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NAVAPD

The Voice of VA Physicians and Dentists Since 1975

NEWS

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Revamped NAVAPD Website Nears Unveiling

Visitors to the NAVAPD website recognize that the current design lacks some of the newer capabilities and the easy "look and feel" of many websites. For nearly a year, NAVAPD President Spagnolo has been investigating the options for modernizing the site. Our current and longstanding webmaster, Michael Gao, has done an excellent job but competition for his time made it impossible for him to continue in the role and take on this major renovation.

As a result of our investigation and learning of all of the new tools, systems, and opportunities, about two months ago, NAVAPD enter into an agreement with the Childress Organization to revamp, redesign and modernize the NAVAPD website. Work continues on this endeavor and the unveiling is rapidly approaching.

There were specific goals NAVAPD wanted to attain in this redesign.

- Make the site more attractive, intuitive, and easy to navigate.
- Make the information on the site easier to find and view.
- Integrate and automate many of the "back-office" functions of operating the site and the organization.
- Make the site content more dynamic and relevant to day-to-day issues.
- Make increased use of social media to deliver information to NAVAPD members.
- Make the site a showplace for NAVAPD.

The work is not fully done, but we believe you will be very pleased with the final results. Keep a watchful eye for an announcement. ❖

The Red-and-White Bullseye on Our Backs

The storm clouds have been gathering for some time and the storm is finally here: on one hand President Obama has proposed a VERY modest pay increase for federal civilian workers (0.5% to 1.0%) and an end to the pay freeze. On the other, the House of Representatives has introduced and approved a Bill continuing the pay freeze for at least three more years (five in total).

As NAVAPD has been warning, the federal civilian workforce has become a convenient and politically safe target for Congressional efforts to address the public's outrage over deficits and governmental spending. As the press runs multiple stories about how federal civilian employees are paid far more than their private sector counterparts, the public has come to see us as overpaid AND underproductive — the perfect people to suffer a reduction in status and pay.

The public has long viewed most hospitals in a negative light, given the incredibly high bills and sometimes questionable level of service. This attitude along with growing distrust of all things government makes VA hospitals even more disliked.

Of course, we know that, while the average pay for all government employees might be higher than the private sector, that is not true for all, especially the professionals in the middle, such as physicians and dentists, nurses, allied health professionals, and others.

The VA has now undertaken what will certainly be the first of many reviews of the appropriateness of pay grades for 17,000 employees in a variety of positions. We can be assured this will not be the last such review, and these reviews will likely reach most everyone sooner or later. As consolidation of physicians into hospital-owned groups continues, and reduced hospital reimbursement squeezes the salaries of hospital-based physicians, VA market-based pay plans could lower VA physicians' pay. ❖

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The President's Corner

Hurray, the long and bitter race to the White House is over and hopefully our elected representatives will finally start working together toward fiscal sanity for America; at least we can hope!

As I have remarked in prior messages, the Affordable Care Act (ACA) will be gradually implemented over the next two years and it remains to be seen what effect the ACA will have on the future of VA health care. NAVAPD will continue to keep you informed on this important subject.

However, this is a perilous time for VA physicians and dentists. The push for government cost reductions, the continued press coverage about "overpaid" government employees, and the ever present search for a politically expedient scapegoat, all increase the likelihood that physicians and dentists will become targets of some kind. Many consider physicians and dentists to be overpaid and reducing their salaries an easy solution for lowering the Nation's rising medical care costs.

I also suspect the current pay freeze will continue or, at best, that there will be a tiny increase in base pay; certainly not sufficient to keep up with inflation. For more on this subject read "The Red-and-White Bull's Eye on Our Backs" in this issue of NAVAPD NEWS. **What troubles me more is the persistent rumor that physicians and dentists could actually see a *downward* revision of their minimum and maximum compensation in the various VA pay tables 1-7.**

> ***"NAVAPD** is the only organization that has been successful in protecting and improving the situation for VA physicians and dentists. We are going to need all the names, voices, and support we can muster to prevail in the current health care environment."*

Making matters worse, I continue to hear frequently from individuals that they are being threatened and intimidated by administrators who often imply that providers can be forced to work 24/7 just to provide *routine* care. I also hear that others are being asked to perform compensation and pension examinations instead of providing urgent clinical care for our Veterans. Furthermore, some providers are being prevented from taking either leave for required CME or vacation, while some have been locked out and terminated. It appears that no one in VA Central is listening to the front line professionals.

NAVAPD remains the only organization focused solely on protecting VA physicians and dentists and their ability to adequately care for their Veterans.

NAVAPD is the only organization that has been successful in protecting and improving the situation for VA physicians and dentists. We are going to need all the names, voices, and support we can muster to prevail in the current health care environment.

I urge you to encourage all of your colleagues to join and support NAVAPD. Give them a copy of this newsletter and ask them to stand with us as we fight for all of you against the coming tide in 2013 and beyond. ❖

Thank You Donors

The following members of NAVAPD have made generous financial contributions to the organization above and beyond their normal annual dues, and **NAVAPD** would like to recognize them here to all of their fellow members:

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RVUs Invalid for Assessing Staffing and Productivity

In 2012, the VHA's Office of the Inspector General (OIG) issued a report about staffing levels and productivity assessment in the Veterans Administration titled "Audit of Physician Staffing Levels for Specialty Services (12/27/2012)." The Audit cited a Memorandum issued by the Deputy Under Secretary for Health for Operations and Management, dated January 25, 2005, that called for the VHA to continue to develop a "productivity based model for specialty care services using a Relative Value Unit (RVU) measure." The Audit concluded that the VHA has, in the elapsed 8 years, not developed a specific and coherent methodology to determine staffing levels for specialty care services.

The Audit states that the lack of progress in complying with this Memorandum has been caused by confusion and dispute as to how to develop such a model and a methodology — ostensibly based on measuring physician productivity (Page 5). Most conspicuously, the Audit does not conclude that productivity measurement or RVU use is a valid approach, but instead endorses the pragmatic idea of identifying facilities that staff successfully, determining how they carry out this task, and adopting their processes. It states:

> "Instead of focusing on the difficulties of measuring productivity, VHA needs to focus on the benefits of discovering medical facilities that might have a best practice and identify practices that should be changed or eliminated." (Page 5)

Implicit in the Audit's conclusion, and indeed at the root of VHA's confusion, is that the RVU system is of little relevance in setting staffing criteria. There seems to be substantial misconception about the role and purpose of RVUs as currently described and understood in the VA. Consequently, the RVU concept has been mistakenly transposed into the process of VHA staffing and productivity measurement, where it does not belong.

As an initial matter, it should be noted that there is no statutory requirement for the VHA to utilize RVUs. The relevant statutory language, enacted in 2002, states,

> "The Secretary shall, in consultation with the Under Secretary for Health, establish a nationwide policy on the staffing of Department medical facilities in order to ensure that such facilities have adequate staff for the provision to Veterans of appropriate, high-quality care and services. The policy shall take into account the staffing levels and mixture of staff skills required for the range of care and services provided Veterans in Department facilities.'' (Public Law 107-135 (2002))

RVUs as currently defined in the VHA have a different origin and purpose to related to staffing and productivity. As explained in a prior OIG audit:

> "RVUs are numbers established by Medicare and used in its fee formula, along with practice and malpractice expenses. The RVU indicates the professional value of services provided by a physician. RVUs take into account calculations involving patients and procedures performed, along with the skill of the physician and the risk of the procedure." (Report No. 05-00734-67, January 31, 2006)

Explained simply, if a general practice doctor spends a half-hour performing a physical exam, and a cardiac surgeon spends a half-hour performing a difficult procedure for which he/she is specially trained and which carries substantial risk, Medicare will pay more for the latter than the former. It expresses this difference by saying that the relative chargeable value of one is greater than the other – and by assigning different RVUs. Obviously, this has nothing to do with staffing. The facility still needs two physicians, each spending one half-hour, to discharge the work imposed by patient demand. Further, aggregating RVUs tells nothing relevant about the staffing needs of one service as opposed to another, or even to different skills within a service.

At some point, however, someone in the VHA confused the role and purpose of Medicare RVUs; the result has been further confusion and indeed misuse. It is no wonder that, as the Audit determined, little staffing methodology has emerged because the premise of the project rests on this misunderstanding.

If the question is how many full time employees (FTEs) are required to provide a specialty service, the applicable factors would be:

1. the demand for such services during a particular period of time – adjusted for the fact that demand is not steady-state and that a buffer is necessary; and
2. the number of cases that a FTE can reasonably be expected to address within the specified time – based on experience; and
3. the need to provide the particular specialty service on a stand-by basis, even if volume is inconsistent or undeterminable for any particular period.

According to the Audit, the current RVU definitions used at the VHA include, as separate factors "technical skill," "physical effort," "mental effort," and "judgment." The problems with the inclusion of these as separate factors are :

1. they are clearly irrelevant, once the essential factors noted above are established; and
2. they are not really usable as numerical calculation factors; further, they can be "fudged" one way or another.

Moreover, the inappropriate adoption of RVUs as a staffing/productivity measurement in the VHA has understandably led to inappropriate applications and results. For example, the Audit notes that for one department, the VHA has determined that 6,000 RVUs per FTE annually is an appropriate basis for departmental staffing, while another has adopted a 5000 RVU figure. It is likely a mystery how these were determined — and the Audit ac-

(Continued on page 4)

RVUs Invalid for Assessing Staffing and Productivity (continued)

(Continued from page 3)
cepts these conclusions without any critical examination. Further, since a department is likely to have certain members concentrating on low RVU procedures and others concentrating on high RVU procedures, the aggregate number logically can say nothing about staffing? Also, patient population needs may vary among facilities, so inter-facility comparison is problematic.

Where there is confusion there is opportunity for misapplication. RVU production is sometimes misused as a basis for measurement of individual physicians' "productivity." One physician can labor under, and efficiently discharge, an immense load of low-RVU -value cases, while another bears a light schedule of high-RVU-cases – with the former being deemed "less productive" (say, for performance pay purposes). Physicians may be perversely motivated to take as many high-RVU cases as they can, leaving low RVU cases for hapless colleagues — whereas all cases in fact need dedicated attention. Further, "ghost" RVUs have been created for those in the department doing little clinical work but rather doing hard to measure or police "administrative" work, so that their "productivity" appears high. In these cases, the differences in RVU values have no relevance to "productivity" in the ordinary sense.

The Audit thus nominally perpetuates the idea that RVUs — as currently applied — have a role in the staffing formula when in substance the Audit recognizes that this is not true. This is an "emperor-has-no-clothes" situation and should be explicitly recognized as such. If this is not the case, why, given that so much time has passed, does the Audit not make a single specific recommendations or give direction as to how RVUs could practicably be used to set departmental staffing?

- a NAVAPD Member

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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Is NAVAPD A Union? Can I Join if I am a Manager?

Each year about this time, these questions come up again from a potential member who misunderstands the nature and the role of NAVAPD. NAVAPD is a not-for-profit professional organization as confirmed by the IRS.

NAVAPD is not a Union or any other type of collective bargaining organization or unit. A physician or dentist who serves in a management role in his/her facility has absolutely no restriction on joining NAVAPD.

We seek to impact the work environment for physicians and dentists, and the provision of care for our Veterans, through mutual discussion, collaboration, information sharing, and education of decision-makers within the VA, Veterans Services Organizations, and the government. We have no status as a Union. The fact that we are not a Union often works to our advantage, as many people question unions' motives.

So, if you have been uncertain if you could join or remain a member of NAVAPD, take comfort in knowing that you can. Be sure to share this information with your colleagues who could be uncertain about this as well. There is no reason they cannot join us in our efforts to protect and improve the care of Veterans in the VA. ❖

VA Dentistry: The Mission and the Challenge

VA dentists are committed to their mission: to provide timely, top quality dental care to eligible Veterans. The challenge is having staffing levels to keep pace with eligible Veterans seeking care.

The last few years have seen a significant increase in the number of eligible Veterans seeking dental care. There are three reasons for this. First, VBA is declaring more Veterans eligible. Second, when eligible Veterans who have seen private dentists lose their jobs and dental insurance, or retired, they return to the VA for their care. And third, as Veterans return from deployments, many are eligible for one round of treatment to complete any dental care that could not be provided while they were on active duty.

In addition to the number of eligible Veterans, another important factor related to staffing is the amount of care that the patients need. Unfortunately, most of the Veterans who are newly eligible require 5-10 hours of dentist time to treat their dental problems. Each dentist can provide 2,000 hours of care per year. Therefore, if a dental service has 200 new patients, they will likely need an additional 0.5 to 1.0 FTEE in order to provide timely care.

The allocation of funds for dental care is determined locally at the discretion of the facility Director/Chief of Staff. When staffing capacity is exceeded, the dental service chief may create an electronic waiting list as the basis for a resource request for additional funding. Although this protocol is effective, the process would be far more efficient and streamlined if there was a way to anticipate the number of newly eligible dental patients in each VISN and to be able to plan for this growth.

The VBA is in the process of converting all its paper records to electronic, but for now there is no automated way to quantify demand and growth. Once this project has been completed, they will be able to provide essential data to all levels of VA leadership so that each dental service can be prepared to respond quickly to an increase in demand. With the implementation of the Affordable Care Act, having access to top quality, timely dental care would be a strong incentive for eligible Veterans to select the VA for their health care.

To assess the trends in the number of new dental patients seeking VA care and quantify the extent of the staffing/funding challenge, NAVAPD will soon distribute a survey to all VA dentists. The data will be used as the basis for the conversation about what is needed to assure that VA Dentistry is able to meet its mission. ❖

Feel Better — Using Your Cell Phone

Ever wonder how your mood has been trending over the last several days or weeks? Want to track some of your health information for occasional review? Good news for you. The National Center for Telehealth and Technology (T2) has developed the T2 Mood Tracker and BioZen mobile applications.

These user-friendly apps enable users to anonymously monitor, track and detail their moods, behaviors and other health information. And they are free.

The T2 Mood Tracker was originally designed for service members but is now available to the general public. The updated app allows users to create and send reports to their health provider if they wish.

The BioZen app was designed to help service members use the therapeutic benefits of biofeedback. It is the first portable, low-cost method for clinicians and patients to use biofeedback in and out of the clinical setting.

More information is available at: http://dcoe.health.mil/blog/13-02-12/2_Mobile_Apps_Help_Patient-Provider_Collaboration.aspx. ❖

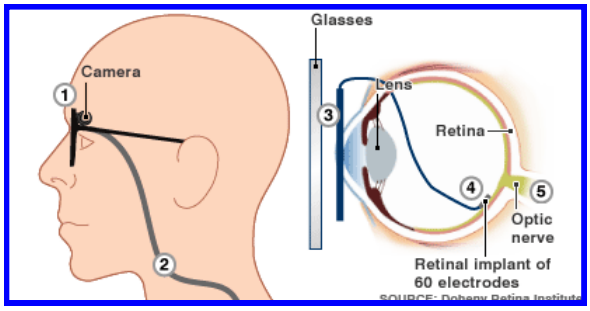
FDA Approves Prosthetic for Adults with Retinitis Pigmentosa

- *From "Federal Health Care News"*

The Argus II Retinal Prosthesis System, which includes a small video camera, transmitter mounted on a pair of eyeglasses, video processing unit (VPU) and an implanted retinal prosthesis (artificial retina), replaces the function of degenerated cells in the retina (a membrane inside the eye) and may improve a patient's ability to perceive images and movement. The VPU transforms images from the video camera into electronic data that is wirelessly transmitted to the retinal prosthesis.

RP is a rare genetic eye condition that damages the light-sensitive cells that line the retina. In a healthy eye, these cells change light rays into electrical impulses and send them through the optic nerve to the area of the brain that assembles the impulses into an image. In people with RP, the light-sensitive cells slowly degenerate resulting in gradual loss of side vision and night vision, and later of central vision. The condition can lead to blindness.

The Argus II system is intended for use in adults, age 25 years or older, with severe to profound RP who have bare light perception (can perceive light, but not the direction from which it is coming) or no light perception in both eyes, evidence of intact inner layer retina function, and a previous history of the ability to see forms. Patients must also be willing and able to receive the recommended post-implant clinical follow-up, device fitting, and visual rehabilitation.



In addition to a small video camera and transmitter mounted on the glasses, the Argus II Retinal Prosthesis System has a portable video processing unit (VPU) and an array of electrodes that are implanted onto the patient's retina. The VPU transforms images from the video camera into electronic data that is wirelessly transmitted to the electrodes. The electrodes transform the data into electrical impulses that stimulate the retina to produce images. While the Argus II Retinal Prosthesis System will not restore vision to patients, it may allow them to detect light and dark in the environment, aiding them in identifying the location or movement of objects or people.

The FDA approved the Argus II Retinal Prosthesis System as a humanitarian use device, an approval pathway limited to those devices that treat or diagnose fewer than 4,000 people in the United States each year. To obtain approval for humanitarian use, a company must demonstrate a reasonable assurance that the device is safe and that its probable benefit outweighs the risk of illness or injury. The company also must show that there is no comparable device available to treat or diagnose the disease or condition. ❖

Membership in NAVAPD runs from January 1 through December 31 of each year. All membership fees are due January 1 of each year, not the anniversary of prior payment.

If you have NOT paid your annual fees this year, please do so immediately. From the website is the fastest way (http://www.navapd.org/index.php?act=membership_options), but you can send a check or enroll for Payroll Deduction.

When NAVAPD approaches Congress or the VA Central Office, the more members we have, the better they listen. Help us Help you. Renew your membership TODAY, and Encourage your colleagues to join NAVAPD.

Together, we CAN make a difference in the future for physicians and dentists in the VA. Join/Renew today.

NAVAPD Says "Thank You" to Its Retired Members

Despite having left the work-a-day world of the VA for retirement, a group of dedicated members retain their membership in Retired status, despite fixed incomes and a distance from the problems of the daily grind. NAVAPD wants to recognize these retired physicians and dentists who still see the importance of supporting NAVAPD as it works for our members and their patients. Please join us in recognizing these Retired Members of NAVAPD:

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* also made donations above their membership dues

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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:**

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