VA Pride

Vol. 1 No. 1 An Information Guide for the Veterans We Serve in Southeast Texas January/February 2002

Houston Veterans Affairs Medical Center • Beaumont VA Outpatient Clinic • Lufkin VA Outpatient Clinic

Veterans Affairs Will Continue Enrolling All Veterans in Health Care

WASHINGTON, D.C. – In December, Secretary of Veterans Affairs Anthony J. Principi announced that the Department of Veterans Affairs (VA) will continue to enroll all veterans in its health care system this year.

"I thank President Bush for his leadership and am delighted that Congress and the White House are working together to find the money that will ensure veterans now and in the future have access to high quality health care," Principi said.

Principi said VA had looked closely at the possibility of limiting future enrollments for veterans who had no service-connected medical problems, whose income exceeded the low-income threshold, and who were not already enrolled.

"I was faced with a tough decision," Principi said. "I was not willing to compromise on quality health care or scale back on our efforts to reduce waiting times." ■

Get Answers to Your Medical Questions When You Need Them

New VA Network Telecare Center Operates 24 Hours A Day/7 Days A Week

HOUSTON, TX - Help is just a phone call away. Professionally trained registered nurses at the VA Network Telecare Center are ready to help answer your health care questions 24/7. That's right - 24 hours a day, seven days a week.

The South Central VA Health Care Network created its Telecare Center as part of its on-going efforts to provide veterans with timely and informative health care information.

All telephone calls are answered by a staff of nurses who are experienced in telephone assessment of medical situations and crisis intervention. To help veterans who call, nurses use their training and experience as well as other readily available resources.

Telecare nurses provide both medical and emotional support. They are trained to provide symptom analysis, instruct on first aid procedures, help with stress and anxiety, answer medication questions, explain lab test results, educate patients about specific diseases, and check appointments.

The purpose of this service is to provide veterans with timely access to information. A call to the telecare center might also help a veteran avoid a long emergency room wait.

The VA Network Telecare Center is most beneficial to veterans who are already enrolled in the system because the nurses are able to review patient records and document care for veterans in the system. Non-enrolled veterans or anony-mous callers may receive emergency assistance and will be referred to community resources after being given enrollment information.

FAST FACTS:

What number do I call?
In Southeast Texas, dial (713) 794-8985 or toll free 1 (800) 639-5137.

Why should I call?
You should call if you're seeking information about health care.

Should I call if it's a life-threatening emergency?
No. The telecare center is not for life-threatening emergencies. If you have a life-threatening emergency, immediately call 911.

What information will I need to call?
You will be asked for your name, Social Security Number, the VA medical center you usually visit, and the reason for your call.

I have a complaint. Should I call the telecare center?
No. The telecare center is not a complaint line. Please limit your calls to questions about your health.

Who should I call if I have a health care complaint?
Contact your local VA medical center and ask to speak with a patient representative. In Houston, the telephone number is (713) 794-7883. In Beaumont, please call (409) 981-8550 and in Lufkin, the telephone number is (936) 633-2753.■

What You Don't Know about Hepatitis C Can Hurt You

HOUSTON, TX - Hepatitis C is the leading cause of chronic hepatitis in the United States. It is estimated that 4 million Americans are infected by this virus. Infection is most efficiently transmitted through blood and blood products. Intravenous drug use, blood, or blood product transfusions before 1992, and unprotected sex probably account for most infections. If sterile conditions are not strictly observed, tattoo, body piercing, and sharing razors can also result in transmission of the virus.

Chronic hepatitis C infection can lead to cirrhosis and liver failure. There are several factors that increase the likelihood of the progression to cirrhosis, among which the single most important factor is consumption of alcohol, even moderate drinking.

The Houston Veterans Affairs Medical Center (HVAMC) is aggressively working to identify patients with hepatitis C so that treatment of their condition can begin.

First, factors such as consumption of alcohol and use of hepatotoxic medications are identified and treated. Other conditions, such as depression, heart, lung, and kidney disease are identified and appropriately treated. Side effects and the steps involved in the treatment are discussed in depth with each patient.

The Hepatitis C Clinic at the HVAMC has evaluated over 1,500 patients with hepatitis C over the last four years. More than 270 patients have already received treatment for hepatitis C.

Unfortunatley, some patients have a condition that contraindicates use of the drugs, Interferon and Ribavirin. The Hepatitis C Clinic, the Alcohol and Substance Dependence Program, the Psychiatry Clinic, and several medicine sub-specialty clinics work closely to treat, when possible, these veterans. In addition, the HVAMC has established a computer program that will allow hepatitis C screening of all out-patient veterans.

Effective management of hepatitis C requires a multidisciplinary approach. It may involve significant life-style modifications by the patient, and a full medical and psychiatric evaluation by his or her physicians.

Additional information is available through your Primecare Provider. The HVAMC strongly urges all veterans to see their provider and ask about a "Hepatitis C Risk Factor Assessment" so that appropriate tests can be ordered to screen for hepatitis C. ■ *Shahriar Tavakoli-Tabasi, M.D., Hepatitis C Clinic*

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VA to Lower Copayments for Outpatient Care

WASHINGTON, D.C. — Veterans who currently make copayments for outpatient health care provided by the Department of Veterans Affairs (VA) will have lower bills, and in some cases, no bills at all, under rules published in December in the *Federal Register*.

Secretary of Veterans Affairs Anthony J. Principi is lowering the $50.80 copayment some veterans now pay for outpatient care. This decrease is part of an evaluation of copayments, outpatient, medication, and long-term care, by VA.

The new regulation sets up a three-tier copayment system for outpatient care. The first tier will be for preventive care visits and will cost veterans nothing. This care includes flu shots, laboratory tests, certain radiology services, hepatitis C screenings, and numerous other preventive services. Primary care outpatient visits comprise the second tier and will require a copayment of $15. The last tier includes specialty outpatient care, like outpatient surgery, audiology and optometry, and will cost $50.

The copayments do not apply for the treatment of medical problems that are officially recognized as "service connected." For nonservice-connected conditions, the outpatient copayments apply primarily to veterans enrolled in Priority Group 7.

"This is great news for veterans," said Principi. "It eliminates barriers for veterans to get the preventive care they need and will lower the cost of health care for many. Although VA recently announced increases in medication copayments, the decrease in outpatient copayments often will offset the pharmacy increases."

Another VA regulation will increase the copayment some veterans make for outpatient medications from $2 to $7 for each 30-day supply, with maximum annual out-of-pocket payment of $840 for veterans in certain enrollment priorities.

The $7 medication copayment would be lower than, or equal to, most medication copayments charged by the private health care industry. On the other hand, the existing outpatient visit copayment was too high compared to private health care, Principi said. Consequently, VA is readjusting both to provide fair and equitable costs for veterans who must make copayments. Every dollar collected from outpatient and medication copayments is returned to the VA facility where the veteran received medical care. The copayment collections are used to improve medical care for veterans.

Many veterans still come out ahead," said Principi. "Today, for example, a veteran who sees his primary care doctor for an illness and receives two prescriptions pays $54. Under the new regulations, he will pay $29 — $15 for the visit and $14 for the medications."

The VA is proposing no changes to the hospital care copayments.

Currently, some veterans pay $792 for each 90 days of hospital care. In addition to this, there is a $10 per diem charge. For each subsequent 90 days of care in the same fiscal year, the charge is $396, or half the cost of the first 90 days.

Congress gave the VA Secretary the authority to change outpatient and medication copayments in Public Law 106-117 (November 1999). The new regulations changing outpatient care copayments became effective on December 6, 2001. The new regulation changing the VA's medication copayment will be effective Februrary 4, 2002.

"VA was long overdue in looking at what we charged for copayments," said Principi. "Since 1990, veterans had been paying $2 for medication copayments, even though our costs for pharmaceu-ticals rose from $715 million to $2.1 billion during the same period. We have aligned our copayments with those in the private sector, with emphasis on fair and equitable charges and providing the best health care possible."

Questions & Answers

Why have a three-tier system of outpatient copayments?
The three-tier system eliminates barriers for veterans to get the preventive care they need and lowers their cost for a primary care visit to a much more reasonable fee of $15. At the same time, VA is essentially retaining a $50 copayment for more expensive health care such as outpatient surgery.

Can you give examples of what kind of care is provided at each of the tiers?
The first tier, which is free, would include preventive screening and immunizations; screenings for hepatitis C, breast cancer, and cervical cancer; laboratory, flat film radiology services and EKG's.

A primary care visit, or the second tier that will cost $15, includes diagnosis and management of acute and chronic conditions, overall care management and the large majority of personal health care needs.

The final tier, which will cost $50, is for specialty care that is provided only through a referral from a primary care provider. Examples of specialty care include ambulatory surgery, computerized axial tomography (CAT) scan, MRI's, audiology, optometry and care by specialists.

Is a medication copayment charged for all items received from VA pharmacies?
No, a medication copayment is only charged for prescriptions and over-the-counter medications furnished on an outpatient basis. Copayments are not charged for medical supply items, such as diabetic supplies. Additionally, veterans receiving medications prescribed for service-connected disabilities are not charged copayments.

Can I bring a prescription from my non-VA health care provider and have it filled at a VA pharmacy to take advantage of the low medication copayment?
Generally, no. To be filled in a VA facility, prescriptions must be written by a VA health care provider. However, homebound veterans receiving VA's "Aid and Assistance" benefits or other homebound benefits can bring in a prescription from a private provider and have that prescription filled in a VA pharmacy.

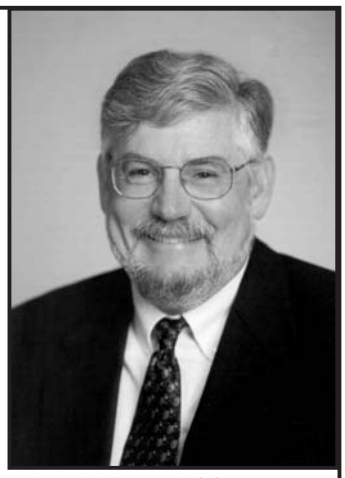
I use the VA mail-in pharmacy for my refills. Is there a different medication copayment for using the mail-in pharmacy?
No. The medication copayment is the same for mail-in pharmacy service as it is for medications picked up at a VA hospital or outpatient clinic.

Is there a yearly cap on the amount I will have to pay for medications?
There is an $840 yearly cap for veterans enrolled in Priority Groups 2-6. The purpose of the annual cap is to help eliminate financial hardships for veterans in unusual circumstances who need a significant number of prescriptions. The cap is based on a veteran who averages more than 10 prescriptions a month. There is no annual cap for veterans enrolled in Priority Group 7.

Will the amount of the copayment and the annual cap ever change?
The amount of the medication copayment and the annual cap may be changed on an annual basis. Copayments could increase with inflation, along with caps, based on the Prescription Drug portion of the Consumer Price Index. ■

A Word from the Director . . .

Six Critical Factors to Achieve Success



Edgar L. Tucker, Medical Center Director

HOUSTON, TX - We at the Houston VA Medical Center continuously strive to improve our ability to serve veterans. As we do that, we use "Six Critical Success Factors" to measure our performance and guide our efforts.

Quality is the first critical success factor and the foundation for all others.

Access to health care is the next factor, and covers a wide range of issues from clinic wait times to 24-hour nurse telephone care.

Satisfaction of our veteran patients with their inpatient and outpatient experience is an integral part of our service. This is an area that will continue to receive increased attention.

Functional status, or the recovery and maintenance of the highest possible level of activity, is the measure of how well our diverse rehabilitation programs are doing.

Building healthier communities asks us to examine our role in education and research. We must ensure we provide and encourage a supportive environment for the development of new knowledge and the next generation of health care professionals.

Finally, **cost** is an issue because we are asked to be stewards of federal taxpayer dollars. We must make sure we are as efficient as is possible while meeting the above factors.

These "Six Critical Success Factors" guide our decisions, our policies, and our plans. Progress in one or all moves us forward in our ability to serve veterans. And that is what we're here to do. ■

What are My Lousy and Healthy Cholesterol Levels, Doc?

HOUSTON, TX - Do you know how you can participate in your medical care and make a difference? Here is a simple way to do just that.

Ask you doctor three important questions.

#1 - What is my "Lousy" (LDL) cholesterol level?

#2 - What is my "Healthy" (HDL) cholesterol level?

#3 - Should I take a cholesterol medication?

It is important for each one of us to know our cholesterol levels because they are one of the key factors determining our chances of suffering a heart attack. In fact, the higher your blood cholesterol level, the greater your risk for developing heart disease or having a heart attack.

Heart disease is the number one killer of women and men in the United States. Each year, more than a million Americans have heart attacks, and about a half million people die from heart disease.

You can and will reduce your risk of a heart attack by as much as a third by lowering your ***lousy*** *cholesterol and raising your* ***healthy*** *cholesterol levels.*

Cholesterol is a wax-like, fatty substance produced by the liver from fat in the diet. Cholesterol is found in all animal tissues (including humans), but not in plants. So only animal foods, like meat and dairy products, contain cholesterol.

High blood cholesterol itself does not cause noticeable symptoms, so many people are unaware that their cholesterol level is too high.

Although some cholesterol comes from foods you eat, your body makes most of its own cholesterol. One form of cholesterol — called low density lipoproteins or LDL — is used to carry the fats to the rest of the body. That is why it is so important to reduce the fats in your diet — eating saturated fats increases your LDL cholesterol. When you have too much, the extra cholesterol stays in your bloodstream, where it can cause problems.

When there is too much cholesterol in your blood, it builds up in the walls of your arteries. Over time, this buildup causes "hardening of the arteries" so that arteries become narrowed and blood flow to the heart is slowed down or blocked. The blood carries oxygen to the heart, and if enough blood and oxygen cannot reach your heart, you may suffer chest pain. If the blood supply to a portion of the heart is completely cut off by a blockage, the result is a heart attack.

High blood cholesterol itself does not cause noticeable symptoms, so many people are unaware that their cholesterol level is too high.

It is important to find out what your cholesterol numbers are because lowering cholesterol levels that are too high lessens the risk for developing heart disease and reduces the chance of a heart attack or dying of heart disease, even if you already have it.

Cholesterol lowering is important for everyone—younger, middle age, and older adults; women and men; and people with or without heart disease.

You can and will reduce your risk of a heart attack by as much as a third by lowering your **lousy** cholesterol and raising your **healthy** cholesterol levels.

How can you actively participate in your own medical care? By exercising regularly at least 15 minutes a day, eating a low fat diet, watching your weight in addition to taking your cholesterol medication every day, you can and will make a big difference in your own health.

It is important to know your cholesterol levels because they are one of the key factors determining your chances of suffering a heart attack.

So, the next time you talk with your Primecare Provider, make sure you ask, "What are my lousy and healthy cholesterol levels, Doc?" ■ *Gabriel B. Habib, MD, Medical Care Line Staff Physician*

A New Surgeon and A New Clinic

HOUSTON, TX - The Operative Care Line at the Houston Veterans Affairs Medical Center provides state-of-the-art surgical care for our veteran patients. The staff includes board certified surgeons in general surgery, thoracic surgery, urology, neurosurgery, orthopedic surgery, plastic surgery, and otolaryngology.

A welcome, new addition to the staff is vascular surgeon, Dr. Peter Lin. Dr. Lin comes to Houston from the Atlanta VA Medical Center, which is affiliated with Emory University School of Medicine. Dr. Lin's expertise in endovascular stents and grafts is a great addition to the Houston VA Medical Center. The expansion of the vascular surgery program to include endovascular procedures will result in a safer surgical environment for veteran patients.

In order to improve continuity of care for our veterans, the Surgery Outpatient Clinics have relocated to the 5th Floor in unit 5C. The new 5C Surgery Clinics are now contiguous to other surgical areas such as the Pre-Operative Screening Clinic. This makes it much easier for our patients to get their surgical care without navigating the entire hospital.

The new space has additional exam and consult rooms, along with a spacious waiting room for families of veterans. The clinicians' work area is equipped with enough state-of-the art computers to accommodate the entire clinical staff. We are thrilled with the new clinic, and welcome everyone to visit the new clinic. ■ *David H. Berger, MD, Operative Care Line Executive*

Ribbon-cutting for the new Houston VA Medical Center surgery clinics took place late last year. Participating in the ceremony were (from left) Beverly Rashad, RN, Nurse Executive of the Operative Care Line; Kamal Itani, MD, Chief, General Surgery; Scott Flowers, Administrative Officer; Edgar L. Tucker, Medical Center Director; and David H. Berger, MD, Operative Care Line Executive. The clinics are located on the fifth floor in the C Wing of the medical center.

Preparing for Your Clinic Visit

Get the most out of your doctor appointment with these six easy steps.

HOUSTON, TX - When you visit the Houston VA Medical Center or one of the VA Outpatient Clinics for your clinic visit, plan to be a partner in your patient care.

Use the letters in the word **"PREPARE"** to organize your thoughts and use the following six steps in planning your visit.

Step 1 - **P**lan what you want to tell and/or learn from your doctor.

Consider writing, prior to your clinic visit, your questions down on a piece of paper. If needed, you can read or show to your doctor, during your clinic visit, the pre-prepared questions.

Step 2 - **R**eport what you want to talk about and what the doctor wants to talk about at the beginning of the visit.

You may want to let the doctor know early in the visit so that time can be reserved to talk with you about your concerns.

Step 3 - **E**xchange information with the doctor.

Talk with your doctor about any changes that you have noticed about yourself in regards to your health. For example, if you have been trying out different herbal treatments in conjunction with your prescribed medications, your doctor needs to know so he has a "picture" of your treatment plan.

Step 4 - **P**articipate in discussing with your doctor the different ways of handling your health problems.

If your doctor recommends a treatment, diet, or exercise plan that you know you can not do, please discuss this with your doctor. Through discussion, maybe a different approach in treatment can be agreed upon.

Step 5 - **A**gree on a treatment plan.

When you and your doctor agree on a treatment plan, this will assist you in following through on the plan because the plan is one you feel you can live with.

Step 6 - **R**epeat to the doctor what you are going to be doing in regards to any instructions given during the clinic visit.

This will give you an opportunity to restate the treatment plan and other instructions given during the clinic visit so as to clarify and summarize the visit.

Get involved with your care and participate in shared decision making, between you and your VA doctor, for the mutual planning of your care.■ *Paulette Russell Wilson, Ph.D., RN*

Healthcare and Medical Information at Your Fingertips

HOUSTON, TX - Not sure where to get information about that new prescription your doctor gave you or want to find out more about melanoma, myopia, or migraines?

The Houston VA Medical Center recently opened a Patient Education Resource Center (PERC) that offers health books, journals, handouts, and videos on numerous medical conditions. Internet access is also available to find up-to-the-minute health data. The library staff can teach you how to use various local and national consumer health databases.

Veterans and their families are encouraged to stop by the library located on the fourth floor in room 4A-400 of the medical center during normal business hours and do research on the medical or health topic they are interested in. The PERC is open 8 a.m. to 4:30 p.m., Monday through Friday.

If you aren't sure where to start, the library staff can guide you. They are trained in providing consumer health information and medical reference.

If you aren't able to visit the PERC, the library staff can also send health information to veterans using regular mail, E-mail, or fax. Bedside delivery is available to inpatient veterans. Just call the library at (713) 794-7856 to make a request. An answering machine will take your request after normal business hours.■*Marsha Sullivan, HVAMC Librarian*

Houston VAMC Takes Action against Nursing Shortage

HOUSTON, TX - Despite 2.5 million registered nurses in the United States today, a shortage exists in nurses with needed specialties, skills, and experience. The Houston Veterans Affairs Medical Center (HVAMC) is aware of this problem and is working to make sure our veterans are affected as little as possible.

The Veterans Administration was created in 1930. The veterans we serve are special and so are the nurses who care for them. Many nurses working for the HVAMC are veterans and reservists themselves, so they understand the unique needs of patients seen by the VA.

The HVAMC Clinical Practice Office (CPO), which has primary responsibility for the recruitment of nursing staff, is taking action on the nursing shortage.

CPO staff members regularly visit both Licensed Vocational Nurse (LVN) and Registered Nurse (RN) nursing schools in Houston to give presentations about the benefits and job opportunities offered by the VA. They also participate in numerous job fairs throughout the year, including ones held at the Houston Community College and the Westin Hotel in the Galleria.

To increase the number of qualified nurses in Houston, the VA is actively involved in nursing education and training. Currently, seven Houston nursing schools including Alvin Community College, Houston Baptist University, and Houston Community College have clinical rotations through the HVAMC. Last semester, ten students from San Jacinto received clinical supervision in mental health at the HVAMC.

RN Ann Crippen, a certified wound ostomy continence nurse, has worked at the HVAMC for three years. Her father and her husband are veterans, and it gives her great pleasure to give a little back for what they gave her. She says, "The VA is one place where, on a day-to-day basis, nurses really make a difference for their patients.

LVN Ginger Chapman of the HVAMC Medical Care Line, monitors a veteran's condition. Working for the HVAMC for almost two years, she says, "Working here gives me a sense of fulfillment. I enjoy taking care of our veterans."

Unlike many hospitals, the HVAMC nursing staff has a low turnover rate, averaging less than three percent. We credit this to the excellent benefits and the satisfying work environment found at the VA Medical Center in Houston.

The care and support of disabled veterans has been the province of the federal government since the revolution. Today's VA nurses continue to be strongly committed "to care for him who shall have borne the battle, and for his widow and his orphan," as Abraham Lincoln once said. ■*Deloris W. Leftridge, RN, MSN, CNAA, Chief Nurse Executive/Clinical Practice Office*

What's what at the Houston VA Medical Center . . .

Radiotheraphy Service Offers State-of-the-Art Equipment

HOUSTON, TX - The Radiotherapy Service, located in the basement of the Houston VA Medical Center (HVAMC), offers radiation treatments for malignant tumors and some benign conditions. Its mission is to provide the highest quality of cancer care in a modern, efficient and compassionate setting. More than 600 patients are seen for consultation and treatment annually.

The department is staffed with highly qualified personnel including three Board-Certified radiation oncologists, two medical physicists, an oncology nurse, and eight radiation therapy technologists.

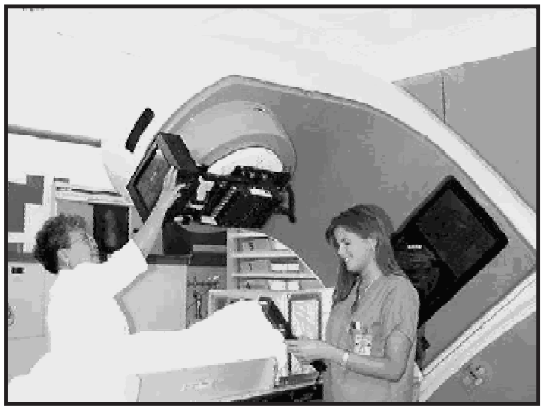
Radiation treatments are administered with external beam radiation or brachytherapy. The department has modern equipment including two linear accelerators, a simulator, and an on-site CT scanner. Special services include the Peacock Intensity Modulated Radiotherapy System, a highly accurate radiation delivery system that treats tumors while minimizing exposure of normal tissues to high radiation doses. The HVAMC is the only VA hospital in the country that provides this treatment to veterans with prostate cancer.

In addition, the HVAMC has a 2100C Linear Accelerator, a 600C Linear Accelerator, a Odelft Simulator, and a Philips Tomoscan CX.

In the Department of Radiotherapy, emphasis is given on patient and family education. A high quality of patient care is ensured through the hospital's Performance Improvement Plan. Cancer care is coordinated by a multidisciplinary team of experts including medical and radiation oncologists, surgeons, radiologists, and pathologists through the Tumor Board, ENT, and Pulmonary conferences.

Support services such as physical therapy, dental and nutritional consultation, social work, and cancer support groups are provided as an integral part of patient management. In addition, cancer screening and smoking cessation programs are available at the HVAMC.

The Radiotherapy Service at the HVAMC is affiliated with Baylor College of Medicine and actively participates in resident training and medical student teaching. It also participates in clinical trials aiming to develop new, more effective anti-cancer treatments and to improve patients' quality of life throughout their cancer experience.



The Peacock IMRT system at the Houston VA Medical Center ensures accuracy in delivery of radiotherapy while protecting normal tissues from radiation damage.

In addition, the radiotherapy department has a basic science research program investigating the effectiveness of combined radiation and gene therapy for the treatment of prostate and breast cancer.

The Radiotherapy Service will continue to expand its collaboration with Baylor College of Medicine, MD Anderson Cancer Center, and other VA hospitals throughout the United States. This will provide more veterans with the opportunity to benefit from the significant resources and advanced technology available in our institution and the Texas Medical Center for the treatment of cancer. ■*Maria T. Vlachaki, M.D., Chief, Radiotherapy Service*

Lufkin veterans' lab values have improved after diet modifications . . .

Lufkin Dietitian Provides Nutrition Education to Improve Veterans' Health

LUFKIN, TX - The secret is out. Nutrition counseling is one of many excellent health services available to veterans at the Lufkin VA Outpatient Clinic (LOPC). Nutrition plays an important role in health. Learning about good nutrition is just one of the benefits you can reap by visiting with a registered dietitian. You may be thinking, what is a dietitian, what does a dietitian do, and how can a dietitian help me?

A registered dietitian is an expert in nutrition and specially trained to provide medical nutrition therapy. Many times people think that a dietitian is simply going to tell them what *not* to eat.

On the contrary, a dietitian works with individuals and/or their caregivers to assess nutritional needs and discuss individualized nutrition care plans for improved health. Dietitians provide individuals with the information, strategies, and support to gradually modify eating behaviors for optimal health. A dietitian's expertise can be helpful in controlling a number of disease states such as diabetes, heart disease, high blood pressure, obesity, kidney disease, cancer, and malnutrition.

At the Lufkin VA Outpatient Clinic, located at 1301 Frank Avenue, registered dietitian Carey Smith provides individual and group nutrition counseling. During individual visits, Smith meets with patients and family members to assess a patient's current eating habits. She evaluates a patient's nutritional needs and provides instruction on specific dietary modifications for improved health. Individual sessions typically last 30 to 45 minutes.

Because dietary changes take time, many individuals return for follow-up visits to assess and monitor their progress with the nutrition plan. Smith also conducts diabetic and heart healthy small group classes weekly. Each class lasts approximately one hour.

Dietitians in the Veterans Affairs system work as part of the health care team by serving as a professional resource to patients and staff. The Lufkin dietitian raises awareness of important nutrition topics by highlighting them on a bulletin board located outside her office. A new topic is featured each month.

Involvement in community activities is also important. Dietitians often participate in health fairs, such as the Annual VA Women's Health Fair in Lufkin. They may also be called upon to provide nutrition related information and/or inservices to other medical staff.

One of the benefits of having a dietitian on-site at the LOPC is improved access for patients. Although most patient appointments are scheduled, providers may contact the dietitian and request same-day nutrition education for patients with more immediate nutrition needs.

Since the addition of a permanent dietitian in Lufkin, the nursing staff has noticed an improvement in patients' compliance with diet, awareness of healthier foods, desire to set goals, and interest in return visits. From a clinical standpoint, patients' lab values such as glucose, cholesterol, and triglyceride levels have improved with diet modifications.

Are you ready to make a few changes to feel, look, and live better? Prior to your visit with a dietitian, you can begin improving your health by simply implementing some of the practical nutrition tips listed below.

Following are the ABCs of the Dietary Guidelines for Americans:

At the Lufkin Outpatient Clinic, registered dietitian Carey Smith provides individual and group nutrition counseling. During individual visits, Smith meets with patients and family members to assess a patient's current eating habits. A dietitian's expertise can be helpful in controlling a number of disease states such as diabetes, heart disease, high blood pressure, obesity, kidney disease, cancer, and malnutrition.

Aim for Fitness…
- Aim for a healthy weight.
- Be physically active each day.

Build a Healthy Base
- Let the Food Guide Pyramid guide your food choices.
- Choose a variety of grains daily, especially whole grains.
- Choose a variety of fruits and vegetables daily.
- Keep foods safe to eat.

Choose Sensibly
- Choose a diet that is low in saturated fat and cholesterol and moderate in total fat.
- Choose beverages and foods to moderate your intake of sugars.
- Choose and prepare foods with less salt.
- If you drink alcoholic beverages, do so in moderation.

These guidelines, released in May 2000 by the U.S. Departments of Agriculture and Health and Human Services, promote health and decrease the risk of disease for healthy Americans age two years and older. Use these tips as a guide for improved health.

Interested in scheduling a nutrition clinic appointment? Many times, your physician or health care provider will request you be seen by the dietitian for nutrition education.

In Lufkin, the dietitian will schedule and notify you of an upcoming appointment. Prefer to schedule your own appointment? Self-referrals are accepted. If you would like to schedule an appointment with the Lufkin dietitian, please call toll free 1 (800) 209-3120 or (936) 633-2752 during normal business hours. ■*Carey Smith, Registered Dietitian, Lufkin Outpatient Clinic*

Dietitians in the VA system work as part of the health care team by serving as a professional resource to patients and staff. The Lufkin dietitian raises awareness of important nutrition topics by highlighting them on a bulletin board located outside her office. A new topic is featured each month. To schedule an appointment with the Lufkin dietitian, please call toll free 1 (800) 209-3120 or (936) 633-2752.

Flu Season, The Flu Shot, and You

HOUSTON, TX - Flu can be devastating. It can weaken a person so much that recovery can take a long time and become very costly if hospitalization is necessary. The older we get, the harder flu is on us.

Veterans, who are over 50 years of age, have heart or lung problems, diabetes, AIDS, or are undergoing certain cancer therapies, should seriously consider getting the flu shot.

In Houston this year, there have already been a few cases of flu. These first flu viruses match the vaccine; therefore, we expect the flu shot to be very effective. Most of the colds up to now have been common cold viruses that routinely come around between September and December, and should not to be confused with flu.

Flu will appear in the middle of December, and will spread rapidly in January. The first flu will occur in school-aged children. We usually see flu in our veterans by mid-January, and as late as February and March for some of our elderly veterans and veterans that live in rural areas.

The Houston VA is currently giving thousands of free flu shots to veterans enrolled in VA clinics. We will give flu shots up through January or until the flu comes around. If you have not gotten your flu shot, please come in and get it. There is still time and it remains the single easiest most effective way to avoid flu.

For more information, call your Primecare Provider.■*Charles E. Wright, Ph.D., Preventive Medicine Coordinator*

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This publication is funded by the Department of Veterans Affairs and is an authorized publication for veterans of the Houston VA Medical Center. Contents of the newspaper are not necessarily the official views of, or endorsed by, the United States Government or the Department of Veterans Affairs. *VA Pride* is produced every other month by the Houston VA Medical Center External Affairs, Room 4A-310, mailcode 580/00X, telephone number (713) 794-7349, fax number (713) 794-7890, and email address vhahouexternalaffairs@med.va.gov. Your comments, suggestions, letters, ideas, and questions are always appreciated. All submissions are subject to editing and will not be returned to the sender.

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Support Group Information

We're Here to Help . . .

Cancer Support Group: All patients, family members, and employees touched by a cancer diagnosis are encouraged to attend.

Meets first and third Tuesdays from 1 p.m. to 2 p.m. in the Nursing Unit (NU) 4D dayroom
Group facilitator: Lisa Whipple and Chaplain Doug Ensminger
Call (713) 791-1414, extension 5273 for more information.

Lost Chord Club: Support group for patients who have undergone laryngectomy

Meets at the American Cancer Society in Houston.
Call (713) 266-2877 for more information.

Pain Support Group

Meets every Monday from 2:30 p.m. to 3:30 p.m. on the fifth floor in Room 5C-215
Group facilitator: Dr. Gabriel Tan
Call (713) 794-8794 for more information.

Pain Psycho-education and Skills Training Group

Meets every Monday from 1:30 p.m. to 2:30 p.m. on the fifth floor in Room 5C-215
Group facilitator: Dr. Gabriel Tan
Call (713) 794-8794 for more information.

Emergency Care Policy at Non-VA Facilities

WASHINGTON, D.C. -The Department of Veterans Affairs (VA) now has the authority to pay for emergency care in non-VA facilities for eligible veterans who are enrolled in the VA health care system. The program is retroactive for eligible veterans who have been treated since May 29, 2000.

Eligibility

This new benefit does not apply to all veterans. To qualify, veterans must be able to answer "yes" to the following: "Are you enrolled in VA health care?" and "Have you been seen by a VA health care professional within the preceding 24 months?"

And "no" to the following: "Do you carry any form of health insurance or coverage, including Medicare, Medicaid or workers compensation?"

The new benefit applies to situations in which a delay in getting immediate medical attention would be hazardous to health or life. Also, the veteran must be unable to reach either a VA health care facility or a facility that routinely cares for VA patients under contract.

Benefit

This provision was established as a safety net for veterans who have no other health insurance. Eligible veterans will not be required to pay any fees to the private facility. Once the veteran can be stabilized and safely transported, VA will arrange for treatment at an appropriate VA facility, if necessary.

The non-VA facility will file for reimbursement from the VA. If the non-VA facility bills the veteran directly, the veteran should contact his/her local VA health care facility and a representative will assist in resolving the issue. If anyone else (such as Medicare, Medicaid, or private insurance) pays all or a portion of the bill, VA cannot pay anything.

The new rule does not affect veterans who are already covered for non-VA emergency services, for example, veterans receiving care for a service-connected disability.

Insurance Coverage

VA strongly encourages veterans to retain any current health care coverage for a number of reasons. Not all care provided in an emergency room may be considered emergency care. Furthermore, spouses generally do not qualify for VA health care and if insurance is cancelled, the spouse may lose coverage, too.

Veterans could be personally liable for medical bills if they decide to drop their Medicare Part B coverage or their personal health insurance coverage. Veterans who have already dropped their Medicare Part B can get it back, but it may take time and extra expense. According to Social Security, people can only apply for Medicare Part B between January 1 through March 31 of each year, and coverage will not begin until July. Furthermore, the Part B premium will go up ten percent for each 12-month period that a person drops out of the program.

It also is important to remember that VA health care depends primarily on congressional funding, which may affect VA's ability to care for non-service-connected veterans.

Reimbursement

VA will pay 70 percent of the rates that Medicare considers "allowable" and the non-VA facility will accept VA payment as payment in full. The veteran does not have to make copayments to the private facility.

Questions

Veterans who have received a bill for emergency care at a non-VA facility or have any questions concerning eligibility, should call VA's Health Benefits Service Center at 1-877-222-VETS (8387). ■

Why is Pain Under-treated?

HOUSTON, TX - In the past few decades, multiple studies have found that pain and pain management are significantly under-treated portions of health care.

Several authorities such as WHO (World Health Organization), AHCPR (US Agency for Health Care Policy and Research), APS (American Pain Society), ASA (American Society of Anesthesiologists), and others, have tried to pinpoint the barriers to effective pain management. All organizations have agreed that there are four issues at different levels. These levels are health care professionals, patients and their family members, caregivers, and health care and regulatory systems.

The lack of knowledge about pain mangement among health care professionals underlies a systematic lack of training in this field. A review of ten popular medical and surgical textbooks, and 11 oncologic texts revealed symptomatic treatment of pain was discussed in less than one percent of the content.

Underprescribing by physicians along with underdispensing by nurses further compounds the problem, even for post-surgical patients. Most pain medications are highly controlled and legally regulated substances. This increases the fear of sanctions or punishment on the part of the prescriber. Healthcare providers working with malignant and non-malignant cancers should be aware a thorough and meticulous history and physical, and appropriate documentation should suffice to protect them.

Concerns about addiction by patients and their families, caregivers, and physicians are usually unfounded. Addiction is extremely rare in cancer patients.

Certain physicians like to "save the use of opioids till later," and are worried about the milligrams rather than the effect. This is a wrong practice because there is no "ceiling" effect to the effectiveness of opioids. For example, high blood sugar or high blood pressure should be treated by notching up the medications until normal optimal level is obtained.

In 1993, a survey of 1,800 Eastern Cooperative Oncology Group physicians, of which 897 responded, revealed that 86 percent of these physicians felt that the majority of their patients are under-treated in their pain management. 76 percent of these physicians agreed that "poor pain assessment" is the first barrier to treating pain.

Numerous barriers to effective pain relief originate from misconceptions in the minds of health care providers. The need for immediate educational emphasis on pain management is essential. Nowadays, the liability that ensues from under-treatment of pain is becoming a serious legal negligence subject to medical disciplinary action.

The Houston VA Medical Center (HVAMC) established a Pain Clinic under the Anesthesiology Service in May 2001. The mission of the section is to heighten awareness of the field of pain medicine, educate health care providers about this very frequent symptom, educate patients and their families, and deliver state-of-the-art pain management to our veterans.

The Pain Clinic sees approximately 200 veterans each month. Clinic staff includes a pain specialist, a psychologist with pain management experience, and a physician assistant. The Pain Section is steadily growing and will adapt itself and its growth to accommodate the needs of veterans.

The Pain Clinic is located on the fifth floor in the new surgery clinics. For more information, call (713) 791-1414, extension 6477. ■ *Bilal F. Shanti, M.D.,Chief, Pain Section*

Research plays a very important role in the health care veterans receive at the HVAMC . . .

Did You Know VA Researchers Developed Both the CAT Scan and the MRI?

Dr. Daniel Epner, a hemo-oncology physician, is just one Houston VA Medical Center staff member involved with patient research. He oversees a translational research program aimed at developing novel treatment strategies for patients with advanced cancer.

HOUSTON, TX – Did you know researchers working at the VA developed both the CAT scan and the MRI? VA researchers also were the first to perform liver transplantation, develop an artificial kidney, and discover an effective therapy for tuberculosis.

In fact, the Department of Veterans Affairs is a major player in the research and development in the medical and biological sciences. Research is one of the congressionally mandated missions of the Veterans Health Administration (VHA), the health care arm of the Department of Veterans Affairs (VA). The mission of VA research is "to discover knowledge and create innovations" that advance health care for veterans and the nation.

The Houston VA Medical Center (HVAMC) aims to provide the highest quality medical care to veteran patients. Its Research & Development (R&D) Program is an integral part of this mission. The production of new knowledge, techniques, and products has led to improved prevention, diagnosis, treatment, and control of disease, as well as correction of or compensation for, defects. These research products benefit veteran patients and humanity in general.

Because of HVAMC's prestigious R&D Program, the medical center attracts and retains high quality professionals. The result is improvement of the care VA patients receive. The program also provides a stimulating, intellectual environment necessary for continuing staff growth.

The R&D Program at the Houston VAMC includes four components: Medical Research, Rehabilitation Research and Development, Health Services Research and Development, and the Cooperative Studies Program. Collectively, these services support research covering biomedicine, rehabilitation, health services, and clinical trials.

VA research focuses around nine areas that represent the high-priority healthcare needs of veterans: 1) acute and traumatic injury, 2) military and environmental exposures, 3) chronic diseases, 4) sensory disorders and loss, 5) mental illness, 6) substance abuse, 7) special populations (high-risk or underserved), 8) aging and age-related changes, and 9) health services/ outcomes research.

The long-term benefits of the VA research program have enormous potential for enhancing the lives of all Americans. There are more than 2,100 high-priority research projects nationwide. All of the work done through research is for the singular purpose of improving the quality of life for the veterans. What we learn through our work here at the HVAMC eventually becomes available to citizens around the world and their lives are enhanced through the knowledge gained by our research.

In addition to the CAT scan and the MRI, VA research is also responsible for new methods of surgery that improve the rate of recovery, many complex prosthetic devices helping amputees regain independence, and the telescoping walking stick that aids the visually-impaired. From the development of the Seattle foot providing fully functional mobility to a workstation using a voice activated robotic arm, VA research is leading the way.

VA research is an intramural program. All VA-funded research at the HVAMC is conducted under the supervision of VA employees. Unlike the National Institutes of Health and some other federal agencies, VA does not make grants to universities, states, or any other non-VA entity.

In addition, VA scientists are successful in competing for research funds from other federal agencies such as the National Institutes of Health and the Department of Defense; from private-sector volunteer organizations such as the American Heart Association and the Alzheimer's Association; and from commercial firms, including pharmaceutical and biotechnology companies.

VA researchers continue to lead the way in finding a cause for illnesses in Gulf War veterans, treating hepatitis C, and exploring the effectiveness of the new, stronger multi-drug treatments for fighting AIDS/HIV. Research plays a very important role in the health care veterans receive at the HVAMC. ■ *Joyce McDaniel, Administrative Officer for Research/Research Compliance Officer*

Desert Shield, Desert Storm Vets Have Higher Rate of Lou Gehrig's Disease

WASHINGTON, D.C. - In a large epidemiological study, researchers supported by both the Department of Veterans Affairs (VA) and the Department of Defense (DoD) have found preliminary evidence that veterans who served in Desert Shield-Desert Storm are nearly twice as likely as their non-deployed counterparts to develop amyotrophic lateral sclerosis (ALS), commonly called Lou Gehrig's Disease.

VA, working with DoD, studied nearly 2.5 million veterans for this investigation.

"I am pleased that VA is once again making a major contribution that will benefit veterans and, in fact, all Americans," said Secretary of Veterans Affairs Anthony J. Principi. "I am committed to doing research that provides a better understanding of diseases that affect veterans and providing disability compensation as early as possible."

"This research is a product of a significant investment by DoD and VA over the past several years and reflects our commitment to investigate the medical problems and health concerns of Gulf War veterans," said Dr. Bill Winkenwerder, Jr., the Assistant Secretary of Defense for Health Affairs. "Scientific research helps answer veterans' questions and holds the promise for better protection of the health of our men and women during future deployments."

Both VA and DoD fund and operate programs dedicated to studying Gulf War illnesses and the effect of continuing deployments on the health of the men and women who have served in the armed forces.

This study, begun in March 2000, involved nearly 700,000 service members deployed to Southwest Asia, and 1.8 million who were not deployed to the Gulf during the period Aug. 2, 1990 to July 31, 1991.

The study found 40 cases of ALS among deployed veterans. Although the researchers found the risk of ALS to be twice as high for deployed veterans, it is a rare disease and the number of affected individuals is small. Scientists would expect to find 33 cases in a similar-sized population over the same time period.

"These findings are of great concern and warrant further study," Principi said. "I intend to make certain that VA's medical resources and research capabilities are fully focused on this issue."

He said he would also explore VA's options for compensating veterans who served in the Gulf and who subsequently develop ALS.

ALS is a fatal neurological disease that destroys the nerve cells that control muscle movement. Neither a cause nor an effective treatment for ALS is known. The investigation, jointly funded by DoD and VA for $1.3 million, included case reviews, examinations and at-home interviews of the participants.

Desert Shield-Desert Storm veterans with ALS should call VA's toll free number 1 (800) 827-1000 for guidance on medical care and disability compensation. Claims will be processed at VA Headquarters in Washington, D.C.

VA is committed to caring for the survivors of any Desert Shield-Desert Storm veterans who died of this disease and will be working to develop eligibility criteria for Dependency and Indemnity Compensation (DIC), enrollment in VA's health care program for survivors, called CHAMPVA, educational assistance, vocational assistance, and access to the GI Bill home loan program.■

Volunteers Needed for Testosterone and Depression Study

HOUSTON, TX - The Houston VA Medical Center is currently recruiting men who are at least 50 years old and have been diagnosed with depression for a study examining the effectiveness of testosterone treatment for depression.

Participants must have been on anti-depressant medication for at least six weeks and have continued symptoms. Patients must not have psychotic symptoms, be abusing alcohol or drugs, or have a history of prostate cancer.

For more information, or to participate, please contact Ginny Reasons, Research Coordinator at (713) 791-1414, extension 4215 or (713) 841-0389. ■

From our Veterans

Provided by the Consumer Affairs Staff
HVAMC Room 1B-370, (713) 794-7883

Question: How do I get or change an appointment with my Primecare Provider?
Answer: Call VA Direct (713) 791-1414, extension 2458 and give them your name and the last four numbers of your social security number.

Question: How do I find out what Primecare team I belong to?
Answer: If you have already registered with the Houston VA Medical Center, call VA Direct at (713) 791-1414, extension 2458 and give them your name and the last four numbers of your social security number. If you are at the Medical Center, stop by the Information Desk and they can help you. If you are not registered with the Houston VA Medical Center, you must first register at the Registration Desk located in Room 1A-180 near the Emergency Room.

Question: How do I change Primecare Providers?
Answer: If you receive your primary health care from a provider in Houston, put your request in writing and submit it to the Primecare Clinic Secretary in the Primecare Area, Room 1B-316. Make sure you include your name, social security number, telephone number, and the name of your current Primecare Provider.

In Beaumont, veterans should ask to see the Medical Administration Officer, or dial 1-800-833-7734 and ask for extension 113.

In Lufkin, veterans should meet with the Patient Advocate, or call (936) 633-2753.

Question: What's the easiest way to get my prescriptions refilled?
Answer: Call the HVAMC Pharmacy Refill line at (713) 794-7648 or toll free at 1 (800) 454-1062. You will need your social security number and your prescription number.

Question: If I have a medical question on the weekend, how can I get an answer?
Answer: Call the VA Network Telecare Center at (713) 794-8985 or toll free 1 (800) 639-5137. The VA Network Telecare Center is a new program recently developed to increase access to medical care for veterans throughout VISN 16. Veterans, their families, and significant others can talk to an experienced and knowledgeable registered professional nurse 24 hours a day/7 days a week.

Question: What are the benefits of volunteering at the Houston VA Medical Center?
Anwer: Volunteers at the Medical Center provide that "extra" personal touch to the care our veterans receive. This invaluable resource augments our dedicated staff. If they meet the requirements, volunteers can receive free lunch, free parking, an annual TB test, an annual flu shot, on-the-job training, and more.

Question: How do I sign up to be a volunteer?
Answer: Call the volunteer office at (713) 794-7135 Monday through Friday from 8 a.m. to 4:30 p.m. After your application is reviewed, you will be scheduled for an interview or orientation.

Question: I'm concerned that my veteran's benefits check might be delayed if there's a sudden alert affecting postal facilities in my area. Can Veterans Affairs make sure the monthly payments get through on time?
Answer: Four out of five VA compensation and pension beneficiaries already are enrolled in "direct deposit," which provides for their VA compensation or pension payments to be moved to a designated bank account automatically each month. Both the VA and the Treasury Department strongly encourage eligible veterans or their survivors to sign up for this service by calling 1 (800) 827-1000. For the 645,000 plus VA checks that are mailed, the Treasury Department currently prints these in Austin, Texas. Treasury seals the checks in envelopes and sorts them for the U.S. Postal Service, which sends trucks to pick these up about a week in advance of the payment date. Neither VA nor the Treasury Department controls their postal delivery.

Question: I would like to get my monthly funds by direct deposit, but since I moved in with my daughter's family, I no longer have a checking account.
Answer: For those recipients currently without bank accounts, Treasury has designed a special low-cost direct deposit account, the Electronic Transfer Account (ETA). The ETA is available to all federal benefit recipients, even those who have had problems getting credit or qualifying for a checking or savings account. To find out more about opening an ETA, veterans may call 1 (888) 382-3311 (toll-free) or visit the ETA Web site at *www.eta-find.gov*.

Question: Does VA provide disability pension benefits to veterans?
Answer: Veterans with low incomes who are permanently and totally disabled may be eligible for pension benefits if they have 90 days or more of active military service, at least one day of which was during a period of war. The discharge from active duty must have been under conditions other than dishonorable. The permanent and total disability must be for reasons other than the veteran's own willful misconduct. Payments are made to qualified veterans to bring their total income, including other retirement or Social Security income, to a level set by Congress. Countable income may be reduced by unreimbursed medical expenses.

Important VA Telephone Numbers

Houston VAMC Main Line	(713) 791-1414
	or toll-free 1-800-553-2278
VA Direct	(713) 791-1414
	ext. 2458
VA Network Telecare Center	(713) 794-8985
	or toll free 1-800-639-5137
Beaumont VA Outpatient Clinic	(409) 981-8550
	or toll free 1-800-833-7734
Lufkin VA Outpatient Clinic	(936) 637-1342
	or toll free 1-800-209-3120
Pharmacy Refills	(713) 794-7648
	or toll-free 1-800-454-1062
Appointment Information	(713) 794-7648
	or toll-free 1-800-454-1062
VA Eligibility & Enrollment	(713) 794-7288
Houston National Cemetery	(281) 447-8686

VA Regional Office

Main Number	1-800-827-1000
Compensation/Pension	(713) 794-3690
	or toll-free 1-800-827-1000
Home Loans	1-888-232-2571
Education	1-888-442-4551
Insurance	1-800-669-8477
Headstones and Markers	1-800-697-6947

Question or problem with your medical care?

Contact the HVAMC Consumer Affairs staff:

Lupe Plata, Patient Representative

Michelle Farrow, Lead Patient Representative

Photo Not Available

Rufus Randle, Patient Representative

- Open and honest answers
- Fair and impartial
- Friendly and knowledgeable

Located in HVAMC, Room 1B-370
on the 1st Floor near the East Elevators
(713) 794-7883/7884
Hours of Operations: 8 a.m. - 4:30 p.m., Monday - Friday