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# NEWS

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## NAVAPD President Testifies to House VA Subcommittee

**O**n May 15, 2015, NAVAPD President Samuel V. Spagnolo testified before the United States House of Representatives Veterans Affairs Subcommittee on Health at the Cannon House Office Building. The hearing, Overcoming Barriers to More Efficient and Effective VA Staffing, focused on what progress the VA has made in hiring additional medical professionals since Congress allocated \$16 million to assist with this effort. As part of this discussion, the subcommittee members and witnesses focused on issues that impede or slow hiring efforts, issues that make retention of these caregivers difficult, how the VA assesses how many physicians and other medical professionals are needed, and how the productivity of these caregivers is assessed.

Dr. Spagnolo's comments were largely about the ongoing diminution and disenfranchisement of physicians in the VA, as well as the lack of

support staff who would allow physicians to be more efficient in seeing Veterans. "Most physi-

cians in the VA feel their suggestions are unhelpful and unwanted," he said.

"In many VAs, physicians and dentists are no longer considered professionals and are simply called 'workers,'" he explained.



Dr. Spagnolo (2nd from left) testifies

other witnesses submitted written testimony to expand and support their verbal testimony. You can read NAVAPD's written testimony online at <http://veterans.house.gov/witness-testimony/samuel-v-spagnolo>.

To see Dr. Spagnolo's full testimony as well as the full hearing, go online to [c-span.org](http://c-span.org) and type "veterans affairs health care staffing" into the search field.

NAVAPD and all other witnesses submitted written testimony to expand and support their verbal testimony. You can read NAVAPD's written testimony online at <http://veterans.house.gov/witness-testimony/samuel-v-spagnolo>. One issue that got lots of attention in discussion and questions by both witnesses and committee members was the dysfunctional state of the Human Resources process in the VA. It was revealed that hiring an individual can take 6 to 12 months. ❧

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## The President's Corner

Samuel V. Spagnolo, MD

ate hash out budget issues around the Department of Veterans Affairs.

Regardless of what Congress does — and we're in regular communication with Veterans Affairs Committee and Health Subcommittee leadership in the House and Senate — what matters to us is *how* that money is allocated by the VA. I am sure you are as frustrated as I am by the continued bad headlines in the news all across the country about over-budget construction, misuse of funds, poor care, and still-long wait times. We hear from many of you, and pass along your concerns to the powers that be. With the recent resignation of the VA's Inspector General, we can only hope things will improve. It will take years to reverse the decades of spending abuse and overall mismanagement in many of the VA Medical Centers ... but I am proud of all the NAVAPD members who continue to push through the bureaucracy every day to care for our nation's veterans. I know it's hard

work. I know many of you are frustrated. I know some of you are ready to leave your service and go to the private sector. We hear you, and we will continue to work for you here in Washington to make sure your voices are heard.

We appreciate that you have renewed your membership and that you continue to recruit new members to NAVAPD. We are lean in staff and expenses, and all the dues you pay go to supporting our time on Capitol Hill and VA Central Office advocating for your needs and the needs of our veterans. Please keep reaching out to us. Please keep having conversations in your facilities about what's working and what's not.

We are here for you, and we want to hear your stories. It's the only way we can work smarter and harder for you. I hope you are taking a little time to enjoy the summer, and I thank you for serving our nation's veterans. ☒

**W**ill Congress be able to pass a budget deal before the fiscal year ends on September 30, or will we subsist on a series of ongoing Continuing Resolutions as we have in the past? No one can be sure, but for the first time in a long time we're seeing bipartisan collaboration around biomedical research when it comes to NIH funding, and we can only hope that kind of cooperation will extend to veterans' issues when committees and leaders in the House and Sen-

## VA Whistleblower Cases Remain "Overwhelming" Says OSC

**C**arolyn Lerner, head of the independent Office of Special Counsel, says the number of whistleblower cases at the VA remains "overwhelming," a year after the care delay scandal broke. Complaints of waste, fraud, abuse, and threats to the health and safety of veterans continue to pour in. So many complaints have been filed that VA cases represent 40% of all incoming cases investigated by her agency, which has jurisdiction over the entire federal government.

The counsel's office is examining about 110 pending claims of retaliation against whistleblowers who filed complaints involving patient health and safety, scheduling and understaffing, Lerner said. The pending claims involve VA facilities in 38 states and the District of Columbia.

Since last year, the special counsel's office has secured either full or partial relief for 45 VA employees who have

filed whistleblower retaliation complaints, Lerner said, including a landmark settlement for three employees who suffered retaliation after filing whistleblower complaints at the troubled Phoenix VA hospital, the epicenter of the wait time scandal.

The numbers may point to an ongoing problem, but could be viewed as part of a larger effort to restore accountability at the VA, Lerner told the House VA subcommittee. "The current, elevated numbers of VA whistleblower cases do not necessarily mean there is more retaliation than before the scheduling and wait list problems came to light, or that there are more threats to patient health and safety," Lerner said. "Instead, these numbers may indicate greater awareness of whistleblower rights and greater employee confidence in the systems designed to protect them."

Meghan Flanz, director of VA's newly

created Office of Accountability Review, said the agency's responsibility to protect whistleblowers is an integral part of its mission. "VA is fully committed to correcting deficiencies in its processes and programs, and to ensuring fair treatment for whistleblowers who bring those deficiencies to light," Flanz said.

An investigation by The Associated Press revealed the number of patients facing long waits has not declined. Nearly 894,000 medical appointments at VA medical facilities from Aug. 1 to Feb. 28 failed to meet the VA's timeliness goal of 30 days; nearly 232,000 of those appointments involved a delay of longer than 60 days.

Delays were not spread evenly throughout the VA. Many were clustered at VA facilities in a handful of Southern states, often in areas with a strong military presence, a partly rural population and patient growth that has easily outpaced the VA's sluggish planning pro-

## VA Planning to Outsource Hepatitis C Treatment

In another article in this issue, we discuss how critical funding is to the use of new therapy for Hepatitis C that appears to cure more than 90% of treated patient. Now it appears the VA is moving to outsource Hepatitis C care for up to 180,000 veterans with this condition through the VA Choice Plan. The VA is taking these steps because the expense of the Hepatitis C drugs has exhausted the funding set aside for drug therapies. In the end, the total cost for all infected veterans could amount to billions of dollars.

The VA has spent weeks developing a dramatic and controversial transition as patient loads have surged and funding has run out. However, there are many questions about this plan, primary among them being whether this move is legal. How treatment is prioritized or withheld has also triggered huge controversy.

The program instructions indicate that the veterans already receiving this treatment will be first priority. The sickest veterans generally will get the next top priority for treatment. However, patients who have less than a year to live or who suffer "severe irreversible cognitive impairment" will not be eligible for treatment. That provision drew fire as setting up a rationing system. Tom Berger, executive director of a health council established by Vietnam Veterans of America, criticized the VA for launching a "faulty plan" and blasted the idea of medical teams deciding which patients will be denied antiviral remedies.

"They've set up what I would call, in Sarah Palin's words, 'death panels.' ... Maybe rationalization [sic] panels is a better term," Berger said.

The plan also caused upset among experts inside the Veterans Health Administration. Some disassociated themselves from the plan and warned about ethical compromises. According to e-mails reported by The Arizona Republic, about 200 specialists sent a

letter to VA Secretary Robert McDonald dismay at this unacceptable development.

"... To halt hepatitis C treatment at VHA facilities now would be unconscionable," they wrote. "We can and must end the epidemic. Once we have treated every veteran with hepatitis C, the costs will go away. ... Give us the ammunition, and we will win this war."

The transition plan for so-called Hepatitis C Virus (HCV) patients was developed by a working group chaired by Kenneth Berkowitz, acting executive director of VHA's National Center for Ethics in Health Care. In an April e-mail,

***These medications reportedly cost \$1,000 per pill retail, but still about \$600 per dose to the VA at a discount. A typical treatment regimen of 12 to 24 weeks costs \$50,000 to \$100,000.***

he told colleagues they needed to develop an "ethical framework" in anticipation of a complete depletion of funds for drugs. "A fair and transparent plan that can be consistently applied is better than having no plan," he wrote.

However, emails reveal that Dr. David Ross, the VA's director of HIV, HCV and public-health pathogens programs, resigned from the working group. "I cannot in good conscience continue to work on a plan for rationing care to veterans," he wrote. And in a separate e-mail to top VA officials, Ross wrote, "There is no doubt in my mind that exclusively relying on Choice, rather than seeking supplemental funding, will be

a disaster for patients, providers and VA."

The VA had set aside nearly \$700 million this year for HCV antiviral drugs. Department officials confirmed soaring patient loads and medication expenses have nearly wiped out that budget with several months to go in the federal fiscal year that ends Sept. 30. That's an estimated \$400 million shortfall with more dramatic costs expected, beginning in October.

A VA clinician who asked not to be named for fear of retaliation stressed that department leaders "haven't told anybody how it works. They've sent out a solution with no way to implement it."

Berger, of the Vietnam veterans group, predicted major backlogs. He said some states have no physicians who are qualified to treat hepatitis C and enrolled with the Choice Plan. "Where the hell are they going to send these patients?" he asked.

The clinician added that VA leaders were warned months ago that pharmaceutical funds were being wiped out, but they did nothing until the decision to move patients into a community-care program that has been underutilized and heavily criticized.

In an official statement on the hepatitis dilemma, VHA officials said they remain "committed to ensuring America's veterans have access to the health care and benefits they have earned and deserve." They stressed that "no patients on current therapy will be stopped," but declined to clarify how many patients are being moved to private providers or how many will not be eligible for cure.

Hepatitis C is a blood-borne virus that attacks the liver. According to the Centers for Disease Control and Prevention, about 3 million Americans are

**(Continued on page 4)**

## VA Outsourcing Hepatitis C Treatment— (con't.)

*(Continued from page 3)*

infected, though many have not been diagnosed. The disease is considered epidemic among Vietnam-era veterans due to transfusions and blood contact in combat or training. More than 60 percent test positive, while 1 in 10 veterans overall has the infection — a rate five times higher than the general population. Last year, about 3,000 veterans died in VA care as a result of HCV infection, according to internal records.

Patients already receiving the antiviral therapy in veterans' facilities will continue. The remainder will be contacted by their VA doctors, told of the Choice Program and evaluated to determine whether they meet eligibility for treatment. Decisions on who will be first in line for treatment, and who will be denied the cure, are to be made by teams at Veterans Integrated Service Networks, regional offices also known as VISNs.

According to directives, those panels must follow strict protocols "to avoid decision-making that is based on real or perceived conflicts of interest, preferential treatment or nepotism." An appeals process also is being devised for veterans who are denied the medication.

The VA has set up a detailed priority system to determine which patients get the HCV cure first, and which are not eligible. Veterans already receiving antiviral drugs are the No. 1 priority, followed by those with severe conditions such as cirrhosis of the liver, compromised immune systems or B-cell lymphoma.

Patients with a prognosis of living less than 12 months will not be eligible for the drugs. Veterans in a vegetative state or with advanced dementia also are excluded, along with those who have hepatitis C strains resistant to antiviral therapy.

The instructions note that, "based on the principles of equity and human dignity," ineligible patients "should be provided all other appropriate medical care and support." The VA clinician knowledgeable about the new program said it is not clear whether the patient transfer to the Choice Plan is legal. The Choice Plan was developed to provide private care for veterans who could not get timely treatment in more than 1,000 VA hospitals and clinics nationwide. Program rules allow veterans to see private doctors if they live more than 40 miles from a VA facility or cannot obtain an appointment there within 30 days.

The HCV patients apparently are being enrolled in Choice based on a determination that, because there is no more money to pay for drugs, they qualify under the wait-time criteria. Department officials did not directly respond when asked if the strategy is lawful. It might be the only short-term answer. ❏

## VA to Congress: Need "Budget Flexibility" to Operate Hospitals

**O**n July 13, the Department of Veterans Affairs (VA) urged Congress to act expeditiously and approve its pending request for fiscal year 2015 budget flexibility. The request, formally transmitted on June 23, seeks the transfer of funds from the Choice Program to continue VA's efforts to increase Veterans' access to care and life-saving pharmaceuticals.

In his letter to Congress, VA Deputy Secretary Sloan Gibson wrote, "In my June 25, 2015 testimony, I described the serious challenges to the VA budget this Fiscal Year, which are the result of our successful efforts to improve Veterans' access to health care and life-saving pharmaceuticals...Veterans are responding to these efforts...by coming to VA for more care.

"Despite VA's efforts, the Department is unable to keep pace with the extraordinary demands on our resources. As we

improve access, even more Veterans are coming to VA for care.

Deputy Secretary Gibson noted, "We are currently referring Veterans who need Hepatitis C treatment to the

**"It is essential that Congress pass legislation to provide the requested budget flexibility by the end of July 2015. If these program funds are not restored, VA will face shutting down hospital operations during August 2015."**

**- Dep Sec Sloan Gibson**

Choice Program; however, this practice is not the best model to provide care that meets both Veterans' needs and taxpayers' interests because of the increased costs, duplication of tests

and practices, and requirements for coordination of care."

"It is essential that Congress pass legislation to provide the requested budget flexibility by the end of July 2015," Deputy Secretary Sloan Gibson wrote.

"This is necessary to replenish critical operations funding that VA had to reallocate from other medical services programs to sustain Care in the Community, after those funds were depleted. If these program funds are not restored, VA will face shutting down hospital operations during August 2015."

Nationally, VA completed more than 56.2 million appointments between June 1, 2014, and May 31, 2015 – 2.6 million more appointments than were completed during the same time period in 2013-2014. VA also made more than three million authorizations for outside care. ❏

## David Shulkin, M.D. Sworn in as New Under Secretary for Health

**O**n July 7, Dr. David J. Shulkin took the oath of office as Under Secretary for Health for the Department of Veterans Affairs (VA). He was nominated by President Obama and confirmed by the Senate on June 23. Also sworn in was LaVerne Horton Council as Assistant Secretary for Information and Technology and Chief Information Officer.

“Dr. Shulkin bring[s] stellar experience and exceptionally strong leadership to [his] post,” said Secretary of Veterans Affairs Robert A. McDonald. “[He] will play [a] critical role in making VA a stronger organization for America’s Veterans, and I am looking forward to working with [him].”

Dr. Shulkin comes to VA from the posi-

tion of President at Morristown Medical Center, Goryeb Children’s Hospital and Atlantic Rehabilitation Institute, part of Atlantic Health System. Prior to joining Morristown Medical Center and Atlantic Health, Dr. Shulkin served as President and CEO of Beth Israel Medical Center in New York, where he led a financial turnaround and rebuild of the \$1.3 billion organization.

Dr. Shulkin also has served in numerous physician leadership roles at the University of Pennsylvania Health System, the Hospital of the University of Pennsylvania, Temple University Hospital and the Medical College of Pennsylvania Hospital. He is a board-certified internist, a fellow of the American College of Physicians, Professor of Medicine at Mt. Sinai School of Medicine

and a Senior Fellow at the Health Research and Education Trust of the American Hospital Association. He earned his medical degree from the Medical College of Pennsylvania and completed his internship at Yale University School of Medicine.

As Under Secretary for Health, Dr. Shulkin will direct a health care system with an annual discretionary budget of approximately **\$60 billion**, delivering care to more than 9 million enrolled Veterans. The VA employs more than 350,000 employees including over 305,000 health care professionals and support staff at more than 1,200 sites, including hospitals, community based outpatient clinics, nursing homes, domiciliaries and 300 Vet Centers. ✕

## New Studies Using VA Million Veterans Program Data Announced

**T**he VA has announced four new studies using genetic and other data from VA’s Million Veteran Program (MVP) to answer key questions on heart disease, kidney disease, and substance use. MVP has enrolled over 390,000 Veterans. It is the nation’s largest database linking genetic, clinical, lifestyle and military exposure information. Part of a beta test for data access, these studies are among the first using MVP data to delve into pressing questions on Veterans’ health. MVP-based studies on PTSD, schizophrenia and bipolar disorder are underway.

“MVP is making important discoveries that will impact healthcare for Veterans and all Americans,” said VA Secretary Bob McDonald. “We’re grateful to our Veteran partners, whose altruism has made this possible.”

The new research will specifically include the understudied African American and Hispanic Veteran populations and ties into the broader national Precision Medicine Initiative announced by President Obama earlier this year.

“There’s already been an impressive

amount of data collected through MVP, and we’re continuing to engage more Veterans in the program and building its research infrastructure through studies like these,” said Dr. Timothy O’Leary, VA’s chief research and development officer.

The new studies, involving consortiums of VA researchers and university colleagues, will explore specific questions related to chronic illnesses common among Veterans. They will also help establish new methods for securely linking MVP data with other sources of health information, including non-VA sources such as the Centers for Medicaid and Medicare Services (CMS). The new studies include the following:

**Cardiovascular risk factors**—Drs. Farooq Amin and Peter Wilson at the Atlanta VA Medical Center, and Dr. Kelly Cho at the Boston VA Health Care System, will lead an effort probing the genes that influence how obesity and lipid levels affect heart risk, and whether these genetic factors differ among African Americans and Hispanics.

**Multi-substance use**—Drs. Daniel Feder-

man and Amy Justice at the VA Connecticut Healthcare System, and Dr. Henry Kranzler at the Philadelphia VA Medical Center, will examine the genetic risk factors for chronic use of alcohol, tobacco, and opioids—and the dangerous use of all three together.

**Pharmacogenomics of kidney disease**—Dr. Adriana Hung of VA Tennessee Valley Healthcare System will focus on how genes affect the risk and progression of kidney disease. One goal is to examine how diabetics—who often develop kidney problems—respond differently to metformin, based on their genetic profile. The project will also look at the genetics of hypertension.

**Metabolic conditions**—Dr. Philip Tsao at the VA Palo Alto Health Care System and Dr. Kyong-Mi Chang at the Philadelphia VA Medical Center, leading a team from five VA regions and two universities, will explore the role of genetics in obesity, diabetes, and abnormal lipid levels, as drivers of heart disease.

For more information about MVP and VA research in general, visit [www.research.va.gov](http://www.research.va.gov) ✕

## President Spagnolo Addresses the ASA Legislative Conference

The American Society of Anesthesiologists recently held their Legislative Conference in Washington, DC. NAVAPD President was an invited speaker to the group on May 5, 2015. The major focus of his comments was the pending proposed change in the VA Nursing Handbook, which would allow Certified Registered Nurse Anesthetists (CRNAs) to administer anesthesiology without any formal oversight by Anesthesiologists.

In the VA and outside the VA, CRNAs have always been required to function under the oversight of an Anesthesiologist. This would be a huge change in the degree of autonomy for CRNAs, which worries many physicians.

The recent history of the relationship of physicians and nurses has been one of continual reduction of physician oversight of nurses and nurse practitioners. Physicians consider this shift to near total autonomy potentially dangerous.



Dr. Spagnolo also spoke about the need for increased advocacy for physicians and their expertise and role in modern day healthcare,

*“Sadly, government, large hospitals and insurers are now the controlling*



*parties in determining the future of health care. If we don't educate Congress and the Administration about what's going on in our field, who will? It's up to us to educate and advocate for what we need.*

*Why do I say that? Political squabbling and one-upmanship has fractured the way business is done in Washington for many years now.*

*However, in my recent meetings on the Hill – with both parties – it seems as though there are issues our leaders can agree on. There's no better time to be outspoken about what you want, and what you expect your congressional delegations to do for you.”*

Dr. Spagnolo also gave a brief overview of NAVAPD, its mission and goals, and highlights of its accomplishments over its 40-year history. *“NAVAPD is the only group that advocates for specifically VA physicians and dentists.”* ☞

## Federal Funding Critical to Help Veterans Battle Hepatitis C

Hope may be on the way for hundreds of thousands of veterans living with the hepatitis C virus. The U.S. House of Representatives has passed a 2016 budget that includes an additional \$1.35 billion to increase hepatitis C screening and treatment for veterans – a population very much at risk for the virus, which is now the nation's deadliest blood-borne disease.

As the Senate begins work on its budget proposal, NAVAPD calls on lawmakers to follow the House's lead and prioritize funding to get hepatitis C testing and treatment to our veterans.

While hepatitis C is a growing epidemic across the country, the potential for blood exposure in combat or medical settings has made it even greater among veterans. As we reported in the February issue, prevalence of hepatitis C is very high among the veteran popu-

lation, and new data shows that cases and fatalities continue to rise.

According to new data from the Department of Veterans Affairs for the year 2013, more than 174,000 veterans using VA health care services are living with chronic hepatitis C, which is the leading cause of catastrophic liver damage, cirrhosis, liver transplants and liver cancer – the fastest-rising cause of cancer-related deaths. And between 2001 and 2013, annual all-cause deaths among veterans with hepatitis C increased nearly 400 percent. Even more startling, the VA estimates that as many as 42,000 enrollees may be infected with hepatitis C without even realizing it.

It is critical to reverse this deadly trend, but the federal government is needed to provide the funds necessary to break down barriers to testing and treatment.

While revolutionary new drugs offer

cure rates close to 100 percent, the reality is that without these federal funds, many veterans will not be connected with the testing and care they need to win this battle.

Despite the VA's risk-based screening efforts which began in 1998, less than half of veterans in VA care have been tested for this potentially deadly disease. And across the country, Americans living with hepatitis C are being systematically denied access to new treatments – we need to take steps now to ensure that veterans are not among them.

After veterans leave the battlefield, hepatitis C can be one of the greatest threats they face. For many, the disease is a direct result of their service to our country, and we cannot let it claim more lives. The funds being considered in the 2016 budget are a positive step toward addressing this deadly virus. ☞

## Legislative Update

by Kay Bulow

In addition to providing testimony before the House Veterans Affairs Health Subcommittee, NAVAPD President Sam Spagnolo has met with members of the House and Senate, key legislative assistants and staff members of both the House and Senate Veterans Affairs Committees over the past few months.

The House (HVAC) & Senate Veterans Affairs Committee (SVAC) continue to conduct oversight hearings on Veterans Affairs Department related issues. Both chambers conducted hearings regarding cost overruns incurred during construction of the new and still un-

completed Denver Medical Center. The HVAC Health Affairs Subcommittee held a hearing on a Congressional Budget Office study to compare VHA health care costs to the private sector. The SVAC held a hearing on the addition of VHA to GAO's High Risk List and a hearing on VA Opioid Prescription Policy, Practices and Procedures.

The U.S. House of Representatives passed HR 280 which authorizes the Secretary of Veterans Affairs to recoup bonuses and awards paid to employees of the VA and the bill is pending in the Senate. Similar legislation S. 627 has been introduced in the Senate. On July

15 the HVAC will hold a hearing on S. 1994 "VA Accountability Act of 2015".

The House's Energy and Commerce Committee has held multiple hearings on government efforts to combat the problems of Opioid abuse and the House of Representatives is set to vote on Friday, July 10 on HR 6 "21<sup>st</sup> Century Cures Initiative." This legislation will help deliver more cures and treatments to patients more quickly; create an "Innovation Fund" a dedicated and fully -offset research funding stream for five years for both NIH and FDA; and will streamline regulations and modernize clinical trials. ☒

### 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 our 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 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.

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