

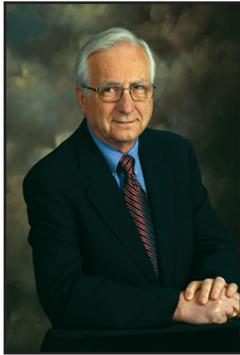
# HEALTH BEAT

A health and wellness newsletter published by the VA Medical Center Huntington

January 2009

## Transfer Coordinators Work Hard to Get Specialty Care For Veterans

In our first issue of Health Beat, a brief message from our Transfer Coordinators outlines the functions of these very important staff members for coordinating care at facilities other than this Medical Center.



*Joseph A. Pellecchia, MD, FACP, Chief of Staff*

Since that message alluded to the provision of “extramural” care, some clarification of the processes we must follow and how they affect patients seemed in order. In my view, it is our

responsibility to explain “how we work” so that disappointments and/or misunderstandings are avoided. Some changes have taken place

services unavailable at a local VAMC, such as Huntington. In our system, we are obligated to have that care provided within the VA

**Our goal is to provide the best care we can within our system without placing the patient at risk! You are too important to us to not “do the right thing”!**

since the year 2000, but even those changes sometime create confusion for patients. The real questions are “When is the Veterans Health Administration responsible for payment for private care?” and “Why can’t the patient just go to a local hospital for specialty care?”

Let me describe a few situations that can cause some concerns. From time to time patients call for advice about symptoms they are having. They may reach a “Call Center” or the Medical Center staff. The situation may result in “advice” to seek emergency care at the closest hospital. Such advice is not “authorization” for payment of care. Having stated that, under the “Millennium Bill”, emergency care may be covered by the VA if the patient meets certain administrative criteria, such as being enrolled at a VA medical center and having no other form of insurance.

Patients, from time to time need

system, specifically, another VAMC that provides those specialty services within their Center. The ONLY exception to that rule is in the case of medical emergencies that put the patient at immediate risk. Once a patient is stable enough for travel to a VAMC that has specialty services, we are obligated to send the patients within our system.

We certainly understand that sending a patient to another VAMC may be inconvenient at times, but we have our obligations to meet the requirements of those regulations under which we provide care.

Our Transfer Coordinators work with the clinical and administrative staff to provide as seamless a transition of the clinically needed care of our patients. Our goal is to provide the best care we can within our system without placing the patient at risk! You are too important to us to not “do the right thing”!

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## Important Numbers

If you have an emergency please dial **911** or your local emergency number.

If you are feeling unsafe or having thoughts of hurting yourself please call **1-800-273-8255**.

### Huntington VA Medical Center (HVAMC)

Toll Free .....	800-827-8244
Local .....	304-429-6755
Charleston Outpatient Clinic .....	304-926-6001
Prestonsburg Outpatient Clinic .....	606-886-1970
Logan Outpatient Clinic .....	304-752-8355
Williamson Outpatient Clinic .....	304-235-2187
Huntington Vet Center .....	304-523-8387
Charleston Vet Center .....	304-343-3825
VA Regional Office .....	800-827-1000

### Important Extensions for VA Medical Center Huntington

Appointments - Cancel or Check .....	2311
Audiology .....	2768
Billing .....	2440
Care Coordination .....	3262
DAV .....	2212
Dental .....	7117
Eligibility .....	2540
Fee Basis .....	2556
Help Desk/Enrollment .....	3451
Medical Specialty .....	3580 or 7121
Mental Health .....	2722
MICU .....	2190
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Nutrition & Food Service .....	2351
Optometry (eye) .....	7115
Pharmacy .....	7120
Phone Unit .....	3580 or 7121
Physical Therapy/Rehab Medicine .....	7118
Prescriptions - Order or Check .....	2311
Primary Care .....	3580 or 7121
Prosthetics .....	2709
Radiology .....	2749
Release of Information .....	3150
Same Day Surgery .....	2862
Social Work .....	2837
Surgery .....	3580 or 7121
Volunteer Services .....	2952
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## MOVE! Program Can Help You Lose Weight

by *Ramona C. Anderson, RD, LD, MS, Nutrition & Food Service*

Would you like to lower your blood sugar, cholesterol or blood pressure and feel better? Losing 10 per cent of your current body weight can help — the MOVE! Program can help you do it.

It is estimated that 73 percent of veterans are overweight or obese. *MOVE! (Managing Overweight/Obesity for Veterans Everywhere)* was planned to help veterans lose weight, keep it off and improve their health.

*MOVE!* is a national weight management program offered to veterans at the VA Medical Center Huntington. Group meetings are held each Tuesday from 2:30–3:30 p.m. in the Recreation Hall, across from the main medical center. Veterans do not need an appointment to enroll in the *MOVE!* Program. If you are interested, talk to your primary care doctor for approval. There is no co-pay for this program.

Weekly classes focus on nutrition, behavior and physical fitness. The group sessions include discussion, support and problem-solving. Tips are given for eating smart, changing behavior with new skills and increasing physical activity. A pedometer is provided. Veterans are offered a private weigh-in before the group meeting.

The *MOVE!* Program emphasizes health and wellness, not appearance. You are guided to set goals, think positively and replace old habits with new, healthy ones. These lifestyle changes improve the quality of life and decrease weight-related diseases.

You can call the *MOVE!* Coordinator in Nutrition and Food Service at 1.800.827.8244, ext. 2351, with any questions.



## What is Palliative Care?

by Jeanine Bledsoe, Palliative Care Coordinator

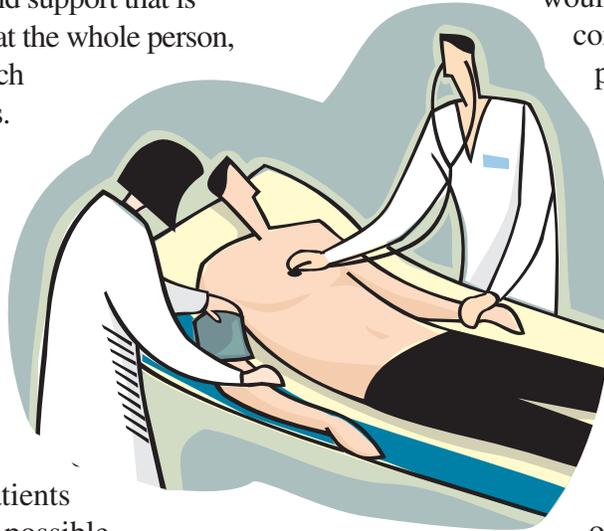
Palliative care focuses on patient comfort and relief of symptoms, but may also include care and support that is curative in nature. Palliative care looks at the whole person, and the support and care provided to each patient is based upon their unique needs.

### Team Members:

The Palliative Care Team includes a Doctor, Nurse, Chaplain and Clinical Social Worker. The team addresses the patient's physical, emotional and spiritual needs while providing a strong support system to both the patient and his her family. The team also can help patients maintain quality of life for as long as possible, while helping veterans and families cope with their disease.

### Goals of Palliative Care:

The Palliative Care Team strives to provide supportive services that help veterans remain as independent as possible for as long as possible while honoring their preference for care. The Palliative Care Team stresses open communication and can help patients and families understand the nature of their illness so they can make better decisions about their care.



### Eligibility:

Seriously ill patients who may be suffering physically, emotionally or spiritually due to a life-limiting illness would be eligible for a palliative care consultation. Because seriously ill patients can benefit from palliative care at any stage of their illness, the presence of a terminal or time-limiting diagnosis is not required. Palliative Care provides comfort whether one has years, months or days.

The Palliative Care Team can assist with the transition from hospital to home, link veterans to VA and/or community resources, assist with VA benefits and disability paperwork, provide ongoing support to the veteran and family and serve as a contact for any VA-related need.

For more information, you can call 1.800.827.8244 Monday-Friday 8 a.m. to 4:30 pm; then dial ext. 2848 for Jeanine Bledsoe, Palliative Care Coordinator, ext. 3845 for Sarah Roberts, Social Work Case Manager, ext. 2231 for Chaplain Pablo Gonzales or Chaplain Oscar Rose, ext. 2105 for Jerry Nelson, RN, or ext. 2106 for Donetta Craig, RN.

## Small Changes Can Help When Fighting Cardiovascular Disease

by Jo Ellen Perry, RN, MSN, and Missy Johnson, RN, BSN

In West Virginia, cardiovascular disease is the number one cause of death. However, there are many ways we can change to improve our cardiovascular health. Diet, exercise, smoking and alcohol consumption, can impact your cardiovascular health. Here are a few tips on how to be successful in these four areas.

### Diet

The best diet may be no diet at all. Moderation and healthy choices

are a more successful plan than commercial diet plans, meal replacement bars, shakes and dietary supplements. Serving sizes can assist with moderation of intake. Before eating, look at the amount of food you have on your plate. A serving of meat should be the size of the palm of a woman's hand, ½ cup of vegetables are the size of a light bulb, and a cup of cereal is the size of a standard teacup.

Making smart snack choices also can enhance a diet. Fresh fruits and vegetables are available year round,

and are excellent choices for vitamins and essential minerals and provide fiber that will make you feel fuller longer.

### Exercise

Along with burning calories, physical activity builds healthy bones, muscles and joints, and reduces the risk of colon cancer. Millions of Americans suffer from illnesses that can be prevented or improved through regular physical activity. It also helps reduce feelings of

*Continued on Pg. 6*

# AACE Designates January as Thyroid Awareness Month

Many people suffer from a thyroid condition, yet so few know they have one, according to the American Association of Clinical Endocrinologists (AACE).



*by Belen Bushman,  
MSN, APRN, BC,  
Mental Health Clinic*

That is why January has been designated Thyroid Awareness Month by the AACE. According to AACE, the first step toward taking control of your thyroid gland is identifying whether your thyroid hormone levels are in balance. The second is to recognize that there are effective treatments to manage thyroid disease.

The thyroid gland is a butterfly-shaped organ located at the base of your neck. It produces hormones that regulate the rate at which body cells use energy and produce heat, and it helps control your body's metabolism. It also affects the function of many important organs, including your heart, brain, liver, kidneys, and skin.

Any malfunction of the thyroid gland may result in reduced body temperature, decreased heart rate and muscle strength as well as increased cholesterol. Other symptoms include a decrease in memory and depressed mood due to a sluggish feeling and weight gain.

When a person has too little secretion of thyroid hormone, he or she may experience general symptoms such as slowing down, coldness, sluggishness, dry skin and scanty hair growth. In more serious cases, there is a characteristic thickening of the skin. Low production of thyroid hormone can be effectively treated by replacing the normal amounts of this chemical the body requires.

At the opposite extreme, a person with an overactive thyroid gland, called hyperthyroidism, may have an increase in body metabolism that may result in weight loss, excessive warmth and sweating, trembling hands, pounding of the heart and, in some cases, bulging eyes. Along with these symptoms, the thyroid gland may swell.

Medication is effective in slowing down an overactive thyroid. Because improvement may only be temporary, your doctor may decide on more permanent measures, such as removing it with radioactive iodine or, less often, surgical removal of the overactive thyroid tissue.

It is important to take care of your thyroid gland because if your thyroid is not working properly, neither will you. Your thyroid gland deserves the best care.

## Ten Things You Should Know About Thyroid Disorders

1. As many as 27 million Americans may be affected by thyroid disorders, although more than half remain undiagnosed.
2. Thyroid disorders are more common among women.
3. Thyroid disorders tend to run in families.
4. Fatigue is a common complaint for under and over active thyroid conditions.
5. TSH testing is the most useful test for thyroid screening.
6. Regular check ups are the key to successfully managing a malfunctioning thyroid gland.
7. Changing formulations and dosage that affect thyroid hormone levels should be followed by retesting.
8. Do not change your dose of thyroid medication without guidance from your physician.
9. Thyroid conditions in pregnancy warrant close attention.
10. Thyroid cancer is one of the fastest growing cancers in America and one of the most curable.

**Source: American Association of Clinical Endocrinologists**



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Health Beat is a monthly publication of the VA Medical Center, 1540 Spring Valley Drive, Huntington, WV 25704.

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## A Few Precautions For Common Over-the-Counter (OTC) Heartburn Medications

*By Marcus Patrick, Pharm.D.*

Heart burn, or acid reflux, is a commonly encountered problem for many Americans. Many treat their heart burn with OTC medications, like antacids. These include calcium-, aluminum-, and magnesium-containing products like Tums®, Maalox®, Gaviscon®, Pepto-bismol®, and many others.

These medications have generally been looked upon as being safe, but there are a few precautions when taking them with other medications.

There are two ways that antacids can interfere with other medications. For one, they can bind to other medications, not allowing them to be absorbed completely by the body. Also, they reduce the amount of acid in the stomach, which some medications need to get absorbed.

The chart below shows some examples of drugs to look out for when taking antacids. The general rule is to avoid taking antacids around the same time as these other medications. If possible, try to separate the antacids by at least two hours before or after taking these medications.

Also, it is always a good idea to inform your primary care provider or pharmacist if you are taking antacids or any other OTC medications so appropriate adjustments can be made to your medications.

Drugs Used to Treat:	Drugs
Bacterial Infections	Ciprofloxacin Moxifloxacin Levofloxacin Tetracycline Doxycycline Minocycline
Fungal Infections	Ketoconazole
Seizures	Phenytoin Gabapentin
High Cholesterol	Rosuvastatin
Low Iron	Ferrous Sulfate
Heart Conditions	Digoxin
Osteoporosis	Alendronate
Thyroid condition	Levothyroxine

# Donate Blood: You Never Know Whose Life You May Save!

by Carla Chapman, MT(ASCP), VAMC Blood Bank

January is National Blood Donor Month, so I would like to first take this opportunity to say “Thank You” to each and every one of you who has taken time out of your busy schedules to donate. We, as Blood Bank Technologists, rely on your donations to provide the best care possible to all of our patients.

With the holiday season recently passed and blood donations declining, local blood suppliers have a difficult task – to provide the community with sufficient quantities of blood and blood products. Shortages of all blood types typically occur during the winter holidays, and on any given day in the United States, approximately 40,000 units of blood are transfused. The individuals in need include accident victims, patients undergoing surgical procedures, and patients receiving treatment for leukemia, cancer, and many other diseases. These people are our parents, our children, our families, and our friends.

The need for blood is an on-going endeavor, as most donations are received from repeat donors who are only

eligible to donate every 56 days, and the shelf-life of blood is limited. These contributing factors, along with the growing needs of the community, account for the perpetual need for donations.

In as little as an hour you can make a difference in someone’s life! The actual donation takes 5-10 minutes. And the entire process, from donor registration to post-donation refreshments, takes 45-60 minutes. From this one collection, as many as 4 components may be harvested: red cells, plasma, platelets, and cryoprecipitate. This translates into the capability of helping as many as FOUR individuals through what could very well be a life-threatening crisis, with just ONE donation-just ONE hour.

In preparing to donate, call the local Red Cross at 1.800.448.3543 or check the website at [www.RedCross.org](http://www.RedCross.org) to find the donation center or blood drive closest to you. In preparation, you may want to ask about general donor requirements and special health issues that may be concerning you, regarding your ability to donate. Also, on the day of your scheduled donation, be sure to eat well at your regular mealtimes and drink plenty of fluids.

## **Cardiovascular Disease** **Continued from Pg. 3**

depression, anxiety, improving mood, and promoting a sense of well-being. An increase in exercise can be as simple as taking the stairs instead of the elevator, parking at the end of the parking lot and walking to the store, or more routine activities like scheduling an exercise class.

### **Smoking**

According to the American Cancer Society health benefits of not smoking include a decrease in blood pressure, heart rate, and your normal carbon monoxide levels can return to normal within the first 12 hours after quitting. Circulation improves and lung function increases within two weeks to three months after quitting. Within 1-9 months, coughing and

shortness of breath decrease, and after 1 year your excess risk of coronary artery disease is half that of a smoker.

Those who want to quit smoking are advised to set a quit date (ideally within 2 weeks), remove all tobacco products from the home and work, think of potential challenges of quitting along with ideas to deal with them, and rally support from family, friends, and co-workers. For more information on quitting smoking, call the national resource hotline at 1-800-QUIT-NOW or talk to your primary care physician.

### **Alcohol**

The American Heart Association warns of the dangers of excessive alcohol consumption. These include: high blood pressure, accidents,

obesity, stroke, heart disease, high cholesterol, diabetes, breast cancer, fetal alcohol syndrome and suicide. If you drink alcohol, do so in moderation. This means an average of one to two drinks per day for men, and one drink a day for women. A drink is one 12 oz beer, 4 oz wine, 1.5 oz of 80-proof spirits or 1 oz of 100-proof spirit.

If you do not drink, do not start. The physical reasons of alcoholism are uncertain; however, the risk factors of genetics and mental health have been identified. If you never take the first drink, you will never have to quit.

By taking a few simple steps toward a commitment to be a healthier you, you can be the BEST you possible. GOOD LUCK!!

# Starting an Exercise Plan in the New Year? Consult With Your Doctor First

by Tim Beverage, PT, Physical Medicine & Rehabilitation Service

If 2009 brings to you restored motivation to finally follow through on New Year's resolution(s) gone by the wayside in previous years, an exercise program may be in your future. If this is the case, as it is with many Americans in the upcoming year, there are a few things you may want to consider before starting on your path to better health.



1. Before starting any exercise program, check with your doctor to make sure it is safe for you to do so. Many people place themselves at risk every year by exercising at too high of an intensity for their age and pre-existing health conditions. Be safe, check with your doctor first.
2. Sit down and set obtainable goals for yourself. What is it that you really want to achieve? By making your goals progressive and obtainable, you will increase your chances for success, thus building your confidence and motivation to continue. Pick a variety of exercises and activities to keep from getting bored. By repeatedly doing the same exercise, not only do you risk the chance of becoming bored, your body will habituate to the activity and soon you will find you plateau on your progress toward your goals. Change it up; it is good for your mind and body.
3. Warm-up *before* you exercise and cool down *after*. This can decrease your risk for injury and/or post-exercise discomfort by making it easier to maintain your exercise intensity and consistency. Your warm-up and cool down should include a short duration,



10-15 minutes, low-intensity aerobic exercise and stretching routine. Take your time: fifteen minutes can save you months of rehabilitation.

4. Exercise at an intensity that is safe for you. You are the best judge of your body. What might be safe for one person may be dangerous for another. Start slowly and build to greater intensity as your health improves. Without going through the set-up of a formal exercise program, there are some simple ways to help determine your exercise intensity.
  - **Mild:** Activities should feel like slow walking/rolling, and should not cause much of a sweat or cause you to have trouble catching your breath.
  - **Moderate:** Activities like fast walking/rolling, that will make your heart beat a little faster. May cause light sweating but should never cause you to be out of breath or exhausted.
  - **Vigorous:** Activities will cause the heart to beat very fast. With these activities, you will sweat heavily and have some difficulty breathing.
5. If you experience any health complications while exercising, stop immediately and talk to your doctor. These complications can include, but are not limited to: pain, tightness, pressure, or discomfort in your chest, neck, shoulder, arm, back, or jaw; severe shortness of breath; cold sweats; severe nausea or vomiting; muscle cramps; sudden weakness or changes in feeling in your arms and/or legs; trouble swallowing, talking, or seeing; severe headache, dizziness, or lightheadedness; or joint pain.

Finally, if you have any musculoskeletal issues, or concerns about exercising with disabilities, there are resources available, many at this facility, for you to get advice, to set-up a safe program, and to assist you on your way to a happier, healthier 2009. For more information, you can go to <http://www.health.gov/PAGuidelines/pdf/adultguide.pdf>.

**NATIONAL**

**SUICIDE**

**PREVENTION**

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**1-800-273-8255**

[www.suicidepreventionlifeline.org](http://www.suicidepreventionlifeline.org)

## Some Veterans to See Another Travel Reimbursement Increase

Service-disabled and low-income veterans who are reimbursed for travel expenses while receiving care at Department of Veterans Affairs (VA) facilities will see an increase in their payments beginning January 9.

A recently passed law allows VA to cut the amount it must withhold from their mileage reimbursement. The deductible amount will be \$3 for each one-way trip and \$6 for each round trip -- with a calendar cap of \$18, or six one-way trips or three round trips, whichever comes first. The previous deductible was

\$7.77 for a one-way trip, and \$15.54 for a round trip, with a calendar cap of \$46.62.

“I’m pleased that we can help veterans living far from VA facilities to access the medical and counseling help they deserve, especially in the current economic climate,” said Secretary of Veterans Affairs Dr. James B. Peake. “Together with the increased mileage rate approved last month, we can further reduce the financial hardship some veterans undergo to use our superior health care.”

In November, Peake announced VA’s second increase in the mileage reimbursement rate during 2008, from 28.5 cents to 41.5 cents a mile.

Service-disabled and low-income veterans are eligible to be reimbursed by VA for the travel costs of receiving health care or counseling at VA facilities. Veterans traveling for Compensation and Pension examinations also qualify for mileage reimbursement. VA can waive deductibles if they cause financial hardship.

## VA To Offer Health Care to Previously Ineligible Veterans

The Department of Veterans Affairs (VA) has announced it plans to re-open enrollment in its health care system by July 2009 to about 265,000 veterans whose incomes exceed current limits.

The change affects veterans whose incomes exceed the current VA means test and geographic means test income thresholds by 10 percent or less. Congress provided funds in VA’s fiscal year 2009 budget to support the new enrollment.

In 1996, Congress established a priority-based enrollment system for VA, and a uniform package of medical benefits for all enrollees. The legislation opened enrollment in VA’s health care system to all eligible veterans and required that each year the Secretary of Veterans Affairs assess veterans’ demand for services and determine if the necessary resources are available to provide timely, quality care to all enrollees.

Enrollment for the lowest priority of the eight groups — veterans who are not being compensated for a military-related disability and who have incomes above a set threshold — was suspended on January 18, 2003, although veterans in that priority group who were already enrolled for care were permitted to remain enrolled.

VA originally suspended enrollment for Priority 8 veterans because it was unable to provide all enrolled veterans with timely access to its health care due to a tremendous growth in the number of veterans then seeking enrollment. VA now plans to reopen enrollment for a portion of these veterans without compromising the Department’s ability to provide high quality health care services to all enrolled veterans who are eligible for care.

