Dr. Scott C. Bartley to Lead New Physician Residency Program at St. Cloud VA

Dr. Scott C. Bartley has been selected as the Associate Chief of Staff for Education at the St. Cloud VA Health Care System.

In his new role, Dr. Bartley will oversee the establishment of the Graduate Medical Education program at the St. Cloud VA Health Care System. The GME program will enable the St. Cloud VA to undertake the training of physician residents.

A native of Fullerton, California, Dr. Bartley earned his Doctor of Medicine degree from St. George’s University School of Medicine, St. George’s, Grenada, in 1999. He completed his Nuclear Medicine Residency at Emory University Hospitals, in Atlanta, Georgia, in 2002.

Dr. Bartley has extensive experience managing medical residency programs, including service as the program director for the Nuclear Medicine Residency, the Nuclear Radiology Fellowship, and the PET/CT fellowships at Emory University. He was the Teacher of the Year in 2007 in Nuclear Medicine. Prior to that, he was the associate program director for the Nuclear Medicine Residency and the Nuclear Radiology Fellowship at Emory University. Additionally, Dr. Bartley was a member of the Accreditation Council for Graduate Medical Education (ACGME) Residency Review Committee for Nuclear Medicine.

Dr. Bartley entered service with the VA in 2002 at the Atlanta VA Medical Center and has served at facilities throughout the Southeast in a variety of staff and leadership positions. He is also the American College of Nuclear Medicine Advisor to the AMA CPT and RUC.

Dr. Bartley is board certified in Nuclear Medicine, and is a member of VHA’s Medical Emergency Radiological Response Team.
Calendar of Events

Monday, January 2—**Outpatient Clinics Closed for Federal Holiday.** St. Cloud VA Health Care System outpatient clinics and administrative offices, including VA Clinics in Brainerd, Montevideo and Alexandria will be closed in observance of New Year’s Day, a federal holiday. The Urgent Care Clinic at the St. Cloud VA Medical Center will be open. Hours of operation for the Urgent Care Clinic are 8 a.m. to 6 p.m., seven days a week, including federal holidays. The Community Living Center and residential treatment programs will be open.

Tuesday, January 3 & January 17; February 7 & February 21 ; March 7 & March 21 (Noon-2 p.m.)—**Veterans Law Clinic** at the St. Cloud VA in Building 28, Room 126. Free legal consultation for Veterans for Social Security law, housing, consumer, child support, family law, and employment. No criminal law issues will be discussed. Please call 320-253-0138 or 1-800-622-7773 to schedule an appointment.

Thursday, January 5 (9 a.m.-3:30 p.m.)—**St. Cloud VA Eligibility Staff in Wright County,** Wright County Veterans Service Office, Wright County Courthouse, 10 2nd Street NW, Room C-114, Buffalo, MN. Staff from the St. Cloud VA will be available to answer health care eligibility questions and assist with applications. Walk-ins welcome. Veterans should bring along service documentation, including:
- a copy of DD214, Armed Forces Report of Discharge
- for World War II Veterans, a copy of both sides of a Discharge Certificate
- copies of current insurance cards (including Medicare, Medicaid, or spousal insurance if it covers the Veteran). Veterans do not need to have insurance to enroll.

Saturday, January 7 (9 a.m.-Noon)—**St. Cloud Area School District 742 Education Expo,** River’s Edge Convention Center, 10 4th Ave. South, St. Cloud, MN. This free expo brings together school information, activities, community organizations and business partners to showcase programs and resources available to local families. Open to the public. Make sure and stop by the St. Cloud VA booth and learn about eligibility and health care services.

Monday, January 9, February 6, March 6 (8-8:25 a.m.)—Listen to the **Veterans Affairs Radio Show** on KNSI AM 1450/FM 103.3.

Monday, January 16—**Outpatient Clinics Closed for Federal Holiday.** St. Cloud VA Health Care System outpatient clinics and administrative offices, including VA Clinics in Brainerd, Montevideo and Alexandria will be closed in observance of Martin Luther King Jr. Day, a federal holiday. The Urgent Care Clinic at the St. Cloud VA Medical Center will be open. Hours of operation for the Urgent Care Clinic are 8 a.m. to 6 p.m., seven days a week, including federal holidays. The Community Living Center and residential treatment programs will be open.
Wednesday, January 18, February 15, & March 15 (8:10-8:45 a.m.)—Listen to **Voices for Veterans Radio Show** on WJON AM 1240.

Friday, January 20, February 17, & March 17 (Noon-2 p.m.) —**Southwestern Minnesota Veterans Law Clinic** at the Montevideo VA Clinic. Free legal consultation for Veterans for Social Security law, housing, consumer, child support, family law and employment. No criminal issues will be discussed. Please call 320-403-1051 to schedule an appointment.

Monday, January 23 (1-2 p.m.)—**Searching the Internet for Credible Health Information**, St. Cloud VA, Bldg. 29, Room 20 (Health Hub). Have you ever wondered if the health information that you find on the Internet is accurate? Veterans, families and caregivers are invited to drop in and get your questions answered at this event. See flyer on page 8 for list of topics.

Friday, February 10 (Noon-9 p.m.); Saturday, February 11 (10 a.m.-8 p.m.); & Sunday, February 12 (10 a.m.-5 p.m.)—**St. Cloud Sportsmen’s Show**, River’s Edge Convention Center, 10 4th Avenue South, St. Cloud, MN. While you’re checking out the boats, pontoons and campers at the Sportsmen’s Show, make sure and stop by the St. Cloud VA booth and find out about eligibility and health care services.

Monday, February 20—**Outpatient Clinics Closed for Federal Holiday**. St. Cloud VA Health Care System outpatient clinics and administrative offices, including VA Clinics in Brainerd, Montevideo and Alexandria will be closed in observance of Presidents’ Day, a federal holiday. The Urgent Care Clinic at the St. Cloud VA Medical Center will be open. Hours of operation for the Urgent Care Clinic are 8 a.m. to 6 p.m., seven days a week, including federal holidays. The Community Living Center and residential treatment programs will be open.

Saturday, February 25 (10 a.m.-4 p.m.)—**VFW Mental Wellness Campaign**, VFW Post #428, lower level, 9 18th Ave. North, St. Cloud, MN. VFW Post #428 is hosting an open house featuring Central Minnesota health and mental health organizations to assist Veterans in seeking out services to improve their mental health wellness. Representatives from the St. Cloud VA will be available to answer questions about eligibility and health care services.

Tuesday, February 28 (9 a.m.-4 p.m.); Wednesday, March 1 (9 a.m.-4 p.m.); & Thursday, March 2 (9 a.m.-3 p.m.)—**Central Minnesota Farm Show**, River’s Edge Convention Center, 10 4th Ave. South, St. Cloud, MN. Check out the agricultural equipment, barn flooring, computers and much more at the Central Minnesota Farm Show and don’t forget to stop by the St. Cloud VA booth to learn about eligibility and health care services.
Wednesday, March 8 (5-6 p.m.)—**Town Hall Meeting**, American Legion Post #270, 304 10th Avenue South, Buffalo, MN. The town hall meeting is intended to provide Veterans served by the St. Cloud VA Health Care System an opportunity to hear from and have concerns addressed by St. Cloud VA officials. Recognizing Wright County and surrounding area Vietnam-era Veterans is the first item on the agenda at the town hall meeting. The St. Cloud VA Health Care System, a Commemorative Partner in the national Vietnam War Commemoration, is committed to publicly thanking and honoring Vietnam Veterans and their families. Vietnam Veterans and families desiring to participate in the Commemoration event can simply show up and check in at the designated table. To learn more about the Vietnam War Commemoration, visit [http://www.vietnamwar50th.com/](http://www.vietnamwar50th.com/). Additionally, beginning at 4 p.m., County Veteran Services and VA staff will be available to discuss enrollment in VA health care and provide information on the full range of Veterans benefit programs.

Friday, March 10 (Noon-8 p.m.); Saturday, March 11 (9 a.m.-7 p.m.); & Sunday, March 12 (10 a.m.-4 p.m.)—**St. Cloud Home Show**, River’s Edge Convention Center, 10 4th Ave. South, St. Cloud, MN. It’s time again for the largest home building show in Central Minnesota! Take time to stop by the St. Cloud VA booth and learn about eligibility and health care services.

**DID YOU KNOW**
*Times Square New Year’s Eve Ball was first dropped in 1907 after there was a fireworks ban.*
*The ball was embellished with 25-watt bulbs made of iron and wood*  
*The tradition has continued in Times Square, except for 1942 and 1943 due to wartime restrictions*

**QUOTATION OF THE DAY**
*“You can get excited about the future. The past won’t mind.”*  
*Hillary DePiano*
Volunteers Wanted

St. Cloud VA Voluntary Service is looking for dedicated volunteers to join our team in the following areas:

**Transportation Volunteer:**
- Volunteers are needed to drive a VA vehicle to bring Veterans to their appointments at the medical center.
- Volunteers are needed to drive a golf cart to deliver Veterans and supplies across the campus.

A physical exam and additional training are required for transportation positions.

**Escort Service:**
Escorts transport patients, items & medical records throughout the medical center. Volunteers must be able to walk distances and push carts, wheelchairs, etc.

**Outpatient Ambassador:**
The volunteers welcome Veterans as they arrive for appointments, provide information and directions, and guides or escort Veterans to areas within the Medical Center.

For these assignments as well as other opportunities, please contact the Voluntary Service office at 320-255-6365.

**National Salute to Hospitalized Veterans Participants**

The National Salute to Hospitalized Veterans is a Department of Veterans Affairs initiative that takes place the week before Valentine’s Day each February. The objective of National Salute to Hospitalized Veterans is to encourage U.S. Citizens to express gratitude toward VA Veteran Patients and to increase the number of volunteers and donations at each facility, enhancing the Veteran experience.

This year’s National Salute is February 6-10, 2017, and will feature special activities, visitation, and an open house to honor and celebrate the residential Veterans at the St. Cloud VA Medical Center. Voluntary Service is looking for groups and organizations to participate in this very special celebration.

Call 320-255-6365 to get involved!
Linden Grove Veteran Apartments Open for Residents

A grand opening celebration was held Dec. 14 for the Linden Grove Veteran Apartments, an affordable, permanent supportive housing community with priority placement for homeless or at risk of homelessness Veterans, in St. Cloud.

Linden Grove Veteran Apartments features fully furnished, spacious studio, 1 and 2 bedroom apartment homes located at 4105 12th Avenue North in St. Cloud, Minnesota. The community includes a community room with kitchenette, TV lounge area and computer center, on-site laundry and supportive services provided by Minnesota Assistance Council for Veterans (MACV). Veterans have priority placement at the community and the goal is for 100 percent of the occupants to be Veterans.

At the time of the grand opening, 33 of the 37 units were occupied by Veterans, and the building manager anticipates filling the remaining apartments with Veterans in the near future.

Overall, it is the goal of the project to assist Veterans to achieve greater social and economic independence through quality, stable housing and comprehensive support services.

The target households for the community are homeless Veterans and Veterans at risk of homelessness. It is available to single adults in an alcohol free environment. It offers on-site referral support for a broad spectrum of services, including job search assistance and computer skills training, while providing Veterans close proximity to health care services. This approach grants the resident Veterans access to a wide variety of programs, specialties and disciplines in the community in which they live.

As an affordable housing community, residents need to meet income, rent, screening criteria and other qualifications. Persons interested in renting an apartment can contact Sand Property Management, LLC at (320) 258-3400.

Pictured from left to right: Darrick Metz, WNC & Associates; Rusty Ratzlow, Sand Construction, LLC; Warren Hanson, Greater Minnesota Housing Fund; Jamie Thelen, Sand Companies, Inc.; Nathaniel Saltz, MACV; Cheryl Thieschafer, St. Cloud VA Acting Health Care System Director; Carrie Pham, Portfolio Manager, Office of Asset Enterprise Mgmt., VA Central Office; Paul Macpherson, Director, Investment Enterprise Development Service, Office of Asset Enterprise Mgmt., VA Central Office.
Since opening in July 2011, more than 6,275 Veterans have received quality care at the St. Cloud VA Health Care System Ambulatory Surgical Center (ASC). A sampling of outpatient procedures offered at the ASC include cataract removal, carpal tunnel surgeries, laparoscopic hernia repair, knee and shoulder surgery, ear and sinus procedures, oral surgery and dental implants, cystoscopies, eyelid and facial cases, and bunionectomies. Our Ambulatory Surgery Center staff are dedicated to ensuring your surgical experience is as stress free as possible.

View this video for an introduction to our staff: Ambulatory Surgery Center Video

FUN FACTS

- The praying mantis eats nothing but live food, predominantly insects.
- The sun burns 9 million tons of gas a second. At this rate, it has been estimated it will burn out in another 10 billion years.
- Cattle drive cooks were often "jacks of all trades," playing the roles of doctor, barber, and even dentist for the drive hands.
- After his 1997 ear-biting attack on Evander Holyfield, the Hollywood Wax Museum moved boxer Mike Tyson's figure to the Chamber of Horrors, next to the figure of Dr. Hannibal Lecter.
Have you ever wondered if the health information that you find on the Internet is accurate? Veterans, Families, and Caregivers are invited to drop in and get your questions answered at:

**Searching the Internet for Credible Health Information**

**Date:** Monday, January 23, 2017

**Time:** 1 p.m.-2 p.m.

**Place:** Building #29, Room 20 (Health Hub)

**Topics:**
- My HealtheVet web site
- The Veterans Health Library
- VA Mobile Apps
- Other credible health information sites
- Characteristics of credible health information

**Questions?**
Contact Linda Schwab, Patient Education Coordinator, 320-252-1670, ext. 6008
New Regulations for Outpatient Medication Copay

VA is amending its regulation on copayments for Veterans’ outpatient medications for non-service connected conditions. VA currently charges non-exempt Veterans either $8 or $9 for each 30-day or less supply of outpatient medication.

This new regulation eliminates the formula used to calculate future rate increases and establishes three classes of outpatient medications identified as Tier 1, Preferred Generics; Tier 2, Non-Preferred Generics including over-the-counter medications; and Tier 3, Brand Name. Copayment amounts for each tier would be fixed and vary depending upon the class of outpatient medication in the tier.

These copayment amounts will be effective February 27, 2017:

- $5 for a 30-day or less supply - Tier 1 outpatient medication
- $8 for a 30-day or less supply - Tier 2 outpatient medication
- $11 for a 30-day or less supply - Tier 3 outpatient medication

These changes apply to Veterans without a service-connected condition, or Veterans with a disability rated less than 50 percent who are receiving outpatient treatment for a non-service connected condition, and whose annual income exceeds the limit set by law. Medication copayments do not apply to former Prisoners of War, catastrophically disabled Veterans, or those covered by other exceptions as set by law.

Copayments stop each calendar year for Veterans in Priority Groups 2-8 once a $700 cap is reached.

More information on the new tiered medication copayment can be found at: https://www.gpo.gov/fdsys/pkg/FR-2016-12-12/pdf/2016-29515.pdf
Vietnam Veteran Recognition & Veterans Town Hall Meeting

March 8, 2017
5 p.m.
Beginning at 4 p.m., County Veteran Services and VA staff will be available to discuss enrollment in VA health care and provide information on the full range of Veteran benefit programs.

American Legion Post #270
Located at:
304 10th Avenue South
Buffalo, MN

Recognizing Wright County and surrounding area Vietnam-era Veterans (Veterans who served anytime between Nov 1, 1955 to May 15, 1975, regardless of location) is the first item on the agenda at the town hall meeting. The St. Cloud VA Health Care System, a Commemorative Partner in the national Vietnam War Commemoration, is committed to publicly thanking and honoring Vietnam-era Veterans and their families. Vietnam Veterans and families desiring to participate in the Commemoration event can simply show up and check in at the designated table. To learn more about the Vietnam War Commemoration, visit http://www.vietnamwar50th.com/.

Integrity  Commitment  Advocacy  Respect  Excellence
New at the St. Cloud VA
NOMINATE YOUR NURSE FOR THE DAISY AWARD

The DAISY Award for Extraordinary Nurses was created in memory of J. Patrick Barnes who died at 33 of ITP, an auto-immune disease. The Barnes Family was awestruck by the clinical skills, caring and compassion of the nurses who cared for Patrick, so they created this international award to say thank you to nurses everywhere.

Now you can honor the compassion and care your nurse provides by completing a Daisy Award nomination form.

Forms are co-located with comment cards and can be found at the many comment card submission boxes located throughout the facility (pictured below) or ask any staff member where to find one. Nominations can be turned into the comment card submission boxes throughout the facility or mailed to:

St. Cloud VA Health Care System
DAISY Committee (CD-118)
4801 Veterans Drive
St. Cloud MN 56303
Your Life
Your Health
Your Schedule

Use VA’s Mobile Health technologies to communicate with your VA care team and access your health information while on the go.

It’s another way to connect with many of the tools and resources available through My HealtheVet, offering you more options to view the information you need.

Access your health information—where and when you need it—by visiting VA’s App Store today.

With VA apps, you will be able to:
- View your VA health care data
- Refill prescriptions
- Send secure messages to your VA care team between your appointments
- Share your health information with your VA care team
- Access new tools for managing and tracking your own health

Having trouble using one of the apps? Training materials are available on the VA App Store, or you can call the Help Desk at (877) 470-5947 weekdays from 7 a.m.-7 p.m. (CT).

Get the Apps.
Visit the VA App Store to learn more:

mobile.va.gov/appstore
If you would like more information about treatment for Military Sexual Trauma, please contact Mental Health, your Primary Care team, or the local MST Coordinator.

The St. Cloud VA Health Care System MST Coordinator is Joy Finkelson.

Contact Joy at 320-252-1670, ext. 6398.
VHA to use Treasury Department to Collect Unpaid Copays

On Dec. 20, 2016, VHA began using the Department of the Treasury’s Cross-Servicing program to collect unpaid debt on any first party copayments for non-service connected care. Veterans are encouraged to satisfy their first party delinquent copayment debt before they are referred to Treasury for collection.

Collections from first party VA copayments are returned to the local VA Medical Center (VAMC) to fund additional healthcare services to Veterans.

VHA’s current process provides Veterans with three monthly billing statements in increments of 30, 60 and 90 days in an attempt to collect first party copayments. Under the new Cross-Servicing program, first party debts that are not paid after 90 days will automatically transfer to VA’s Debt Management Center (DMC) for offset of VBA benefits (if available). If VBA benefits are not available, Veterans will have an additional 30 days to make payment arrangements to satisfy the debt. If arrangements to pay the debt are not made, VHA will automatically refer it at 120 days to the Treasury Cross-Servicing program who issues official notification letters to Veterans. If the letters go unanswered, Treasury will use the Treasury Offset Program (TOP) collect delinquent debt. The Treasury Offset Program (TOP) is used to offset any federal payments to include federal tax refunds, Social Security benefits, military pay, retirement pay, and other federal payments that are not exempt by law.

Beginning in May 2017, Treasury will also employ the following collection methods as part of the Cross-Servicing Program:

- **Administrative Wage Garnishment (AWG)** – Treasury issues a wage garnishment order to the employer to deduct up to 15 percent of the Veteran’s disposable income until the debt is paid in full.
- **Private Collection Agency (PCA)** – Accounts are referred to a contracted PCA to attempt to collect the debt. Treasury provides significant oversight to ensure Veterans are well protected and treated properly in their interaction with PCAs.

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Cross-Servicing Key Points:

- Veterans will continue to receive healthcare services from VA regardless of their ability to pay assessed copayment charges.
- Veterans are encouraged to request assistance to relieve or repay their debt by applying for a repayment plan, waiver or compromise.
- VA will work with Veterans to manage their financial responsibilities and take the appropriate route most suitable to avoid collection action.
- Veterans have the right to dispute a debt but are highly encouraged to do so before the debt becomes 120 days past due. Once debts are referred to Treasury, VA can no longer accept payment. Veterans will be required to correspond directly with Treasury once the debt has been referred.
- Veterans will receive notification in writing from Treasury once their debt is 120 days past due to explain their debt has been referred for collection.
- Veterans will incur collection fees from Treasury based on a percentage of their outstanding bill(s) and length of time outstanding. Treasury collects the fees from each payment received and applies the remaining amount to the debt balance.

For more info on repayment options visit: https://www.va.gov/HEALTHBENEFITS/resources/publications/IB10-683_veterans_copayment_responsibility_faq.pdf

“Laughter is the closest distance between two people.”
Victor Borge (1909 - 2000)
As part of an effort under MyVA vision to provide Veterans with a seamless, unified Veteran Experience across the entire Department and throughout the entire country, VA is launching a new, national toll-free number 1-844-MyVA311 (698-2311) for Veterans and their families to use when they don’t know what number to call.

Veterans who know the direct number to the VA facility they want to call should continue to use that number.

VA is also making improvements to the overall Veteran’s experience contacting VA by:

- Increasing capacity to prevent blocked calls and reduce wait times;
- Connecting Veterans in crisis directly to the Veteran’s Crisis Line;
- Connecting Veterans who may be homeless or at risk of homelessness to the Veterans Homeless Line;
- Offering Veterans easy to follow options such as looking up a facility near them or connecting to a live agent; and
- Implementing standard capabilities at all VA medical centers to offer callers access to Scheduling, Nurse Triage, Pharmacy, and a Medical Center Operator.
There are currently about 5,000 transgender Veterans receiving their healthcare at VA, according to the Department’s best guess estimate.

“That is certainly an undercount because not all transgender Veterans want to identify themselves to their provider,” noted Dr. Michael Kauth, co-director of VA’s National LGBT Program (Lesbian, Gay, Bisexual and Transgender). Kauth is also a psychologist at the Houston VA and a professor in the Psychiatry Department at Baylor College of Medicine in Houston.

Transgender people, according to Wikipedia, are people who have a gender identity or gender expression that differs from their assigned sex.

Kauth said the VA provides gender transition counseling, evaluations for hormone therapy, and evaluations for gender transition surgeries.

“The VA doesn’t perform those surgeries, and doesn’t pay for them,” he said. “But we’ll be there to help the Veteran out if something happens to go wrong after transition surgery. If complications occur following surgery, the VA will provide the Veteran with medically necessary care.”

And for Veterans who are still in the process of transitioning, there’s counseling.

**Following Your Path**

“A VA counselor will talk to Veterans about their transition goals, and how to achieve them safely,” Kauth said. “Our job is to help Veterans successfully navigate their gender transition pathway, and to support them.”

Making sure transgender Vets get the support and understanding they deserve is the job of Dr. Jillian Shipherd, co-director of VA’s National LGBT Program and a clinical research psychologist at the Boston VA. She said a big part of her job is making sure providers throughout the VA system are properly trained in how to interact with this very special segment of the Veteran community.
“As a transgender person you’re accustomed to dealing with all sorts of issues on a daily basis,” she explained. “But when you walk into a VA facility you shouldn’t have to worry about that. So here at the VA we need to work extra hard to overcome any fear or anxiety you might be experiencing. We want to make sure that you, as a transgender Vet, are getting the healthcare you need and the respect you have earned.”

Shipherd said transgender Veterans, like other minorities, tend to have considerably more stress in their lives than the rest of us.

“Veterans are at increased risk for suicide relative to the general population,” she observed, “and transgender Vets are 20 times more likely to attempt suicide than other Veterans. This statistic highlights the level of daily stress some of our transgender Vets are experiencing.”

So... Why so Much Stress?
“As a transgender Vet one of your biggest battles is discrimination, which can take many forms --some subtle and some not so subtle,” Shipherd explained. “As a transgender Vet you might face discrimination where you work, or you might have trouble finding a job at all. You might face discrimination when you try to rent an apartment or purchase a home, or a car, or even a pair of shoes. You might face discrimination from your own family -- your parents, your brothers and sisters, even your own children. That’s a lot of stress.”

She continued: “Being transgender can affect every aspect of your life. When you go to the bank to get a loan, you might experience some problems due to a lack of credit history under your new name. When you go to a new dentist for the first time, you might be worried about explaining why you’re on certain medications or hormone therapy.”

Is There a Problem, Officer?
And then there’s the dreadful event that tends to generate anxiety in all of us, but especially members of any minority group: getting pulled over by a police officer.

“Any encounter you might have with law enforcement can be stressful, or downright scary,” Shipherd said. “Can you imagine being stopped by a police officer late one evening? What are you feeling as the officer gets out of their cruiser and approaches your vehicle? Are you nervous? Are you afraid? What will the officer say when they look at your driver’s license and it says John Doe, only you look like Jane Doe?”

Shipherd said the unfortunate reality is that most transgender Veterans live with fear every day of their lives. “Just walking out of your house can provoke anxiety,” she said. “Chances are people on the street may roll their eyes when they see you, or actually snicker or laugh. Some might verbally harass you. And of course, there is the risk of physical violence. It’s not an easy life. This is why we work so hard at the VA to make our transgender patients feel welcomed, and respected. We want them to know that when they come to the VA they’re coming to a safe place.”

Cont. next page
To make sure VA is a safe and welcoming place, the Department offers three levels of nation-wide training to help VA healthcare providers get up to speed on how to successfully interact with their transgender patients and how to address their sometimes unique healthcare concerns. (For more info on what kind of LGBT training VA is providing to its personnel, visit http://www.patientcare.va.gov/LGBT/index.asp.

And Everything In Between
Shipherd said this kind of sensitivity training is essential, since even well-meaning VA staff can experience anxiety when interacting with a transgender patient — thus causing the patient to feel anxious.

“Sometimes even a well-intentioned healthcare provider can mishandle their encounter with a transgender Vet,” she said. “It’s not that they’re trying to be insensitive or callus; they’re simply not educated in culturally appropriate care. So it’s our job to provide that education, to make sure our healthcare staff and providers are trained in how to communicate and connect with transgender patients.”

She added: “We all need to understand that gender is more complicated than what we like to think. Male and female are not the only options. Gender identity exists on a continuum, with male and female being the extreme endpoints. Then you have everything in-between.”

To learn more about some of the services VA is providing to transgender Veterans nationwide, visit http://www.patientcare.va.gov/LGBT/index.asp

DID YOU KNOW...
- Dueling is legal in Paraguay as long as both parties are registered blood donors.
- The Dead Sea is over 25 percent salt and is the saltiest body of water on Earth.
- The first mobile car phones were located in the car’s trunk, taking up nearly half of the space!
- A bowling pin needs to tilt only 7.5 degrees to fall.
VA Commitment to Healthcare Quality Performance

The Department of Veterans Affairs (VA) is committed to ensuring that our nation’s Veterans receive the highest quality health care. An important component of fulfilling that pledge is the constant analysis of key quality indicators at both the national and the facility level. One example of a monitoring program that VA has utilized for several years is the internally developed Strategic Analytics for Improvement and Learning (SAIL), which assigned a “star ranking” to each VA medical center (VAMC). While SAIL was originally intended to serve as a learning tool for VA leaders and personnel, SAIL ratings are now available to the general public. Because it could be easy to misconstrue a low star rating, it’s important to understand exactly what SAIL is, what the star ranking means and how VA uses the information to improve the delivery of health care to Veterans.

What is SAIL?

SAIL is a web-based balanced scorecard model that VA developed to measure, evaluate and benchmark quality and efficiency at VA medical centers (VAMCs). VA designed SAIL for internal benchmarking within VHA, to spotlight the successful strategies of VA’s top performers in order to promote high quality, safety and value-based health care across all of its VAMCs. As SAIL’s name indicates, it is oriented to support improvement and learning; this is consistent with VHA’s vision of “learning, discovery and continuous improvement.”

How does VA use SAIL?

SAIL is designed to provide meaningful, actionable information about improvement opportunities at each VAMC. VA leaders and personnel use SAIL to pinpoint and learn from VA medical facilities that deliver high quality and efficient care, both within specific measured areas and overall. VHA Program Offices, VISNs, and facilities are in close collaboration to identify improvement strategies using information provided by SAIL and many other sources of performance data that are available within VHA.

What exactly does SAIL measure and how?

SAIL data includes 128 VAMCs that provide acute medical and/or surgical care to Veteran patients. The report also includes data from Ambulatory Care Centers, Rehabilitation Centers and Outpatient facilities to allow benchmarking on available measures.
SAIL has a total of 28 measures. It assesses 27 Quality measures that are organized into 9 domains: Acute Care Mortality, Avoidable Adverse Events; CMS 30-Day Mortality and Readmission Rate; Length of Stay; Performance Measures; Customer Satisfaction; Ambulatory Care Sensitive Condition Hospitalizations; Access; and Mental Health. SAIL includes another measure to assess overall Efficiency. VA facilities are benchmarked on individual measures and domains. In addition, using 10th, 30th, 70th, 90th percentile cut-offs of overall quality score, each facility is designated a 1 to 5-Star rating for overall Quality.

**What does it mean if a VA facility has only 1-Star Quality? Or 5-Star?**

SAIL prototypes a 5-Star rating system for VAMCs. The hypothesis is that 1-Star facilities will benefit from adopting successful practices from 5-Star facilities. Our experience to-date suggests that all VA facilities, regardless of their star designation, have areas of successful performance from which others can learn, and similarly, opportunities to make improvement.

**Should Veterans be worried if their VAMC is rated as a 1-star facility?**

Absolutely not. It’s important to again stress that the star rating is a tool for facility leadership to compare their facilities with other VA facilities and adopt best practices facilities that are higher performing. There are many other quality monitors, such as accreditation by The Joint Commission and other organizations, which ensure the safety of Veterans.

**How long has SAIL been in use?**

SAIL was deployed on the VA intranet web site in July 2012. It is reported on a quarterly basis and contains data from its inception to roughly one quarter before the current fiscal year quarter.

**What is St. Cloud’s current star rating?**

St. Cloud is currently a 5-star facility. We know there is more work to be done, and our work continues. St. Cloud does not want to do well on these SAIL measures for the sake of meeting a measure. We want to do well on them because they are indicators of the quality of services that we are providing to our Veterans. At the end of the day the measures are simply a management tool that helps us stay focused on providing great health care and a great experience to our Veterans.

View the VA SAIL reports at: [https://www.va.gov/QUALITYOFCARE/measure-up/Strategic_Analytics_for_Improvement_and_Learning_SAIL.asp](https://www.va.gov/QUALITYOFCARE/measure-up/Strategic_Analytics_for_Improvement_and_Learning_SAIL.asp)
VA Study Links Concussion, Alzheimer's  
by Dan Bruneau

On Dec. 21, the U.S. Department of Veterans Affairs announced findings that a history of concussion may accelerate Alzheimer’s disease-related brain atrophy and cognitive decline in people who are at genetic risk for Alzheimer’s.

VA’s National Center for PTSD and Boston University researchers studied 160 Iraq and Afghanistan war Veterans who were part of the Translational Research Center for TBI and Stress Disorders (TRACTS) longitudinal cohort study. Some of the Veterans in the study had suffered from one or more concussions and some who had never had a concussion. The Veterans underwent MRI scanning where the thickness of their cortex was measured in seven regions that are the first to show atrophy in Alzheimer’s disease, as well as seven control regions.

Lead researcher for the study and research psychologist with the VA’s National Center for PTSD Jasmeet Pannu Hayes, Ph.D. said findings showed concussion was associated with lower cortical thickness in brain regions that are the first to be affected in Alzheimer’s disease. This cortical neurodegeneration was associated with worse delayed memory, one of the first cognitive abilities affected in Alzheimer’s disease.

“One particular novel aspect of the study is that we found these brain abnormalities in patients who were relatively young with the average age being 32 years old. Thus, the findings may show promise for detecting the influence of concussion on neurodegeneration earlier in one’s lifetime than we could before,” said Hayes.

Hayes said that by detecting reduced cortical thickness at a relatively early age, we might be able to detect neurodegeneration decades earlier in one’s lifetime allowing for earlier treatment options.

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The study first ruled out other factors by providing each participant with a risk score based on the largest Alzheimer’s disease genome-wide association study to date as well as a memory performance test known as the California Verbal Learning Test-II (CVLT-II) free recall long delay measure, which is particularly sensitive to Alzheimer’s disease. These measurements, in addition to others, helped to eliminate factors such as post-traumatic stress disorder and a genetic risk for other disorders such as schizophrenia and bipolar disorder. The final results identified a relationship between cortical thickness from concussion and Alzheimer’s disease.

“The clinical implications of these findings change the way we think about concussions and raise the importance of documenting their occurrence as well as the symptoms that follow,” Hayes said. “Even if the concussion does not seem serious, when combined with factors such as genetics, the concussion may produce negative long-term health consequences and, per our findings, a concussion might influence the molecular pathways that are involved in Alzheimer’s disease pathology, including those that signal inflammation, immune response and cholesterol.”

Hayes, also an Assistant Professor at the Department of Psychiatry, Boston University, said she hopes this study will help lead to an understanding of the precise concussion-related mechanisms that accelerate the onset of neurodegenerative diseases such as Alzheimer’s disease, chronic traumatic encephalopathy, Parkinson’s disease and others so that treatments for these diseases may be developed.

The study was originally published by Hayes in Brain. Additional authors: Mark W. Logue, Naomi Sadeh, Jeffrey M. Spielberg, Mieke Verfaellie, Scott M. Hayes, Andrew Reagan, David Salat, Erika J. Wolf, Regina E. McGlinchey, William P. Milberg, Annjanette Stone, Steven A. Schichman and Mark W. Miller.
A VA database study shows that new drug regimens for hepatitis C have resulted in “remarkably high” cure rates among patients in VA’s national health care system.

Of the more than 17,000 Veterans in the study, all chronically infected with the hepatitis C virus at baseline, 75 percent to 93 percent had no detectable levels of the disease in their blood for 12 or more weeks after the end of treatment. The therapy regimens lasted 8 to 24 weeks, depending on patient characteristics.

“This promising news comes as VA is dedicating significant funds to help greater numbers of patients with hepatitis C,” said David Shulkin VA Under Secretary for Health. “In March, we announced our ability to fund care for all Veterans with hepatitis C for fiscal year 2016 regardless of the stage of the patient’s liver disease. VA has long led the country in screening for and treating hepatitis C. As of mid-September 2016 alone, the Department treated more than 100,000 Veterans infected with the virus. More than 68,000 of these patients had been treated with these new highly effective antivirals.”

The VA researchers analyzed data from four subgroups of patients infected with hepatitis C—genotypes 1, 2, 3, and 4—and found that genotype 1 patients showed the highest cure rates and genotype 3 the lowest. Genotype 1 was by far the most common type of infection among the four subgroups.

The study group of more than 17,000 Veterans included more than 11,000 patients with confirmed or likely cirrhosis, a liver disease that can result from hepatitis C, among other causes. The study team found “surprisingly high” response rates of around 87 percent in this group.

The overall results were consistent with those from earlier clinical trials that led to FDA approval of the three new drug regimens in the study: sofosbuvir (SOF), ledipasvir/sofosbuvir (LDV/SOF) and paritaprevir/ritonavir/ombitasvir and dasabuvir (PrOD).
The drugs, introduced in 2013 and 2014, have been credited with revolutionizing hepatitis C treatment, which means a cure is now in reach for the vast majority of patients infected with the virus. Previously, using earlier drug regimens, most patients could expect, at best, only a 50 percent chance of a cure.

“Our results demonstrate that LDV/SOF, PrOD and SOF regimens can achieve remarkably high SVR [sustained virologic response] rates in real-world clinical practice,” VA researchers wrote.

The new drug regimens examined in the study do not contain interferon, which has troublesome side effects such as fever, fatigue, and low blood counts. The newer drugs are considered far more tolerable than the older interferon-based antiviral regimens, although they are far more expensive.

The researchers extracted anonymous data on all patients in VA care who received HCV antiviral treatments between January 2014 and June 2015 using the VA Corporate Data Warehouse, a national, continually updated repository of data from VA's computerized patient records.

The study's optimistic finding is a source of optimism for Veterans and others infected with the hepatitis C virus, according to coauthors Dr. Lauren Beste and Dr. George Ioannou, specialists in internal medicine and hepatology, respectively, with the VA Puget Sound Health Care System in Seattle.

According to the researchers, modern, direct-acting antiviral drugs for hepatitis C far outperform our older options in terms of efficacy and tolerability. With older drugs, most patients could not undergo antiviral treatment because they had contraindications or medication side effects. With newer options, almost anyone can safely undergo treatment for hepatitis C.

VA research continues to expand knowledge of the disease through scientific studies focused on effective care, screening, and health care delivery. Some studies look at particular groups of hepatitis C patients—for example, female Veterans, or those with complicated medical conditions in addition to hepatitis C.

For more information on VA care for hepatitis C, visit www.hepatitis.va.gov and www.hepatitis.va.gov/patient/hcv/index.asp. Information about the database study may be found in the September 2016 issue of the journal Gastroenterology.
Monday, February 27, 2017
9:30 a.m. – 2:00 p.m.

Join us for a one-of-a-kind event featuring a hiring fair, networking opportunities and workshops tailored for veteran job seekers, active duty military members, guard and reserve members, and military spouses.

Participants are eligible to receive up to two (2) free tickets for them and their families to attend that evening’s game between the Wild and Kings – limited tickets available.

At 9:30 a.m., a free employment workshop for job seekers will feature resume building, networking, and interview tips.

This event is presented in partnership with Minnesota Department of Employment and Economic Development, Minnesota Chamber of Commerce and our other local partners.

Questions? Contact jrussell@uschamber.com.

Employers and Military Job Seekers register at
HiringOurHeroes.org
VA Grants Full Practice Authority to Advance Practice Registered Nurses
Decision Follows Federal Register Notice That Netted More Than 200,000 Comments

On Dec. 14 the Department of Veterans Affairs (VA) announced that it is amending provider regulations to permit full practice authority to three roles of VA advanced practice registered nurses (APRN) to practice to the full extent of their education, training, and certification, regardless of State restrictions that limit such full practice authority, except for applicable State restrictions on the authority to prescribe and administer controlled substances, when such APRNs are acting within the scope of their VA employment.

“Advanced practice registered nurses are valuable members of VA’s health care system,” said VA Under Secretary for Health Dr. David J. Shulkin. “Amending this regulation increases our capacity to provide timely, efficient, effective and safe primary care, aids VA in making the most efficient use of APRN staff capabilities, and provides a degree of much needed experience to alleviate the current access challenges that are affecting VA.”

In May 2016, VA announced its intentions, through a proposed rule, to grant full practice authority to four APRN roles. Though VA does have some localized issues, we do not have immediate and broad access challenges in the area of anesthesia care across the full VA health care system that require full practice authority for all Certified Registered Nurse Anesthetists (CRNAs). Therefore, VA will not finalize the provision including CRNAs in the final rule as one of the APRN roles that may be granted full practice authority at this time. VA will request comment on the question of whether there are current anesthesia care access issues for particular states or VA facilities and whether permitting CRNAs to practice to the full extent of their advanced authority would resolve these issues.

APRNs are clinicians with advanced degrees and training who provide primary, acute and specialty health care services; they complete masters, post-masters or doctoral degrees. There are four APRN roles: Certified Nurse Practitioner, Clinical Nurse Specialist, Certified Registered Nurse Anesthetist, and Certified Nurse Midwife.
“CRNAs provide an invaluable service to our Veterans,” Under Secretary for Health Shulkin continued. “Though CRNAs will not be included in VA’s full practice authority under this final rule, we are requesting comments on whether there are access issues or other unconsidered circumstances that might warrant their inclusion in a future rulemaking. In the meantime, we owe it to Veterans to increase access to care in areas where we know we have immediate and broad access challenges.”

All VA APRNs are required to obtain and maintain current national certification.

The final rulemaking establishes professional qualifications an individual must possess to be appointed as an APRN within VA, establishes the criteria under which VA may grant full practice authority to an APRN and defines the scope of full practice authority for each of the three roles of APRN. Certified Registered Nurse Anesthetists will not be included in VA’s full practice authority under this final rule.

VA is the nation’s largest employer of nurses; as of July 2016 its workforce of approximately 93,500 nurses (RNs, LPNs, NAs) includes approximately 5,769 APRNs.

For more information about openings for nurses or other health care positions at VA, visit http://www.vacareers.va.gov/
**Podcast Guide for Veterans and their loved ones**

**Dialed In: Helping Veterans Take Control of Their Health Care**

When faced with difficult decisions about health care, Veterans and families often wonder, “What should I do?” or “What should be done for my loved one?”

The best choice for one patient may be wrong for another.

**Dialed In**, a podcast series from [VA National Center for Ethics in Health Care](http://www.ethics.va.gov/dialedin.asp), is designed to help Veterans and their loved ones as they face difficult ethical decisions about health care.

To play or download a podcast, go to the [Dialed In home page](http://www.ethics.va.gov/dialedin.asp).

For more information, contact: vhaethics@va.gov

**Dialed In podcasts include:**

  - Why it’s a good idea to fill out an advance directive, and what you might want to think about - and who to talk with - before you do

- **Choosing A Health Care Agent (5:36)**
  - What makes a good health care agent (HCA), some questions to ask your prospective HCA, and what happens if you are unable to make health care decisions but haven’t named an HCA

- **I’ve Been Chosen as A Health Care Agent – Now What? (4:50)**
  - How to fulfill the role of health care agent, and the decisions you might have to make

- **Informed Consent Empowers Veterans (4:47)**
  - How to get the most out of an informed consent discussion with your health care provider, and some questions you might want to ask

- **Setting Health Care Goals When You’re Seriously Ill (5:56)**
  - How to make sure you get the health care that’s right for you when you are dealing with a serious health problem.
**A Recipe for Health**

**Creamy Tuna Noodle Casserole**

**Ingredients**

- 5 c. uncooked egg noodles
- 1 (10¾-oz.) can reduced-fat, reduced-sodium condensed cream of mushroom soup
- 1 c. (8 oz.) fat-free sour cream
- ½ c. grated Parmesan cheese
- ½ c. 2% milk
- ¼ tsp. salt
- 2 (5-oz.) cans light water packed tuna, drained and flaked
- 1 c. frozen peas, thawed
- ¼ c. finely chopped onion
- ¼ c. finely chopped green pepper

*Topping:*

- ½ c. soft bread crumbs
- 1 T. butter, melted

**Directions**

Cook noodles according to package. Meanwhile, in a large bowl, combine the soup, sour cream, cheese, milk and salt. Stir in the tuna, peas, onion and pepper. Drain noodles; add to soup mixture. Transfer to an 11 x 7-inch baking dish coated with cooking spray. Combine topping ingredients; sprinkle over top. Bake, uncovered, at 350° for 25-30 minutes or until bubbly. Serving size: 1⅓ cups.

**Nutritional Information**

340 calories, 8g fat, 699g sodium, 41g carbohydrates, 25g protein
Help a fellow Veteran enroll for VA healthcare. Contact your County Veteran Service Officer, call the St. Cloud VA at 320-255-6340, or apply online at www.vets.gov

Take care of your buddy!

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