faculty member for the University of North Carolina at Chapel Hill School of Social

Work. In 2007 he was awarded the Dean's Recognition for teaching excellence.

"During his 30 years of distinguished service [Mr. Cowart] has demonstrated dedication, leadership and commitment to the values of social work," said Richard Adams, chief of Social Work Service at the Charles George VAMC in Asheville. "Not because of an outstanding single event, or even an outstanding year, rather due to his consistent, outstanding practice as a clinician, educator, supervisor and leader whose contributions have enhanced the profession of social work."

# Two North Carolinians Appointed To Advisory Councils

Two individuals from the VISN 6 region, steeped in experience with Veterans' issues, have been tapped by VA Secretary Bob McDonald to participate in VA's ongoing redesign efforts.

Frances E. Perez-Wilhite and Jean Reaves received appointments to different committees from the Secretary this year, to participate in VA's transformation to a more efficient, customer service-oriented, Veteran-friendly organization.

Reaves has been appointed a member of the new VA External Advisory Committee. According to McDonald, the committee would bring experts in Veterans issues together as a kind of board of directors "that helps guide a CEO during major change." He continued, saying that, "to achieve the step change needed [in VA], we must have guidance from experienced professionals," whose input will augment Senate and House Committees which provide "oversight" of VA's activities. The committee will be expected to offer guidance through their understanding of customer service, change management, and performance improvement, among other areas.

Reaves' appointment stems from her long history and involvement with VA health care. She is a Veteran, having served in the Navy. She is also the wife of a



Jean Reaves

Veteran, the mother of two Veterans and a third son still in uniform. Additionally, her qualifications include a stint as State Commander for AMVETS and Veterans Affairs liaison for former U.S. Senator Kay Hagan.

Perez-Wilhite, a business development specialist with the NC Military Business Center in Charlotte, who served in the Army as a lieutenant in Desert Shield in 1990, has received an appointment to the Research Advisory Committee (RAC) on Gulf War Veterans' Illnesses.

The RAC was established by section 104 of Public Law 105-368 to provide advice to VA on proposed research studies, plans or strategies relating to the health consequences of military service in the Southwest Asia Theater of operations during the 1990-1991 Gulf War (Operations Desert Shield and Desert Storm).

Her term of service will extend through September 2017. The RAC has also initiated a special group to address a possible relationship between Gulf War Veterans and brain cancer.

"Formation of this workgroup of VA subject matter experts to study research literature on the incidence of brain cancer in Gulf War Veterans is the latest VA effort on their behalf," said McDonald.



Fran Perez-Wilhite

## Couples Retreat continued from Pg 3

things that have changed in their lives – you come back and the responsibilities hit you again, only in a different way," said Wagers. "Then, when you try to mold or bring into play what you've spent maybe years doing in the absence of that significant other and the responsibilities they have – the two worlds collide. They have two different expectations, not only in the end result, but how they communicate in between."

Dr. Susan Stanton, a Salisbury VAMC psychologist and a facilitator for the retreat, said Veterans and their significant others will learn how to become a stronger team through a variety of exercises and presentations.

"There's a nice curriculum to keep it flowing and to have them touch on a lot of the major areas that are important in relationships, but it does have a nice back and forth – it gives the couples opportunities to start conversations," she said. "During the weekend, we also touch on a lot of areas that are important to a relationship, like intimacy, showing your love and caring, even practical matters like how you divide up chores and tasks, and interacting with people outside the relation-

ship. I think it's a pretty comprehensive look at some of the healthy aspects of a relationship."

Wagers noted that the retreat is not designed to be "therapy." It's designed to be a "couple's enrichment experience."

"We make that really clear because we aren't there to be therapists, we're there to be facilitators," he said. Anyone interested in attending the retreat needs to have a consult placed either through their Primary Care provider, their Mental Health provider or social worker.

"There has to be a consult request for this retreat – that isn't something we developed, but something required nationally," explained Wagers.

Twenty couples will be able to participate in the retreat and there is no cost to Veterans unless they decide to spend money during the Saturday night "Date Night," where couples are encouraged to spend some quality time with one another.

For more information about the "Warrior to Soul Mate" retreat, contact Chaplain Services at 704-638-3330.

# Equine Therapy Reins In PTSD, MST At Salem VAMC

By Molly Hayslett  
Recreation Therapist, Salem VAMC

Unbridled Change, a non-profit Equine Assisted Therapy center, providing interactive mental health therapy and Equine Assisted learning for individuals, families, and Veterans, has partnered with the Salem VAMC's Inpatient PTSD program to provide adjunct therapy services to their in-house curriculum.

The collaboration began as a pilot program funded through a special Equine Assisted Therapy grant. The equine assistive program provided by Unbridled Change was the perfect fit in meeting therapeutic goals. Staff and Veterans have been extremely pleased with the level of professionalism and knowledge that the Unbridled Change staff have in dealing with both the military culture, Military Sexual Trauma and Post Traumatic Stress Disorders.

The founder, Michelle Holling-Brooks stated, "We were excited to participate with the Salem VAMC staff in this program. I had personally wanted to reach Veterans and help address PTSD on a more formal level for years, and this was the perfect opportunity. Over the past year we have been amazed at the connections and healing that has happened as a result of our partnership with the therapist and staff that work on the unit."

It is typical for each Veteran in the program to visit the barn at Unbridled Change four times within their six and one-half week admission. Since the program began, over 100 Veterans have made their way to the barn to meet their new four legged therapist.

Captain Hook, Kota, Puzzle, and Magic are often waiting at the gates eager to meet each new group and get to work.

Equine-Assisted Therapy has been an excellent addition to the work that is done on the inpatient PTSD unit. The primary treatment modality of the PTSD program is acceptance and commitment therapy and Equine-Assisted Therapy is congruent with many aspects of that modality.

Working with horses increases mindfulness; it requires a willingness to try something new; it gives Veterans an opportunity to move toward things that increase their level of distress and to learn they are ca-



**Molly Hayslett**  
*Army Veteran Blaine Toler connects with his four-legged therapist at the Unbridled Change Therapy Center in Boones Mill, Va.*

pable of staying with that distress. This therapy also helps Veterans gain perspective on how their behavior is having an impact on others and helps them separate from their thoughts and clarifies values.

For more information on Recreation Therapy programs in your area, refer to the chart below.



**Molly Hayslett**  
*Marine Veteran John Scruggs and Army Veteran Jason Rosenthal partner with their horse during Equine Therapy while at Unbridled Change.*

<b>Recreation Therapy</b> Points of Contact	Asheville	828-298-7911 x5346	Hampton	757-722-9961 x3124
	Beckley	304-255-2121 x4228	Richmond	804-675-6908
	Durham	919-286-0411 x6591	Salem	540-982-2463 x1235
	Fayetteville	910-488-2120 x7812	Salisbury	704-638-9000 x3460

### Operation North State To Host Six Peer Fishin' Festivals



**OPERATION NORTH STATE**  
*Peace on Earth – Because of You!*



This year's events were expanded to more areas of the state by popular demand from Wounded Warriors and Disabled Veterans Fishing Guests from the previous year. Combined, the event will host 650 Wounded Warriors and Disabled Veterans.

For more information, please visit [www.operationnorthstate.com](http://www.operationnorthstate.com).

**The dates and locations are:**

Thursday, April 16 Lake Norman /Pinnacle Access Area
Thursday, April 30 Badin Lake / Circle Drive Access Area
Tuesday, May 19 Randleman Lake/Main Access Ramp
Friday, June 5 New Bern (Neuse and Trent Rivers) / Lawson Ramp
Saturday, October 3 Jordan Lake / Farrington Point Access Ramp
Friday, October 9 Ocean Crest Pier – Oak Island

### Blood Pressure continued from Pg 4

innovative behavioral approaches taken at many VA facilities. VA follows the Eighth Joint National Committee, or JNC-8, guideline for hypertension management, which uses the latest evidence to outline adult hypertension treatment. Nevertheless, there is flexibility within VA. Individual facilities may focus more on one treatment method over another.

“It really varies from institution to institution,” says Zullig. “Durham might include telemedicine while another focuses more on group patient education. It’s not always comparing apples to apples, and that’s why this study is so important.”

**Group care a big hit**

Zullig’s research involved analyzing results from group hypertension treatment, self-monitoring by patients, medication-adherence plans, telehealth, early intervention, and even relaxation therapies.

“At VA, we deal with complex patients, but we do so taking that into consideration. The really successful treatments reflect that stance. They involve behavioral counseling, medication management, self-monitoring, and more. They address multiple issues.”

While the solutions to high blood pressure and hypertension are as varied as the patients themselves, Zullig’s research did identify common trends—such as increased frequency of contact. Also, group care was a big hit, with patients not only receiving access to clinical staff, but also having the opportunity to build peer support systems and friendships.

In one study involving 239 Veterans in North Carolina and Virginia with poorly controlled diabetes and hypertension, patients were assigned to seven- or eight-person groups led by a pharmacist, primary care internist, and nurse or other diabetes educator.

Twelve months later, mean systolic blood pressure had improved by 13.7 mm Hg in group participants and by only 6.4 mm Hg in the usual-care patients.

Two other studies also evaluated group care. In one, four to eight participants underwent small-group training sessions for an hour. Led by a nurse, nutritionist, physical therapist, or pharmacist, the sessions proved more effective at controlling blood pressure than individual therapy, and at lower cost.

In yet another group study, nearly twice as many participants in group settings achieved their target hemoglobin goals, compared with their peers in individual therapy.

**VSOs took part in one study**

One of the more unusual studies reviewed by Zullig involved Veterans Service Organizations. The Posts Working for Veterans Health, or POWER study, used monthly sessions held at nine different VSOs throughout a given region so that at least one meeting a month would be conveniently located for a Veteran in the area. Peer leaders underwent training sessions and all posts received equipment such as scales, pedometers, and blood pressure monitors.

Other treatment methods involved nurse-administered home telehealth, remote monitoring, ramped-up education, personalized letters containing behavioral strategies, and more. According to Zullig, no matter how different the methods, they have one thing in common: an innovative mindset on the part of the providers, and a desire to improve Veterans’ quality of life.

“We need to engage patients in their care and one way to do that is to bring attention to their status,” says Zullig. “Often, just by making them aware, we can get them to engage in better behaviors in terms of what they eat and what they do.”

Any health information on this website is strictly for informational purposes and is not intended as medical advice. It should not be used to diagnose or treat any condition.



### Clancy continued from Pg 2

day I get to be inspired by real-life stories of Veterans and their caregivers. Some of those caregivers are their family members or close friends. And many of them are people who work for us, people who just go the extra mile because it's the right thing to do. Nobody said they had to do it. We don't have a policy or a directive for it. To them, it's as natural as gravity.

Secretary McDonald often uses this diagram, an inverted pyramid that I love, where he starts off by having a regular pyramid; and he said, "This is how we think of a lot of organizations with the Secretary sitting right up here at the pinnacle, and Veterans and everybody else are kind of down on the lowest tier." And he said, "It's exactly wrong. How I think about it is—" So, he flips it. We have people who provide direct care to Veterans. We have people who help those people, and then we have people who help the people who are helping the people provide the care to Veterans. And so that means that customer service is everybody's job. It means that helping people on the front lines who are our colleagues—and we're all in this together—make sure that they can deliver the care that Veterans need.

#### That is everybody's job

Reinforcing all of this is being transparent about data and how we're doing. So we're starting to look at how our facilities compare with counterparts in their particular community, and I think you will be seeing that become more public in the near future.

This is how we learn. It isn't to say, "Gee, look, you didn't do as well as other facilities." It's to say, "Huh, you know, this facility actually has improved dramatically. Why don't we go learn what they did?" This is the big, big challenge and the opportunity for health care in general.

#### Blueprint for Excellence

I've been tasked with implementing the Blueprint for Excellence. Its intent is to frame a set of activities that simultaneously address improving the performance of VHA health care now, developing a positive service culture, transitioning from 'sick care' to 'health care' in the broadest sense, and to develop agile business systems and management processes that are efficient, transparent and accountable.

All the changes at the VA will align with 10 strategies for sustained excellence, which focus on improving performance, promoting a positive culture of service, advancing health care innovation, and increasing operational effectiveness and accountability. The strategies include:

1. Operate a health care network that anticipates and meets the unique needs of enrolled Veterans, in general,

and the service-disabled and most vulnerable Veterans, in particular.

2. Deliver high-quality, Veteran-centered care that compares favorably to the best of the private sector in measured outcomes, value, efficiency, and patient experience.

3. Leverage information technologies, analytics, and models of health care delivery to optimize individual and population health outcomes.

4. Grow an organizational culture, rooted in VA's core values and mission, that prioritizes the Veteran first; engaging and inspiring employees to their highest possible level of performance and conduct.

5. Foster an environment of continuous learning, responsible risk taking, and personal accountability.

6. Advance health care that is personalized, proactive, and patient-driven and engages and inspires Veterans to their highest possible level of health and well-being.

7. Lead the nation in research and treatment of military service-related conditions.

8. Become a model integrated health services network through innovative academic, intergovernmental, and community relationships, information exchange, and public-private partnerships.

9. Operate and communicate with integrity, transparency, and accountability that earns and maintains the trust of Veterans, stewards of the system (Congress, Veterans Service Organizations), and the public.

10. Modernize management processes in human resources, procurement, payment, capital infrastructure, and information technology to operate with benchmark agility and efficiency.

#### Time Frame for Change

I think that people are seeing changes already. Now I'm just judging from my own e-mails and other things that we get; and we touch base regularly with Veterans service organizations, with many, many stakeholders and take that input very, very seriously, because they are incredible partners in helping us identify and solve problems, because what I really worry about are Veterans who are encountering difficulties, who may be fearful or hesitant in some fashion to bring that to our attention.

So I think, in a qualitative sense, we are seeing some positive signals but also recognizing that the scale of changes we're talking about will take some time. But we will continue to see qualitative differences and, I think, real, tangible differences in the care that Veterans get as the months proceed from here. I remain very optimistic about the future of this system and the size of the opportunity that we have.

### Online Prescription Tracker Gives Veterans 24/7 Online Access

Veterans can now track the status of most of their prescriptions online, thanks to an innovative idea by a VA employee. The new 24/7 service allows online tracking for most prescriptions mailed from the VA Mail Order Pharmacy.

The Prescription Tracker was recommended by VA employee Kenneth Siehr, a winner of the President's 2013 Securing Americans Value and Efficiency (SAVE) Award. Siehr's idea focused on the use of technology as a way to save money and improve the services VA provides to its patients.

"Our nation's Veterans deserve a first-class pharmacy and quality customer service as a part of the exceptional health care available from VA," said Siehr, the National Director for Consolidated Mail Outpatient Pharmacies. "It is an honor to be part of serving Veterans and to have been recognized for an idea that enhances our services to them."

More than 57,000 Veterans are currently using the service through My HealthVet, an online feature that allows Veterans to partner with their health care team. The number is expected to grow as VA starts to educate Veterans about the new feature.

Later this month, the tracking feature will include images of the medication that dispensed.

Over the next year, a secure messaging alert will be added so that Veterans know when a medication was placed in the mail.

"VA prescription refill online is an excellent example of how one employee looked at the process of VA prescription tracking through the eyes of our Veterans and came up with an idea that better serves Veterans," said Interim Under Secretary for Health Carolyn M. Clancy. "This idea is both innovative and transformative, and it is certainly one, when put into action, that improves customer service for America's Veterans."

### Veterans Crisis Line Documentary Wins Academy Award

An HBO documentary focused on the men and women of the VA Crisis Line won an Academy Award on Sunday, Feb. 22.

The documentary titled "Crisis Hotline: Veterans Press 1", chronicles the hard work, trials and perseverance of the employees working at VA Crisis Line call center which is located in Canandaigua, New York.

Upon news of the award, VA Secretary Robert McDonald said, "We are hopeful that this documentary will help raise awareness of this important issue with the American public. Our Veterans in crisis need to know that there is hope and asking for help makes them stronger."

The Crisis Line is a confidential resource that connects Veterans and their loved ones with VA responders via a toll-free number, anonymous online chat and even by text. Its staff provides confidential support 24 hours a day, 365 days a year and fields more than 22,000

calls each month. Since its launch in 2007, the Veterans Crisis Line has answered more than 1.6 million calls and made more than 45,000 lifesaving rescues.

In 2009, the Veterans Crisis Line added an anonymous online chat service and has engaged in more than 207,700 chats and since November 2011, the Veterans Crisis Line introduced a text-messaging service to provide another way for Veterans to connect with confidential, round-the-clock support, and since then has responded to more than 32,300 texts.

For more information on the film please visit [www.hbo.com/documentaries/crisis-hotline-veterans-press-1](http://www.hbo.com/documentaries/crisis-hotline-veterans-press-1). The Veterans Crisis line can be reached at 800-273-8255, option 1; via text message at 838255; or via online chat at [www.veteranscrisisline.net](http://www.veteranscrisisline.net).



### Inaugural VA Bull City Run, Walk & Roll To Be Held At Durham

The Durham VAMC in partnership with the American Legion Auxiliary Unit 175 will host the inaugural VA Bull City Run, Walk & Roll 5K on May 2.

The event will begin and end at the Durham VAMC.

The route is accessible to run, walk or roll and will take participants through the Watts Hospital-Hillandale area near the VA campus and is open to participants of all skill levels. Race support personnel along the route will assist with any equipment or grade challenges.

The event begins at 8 a.m. The VA Kids Running of the Bulls begins at 9:15 a.m. Awards will be given

to the top three male and female runners/walkers, the top three male and female rollers, and to the top three finishers (male and female) in each of the following age groups: 14-under, 15-19, 20-29, 30-39, 40-49, 50-59 and 60-over.

The proceeds from the Run, Walk & Roll 5K will benefit the 2015 National Veterans Creative Arts Festival to be held in Durham, Oct. 12-19, 2015.

For more information, contact [elizabeth.karan@va.gov](mailto:elizabeth.karan@va.gov) or to register online, please visit [www.runnc.com](http://www.runnc.com).



### Veteran Care, Benefits Strengthened By \$169 Billion VA Budget

The President has proposed a \$168.8 billion budget for VA in fiscal year 2016 that will support VA goals to expand access to timely, high quality health care and benefits, continue the transformation of VA into a Veteran-centric department and end homelessness among Veterans.

“VA has before it one of the greatest opportunities in its history to enhance care for Veterans and build a more efficient and effective system. This budget will allow us to continue important progress to better serve Veterans, their families and their survivors,” said Secretary of Veterans Affairs Robert A. McDonald. “We are listening to what Veterans, Congress, employees, Veterans Service Organizations (VSOs), and other stakeholders are telling us.”

With a medical care budget of \$63.2 billion, including collections, VA is positioned to serve approximately 9.4 million Veteran patients enrolled to receive care in the fiscal year beginning Oct. 1.

The president’s budget would ensure that care and other benefits are available to Veterans when and where they need them. Among the programs that will expand access under the proposed budget are \$1.2 billion in telehealth funding; \$446 million for Women Veterans’ health care, an increase of 8.3 percent over the present level; \$598 million for the activation of additional health care facilities and \$1.1 billion for major construction projects; plus \$86.6 million for improved customer service applications.

Veteran homelessness continues as a national priority. The budget request targets \$1.4 billion, to promote housing stability; administer case management services for at-risk Veterans and their families, and grant and per diem payments that support temporary housing provided by community-based organizations.

The Veterans Choice Act provided \$5 billion in mandatory funding to increase Veterans’ access to health care by hiring more physicians and staff and improving the VA’s physical infrastructure.

It also provided \$10 billion in mandatory funding through 2017 to establish a temporary program (the Veterans Choice Program) improving Veterans’ access to health care by allowing eligible Veterans who meet certain wait-time or distance standards to use eligible health care providers outside of the VA system.

In 2014, Secretary McDonald introduced the MyVA initiative.

The 2016 budget supports MyVA implementation, to create a VA that is organized for success from the perspective of Veterans – combining functions, simplifying operations, and providing Veterans the care and services they have earned and deserve.

More resources will be required to ensure that VA can provide timely, high-quality health care into the future. VA is hearing directly from Veterans and their representatives that they would prefer to get their care in VA facilities from the medical professionals they know and with whom they have relationships.

### VA To Give \$300 Million In Grants To End Veteran Homelessness

Building on President Obama’s commitment to end Veteran homelessness, VA is announcing the availability of \$300 million in grants to non-profit organizations and other groups that serve Veterans through VA’s Supportive Services for Veteran Families (SSVF) program.

The SSVF program assists very low-income Veteran families who are homeless or at risk of becoming homeless. The \$300 million grants are available to current grantees seeking renewals.

Announcement of the grants comes on the heels of the January agreement that dedicates the West Los Angeles VA campus to serving Veterans in need, and commits the Department to design a plan to help end homelessness among Veterans in Los Angeles County.

Additionally, a nationwide homeless 2015 Point in Time (PIT) Count took place last month, in which VA Secretary Robert A. McDonald and other VA officials spread out around the country to identify homeless Veterans. Last year’s PIT Count revealed that 49,993 Veterans were homeless on a single night representing

a 33-percent decline in homelessness among Veterans since 2010.

“One of the things you learn in the Army is you never leave a soldier behind,” said Secretary McDonald. “Unfortunately, we’ve left some people behind, and they’re our homeless Veterans. VA is committed to achieving the goal of ending Veteran homelessness, and we won’t rest until every homeless Veteran has a place to call home.”

VA most recently announced awards totaling \$507 million in SSVF grants. Those funds included targeted support for 56 high-priority communities.

VA is currently preparing to award an additional \$93 million in SSVF funds for high-priority communities.

For more information about VA’s homeless programs, visit [www.va.gov/homeless](http://www.va.gov/homeless).

The Federal Register notice of funding availability may be found at [www.va.gov/HOMELESS/ssvf/docs/SSVF\\_NOFA\\_Feb3.pdf](http://www.va.gov/HOMELESS/ssvf/docs/SSVF_NOFA_Feb3.pdf).

# 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. 6100/6101  
800-771-6106, Ext. 6100/6101

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

## DIALYSIS CENTERS

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

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

## VET CENTERS

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

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

**Fayetteville Vet Center**  
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