



The Voice of VA Physicians and Dentists Since 1975

NEWS

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9th U.S. Circuit Holds Its Prior Ruling on VHA System

On November 16 the 9th U.S. Circuit Court of Appeals in San Francisco put on hold its ruling that ordered a dramatic overhaul of the Department of Veterans Affairs health care system. As reported previously in *NAVAPD News*, a three-judge panel of the court in May agreed with Veterans that the Vets' rights had been denied through prolonged delays in processing claims and providing mental health services.

In May the court said it takes the VA an average of four years to fully provide the mental health benefits owed veterans. The court also said it often takes weeks for a suicidal vet to get a first appointment. It commented that the "unchecked incompetence" in handling the flood of post-traumatic stress disorder and other mental health claims is unconstitutional.

The court then ordered a new mental health care plan that implements a speedier process to appeal denied benefits, provides timely mental health treatment and ensures suicidal vets are seen

immediately. The court now wants to reconsider the earlier decision.

A special 11-judge panel will reconsider the appeal of two veterans groups who accused the VA of shoddy medical treatment and ignoring rising mental health problems, including an increase in suicides. The veterans alleged in their 2007 lawsuit filed in San Francisco federal court that the VA was taking too long to process claims.

After a two-week trial in 2008, U.S. District Judge Samuel Conti said he was powerless to act because Congress narrowly limited the authority courts have in reviewing VA benefit decisions. Conti failed to find a system-wide crisis in which health care is not being provided within a reasonable time to the roughly 5 million veterans enrolled in the VA's health care system. ❖

Correction: In the previous issue, *NAVAPD News* incorrectly reported the 9th Circuit Court is in Cincinnati. It is in San Francisco.

But Now Congress is On the Case

Dramatic testimony before a Senate committee has jump-started Congressional interest in the VA Mental Health programs. Michelle Washington, director of post-traumatic stress disorder (PTSD) services at the Wilmington Delaware VA Medical Center testified that facility managers are "gaming" the system to meet goal numbers rather than providing needed mental health care for Veterans.

Washington stated that psychologists and clerks at the center have been pressured by management to "make the system look good." To do this, new mental health patients are scheduled for initial visits that are often group meetings that are often little more than administrative meetings to gather information rather than render a medical

evaluation. All new VA patients seeking mental health care are to be fully evaluated within 14 days. However, Washington said that there is no provision made for follow-up care and patients often have to wait four to six weeks for follow-up appointments and more complete evaluations. These appointments are often delayed further to make room for more new patients.

Since 2006, VA has seen a 34 percent increase in the number of Vets seeking mental health services, to more than 1.2 million in 2010. Patty Murray, Chair of the Senate VA Committee, called for an OIG investigation and audit of the VA's \$5.7 billion budget for mental health. She also said, "we need to meet the veteran's desire for care with assurance that it will be provided...quickly." ❖

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**Renewal Notices
have been mailed.
Membership
expires December
31. Please renew
no later than
February 1.**



Samuel Spagnolo, MD

The President's Corner

Another year is about to end and I am left with the feeling that perhaps there is a light at the end of the tunnel.

Our military conflicts in Iraq and Afghanistan appear to be nearing the end and there is hope that the constitutionality of the Affordable Care Act will be resolved by the Supreme Court by next summer. However, the battle on Capitol Hill about U. S. fiscal policy continues with no resolution in sight and funding for various agencies and programs remains unclear. Again, Congress has failed to pass a budget and the government remains funded by continuing resolutions – so much for progress.

I am sure all have noticed that much activity in Washington is now shifting to the 2012 elections. Fund raising is moving into high gear and our elected officials will be scampering around for the next nine months telling us what a wonderful job they have done and if you will only re-elect them they will fix everything that they haven't or couldn't in the past. Let's see – does anyone have a bridge to sell us?

Within the Department of Veterans Affairs there appears to be a major PR campaign to tell anyone who will listen that VA health care is the "best," but from some recent headlines there appears to be disagreement about that. For one example I refer you to the May 10, 2011 9th Circuit Court of Appeals ruling that ordered the VA to overhaul its mental

health care and processing of disability claims. You might also check the Senate VA Committee web site at <http://veterans.senate.gov/index.cfm> for recent (November 30) comments by Senator Patty Murray, Chairman. Senator Murray said, "At our hearing in July I requested that VA survey their frontline mental health professionals about whether they have sufficient resources to get veterans into treatment. The results that came back to me shortly after were not good: of the VA providers surveyed, nearly 40 percent said they cannot schedule an appointment in their own clinic within the VA mandated 14 day window, 70 percent said they did not have adequate staff or space to meet the mental health care needs of the veterans they serve."

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NAVAPD's Mission and Principles

Mission

NAVAPD is dedicated to the principle that this Nation's Veterans, as a result of their service to our country's Armed Forces, have earned an entitlement to quality health care to meet their needs as they become sick or injured. The Department of Veterans Affairs ("VA") is that agency of government obligated to honor the Nation's contract with its deserved Veterans.

NAVAPD has as its highest priority the preservation and strengthening of the VA Health Care system, so that it stands ever ready to give Veterans quality medical care equal to or better than that which can be obtained elsewhere in our society.

Just as VA doctors care for those who have served, they also stand ready to treat the military and civilian casualties of future conflicts and non-military disasters.

VA Health Care facilities are a principal element in our national security and in our national defense, representing as they do a vast resource to back up the limited capabilities of our military hospitals.

Guiding Principles

NAVAPD shall function as the official professional organization of the VA physicians and dentists at all levels in the VA Health Care system, from the local health care facilities through VISNs to the national level.

NAVAPD shall cooperate to the maximum extent possible with official representatives of the VA, to the end that the best possible health care is provided to Veteran beneficiaries.

NAVAPD shall endeavor to ensure that qualified physicians and dentists are recruited into the VA Health Care system and retained therein.

NAVAPD shall support VA physician research, participate in activities of professional organizations, continuing medical education and participation in equal partnership affiliation with medical schools.

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Vacant

I'm A Doctor (Dammit)!

By Michael Strickland, M.D.

Has that sentiment ever crossed your mind? How often in the past year has a non-physician been able to compel you to treat your patient in a certain way, or simply distracted you from doing what you believe you should do, based on the scientific evidence and your experience? Does this bother you? It does me.

I am an internist with twenty years of experience. In 2010, I left my private practice, which I loved, to join the VA, when I felt the old insurance/medicare model was no longer financially viable. My boss seemed full of energy and ideas. I felt excited by the prospects. I would have a team of two nurses and one ward clerk, caring for 1200 patients. What could be easier for an experienced physician and clinical team? Any such private group could handle twice that many.

Soon I was introduced to "the VA way:"

- Schedule rigidly enforced by non-clinicians.
- Intake nurse unable to provide an accurate medication list - actively prevented from doing so.
- Required to fit walk-ins into the schedule on the spot whatever the complaint or duration.
- Rabidly required (for reasons related primarily to administration bonuses) to do all clinical reminders, as many as 15, on every patient seen including unscheduled, which may include vesting (H&P).
- Unable to get requested records reliably for follow up from outside hospitals.
- Physicians (we were often not even granted the courtesy of that title - we were "providers") having to enter every order into the computer ourselves, such that we received a constant barrage of instructions, even demands, from nurses, ward clerks, social workers - you name it - to enter this or that order.

In my year there, amid the myriad of concerns brought up by the doctors in our department, ONE single thing changed: psa and lipids were added to our quick order panel. The last straw came when a male LPN, with no supervisory authority but a penchant for countermanding my orders and agreements with my team nurses, actually physically threatened me over an order!

These problems are not confined to the VA by any means. Even in private practice, I had become increasingly irritated with insurance and government payers (i.e., people who are NOT doctors, dammit) trying to tell me how to practice medicine. I turned to the American Medical Association as a place to become active, without success. I conceived of a website, a virtual doctor's lounge, where we could communicate privately among ourselves and reach some consensus on action to be taken to protect the patient-doctor relationship, where highly trained individuals apply the best scientific evidence and their experience to caring for the person they have personally examined.

This year, two events propelled me to realize that idea. First, the ever-increasing problems I was having at

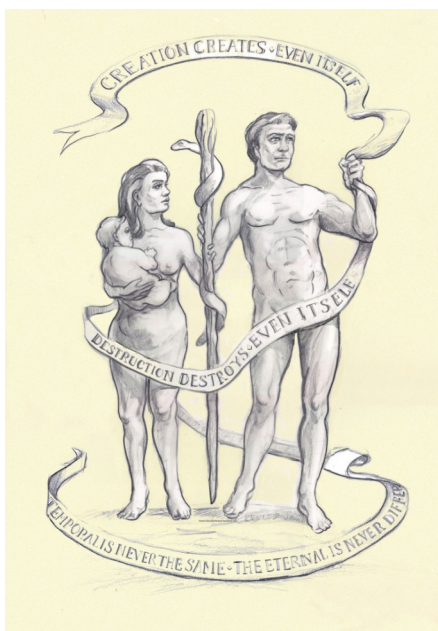
the VA, and second, the Arab Spring. If the internet could be used to throw off dictatorship, why not use it to counter the dictators of medicine? Thus was born Imadrdammit.org, a website I hope you will visit and participate in. It is open to all M.D.s and D.O.s (with a facebook link in the works for interested members of the general public).

The concept is simple: Break the cycle of us toiling away in ever-increasing isolation and under ever more burdensome constraints from those who know little or nothing about the practice of medicine, put our heads together and come up with the best actionable ideas and make them happen! Imadrdammit.org is simply a blog or bulletin board, where physicians can post their thoughts on this topic, and rate the ideas of others, such that the cream should rise. Whether we join together at Imadrdammit.org, or through organizations such as the NAVAPD and others, I fear we had better act soon, or risk losing our profession as we know it (one administrator told me we would be replaced eventually by technicians).

Medicine is being threatened by a corrosive acid leaching into our systems. Government is huge, the health insurance companies are exempt from antitrust law and are therefore legal monopolies, the nurses are unionized, and we the physicians need to find our common voice NOW. I left the VA when it became clear to me that the other physicians there (at least in my department) were not willing to take action.

Let me submit a word of warning for your consideration: being a physician is like any other skill in life, you use it or lose it. If we allow ourselves to be monkeys who click tabs for pellets, or prostitutes whom others direct, leaving us on the hook for the consequences, then that is what we will become. I believe all that is required

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NAVAPD Physician Survey 2011: VA Quality of Care Declining

NAVAPD recently repeated the Patient Care survey of its membership first done in 2008. The results reveal that physicians believe the quality of care provided in VA facilities has declined in the past 3 years. Positive responses suffered an overall decline while overall negative responses rose. Positive responses dropped 34%. Negative responses increased by 31%.

When asked how likely they were to recommend their facility to a colleague, 54% replied Not at All or only Slightly. This is an 83% increase in negative responses over the 2008 survey results.

The largest increase in negative responses (105%) was to the question: “how satisfied are you with your medical center?”

The biggest decline in positive responses (-56%) was related to the availability of equipment and supplies (Question #18).

The topics with the highest negative absolute responses were communication between administration and medical staff (Question #1) and the opportunity to participate in hospital-related discussions (Question #4). It is worth noting that these questions were already rated quite negatively in the 2008 survey. The highest percentage of positive responses relate to the clinical information system (Question #17) and the quality and timeliness of laboratory services (Question #10) and radiology services (Question #11).

There was a 30% decline in the number of respondents who say they are proud to be associated with their facility (Question a).

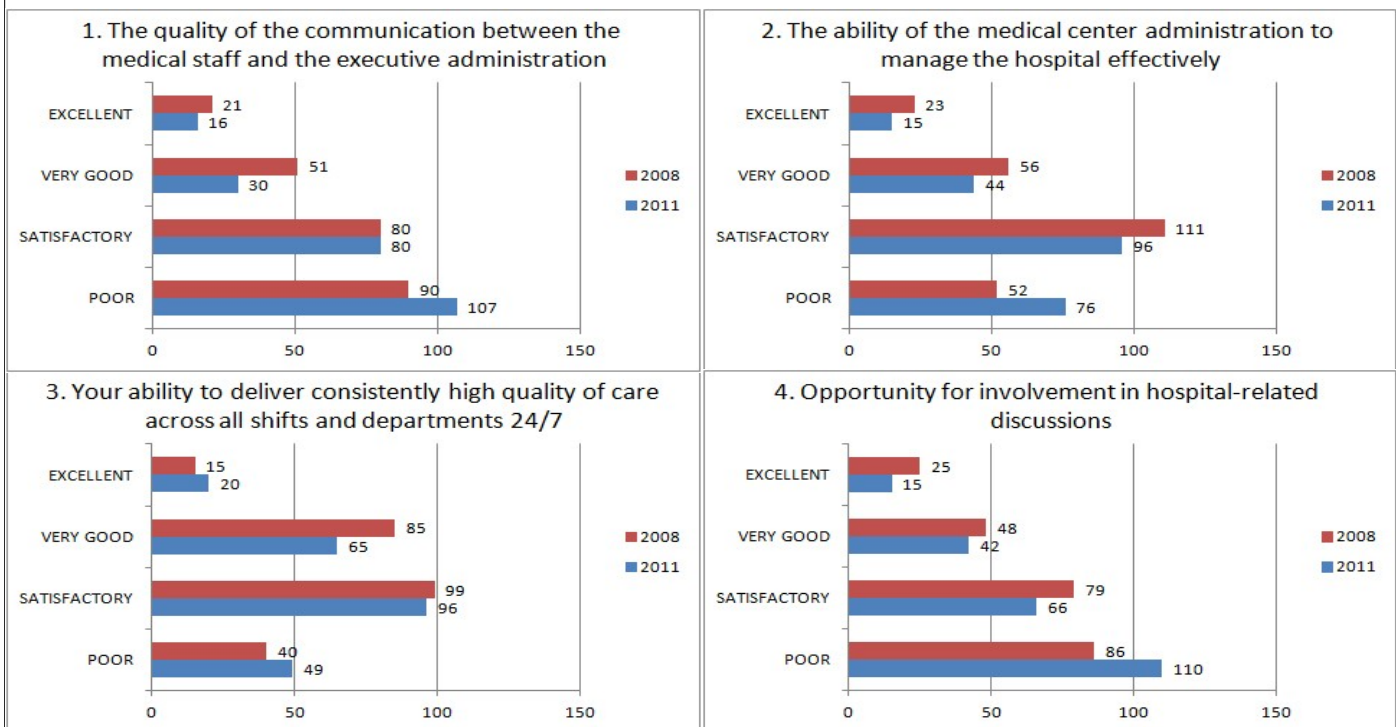
The total number of respondents in 2008 was 247; the total for the 2011 Survey is 242. The percentage of respondents with 6-10 years and 20 or more years of service increased over the 2008 Survey. All other groups declined.

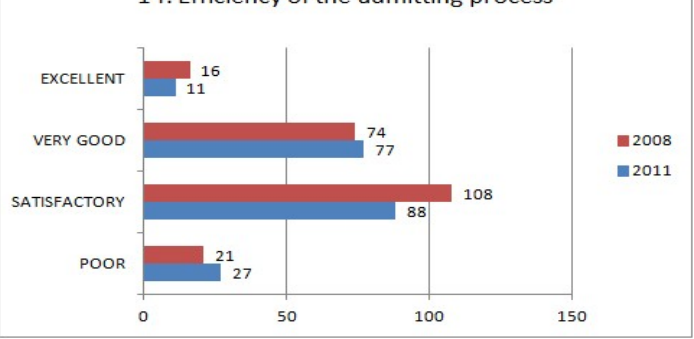
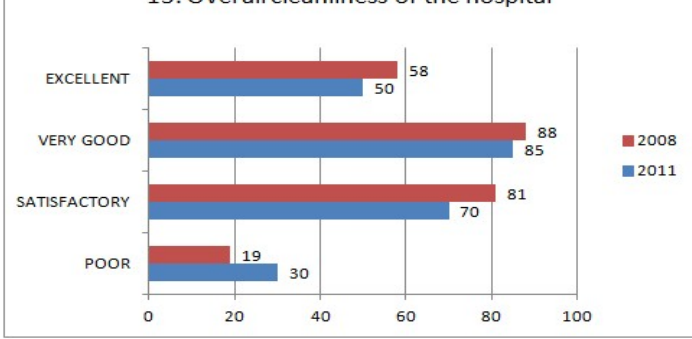
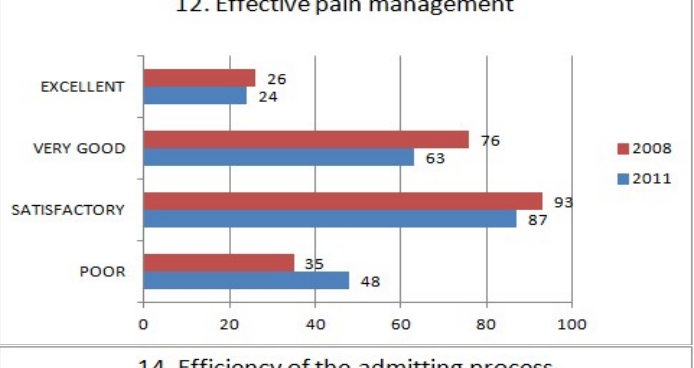
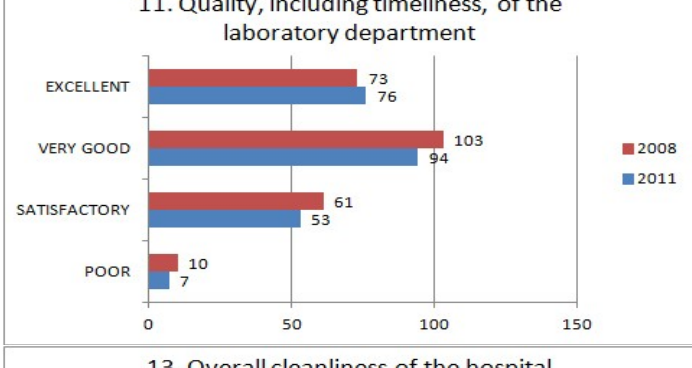
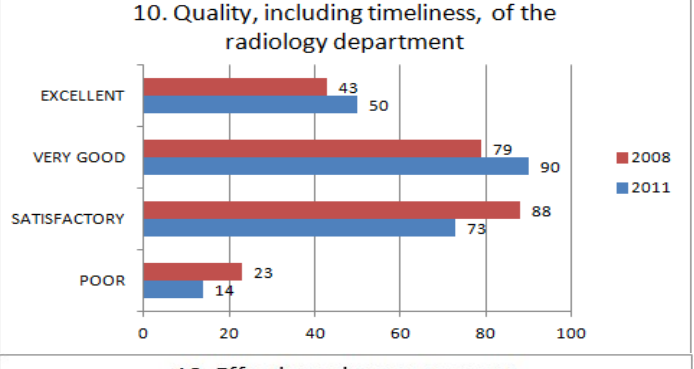
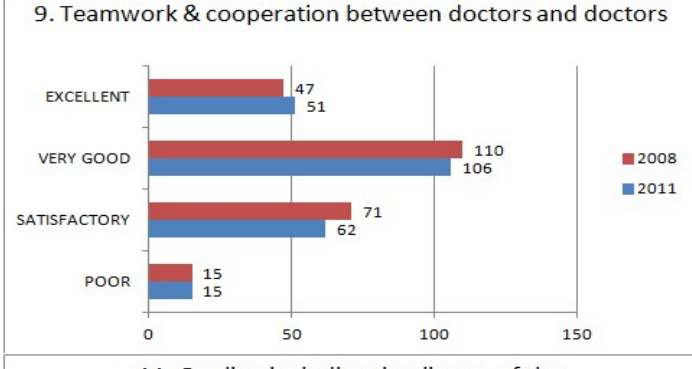
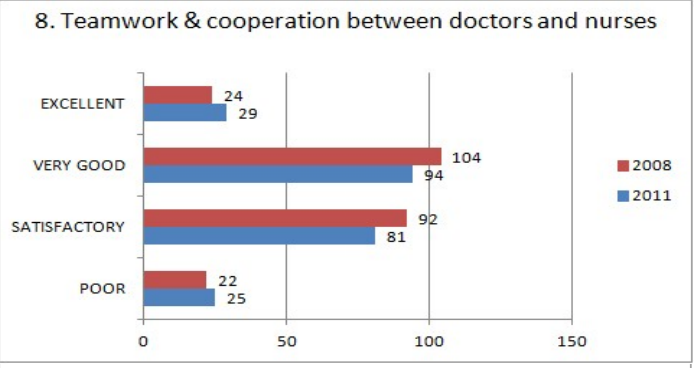
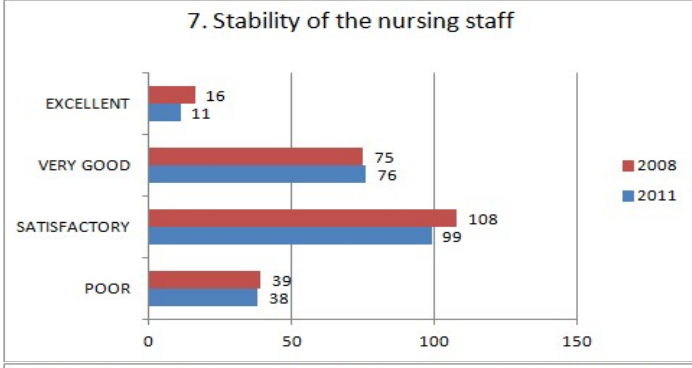
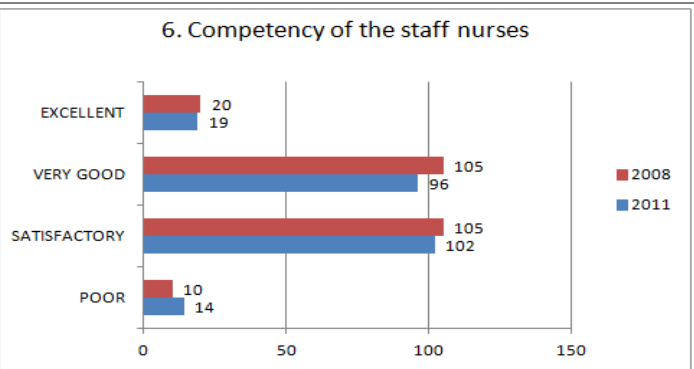
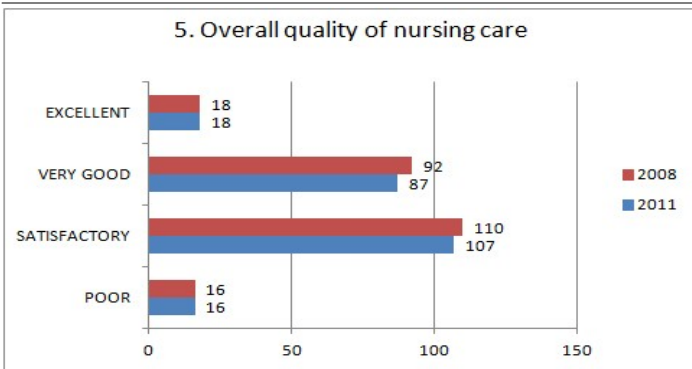
The 2011 survey was purposely an exact duplication of the 2008 survey to provide direct comparison and trending data. It has served that purpose well. It is clear that the trend of physician attitudes about the quality of care is toward the negative.

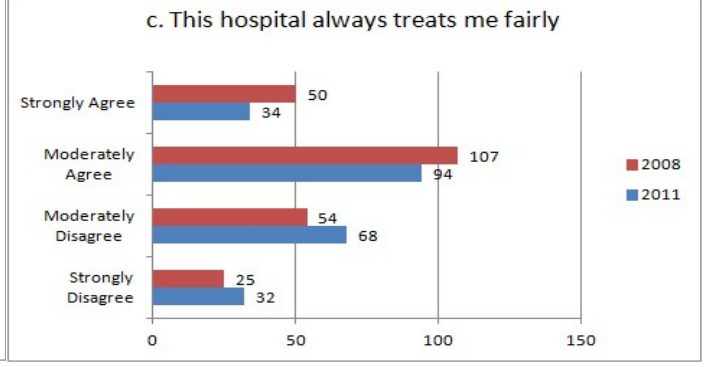
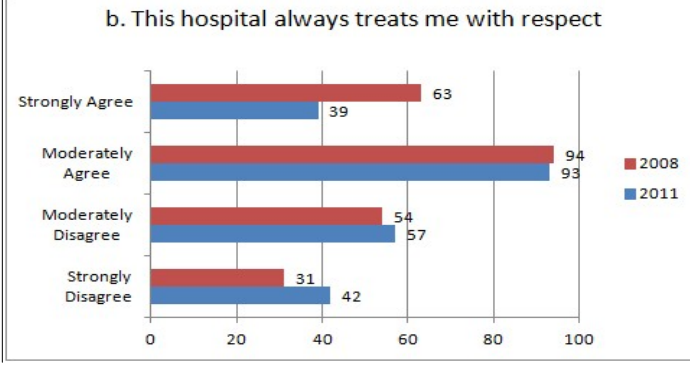
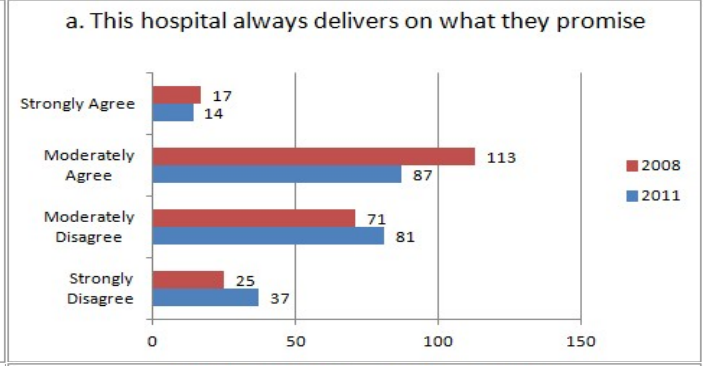
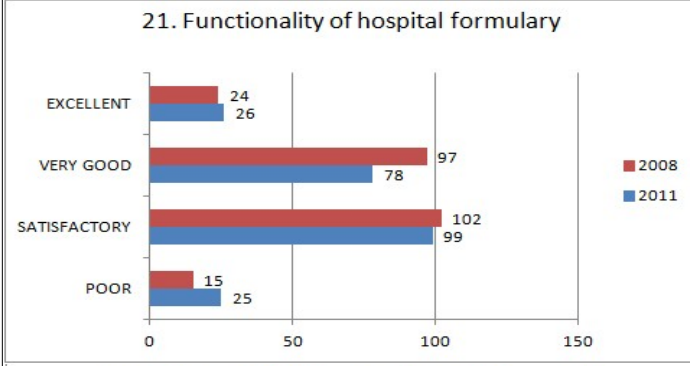
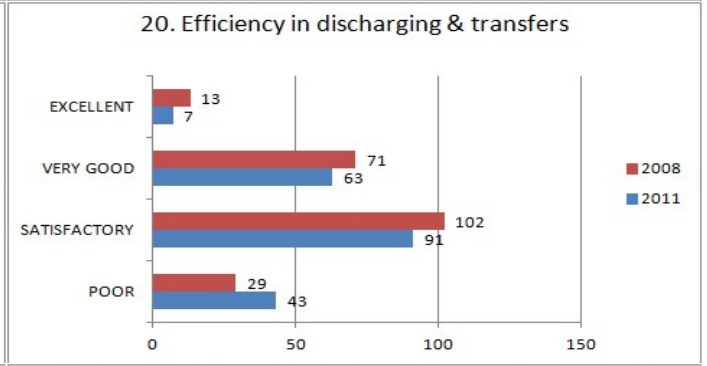
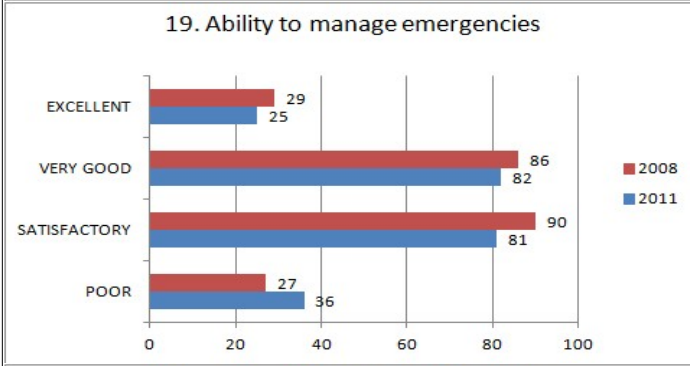
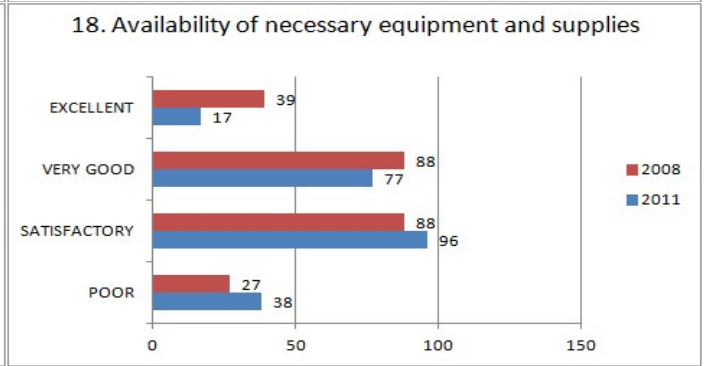
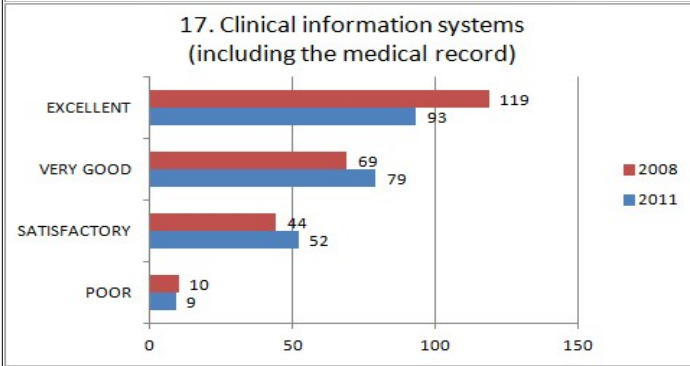
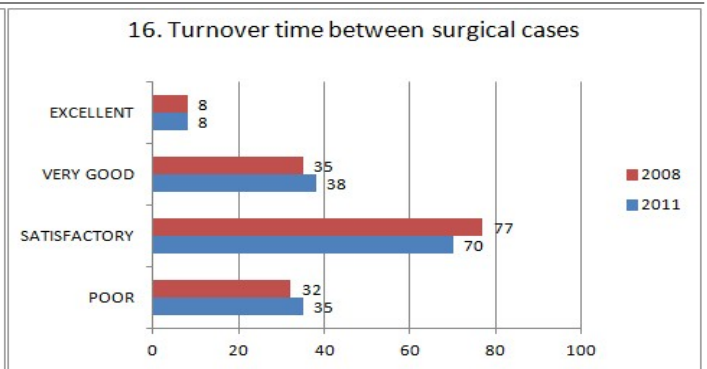
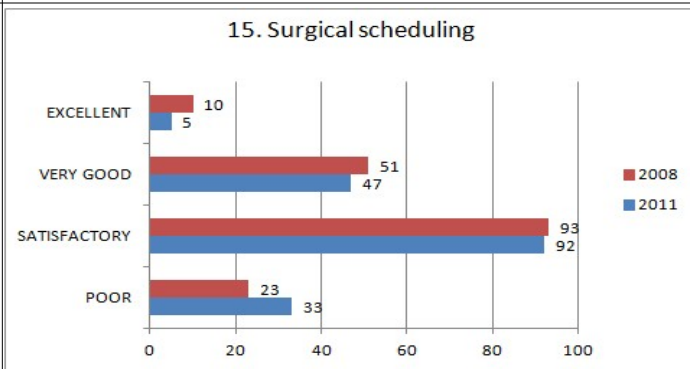
It should be noted that neither survey provides a valid assessment of the absolute division of positive versus negative opinion of the care provided in the VA.. This is because the possible responses were inadvertently biased toward the positive. That is, three of the four available responses for most questions are positive in nature—unless “Satisfactory” is deemed a negative response.

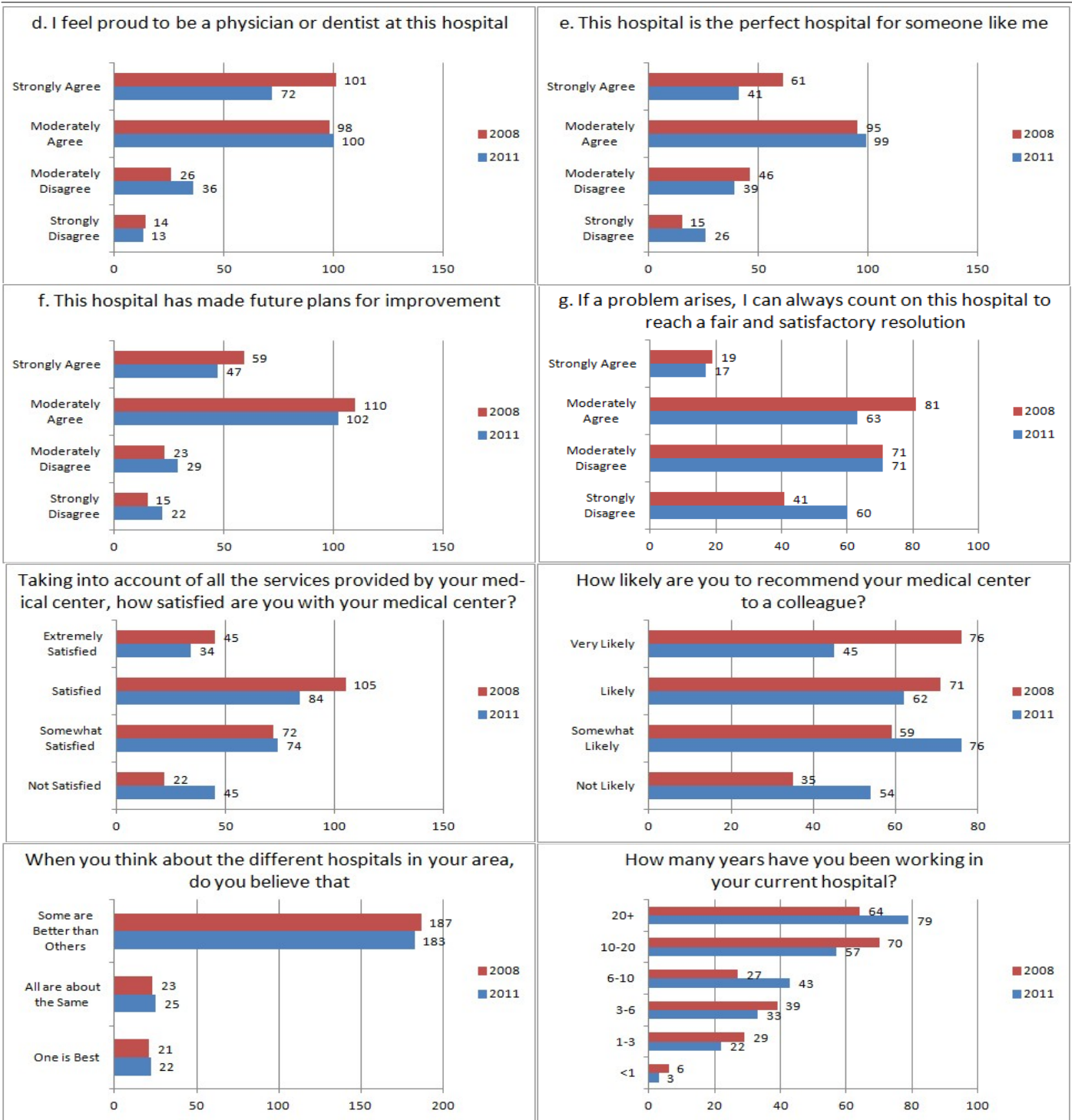
For a valid assessment of the relative positive and negative attitude there should be an equal number of positive and negative choices. Correcting this in future surveys will make trend comparison to past surveys more difficult.

The information about all questions follow in graphic form and focuses on changes from the 2008 survey. ❖









I'm A Doctor Dammit! (continued)

(Continued from page 3)

to oppose this is for us to affirm with one another what we already know, and then, in unison, to just say “NO” when the untrained seek to force us

to sign and do things we know are detracting from what we are able to offer. I want to look my patients in the eye, to sleep with a clear conscience, and when family and friends ask me for medical information, to feel that I have something of real

value to give to them. The alternative, for now, is well paid quackery. The future of that path is lower pay or replacement. We have been well paid in the past because we had a very special and useful skill; if we sell that, what do we have? ❖

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The President's Corner (continued)

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On another but related topic, I continue to hear from physicians and dentists on the front lines that no one in the VA is listening to them. As I noted in this column several years ago [NAVAPD NEWS 2009;31(1):2] there seems to be mutual disrespect growing between the system and physicians/dentists, and a worsening of morale among VA physicians and dentists. Perhaps this is what we are seeing in the latest NAVAPD survey of Physicians and Dentists (page 4 of this issue). If I am correct, this is an alarming trend. In this issue you will also find a commentary from a former VA physician about his recent firsthand experience with the VA system of health care that should raise some serious concerns among members of Congress.

Finally, I would like to wish all of you a happy holiday season and safe travels. ❖

NAVAPD News is a publication of the National Association of Veterans' Affairs Physicians and Dentists. Opinions expressed in articles are those of the author(s) and not necessarily those of NAVAPD.

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