

# VOICES OF VISN 6

Excellent Care – Earned by Veterans – Delivered Here

## NEW INVENTION

# Prioritizes Communication Without Substituting Safety

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By Megan Kon

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The Clear Talker mask is the latest invention from the Central Virginia VA Health Care System (CVHCS) in Richmond, meant to aid in communication between patients and staff. The device, a product of the hospital's Assistive Technology team (AT), could revolutionize peoples' everyday lives. When masks became a requirement at all federal health care facilities, AT realized how much current surgical masks hindered communication.

"I noticed after wearing a mask all day that I would come home and my eyes were tired," said Melissa Oliver, occupational therapist and program coordinator of the AT team. "I had to rely on just my

eyes to physically express my greeting."

John Miller, Brian Burkhardt and Seth Hills are rehabilitation engineers who work with Oliver. Their expertise, including vacuum forming, injection molding, laser cutting, electronics, 3D printing and a whole range of other valuable skills, helps Veterans return to a sense of normalcy.

"[The Clear Talker mask] may not make the cover of a fashion magazine," said Hills, who has developed several adaptive sports tools, custom mounting solutions and a novel wheelchair interface, while with AT. "The fact that you can see each other's faces and catch those social cues is invaluable."

TOP PHOTO: Wearing ClearTalker Mask

STORY CONTINUED ON PAGE 5



## MESSAGE FROM THE NETWORK DIRECTOR

The month of November is upon us, and we will soon honor those who defended our nation against all enemies, foreign and domestic, on Veterans Day. Many of you, like me, remember the sacrifices of our family members who fought before us. But November 11 we will salute everyone who took part in uniformed defense of our nation. They deserve it. We have much to thank them for. So, it only makes sense that we honor them every day with the best care, with the greatest expedience. Our experience this year, providing Veterans the care they need and deserve while keeping them safe from the Coronavirus disease, has been challenging, but we met the need. From the start, we asked ourselves how we can expeditiously provide care without compromise. We have been trying to answer the question since January, and because we addressed the question quickly, we were able to swiftly implement changes as the nation shut down by early March. Many of our staff collaborated to invent new practices that helped ease the burden of restrictive care. It's impossible to visit one of our facilities without noticing many of the changes we've made to protect each other, staff and Veterans alike. Moving forward, for the foreseeable future, as our facilities cautiously transition back to full service, we are offering Veterans Virtual Care First. That means we are advocating video and telephone appointments whenever and wherever we can, based on the medical need, condition and practicality. As we expanded our capability and availability this year, Veterans discovered that they like the service, and appreciate the opportunity for personal contact without compromising their personal safety, or taking unnecessary health risks. As Veterans engage us to make appointments, we will triage according to urgency and their need for personal contact. I think what I am most proud of this year is that we have been able to accommodate the need in numbers approaching those before the pandemic hit. We were able to do it only because our virtual capability and Veterans' acceptance of it enabled us to pivot rapidly. It is our honor for every Veteran that drove our preparedness, and continues to drive our commitment to be there for them in the weeks, months and years to come.

**- DeAnne M. Seekins**  
VISN 6 Network Director

## Whole Health Is Integrative Medicine: AROMATHERAPY

By Steve Wilkins | VISN 6 PUBLIC AFFAIRS

During a recent email conversation, Joy Fealy-Kalar, Field Based Implementation Team Consultant with the Office of Patient Centered Care & Cultural Transformation declared, "Whole Health isn't just CIH [complementary and integrative health] approaches, and it isn't a service line where we send all patients who are interested in these approaches, so collaboration with Nursing, Mental Health, Primary and Specialty Care is going to be key in transforming our VA healthcare system."

It seems that the concept of Whole Health tends to be a little misunderstood by both patients and clinicians when they are first introduced to it, but in reality, this approach to care isn't new. It is often referred to as holistic care or integrative health. But Christine Anne, Nurse Practitioner at the Fayetteville VA gets it, and agreed with Fealy-Kalar, stating, "Yes, Whole Health has programs and services, but it is NOT a program or service line."

In fact, she went on, offering that Whole Health is a health care model to address the needs of the Whole Person. She's right — Whole Health provides varied clinical and complementary services to meet the multi-level needs of body, mind, spirit, and social support for each individual.

To illustrate, Anne laid out a recent scenario involving aromatherapy. According to Emily Cronkelton, writing in Healthline, an online blog, "Aromatherapy is a holistic healing treatment that uses natural plant extracts to promote health and well-being."

Anne related, "Aromatherapy was provided last week for a Veteran with multiple mental/ health issues." She said that on the next day during the follow up call by the RN Aromatherapist, the Veteran stated, "After using this aromatherapy inhaler, I felt strange, like peaceful, not a care in the world."

Anne is convinced that Aromatherapy helped the Veteran achieve a state of relaxation that they hadn't felt in a long time, and that many other

Veterans have sought unsuccessfully for years, adding, "Mental peace of mind (not common in Veterans) is good for the health of the whole body ... all this with an aromatherapy inhaler, priced at \$1.25 that will last 3-6 months."

Aromatherapy is thought of as an art and a science. Humans have used it for a very long time. Ancient cultures have incorporated aromatics in resins, balms, and oils. Aromatherapy works through the sense of smell and skin absorption with products like spritzers, diffusers, inhalers and candles. Practitioners say that its use can help with pain management, stress and anxiety reduction, soothing joints, and can even alleviate some effects of chemotherapy.

So, this serves as a great example of incorporation of Whole Health into a patient-centered plan of care. It is not a stand-alone regimen. But Fealy-Kalar wants to remind us that inclusion of these practices can have significant impact on Veteran health and wellbeing, not to mention the reduction in the overall cost of providing care in this model. She says that, "We also know from the i8 (VA Whole Health) Flagship sites that Veterans have a three-fold reduction in opioids with this approach of developing shared goals, connecting the Veteran with what really matters to them, and teaching them self-care techniques and providing CIH services." With that, Anne concluded, "This creates and supports Optimal Health and WELLBEING at every level of care."



Aromatherapy has been integrated as part of the Whole Health regimen of patient-centered care at Fayetteville VA, with demonstrably positive results.



**(RIGHT PHOTO)** Intensive Care Unit (ICU) Veteran Patient Robert Trivette speaks with an ICU nurse in Cincinnati, Ohio, through a monitor via video connection during the rollout of the Tele-Critical Care program in the Salisbury VA HCS ICU. The program enables ICU staff in hub locations to support patient care efforts in local, more remote hospitals. **(LEFT PHOTO)** Salisbury VA HCS Executive Director Joseph Vaughn establishes a video connection with Michelle Bonham during the rollout of the Tele-Critical Care program in the Salisbury VA HCS Intensive Care Unit (ICU). The program enables ICU staff in hub locations to support patient care efforts in local, more remote hospitals.

## SALISBURY VA INCREASES ITS CRITICAL CARE CAPABILITY WITH VIRTUAL TECHNOLOGY

By VISN 6 Public Affairs

Intensive Care medicine at the Salisbury VA Health Care System (HCS) took a big leap forward Oct. 26 when Executive Director Joe Vaughn pressed a button connecting the medical center's Intensive Care Unit to a video connection at the Cincinnati VA Medical Center.

Known as Tele-Critical Care, the program responsible for the connection is designed to enhance quality of intensive care situations by adding an additional layer of monitoring and increasing access to intensive care expertise and consultation around the clock. Tele Critical Care services mean Veterans receiving ICU care are being watched, even when local providers are out of the room.

According to Salisbury VAHCS Chief of Medicine Dr. Charles De Comarmond, "The launch of our new Tele-ICU operations in Salisbury is a significant milestone in our road to High-Reliable Organization." De Comarmond contends, Tele-ICU not only provides the highest level of care for our Veterans, it serves as a means of collaboration and backup to our bedside staff. He related a situation two years ago when the facility found itself compromised by a staffing shortage and worked hard to find a permanent solution.

De Comarmond says hospitals like the Salisbury VAMC cannot cost-effectively support an ICU with 24/7, 365 days/year in-house critical care specialists, thus we rely on hospitalist cross-coverage to support essential coverage during night tours and weekends. He indicated that participation in VA's national Tele-Critical Care program will optimize their staffing structure. "Now critical care support and consultation is available for our hospitalists and ICU nurses at the push of a button, which means that rapid decision making can start without delays when help is needed

immediately.

Critical Care Nurse Manager Daryl Atkinson agrees with De Comarmond, adding, “Tele-ICU not only provides the highest level of care for our Veterans, it serves as a means of collaboration and backup to our bedside staff. This allows our team to remain present with our Veterans during these critical moments, supplementing communication, coordination, and closing the loop with patient care needs extending beyond the bedside.”

After months of preparation to adapt and install equipment, and to train staff on procedures, ensuring proper communication protocols and operational practices, everything was in place Oct. 26 for Salisbury leadership to officially establish the connection. Vaughn pressed the button that put him in direct video contact with Michelle Bonham, at the Cincinnati VA Medical Center, home of the Tele Critical Care East monitoring center. Currently, the monitoring center partners with satellite hubs in Cleveland, Ann Arbor, Baltimore, Orlando and Atlanta connecting to a total 22 medical facilities. Soon, coordinators hope to add the Central Virginia Health Care System in Richmond as an additional hub.

## Being a part of VA's Tele-ICU program

also means being a partner in developing, implementing, and sharing evidence-based best practice examples within our Tele-ICU network. Through collaboration with our Tele-ICU partners, we can now share, adopt, and implement evidence-based protocols — directly affecting patient outcomes.

De Comarmond claims the launch of the Tele-ICU operations in Salisbury is a significant milestone on the road to becoming a High-Reliable Organization, an organizational aspiration shared at the facility, VISN and VHA levels. He is proud to add that as the solution, the Tele-Critical Care program leverages virtual care technology to provide background and on-demand critical care support 24/7, 365 days/year without the concern for unplanned staff attrition. “Being an organization that is sensitive to operations, we listened to our ICU staff. From there, we started the process to bring on Tele-Critical Care to Salisbury so that our team could always have the confidence that someone, somewhere, is there to support them.”

Now, being part of a national network of VAs connected virtually, provides immediate resources to our healthcare team — all at the push of a button.



From left, Salisbury VA HCS Chief of Medicine Dr. Charles de Comarmond is joined by TeleCritical Care Team members, including Salisbury VA Nurse Manager for Critical Care Daryl Atkinson, Philips eICU Sr. Clinical Transformation Manager Paula Keally, APRN TeleCritical Care Lynn Fitzwater, Salisbury VA Executive Director Joseph Vaughn, Salisbury VA HCS Associate Medical Director for TeleCritical Care Dr. Jeneen Gifford, Salisbury VA HCS Acting Chief of Staff Dr. Randall Gehle, and Dr. Rubin Cohen, Medical Director for Salisbury Critical Care during the rollout of the Tele-Critical Care program in the Salisbury VA HCS ICU. The program enables ICU staff in hub locations to support patient care efforts in local, more remote hospitals.



## VISN 6 OPENS NEW CBOC IN TIDEWATER

By VISN 6 Public Affairs

A new Community Based Outpatient Clinic (CBOC) opened in Portsmouth, Va., on Thursday, Oct. 15th. This represents the fourth community clinic in the Hampton Roads VA Healthcare System, joining existing clinics in Virginia Beach and Chesapeake, Va., as well as a clinic in Albemarle, N.C. The 14,000-SF facility will begin operations at 600 Crawford Street, Suites 300 and 400, in Portsmouth, Va. The clinic will open with two Patient-Aligned Care Teams (PACT) to service approximately 2,400 Veterans, although it contains capacity to accommodate another 6,000 for a total of 8,400 Veterans receiving their care in the clin-

ic. About 40 people will staff the clinic when it is fully operational.

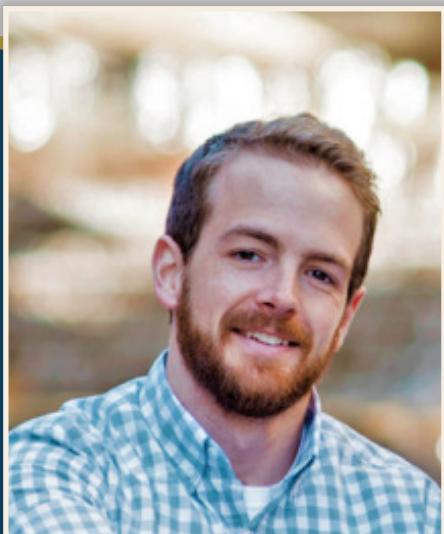
Most significantly, this will represent the 3rd CBOC in the Tidewater region, an area that has been, and projects to remain, one of the fastest-growing areas of Veteran demand for care in the United States. In fact, this area has grown so significantly that VA has scheduled to open a health care center (HCC), a much larger facility, in FY23/24, to satisfy the growing demand for services; with another HCC in the early planning stages.

Veterans should enjoy shorter drive times to the clinic than previous trips to the

VISN 6 Director DeAnne Seekins (2nd from left) stands to cut the ceremonial ribbon on the new Tidewater Community Based Outpatient Clinic with (from right) Hampton VA Acting Director Dr. Shawn Alexander, Associate Directors Crystal Lindaman and Dr. Taquisa Simmons, and Dr. Dennis Walker (left), Hampton VAMC acting Chief of Staff. The clinic opened Oct. 15.

Hampton VA medical center. It will enable them to avoid crossing the Hampton Roads bridge tunnel, a significant barrier to timely care, while also allowing the medical center to repurpose some space for more specialized services on the hospital campus.

The new clinic is scheduled to open initially with two PACT Teams as well as 2 Behavioral health teams.



Dan V. Blalock, PhD

## Durham Researchers Collect Career Development Grants

Durham VA HCS has announced the most recent recipients of Career Development Award grants. VA's Career Development Program was established to provide mentoring for junior researchers so that they can learn from renowned, experienced VA researchers. Awardees from this program have become national and international leaders in their research fields. Awards are provided in all areas of VA's research enterprise, and support researchers at three levels. The distinctions separate entry-level work in Rehabilitation Research and Development Service, project stages lasting from 3-5 years, and a senior skill enhancement opportunity that could include a year-long sabbatical. Candidates must be nominated by a VA facility and must identify an appropriate VA mentor.

**CONTINUED ON PAGE 5**



STORY CONTINUED FROM COVER

# New Invention Prioritizes Communication Without Substituting Safety

**(LEFT PHOTO)** The Clear Talker mask is composed of a thermoplastic polyester commonly known as PETG, that provides significant chemical resistance, durability and excellent formability for manufacturing. The mask sizes are universal, based on The National Institute for Occupational Safety and Health.

The Clear Talker meets FDA requirements for surgical masks under the emergency use authorization for single-use surgical masks during the COVID-19 pandemic, says Burkhardt. When the pandemic is over, the Clear Talker will be submitted for approval to become the new surgical mask standard.

## THE INSPIRATION BEHIND THE MASK

Born with progressive hearing loss in both ears, AT member John Miller was the inspiration behind the Clear Talker mask.

"As a person with hearing loss, I do have hearing aids that allow me to hear sound," Miller said. "But I also rely on lip reading to fill in the blanks that I miss with my hearing. After the pandemic started, I was grateful everyone was wearing masks, but it made my day-to-day life harder."

Miller's personal experience inspired him to pursue an engineering degree that would allow him to directly help people with disabilities

## THE DESIGN

“The first time the three of us had

“these masks on, I almost felt like a weight came off of my shoulders,” said Burkhardt. “I felt lighter knowing the burden of understanding was diminished with the ease of seeing the whole face.”

The clear masks on the market today have filters located directly in front of the mouth, which obstruct visibility of the mouth.

"The idea behind the Clear Talker was to create a product with the fewest manufactured parts, while still being able to read lips," Burkhardt added.

AT held focus groups to test the design to ensure it helped people read body language, facial expressions and improve the overall connection

Oliver said she hopes to have all testing completed within a few weeks to begin distributing the masks to staff at the hospital.

To learn more about this highly specialized team, visit (Hyperlink) [https://www.richmond.va.gov/services/Assistive\\_Technology\\_at\\_McGuire\\_VA\\_Medical\\_Center.asp](https://www.richmond.va.gov/services/Assistive_Technology_at_McGuire_VA_Medical_Center.asp)



The collage of mask prototypes shows the evolution of development.

CONTINUED FROM PAGE 4

**Dan V. Blalock, PhD** is a licensed clinical psychologist and health services researcher at the Durham VA Center of Innovation to Accelerate Discovery and Practice Transformation (ADAPT) who studies self-management of health behaviors. Through a newly bestowed 5-year VA HSR&D Career Development Award, he will extend this work to focus on Telehealth Treatment of Veterans with Alcohol Misuse at Risk for Cardiovascular Disease.

**J. Antonio Gutierrez, MD, MHS** is an interventional cardiologist at the Durham VA Health Care System who specializes in vascular medicine and who conducts research on peripheral artery disease and poly-vascular disease. His newly received 5-year VA HSR&D Career Development Award will focus on Telehealth to Improve Functional Status and Quality of Life in Veterans with Peripheral Artery Disease (PAD).

VA's Career Development Program was established to provide mentoring for junior researchers so that they can learn from renowned, experienced VA researchers. Awardees from this program have become national and international leaders in their research fields. Congratulations to Drs. Blalock and Gutierrez!

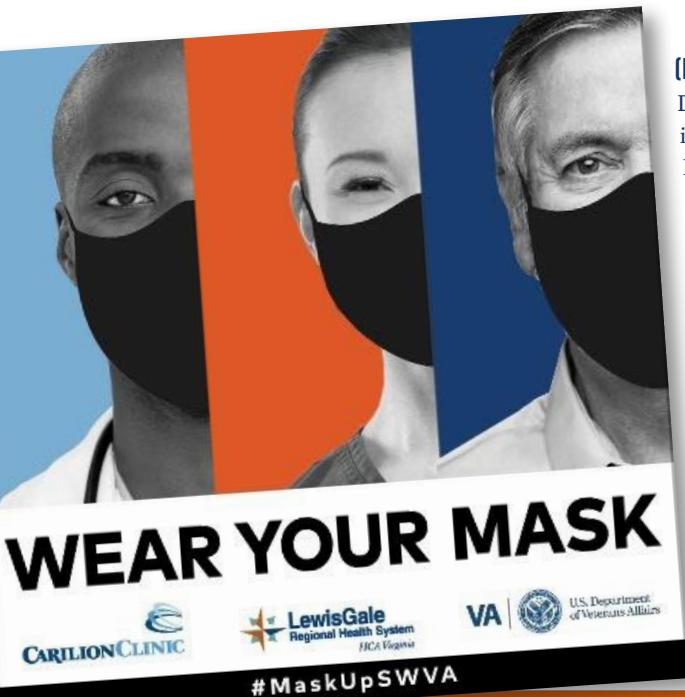


J. Antonio Gutierrez, MD, MHS

# Joins Local Hospitals in COVID Outreach Campaign

Medical officials at the Salem VA Health Care System, Carilion Clinic, and LewisGale Regional Health System joined forces in October to deliver a video message designed to encourage people to not become complacent about physical distancing and mask wearing. The partnership is one in a series of events the three health systems have collaborated on since the beginning of the COVID-19 pandemic.

The video of medical officials follows a social media campaign #MaskUpSWVA



#### (BELOW:) VIDEO SCREEN SHOT:

Dr. Patrice Weiss, Chief Medical Officer, Carilion Clinic, Dr. Carnell Cooper, Chief Medical Officer, LewisGale Regional Health System, and Dr. Thomas Martin, Acting Chief of Staff, Salem VA Health Care System

WEAR A  
MASK.

SAVE LIVES.



#MaskUpSWVA

wear a mask

practice social  
distancing

wash your hands



#MaskUpSWVA

Video Link: <https://youtu.be/ugopiG9D7vg>



## Clinician Advises Screening AFTER Breast Cancer Treatments

By Naomi Moran OTR/L, CLT | FAYETTEVILLE NCAHCS OCCUPATIONAL THERAPIST, CERTIFIED LYMPHEDEMA THERAPIST

Breast cancer awareness month gave us a great opportunity to highlight lymphedema, a chronic lymphatic disease resulting in swelling that can disfigure one or more parts of the body, according to the Lymphatic Education & Research Network, n.d. It can be hereditary or result from surgery, physical trauma, infection or radiation.

Because the disease is often underdiagnosed by health care professionals, all women and men who undergo surgery and/or radiation for breast cancer may benefit from at least one screening appointment. Besides timely identification and intervention, the visit can offer education to decrease risks for developing lymphedema. Without treatment, patients can suffer declines in function, independence, health and quality of life.

In a recent study, 42 out of 100 women

developed mild to moderate lymphedema within 5 years of their breast cancer treatment. Many women self-reporting early symptoms, like jewelry and clothing feeling tight, arm swelling after exercise, puffiness or tired, heavy skin, showed a higher occurrence of the disease. Some experts suggest that early and timely intervention reduces further development, which could include infection as well as the swelling.

With greater awareness of the risks for lymphedema, Veterans should access screening and treatment more often, and sooner after cancer treatments. Specially trained VA occupational and physical therapists conduct lymphedema interventions, or Veterans can opt for community referrals to Certified Lymphedema Therapists. The VA also covers items associated with lymphedema treatment.

Breast cancer survivors should discuss any questions or concerns about lymphedema with their Primary Care Physicians, Oncologists, Plastic Surgeons, Breast Clinics and/or Women's Health Clinic staff.

*"As a breast cancer survivor, a Certified Lymphedema Therapist, a Veteran, and as VA employee, I can attest to the benefits of the care provided by the VA for breast-cancer-treatment-related lymphedema."*

— Naomi Moran OTR/L, CLT  
Fayetteville NCVAHCS Occupational Therapist,  
Certified Lymphedema Therapist

**Online resources for lymphedema include:**

- <https://ww5.komen.org/UnderstandingLymphedemaInformation.html>
  - <https://lymphaticnetwork.org/>
  - <https://www.mayoclinic.org/diseases-conditions/lymphedema/symptoms-causes/syc-20374682>
  - [https://www.cancer.org/content/dam/CRC/PDF/Public/8901\\_00.pdf](https://www.cancer.org/content/dam/CRC/PDF/Public/8901_00.pdf)

**Naomi Moran OTR/L, CLT**  
Occupational Therapist,  
Certified Lymphedema Therapist  
[Naomi.moran@va.gov](mailto:Naomi.moran@va.gov)



# CGVAMC Social Worker Deploys to Lake Charles

By Amber Brown | CGVAMC SYSTEMS REDESIGN

**ASHEVILLE, NC** — A little more than a month ago, Hurricane Laura hit the Gulf Coast. That hurricane tied with an 1856 hurricane as the strongest on record to make landfall in Louisiana.

Our Disaster Emergency Medical Personnel Services (DEMPS) put out a request for volunteers to come to the hardest-hit areas and offer support.

Living in a makeshift tent in the parking lot next to a Community Based Outpatient Clinic (CBOC), she and other DEMPS staff assisted with wellness checks.

For the first time this year, we sent a Social Worker — Danielle “Dani” Bartley.

Bartley arrived in Lake Charles, La., where she remained for several weeks. Living in a makeshift tent in the parking lot next to a Community Based Outpatient Clinic (CBOC),

she and other DEMPS staff assisted with well-being checks, distribution of food, water and other essential items, and supported those who were seeking shelter.

Bartley also worked to link Veterans and community members with free services such as tree removal and roofing repairs.

"The pandemic, [along with the] natural disasters, have created a crisis and turned people's lives upside down," she said. "These individuals are going through some of the most difficult times of their lives, and I hope to be able to do what I can to ease that burden even if it's to make them smile or laugh in the face of a crisis."

Bartley said she wanted to provide support and hope to those she is serving during her deployment. She also hoped to learn from those she met along with way and said that their resiliency taught her as well.

**(TOP-RIGHT)** Dani Bartley deployed from Charles George VA Medical Center in Asheville, N.C., to Lake Charles, La., as part of the Disaster Emergency Medical Personnel Services. **(BOTTOM-RIGHT)** Living in a makeshift tent in the parking lot next to a Community Based Outpatient Clinic (CBOC), she and other DEMPS staff assisted with wellness checks.

# A Time for Innovation

By Vance Janes | WESTERN NORTH CAROLINA VA HCS PUBLIC AFFAIRS

ASHEVILLE, NC — The Western North Carolina VA Health Care System team is all about innovation.

This year, Veterans Health Administration (VHA) leadership reviewed more than 400 submissions and selected the top 15 practices that address key priorities, including increased access to care, suicide prevention and health care after COVID-19.

According to Dr. Anne Bailey, Pharmacist Provider and Emerging Tech Clinical Specialist, Western North Carolina VA Health Care System submitted five of the 400 Shark Tank applications this year, and though they were not selected among the final top 15, two did stand out as emerging strong practices.

Those two practices were both led by Pharmacist Providers — Dr. Eric Gibbs and Dr. Erica Asaro.

"Dr. Asaro's best practice increases access to care for Veterans with rheumatoid arthritis while also improving patient safety, decreasing medication-related risks, and allowing for increased direct communication between Veterans and their provider," Bailey said.

"Dr. Gibb's best practice focused on helping Veterans with Substance Use Disorders access care when, where, and how they are ready," she added. "Through a pharmacist-managed, in-home alcohol detoxification protocol, Gibbs uses virtual care models to help Veterans safely navigate the detox process."

Each of those practices continues to grow locally with the potential of spreading broadly to other VAs across the country.

"We also submitted 12 Spark-Seed-Spread applications, six of which were selected for the fiscal year 2021 Spark-Seed-Spread Innovation Investment program," Bailey said. "Spark-Seed-Spread is the VA's way of building that innovation muscle by investing directly into the creativity of frontline staff."

One project — texting for pharmacy refills and tracking — is in response to a multi-site, human-centered design project led by the Health Care System and is in collaboration with the Innovators Network and the Veterans Experience Office.

"This project is a direct response to challenges that we've heard Veterans themselves express nationwide," Bailey said.

The Health Care system also adopted the VEText Patient Tracking Tool that allows Veterans to check in for appointments while

on campus without requiring their physical presence in a waiting area.

That has been especially helpful, given the physical distancing requirements in place due to the COVID-19 pandemic.

## WHAT IS SHARK TANK?

According to the VHA Innovation Ecosystem website, the Veterans Health Administration's Shark Tank Competition provides medical centers across the country an opportunity to recognize top performers who are solving some of the toughest clinical and operational challenges across VHA.

To be eligible, applicants must have successfully implemented their practice in at least one facility, and the practice must address one of the VHA Priority Categories defined each year.

Those submitted processes are evaluated by VHA subject matter experts.

Applicants compete for the opportunity to be one of 15 Finalists who pitch their practices at the live competition to Medical Center and Veterans Integrated Service Network Director "Sharks."

During the competition, Sharks bid resources — such as funding, staff, or time — to implement the practices they want in their facilities.

VHA senior leaders select approximately 10 Finalists and 10 Sharks as winners of the competition. The winning practices proceed with facilitated replication in the winning Sharks' facilities. If the implementation is successful, VHA leaders may select the practice for national rollout.

To date, the competition has identified 59 clinical and operational practices, eight of which are being implemented nationally.

The practices have impacted more than 100,000 Veterans across the health care system and are helping position VHA as a leader in health care innovation and progress.

## RESPONSIBLE FOR CHANGE

The VA has a long history of innovation while providing health care to generations of Veterans. Many of those innovations have been adopted throughout the health care industry to better treat patients. VA medical professionals pioneered breakthrough innovations like:



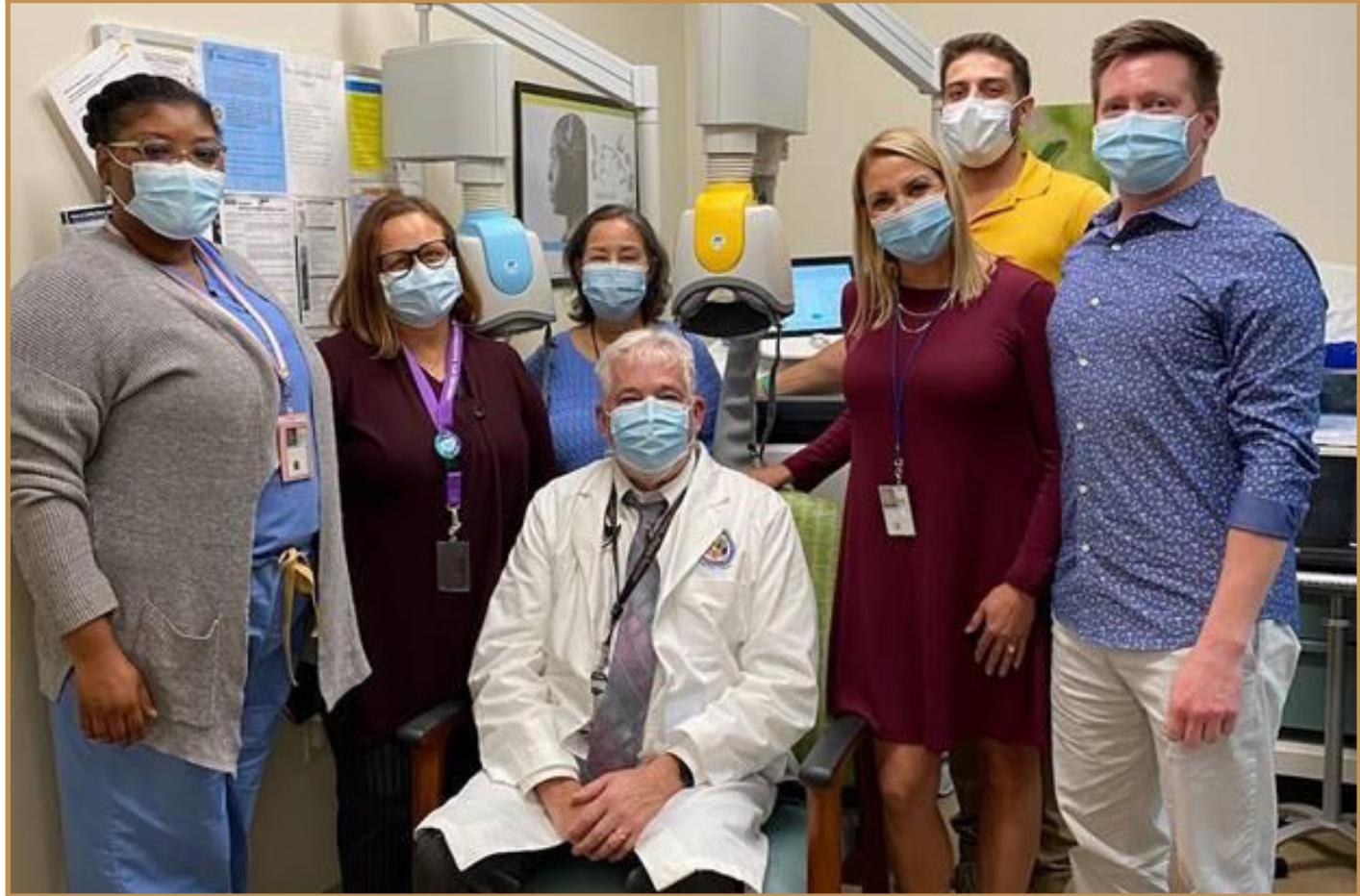
The VHA Shark Tank Competition encourages medical centers to utilize their top performers to help develop solutions to clinical and operational challenges nationwide.

- Barcode software for administering medications safely;
- The implantable cardiac pacemaker;
- The first successful liver transplants;
- The nicotine patch to help smokers quit; and
- Artificial limbs that move naturally when stimulated by electrical brain impulses.

Ms. Stephanie Young, Western North Carolina VA Health Care System Director, always says, "Improving our work is our work." And this year's Shark Tank submissions are living up to Young's mantra. After all, the team at the Western North Carolina VA Health Care System are all about innovation.



# rTMS Services at Hampton VAMC Continue to Grow



By Hampton VAMC Public Affairs

Hampton VA Medical Center is celebrating the progress of a program in its Neuro Modulation Clinic that has helped Veterans cope with and heal from treatment resistant depression.

Since the Repetitive Transcranial Magnetic Stimulation (rTMS) ribbon cutting ceremony in March 2018, Hampton's rTMS services at Hampton have flourished and expanded. Deemed an essential treatment for those who have had significant depression and, in many cases, suicidal ideations, the rTMS Clinic has remained open throughout the COVID-19 period.

Dr. Kenneth Miller, Director of the rTMS Clinic, also reports, "VISN 6's support for the growth and expansion of psychiatric noninvasive interventions neuromodulation interventions here at Hampton is incredible."

#### Repetitive Transcranial Magnetic Stim-

ulation uses a small handheld device or helmet called a “treatment coil” to deliver energy to the brain using pulsed “magnetic fields.” Similar to magnetic fields used in magnetic resonance imaging (MRI) machines, the device applies a series of pulses called “rTMS” to stimulate the brain, without surgery. The treatment does not require anesthesia or sedation. Patients remain awake and alert.

rTMS is a noninvasive treatment with minimal procedural side effects. Veterans can return to daily activities after their 20-minute treatment session. Veterans have reported a positive effect on their mood, clarity of thought, sleep, and energy. There is also a significant reduction or absence of suicidal thoughts. Hampton's Neuro Modulation clinic has provided approximately 1900 treatment sessions since 2018, for Veterans with complex treatment resistant depression.

The success response rate is up to 70

percent for the extended treatment, but lower for the shorter acute course. Remission of their depressive condition is seen in approximately 30 percent of those who have completed the six-to-eight-week treatment course.

The clinic currently has two deep rTMS devices: BrainsWay Hi Coils that treat major depression, and a new coil, H7, that treats Obsessive Compulsive Disorder (OCD) and potentially other addiction disorders.

Team Hampton looks forward to the expansion of Somatic/Neuromodulation services at Hampton VAMC main campus and South Hampton Roads Clinics to include Chesapeake, Virginia Beach and Portsmouth.

Hampton's clinic director, Dr. Kenneth J. Miller M.D. DLFAPA, DANPA, is a board-certified psychiatrist. Dr. Miller is also boarded in neuropsychiatry and behavioral neurology and he directs his professional team, which includes certified nurses and technicians.

**(PHOTO ABOVE)** On October 14th, Dr. Miller and his Neuro Modulation Clinic team welcomed Psychology Colleagues from Naval Medical Center Portsmouth Hospital as part of training and collaboration on joint PTSD Patients. Pictured are (from L to R) Amesha Latham – Psych Tech; Serina Neumann PhD – Research Psychologist; Claribel Lopez RN, NP; Kira Derby, RN, PMHNP; Conner King, Field Engineer – BrainsWay; William Lemley, MD – Psychiatrist

# VEText Mobile Check-in is Convenient, Easy

By Vance Janes | WESTERN NORTH CAROLINA VA HEALTH CARE SYSTEM PUBLIC AFFAIRS OFFICER

ASHEVILLE, NC — Some Veterans at the Charles George VA Medical Center are being greeted in the parking lot by employees who are out to spread the word about VEText Mobile Check-in — an app that allows the medical center to see more patients face to face by reducing congestion in waiting areas and turning Veterans' cars into virtual waiting rooms.

The VA is following Centers for Disease Control and Prevention (CDC) guidelines, and that means reducing unnecessary foot traffic and congestion in its facilities.

The new process which is based on the VEText platform that has been used to send Veterans updates and reminders for a while, so the program is not something radically new for Veterans. What is new is using it to check in for doctors' appointments.

Due to restrictions associated with the pandemic, the capacity for waiting areas in all VA facilities has been reduced. VEText Mobile Check-in provides an option for Veterans to check in using their cell phones and then wait in their vehicles until their providers are ready to see them.

## How It Works

Veterans must have a text-capable cell phone number on file with the VA. Veterans unsure of whether their number is on file should contact their care team or verify the information when they're contacted to schedule an appointment. The number used for texting must be the same number in a Veteran's file.

Once Veterans arrive to the facility for their scheduled appointment and park, they

will text the word "here" to 53079. That will alert the care team that the Veteran is at the facility and is waiting to be called to his or her appointment.

The Veteran will receive a text response verifying that the care team is aware that he or she is on site.

Once the care team is ready, the Veteran will receive a text instructing him or her to enter the building and proceed to their appointment. When the Veteran enters the facility, he or she will report to the clinic as scheduled.

This program provides a way for the health care system to see more Veterans while complying with the CDC guidelines regarding physical distancing. It increases the safety for the Veterans and staff, and it reduces the wait time inside the facility.

*Note: If a Veteran does not have a text-capable cell phone or a vehicle to wait in, he or she can proceed to the entrance to receive assistance from our screeners. Veterans should allow enough time for COVID-19 screening and report to the clinic of their scheduled appointment no more than 15 minutes before the appointment time.*



Annette Melton, Charles George VA Medical Center Eye Clinic supervisor (left), and Amber Brown, Systems Redesign Coordinator, talk with a Veteran in the parking lot about our new service VEText Mobile Check-in. The app, which has been used to push notifications to Veterans can now be used to let doctors know when Veterans have arrived for an appointment.



## Diabetes Awareness Month

By Vance Janes | WESTERN NORTH CAROLINA VA HEALTH CARE SYSTEM PUBLIC AFFAIRS OFFICER

November is Diabetes Awareness Month, and we want to increase your awareness of this serious disease. Veterans are twice as likely to have diabetes than the general population. About a quarter of VA patients have diabetes.

Diabetes is a chronic disease in which the body can't produce or properly use insulin. Normally, insulin brings sugar out of the bloodstream and into cells. If the body cannot make insulin or does not respond to it, the sugar stays in the bloodstream. As a result of high blood sugar levels, damage eventually occurs to blood vessels and organs. The most commonly affected parts of your body are the eyes, kidneys and feet.

### COMMON SYMPTOMS ARE:

- Feeling very thirsty or hungry
- Frequent urination
- Extreme fatigue
- Blurry vision
- Cuts or bruises that are slow to heal
- Weight loss
- Tingling, pain or numbness in the hands or feet

### *Things you can do to prevent diabetes:*

*Don't smoke or use tobacco in any form.*

Eat a healthy diet including plenty of vegetables, as well as fruits in moderation. Eat foods that are low in animal fat. Make most or all of your breads and cereals whole grain products. Limit your intake of sweet foods and drinks. Avoid overeating. Limit or avoid alcoholic beverages and make water your beverage of choice.

### *Get plenty of exercise.*

You should do at least 150 minutes each week of moderate-intensity physical activity.

### *Maintain a healthy weight.*

Eating a healthy diet and getting lots of physical activity are the keys to doing this. Losing extra weight is especially helpful.

### *Take steps to reduce your stress.*

If you or a loved one experiences any of the above symptoms, talk to your health care provider to rule out diabetes. If you are diagnosed with diabetes, there is medication available to help manage the disease. By taking the proper care, you and your loved ones can live healthy lives.

## Protect Your Vision From DIABETES

Have a **dilated eye exam** every year, and follow these steps to keep your health on **TRACK**.

- T** Take your medications as prescribed by your doctor. 
- R** Reach and maintain a healthy weight. 
- A** Add more physical activity to your daily routine. 
- C** Control your ABC's—A1C, blood pressure, and cholesterol levels. 
- K** Kick the smoking habit. 

[www.nei.nih.gov/diabetes](http://www.nei.nih.gov/diabetes)



National Eye Institute



A program of the National Institutes of Health

# VISN 6 Sites Of Care & VA Vet Centers

## MEDICAL CENTERS

### Asheville VAMC

1100 Tunnel Road  
Asheville, NC 28805  
828-288-7911 | 800-932-6408  
[www.asheville.va.gov](http://www.asheville.va.gov)

### Durham VAMC

508 Fulton Street  
Durham, NC 27705  
919-286-0411 | 888-878-6890  
[www.durham.va.gov](http://www.durham.va.gov)

### Fayetteville VAMC

2300 Ramsey Street  
Fayetteville, NC 28301  
910-488-2120 | 800-771-6106  
[www.fayettevillenc.va.gov](http://www.fayettevillenc.va.gov)

### Hampton VAMC

100 Emancipation Dr.  
Hampton, VA 23667  
757-722-9961 | 866-544-9961  
[www.hampton.va.gov](http://www.hampton.va.gov)

### Richmond VAMC

1201 Broad Rock Blvd.  
Richmond, VA 23249  
804-675-5000 | 800-784-8381  
[www.richmond.va.gov](http://www.richmond.va.gov)

### Salem VAMC

1970 Roanoke Blvd.  
Salem, VA 24153  
540-982-2463 | 888-982-2463  
[www.salem.va.gov](http://www.salem.va.gov)

### Salisbury VAMC

1601 Brenner Ave.  
Salisbury, NC 28144  
704-638-9000 | 800-469-8262  
[www.salisbury.va.gov](http://www.salisbury.va.gov)

## OUTPATIENT CLINICS

### Albemarle CBOC

1845 W City Drive  
Elizabeth City, NC 27909  
252-331-2191

### Brunswick County CBOC

18 Doctors Cl., Units 2 & 3  
Supply, NC 28462 | 910-754-6141

### Charlotte CBOC

8601 University East Drive  
Charlotte, NC 28213  
704-597-3500

### Charlotte HCC

3506 W. Tyrola Rd.  
Charlotte, NC 28208  
704-329-1300

### Charlottesville CBOC

590 Peter Jefferson Pkwy  
Charlottesville, VA 22911  
434-293-3890

### Chesapeake CBOC

1987 S. Military Highway  
Chesapeake, Va 23320  
757-722-9961

### Clayton CBOC

11618 US Hwy 70 Business Highway West,  
Suites 100 & 200  
Clayton, NC 27520

### Danville CBOC

705 Piney Forest Rd.  
Danville, VA 24540  
434-710-4210

### Emporia CBOC

1746 East Atlantic Street  
Emporia, VA 23847  
434-348-1500

### Fayetteville HCC

7300 So. Raeford Rd  
Fayetteville NC 28304  
910-488-2120 | 800-771-6106

### Fayetteville Rehabilitation Clinic

4101 Raeford Rd. Ste 100-B  
Fayetteville NC 28304  
910-908-2222

### Franklin CBOC

647 Wayah Street  
Franklin, NC 28734-3390  
828-369-1781

### Fredericksburg CBOC

130 Executive Center Pkwy  
Fredericksburg, VA 22401  
540-370-4468

### Fredericksburg at Southpoint CBOC

10401 Spotsylvania Ave, Ste 300  
Fredericksburg, VA 22408  
540-370-4468

### Goldsboro CBOC

2610 Hospital Road  
Goldsboro, NC 27909  
919-731-4809

### Greenville HCC

401 Moye Blvd.  
Greenville, NC 27834  
252-830-2149

### Hamlet CBOC

100 Jefferson Street  
Hamlet, NC 28345  
910-582-3536

### Hickory CBOC

2440 Century Place,  
SE Hickory, NC 28602  
828-431-5600

### Hillandale Rd. Annex

1824 Hillandale Road Durham  
North Carolina 27705  
919-383-6107

### Jacksonville CBOC

2580 Henderson Drive  
Jacksonville, NC 28546  
910-353-6406

### Jacksonville 2 VA Clinic

306 Brynn Marr Road  
Jacksonville, NC 28546  
910-353-6406

### Jacksonville 3 VA Clinic

4 Josh Court  
Jacksonville, NC 28546  
910-353-6406

### Kernersville HCC

1695 Kernersville Medical Pkwy  
Kernersville, NC 27284  
336-515-5000

### Lynchburg CBOC

1600 Lakeside Drive  
Lynchburg, VA 24501  
434-316-5000

### Morehead City CBOC

5420 U.S. 70  
Morehead City, NC 28557  
252-240-2349

### Raleigh CBOC

3305 Sungate Blvd.  
Raleigh, NC 27610  
919-212-0129

### Raleigh II Annex

3040 Hammond Business Place  
Raleigh, NC 27603  
919-899-6259

### Raleigh III CBOC

2600 Atlantic Ave, Ste 200  
Raleigh, NC 27604  
919-755-2620

### Robeson County CBOC

139 Three Hunts Drive  
Pembroke, NC 28372  
910-272-3220

### Rutherford County CBOC

2270 College Avenue, Suite 145  
Forest City, NC 28043-2459  
828-288-2780

### Sanford CBOC

3112 Tramway  
Road Sanford, NC 27332  
919-775-6160

### Staunton CBOC

102 Lacy B. King Way  
Staunton, VA 24401  
540-886-5777

### Tazewell CBOC

141 Ben Bolt Ave.  
Tazewell, VA 24651  
276-988-8860

### Virginia Beach CBOC

244 Clearfield Avenue  
Virginia Beach, VA  
757-722-9961

### Wilmington HCC

1705 Gardner Rd.  
Wilmington, NC 28405  
910-343-5300

### Wytheville CBOC

165 Peppers Ferry Rd.  
Wytheville, VA 24382-2363  
276-223-5400

## DIALYSIS CENTERS

### VA Dialysis and Blind Rehabilitation Clinics at Brier Creek

8081 Arco Corporate Drive  
Raleigh, NC 27617  
919-286-5220

## VA Dialysis Clinic Fayetteville

2301 Robeson Street, Ste. 101  
Fayetteville, NC 28305, 910-483-9727

## VET CENTERS

### Charlotte Vet Center

2114 Ben Craig Dr.  
Charlotte, NC 28262  
704-549-8025

### Fayetteville Vet Center

2301 Robeson Street  
Fayetteville, NC 28305  
910-488-6252

### Greensboro Vet Center

3515 W Market Street, Suite 120  
Greensboro, NC 27403  
336-333-5366

### Greenville Vet Center

1021 W.H. Smith Blvd.  
Greenville, NC 27834  
252-355-7920

### Jacksonville, N.C. Vet Center

110-A Branchwood Drive  
Jacksonville, NC 28546  
910-577-1100

### Norfolk Vet Center

1711 Church Street  
Norfolk, VA 23504  
757-623-7584

### Raleigh Vet Center

8851 Ellstree Lane  
Raleigh, NC 27617  
(919) 361-6419

### Roanoke Vet Center

1401 Franklin Rd SW  
Roanoke, VA 24016  
540-342-9726

### Virginia Beach Vet Center

324 Southport Circle, Suite 102  
Virginia Beach, VA 23452  
757-248-3665



## VISN 6 Newsletter

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Questions or comments about the newsletter, email [stephen.wilkins2@va.gov](mailto:stephen.wilkins2@va.gov) or call 919-956-5541

## VISN 6 EDITORIAL

DeAnne Seekins // VISN 6 Network Director  
Tara Ricks // Director of Communications  
Steve Wilkins // Editor

## PRODUCTION TEAM

Fanning Communications  
John Fanning // President + CEO  
DeAnna Clark // Graphic Designer  
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