Official Publication of the NATIONAL ASSOCIATION OF VA PHYSICIANS & DENTISTS

NAVAPD NEWS

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# Senate Finance Committee Health Care Bill Emerges

After a slow start and contentious weeks of intra-committee wrangling, a Health Reform bill finally emerged from the Senate Finance Committee. Developed under the guidance of Senator Max Baucus (D-MT), the bill was moved from committee with a single Republican, Senator Olympia Snowe of Maine, supporting it. Considering that this is but one of five bills which eventually will have to be distilled to a single plan, and further considering that there are strong liberal proponents for the addition of a public plan and equally strong conservative proponents for other major changes, it is still unclear what may finally emerge in any successful package.

In the most recent issue of *NAVAPD Notes*, we discussed the possible impact of these reform efforts on the VA Health System. However, as of this writing, NAVAPD has determined that the current proposals would leave the VA health system unaffected. Sources privy to the most recent discussions and revisions tell NAVAPD that the current packages are neutral toward the VA system.

This is consistent with the wishes of most veterans' affairs organizations. The concern of these groups has been that the VA would be incorporated into reform plans in ways that would divert resources from provision of care for veterans, or dilute the VA's focus on veterans' care by bringing non-veterans into the system. Congress appears to have heard those concerns and is avoiding that particular battle at this time.

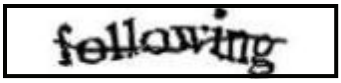
The biggest issue remains how the package would be paid for. Reductions in Medicare spending, shifting of funds from other programs, taxation of higher-cost employer-provided health plans, and other additional taxes are all on the table for consideration. Whether these efforts could divert funding from the VA remains an obvious concern.

NAVAPD continues to monitor the discussions and revisions through its Washington contacts. Should changes of significance to us in the VA system become known, NAVAPD will advise its members through all means available.

# Is There a CAPTCHA in Your Future?

If you use the NAVAPD web site, there is! Sometimes undesirable messages get left on our message boards. These are almost always sexual in nature or selling some scam product, and are normally sent by computer programs called "bots" that seek to plant the owners' "product" messages on web sites or in e-mail accounts. An effective way to prevent this is use of a CAPTCHA (Completely Automated Turing Test To Tell Computers and Humans Apart) as part of the process of posting a message.

A CAPTCHA presents a distorted graphic representation of a




word, words, or numbers (see inset) that humans can read but current computer programs cannot. The person is asked to type in the distorted characters. Anyone able to read the CAPTCHA and correctly enter the characters is presumed to be a human, not a computer, and the submission is allowed.

Watch for CAPTCHAs arriving on the website soon. This should greatly reduce the time spent by the staff manually removing offensive materials, and much fewer junk messages getting posted to the web site.

CAPTCHAs — protecting you from cyber-garbage.



**Inside this issue:**

# A Message from the President

Samuel V. Spagnolo
President, NAVAPD

We've all heard that money can't buy happiness and it used to be that American workers were happy with meaningful work, solid benefits and raises that kept up with inflation - my how things have changed. Today many in America would be joyful just to get a paycheck. However, anxiety and fear seems to be the order of the day even among VA physicians and dentists.

All too frequently, I hear from physicians and dentists who are worried about continuing employment. Many VA professionals, especially those who have joined in the last few years, might not realize that their appointment may be in a temporary classification. Unfortunately in many medical centers, there is a pervasive atmosphere of secrecy that has fostered distrust. My sense is that there is a growing undermining of respect for the system and depressed morale among many. I continue to hear frequently from individuals that they are being threatened and intimidated by administrators who often imply that they can be forced to work 24/7 as much as they want just to provide routine care. Some are being prevented from taking leave to attend required CMEs and vacation, and some are being locked out and terminated.

Many professionals are feeling that there is little respect or appreciation for the work they do at the VA. All of this makes me wonder just what kind of signal the VA is sending to all of us, the men and women who as physicians and dentist make up the backbone of its huge and vital medical arm.

***(Continued on page 4)***

# 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 ever stands ready to give veterans quality medical care equal to or better than can be obtained elsewhere in our society.
Just as VA doctors care for those who have served, they also can 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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# CLINICAL CORNER

## BiPAP/CPAP May Spread H1N1

MedPageToday.com reports that according to investigations detailed in the October issue of ***Chest*** by David S. Hui, MD, of the Chinese University of Hong Kong and Prince of Wales Hospital in Hong Kong, and colleagues, use of non-invasive ventilation (BiPAP, CPAP) could help spread flu throughout a hospital. A positive pressure mask on a simulated patient generated a jet of exhaled gas extending 2 to 3 feet from the patient's face. Such plumes of virus-laden gas could put health care workers at increased risk of contracting H1N1 or other communicable respiratory diseases.

***A positive pressure mask...generated a jet of exhaled gas extending 2 to 3 feet from the patient's face.***

Because there is no safe marker that can be used in humans to visualize exhaled particles, researchers used fine smoke particles on a patient simulator programmed to mimic mild lung injury and sitting at a 45 degree angle in bed. The actual length of the jet plume depends upon gas flow, pressure settings, and the specific model of mask in use. The largest plume was with the Image 3 mask with Whisper Swivel exhalation device set at 10 cm H20; this produced a plume that extended 0.95 meter toward the end of the bed.

Although there is little evidence to support the use of this therapy in H1N1, it has been used in some H5N1 (avian flu) and SARS cases in the past. Some previous studies have implicated this kind of therapy in the spread of SARS in hospitals in 2003. Dr. Hui etal concluded that patients with febrile respiratory illness of unknown cause should probably not be treated with noninvasive ventilation with the Whisper Swivel exhalation port or higher pressures to avoid a greater risk of transmission. However, they noted that the study may have overestimated the spread

of virus since the exhaled droplets they are carried on are likely to weigh more, though evaporation could result in some droplets suspended in the air.

John Barnes, MBBS, of the Royal Prince Alfred Hospital at the University of Sydney, Australia said that considering the limited and sometimes conflicting evidence in these cases doctors should carefully consider the absolute need for noninvasive ventilation versus the possible increased risk of transmission. The World Health Organization recommends that healthcare workers in aerosol-generating situations take contact, droplet, and standard precautions, as well as wearing full personal protection equipment: a long-sleeved gown, single-use gloves, eye protection, and an N95 mask.

## Death Reported with Improper Administration of Flu Drug

As reported by Peggy Peck on MedPageToday.com, the FDA said that GlaxoSmithKline has reported the death of an influenza patient treated with nebulized Relenza (zanamivir). The company said the death occurred when the zanamivir inhalation powder was removed from its "FDA-approved packaging and dissolved" in a solution for the purpose of nebulizing the drug for inhalation.

The patient (not a VA patient) was a pregnant woman living outside the U.S., but GSK informed the FDA that it was aware that drug was being used this way as a treatment for influenza patients who are unable to take oral medications or who are "unable to inhale Relenza Inhalation Powder using the Diskhaler."

In a warning letter to physicians, GSK said that the inhalation powder "is not intended to be reconstituted in any liquid formulation and it is not recommended for use in any nebulizer or mechanical ventilator. Zanamivir has not been FDA approved for nebulization and "the safety, effectiveness, and stability of zanamivir use by nebulization have not been established."

***Relenza inhalation powder..."is not intended to be reconstituted in any liquid...and is not for use in any nebulizer or...ventilator."***

# Message from the President

*(Continued from page 2)*

All of us had our reasons for coming to work at the VA. Some of us wanted to build a career of service around caring for the health of America's veterans. Others liked working in an environment where they could train house staff and fellows and participate in ground-breaking research. And others just liked working in a medical system where the quality of patient care was the real bottom line.

However, more recently it seems to me that we gave up something, something quite special and very precious. Something we had no idea would be demanded of us. We gave up our respect.

Every day, physicians and dentists are excluded from decisions that will forever change their departments and fundamentally affect the quality of patient care. And while the VA has the right to make changes in the system designed to improve quality and efficiency, what is going on in various places in VAMC's is neither right, nor is it necessary.

It is not right to keep physicians in the dark on matters that affect the way they work. It is not right to dismiss their concerns, or to brand those who ask questions as troublemakers. And it is certainly not right to strip us of the respect we should be accorded as doctors and professionals.

For a doctor, respect is more than just a fringe benefit or perk – it is an essential. Doctor's are not assembly workers: between the hours of 9-5 we don't file reports, order office supplies, or change tires – we mean the difference between life and death. You can't move through the wards full of critically ill patients, can't deal with death and dying, can't plunge you hands in a man's chest without respect from your colleagues – and from VA administrators.

Respect is the reward for dealing with the stresses and horrors of the operating and emergency rooms, for training the medical minds of the future, for pioneering the advances that will save millions of lives.

We've all heard that for others to respect us, we must begin to respect ourselves. We've already earned the respect of many by our excellence in the wards, operating rooms and clinics of the VA. Now we must stand up and claim it. We can no longer afford to be silent.

There is much talk from administrators about incentives. Let me propose a real incentive – one that will improve the quality of VA health care without the need to spend a dime. Start treating doctors as the professionals we are.

Start with respect!

# Call for NAVAPD Ambassadors

NAVAPD is as you probably know, a fully voluntary organization. None of the members or Officers or Directors receive any compensation for service to the organization and its members.

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

Everybody is busy. We each have to determine how to get everything we need to do finished and have a little time left for our families and ourselves. People are reluctant to take on an additional voluntary responsibility, especially for a big area like these one of these regions. And yet, NAVAPD has to find a way to have people working for it, promoting membership, helping members, and carrying our agenda to area and national leaders. The more people NAVAPD has doing that, the better NAVAPD's members and their patients will be served.

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

So, NAVAPD has come up with a less overwhelming role that we are looking to fill: NAVAPD Ambassador.

Ambassador is not an elected position and it doesn't have lots of time and travel obligations. An Ambassador's role is basically to be NAVAPD at the local level. Tell potential members what NAVAPD is, what it stands for, what it does. Be NAVAPD's eyes and ears across the country. Keep one's ears open for issues that might be worth NAVAPD getting involved. Write a letter once in a while on some topic to which we want Congress to pay attention.

We need an active presence in more than the four or five areas of the country that are represented by the members Officers and Directors at any one time. We need YOU.

So, if you have ever benefited from NAVAPD membership, if you have ever gotten help with a work issue, or you benefited from the actions NAVAPD has gotten through Congress on your behalf, wouldn't it feel good to give back. Send the President an e-mail or give him a call. Volunteer.

## Pass Along to a Colleague

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

Join NOW!

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

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

You can join by mail with this form or online at **www.NAVAPD.org**

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## Big Retirement Change Coming for FERS Employees

**H.R. 2647**
**FY 2010 National Defense Authorization Act**
**Conference Report Summary**

Sick Leave for FERS Employees

Allows employees covered by the Federal Employees Retirement System (FERS) to receive credit for unused sick leave toward their retirement annuity, as is currently the case for employees covered by the older Civil Service Retirement System. The provision reduces the incentive for employees to use excess sick leave as they approach retirement. OPM estimates the current "use it or lose it" system results in $68 million in lost productivity each year.

On October 22, the Senate passed the Defense Authorization Bill by a vote of 68 to 29 and President Obama signed it into law on October 28. This bill funds Pentagon operations, but historically the Defense Authorization bill is "decorated" with multiple unrelated provisions. This year was no exception.

In signing the bill the President praised the hate-crimes language and the capping of deployment of F-22 fighters. These were measures the President strongly supported.

While these were the major headlines about this bill in the media, there were also provisions that change federal employee benefits and practices. The bill mandates the end of the merit pay program at DOD. But perhaps the biggest issue for current and former federal employees is that members of the Federal Employee Retirement System (FERS) will now be able to get credit for unused sick leave toward calculating their annuity when they retire. This long-sought change brings FERS participants into parity with those employees in the Civil Service Retirement System, who have long received this credit

This change will be phased in over four years. From the time of enactment through December 31, 2013, FERS employees will receive 50% credit for unused Sick Leave. Beginning January 1, 2014, FERS employees will be granted 100% credit for their unused Sick Leave in their annuity calculations. This not only brings parity and rewards employees for good attendance, it also eliminates the "use it or lose it" nature of the current policy and gives an incentive to retain Sick Leave. As the Conference Report summary at left indicates, the OPM believes this will save the government money.

# FDA OKs Emergency Use of IV Flu Drug

As reported on MedPageToday the FDA has announced that the investigational antiviral peramivir can be used against the H1N1 pandemic flu in certain critically ill patients. Acting on a request from the CDC, the agency issued an emergency use authorization for the drug, which is the only antiviral designed to be administered intravenously.

The FDA said the drug - a neuraminidase inhibitor -- can be used for adult or pediatric inpatients when:

- The patient is not responding to either oral or inhaled antiviral therapy.
- When drug delivery by a route other than intravenous -- enteral or inhaled -- is not expected to be dependable or feasible.

The agency also said the drug can be used for adults only, when the clinician judges intravenous treatment is appropriate for other reasons.

There are no FDA-approved intravenous antivirals for influenza. Peramivir is the only such therapy authorized for use under an emergency use authorization for pandemic flu infections. However, last spring clinicians in the United Kingdom used an intravenous formulation of zanamivir (Relenza) to treat an H1N1 patient who had not responded to oral oseltamivir (Tamiflu) or inhaled zanamivir.

In severely ill flu patients -- as in the U.K. case -- bowel function may be impaired, slowing the absorption of oseltamivir, while the lungs may not be able to absorb the inhaled zanamivir. But neither of those drugs has an intravenous formulation that is in development for the market, although GlaxoSmithKline, the manufacturer of zanamivir, was able to supply such a drug in the U.K. case. Peramivir, made by BioCryst Pharmaceuticals of Birmingham, Ala., is the only intravenous flu medication in clinical development.

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# Revised Physician and Dentist Pay Ranges Published

The revised physician and dentist pay ranges that are **effective October 11, 2009** were published in the Federal Register on August 7, 2009 (see pay tables below). Please note the addition of Hospitalist to Pay Table 1, the realignment of Interventional Cardiology to Pay Table 7, and the revised tier definitions on Pay Tables 5 and 6. For further information contact: Lauren Kuiper-Rocha (Lauren.Kuiper@va.gov), Director, Compensation and Classification Service, Office of Human Resources Management, Department of Veterans Affairs, 810 Vermont Avenue, NW., Washington, DC 20420, (202) 461-7804.

New items are underlined, realigned items are in blue, changed items are in *red italics*.

| Pay Table 1 | Specialty/Assignment | Pay Table 2 | Specialty/Assignment |
|---|---|---|---|
| Tier 1: $96,539 - *195,000*<br>Tier 2: $110,000 - *210,000*<br>Tier 3: $120,000 - *235,000*<br>Tier 4: $130,000 - *245,000* | Allergy and Immunology<br>Endocrinology<br>Endodontics<br>General Practice – Dentistry<br>Geriatrics<br>Hospitalist<br>Infectious Diseases<br>Internal Medicine / Primary Care / Family Practice<br>Neurology<br>Periodontics<br>Preventive Medicine<br>Prosthodontics<br>Psychiatry<br>Rheumatology<br>All other specialties or assignments not requiring a specific specialty training or certification | Tier 1: $96,539 - *220,000*<br>Tier 2: $115,000 - *230,000*<br>Tier 3: $130,000 - *240,000*<br>Tier 4: $140,000 - *250,000* | Critical Care (board certified)<br>Emergency Medicine<br>Gynecology<br>Hematology – Oncology<br>Nephrology<br>Pathology<br>PM&R / SCI<br>Pulmonary |
| **Pay Table 3** | **Specialty/Assignment** | **Pay Table 4** | **Specialty/Assignment** |
| Tier 1: $96,539 - *265,000*<br>Tier 2: $120,000 - *275,000*<br>Tier 3: $135,000 - *285,000*<br>Tier 4: $145,000 - *295,000* | Cardiology (Non-invasive)<br>Dermatology<br>Gastroenterology<br>Nuclear Medicine<br>Ophthalmology<br>Oral Surgery<br>Otolaryngology | Tier 1: $96,539 - *295,000*<br>Tier 2: $125,000 - *305,000*<br>Tier 3: $140,000 - *325,000*<br>Tier 4: $150,000 - *335,000* | Anesthesiology<br>General Surgery<br>Plastic Surgery<br>Radiology (Non-invasive)<br>Urology<br>Vascular Surgery |
| **Pay Table 5** | **Specialty/Assignment** | **Pay Table 6** | **Specialty/Assignment** |
| Tier 1: $150,000 - *275,000*<br>Tier 2: $145,000 - *255,000*<br>Tier 3: $140,000 - *235,000* | VHA Chiefs of Staff – Tier assignments are based on published facility complexity level<br>Tier 1 – Complexity Levels 1a & 1b<br>Tier 2 – Complexity Levels 1c & 2<br>Tier 3 – Complexity Level 3 or facilities with no designated level | Tier 1: *$145,000* - *265,000*<br>Tier 2: *$145,000* - *245,000*<br>Tier 3: *$130,000* - *235,000* | Tier 1 – Principal Deputy; other Deputy Under Secretaries for Health; Chief Officers; Network Directors; Medical Center Directors; Network Chief Officers<br>Tier 2 – VACO Chief Consultants; National Directors; National Program Managers<br>Tier 3 – All VACO physicians or dentists not otherwise defined |
| **Pay Table 7** | **Specialty/Assignment** | | |
| Tier 1: $96,539 - *375,000*<br>Tier 2: $140,000 - *385,000* | Cardio-Thoracic Surgery<br>Interventional Cardiology (from Table 4)<br>Interventional Radiology<br>Neurosurgery<br>Orthopedic Surgery | | |

**National Association of VA Physicians and Dentists**
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