



The Voice of VA Physicians and Dentists Since 1975

NEWS

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NAVAPD Participates in Performance Pay Team

In November of last year, NAVAPD was approached by representatives of the GAO with questions about the handing of Performance Pay for physicians and dentists. This was reported briefly in NAVAPD Notes for November/December.

The contact from GAO was prompted by Senator Patty Murray and was focused on whether physicians or dentists who had received negative reports or outcomes during a year were nonetheless receiving Performance Pay for the year. In other words, were undeserving people receiving Performance Pay?

Of course, NAVAPD and its members have been concerned about the operation and oversight of Performance Pay as well, but from the perspective of “are deserving people receiving appropriate

levels of Performance Pay, or any at all.” Our letter to the GAO at that time listed the following issues:



Jill Wruble, DO

- Arbitrary capitation of Performance Pay awards at facilities across the country.
- Lack of input by Performance Pay “reviewers”
- Inappropriate use of Peer Review for Performance Pay determinations
- Poorly established or designed goals/criteria for Performance Pay determination
- Appearance of favoritism or cronyism, or retaliation in awarding Performance Pay
- Disproportionately large awards to those in charge

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NAVAPD Submits Comments on Physician/Dentist Pay

NAVAPD submitted comments to the VHA “Management Steering Committee for Physician and Dentist Pay” as part of VHA’s biennial review of pay for VHA physicians and dentists. Before focusing on the detailed issues identified by the Steering committee, the comments signed by President Spagnolo explain the context for NAVAPD’s remarks and observations:

*[A]fter putting in long hours, sometimes in physically and/or emotionally taxing efforts to help our Veterans, there is virtually **nothing more discouraging...** than KNOWING that you are **not being treated fairly**. Nothing saps one’s motivation and dedication quicker or more profoundly than knowing that new hires with little or no experience are paid more... that inconsistent*



R. Kirshner, JD

application of the pay system means you are not receiving what you should... or that you need to wait until next time – again. Even if we can convince ourselves, and our colleagues, to accept this unfairness, and “soldier on” or “tough it out,” how do we explain the financial ramifications to our spouses... how do we deal with the impact on our savings for our children’s education or our own retirements? And finally, aside from the money itself, how do we convince ourselves, our colleagues, that the long hours and tireless efforts are respected and appreciated? To a large degree, compensation is a scorekeeper or surrogate for appreciation.

[T]he members and leadership of NAVAPD passionately care about the VA’s duty to provide

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Samuel Spagnolo, MD

The President's Corner

Traditionally, fall is the time of year when kids go back to school (they did) and Congress returns to work after August recess (they

didn't).

No doubt, you've heard elected officials and political pundits on TV and radio battle back and forth over who's to blame. And, those of you outside the Beltway must wonder what it's really like in the nation's capital right now. Trust that those of us working in and around the system here in Washington are just as frustrated as you are -- and perhaps more so.

There are hundreds of thousands of government workers and those in the private sector all across America who chose to make a difference and serve our nation in many different capacities throughout the government, and haven't been to do their jobs. That will most certainly have a long-term effect on our economy. But, here at NAVAPD, we have to remain focused on what we're here to do and find ways to continue our work despite government shutdowns, debt ceiling talks, and budget stalemates. There are many of us who continue to fight the good fight, and we need your help.

In this edition of our newsletter, we talk about advocacy and why it continues to be important on so many

levels. NAVAPD believes our nation's veterans, with no exceptions, have earned an entitlement to quality health care. Our mission is to strengthen the VA healthcare system and support you - the hard-working physicians and

guardsmen and -women currently serving here in America and all around the world will someday join our ranks as veterans. It is our responsibility to have a world-class healthcare system in place to serve and support them and their families while they are on active duty and when they transition to veteran status.

How do we do that? Here in Washington, D.C., NAVAPD leadership meets with Members of Congress and their staff as well as decision makers within the Department of Veterans Affairs and other federal offices to ensure the needs of VA physicians and dentists are being heard. But, we can't do it alone. We need your help. We're hearing from those in charge at all levels that they need to hear from you, your patients, your colleagues, family members and friends, and members of the larger VA health care community on issues we've been working on.

We'll share with you the many ways you can help add your voice of support and concern on key issues, and we'll provide some specific tools to do so. Whether it's research, physician pay, recruitment, continuing medical education, or other areas our community focuses on, know that NAVAPD is on the ground in Washington working for you. We're all in this together, and we hope you'll continue to work with us so that we may better serve those who need us most -- America's service members and veterans. ❖

"NAVAPD believes our veterans have earned an entitlement to quality healthcare. It is our responsibility to have a world-class healthcare system. We need your help."

dentists who treat our nation's veterans. The millions of American soldiers, sailors, airmen and -women, Marines, coast guardsmen and -women, reservists, and national

Thank You Donors

The following members of NAVAPD have made generous financial contributions to the organization above and beyond their normal annual dues, and NAVAPD would like to recognize them here to all of their fellow members:

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Key Affordable Care Act Dates for Providers and Patients

The Affordable Care Act is moving inexorably toward full implementation. Despite delays of key components such as the employer mandate, deadlines have come and gone, functions and pieces of the mechanism are moving into place. Data that will be the basis of some harsh realities for providers are already being collected. Here are some key dates and what they mean for patients and providers.

Signed into Law March 23, 2010

ACA has already brought coverage for children with pre-existing conditions, coverage for kids on parents' plan until 26, 80/20 medical loss ratio rule for insurance companies, prescription drug discounts for seniors, free preventive care for people on insurance and on Medicare. The ACA has also already brought new and increased taxes and fees before a single new person has been provided coverage.

August 1, 2013 – Physician Payments Sunshine Act (CMS calls it Open Payments Program)

Group purchasing organizations and drug and medical device manufacturers now required to report any "transfers of value" of \$10 or more made to doctors or teaching hospitals. Drug samples for patients and coupons for receiving samples do not need to be reported. CMS will make these payments public so patients can be aware of any interest providers may have in drug, medical device, or other companies. A free app is available to help physicians track industry payments. Be aware that foundational data for this program is being collected in 2013 and 2014.

October 1, 2013 – Health Insurance Exchanges

Legal US resident will be allowed to shop for health insurance in insurance exchanges for policies that will take effect on January 1, 2014. The exchanges are state-based; however, the federal government will run the exchanges for all but 16 states. Oregon, New Mexico and Idaho are asking for

assistance or said they will not meet the October 1 deadline.

What's in it for Providers? Business owners including private practice physicians will be allowed to shop on the exchanges for themselves and employees. The exchanges are supposed to lower insurance costs through competition. Whether this will happen is completely unclear at the moment.

January 1, 2014 – Medicaid Expansion

The ACA calls for an expansion of Medicaid to provide millions of low-income Americans access to healthcare. However, individual states can choose to opt in or opt out of the expansion. 22 states and the District of Columbia plan to expand their programs by raising income limits. 18 states are not going to expand their program, and the remaining state have not announced their intentions. California, New York, and Illinois (3 of the most financially challenged states in the country) are the most populous states participating in the expansion.

What's in it for Providers? Low reimbursement rate have caused many providers to avoid new Medicaid patients. However, in the states that expand their programs, there will be substantial growth in the number of Medicaid patients seeking care AND the federal government is providing incentives to treat these patients (though only scheduled through the end of 2014 at this time). Medicaid payments will be raised to 100% of the Medicare fee. Family Medicine, Internal Medicine and Pediatrics practitioners will all be positively impacted. Primary care physicians in the expansion states will see their reimbursement rates jump significantly, though for how long is uncertain.

January 1, 2014 – Individual Mandate

As of this date, most people who do not qualify for government-funded insurance programs must buy insurance or pay a fine. The fines begin low (\$95 per uninsured adult and the greater of \$285 or 1% of household income for uninsured families) and increase sub-

stantially by 2016 (\$695 per adult and the greater of \$2085 or 2.5% of income for families). Some people and some small business will receive tax credits to offset the cost of buying health insurance. Despite this, as many as 26 million people are expected to remain uninsured into 2016.

What's in it for Providers? More new patients with insurance coverage. There is a predicted spike in new patients (with insurance) especially for primary care providers, as well as some previously uninsured patients with pre-existing chronic illnesses that have been untreated. This could be an economic boon for some providers and practices. The downside? Increased provider shortages, especially in rural areas.

January 1, 2014 – Participation in Clinical Trials

As of this date, insurance providers cannot deny policyholders participation in clinical trial that meet federal guidelines. They cannot deny, limit or impose additional conditions on the coverage of routine costs for items or services furnished in connection with participation in a clinical trial. They cannot discriminate against an individual on the basis of participation in a clinical trial.

What's in it for Providers? Increased participation rates in clinical trials, which providers have long complained about.

2015 – 2017 – The Medicare Value Modifier

In 2015, CMS will begin applying a value modifier under the Medicare Physician Fee Schedule, meaning that cost AND quality data will be used in calculating physician payments. This is intended to emphasize the value of care as opposed to just the volume of care. By 2017, this modifier will be applied to all physicians who bill Medicare for services under the physician fee schedule.

What's in it for Providers? A carrot and a stick. If a provider has excellent qual-

(Continued on page 4)

Key ACA Dates and Deadlines for Patients and Providers (continued)

(Continued from page 3)

ity data, their reimbursement may rise. If their quality data is lacking they may lose reimbursement. Note that data for the initial determination in 2015 is already being gathered in 2013. Those with poor quality indicators could take a

1.5% whack in 2015. The overall impact depends on a provider's balance of volume versus quality, and the effectiveness by which quality data is collected and applied.

NAVAPD urges everyone to be aware of

these dates, deadlines and the changes they will trigger. Some may be good for select providers while others will be detrimental. These changes are not about improving the lot of providers, but getting more services for less money. ❖

Dental Survey Results Coming in Next NAVAPD NOTES

On September 16, NAVAPD initiated a survey of its dental members using the web based SurveyMonkey.com. Oddly named, SurveyMonkey has nevertheless become a recognized and inexpensive way of creating and dispersing surveys.

Of the individuals invited to participate, an impressive 43% did in fact complete the survey. Unfortunately, we did not receive input from all VISNs. However, this is a good start which will assist us in determining where and how to gather additional information regarding VA's

Dental Services. Initial review of the responses has just begun. Comments thus far reveal issues with resources and management.

Summarized results will be published in the November NAVAPD Notes. ❖

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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Advocacy: Your Voice Matters by Carol Blymire

Advocacy is the cornerstone of the National Association of Veterans Affairs Physicians and Dentists' fight to preserve and strengthen the VA health care system. So, what is advocacy? Advocacy is when non-profits, associations, the general public, and even policy makers use educational outreach to influence policies, plans, courses of action, or legislation or regulations. Being an advocate means using your voice to educate and persuade, correct misperceptions and change minds, and make a difference in your own life and the lives of others. Advocacy is important because what you do is important. Your patients are important. Our VA healthcare system is important.

Here in Washington, D.C., **NAVAPD** leadership advocates on behalf of our membership by meeting with and educating Members of Congress and their staff, as well as key players at the VA, on the issues most important to our community. We work on our own and in coalition with other like-minded groups on a wide variety of issues including physician performance pay, continuing medical education, working conditions at VA medical facilities, staffing and productivity, federal budget support for the VA, and others.

We are constrained, at times, by our resources and have to be strategic and thoughtful about what we know we can take on and be successful at. But we work hard, representing you here in the nation's capital.

We've had a great number of victories for our community over the years, and we're very proud of our work. But, times have changed, and the old ways of doing business in Washington have changed along with it. We're taking a fresh look at how we advocate on your

behalf and how we determine where the pressure is best applied.

To that end, we'll be calling on you, from time to time, to let your voice be heard on certain issues. More and more, Members of Congress, their staff, employees and decision makers at the Veterans Administration say they need to hear not just from us, but from you. Our message to policy makers will remain the same ... they just need to hear it from more constituents at all levels to be able to consider change. They need to hear your first-hand stories of how their decisions have impacted and could impact our community.

There are many ways to advocate – some take just a few minutes, while others take a little more time. Depending upon how much time you're able to commit, **NAVAPD** can help you let your voice be heard – whether you are a physician or dentist in the VA system, a patient, a friend or family member, or colleague or co-worker. We know everyone is stretched for time and pulled in many different directions during the day.

In the coming months, we'll reach out with tools and talking points, and tips for reaching out to those in power here in Washington. We'll leave it up to you how you choose to advocate.

We might ask you to call your Senators and Representative on a piece of legislation. We might encourage you to write letters to the editor of your local newspaper in support of a broad veterans health care issue. We may kick off an email campaign to educate members of the VA staff about a critical need in our community. Or, we may want to take some of you into meetings on Capitol Hill when we make the rounds. Advocacy takes many shapes and forms, and we look forward to

working more closely with you all to make a difference.

Effective advocacy requires a clear head, professional tone, and willingness to educate. Being able to handle adversity is also important – you might not always get the answer you're looking for from a policy maker or VA staffer right away. Or, you may have what you feel was a disappointing meeting or interaction with a decision maker. That's okay. Oftentimes, those are the experiences that allow you to call or email that person to say, "I wasn't happy with the way our meeting went, and the veterans and service members I care for deserve my giving it another go with you. Could we talk again?" Respectful, purposeful, goal-driven persistence in advocating for the interests of the veterans health care community and building relationships with Members of Congress and their staff pays off over the long-term, and we want to help you build those channels of communication.

You may wonder, "Does my voice really matter in all this?"

The short answer: Yes.

The longer answer: Yes, yes, yes!

Your personal and professional story matters. It matters to those in charge here in Washington, and it matters to those we ultimately represent in our work: the service members and veterans of our armed forces. When thousands of individual voices are combined, those of us who care for America's veterans cannot be ignored.

We'll update you in our next newsletter with some specific action steps you can take. Until then, thank you for your work. We are honored to represent you here in Washington. ❖

**Help increase the influence of your membership.
Encourage your colleagues to join NAVAPD at www.navapd.org**

NAVAPD and the VA Physician & Dentist Pay Committee (continued)

(Continued from page 1)

excellent health care to our nation's Veterans. Without adequate compensation that is administered in a fair manner, VHA **cannot recruit** the physicians and dentists the organization, and the Veterans, need.

Steering Committee Asks About Specialty Alignment for Pay Tables –

Specifically, we were asked: “What suggestions do you have regarding the specialty alignment for any of the pay tables?” NAVAPD answered:

NAVAPD recommends that pulmonary and critical care medicine be elevated to Pay Table 4 to enhance recruitment and retention. The specialty alignment of critical care medicine and pulmonary medicine in Pay Table 2 is inappropriate and not reflective of the need for and service provided by these two groups.

Steering Committee Asks for Other Specialties to be Identified in the Pay Tables –

Specifically, we were asked: “What suggestions do you have regarding other additional specialties or subspecialties that should be identified in the pay tables?” NAVAPD noted:

Certain specialties and subspecialties do not perform “procedures,” but nonetheless contribute most significantly to the care of Veterans, including: psychiatry, physical medicine, rehabilitation, endocrinology, infectious diseases, rheumatology, and internists providing primary care. Their contribution should be better reflected in the pay tables.

Steering Committee Asks for Other Suggestions – Specifically, we were asked: “Are there any other comments or suggestions regarding the pay system you would like to share?” NAVAPD made several specific suggestions, including:

- Reinforced that Performance Pay is a part of the Physician/Dentist Pay System, not a bonus;

- End the obvious uneven overall application of the pay system and Pay Tables in different parts of the country;
- Hierarchy of the Tiers should be aligned and consistent in all areas of the Pay Tables document;
- The low end of some ranges be evaluated and increased; and
- The system of appeals to the compensation panel and reconsideration for Tier status should be made less vague and more transparent.

Copies of NAVAPD's 5-page comments are available by email on request. They will also be posted to the NAVAPD Web Site in the near future.

Biennial Review of the Pay System

Required by Law – The Department of Veterans Affairs Health Care Personnel Enhancement Act of 2004 enacted into law, the requirement that

[at least] once every two years, the Secretary shall prescribe for Department-wide applicability the minimum and maximum amounts of annual pay that may be paid ... to physicians and ... dentists. Codified at 38 U.S.C. § Section 7431(e).

Unusual Invitation Process – Within 10 Days NAVAPD is Invited... Uninvited... then Submits Comments

– After requesting a seat on the Steering Committee for Physician and Dentist Pay since 2009, we were pleased to receive an invitation even if the undated invitation arrived just 2 weeks before the meeting – and well past the deadline for response. President Spagnolo and Larry Conway being previously committed, we scurried to find the best available spokesperson for NAVAPD. On Tuesday September 3rd we identified a DC physician and member of NAVAPD who would attend and submitted his information.

However, on September 4th we were informed that according to Agency policy, our representative could be

neither a physician nor dentist. Quoting an email from Ms. Farine Cohen:

“The Office of Workforce Management and Consulting is seeking designee that are non-physician or non-dentist for participation in the review process at this time.”

This clearly indicates that our non-physician designee would participate in the review process. After a quick review of the law and regulations we became fairly confident that the VHA Workforce Management and Consulting Office was mistaken about who could serve on the Steering Committee. However, NAVAPD President Spagnolo informed them NAVAPD's General Counsel, Robert Kirshner, would attend and represent NAVAPD.

Just one day later, however, we were informed that the initial invitation was a mistake; that NAVAPD could not have any representative on the Steering Committee. When Mr. Kirshner followed up, he was told that not only could NAVAPD not serve on the 18-member committee, but also, that NAVAPD could not send an observer to listen to the Steering Committee's deliberations. Nonetheless, throughout the correspondence and conversations the Workforce Management and Consulting Office repeatedly offered that NAVAPD could submit comments... and we did. In the back-and-forth over the invitation, Mr. Kirshner was impressed with the Steering Committee's representative from the Office of General Counsel (OGC). Mr. Kirshner is to follow up with the OGC.

While NAVAPD was denied full participation in the VHA Management Steering Committee for Physician and Dentist Pay process, we are using our resources and contacts to correct this for the future. This lack of transparency and openness MUST be changed. NAVAPD has opened the conversations – with continued discussions we will assure that we are welcomed for complete participation. ❖

NAVAPD Participates in Performance Pay Team (continued)

- Lack of transparency
- Apparent lack of oversight by the VA Central Office

Performance Pay continues to be a topic of interest in Congress and the VA. In June Undersecretary for Health Dr. Robert Petzel chartered a Team to investigate Performance Pay and devise recommendations to enhance that program and its operation.

NAVAPD Board member Jill Wruble, D.O. from Connecticut, was tapped to participate. Dr. Wruble has been an outspoken proponent of better oversight, transparency, and equity in the administration of Performance Pay.

The Team met weekly by telephone for

eight weeks. During these meetings, Dr. Wruble pressed our concerns, including more transparency, an end to facility-by-facility caps on Performance Pay, and attainable and measurable goals that are presented in a timely manner so that sufficient time remains to achieve them. A key point was to reinforce that Performance Pay is not a “bonus” but one of the three-parts of physician pay in the law.

A number of draft reports were created, and early drafts did not include our key goals. Dr. Wruble and Dr. Spagnolo discussed dissenting from the report and issuing a minority report. This resulted in additional discussions with the Team Chair, additional meetings

and additional drafts of the report. Finally, the Team agreed that setting attainable goals was a reasonable requirement. However, they felt that it was still acceptable to delay presenting the annual goals until the end of the first quarter of the review year.

It is hard to image that some of these issues even required discussion. However, Dr. Wruble prevailed on a some of our points, as is the case in all compromise. This is a perfect example of how NAVAPD is able to improve the environment for VA physicians and dentists a few steps at a time. The final report will be placed on the NAVAPD website. ❖

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