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NAVAPD NEWS

The Voice of VA Physicians and Dentists Since 1975

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NAVAPD Provides Input to VHA Pay Committee

In late January, NAVAPD received a letter seeking input to the VHA Management Steering Committee on Physician and Dentist Pay. Despite short notice NAVAPD developed a formal letter and submitted it. NAVAPD later received email confirmation that our letter was received and would be considered by the Committee in its early February meeting.

NAVAPD acknowledges the invaluable input of Dr. Pam Steele in developing this letter.

The invitation letter also indicated that NAVAPD will soon be asked for suggested appointees to this Committee. Since the problems with the implementation of the Physician and Dentist Pay Law have long been a concern of NAVAPD, this is very good news if it all occurs as indicated.

Our letter to the Committee begins on page 3 and concludes on page 5. Two small sections have been slightly modified to protect the identity of individual physicians in this open venue. ❖

Phone Problems Hit NAVAPD—New Number Activated

In mid April the NAVAPD staff was notified of a problem with the phone number which NAVAPD has been using for several years. It was reported that the line was being answered by someone not associated with NAVAPD.

To control costs and based upon limited need for meeting space, NAVAPD has operated with a "virtual office" and answering machine for several years. There had been a noted decline in calls in the preceding weeks. Upon investigation it was discovered that the line had been misdirected to an alternate user. Unfortunately, some messages may have been lost in the process.

New NAVAPD Telephone Number
866-836-3520
24 hours/7 days

While evaluating this episode, it was decided to obtain a Toll Free phone number and a live operator answering service. The new number has been in limited trial use and is now open for use by all.

If you attempted to reach NAVAPD in this period, we apologize if your attempt did not receive a response. Please contact us again at the new number. ❖

Poll: 67% Favor Expanded Nurse Practitioners' Role

A recently released Rasmussen Report indicates that 67% of 1000 likely adult U.S. voters favor licensing and training nurse practitioners to expand their role in the provision of routine medical care.

Only 20% opposed such an expanded role. 12% were unsure. The margin of error is +/- 3% with 95% confidence. Concurrently, an overwhelming 79% of Americans say they trust their doctor. Only 8% do not. 12% are not sure.

These results are from a national telephone survey of likely voters on April 23-24, 2011.

There is a projected growing shortage of doctors in the years ahead, and a number of states are considering or have passed legislation that allows nurse practitioners to step in for physicians in routine cases.

Most respondents think that's a good idea.

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Inside this issue:

A Message from the President

Samuel Spagnolo

Spring has finally arrived in Washington. Along with cherry blossoms, bright sunshine and warmer temperatures comes the inevitable battle of the budget on Capitol Hill. Since no actual budget was ever passed in the last congress the country has bounced along on continuing resolutions (CRs).

However, recently some progress was made to finalize the 2011 budget that did include reduced funding for various programs. The VA appears to have been spared at least so far. The VA recently submitted a $132 billion budget proposal for 2012. This budget requests $51 billion (51,000,000,000) for VA health care to treat 6.2 million patients or roughly $8,000 per patient annually.

Nearly $70.3 billion in mandatory funding has also been requested to fund committed VA benefits and pensions. The discretionary budget represents about a 10.6% increase of the 2010 enacted level and a 23% increase in the discretionary budget since President Obama took office. More information about the VA's budget is available at www.va.gov/budget/products.asp.

Whether the Congress will continue to be so generous for the next budget round is the open question. To say the least, the mood in Washington is not a happy one with the Federal Pay Freeze likely to continue for several years. NAVAPD continues to express our concerns to VACO regarding the physician and dentist pay system, its tools, and its implementation and especially our concern regarding the lack of transparency of the VHA Management Steering Committee for Physician and Dentist Pay.

NAVAPD will continue to press VACO to provide better oversight on the implementation of Public Law 108-445, dated December 3, 2004 the

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NAVAPD's Mission and Principles

Mission

NAVAPD is dedicated to the principle that this Nation's Veterans, as a result of their service to our country's Armed Forces, have earned an entitlement to quality health care to meet their needs as they become sick or injured. The Department of Veterans Affairs ("VA") is that agency of government obligated to honor the Nation's contract with its deserved Veterans.

NAVAPD has as its highest priority the preservation and strengthening of the VA Health Care system, so that it stands ever ready to give Veterans quality medical care equal to or better than that which can be obtained elsewhere in our society.

Just as VA doctors care for those who have served, they also stand ready to treat the military and civilian casualties of future conflicts and non-military disasters. VA Health Care facilities are a principal element in our national security and in our national defense, representing as they do a vast resource to back up the limited capabilities of our military hospitals.

Guiding Principles

NAVAPD shall function as the official professional organization of the VA physicians and dentists at all levels in the VA Health Care system, from the local health care facilities through VISNs to the national level.

NAVAPD shall cooperate to the maximum extent possible with official representatives of the VA, to the end that the best possible health care is provided to Veteran beneficiaries.

NAVAPD shall endeavor to ensure that qualified physicians and dentists are recruited into the VA Health Care system and retained therein.

NAVAPD shall support VA physician research, participate in activities of professional organizations, continuing medical education and participation in equal partnership affiliation with medical schools.

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NAVAPD Letter to VHA Committee on Physician and Dentist Pay

National Association of VA Physicians and Dentists
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March 3, 2011

Brian McVeigh
Acting Chief Officer, Workforce Management and Consulting Office (10A2)
Veterans Health Administration
810 Vermont Avenue, NW
Washington, DC 20420

Mr. McVeigh:

The National Association of VA Physicians and Dentists (NAVAPD) greatly appreciates the opportunity to submit thoughts and comments regarding the Physician Pay System to the Veterans Health Administration (VHA) Management Steering Committee for Physician and Dentist Pay. Please accept our apology for the lateness of our reply, but the invitation was only received late last week.

NAVAPD has a number of concerns regarding the Pay System, its tools, and its implementation. We first note that the Pay Tables are confusing in that the Tiers hierarchy is inconsistent. In the Tables themselves, Tier 1 is the lowest paid level, while in the Specialty/Assignment Sections, Tier 1 denotes the highest paid level. For simplicity of application, clarity to those called upon to implement the pay system, and those asked to serve on local Pay Panels, we suggest that the hierarchy of the Tiers be aligned and consistent in all areas of the Pay Tables document.

NAVAPD is also concerned that some the Pay Tables have pay ranges that go far too low for reason. For example, a Tier that is to cover cardiothoracic surgeons, neurosurgeons, interventional radiologists, and similar has no need for a range down to $97,000. Such a low range just allows room for unreasonably low salaries. The low end of the ranges should be evaluated and increased.

The NAVAPD Board is concerned that there is little or no acknowledgement in the Pay Tables of the contribution of primary care physicians or those specialties that perform few or no procedures. We certainly do not mean to imply that those who perform invasive procedures should be paid less, but only to suggest that non-procedural care of patients not be dismissed as less valuable than procedure-based care.

Another subject of concern is the lack of transparency of the VHA Management Steering Committee for Physician and Dentist Pay. The VA Physician population does not know who is seated on this Committee, how they are selected, whether there is physician representation on the Committee, how often its members change, and how to influence the make-up of this critical Committee to the physicians and dentists of the VA. We understand that NAVAPD will shortly be asked for input to a designee on the Committee. This is welcomed news, and we look forward to providing that input.

Our greatest concern has been and continues to be the obviously uneven application of the pay system and Pay Tables in different parts of the country. Several of the members of our Board have availed themselves of various tools to assess the apparent implementation of the pay system across the country, including http://www.app.com (Asbury Park Press) and USAJobs.com. The Asbury Park Press site provides the ability to review and compare pay data for any or all physicians across the country for 2007, 2008, and 2009. USAJobs makes it simple to determine which areas are successful in filling physician positions, and which are not despite the 2004 Pay Law.

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The President's Message (continued)

(Continued from page 2)
Department of Veterans Affairs Health Care Personnel Enhancement Act of 2005 (see page 3 of this issue of ***NAVAPD News***). I urge you to use the tools we provided in the July/ August 2010 Newsletter to evaluate the pay process and its equity or lack thereof, and to continue to send us your comments regarding compensation issues at your facility. ❖

H.R. 814 Would Open VA Facilities to Veterans' Medicare Service

The American Legion's National Commander Jimmie L. Foster is urging the organization's members to push for congressional support of a bill that, if enacted, would allow military Veterans to use their Medicare benefits at Department of Veterans Affairs (VA) medical facilities. The bill, H.R. 814, was introduced earlier this year by Rep. Bob Filner (D-Calif.), ranking minority member of the House Veterans' Affairs Committee.

As the law currently stands, the Veterans Health Administration (VHA) is prohibited from seeking third-party reimbursements from Medicare for the treatment of non-service connected medical conditions suffered by Veterans, even if the appropriate treatment is routinely covered under Medicare. This means that many Medicare-enrolled Veterans who wish to be treated at VA medical centers — but have their care covered by Medicare benefits — currently must seek treatment elsewhere.

H.R. 814, called the *Medicare VA Reimbursement Act of 2011*, would lift that prohibition, allowing Veterans to return to the VA for care of their non-service connected conditions.

Thus far, Congressman Filner's bill has three co-sponsors in the House: Rep. Joe Baca of California, Rep. Shelley Berkley of Nevada and Rep. Madeleine Bordallo of Guam. It was recently referred to the House Veterans Affairs Committee's Subcommittee on Health for consideration.

Clearly, approval of this bill could have a dramatic impact on the workload in VA Medical facilities all across the country. **NAVAPD** will be watching progression of this bill closely to assure that any impact will receive consideration for resource assignment.❖

Call for NAVAPD Ambassadors

Do you like the idea of having an organization speaking for you in Washington, DC? Are you pleased that there is a group of people willing and able to speak and write letters on behalf of you and all of the other physicians and dentists serving the nation's Veterans?

NAVAPD is the organization that does these things and more to protect physicians and dentists. **NAVAPD** is a fully voluntary organization. None of the members or Officers or Directors receive any compensation for service to the organization and its members.

One of the toughest things about a volunteer organization is getting people to volunteer. The box in this article shows how **NAVAPD** has divided the country into eight regions based upon VISNs. Each of these regions is supposed to have a Director, but most are vacant due to a lack of volunteers for the job.

Everybody is busy. People are reluctant to take on additional voluntary responsibility, especially for a big area like one of these regions.

NAVAPD Region 1 = VISNs 1-5
NAVAPD Region 2 = VISNs 5-9
NAVAPD Region 3 = VISNs 10-15
NAVAPD Region 5 = VISNs 16-17
NAVAPD Region 6 = VISNs 18-19
NAVAPD Region 7 = VISNs 20-22
NAVAPD Region 8 = VISN 23

And yet, **NAVAPD** has to find a way to have people working for it, promoting membership, helping members, and carrying our agenda to regional and national leaders. The Board cannot accomplish all of this. So, **NAVAPD** developed the role of **NAVAPD** Ambassador.

Ambassador is not an elected position and doesn't have lots of time and travel obligations. The Ambassador's role is basically to be **NAVAPD** at the local level: Tell physicians and dentists what **NAVAPD** is, what it stands for, what it does. Be **NAVAPD**'s eyes and ears across the country. Keep one's ears open for issues about which **NAVAPD** should get involved. Write a letter on some topic to which we need Congress to pay attention.

We need more active presence across the country. Paid staff to cover the nation would bankrupt **NAVAPD**. So, if you have ever benefited from **NAVAPD** membership, ever gotten help with a work issue, benefited from the actions **NAVAPD** has gotten through Congress on your behalf, wouldn't it feel good to give back? Send the President an e-mail or give him a call. Volunteer.❖

NAVAPD Letter to Pay Committee (continued)

(Continued from page 3)

By selecting physicians and then arranging them in high to low salary order, it is easy to see that certain areas of the country have aggressively implemented the Pay System, with significant advancements in pay for the more experienced senior physicians. However, it is just as easy to see that some areas have apparently been aggressive in minimizing physician pay increases. At the Washington DC VA Medical Center, a few physicians are notable because of their pay increases, while many more senior and more experienced physicians and dentists with national reputations have made little pay progress. Physician and dentist pay has advanced well in Pittsburgh and Philadelphia while in the more expensive DC area, physician and dentist pay has not made similar strides. A highly experienced specialist with over twenty years of service was recruited from the Washington DC VA Medical Center to the Philadelphia VA Medical Center for a salary of $325,000 compared to a DC salary of $220,000, despite the fact that the Philadelphia VAMC has no specialty program in this physician's area of expertise and is a lower Tier Medical Center.

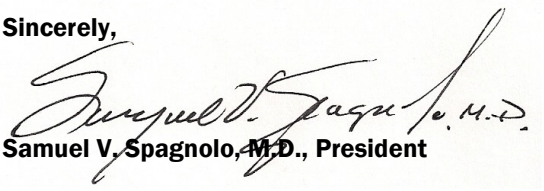
Secrecy is always a troubling characteristic in the implementation of any system. Some VA Facilities have elected to implement the pay bill shrouded in secrecy. In many facilities it is reported to NAVAPD that physicians are summoned to the front office to serve on a pay panel, but when they arrive they are simply told to sign an already approved amount. There is no discussion, no review of pay tables, no evaluation of internal or market equity. Professional updates from the providers being reviewed are never seen by the pay panel members. If the pay panel "member" seeks a higher salary for the physician being reviewed, the "member" is told that if they do not sign the amount already set by management, the provider being reviewed will receive no raise at all. This threat has been delivered to multiple physicians in a facility right in the Washington DC area, as well as in others across the country. Similar activity is reported by NAVAPD members across the country who have experienced and seen it firsthand.

When one uses the Asbury Park Press website to review pay considering length of service, experience, responsibilities and accomplishments, it becomes readily apparent that some unusual things have happened with pay in facilities where these tactics have been used. The medical staff leadership has quickly met or exceeded the pay recommended by the Pay Tables. Those favored by the leadership have progressed as well, even those with fewer accomplishments or those not in hard-to-recruit or retain specialties. Even those with little or no clinical responsibility have been raised while those with greater workloads or accomplishments or experience are still waiting to see more than minimal increases. The gaps and inconsistencies become apparent. One past Chief of Service in a VAMC refused to pay any specialists more than she/he was paid.

NAVAPD cannot understand how a Pay System that has been so well and progressively implemented in Texas or California cannot be similarly implemented in the Southeast, East, and some parts of the Northeast. We also cannot understand how this occurs without notice by those providing oversight to the VISNs and facilities. Pay has advanced in areas in California, Texas, Ohio, and others, but lagged in Boston, Washington DC, and others.

The antidote to secrecy, hidden agendas, and suspicion is open processes, forthright discussion, and the light of day. NAVAPD hopes that this invitation to provide input to the Committee and participate in selection of a member will be the start of an opportunity to assist the Committee in assuring that the Pay System is implemented fairly and evenly across the country. We would like to assure that those areas that have not done so will immediately be required to bring themselves into compliance with the law. NAVAPD stands ready to assist in any way possible. We look forward to further discussions with you.

Sincerely,



Samuel V. Spagnolo, M.D., President

67% Support Expanded Role for Nurse Practitioners (continued)

(Continued from page 1)

Further breakdown shows that 77% indicated they would be at least "Somewhat Comfortable" visiting a trained and licensed nurse practitioner for routine medical care. 45% said they would be "Very Comfortable." 18% "Would Not Be Comfortable" visiting a nurse practitioner, including just 5% who would be "Not At All Comfortable" with this change. The remainder are unsure.

Most voters (52%) think the quality of health care would improve if routine medical care was handled by nurse practitioners and doctors were able to focus more on challenging health care issues. Only 20% think the quality of health care would be reduced under that scenario, and 10% say it would have no impact. 18% are undecided.

A plurality (43%) of voters think the cost of health care would decrease if nurse practitioners were trained and licensed to provide routine medical care. Only 12% disagree and believe health care costs would increase. 27% say the increased use of nurse practitioners for routine care would have no impact on costs, while 18% are not sure.

What do these findings mean and upon what facts are they based? Is the survey poorly devised or intentionally biased? As with all surveys, one must start by looking at the questions:

1* A proposal has been made to train and license nurse practitioners to expand the routine medical care they currently provide. This would allow doctors to focus on treating the more challenging health care cases. Generally speaking, do you favor or oppose training and licensing nurse practitioners to expand the medical care they currently provide?

2* How comfortable would you be visiting a trained and licensed nurse practitioner for routine medical care?

3* If doctors were able to focus more on challenging health care issues because more routine medical care was handled by nurse practitioners, would that improve the quality of health care or reduce the quality of health care?

4* If the medical care that nurse practitioners were allowed to provide was expanded, would the cost of health care increase, decrease or stay the same?

5* Should the federal government establish a single standard for all health care regulations or should states establish their own individual standards for health care regulation?

Some biases in the questions are noted: The questions include the assumption that if Nurse Practitioners were allowed to do more routine care, the physicians would be attending to more complicated cases. This assumption is by no means certain; facilities might simply reduce the number of physicians made available to save costs. Private, public, and government hospitals are all struggling to reduce costs. For-profit hospitals always are looking to boost investor earnings.

It is also important to note that the questions do not describe who "nurse practitioners" are, what their training and requirements are and what increases would be made to that training in the future. There is no mention that while currently allowed to make medical diagnoses and prescribe drugs, in some states nurse practitioners are still under the supervision of licensed physicians.

Also of note, the meaning and scope of "routine care" is never addressed in the questions. Neither is who determines that a case is "routine."

The questions and respondents in this survey fail to recognize that in the current system, physicians determine WHICH CASES are routine and can be referred to lower-level providers.

Under the proposals for expanded nurse practitioner roles, this would be reversed. The lower-level providers would be deciding which cases are complex and require a physician's attention. In other words, the practitioners with the lowest level training, experience and diagnostic skills would be the gate keepers determining who receives access to physician care.

NAVAPD is focused on the need to educate decision-makers and the public on the shortcomings of surveys such as these. Additionally, NAVAPD wants to be sure that decision-makers have a valid understanding of what patients give up when lower-level providers become the gatekeeper and "traffic cop" determining which cases are deemed complex and sent to physicians.

Will nurse practitioners quickly recognize and refer complex cases or too rapidly provide treatment for the simplest possible condition? Such situations have already occurred with sad outcomes. What does this rush to replace physicians bode for the patients AND their physicians?

Demographics Notes

- Solid majorities across all demographic categories favor training and licensing nurse practitioners for routine care, and express comfort with visiting a nurse practitioner for such care.

- More Democrats and unaffiliateds believe quality would improve than Republicans. Democrats feel more strongly than Republicans and unaffiliateds that the greater use of nurse practitioners would decrease the cost of health care.

- Those who earn more than $75,000 are slightly less confident than those who earn less that the quality of health care could improve with the use of more nurse practitioners, thus freeing up doctors for more challenging cases.

❖

Pass Along to a Colleague

Mail to: NAVAPD, P.O. Box 15418, Arlington, VA 22215

Join NOW!

Full-Time $160	Half-Time $100	Retired $80	Resident Fellow $45	LifeTime $1500

NAVAPD is the only national organization protecting the interests of VA physicians and dentists. Since 1975, NAVAPD has been your advocate and watchdog in Washington. **NAVAPD** will continue to focus on opportunities to improve pay and working conditions.

You can join by mail with this form

YES! I want to join NAVAPD! **3 ways to pay:**

☐ 1. Check (enclose) ☐ 2. Payroll Deduction $6.15/PP ☐ 3. PayPal (Renewal Only)

Name _____ Telephone Number _____

Address _____ E-mail Address _____

City, State, Zip _____ Facility _____ Station Number _____

☼☼☼New NAVAPD Phone Number **866-836-3520** New NAVAPD Phone Number ☼☼☼

Northeast Better Prepared for Coming Physician Shortage

A new report is supporting concerns that once the Affordable Care Act takes full effect there won't be enough doctors to handle the increase in patients. This increase would happen as health care becomes more widely available and Medicaid programs are expanded in 2014. The same report, from the Center for Studying Health System Change, says that Northeastern states are more likely to be able to handle this better than Sun Belt and Mountain states because the Northeast has more primary care physicians per capita.

The report states that "Medicaid enrollment is expected to grow by 16 million people by 2019, an increase of more than 25%. Given the unwillingness of many primary care physicians to treat new Medicaid patients policymakers and others are concerned about adequate primary care capacity to meet the increased demand."

In low-physician-supply states, physicians are already less likely to accept Medicaid patients. Medicaid reimbursement will increase under the new law, but those increases likely will not be sufficient to entice physicians in southern and western states to take on new Medicaid patients, because reimbursement rates in states with lower per capita physician levels are already higher than in states with an abundance of physicians.

The physician gap is a wide one: Washington, D.C. has the highest level of physicians with 27.95 per 10,000 residents; Mississippi, Utah and Idaho each have less than 9 primary care physicians per 10,000 residents. Studies on the need for physicians before and after the health care reform indicate that the United States will need 30,000 to 40,000 physicians to adequately care for the higher patient load.

Further adding to the problem: When Medicaid eligibility is increased to 133% of the poverty level, the number of Medicaid patients will increase as much as 38% in the states with fewer primary care physicians, compared to a 15% increase in states with more physicians, according to the report. The Medicaid expansion that is part of the Affordable Care Act will not only exacerbate the nation's overall physician shortage, it will impact the various states and their physicians in differing ways and to varying degrees, hitting the already under-served areas hardest.

There are also, of course, varying estimates on the cost of the Medicaid expansion. The Congressional Budget Office (CBO) estimated an additional 20 million people enrolled in Medicaid this decade, costing the states an additional $60 billion by 2023. A study for Republicans on the Senate Finance and House Energy and Commerce committees sets the additional cost by 2023 at $118 billion, twice the CBO estimate. Still other studies indicate a net savings in Medicaid spending for the states as a result of the cumulative effects of the health care reform law.❖

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Bank of America Ends NAVAPD MasterCard® Program

Bank of America, the provider of our **NAVAPD** member MasterCard® for several years, has advised **NAVAPD** that it terminated its relationship with **NAVAPD** effective **April 30, 2011**.

Several hundred members of **NAVAPD** carry these cards and take advantage of the special terms for our members. These special terms for our members will cease.

For the active accounts that remain as of termination, Bank of America will maintain those relationships since the credit card agreement is between the individual Customer and the Bank. Benefits to NAVAPD will cease.

Bank of America will phase out to the generic Bank of America plastics upon natural expiration of each individual Customer unless they have a Lost/Stolen request after **April 30, 2011.** Bank of America will notify all active Customers via a statement message (both paper and online) for two consecutive statements following the termination date letting them know that the **NAVAPD** relationship has ended.

Please know that **NAVAPD** very much appreciates those of you who have supported **NAVAPD** by using this card in the past. Thank you!❖

The normal renewal period for NAVAPD Membership has ended, however renewals will always be accepted. Publications and other services may be missed during the gap in membership. Members can renew online as long as website access has not yet been discontinued. Otherwise, renewal can be made using the invoice received earlier or a regular membership form like the one printed in this newsletter. Or you can contact NAVAPD via the new phone number, 866-836-3520, for a renewal form via e-mail.