

Veterans'

HealthMatters

Summer 2002

The Wellness Magazine
from the VA Sierra Pacific
Network

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Network

Highlights

Making Room for More Patients

Veterans continue to come in record numbers to clinics and hospitals in the VA Sierra Pacific Network. Last year, we had the privilege of providing health care services to more than 165,000 veterans – an increase of more than 10 percent from the prior year. And, we are on track to see more new veterans this year.

The large increase in new patients sometimes puts a strain on the availability of clinic appointments in certain areas. In the Network Highlights below, you will read how your clinics and medical centers are working to make services more accessible and reduce waiting times.

In some areas, we have opened new clinics. The VA clinic in Sonora opened this spring and is our newest addition. At some of our existing clinics, we are looking for new clinic buildings that will offer more space.

We also have several construction projects planned and

underway to expand and reconfigure our clinical space. Your patience is appreciated as we make these needed changes.

As resources permit, we are hiring additional clinical staff to meet increasing demand for VA health care services. Our goal is to have new patient and return visit appointments available within 30 days. Although, we have not been able to meet this target at every location, we have made dramatic improvements in our times during the past few years.

The staff throughout the Network have worked very hard to ensure VA services are available when you need them. Their dedication and efforts make VA our Nation's finest health care system.

Please share your comments and suggestions with the staff at the clinic or hospital you visit. We hope to serve you even better in the future.

--- Robert L. Wiebe, M.D.

Director, VA Sierra Pacific Network

VA Northern California Health Care System (VANCHCS): Improving access and quality

NCHCS has a unique sharing agreement with Northern California PET Imaging Center for a PET scanner at the Sacramento VA Medical Center by late summer. PET, positron emission tomography, is a non-invasive diagnostic test used to detect cancer, Alzheimer's disease, epilepsy and certain cardiac conditions by looking at the function of cells and tissues.

In the East Bay, we expanded services by opening a transitional care unit at the Center for Rehabilitation and Extended Care in Martinez. The unit provides transitional care to patients requiring post-op or continued inpatient care in a non-acute care setting.

We are also working on plans to

augment primary care capability and decrease patient waiting times with the addition of new primary care physicians at Redding and Chico Outpatient Clinics.

VA Sierra Nevada Health Care System (VASNHCS): We're on the move

The Ioannis A. Lougaris VA Medical Center in Reno has long planned for improving access to key clinical areas while giving some areas much-needed "facelifts". The Pre-Admission Testing and Processing Unit (PATPU), Outpatient Pharmacy and Endoscopy moved into the clinical wing to improve patient convenience.

The largest project currently underway is the renovation of our 60-bed nursing home care unit. The project involves new floor tile, new fixtures in the bathrooms, new beds

with lighting fixtures over the beds, and a fresh coat of paint. The beds will have new pressure relief mattresses that provide extra comfort and decrease the risk of pressure ulcers. There will be televisions for every bed, a new nurse call system, 18 additional beds with piped in oxygen, and an additional nursing station.

The Sierra Foothills Outpatient Clinic in Auburn, Calif., continues to grow at a very brisk pace. This is a priority planning effort and we are seeking additional space to accommodate the number of providers needed to provide health care to this community's veterans. Our Carson Valley Outpatient Clinic in Minden, Nev., also continues to enroll new veterans, and we have secured ideal

Veterans' HealthMatters is intended to provide supplemental health information. Individuals should consult their primary care provider before pursuing any treatment alternatives. You may visit our web site at the following address: www.visn21.med.va.gov.

space to serve the needs of the Valley's veterans.

San Francisco VA Medical Center (SFVAMC): Outreach increases awareness

Improvements to inpatient care, such as increased efficiency of operation and greater patient privacy, were realized with the remodeling of the SFVAMC Ambulatory Surgical Unit. The new facility has space close to the operating rooms for a family waiting area, patient changing rooms, and expanded space for preparation of patients prior to procedures and for post-operative recovery.

SFVAMC successfully met and maintains the national VA goal of clinic wait times. This is the time it takes for a veteran to get scheduled into a clinic—the goal is less than 30 days. The nationally selected target clinics are audiology, cardiology, eye care, orthopedics, primary care, and urology. To more completely meet the needs of veteran patients, SFVAMC now offers mental health services, as well as primary care at our community based outpatient clinics in Santa Rosa, Ukiah, Eureka, and in downtown San Francisco.

Central California Health Care System (VACCHCS): Reduced wait times

As veterans seek health care in ever increasing numbers, VA is challenged to ensure that veterans are seen in a timely manner and scheduled for an appointment within 30 days. Waiting time reduction is one of VACCHCS's critical strategic initiatives. Since 1998, the number of new veterans enrolled at VACCHCS has increased by 12.5 percent from 17,664 veterans to 19,896 veterans in 2001. In concert with this trend, outpatient visits have increased from 163,171 visits in 1998 to 193,393 visits in

2001, representing an 18.5 percent increase.

In 2001, we met or exceeded all national standards for primary care and specialty clinic waiting times to less than 24 days in all clinics. We intend to improve on this strategic initiative in 2002. Strategic planning meetings, veteran surveys and focus groups have contributed toward taking immediate actions. We also are developing long-range changes that will continue to improve access of valley veterans to timely care for their outpatient clinic appointments.

VA Medical & Regional Office Center Honolulu (VAM&ROC): CPGs & patient safety are priorities

VAM&ROC is committed to meeting our strategic initiatives. One is to improve Clinical Practice Guidelines for six diseases: diabetes, heart failure, hypertension, ischemic heart disease, major depressive disorder, and tobacco use. VAM&ROC's overall guideline scores exceeded our goals in 2000 and 2001. Improvements are a result of leadership and front line staff reviewing reports on a regular basis, identifying opportunities for enhancement and effectively implementing procedural improvements.

Another key initiative is patient safety. The VAM&ROC was the first VA facility to incorporate the Care Trak tracking system with other security systems. The Care Trak tracking system utilizes a very lightweight radio transmitter that is fastened to the ankle of high-risk patients. Staff, using a radio receiver, can locate/track patients day or night, inside or outside the facility with pinpoint accuracy. Staff and veteran families have increased assurance that veterans are

protected while allowing maximum freedom.

VA Palo Alto Health Care System (VAPAHCS): Meeting community needs

The VA Sonora Community Based Outpatient Clinic, located at 720 Pauline Court, opened April 1 and serves as a primary care clinic. The clinic has a physician, two registered nurses, a social worker, and two business office associates/clerks and is open Monday - Friday 8 a.m. to 4:30 p.m. The outreach partnership located at the Tuolumne Veteran Service Office will continue and expand to include limited mental health services.

To ensure we deliver timely and quality care to all veterans, we are requesting your assistance in the activation of the clinic. For those veterans who have already established medical care with a primary care provider, at either the VA Modesto Clinic or the VA Stockton Clinic, we will delay immediate transfer of your care. An orderly, planned transfer of your care to Sonora will occur as we add medical providers and expand our clinic facility.

The Sonora Community Hospital is building a new hospital near Pauline Court on Greenley Road that is scheduled to open in the Spring of 2003. The Community Hospital has reserved a building near the new hospital for VAPAHCS to expand the VA Sonora Clinic. This expansion will allow us to see the expected 3,000 veterans from Tuolumne and Calaveras counties. We are currently working on a design that will accommodate four providers with up to eight exam rooms, and plan to be in the new space by Fall of 2003.★

Good News for Dieters!

Trying to lose weight or lower your cholesterol? Have you noticed your weight creeping up over the past few years? On the look out for an easy way to lose weight and improve your health? You are not alone, U.S. surveys completed in 2000 estimate that 39 percent of adults are trying to lose weight and 36 percent are trying to maintain their weight.

It is estimated that 55 percent of adult Americans are obese or overweight, they spend \$34 million a year for weight loss products and services and the direct costs of obesity and physical inactivity accounts for nine percent of U.S. health care expenditures.

The good news

Weight loss has been shown to delay the onset of diabetes in a diverse American population of overweight people, lower heart disease risk and improve quality of life. Recent analysis of 29 weight

loss studies completed by researchers at the University of Kentucky found that up to five years after dieting, dieters were able to keep off an average of seven of the pounds they had originally lost. Compare this to the fact that most people gain 3-13 pounds over a five year period, and you can see that the dieter can be as much as 10-20 pounds lighter than the non-dieter. So take heart, stick with your plans to work on ways to lose weight and improve your health by discussing weight loss options with your VA health care provider.

Veterans benefit

Now is the time to look for support for ways to make healthy eating choices and incorporate physical activity into your daily routine. A benefit available to veterans through the VA health care system is nutrition counseling by a registered dietitian. Registered dietitians specialize in providing individualized

nutrition advice for the prevention and treatment of disease and maintenance of health.

Many private insurance companies do not cover nutrition services for their clients, yet nutrition counseling is available at every VA Sierra Pacific Network health care facilities. Visit the VA Nutrition Web site at www.va.gov/nfs or contact your local VA medical facility for more information on nutrition services. ★

Now is the time to look for support for ways to make healthy eating choices!

• Visit the VA Nutrition website at www.va.gov/nfs

VA compensates more veterans exposed to radiation

Secretary of Veterans Affairs (VA) Anthony J. Principi announced the addition of five new cancers to the list of diseases presumed to be connected to the exposure of veterans to radiation during their military service. Veterans diagnosed with cancer of the bone, brain, colon, lung or ovary will have an easier time establishing entitlement to compensation for their illnesses.

“These veterans accepted the risks of duty and have borne the burden

of their illnesses in service to our nation. They should not have to bear an additional and unequal burden to prove they deserve the benefits they’ve so rightfully earned. The new rules will not cure their cancers, but they will ease the burden of proof required to receive appropriate compensation for their disabilities,” Principi said.

The new rules apply to those veterans who participated in “radiation-risk activities” while on active duty, during active duty for training or inactive duty training as a member of a reserve component.

The definition of radiation-risk activities has also been expanded to

include service at Amchitka Island, Alaska, prior to January 1, 1974, if a veteran was exposed while performing duties related to certain underground nuclear tests. The new definition also includes service at gaseous diffusion plants located in Paducah, Ky., Portsmouth, Ohio and an area known as K25 at Oak Ridge, Tenn. The previous definition was limited to service members who took part in the occupation of Hiroshima or Nagasaki or onsite at atmospheric nuclear weapons tests, or American POWs interred in Japan during World War II. People in these groups are frequently called “atomic veterans.”

Under current statutes, the



OUTPATIENT COPAYMENTS

❖ **What is the outpatient copayment?**

The Department of Veterans Affairs (VA) is required by law (PL 99-272) to charge veterans, in certain income categories a copayment for their outpatient visits. The Veterans Millennium Health Care and Benefits Act (PL 106-117) authorized VA to decrease the outpatient co-payment amount provided for some services. As a result, VA has implemented a three-tiered outpatient copayment structure.

❖ **How many copayment charges will I get in one day?**

If you have more than one primary care encounter on the same day and no specialty care encounter on that day you will be billed for one primary copayment only. If you have one or more primary care encounters and one or more specialty care encounters on the same day, you will be billed for one specialty care copayment only.

❖ **Will my health insurance cover my copayment charge?**

VA is required by law to bill health insurance carriers for the cost of medical care and treatment provided to veterans for nonservice-connected conditions. If you have insurance coverage, it is important to provide that insurance information to the VA. Always bring your insurance card(s) with you when you come to VA for health care – most of the insurance information VA needs is on the card(s).

Reimbursements received from insurance carriers can be used to offset your copayment debt. In some instances, your copayment debt may be partially covered, and in other instances, totally covered by the insurance reimbursement.

When the insurance carrier does not reimburse VA for the health care services provided, you are responsible for paying the copayment. The unpaid copayment balance remains your payment responsibility. Eligibility for VA medical care is not affected by your insurance coverage.

❖ **What are my payment options?**

A monthly statement is mailed listing current charges, including interest and administrative charges, payments and outstanding balances. To avoid interest and administrative charges, payments must be made before your next monthly billing statement. We encourage you to pay by check or money order. You should not send money through the mail. The national payment address is printed on the monthly billing statement.

❖ **What does VA do with the money it collect from the outpatient copayments?**

Funds collected from outpatient copayments, medication copayments, other VA copayments, and health insurance reimbursements are returned to the local VA health care facility. These funds are used to provide additional health care services to veterans at that facility ★

following diseases are presumed to be service connected if the veteran participated in a radiation-risk activity: leukemia (other than chronic lymphocytic leukemia), cancer of the thyroid, breast, pharynx, esophagus, stomach, small intestine, pancreas, gall bladder, bile ducts, salivary gland, or urinary tract, multiple myeloma, lymphomas (except Hodgkin's disease), primary cancer of the liver (except if cirrhosis or hepatitis B is indicated) or bronchiolo-alveolar carcinoma.

Veterans or their survivors can file claims for compensation by contacting a VA regional office at **1-800-827-1000** or visiting VA's Website at **www.va.gov** ★

What's your personal risk for a heart attack?

Hear attacks and other problems resulting from clogged arteries are the leading killer of American men and women alike. Your personal risk of having a heart attack depends on several factors, the more obvious of which is age.

Men are unlikely to have a heart attack before age 45 – although about 125,000 do every year. That's versus some 850,000 heart attacks a year in men 45 and older. For women, the age difference is even greater. Younger women have built-in protection from heart disease – the hormone estrogen. But once menopause occurs, the body produces much less estrogen, and heart disease can advance quickly. By age 75, women are about as likely as men to die of a heart attack.

Heredity also comes into play. Most people who develop heart disease early in life (before age 55 in a man and 65 in a woman) have inherited genes that make them susceptible to abnormal levels of lipids, the molecules that transport cholesterol through the bloodstream. These abnormalities may be joined by inherited tendencies toward diabetes, obesity or high

blood pressure, each of which raises a person's chance of having a heart attack.

Reducing your risk

The major risk factors for heart disease are largely within your control, and modifying these can dramatically reduce the likelihood of a heart attack – even for people with a strong genetic risk.

First, there's smoking. Cigarettes cause many thousands of deaths a year from heart disease alone. Get serious about quitting: Talk to your VA health care provider about programs that can help.

Blood cholesterol is another culprit. It's related not only to genetic factors but also to exercise and, to what you eat. Your health care provider can tell you whether your current cholesterol level puts you at risk, along with how – and how much – you may need to lower it. Cutting the fat in your diet will almost certainly be part of the solution.

High blood pressure, or hypertension, is another risk factor. In some people, blood pressure can be reduced to a safe level through lifestyle changes, such

as reducing salt and alcohol intake and increasing exercise. Millions of Americans need medication to control their hypertension, and today there are many effective medications from which to choose.

An inactive lifestyle can raise the odds of heart attack. Regular aerobic exercise like brisk walking or cycling can lower that risk.

Being overweight or diabetic means elevated risk. Shedding extra pounds and keeping diabetes controlled can keep your risk in line.

Finally, there's stress. Its status as a heart-attack risk factor is controversial, but some experts believe that repeated mental stress is damaging to the heart. Lifestyle changes like getting more exercise, practicing a relaxation technique or simply getting a good night's sleep are among the stress-busting activities health care providers suggest.

All of these risk factors interact to determine your personal likelihood of having a heart attack; all are partly or fully within your control. Your health care provider can help you assess your risk and plan a program to reduce it. ★

What is a heart attack?

The heart is nourished by blood carried to it by arteries – in this case the coronary arteries. When they become narrowed by atherosclerosis (the buildup of cholesterol in the lining of the arteries), the stage is set for a heart attack.

Acute myocardial infarction – the medical name for a heart attack – occurs when a spasm or blood clot in a narrowed coronary artery causes a total blockage. As a result, the flow of blood to part of the heart is completely cut off. If it isn't restored quickly, that part of the heart muscle will be permanently damaged, resulting in death or disability.



Know these warning signs:

Severe pain isn't always part of a heart attack. It's even possible to mistake a heart attack for gas or indigestion. So remember these warning signs, and get medical help right away if you experience them:

- ♥ Pressure, fullness, pain or squeezing in the center of the chest that lasts for more than a few minutes or goes away and comes back
- ♥ Chest pain that spreads to the shoulder, neck, jaws or arms
- ♥ Chest discomfort with any of the following: light-headedness, fainting, sweating, nausea or shortness of breath

The **BUZZ** on insect bites

Summertime ... a season for picnics, days at the beach, outdoor games and ... insect stings and poisonous plants. Bees, hornets, wasps and yellow jackets, can deliver painful stings if their space is invaded. For most people, the pain and swelling from a sting will subside after a few minutes. But for those who are allergic to them, stings can cause nausea, cramps, difficulty breathing and even cardiac arrest. In fact, about 50 Americans die each year from insect stings.

The best way to avoid stings is to avoid the stinger. Bees, wasps and hornets leave their stingers in the skin. Scrape a stinger out with the edge of a credit card. Don't use tweezers – squeezing may release more venom from the stinger.

Because stinging insects are attracted to shiny objects and some scents, a good defense is to make yourself as unattractive to them as possible. Leave jewelry, perfume, makeup, hair spray and scented lotions at home, and apply a strong insect repellent before going to the park or on a hike. And to avoid having bees and wasps mistake you for an attractive bouquet, pass up the floral prints and other brightly colored clothing for khakis, grays and brown when you plan to spend an afternoon outside.

If you are stung, wash the area and apply calamine lotion to relieve the itching and hydrocortisone cream to reduce the swelling. If swelling and redness spread, you

may be suffering from an allergic reaction and should contact a doctor immediately. You may need an injection of the drug epinephrine.

Season of the itch

“Leaves of three, let them be” - Summer hazards can be right under your feet. About 85 percent of Americans are sensitive to poison ivy, poison oak and sumac, the poisonous plants most commonly stumbled upon. These plants produce an oily resin that can cause blistering, swelling and an itchy rash, although some people have more severe reactions.

Know what these plants look like so you can steer clear of them. Poison ivy is a winding vine sprouting clusters of three leaves every few inches. Poison oak also has three-leaf bunches, but they sprout from a low-growing shrub or heavy vine. Sumac grows in swampy areas and resembles a shrub or small tree; its leaves grow in groups of seven to 13.

To avoid brushes with these plants, be extra careful when walking in unfamiliar areas, and always wear shoes and socks. If you touch one, immediately wash the area with soap and water. Because the resin takes about 30 minutes to penetrate the skin, you may be able to prevent a rash. If a rash develops avoid the temptation to scratch. Instead apply hot wet compresses or a powerful hydrocortisone cream, which can be prescribed by a doctor. Antihistamines may also relieve some of the itching. If these remedies don't work, or if the rash becomes worse, doctors can prescribe oral steroids.★

◆ **To avoid having bees and wasps mistake you for an attractive bouquet, pass up the floral prints and other brightly colored clothing for khakis, grays and brown when you plan to spend an afternoon outside.**



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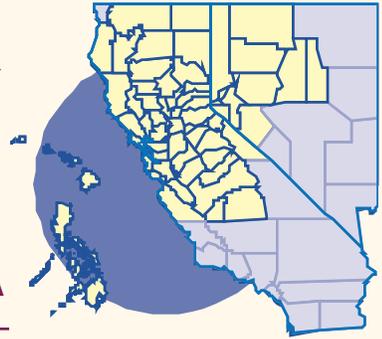
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