VA OPIOID THERAPY

The Department of Veterans Affairs (VA) is accelerating the deployment of a state-of-the-art tool to help protect Veteran patients using high doses of opioids or with medical risk factors that put them at an increased risk of complications from opioid medications. It allows VA providers to review pain treatment data in one place to help protect patients. The tool, referred to as the Opioid Therapy Risk Report, is being made available now to all staff in the Veterans Health Administration (VHA). Over the past week, VA’s Interim Under Secretary for Health, Dr. Carolyn Clancy, has reached out to over 2,000 primary care providers in VHA clinics throughout the country to promote the use of this novel tool. It includes information about the dosages of narcotics and other sedative medications, significant medical problems that could contribute to an adverse reaction and monitoring data to aid in the review and management of complex patients. “All of American medicine is aiming to better understand how to treat severe pain, and Veterans receiving care in the VA health care system typically suffer from higher rates of chronic pain than the general public,” said Dr. Clancy. “While opioid medications may be appropriate in some cases of chronic pain, we are dedicated to using them safely and providing effective pain care to our Veterans. It is critical that we ensure system-wide implemen-
tation of the Opioid Therapy Risk Report in the weeks ahead.” The Opioid Therapy Risk Report allows VA providers to review all pertinent clinical data related to pain treatment in one place, providing a comprehensive Veteran-centered and more efficient level of management not previously available to primary care providers. VHA is actively deploying training aids to providers and facilities now and over the next several weeks to familiarize them with how to utilize this tool in their daily practice. Overuse and abuse of prescription opioids is a significant public health issue, particularly since patients in pain are at risk for potential negative outcomes including unintended overdose, adverse medical reactions, and mental health complications. VA established the Opioid Safety Initiative (OSI) in 2012 to enhance safe and effective pain care for Veterans. As a result, there are currently:

- 91,614 fewer patients receiving opioids;
- 29,281 fewer patients receiving opioids and benzodiazepines together;
- 71,255 more patients on opioids that have had a urine drug screen to help guide treatment decisions;
- 67,466 fewer patients on long-term opioid therapy

(Source: VA News Release Mar. 09, 2015++)

A veteran is someone who, at one point in their lives, wrote a blank check made payable to ‘The United States of America’ for an amount of ‘up to and including my life’.

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Veterans Affairs Secretary Bob McDonald at a congressional hearing 4 MAR laid out a vision for the future of his department that includes far fewer VA facilities and a more “hybrid” approach to veterans health care that will involve both public and private resources. McDonald trumpeted the buzzword of reform through the House Appropriations VA subcommittee hearing, and his prescriptions were met with tempered approval from lawmakers in both parties. The man known as “Secretary Bob” emphasized the need to get rid of aging and little-used facilities, while vowing to expand upon a recent legislative effort to give more veterans access to private care. The secretary’s calls for change were so significant one lawmaker -- Rep. Sam Farr (D-CA) -- said McDonald’s opening statement included more reform suggestions than he had “ever heard from a secretary in any department.”

VA Secretary Bob McDonald. McDonald asked Congress to take a look at VA’s physical infrastructure, noting 900 of its facilities are more than 90 years old and 1,300 are more than 70 years old. More than 330 facilities are more than half vacant. VA can save about $24 million annually on maintenance costs by closing those mostly empty buildings, McDonald said. Lawmakers also were interested in the Veterans Access, Choice and Accountability Act, which they passed in the last congressional session. In recent weeks, efforts to boost both accountability and access to care have come under fire. McDonald said that while relatively few eligible veterans are opting to use their private-access health care cards, it is still too soon to measure the full impact of the new law. “There’s a high degree of uncertainty,” McDonald said, “as there is with any free market with choice.” He added various estimates anticipate the agency will spend between $4 billion and $13 billion over the next three years. He also said he would like to work with Congress to ensure he has flexibility in enforcing the law to rope in more participants, including the possibility of reducing the 40-mile boundary. McDonald warned against contracting out VA services, but said he thinks there “will be a hybrid system in the future.” He added VA had seen a 48 percent increase in awarding private care before the 2014 access law was passed. On the staffing front, McDonald said the agency still must add 4,000 physicians and 10,000 nurses to its rolls. Much of the funding for those increases was provided in the 2014 reform law. Since the secretary took over last year, VA has hired 900 new doctors and more than 1,000 nurses. McDonald noted VA has raised pay bands for physicians -- which has helped fill vacancies -- but the perception that “VA is a terrible place to work” remains a larger issue. The secretary has held town hall meetings across the country with VA staff, where employees told him they were “prisoners of a system they couldn’t change.”

Since his nomination, McDonald has emphasized the need to provide better customer service to veterans. He asked Congress to give him the flexibility typically afforded to private-sector leaders so he can attack the problems VA faces more fluidly. He expressed his desire to apply that mentality to rank-and-file personnel as well: “This is your VA too and you can change it,” McDonald said he has told employees. To help advance those efforts, McDonald has embraced union leadership. American Federation of Government Employees National President J. David Cox has praised the regime of the new secretary, applauding his responsiveness to the union’s concerns. McDonald has labeled his proposals under the umbrella of MyVA, which includes centralizing VA outposts into five regions. He said his changes are not intended to be a “time-bound exercise,” but he expects them to occur within the next couple of years. The overhaul won’t happen overnight, he said, but the payout will make the wait worthwhile. “My reforms will take time,” McDonald told the panel. “But over the long term they will enable VA to better provide to veterans the services they earned.” [Source: GovExec.com | Eric Katz | Mar. 04, 2015 ++]
VA officials want to warn veterans about a new phone scam that's making its rounds across the nation. In the scam, the caller will claim to be from the VA, and that the veterans doctor wants to change their medication. They will then ask for personal information such as Medicare details and social security numbers. Public Affairs Officer Brad Nelson with the Iron Mountain VA says that's proof positive the caller is a scammer. "We want our veterans to know that's something the VA would never ask," said Nelson. "If they ever do get those types of calls, they should call their nearest medical center or clinic and let them know. We'll make sure we get that information to our privacy officer." Nelson also advises that veterans never give out personal information over the phone to anyone and always ask the caller for identification and a callback number to ensure the call is legitimate. [Source: TV 6 FoxUp | Nick Brennan | Mar. 06, 2015 ++]

VA BLUE WATER NAVY CLAIMS DENIED

Navy veterans who served primarily on warships off the coast of Vietnam during the war cannot sue for Agent Orange benefits, a federal judge ruled. "The court is sympathetic to the many challenges faced by [these] veterans and their families," U.S. District Judge Tanya Chutkan wrote 11 MAR. "However, Congress chose to shield VA benefits decisions from review or channel them into specific courts, and the court therefore has no jurisdiction to hear these claims." U.S. forces sprayed Agent Orange and petroleum across the Vietnamese countryside in the 1960s and 1970s as part of Operation Ranch Hand, a program to defoliate Vietnamese jungles and destroy food supplies during the Vietnam War. The chemicals washed into rivers and streams and eventually into the bed of the South China Sea. Under the Agent Orange Act, the U.S. Department of Veterans Affairs affords a presumption that Agent Orange is responsible if any veteran "who served in the Republic of Vietnam" develops a certain disease. Those veterans are entitled to benefits without actually proving exposure, but the VA has published a series of regulations defining service in Vietnam over the years. Veterans who were not "on the ground" in Vietnam and have thus been denied an Agent Orange presumption sued the VA in 2013 through two organizations, the Blue Water Navy Vietnam Veterans Association and the Military-Veterans Advocacy Inc. They say proving Agent Orange exposure is nearly impossible given the death of records about the chemical's use. Judge Chutkan noted Wednesday that the VA commissioned a study by the Institute of Medicine of the National Academy of Sciences to determine to what extent Blue Water Navy vets were exposed to herbicides during the war. "The results of the IOM Study, released in 2011, are vigorously disputed between the parties in this case," she wrote. "The IOM Study found that there is no way to know whether Blue Water Navy veterans were or were not exposed to the same amount of herbicides as ground troops." Chutkan said she had to dismiss the suit for lack of jurisdiction because the case revolves around the Agent Orange Act and the provision of benefits. In their complaint, the veterans noted that the presence of Agent Orange in the waters off the coast of Vietnam was unmistakable. "Whenever ships anchored, the anchoring evolution would disturb the shallow seabed and churn up the bottom," they claimed. "Weighing anchor actually pulled up a small portion of the bottom. The cavitation of military ships moving along the coast line, especially within the ten fathom curve, at high speeds, further impinged on the sea bottom. This caused the Agent Orange to constantly rise to the surface." After churning up the Agent Orange while traversing and anchoring offshore, unsophisticated methods of turning saltwater into potable water intensified the chemical furthering their exposure, the veterans said. [Source: Courthouse News Service | Mar. 12, 2015 ++]
Proposed Change To GI Bill

Not all veterans go to college after they serve in the military. In fact, as a percentage, more veterans become entrepreneurs after their time in service than their civilian counterparts. Recognition of this fact has led to a proposed change to the popular post-9/11 G.I. Bill that would allow veterans to use their education benefits as a no-interest loan to start their own businesses. Currently, 40 percent of separating veterans don’t use the G.I. Bill's education benefits, which are valued at about $186,000 when tuition, housing allowances and book stipends are considered... The proposal seeks to solve the problem facing many young veterans with a business dream - access to capital. The projected value of the Post-9/11 GI Bill could then be used to qualify for a low interest loan at a fixed rate. There are also plans for mentorship and training programs to help the business succeed. According to military.com, “before a veteran could access that funding for loan collateral, the business plan would have to be vetted and approved by an independent board of business experts. The veteran would also have to attend a bootsto-business course at an accredited university.” With that done, the veteran would then apply to access the capital in their G.I. Bill as a no-interest loan to be paid back over 10 years. The proposal is not without precedent: after World War II Congress passed the Servicemen's Re-Adjustment Act of 1944 which helped veterans receive small business loans. That legislation also provided for the original G.I. Bill. The main drawback from The Retired Enlisted Association’s perspective is the fact that the vast majority of startup businesses fail, even with proper mentorship and training. This is a worthwhile and promising proposal, but this simple fact means that TREA will have to study it much further to figure out what kind of acceptable financial risks Congress should be promoting for America’s veterans. [Source: News for The Enlisted Mar. 09, 2015 ++]

VA VET CHOICE PROGRAM UPDATE:

Only 1 in 5 veterans eligible for the Choice Card were offered the option to get private care outside the Veterans Affairs Department, according to a report released 3 MAR by Veterans of Foreign Wars. (Refer to http://www.vfw.org/uploadedFiles/VFW.org/VFW_in_DC/VFWInicialReportonVeteransChoiceImplementation.pdf). The report found that just 19 percent of veterans who either live more than 40 miles from the nearest VA facility or had to wait more than 30 days for an appointment were offered the option to receive non-VA care. Almost all of those veterans who were not offered the option said they were interested in private care. The president’s budget released last month sought to defund parts of the program. VA Secretary Robert McDonald defended that budget, saying that since veterans are choosing not to use the program, they have earned where they want it and how they want it,” the statement said. A bill to reform the VA became law in August as a response to the wait-time scandal where a whistleblower alleged veterans were dying while waiting for care on secret lists. Part of the law established the Choice Card program, which let veterans who lived too far from a facility or waited too long for an appointment to go to a private healthcare provider in an attempt to cut down wait times. The program has faced several problems, including a delayed rollout and veterans complaining that it’s difficult to use. Some vets have also said that the 40 mile rule is defined “as the crow flies,” not by the distance a veteran actually has to travel. [Source: The Washington Times | Jacqueline Klimas | Mar. 03, 2015 ++]
VA NOW WILL LOOK BACK AT ASSET TRANSFERS FOR PENSIONS

The Department of Veteran Affairs (VA) has announced proposed regulations that will affect needs-based programs such as Pension and Aid and Attendance for older veterans and their surviving spouses. The VA claims that the proposed changes are the result of a 2012 Government Accountability Offices (GAO) report. This report recommended changes in the VA needs based programs to “to maintain the integrity of VA’s needs-based benefit programs.” The VA itself says another reason for the new rules is to “reduce opportunities for attorneys and financial advisors to take advantage of pension claimants.” The programs targeted by these new rules are low income pension, homebound pension, and Aid and Attendance. These benefits may be available to a veteran, or a surviving spouse of a veteran who served at least one day during wartime (as set by Congress) for at least 90 days, and received something other than a dishonorable discharge. The benefit, particularly the Aid and Attendance benefit, replaces some income that the veteran or surviving spouse is spending on unreimbursed medical expenses. Furthermore, there is a limit on assets or net worth since the VA assumes that if the veteran or his surviving spouse has sufficient assets to take care for himself or herself, then the VA should not be providing money to the veteran or spouse. These proposed changes to the rules would presumably not apply to compensation, which are the benefits for those with a current injury/illness that is service connected. The proposed rules would impose a 36 month “look back” period on transferred assets, even between spouses to the extent that assets exceed the new net worth limit which would be the maximum community spouse resource allowance permitted by Medicaid prevailing at the time the final rule is published, indexed for inflation. In 2015, the maximum allowance is $119,220. For those who dispose of excess assets in order to qualify for VA benefits, there will be a penalty period of up to 10 years based upon the total assets transferred during the “look back” period that exceed the net worth calculation. The penalty period would begin on the first day of the month that follows the last asset transfer, and the divisor would be the applicable maximum annual pension rate in effect as of the date of the pension claim. If the VA mirrors Medicaid rules, this would mean that no pension monies would be paid during the penalty period. The net worth is determined by adding the claimant’s annual income to his or her assets. The primary residence would not be included as an asset unless it is sold and another residence is not purchased within one calendar year. Deductible medical expenses would be further clarified as well. These new regulations seem to attempting to mirror Medicaid rules for a benefit that is not nearly as valuable as Medicaid. Moreover, it would seem that veterans earned the right to some assistance when they are older and ill by virtue of simply being veterans and having served our country. These rules are so restrictive, it would seem that few veterans or surviving spouses would qualify for what is a fairly low benefit (in 2015, the maximum surviving spouse benefit is $1,149 per month and a veteran with one dependent/spouse is $2,120 per month). Most claimants are trying to obtain assistance to pay for personal care/assisted living facilities, or for care in a State Veterans facility. If you are concerned about this consider contacting your U.S. Congressman or U.S. Senator to express your feeling on the proposed regulations. If accepted the new regulations could go into effect as early as early as July, 2015. [Source: Legal Ease | Kathleen Martin | Feb. 15, 2015 ++]

Women’s VA Health Policies

Military Times article by Leo Shane recently reported that Bipartisan members of the House Veterans Affairs Committee requested an investigation of the VA Women’s Health Policies. 635,000 female veterans (about 10%) of the veteran population is being underserved when it comes to health issues as the fastest growing veteran population served by the VA. They are now 20% of the active duty components. The VA is considering expanding the number of women’s clinics as well as actively seeking doctors who deal with women’s health issues. There was no timeline set for the investigation, but lawmakers said they intend to take up the issues with the committee in coming weeks. Lawmakers said they are concerned with recent report that VA drastically underserves female vets due to missing services, untrained staff or inadequate facilities.
A Veterans Affairs facility in Wisconsin overprescribed pain pills to vets and bred a culture of fear among staff that compromised patient safety, according to initial findings in a department investigation. The VA’s internal investigation, which Secretary Bob McDonald directed the interim undersecretary of health to begin in January, found “unsafe clinical practices” at the Tomah facility in pain-management and psychiatric care. For example, in six of the 18 cases the department reviewed, high doses of opioids and depressants contributed to patient injuries, while 12 out of the 18 cases “demonstrated extensive use of opioids and benzodiazepines.” The review team also found that “an apparent culture of fear at the facility compromised patient care and impacted staff satisfaction and morale,” according to the preliminary findings outlined in a 10 MAR memo to McDonald from Interim Undersecretary for Health Dr. Carolyn Clancy. The department is conducting a more in-depth investigation of the clinical and administrative practices at the Tomah facility. Patients at the VA medical center in Tomah, Wisconsin—dubbed “Candy Land” by vets—were 2.5 times more likely to receive higher doses of opioids, and the facility prescribed a risky combination of opioids and benzodiazepines at nearly double the national average at VA medical centers. Opioids are drugs to relieve pain, and include morphine and oxycodone; benzodiazepines are used to treat anxiety, insomnia and alcohol withdrawal among other issues, and include drugs like Xanax and Valium. The investigation was sparked by an earlier inspector general report stemming from allegations of overprescribing and abuses of authority at Tomah. That IG report concluded there was no conclusive evidence of criminal activity or gross clinical incompetence or negligence, but it said the investigation revealed “potentially serious concerns” that should be brought to the attention of upper management. Sen. Tammy Baldwin (D-WI) received the report last summer but did not call for an investigation until January after media reports surfaced that a veteran receiving care at Tomah had died of a drug overdose. Baldwin fired a member of her staff over the incident, but has not said much publicly about it so far. Baldwin issued a statement on 11 MAR saying the VA’s initial findings “substantiate the troubling concerns my office has heard from current and former employees and patients at the Tomah VA.” She said that the “final result of this investigation must include appropriate corrective action that brings accountability to those responsible for the problems at the Tomah VA and puts in place solutions to prevent these problems and tragedies from ever happening again.” Baldwin isn’t the only senator taking heat over not acting faster on whistleblower complaints and the IG report. This week Sen. Ron Johnson (R-WI) said that his office “could have done more to address allegations about opiate prescriptions” at Tomah, according to a 10 MAR report in USA Today, which says the allegations about problems at the facility fell through the cracks at the congressional staff level last fall. “The VA’s preliminary findings confirm what my office has been hearing from whistleblowers about the climate of fear and lack of accountability at Tomah,” Johnson said in a statement on 11 MAR. “As Chairman of the Homeland Security and Governmental Affairs Committee, I have begun an independent investigation in to the tragedies that occurred. Nothing is more important than bringing transparency and accountability to Tomah, and I will work tirelessly to ensure veterans in Wisconsin receive the highest standards of care.” On 9 MAR, the VA announced it was expediting deployment of a tool to help protect vets taking pain pills from overdoses and other risks associated with opioid medications. The so-called “opioid therapy risk report” allows VA providers “to review all pertinent clinical data related to pain treatment in one place, providing a comprehensive veteran-centered and more efficient level of management not previously available to primary care providers.” VA Deputy Secretary Sloan Gibson met with employees at the Tomah facility on 10 MAR. Meanwhile, President Obama this week is scheduled to visit the Phoenix VA medical facility where the scandal erupted over excessive wait times for vets and record falsification, prompting the department reorganization. On 30 MAR, the House Veterans’ Affairs Committee and the Senate Homeland Security and Governmental Affairs Committee will hold a joint hearing on the problems at the Tomah VA health center. [Source: GovExec.com | Kellie Lunney | Mar. 11, 2015 ++]
Imagine going to see your health care provider about your diabetes or high blood pressure, and having 10 other people in the room. That's exactly what happens during shared medical appointments. Far from an invasion of privacy, the approach is catching on in VA and elsewhere as a cost-effective way to help patients manage chronic diseases. It's important to note that the groups are a supplement to standard care—not a replacement. Patients still receive all the one-to-one attention they may need. Typically, a multidisciplinary team meets with anywhere from 8 to 20 patients for up to two hours. The team might include, for example, a couple of pharmacists, a nurse, and a dietician. That combination of professionals can vary. Often, a nurse practitioner or physician assistant will be involved. During the sessions, the thrust is education and discussion about self-care, wellness, and positive lifestyle changes. Researchers who have studied the model say patients get support from their peers and learn new strategies from them, and that they like the team care. The providers who work with the groups feel a sense of teamwork and camaraderie. Overall, studies show the approach is satisfying for most patients and providers and leads to improvements in patient outcomes. One such study appeared recently. Dr. David Edelman and colleagues at the Durham VA Medical Center and Duke University reviewed 17 past studies that compared shared medical appointments with usual care for patients with diabetes—in or outside VA. Importantly, the review looked only at studies in which the group appointments had included medication management, along with the group education. Dr. Edelman says the pairing of the two is known to be an effective combination. By and large, the shared appointments worked to improve patients' metrics. On average, patients saw significant drops in blood sugar levels and blood pressure, although there were no improvements in LDL (“bad”) cholesterol. The researchers said the studies they looked at didn’t yield enough data for them to draw conclusions about impacts in other areas, such as patients’ level of satisfaction, or their use of other health care resources. Another VA study helps fill in some of those gaps. A group at the Portland VA held a focus group with 18 Veterans, mostly men, who had taken part in shared medical appointments for diabetes. Three of their wives also attended the focus group. The results are expected to appear in May 2015 in Federal Practitioner, a journal for federal health professionals. In the study, asked about their experience with this care model, the Veterans responded quite positively. Typical comments:

- “Classes make you feel more normal, when you sit with these people whose experiences you share.”
- “When people have had a problem, get together and say how they’ve overcome it, I wanna hear about it.”

Those who had no family members for support seemed especially enthusiastic. One said, “Being members of the military, you still have civilians and they are them and we are us. … With no family members this [shared medical appointment] has made a big difference.” VA researchers continue to study the model. One study that is just wrapping up, for example, looked at the use of videoconferencing to extend the shared medical appointment model to those Veterans with diabetes who live in rural areas. The findings should be published in the next few months. [Source: VAntage Point | Mar. 04, 2015 ++]

### COST OF VA CARE

On 4 MAR Veterans Affairs Secretary Bob McDonald testified before the veterans’ affairs panel of the House Appropriations Committee on the VA’s $169 billion budget request for next year. He told lawmakers that the department is on track to meet two lofty goals set by his predecessor: End the disability claims backlog and veteran homelessness. But McDonald offered a laundry list of figures and some projections indicating that whatever victories the VA may achieve in the next year or so, the pieces already are set for the making of another situation to overcome. "The cost of fulfilling our obligations to veterans grows over time because veterans demand for service and benefits continues to grow as wars end," he said. "While it's true that the total number of veterans is declining, the number of those seeking care and benefits is increasing dramatically."

To see the remainder of this article go to [http://www.military.com/](http://www.military.com/)

[Source: Military.com | Bryant Jordan | Mar. 04, 2015 ++]
COUNSELING, FREE

Jennifer Grubba 608-264-5342 of the Madison Vet Center will be filling in the counseling position that comes to Waushara County Courthouse by previously arranged appointments, 2nd Wednesday of the month. Call for appointment. Free Counseling to combat veterans and sexual trauma veterans.

5 sessions to non-combat veterans. Marriage counseling, also

FINANCIAL HELP

Jamie Kolpien from Supportive Service for Veterans Families (SSVF) will meet with veterans facing eviction from rentals or post foreclosures, every 4th Wednesday at the North Annex 230 W. Park St. Wautoma, WI between 10 am to 3 pm. For an appointment call 866-823-8387

There is a financial limit to this help. You may call her to find out more details

PTSD GROUP

Interested in forming a PTSD support group? Jennifer Grubba of the Madison Vet Center (608)264-5342 would like to help form a group for Veterans with PTSD in Waushara County. The group would most likely meet in Waushara County. Please call her if you are interested in being part of a support group. And willing to join with other veterans in support of each other. No cost!!!