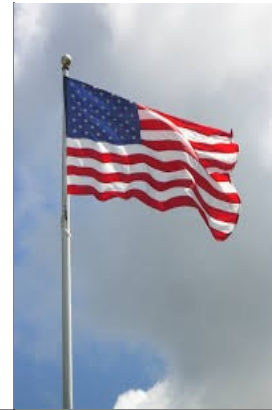




The Voice of VA Physicians and Dentists Since 1975

# NEWS

Volume 36, Number 4  
September 2014



## Betraying Our Country: Why I Left the VA

*Editor Note: A VA physician, who recently resigned from the VA, has come forward to share the issues that led to resignation. Despite all of the professions of transparency and no retribution, this physician still feels the need to speak anonymously to avoid retaliation.*

**Despite all the powers closing in, hold yourself up.**  
- Goethe

The VA is system of Veterans' HOSPITALS and clinics; MEDICAL facilities with the mission to care for our nation's Veterans. Instead, the VA has been subverted into a place where administrators are employed in large numbers, non-physicians vie to gain toeholds of influence, and chip away at higher standards of care.

Since the recent whistleblower testimony, it was hoped that the VA would begin a real turnaround. Instead, an atmosphere of fear and insecurity has intensified. Physicians were told that we should be grateful to work for the VA- not because we serve Veterans, but because the atmosphere in private medicine is so bad. We were told that production, or at least the appearance of this via statistics, is more important than anything else. It appeared to us that people who are not really part of the underlying decay, were being targeted and made examples of; then trotted out to make it look as though meaningful reform is taking place since the scapegoats have been purged.

I have observed three key problems within the VA system:

### Marginalization of Physicians and lack of understanding of professional roles

- Physicians' experience and knowledge is routinely ignored and often openly scoffed or laughed at. My suggestions and efforts were dismissed in condescending fashion.
- Physicians were not allowed to interview new

hires for nurse practitioner positions, but we were expected to "collaborate" with (take responsibility for) them. However, non-physicians interview and vote on physician candidates.

- A newly hired, recently graduated non-physician ignored and scorned physicians' opinions, and did things which endangered Veterans struggling with substance abuse issues. This included writing a note in the chart which implied that a Veteran might commit suicide unless his primary care physician provided the opiates that the Vet demanded - despite the fact that the Vet had refused to be tested to confirm the nature of his condition and evidence clearly indicated that the most imminent threat to him was his high potential for overdose and death. When the physicians reported this unprofessional behavior, nothing was done; the para-professional was allowed to continue interfering in the case even after the Veteran was in the care of other mental health providers.
- In one primary clinic, an LPN was allowed to screen patients who came in for post-hospitalization appointments, and then decide whether they needed to see the physician. When I questioned this practice, I was met with hostility.
- Some newly hired physicians were not given offices but were instead placed in cubicles in public areas for over six weeks, despite many offices occupied by administrators (all of the physicians have left the VA). In a recent meeting, a non-physician administrator stated that even though the VA hospitals nationwide are said to need physicians, "that doesn't matter," because there is "no office space" for them. He stated this in a way which indicated that he didn't see a problem with that - that there is

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Samuel V. Spagnolo, MD

## The President's Corner

**A**s we enter the fall season and Washington kicks into gear one last time before the midterm elections and the end of the con-

gressional session, it's an interesting time for Veterans Affairs physicians and dentists. The summer, with all its turmoil and leadership changes at the VA, was a roller coaster of professional emotions: embarrassment at the way this important, valuable health care system has been run; relief that people were brave enough to speak out; scared for the retribution we might feel as evaluations were prepared; grateful for change in leadership; and very frustrated that things aren't improving fast enough.

Our primary goal -- our goal above all others -- is to provide world-class care to our nation's veterans. Above and beyond the Hippocratic Oath, our duty is to care for and provide the very best treatment to those who put their own lives at risk for our freedom. When roadblocks or unethical practices prevent us from doing so, it is our duty and responsibility to speak up. At our Summit here in Washington, D.C. in June, we were assured that those who needed to speak up would be protected by Congress. We've received a number of

emails and letters from physicians throughout the VA health care system that we were asked to pass along (names protected) to the powers that be on Capitol Hill and the Administration. We have done so with the greatest care and privacy, and will continue to do so. With permission, we've included one of those letters in this newsletter.

**NAVAPD's** role is to be the unified voice for all of you. We have been meeting regularly with Members of Congress and their staff on where changes need to happen throughout the VA. We've met and spoken with representatives from VSOs and others in the field to ensure we're all working together on the most effective kinds of change. And, by the time you are reading this, I will have met with the new Secretary of the VA, Robert McDonald, about the issues of greatest concern to Veterans Affairs physicians and dentists. In addition to physician pay and patient scheduling issues (both of which are covered in this newsletter), we have concerns about the expansion of administrative staff, especially when we've not been allowed to hire or even backfill open physician positions. These are just a few of the issues I'll be speaking with the Secretary about. His announcement of wanting to hire 15-20,000 new professionals is an important step -- we just want to make sure the balance is right and best serves our veterans.

In addition to the work we're doing on Capitol Hill and throughout the administration, we've also upgraded our website, [www.navapd.org](http://www.navapd.org). We're posting news articles about issues important to our membership, and updating with our own news and announcements about events we're hosting or attending, and other things we think you need to be aware of. We plan to dip our toe into social media in the coming months (we'll let you know where to find us), and will soon make the transition from a printed newsletter to going fully online. We want to be able to deliver news to you in a timely manner and encourage dialogue and engagement across our membership. Because we don't have the resources to bring everyone together in one place, physically, every year, we will use technology to connect one another so we can continue to share information and resources. We can serve you best when you have easy ways to be in touch with us and your peers.

I look forward to updating you on my conversations with the new leadership at the VA, and thank you for your membership and contributions to NAVAPD. Please encourage your colleagues to join NAVAPD. **We are focused on making meaningful changes in veterans' health care!** We've have an easy way to enroll on our website, just click the "Join Online Now!" button on our website homepage @ [www.navapd.org](http://www.navapd.org). ☘

## VA Announces Proposed New Pay Tables for Recruiting

**Federal Register:** <http://www.gpo.gov/fdsys/pkg/FR-2014-09-18/pdf/2014-22187.pdf>

**A**s you may know, in order to attract and retain clinicians in VA service, the pay scales for physician and dentist specialties have been revised to increase pay by \$25,000-\$35,000 per year (see page 7). **NAVAPD** believes that this is a positive action by the VA Secretary.

As stated in the Federal Register, "These annual pay ranges are intended

to enhance VA flexibility to recruit, develop, and retain the most highly qualified providers to serve our Nation's veterans and maintain a standard of excellence in the VA healthcare system." The annual pay ranges listed in this notice are effective November 30, 2014.

There is nothing to suggest that the new pay tables will not be available to

those already employed within VA. As has been true since the current pay system went into effect in 2006, service chiefs can bring on new hires, with appropriate skills, at higher salaries, to compete with the private sector. This has created the potential for disparity within a department. **NAVAPD** believes it is the Service Chief's "obligation" to then bring up their existing employees'

(Continued on page 3)

## Why I Left the VA (continued)

(Continued from page 1)

no room in Veterans hospitals for physicians.

### Open Disrespect and Lack of Decorum. Sabotage of physicians.

- A physician was publicly accused by a clerk of “getting an attitude” with her, because the physician objected to the way the clerk spoke to a patient’s relative, and requested that accurate messages be taken when patients called. An administrator stated “each side has their side of the story.” The administrator wanted to meet to “mediate.” The physician declined, stating this behavior would not be tolerated in any medical facility other than the VA. Nothing was done by the clerk’s supervisor, who allows this behavior to continue and retaliates against staff who object. Nothing was done by the department head.
- A team member whose disruptive behavior was well known continued unabated over many years, and made threatening remarks to physicians. Instead of disciplinary action, the employee was given an award for services not performed. The physicians were told that their offices could be moved away from this employee’s area if they did not feel safe.
- Several reliable medical students stated that nurses and other staff openly made fun of physicians and

denigrated their decisions and their work.

- A nurse pounded on a physician’s office door and began yelling at the physician through the door. A patient was in the physician’s office. An administrator stated that this action undermined the “culture of safety” that they were trying to build, but the administrator later backtracked on this. The chief of service “took statements” but nothing was ever done. The patient later stated that this kind of staff-on-physician behavior is viewed as the norm at the VA.

### Wasting of Physician Time,

- Physicians are loaded with non-physician duties, even as the complaints mount that the VA does not have enough physicians. Despite the fact that the halls are teeming with non-medical, non-patient care employees, and physician duties are being assigned to non-physicians, physicians are given more clerical duties and put under the thumb of clerks, nurses, and bureaucrats. All of this is accompanied by complaints that physicians didn’t do enough or see enough patients.
- Physicians have to type and mail letters, do their own filing, call their own patients, prep their own patients, get vital signs, Xerox, fax, etc. Physicians have to walk across the hospital to obtain documents rather than these being

brought to them. None of this happens in private practice, where they know the value of the physician’s time, and how to properly delegate non-physician duties to non-physicians.

- Nurses call physicians about patient concerns without having opened the chart, not knowing the patient’s, age, diagnosis, or what meds the patient is on. In the non-VA world, the rule is, “Never call the physician without knowing the patient and their condition.”
- Physicians spend large amounts of time correcting errors made by others.

Several additional physicians have left my former facility. Fellow physicians and patients have stated that this has been a terrible loss. Physicians were lost who have invested the time to learn about Veterans and about how different health conditions can masquerade as psychiatric problems and vice-versa. Someone with that skill set is not easy to replace.

Facts do not matter to the people who are causing and allowing these things. Statistics can be manipulated. Upholding a lie is the paramount objective. I suspect that there is an enormous evil behind all of this corruption even compared to other VA’s. People at another VA were shocked at the way I was treated and what was allowed to go on.

Robbing our Veterans of good doctors is betraying our country. ☹

## New Pay Tables for Recruiting (continued)

(Continued from page 2)

salaries as they come up for review on the every two year pay panel review.

NAVAPD believes that any such “pay

inversion” if not corrected will ultimately lead to the loss of senior experienced VA physicians and dentists, and weaken the VA. Obviously, how fair the impact will be in each VA facility is a function of the service chiefs, chief of staff,

and director at each facility. This is just one of the messages NAVAPD has been delivering to VA administrators in Central Office and to our senators and representatives. ☹

**Be sure to catch the next issue of the NAVAPD Newsletter, which will feature an article on Whistleblower Protections.**

## VA Seeking Bids for New Patient Scheduling System

The Department of Veterans Affairs recently announced that it plans a full and open competition to build a new patient scheduling system for medical appointments in an effort to replace systems that VA has long acknowledged are antiquated. The department's proposed timeline is unusually aggressive for the VA. The plan or goal is to issue a final request for proposals sometime in September, and award a final contract by the end of December of this year. This is a pace of movement that is nearly unprecedented in the VA.

"We want this process to be open to all eligible vendors to make sure the nation's veterans have the full benefits the innovative marketplace has to offer," said Robert McDonald, the secretary of Veterans Affairs. "When we can put a solid scheduling system in place, this will free up more human resources to focus on direct veterans care. As VA recommits to its mission of caring for veterans and evaluating our actions through the lens of what serves them

best, we know a better scheduling system is necessary to provide them the timely, quality health care that they have earned and deserve."

VA has been in an incremental process to modernize its overall electronic health records system — VistA — for several years, has also been talking with vendors for months about its medical scheduling system in particular. However, pressure to acquire and/or build a new patient scheduling system intensified tremendously after the ongoing media disclosures about long patient wait times and potentially-resultant deaths within the VA healthcare system.

A few hours after former VA Secretary Eric Shinseki resigned his office as part of the scandal, VA told potential providers that it wanted to hold a series of three group meetings to plan the Medical Appointment Scheduling System's way forward. The first meeting, held at the MITRE Corporation's offices in McLean, Virginia, was filled to capacity.

VA had already confirmed that it would pursue commercial IT solutions to build its new scheduling system. This is consistent with the approach that the department espoused during congressional testimony in June.

"We are moving very aggressively, not only to make the improvements so we can bring relief to the folks on the line, but also to bring a commercial product in and interface it with the existing business system," Stephen Warren, VA's acting chief information officer told Federal News Radio in an interview immediately following the June hearing. But VA appears to have been looking for an off-the-shelf solution for patient scheduling long before it was embroiled in scandal. In March 2013, it offered reward money via Challenge.gov to anyone who could engineer a solution to patient scheduling that also interfaced with the open-source version of VistA. It wound up awarding \$1.8 million to a team of developers led by Washington, D.C.-based MedRed, LLC. ☒

## Female Physicians Sue the VA for Unequal Pay for Equal Work

Two emergency room doctors at the John L. McClellan Memorial Veterans Hospital in Little Rock, Arkansas have sued the Department of Veterans Affairs, claiming that they are not being paid the same as men in the same position. This is actually the second lawsuit filed by these physicians on the same issue. Drs. Gayle Gordon and Teresa Maxwell filed a similar lawsuit in 2011 over allegations of unequal pay. That case is pending in the U.S. Court of Federal Claims.

They filed another lawsuit last month in U.S. District Court in Little Rock and alleged that male emergency room doctors are still receiving at least \$14,000 more a year than they are for performing the same work. The new

lawsuit, filed by James Nickels of Sherwood, focuses on alleged violations by

*"After repeated complaints by the plaintiffs, not only has the defendant refused to raise the plaintiffs' salaries to that of the men in the same job, but the defendant has hired men into the same job" that the women doctors held but at higher salaries*

the Central Arkansas Veterans Health Care System under the federal law that

prohibits sex discrimination, Nickels said. The doctors alleged that the practice of not paying women doctors the same as men for the equal work dates back to at least 2003.

"After repeated complaints by the plaintiffs, not only has the defendant refused to raise the plaintiffs' salaries to that of the men in the same job, but the defendant has hired men into the same job" that the women doctors held but at higher salaries, the lawsuit said.

Richard Pence Jr. at the U.S. Attorney's Office in Little Rock, who is representing the Department of Veterans Affairs, declined to comment on the pending litigation. Thus far, the VA has not filed a response to the allegations. ☒

## NAVAPD Frequently Asked Questions (FAQs)

These are common questions and helpful answers that could be asked by physicians who are interested in joining NAVAPD.

### What is NAVAPD?

NAVAPD, the National Association of VA Physicians and Dentists, is the official national organization of VA physicians and dentists.

### Is NAVAPD a union?

No, NAVAPD is not a union and has no bargaining power. It is a professional organization, similar to other physicians' and dentists' professional organizations to which many VA clinicians belong.

### What is the mission of NAVAPD?

NAVAPD's mission is to improve the quality of healthcare provided by the Veterans Healthcare Administration by ensuring the doctor-patient relationship is maintained and strengthened.

### How does NAVAPD accomplish its mission?

NAVAPD's activities include organizing scientific meetings, educating Members of Congress so they can best exercise their oversight and budgeting responsibilities, growing working relationships with veterans' service organizations, maintaining an active dialogue with official representatives of VA medical programs, and presenting and/or publishing position statements on critical issues.

### Why does NAVAPD develop liaisons with Members of Congress?

Congress cannot discharge its responsibilities to the Nation's veterans and to the VA Health Care Delivery System unless it has accurate, timely, and unbiased information about the inner workings of the VA and the clinical accomplishments of VA healthcare professionals. NAVAPD brings its members into direct contact with Members of the House and Senate Committees on Veterans Affairs, thereby providing a valuable service to veterans, House and Senate Members, and members of NAVAPD.

### Why does NAVAPD develop liaisons with veterans' service organizations?

Veterans' service organizations (VSOs) are a powerful force of advocacy in the halls of Congress. If VSOs understand VA physicians' and dentists' needs in order to deliver the best possible healthcare to veterans, then VSOs will advocate for congressional support in a much more informed and helpful way.

### What is NAVAPD's role and relationship with VA Central Office?

NAVAPD works closely with official representatives of VA medical programs to ensure that the best possible health care will be provided to veterans. NAVAPD works with official representatives of the VA medical program to support:

- paying competitive salaries, thereby ensuring that qualified physicians and dentists are recruited and retained in the VA;
- the ability of healthcare professionals to participate in activities of professional organizations and continuing medical education;
- professional growth of physicians and dentists through funding of educational activities; and
- a workforce size that is adequate to treat growing numbers of OEF/OIF/OND veterans.

### How long has NAVAPD been in existence?

NAVAPD was formed by a small group of physicians in 1975 at the Washington, DC VA Hospital as an informal organization with no bylaws or official structure. Early meetings with congressional leaders and VSOs indicated the need for a formal structure, which was established. In 1989 dentists were welcomed into the organization, and NAVAPD became the official name.

### Who are NAVAPD's leaders?

Samuel Spagnolo, MD, is one of the founders of NAVAPD and its President. Eight MDs, one DO, and one DMD comprise the Executive Board. Eight members are at VA hospitals in the Eastern U.S., and two are in Southern California.

### Why should I belong to NAVAPD?

For at least two reasons: 1) To have a direct voice in your future at the VA with VA Central Office and Congress through active participation in NAVAPD meetings and events. 2) To belong to a much larger group of VA professionals and learn that many issues which one believes to be unique to his or her service or facility in fact are manifest in many areas of the Veterans Health Administration.

### How do I join NAVAPD?

Join online at [www.navapd.org/about-navapd/membership/](http://www.navapd.org/about-navapd/membership/). Full-time, part-time, and fee-basis physicians and dentists, retirees, and residents and fellows are all eligible. Dues are \$160 per year for full-time and fee-basis, and less for retirees, part-time, and members-in-training. Payroll Deduction is available but cannot be processed online.

### Where do I learn more about NAVAPD?

By visiting its website, [www.navapd.org](http://www.navapd.org). The website has detailed information on NAVAPD's mission, leadership, events, membership, resources, and how to get involved, including the NAVAPD newsletter and patient-care surveys of its members done in 2008 and 2011. NAVAPD also posts news updates, media articles, and information about the VA and other expert viewpoints on VA reform. ☞

## NAVAPD Considering All-Electronic Delivery of Publications

**N**AVAPD has been serving the VA Physicians and Dentists for 39 years, and much has changed in that time. One of the most dramatic has been in the ways in which written materials can be distributed. The US Mail system is no longer the only option, and the NAVAPD Board is considering a change.

There are many reasons to consider sending newsletters and other materials electronically.

1. Electronic delivery **is quicker** and **more accurate**. There are no printing or mail handling delays. We all know that mail delivery is not as fast or reliable as it used to be.

- NAVAPD get dozens of returned undeliverable copies each issue.
2. Many federal facilities **irradiate their mail**, and this not only slows delivery, but damages the items, often to the point that they cannot even be separated to be read. Electronic delivery avoids this.
  3. Electronic distribution **saves trees** since no paper is used, and also **reduces the amount of paper waste** entering landfills or recycling plants. It's good for the planet!
  4. **It's less expensive**. This means that the resources of NAVAPD can be used for other things than buying paper, printing, and postage. That can mean more Summits,

more products of use to members, more resources to educate the nation's leadership in the needs, services, and values of VA physicians and dentists, and less need to raise dues.

We want to know the members' preferences. Please send an email to the special email address

**MAILOREMAILNAVAPD@gmail.com** and tell us how you want your written materials delivered:

1. Printed via MAIL (to home address)
  2. Printed AND electronic
  3. Electronic only.
- Please let us know RIGHT AWAY!  
Thank you for supporting NAVAPD. ☺

### NAVAPD's Mission and Principles

#### Mission

**N**AVAPD 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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West Haven, CT

CURRENT		RECOMMENDATIONS	
Pay Table 1	Specialty/Assignment	Pay Table 1	Specialty/Assignment
Tier 1: \$98,967–195,000 Tier 2: \$110,000–210,000 Tier 3: \$120,000–235,000 Tier 4: \$130,000–245,000	Allergy and Immunology Endocrinology Endodontics General Practice–Dentistry Geriatrics Hospitalist Infectious Diseases Internal Medicine/Primary Care/Family Practice Neurology Periodontics Preventive Medicine Prosthodontics Psychiatry Rheumatology All other specialties or assignments not requiring a specific specialty training or certification	Tier 1: \$98,967– <del>215,000</del> Tier 2: \$110,000– <del>230,000</del> Tier 3: \$120,000– <del>255,000</del>	Allergy and Immunology Compensation and Pension (New) Endocrinology Endodontics General Practice–Dentistry Geriatrics Infectious Diseases Internal Medicine/Primary Care/Family Practice Neurology Periodontics Preventive Medicine Prosthodontics Rheumatology All other specialties or assignments not requiring a specific specialty training or certification
Pay Table 2	Specialty/Assignment	Pay Table 2	Specialty/Assignment
Tier 1: \$98,967–220,000 Tier 2: \$115,000–230,000 Tier 3: \$130,000–240,000 Tier 4: \$140,000–250,000	Critical Care (board certified) Emergency Medicine Gynecology Hematology–Oncology Nephrology Pathology PM&R/SCI Pulmonary	Tier 1: \$98,967– <del>240,000</del> Tier 2: \$115,000– <del>250,000</del> Tier 3: \$130,000– <del>260,000</del>	Critical Care Emergency Medicine Gynecology Hematology–Oncology Hospitalist (from Table 1) Nephrology Pathology PM&R/SCI Psychiatry (from Table 1) Pulmonary
Pay Table 3	Specialty/Assignment	Pay Table 3	Specialty/Assignment
Tier 1: \$98,967–265,000 Tier 2: \$120,000–275,000 Tier 3: \$135,000–285,000 Tier 4: \$145,000–295,000	Cardiology (Non-invasive) Dermatology Gastroenterology Nuclear Medicine Ophthalmology Oral Surgery Otolaryngology	Tier 1: \$98,967– <del>300,000</del> Tier 2: \$120,000– <del>310,000</del> Tier 3: \$135,000– <del>320,000</del>	Cardiology (Non-invasive) Dermatology Gastroenterology Nuclear Medicine Ophthalmology Oral Surgery Otolaryngology
Pay Table 4	Specialty/Assignment	Pay Table 4	Specialty/Assignment
Tier 1: \$98,967–295,000 Tier 2: \$125,000–305,000 Tier 3: \$140,000–325,000 Tier 4: \$150,000–335,000	Anesthesiology General Surgery Plastic Surgery Radiology (Non-invasive) Urology Vascular Surgery	Tier 1: \$98,967– <del>325,000</del> Tier 2: \$125,000– <del>340,000</del> Tier 3: \$140,000– <del>355,000</del>	Anesthesiology Cardiology (Invasive/Non-interventional) General Surgery Plastic Surgery Radiology (Non-invasive) Urology Vascular Surgery
Pay Table 5	Specialty/Assignment	Pay Table 5	Specialty/Assignment
Tier 1: \$150,000–275,000 Tier 2: \$145,000–255,000 Tier 3: \$140,000–235,000	VHA Chiefs of Staff—Tier assignments are based on published facility complexity level <u>Tier 1</u> —Complexity Levels 1a & 1b <u>Tier 2</u> —Complexity Level 1c & 2 <u>Tier 3</u> —Complexity Level 3 or facilities with no designated level	Tier 1: \$150,000– <del>300,000</del> Tier 2: \$145,000– <del>280,000</del> Tier 3: \$140,000– <del>260,000</del>	VHA Chiefs of Staff—Tier assignments are based on published facility complexity level <u>Tier 1</u> —Complexity Levels 1a & 1b <u>Tier 2</u> —Complexity Level 1c & 2 <u>Tier 3</u> —Complexity Level 3 or facilities with no designated level <u>Tier 3</u> —(Deputy Chiefs of Staff—Complexity Levels 1a & 1b)
Pay Table 6	Specialty/Assignment	Pay Table 6	Specialty/Assignment
Tier 1: \$145,000–265,000 Tier 2: \$145,000–245,000 Tier 3: \$130,000–235,000	<u>Tier 1</u> —Principal Deputy; other Deputy Under Secretaries for Health; Chief Officers; Network Directors; Medical Center Directors; Network Chief Officers <u>Tier 2</u> —VACO Chief Consultants; National Directors; National Program Managers <u>Tier 3</u> —All VACO physicians or dentists not otherwise defined	Tier 1: \$145,000–265,000 Tier 2: \$145,000–245,000 Tier 3: \$130,000–235,000	<u>Tier 1</u> —Principal Deputy; other Deputy Under Secretaries for Health; Chief Officers; Network Directors; Medical Center Directors; Chief Medical Officers <u>Tier 2</u> —Executive Directors; other Assistant Under Secretaries for Health; VACO Chief Consultants; National Directors; National Program Managers <u>Tier 3</u> —All VACO physicians or dentists not otherwise defined
Pay Table 7	Specialty/Assignment	Pay Table 7	Specialty/Assignment
Tier 1: \$98,967–375,000 Tier 2: \$140,000–385,000	Cardio-Thoracic Surgery Interventional Cardiology Interventional Radiology Neurosurgery Orthopedic Surgery	Tier 1: \$98,967–375,000 Tier 2: \$140,000–385,000	Cardio-Thoracic Surgery Interventional Cardiology Interventional Radiology Neurosurgery Orthopedic Surgery

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**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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***Pass Along to a Colleague***



**Join NOW!**

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

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

***JOIN ONLINE @ [www.NAVAPD.org](http://www.NAVAPD.org)***

<b>Full-Time \$160</b>	<b>Half-Time \$100</b>	<b>Retired \$80</b>	<b>Resident Fellow \$45</b>	<b>Lifetime \$1500</b>
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**YES!**

I want to join NAVAPD! **3 ways to pay:**

1. Check  
(enclose)

2. Payroll  
Deduction  
\$6.15/PP

3. PayPal

\_\_\_\_\_  
Name

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Address

\_\_\_\_\_  
E-mail Address

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
Facility

\_\_\_\_\_  
Station Number