



# VA Pride

Vol. 2 No. 4 An Information Guide for the Veterans We Serve in Southeast Texas July/August 2003

Houston Veterans Affairs Medical Center • Beaumont VA Outpatient Clinic • Lufkin VA Outpatient Clinic

## Study Shows Reform Efforts Improve Care at VA

**WASHINGTON, D.C.**—The quality of health care veterans receive from the Department of Veterans Affairs (VA) has improved significantly, according to a VA study published in the *New England Journal of Medicine* recently. A major overhaul of the health care system that began in 1995 led to improvements in quality indicators.

"VA is the benchmark in quality for many areas of health care — patient safety, computerized patient records, bar-coding," said Secretary of Veterans Affairs Anthony J. Principi. "Now this study demonstrates how VA's performance measurements, accountability and incentives for improvement led to more rapid rates of improvement."

Researchers for the study were from VA, Brigham and Women's Hospital, the National Quality Forum and the University of California. Using data from VA's External Peer Review Program, researchers compared quality indicators of preventive, acute and chronic care with similar data from the Medicare fee-for-service program.

To assess performance on an ongoing basis, clinical managers were provided data from VA's External Peer Review Program. The current study represented all VA locations nationwide and included between 50,000 and 90,000 individual medical records each year since 1995.

Reviewers gathered data on standard quality of care indicators, including those for preventive care, such as the frequency of mammography, vaccination and colorectal cancer screening. The data also included markers for quality outpatient care: reaching target blood pressure readings for patients with hypertension, prescription of aspirin within 24 hours of a myocardial infarction (heart attack), cholesterol screening and control for diabetes and heart disease patients and appropriate preventive services like vaccinations and screenings for other patients.

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*Explanations of the most common blood laboratories requested by your health care provider . . .*

## Why Does Your VA Doctor Want All Those Blood Tests?

**HOUSTON, TX** - The Houston VA Medical Center (HVAMC) wants you to know what all those blood tests really mean. The following are some of the most common blood laboratories requested by your health care provider.

### Complete Blood Counts (CBC)

This panel of tests measures the number and distribution of the cells in the blood. It is divided by type of cell. There are three types of cells.

The test for White Blood Cells (WBC) measures the number of white cells in your blood at any time. It is elevated when you have an infection, if you are taking certain medications, or if you have certain blood disorders. It is low after certain viral infections or if you have a weak bone marrow. If it is dangerously low, your doctor will give you certain precautions to take.

The test for Red Blood Cells includes several numbers used to measure your red cell count. This test determines how much oxygen your blood can carry. The most commonly referred number is the hematocrit (HCT). If it is low for your age and sex, then you may be anemic. Certain medications such as testosterone and Dehydroepian-



*Houston VA Medical Center laboratory technician team leader Elaine Bennet draws blood from veteran J. W. Williams. If you have questions about these or other medical tests, write them down and ask your health care provider during your next appointment. You can also call the VA Network Telecare Center at (713) 794-8985 or toll-free 1-800-639-5137.*

drosterone, and tobacco use can cause this number to be too high.

The Platelets (PLT) test measures the number of cells in your blood that cause

clotting. If this number is dangerously low, then you may bleed or bruise easily.

*(continued on page 6)*

*HVAMC recognized for having consistently low mortality rates . . .*

## Houston VA Medical Center Receives Prestigious Surgery Commendation

**HOUSTON, TX** - For the third consecutive year, the Houston VA Medical Center (HVAMC) has been commended by the National Veterans Affairs Surgical Quality Improvement Program (NSQIP) Executive Committee for having consistently low mortality rates in general surgery, all non-cardiac surgery, and all operations.

"The entire surgical team, including surgeons, anesthesiologists, and nurses, should be proud of their hard work in providing outstanding care to our veterans," said David H. Berger, M.D., HVAMC Operative Care Line executive.

The Committee, which met in January 2003, reviewed the accrual, workload, and outcome information on major surgery procedures at the HVAMC in fiscal year 2002.

Each year, the NSQIP Executive Committee carefully reviews the risk-

adjusted observed/expected (O/E) mortality ratios in each VA hospital for all surgical operations combined and each surgical subspecialty for the last four fiscal years.

An O/E ratio statistically significantly above one indicates that mortality is higher than what would be expected on the basis of the patient characteristics. An O/E ratio statistically significantly below one indicates that mortality is lower than what would be expected on the basis of the patient characteristics.

"I am very proud the Houston VA Medical Center received such important recognition," said Thomas B. Horvath, M.D., F.R.A.C.P., HVAMC chief of staff. "Our surgical service staff and its practices are top-notch. I am pleased that we serve as such a positive example for other hospitals." ■

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### Special Note:

**America Heroes' Health Fair**  
Houston VA Medical Center Gymnasium  
Friday, October 17, 2003  
10 a.m. - 3 p.m.  
Open to all Enrolled Veterans.

Social workers assist veterans and their family members to resolve emotional, psychosocial, and economic problems . . .

# How Can Social Workers at the Houston VA Help Me?

**HOUSTON, TX** - Social workers assist veterans and their families to resolve emotional, psychosocial, and economic problems. These health care professionals assist in dealing with the stress of illness, provide information about the VA and community resources, and facilitate a veteran's aftercare from the Houston VA Medical Center (HVAMC).

The HVAMC employs Masters-prepared social workers who are state licensed, in our case usually Texas, and independent practitioners.

## What does that mean?

It means that the social workers that work with you are professionally trained, at the graduate level and licensed. They regularly attend educational activities to ensure that they are familiar with the latest resources, benefits, and treatment options for you and your loved ones.

Social Workers routinely provide a variety of services including:

### Assessments

Social work assessments assist your caregivers in understanding you as an individual who is a member of a family

and community. Your personal history and situation assures that the care you receive meets your individual needs. These assessments also include your home or community environment in order to assess your resources and needs.

### Crisis Intervention

Supportive counseling is provided at times of crisis, new diagnoses, chronic illness, loss of a loved one, etc. This crisis response can also include linking veterans to services quickly during times of extreme difficulty or need.

### High-risk Screening

Social workers assess vulnerable veterans for support and services.

### Discharge Planning

Social workers assist veterans, and their families, in their transition back to the community or their home from a hospital stay and even after a clinic visit.

### Case Management

Social workers provide on-going individualized care plus individual, family, and group counseling.



Houston VA Medical Center social worker Kathy Molitor meets with veteran Charles Coffman during a clinic visit. Social workers assist veterans and their families with the stress of illness, provide information about the VA and community resources, and facilitate a veteran's aftercare from the HVAMC. Each clinic or unit at the HVAMC has a social worker assigned to it. Just let your doctor, nurse or clinic clerk know that you'd like to see a social worker. They can either direct you to the social worker's office or contact them for you.

### Advocacy and Education

Social workers work on behalf of veterans both within and outside the HVAMC. These health care professionals also work to educate veterans and their family members through caregivers' support groups and staff consultation.

### What types of services are provided by Social Workers at the HVAMC?

Social workers at the HVAMC provide a variety of services including information on Advance Directives; advocacy; assistance with alternative living arrangements such as emergency shelters, assisted living, boarding homes, nursing homes, and veteran's homes; chemical dependency assessments and treatment; information on financial assistance and benefits programs; HIV counseling; home assessments; information and/or referral to community resources; and individual, family and group therapy.

### What types of community services can HVAMC Social Workers help me with?

Social workers at the HVAMC can provide information about such community services as adult and child protection; adult day care; community mental health; community case management services; and domestic violence assistance. These health care professionals can also advise you about emergency response systems; financial resources such as Social Security, SSI, and food stamps; homeless shelters; hospice care; legal assistance; Meals-On-Wheels; medical equipment; senior centers; and support groups.

### When should I ask for a Social Worker's assistance?

You should ask for a HVAMC social worker if you find yourself needing assistance with abuse or neglect situations; addiction problems; or Advance Directive situations. A social worker will also be helpful when you are dealing with caregiver's stress; the death of a spouse; depression or grief; discharge planning; domestic violence issues; financial needs; and general feelings of vulnerability. Social workers can help with HIV pre/post test counseling; homelessness; housing problems; nursing home placement and eligibility; organ donation; and stress from chronic illness.

### How do I find a Social Worker?

Each clinic or unit has a social worker assigned to it. Just tell your doctor, nurse or clinic/unit clerk that you'd like to see a social worker. They can either direct you to the social worker's office or contact them for you.

### What if my area's Social Worker is not in the day I need them?

When a social worker is on leave, there is another social worker assigned to provide coverage for him or her. If the staff in your clinic or unit is unaware of this, contact the clinic or care line office. The staff there will contact the appropriate social worker for you.

### How can I be sure the HVAMC Social Work Services are high quality?

The quality of Social Work services is the responsibility of the Social Work Practice. Because social workers are an important profession providing services to veterans, it is important to make sure we hire and train the best social workers available.

### What is the HVAMC Social Work Practice's mission and purpose?

The HVAMC Social Work Practice's mission and purpose is to assure adherence to ethical standards of professional practice and conduct; provide professional educational activities; and ensure a high level of professional performance by social workers through quality improvement activities and assessment of skills, knowledge, and competency.

### How is the Social Work Practice organized and how does it operate?

The Social Work Practice Executive Board and Practice Manager oversee the practice of social work at the HVAMC. The Social Work Practice Executive Board, through its committees, provides counsel and assistance to each social worker, care line executives and medical center leadership regarding all facets of professional social work practice within the HVAMC.

### Who can I contact for more information or to ask questions?

If you can't locate your social worker, you can also check with the HVAMC Operator Switchboard at (713) 791-1414 and ask for the Clinical Practice Office at extension 5735. ■ Miguel Ortega, LMSW-ACP, Social Work Practice Manager

## A Word from the Director . . .

# Information is Key for Veteran Satisfaction

**HOUSTON, TX** - The Houston VA Medical Center (HVAMC) always enjoys celebrating the accomplishments of our staff members, especially when those achievements directly improve patient care, increase patient education, result in new research findings, or advance teaching excellence.

At the National Public Affairs Conference recently held in Dallas, three of our medical center's publications received national awards for excellence in public affairs - the VA Pride, the Veteran Information Packet (VIP), and the HVAMC Visitor Guide & Medical Center Map.

The newspaper you are reading right now, the VA Pride, won in the External Publications category. In 2001, we realized the HVAMC lacked an effective means of communicating with the veterans we serve. It was evident through veteran satisfaction scores that veterans did not have basic information about the HVAMC. Market research using informal focus groups and other veteran feedback mechanisms showed that veterans wanted a simple, no frills newspaper with information of interest and importance to them. While they wanted information in an easy to read format, they wanted a free publication that was inexpensive for the HVAMC to produce. The result was the VA Pride, a bimonthly newspaper, and the response we received from our veterans was immediate and positive.



Edgar L. Tucker, Medical Center Director

The VIP won in the Brochures and Pamphlets category. The HVAMC developed the VIP to get information to veterans about how to obtain health care at the HVAMC and about how the Veterans Health Administration works. Using white paper, the document is copied by HVAMC Reproduction to control costs and use existing equipment.

The Visitor Guide & Medical Center Map also won in the Brochures and Pamphlets category. At nearly three million square feet, the HVAMC is an impressive and intimidating structure for any visitor. For veterans seeking medical care, it is essential that the HVAMC provide clear, readable, and understandable directional information.

A successful team gains when all of its members strive for excellence. Our Public Affairs Office's efforts to educate and inform our veterans certainly exemplifies that spirit and we all celebrate in this well-earned recognition. ■

# Houston VA Vascular Surgeons Treating Veterans Suffering from Abdominal Aortic Aneurysms with New, Minimally Invasive Procedure

**HOUSTON, TX** - Each year, approximately 15,000 people die from Abdominal Aortic Aneurysm (AAA), making this disease the 13<sup>th</sup> leading cause of death in the U.S. AAA is the third leading cause of sudden death among men over the age of 60. AAA affects 1.5 million people in the U.S., with approximately 200,000 new cases diagnosed each year. Only about half of the 1.5 million people with AAA have been diagnosed, the other half remain undiagnosed.

AAA may go undetected because there are no symptoms. The disease is usually detected by accident – during screening and imaging tests, like X-rays, done for other medical reasons. However, as the general public becomes more aware of AAA, proactive testing and screening is becoming increasingly common.

An aneurysm is a ballooning of an artery resulting from a weakening or stretching of the arterial wall. Aneurysms may occur in any blood vessel, but the most common place is in the abdominal aorta just below the kidney arteries. The aorta is the large arterial trunk that carries blood from the heart to be distributed by branch arteries through the body.

An AAA is usually the result of hardening of the arteries. Other risk factors that are associated with the development of an AAA include cigarette smoking, high blood pressure, high cholesterol levels, and chronic lung disease.

Most people do not experience any symptoms related to their AAA. During a routine physical examination, your doctor may notice a throbbing mass in the middle or lower part of your abdomen. Doctors treat aneurysms because, in many instances, if untreated, the large blood vessel can burst

or rupture, causing life-threatening internal bleeding and death.

Unfortunately, most abdominal aortic aneurysms rupture suddenly. A few patients may experience new severe tearing-like back pain, but still not yet be ruptured. A patient with a pulsing abdominal mass, back pain, and low blood pressure is assumed to have a rupturing AAA until proven otherwise.

If an AAA ruptures, most patients die. Among celebrities, Roy Rogers survived a rupture, but he was the exception and not the rule. Albert Einstein, Lucille Ball, and Conway Twitty were not so fortunate.

Caucasian males over age 55 are at the greatest risk for AAA. In fact, aneurysms are among the top ten causes of death among this group. By about age 80, over 10 percent of Caucasian males will have developed an aneurysm. AAA occurs less frequently in Caucasian females, and they are relatively uncommon in African Americans of both sexes.

An AAA is treated if the doctor feels there is a risk that the aneurysm will burst. This depends on the size of the aneurysm.

The traditional treatment for AAA is a “conventional open operation.” In this three to four hour surgical procedure, a six-inch incision is made in the patient’s abdomen and the section of aorta where the aneurysm has formed is replaced with a synthetic graft. Patients typically spend one to two nights in an intensive care unit and remain in the hospital for an additional five to seven days.

Vascular surgeons at the Houston VA Medical Center (HVAMC) are currently treating patients with a new, minimally invasive AAA procedure, called “endovascular stent grafting.”

In this procedure, a catheter is placed



*An endovascular procedure to repair an abdominal aortic aneurysm can be performed safely without a major abdominal incision by inserting an “endograft” device through a patient’s groin artery. This device repairs the abdominal aortic aneurysm. Peter Lin, M.D., chief of the Houston VA Medical Center vascular surgery service, explains to veteran Wendell Sowel how this endograft device is used to repair an aortic aneurysm.*

into the femoral artery in the leg. This artery leads to the aorta. The doctors use the catheter to place a small device called an endograft just under the kidney arteries. The endograft is expanded and fixed in place using the stent graft delivery system. The blood is now traveling through the endograft and not through the aneurysm.

“This new aneurysm operation typically takes between two to four hours to perform, and the patient experiences significantly less pain and discomfort following the procedure. Most of our patients are able to go home the next day,”

said Peter Lin, M.D., chief of the HVAMC vascular surgery section.

Lin along with two other HVAMC physicians, Alan Lumsden, M.D. and Ruth Bush, M.D. have collectively performed more than 500 of these new aneurysm operations. “We’ve performed more endovascular AAA operations than any other VA hospital system in the country, and our results have been superb. Many patients with difficult or complex aneurysms from other VA hospitals are routinely referred to us for treatment,” said Lumsden.

In clinical trials conducted to evaluate the currently available stent-graft devices, the procedures were successfully performed in more than 97 percent of patients. The most common reason the procedure failed was the patient’s blood vessels were too small or unhealthy to allow delivery of the stent graft.

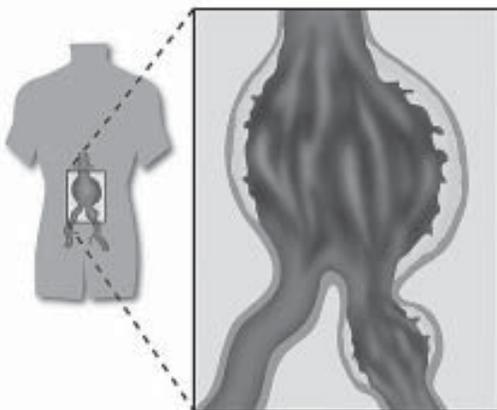
“Patients who undergo this new endovascular AAA operation can usually resume their normal activities within a week following the operation. This is in contrast to the two to three months if they undergo the conventional operation. With patients who have underlying lung disease and do not tolerate general anesthesia, we can perform this endovascular procedure using local anesthesia,” said Bush.

The benefits of endovascular stent grafting include the reduction or elimination of the following: general anesthesia and mechanical ventilation, the amount of time that blood flow is decreased to vital organs and lower extremities, complications that may result from open surgery, and hospitalization and recovery time.

The HVAMC is now offering an ultrasound-screening program to evaluate patients for possible abdominal aortic aneurysms. If you would like to participate in this ultrasound-screening test, please contact the vascular surgery ultrasound lab at (713) 791-1414, ext. 7096.

The mention of a particular medical device in this story does not express or imply an endorsement of that product by the U. S. Government, the Department of Veterans Affairs, or the HVAMC. ■

## Houston VA Medical Center Abdominal Aortic Aneurysm Screening Program



An abdominal aortic aneurysm (AAA) is an abnormal enlargement of the main blood vessel in the abdomen, which is one of the leading causes of death in men because of its high likelihood of rupture.



This condition can be treated with a minimally-invasive therapy in which a stent-graft device is used to repair the aneurysm. Physicians at the Houston VA Medical Center are currently evaluating the benefit of this minimally-invasive therapy.

There are several easy and fast ways to get your medications . . .

# How Do I Get My Prescriptions Refilled?

**HOUSTON, TX** - There are several easy and fast ways to get your medications from the Houston VA Medical Center (HVAMC). When your health care provider orders a new prescription, tell him or her whether you wish to wait and pick it up at the pharmacy, or you would rather have it mailed to you.

The HVAMC Outpatient Pharmacy is open Monday through Friday, 8 a.m. to 8 p.m. On Saturdays, the hours of operation are 8 a.m. to 4 p.m. The pharmacy is closed on Sundays and most federal holidays.

Refills are always sent by mail except for items requiring constant refrigeration. To avoid the risk of running out of your medicines, always be sure to order your refills at least two to three weeks before you need them.

## Consolidated Mail-out Pharmacy

The first and easiest way to get your prescriptions refilled is by using the Consolidated Mail-out Pharmacy (CMOP). You can stop by the HVAMC Outpatient Pharmacy, located on the first floor by the East elevators, and speak with our professional pharmacy staff about requesting your refills by mail from our CMOP Center located in Murfreesboro, Tennessee.

## Automated Telephone System

Second, HVAMC Pharmacy's Automated Telephone Prescription Refill System is available seven days a week, 24 hours a day. The telephone number is (713) 794-7648 or toll-free 1 (800) 454-1062. You will need a touch-tone phone, your Social Security

number, and your prescription number. Your prescription number is located on the top left corner of your prescription container.

## Pharmacy Telephone Helpline

If you are having trouble using the automated refill line, the HVAMC Pharmacy Telephone Helpline is available Monday through Friday from 8 a.m. to 4 p.m. by dialing (713) 791-1414, extension 2421 or (713) 794-7653. A pharmacist is available to answer any questions you have concerning how to order your refills and any questions concerning your medications.

## By Mail

Third, to request refills when you do not have the computerized refill slip, just mail us your request in the form of a letter. This letter should contain your complete name, Social Security number, and the prescription number or name of the medication. Mail your request to HVAMC 580/119, 2002 Holcombe Blvd., Houston, TX 77030-4298.

## Drop-Off Box

Finally, for those patients who just need to drop their refill requests off and do not need to speak with the pharmacy staff, a drop box is available near the HVAMC Outpatient Pharmacy turn-in window. The drop box is located on the first floor by the East elevators.

Remember, the HVAMC will provide medications that are prescribed only by VA health care providers in conjunction with VA medical care. HVAMC will not fill or rewrite prescriptions prescribed

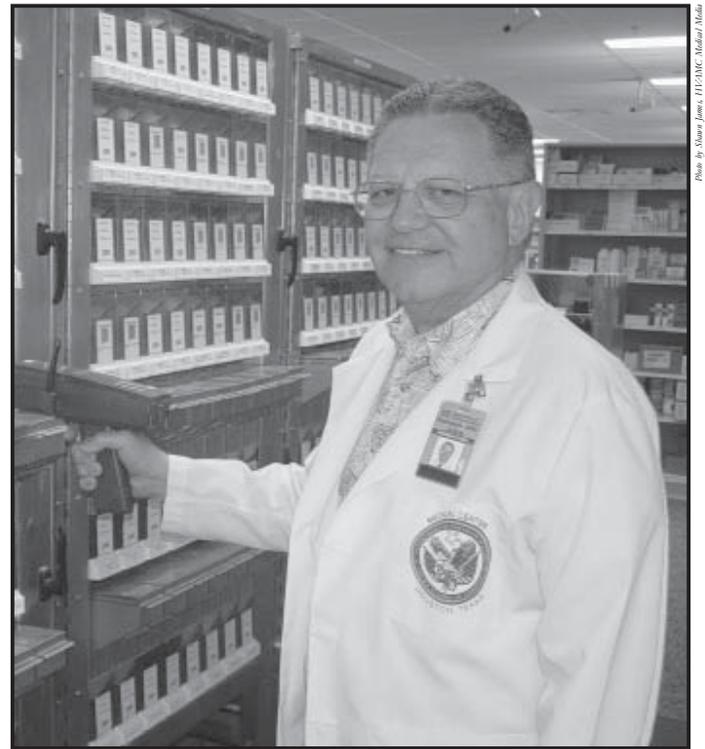


Photo by Shawn Jones, HVAMC Medical Media

*Houston VA Medical Center pharmacist Julius Hochstein, R.Ph. uses the Bar Code Medication Administration system to fill a veteran's prescription. The easiest way to get your prescriptions refilled is by using the Consolidated Mail-out Pharmacy (CMOP). You can stop by the Houston VA Medical Center Outpatient Pharmacy, located on the first floor by the East elevators, and speak with the professional pharmacy staff about requesting your refills by mail from our CMOP Center located in Murfreesboro, Tennessee.*

by your private physician.

Medications are an important part of your health care. Managing medications is **serious** business. Medications need to be monitored and some require on-going laboratory tests. Multiple medications taken together can cause dangerous side effects or become ineffective because of the combination of drugs. Some medications can cause side effects

even without other medications being involved. Because of these risks, your VA provider cannot prescribe medications without managing your health care.

If you have side effects, call the VA Network Telecare Center at (713) 794-8985 or toll free 1 (800) 639-5137, the HVAMC Pharmacy Helpline at (713) 794-7653, or contact your Prime Care Team immediately. ■

*The Houston VA Medical Center's medical care budget is supplemented by the amount we are able to collect from private health insurance carriers. This means the money we collect here in Houston is used to buy medications for our pharmacy and equipment right here. . . .*

## 3 Great Reasons to Tell Us If You Have Insurance

**HOUSTON, TX** - Whether or not you have insurance does not affect your eligibility for VA health care benefits. But if you do have insurance coverage, we would like to know for three reasons. All three reasons benefit you.

**Reason #1:** Most importantly, the Houston VA Medical Center's (HVAMC) medical care budget is supplemented by the amount we are able to collect from private health insurance carriers. This means the money we collect here in Houston is used to buy medications for our pharmacy and equipment right here.

This money ensures we can deliver up-to-date medical services to the veterans we serve in southeast Texas. This money also helps pay our doctor and nurse salaries so that you get the best caregivers available.

**Reason #2:** Many insurance companies will apply VA health care charges toward the satisfaction of your annual deductible.

**Reason #3:** The law requires us to bill private health insurance companies for all care provided for veteran's non-

service connected disabilities. Keep in mind that you will not be responsible for any unpaid balance that the insurance company does not pay, except for your regular VA co-payments.

Accurate information regarding Medicare, Medicare Supplements, as well as prescription and dental insurance should all be provided to HVAMC.

When you provide us with current and accurate insurance information it helps us meet the requirements of the law, and more importantly, it will help us to provide health care services to all the veterans we serve.

As mentioned above, your health insurance is very important to us because the amount we are able to collect from private health insurance carriers goes to the HVAMC's medical care budget.

Remember, whether or not you have insurance does not affect your eligibility for VA health care benefits.

Please remember to always bring your insurance card with you when you come to the HVAMC because it provides insurance information we need. Please offer your insurance card to the

clerk when you check-in for your appointment.

Here are some frequently asked questions about insurance and billing at the Houston VA Medical Center:

**Question: If I tell you about my insurance coverage, what types of payments will I be responsible for?**

**Answer:** The VA will charge your insurance carrier for your nonservice-connected treatment and for medication and medication refills.

You may also be responsible for VA co-payments which are charged for inpatient care, outpatient visits and medications.

Certain veterans are eligible for waivers from VA co-payments. For more information about your VA co-payment responsibilities, please call (713) 794-7796.

**Question: If my insurance will not cover a particular service or procedure what payments will I be responsible for?**

**Answer:** When the insurance carrier does

not reimburse the VA for the health care services provided, you will be responsible for paying the VA co-payment for the services provided.

For more information about your VA co-payment responsibilities, please call (713) 794-7796.

**Question: If I am presently covered by my spouse's insurance policy, do I need to tell the VA?**

**Answer:** Yes. The VA will bill your family member's insurance company for nonservice-connected medical care.

**Question: If I am unable to pay bills that I receive from the VA what actions may I take?**

**Answer:** The Medical Care Cost Recovery (MCCR) staff is happy to review and explain any bill that you receive from the VA.

You may appeal a bill that you feel you have received in error and you may also request consideration for financial hardship if you feel that you cannot pay a bill. To contact MCCR, call 713-794-7796. ■

This article will hopefully provide you with the answers you are looking for. However, if you still have questions, please contact the HVAMC Revenue Coordinator at (713) 794-7288 . . .

# Confused About VA Medical Care Co-Payments?

**HOUSTON, TX** - Most nonservice-connected veterans and noncompensable zero percent service-connected veterans are required to complete an annual means test or to agree to pay VA the applicable co-payment. The means test is based on their family's income and net worth. Some veterans are required to make co-payments for their care and medications.

If you are confused about what your co-payment will be for your medical care at the Houston VA Medical Center (HVAMC), you are not alone. The following explanation will hopefully provide you with the answers you are looking for. However, if you still have questions, please contact the HVAMC Revenue Coordinator at (713) 794-7288.

## Inpatient Hospital Care Co-Payments

Co-payments for inpatient hospital care are divided into two categories: Reduced Geographic Means Test (GMT) Co-payments and Full Inpatient Co-payments.

### Reduced Geographic Means Test (GMT) Co-Payments

Veterans who must pay the reduced Geographic Means Test (GMT) co-payment include nonservice-connected veterans and zero percent noncompensable service-connected veterans treated for nonservice-connected disabilities (except WWI veterans, former POWs, veterans with a Purple Heart, and veterans receiving care for special eligibility conditions such as Agent Orange, Ionizing Radiation, Environment Exposure, Military Sexual Trauma, etc.) and income above \$24,645 (if single),

\$29,577 (if married) plus \$1,653 for each additional dependent and below the HUD Geographic low income indices or net worth (assets) that when combined with income that is below VA national income threshold, exceeds \$80,000 (applies when GMT income threshold is above VA national income threshold).

The amount of the co-payment (reduced to 20 percent of full co-payment amount) is \$2 for each day of care, plus \$168 (the Medicare deductible) for the first 90 days of care and \$84 for subsequent 90-day periods of care. This amount changes on an annual basis.

### Full Inpatient Co-Payment

Veterans who must pay the full inpatient co-payment include nonservice-connected veterans and zero percent noncompensable service-connected veterans treated for nonservice-connected disabilities (except WWI veterans, former POWs, veterans with a Purple Heart, and veterans receiving care for special eligibility conditions such as Agent Orange, Ionizing Radiation, Environment Exposure, Military Sexual Trauma, etc.) and income above \$24,645 (if single), \$29,577 (if married) plus \$1,653 for each additional dependent and above the HUD Geographic low income indices or net worth (assets) that when combined with income that is below VA national income threshold, exceeds \$80,000 (applies when GMT income threshold is below VA national income threshold).

The amount of the co-payment is \$10 for each day of care, plus \$840 (the Medicare deductible) for the first 90 days of care and \$420 for subsequent 90-day periods of care. This amount changes on an annual basis.

## Outpatient Care Co-Payments

Veterans who must pay this co-payment are those who have to

pay either the Geographic Means Test (GMT) inpatient co-payment or the full inpatient co-payment.

The amount of the co-payment is \$15 for each basic care outpatient visit; \$50 for each specialty care outpatient visit, and \$0 for preventive screenings, immunizations, lab tests, flat film radiology and EKGs.

## Medication Co-Payments

Veterans in priority groups 2 through 8 must pay this co-payment whenever they obtain medication from VA on an outpatient basis for treatment of a nonservice-connected disability. The exceptions (veterans not required to pay the co-payment) are veterans in receipt of a VA NSC Pension; veterans with income below \$9,690, and veterans receiving care for special eligibility conditions such as Agent Orange, Ionizing Radiation, Environment Exposure, Military Sexual Trauma, etc.

The amount of the co-payment is \$7 for each 30-day supply of medication, including over-the-counter medications.

The total amount of co-payments payable in a calendar year is capped at \$840 for priority groups 2 through 6. There is currently no cap for priority groups 7 and 8.

## Extended Care Services Co-Payments

Veterans who must pay this co-payment are those meeting all of the following three conditions: Nonservice-connected veterans and 0 percent noncompensable service-connected veterans treated for nonservice-connected disabilities, and have income above \$9,690, and have (together with their spouse) available resources to pay the co-payment, taking into consideration assets, income, and subtracting expenses like a mortgage, car payment, insurance, taxes, medical bills, and a \$20 a day allowance for the veteran and a \$20 a day allowance for the spouse.

After the first 21 days of care in any 12-month period beginning on the first day of care, the amount of the co-payment is up to the maximum of \$97 for each day of nursing home care, up to the maximum of \$15 for each day of adult day health care, up to the maximum of \$5 for each day of domiciliary care, up to the maximum of \$97 for each day of institutional respite care, up to the maximum of \$15 for each day of non-institutional respite care, up to the maximum of \$97 for each day of institutional geriatric evaluation, and up to the maximum of \$15 for each day of non-institutional geriatric evaluation. The actual co-payment will vary from veteran to veteran and is based on the financial information that the veteran provides VA.

## Annual Changes to Co-Payments

Please note that the income and co-payment amounts listed may change on an annual basis as determined by the U.S. Congress. These amounts are current for calendar year 2003.

For more information regarding co-payments, contact the HVAMC Revenue Coordinator at (713) 794-7288. ■

# VA Improves Care

(continued from page 1)

Researchers found significant improvement for all quality of care indicators measured by VA between 1994 and 2000. They also found VA outperformed Medicare on all 11 markers the two systems had in common between 1997 and 1999, and on 12 of 13 indicators measured between 2000 and 2001.

"By 1997, nearly all the quality markers had significantly improved compared to what they were in 1995, and they continued to improve every year through 2000," said Dr. Jonathan B. Perlin, VA's deputy under secretary for health.

The study also compared the quality of care in the VA health system with Medicare fee-for-service care. "For all measures that the two systems had in common, VA performed better and improved faster than Medicare," said Perlin.

In 2002, the Institute of Medicine recognized VA for implementing the kind of changes it had recommended the previous year to improve the quality of health care in America.

"These findings show the amount of improvement that's possible when managers are accountable for improving quality as well as the reliability of computerized information about their progress in achieving that goal," Principi said.

"Performance measurement is critical for rapid improvement," said Perlin. "We measure to define where we'll be, not to record where we've been." ■

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## Have You Been Screened for Colon Cancer?

**HOUSTON, TX** - Colorectal Cancer is the second leading cause of death from cancer in the United States. Risk factors for colorectal cancer include family history of colon polyps, colon cancer, or history of inflammatory bowel disease.

If detected at an early stage, colorectal cancer can be successfully treated with surgery. Yearly rectal exam, yearly fecal occult blood testing or sigmoidoscopy every five years are three tests your VA health care provider may use to screen for colorectal cancer. Individuals 50 years old or over should be considered for screening.

Regular screening is the only way to detect this cancer early enough to do something about it.

Colorectal cancer warning signs include changes in bowel habits such as diarrhea or constipation; changes in bowel appearance such as narrow or pencil-shaped; blood in stool; and unexplained weight loss.

If you have questions or concerns, talk with your Prime Care provider during your next appointment. ■

## Need a Ride to Your Next Appointment?

**HOUSTON, TX** - Transportation to and from the Houston VA Medical Center from outlying areas is available by way of vans operated by various veteran service organizations. Call the telephone numbers listed below for availability, pick-up point, and schedule information. It is a good idea to call the day before your appointment to arrange your ride.

Lufkin Vans  
(936) 633-2750

Beaumont Vans  
(409) 981-8550

Bay City Van  
(979) 323-9235

Cleveland Van  
(281) 592-7230

El Campo Van  
(979) 578-8387

Harris County Precinct #2 Van  
(281) 452-6071

*Nursing Telephone Triage means immediate access to medical care advice. The VA Network Telecare Center is available 24 hours a day, seven days a week by calling (713) 794-8985 or toll-free 1-800-639-5137 . . .*

## VA Health Care at Your Fingertips!

**HOUSTON, TX** - Ever had a medical question or situation occur at the most inconvenient time? Well, the Houston VA Medical Center (HVAMC) has created a great way for veterans to get their questions answered and health care needs addressed 24 hours a day, seven days a week - all by calling a free telephone hotline.

Initially, the HVAMC developed the VA Telecare Center to provide assistance to veteran callers, Monday through Friday from 8 a.m. to 4 p.m. in the Houston, Beaumont, and Lufkin areas only.

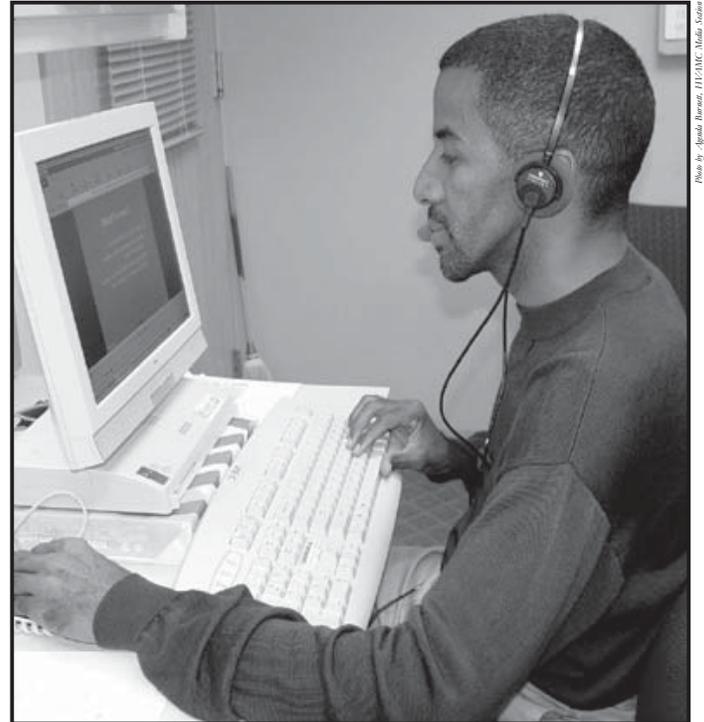
But HVAMC administrators and physicians were growing increasingly concerned about the long wait times veterans had to go through to see their health care providers and the increase in the number of emergency room visits for non-emergency medical conditions.

To improve the quality of care and timely access to medical attention, the HVAMC expanded the VA Telecare Center to operate 24 hours a day, seven days a week, and 365 days a year. Since this expansion in October 2001, the VA Telecare Center has served over 150,000 veterans.

The professionally trained staff, consisting of registered nurses, receptionists, and scheduling clerks are equipped to handle a wide variety of administrative and symptom-related telephone calls. When a veteran calls the VA Telecare Center, he or she is asked to provide his or her name, Social Security number, the name of VA medical facility he or she normally visits, and the reason for the call.

In order to respect all veterans' rights to privacy and confidentiality, each caller is asked a few extra questions to confirm his or her identity. The trained professionals who answer the calls made to the VA Telecare Center have access to the medical records of all enrolled veterans. Callers who are veterans but not enrolled in the VA health care system, and anonymous callers receive emergency assistance, and are referred to community resources after being given enrollment information.

The VA Telecare Center's mission supports the HVAMC's goal of serving



*Arthur Francis, Telecare program clerk, helps a veteran reschedule his appointment. The professionally trained staff, consisting of registered nurses, receptionists, and scheduling clerks, answering the telephones at the VA Telecare Center are equipped to handle a wide variety of administrative and symptom-related telephone calls.*

the health care needs of our veterans. In addition, the VA Telecare Center strives to provide excellent customer service, decrease unnecessary clinic and emergency room visits, and decrease the time in which a veteran gets an appointment. The VA Telecare Center also assists veterans to navigate the VA's administrative system and find the right department or person for the veteran to talk to.

It is important to remember that the VA Telecare Center is not for life-threatening emergencies or a complaint line. If you have a life-threatening emergency, immediately call 911. If you have a health care complaint, contact

your local VA medical facility and ask to speak with a patient advocate.

In Houston, the telephone number for the patient advocates is (713) 794-7884. In Beaumont, please call (409) 981-8550, ext. 113, and in Lufkin, the telephone number is (936) 633-2753.

The VA Telecare Center evaluates your medical symptoms and makes sure you are connected with the right health care professional. The VA Telecare Center is an excellent resource to point the veteran in the right direction, and help him or her become an enrolled patient and take advantage of available medical services. ■ *Tammy M. Welcome, RN, MS, Nurse Manager, Telecare*

## Blood Work

*(continued from page 1)*

Aspirin affects the clotting of platelets, but it does not affect the number in the blood.

### **Chemistries (Electrolytes + Renal Panel + Blood Glucose)**

This panel of five tests measures the most important chemicals in the non-cellular part of the blood (the serum).

The first test is of your levels of Sodium (Na), Potassium (K), Chloride (Cl), and Bicarbonate (CO<sub>2</sub>). These four chemicals affect the acidity and concentration of the serum. They can be affected by water pills, diabetes medications, and by water intake.

The Renal Panel (BUN + Creat) tests reflect the function of your kidneys and your general fluid (water) level. Many diabetes medications must be adjusted

depending on the levels of these two tests.

The Blood Glucose (Glu) test measures the sugar content of your blood. It is elevated in people with a diabetic tendency, particularly after sugary meals. In diabetics, it can be low or high, depending on when it is drawn in relation to a meal. If you are fasting (that is, no food for more than 12 hours) and your blood glucose is 126 or greater, then you may be diabetic.

Your Cholesterol (Chol) value refers to the total cholesterol in your blood. This is an important factor in heart disease and stroke. The target cholesterol level must be tailored to each individual. There is no single value that is right for everybody. Generally, a low fat diet and daily exercise will lower the total cholesterol and improve the fractions of cholesterol. Diabetes or thyroid disease that is not controlled will worsen the cholesterol.

The final test is Lipid Panel (LDL, HDL, and Triglycerides). LDL is the main fraction of cholesterol that is undesirable. Like the total cholesterol, the target LDL must be tailored to each individual. The HDL is the fraction of cholesterol that protects the body from blood vessel deposits. It can be raised by exercise. The triglycerides are a weak contributor to heart disease, but they can signal disease in the pancreas. They should only be measured while you are fasting (no food except medications or drinks with calories for 13 hours).

### **Questions**

If you have questions about these or other medical tests, write them down and ask your health care provider during your next appointment. You can also call the VA Network Telecare Center at (713) 794-8985 or toll-free 1-800-639-5137. ■

The U.S. Congress recently provided VA with new authority, called the Mill Bill, to pay for emergency care in non-VA facilities for veterans enrolled in the VA health care system . . .

# Can I Receive Emergency Care At A Non-VA Facility?

**HOUSTON, TX** - The U.S. Congress recently provided VA with new authority, called the Mill Bill, to pay for emergency care in non-VA facilities for veterans enrolled in the VA health care system. The new benefit will pay for emergency care rendered for nonservice-connected conditions for enrolled veterans who have no other source of payment for the care. However, VA will only pay to the point of medical stability.

Many veterans have questions about the Mill Bill and this article provides some answers to the most popular questions.

## How do I qualify?

This benefit is a safety net for enrolled veterans who have no other means of paying a private facility emergency bill. If another health insurance provider pays all or part of a bill, VA cannot provide any reimbursement. To qualify, you must meet all of these criteria:

- ✓ You were provided care in a hospital emergency department or similar facility providing emergency care.
- ✓ You are enrolled in the VA Health Care System.
- ✓ You have been provided care by a VA health care provider within the last 24 months (excludes C & P, Agent Orange, Ionized Radiation and Persian Gulf exams).
- ✓ You are financially liable to the provider of the emergency treatment for that treatment.
- ✓ You have no other form of health care insurance.
- ✓ You do not have coverage under Medicare, Medicaid, or a state program.
- ✓ You do not have coverage under any other VA programs.
- ✓ You have no other contractual or legal recourse against a third party (such as a Workman's Comp Claim or a Motor Vehicle Accident) that will pay all or part of the bill.
- ✓ VA or other Federal facilities were not feasibly available at time of the emergency.
- ✓ The care must have been rendered in a medical emergency of such nature that a prudent layperson would have reasonably expected that delay in seeking immediate medical attention would have been hazardous to life or health.

## Should I cancel my current insurance to meet these requirements?

VA encourages you to keep all current health insurance coverage. If you cancel your current insurance, your spouse may not retain health insurance coverage and spouses of veterans generally do not qualify for VA health care. Cancellation of current insurance coverage could result in you being disqualified for reinstatement based upon any pre-existing illnesses. If you are covered by Medicare Part B and you cancel it, it cannot be reinstated until January of the next year. If you are covered by a program or plan that would pay for the emergency care received, you would not qualify for this benefit.

## What is the timeline to file?

Veterans have a responsibility to ensure that the VA Transfer Center is notified immediately upon any hospital admission. The HVAMC Transfer Center Coordinator can be reached during regular business hours at (713) 794-7109. If you are calling after hours, dial (713) 791-1414, ext. 3808 and ask to speak to the Medical Administrative Assistant on duty. Claims must be filed with the appropriate VA Medical Center within 90 days of the discharge date of medical service; otherwise, the claim will be denied because it was not filed in a timely manner.

## What type of emergency services will VA cover?

VA will reimburse health care providers for all medical services necessary to stabilize your condition up to the point you can be transferred to an approved VA health care facility.

## Do I need to get approval before going to the emergency room?

No. If you are an eligible veteran, and a VA facility is not feasibly available when you believe your health or life is in immediate danger, report directly to the closest emergency room. If hospitalization is required, you, your representative, or the treating facility should contact the nearest VA within 24 hours to arrange a transfer to VA care by calling the VA Transfer Center at (713) 794-7109.

## How long will I stay in the private hospital?

If you are hospitalized, and the VA is notified, the VA will be in regular contact with your physician at the private hospital. As soon as your condition stabilizes, the VA will arrange to transport you to a VA, or VA-designated facility.

## What if I do not wish to leave the private facility?

VA will pay for your emergency care services only until your condition is stabilized. If you stay beyond that point, you will assume full responsibility for the payment of costs associated with treatment.

## Will I have to pay for my ambulance bill to the non-VA facility?

If the VA accepts responsibility for the emergency room visit and/or admission, the ambulance will be paid from the scene of the incident to the first non-VA facility providing necessary care.

## Will I have to pay for an ambulance from the non-VA facility to a VA facility?

Yes. The VA is only authorized to pay for an ambulance to go from the scene of the incident to the first non-VA facility providing necessary care.

## What if the private hospital bills me for services?

If you are billed for emergency care services, contact the HVAMC Fee Basis Mill Bill office at (713) 791-1414, ext. 3883, and a representative will assist you in resolving the issue.

## What if I am the victim of a crime?

If you are a victim of a crime, the claim must be filed with your local municipality because the state of Texas has various victim relief funds available. These claims cannot be supplemented by a payment from the VA.

## What documents are required by VA to process claims for emergency care in non-VA facilities?

- ✓ HCFA Form UB-92 (pink and white Medicare Billing Form) from the Hospital Business Finance Office
- ✓ Itemized Billing Statement from the Hospital Business Office
- ✓ A complete copy of All Medical Records pertaining to the admission through the date of discharge for this ER Visit/Hospitalization
- ✓ Provider Insurance Certification Statement from either the veteran or the vendor
- ✓ Ambulance Provider HCFA Form 1500 (pink and white Medicare Billing Form)
- ✓ Ambulance Provider Insurance Certification Statement
- ✓ Ambulance Trip Ticket/Run Report
- ✓ All other Provider/Physician HCFA Form 1500s
- ✓ All other Provider/Physician Insurance Certification Statements

Remember, there is a 90-day deadline to file a Mill Bill Claim once you have been discharged from the Emergency Room/Hospital. Please submit all of the documents as a packet to the HVAMC Fee Basis Mill Bill office. The address is HVAMC, 2002 Holcombe Blvd, ATTN: 04FRM (Mill Bill), Houston, TX 77030-4298.

## Who do I call for more information?

For more information, please call the HVAMC Fee Basis Mill Bill office at (713) 791-1414, ext. 3883. ■



## We're Here to Help . . .

### Cancer Support Group

The group meets the first Tuesday of every month, 1-2 p.m. in the Nursing Unit (NU) 4D dayroom. Group facilitator: Lisa Whipple, LMSW and Chaplain Douglas Ensminger, D.Min., (713) 791-1414, ext. 5273

### Pain Support Group

The group meets every Wednesday and Thursday, 2 p.m. in Room 5C-215. Group facilitator: Dr. Gabriel Tan, (713) 794-8794

### Pain Education Group

The group meets every Wednesday, 1 p.m. in Room 5C-215. Group facilitator: Dr. Gabriel Tan, (713) 794-8794

### Pain Coping Skills Group

The group meets every Thursday, 1 p.m. in Room 5C-215. Group facilitator: Dr. Gabriel Tan, (713) 794-8794

### Better Breather's Club

The group meets the last Wednesday of every month, 1:30-3:30 p.m. in Room 1C-361. Group facilitator: Paula Denman, (713) 794-7317

### Stroke Support Group

The group meets second and fourth Thursdays of every month, 3 p.m. in the NU 2A Rehab Dining Room. Group facilitator: Laura Lawhon and Tommie Espinosa, (713) 791-1414, ext. 4241/5254

### Amputee Support Group

The group meets first and third Thursdays of every month, 3 p.m. in the NU 2A Rehab Dining Room. Group facilitator: Betty Baer or Roger McDonald, (713) 794-7793

### Prostate Cancer Support Group

The group meets third Thursdays of every month, 2 p.m. in Room 4C-122. Group facilitator: Lillie Sonnier, (713) 794-7111

### Hepatitis C Support Group

The group meets the first Friday of every month, 1:30 p.m. in Primecare Clinic 4 (NASA) Room 1A-442. Group facilitator: Collene Gasca and Alana Howard, (713) 791-1414, ext. 3656

### HIV Support/Educational Group

The group meets every Tuesday, 2 p.m. in Clinic 4, Room 1A-442 and every Thursday, 10 a.m. in Clinic 4, Room 1B-318. Group facilitator: Susan Sievers, (713) 791-1414, ext. 6183 or 5292

### Lufkin Hypertension Classes

The class meets the first Thursday of every month, 2 p.m. Ask your nurse or your Primecare provider, or stop by the front desk at the Lufkin Outpatient Clinic to register for this class.



# From our Veterans

Provided by the Consumer Affairs Staff  
HVAMC Room 1B-370, (713) 794-7883

**Question: What sort of benefits will VA provide to the veterans of Operation Iraqi Freedom?**

**Answer:** The men and women who served in Iraq during combat are eligible for the same array of VA benefits that went to veterans of other conflicts. That includes GI Bill home-loan guarantees, educational assistance and disability compensation. Each of these programs has its own eligibility rules.

Iraqi Freedom veterans are also covered by a new benefit. For two years after their discharge, veterans who served in the combat zone can receive VA health care for problems related to their military service without having to prove the connection. Details are available at the nearest VA health care facility.

**Question: Has the government changed its position about not providing a VA headstone if a veteran's grave already has a headstone?**

**Answer:** Yes. That rule has changed. Now, veterans who died since Sept. 11, 2001 can

receive a VA headstone even if their graves already have a privately-provided headstone. This change in the rules applies to everyone eligible for a VA headstone, including veterans, people who die on active duty and some reservists. The government will ship the headstone or marker free of charge, but it won't pay for placement. VA will replace headstones and markers previously provided by the government if they are badly deteriorated, illegible, stolen or vandalized.

**Question: VA is reducing premiums for life insurance for the military. Are reductions planned in premiums for veterans?**

**Answer:** VA has reduced premiums for Veterans Group Life Insurance (VGLI) three times in the last four years. No further reductions are planned.

Another VA-run program, Servicemembers' Group Life Insurance (SGLI), will have a major premium cut in July. Premiums are decreasing from 8 cents for each \$1,000 of coverage to 6.5 cents.

Information about VA's insurance programs can be obtained on the Internet at [www.insurance.va.gov](http://www.insurance.va.gov), by calling 1-800-419-1473, or by writing to the Office of Servicemembers' Group Life Insurance, 290 West Mt. Pleasant Ave., Livingston, NJ 07039.

**Question: How do I obtain a copy of my Report of Separation from Active Duty (DD-214)?**

**Answer:** The VA does not maintain records of veteran's military service, except as is necessary for providing benefits. For information about obtaining your military record, visit the Military Personnel Records Center in St. Louis, which is part of the National Archives and Records Administration, at [www.nara.gov/regional/mpr.html](http://www.nara.gov/regional/mpr.html). The VA regional office, at 1-800-827-1000, can also send you the necessary request form.

**Question: How do I get a scooter?**

**Answer:** Scooter requests are submitted via a consult from your Prime Care Provider to the Wheelchair/Specialty Seating Clinic. The patient will be evaluated to determine if they meet the medical criteria for a scooter. No scooters will be issued until the patient has been fully evaluated by the clinic team members.

**Question: Am I eligible for travel benefits in the VA Health Care System?**

**Answer:** Travel benefits vary from veteran to veteran, and depend on your specific situation. Call the Patient Travel Office at (713) 794-7630 to find out more.

**Question: Will VA provide hearing aids and eyeglasses to me?**

**Answer:** Generally, hearing aids and eyeglasses are not provided when the hearing and vision loss is the result of aging. However, if you are service-

connected with a disability rating of 10% or greater they will be provided. Hearing aids and eyeglasses may also be provided in special circumstances.

**Question: How do I change Prime Care Providers?**

**Answer:** In Houston, make your request in writing to the Prime Care Clinic Secretary, Room 1B-316. Make sure you include your name, social security number, telephone number, and the name of your current Prime Care Provider. In Beaumont, veterans should call the Medical Administration Officer at 1-800-833-7734, ext. 113. In Lufkin, veterans should call the Patient Advocate at (936) 633-2753.

**Question: What do I do if I run out of VA-prescribed medicine and my next appointment is a month away?**

**Answer:** Veterans can contact their Prime Care Nurse at their Prime Care Clinic to obtain prescription renewals. If you do not know who your Prime Care Team is, call the VA Network Telecare Center at (713) 794-8985 or toll-free 1 (800) 639-5137.

**Question: What's the easiest way to get my prescriptions refilled?**

**Answer:** Call the HVAMC Pharmacy Refill line at (713) 794-7648 or toll free at 1 (800) 454-1062. You will need your social security number and your prescription number.

**Question: How can I order VA's "Federal Benefits for Veterans and Dependents" handbook?**

**Answer:** Contact the Government Printing Office at 866-512-1800 or 202-512-1800 for mail-order information. The cost is \$5 to U.S. addresses. The handbook can be downloaded for free from the VA Web site at [www.va.gov/pubaff/jedben/Fedben.pdf](http://www.va.gov/pubaff/jedben/Fedben.pdf).

## Important VA Telephone Numbers

Houston VA Medical Center Main Line .....	(713) 791-1414
	or toll-free 1-800-553-2278
VA Network Telecare Center.....	(713) 794-8985
	or toll-free 1-800-639-5137
Beaumont VA Outpatient Clinic .....	(409) 981-8550
	or toll-free 1-800-833-7734
Lufkin VA Outpatient Clinic .....	(936) 637-1342
	or toll-free 1-800-209-3120
Pharmacy Refills .....	(713) 794-7648
	or toll-free 1-800-454-1062
Pharmacy Helpline .....	(713) 794-7653
Appointment Information .....	(713) 794-7648
	or toll-free 1-800-454-1062
VA Eligibility & Enrollment .....	(713) 794-7288
Patient Education Resource Center (PERC) .....	(713) 794-7856
VA Police .....	(713) 794-7106
<b>Vet Center (Post Oak Road)</b> .....	(713) 682-2288
<b>Vet Center (Westheimer)</b> .....	(713) 523-0884
<b>Patient Representatives</b>	
Houston .....	(713)794-7884
Beaumont.....	1-800-833-7734
	extension 113
Lufkin .....	(936) 633-2753
<b>Houston National Cemetery</b> .....	(281) 447-8686
<b>VA Regional Office</b>	
Main Number .....	1-800-827-1000
Compensation/Pension .....	1-800-827-1000
Home Loans .....	1-888-232-2571
Education.....	1-888-442-4551
Insurance .....	1-800-669-8477
Headstones and Markers .....	1-800-697-6947

## What Should I Know When I Am Discharged From The Hospital?



The doctors, nurses, and social workers on your unit will plan your discharge with you. If you have any special concerns about leaving the Houston VA Medical Center, please let them know. Discharge time is 11 a.m. Please make arrangements with relatives or friends to pick you up by that time. You and/or your family member will need to pick up your discharge medications and supplies before you leave. Your physician and nurse will provide you with information regarding your discharge and answer any other questions you may have.

### Important Information For Your Discharge:

- ✓ Understand your diagnosis
- ✓ Know how to use your equipment for therapy or treatments
- ✓ Understand how to manage your pain
- ✓ Recognize the limitations of your physical activity that, possibly short term, may include lifestyle changes
- ✓ Know what your diet should be, the types of food you can eat and the types you should avoid
- ✓ Understand the procedures for doing your post discharge treatments
- ✓ Know what symptoms to report after discharge to your physician or health care contact at HVAMC
- ✓ Understand your medications including purpose, when and how to take medication, possible side effects, and any special instructions
- ✓ Know what activities that may improve or worsen your condition
- ✓ Know some resources in your community for follow-up care when appropriate