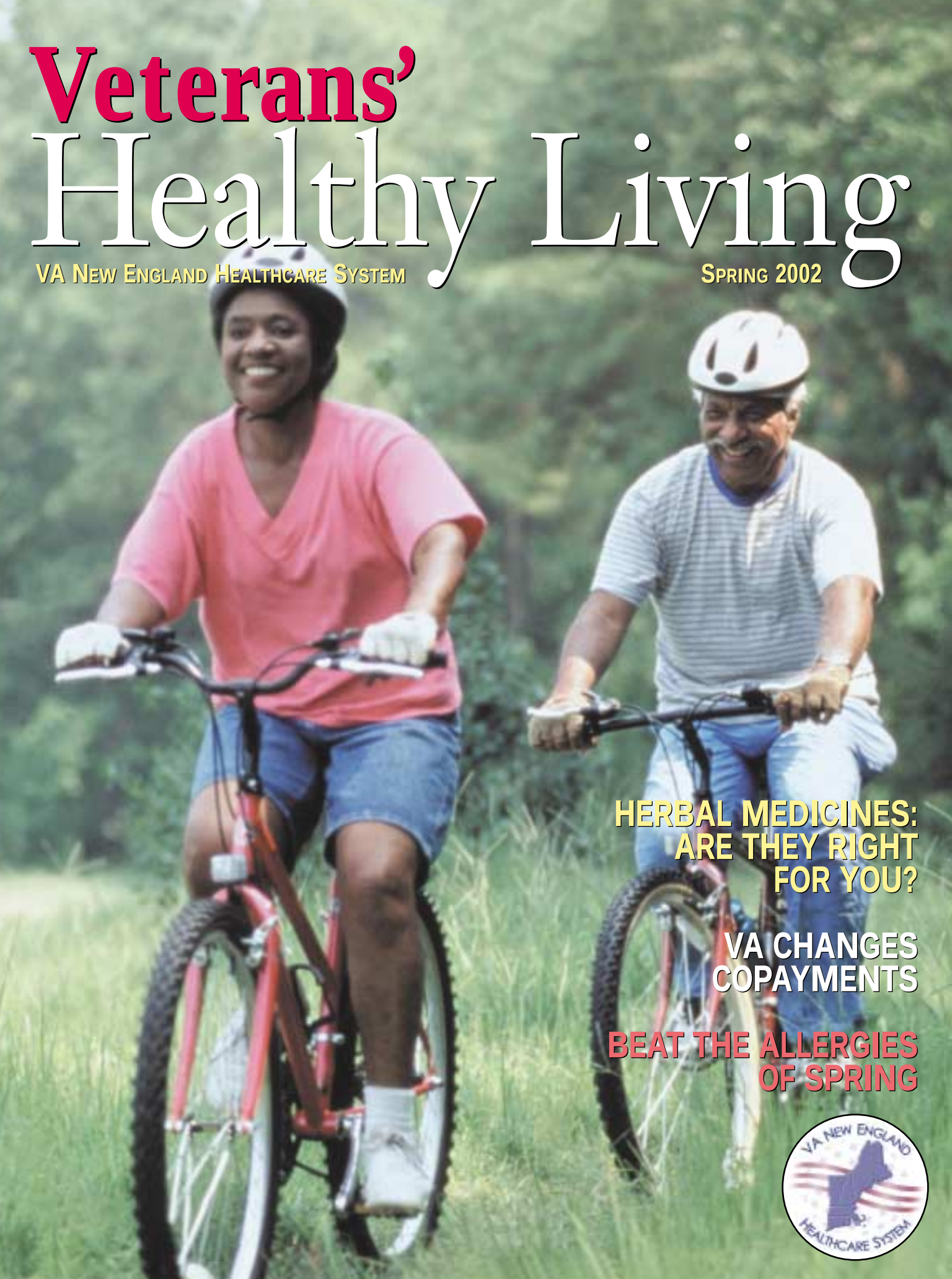
Veterans' Healthy Living

VA New England Healthcare System

Spring 2002



HERBAL MEDICINES: ARE THEY RIGHT FOR YOU?

VA CHANGES COPAYMENTS

BEAT THE ALLERGIES OF SPRING

VA New England Healthcare System

MESSAGE FROM THE DIRECTOR

Jeannette Chirico-Post, M.D.

Commitment to quality health care for the veterans we serve is the cornerstone of our integrated health care network. This commitment to quality is evident in veterans' satisfaction with their health care. So it is with great pleasure that I share with you recent recognition that our Network received in this area.

Results of the nationally administered Veterans Satisfaction Survey were recently published for the 2001 Inpatient Survey and Outpatient Survey. These surveys compare the performance of our Network to national performance on patient satisfaction measures. We are proud to share with you that our Network was ranked number one in outpatient satisfaction in "Overall Quality of Care" and the "Delight Index," a combination of three questions rating quality of care, problem reporting and patients' choice to use VA services offered free elsewhere. For the third year in a row, Network 1 exceeded the average VA national performance in these key indicators of patient satisfaction.

For inpatients, Network 1 ranked third highest nationally for patients reporting satisfaction with the overall quality of care during a recent hospital stay. Similarly, VISN 1 ranked third in the "Delight Index." These inpatient scores for VISN 1 exceeded the average VA national performance not only for 2001 but for the previous three years as well. Despite these excellent ratings, our goal continues to be exceeding your expectations, so we will continue to identify ways to improve quality and service to ensure that veterans receive the best of care.

I am also proud to announce that eight programs in our Network were recently selected as VA Clinical Programs of Excellence. These prestigious awards are given to clinical programs that represent the best of VA care and are world-class leaders in their clinical areas. We take pride in their accomplishments and invite you to read more about them on page 7.

It has been two years since the first issue of *Veterans' Healthy Living* was launched. The articles included in our newsletters have been in direct response to your requests for specific health topics. To ensure that we continue to meet your needs, we would like to again survey the topics you would most like to see in the newsletters. Please take a few minutes to fill out the survey card in this issue, mail it back to us and we'll enter you into a drawing for a $50 VA Canteen gift certificate. We are also offering a new feature starting with the next issue—sending the newsletter right to your home computer!

Finally, this spring issue of *Veterans' Healthy Living* presents features on allergies and herbal medicines as well as recent changes to copayment charges for outpatient care and prescriptions for certain enrollment groups. We hope you find these articles informative.

Have a great spring!

Jeannette Chirico-Post, M.D.
Network Director

Veterans' Healthy Living is published as a patient education service by the VA New England Healthcare System. The publication is intended to provide information to help you maintain good health and learn about the many health services available through the VA. This publication is not intended as a substitute for professional medical advice, which should be obtained from your VA health care provider. All articles may be reproduced for educational purposes.

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Visit us on the Web at http://www.visn1.med.va.gov

Herbal medicines

Are they right for you?

More and more people are turning to herbal products for treatment of various health conditions. About $5 billion will be spent this year on herbal supplements to treat such conditions as depression, low energy or memory problems.

What is the attraction?

Herbal medicines have wide appeal because they are seen as "natural" and readily available. Many assume that because herbal substances are natural, they are safer and gentler than conventional drugs. But are they effective ... or safe?

What are herbal medicines?

"Herbal medicines and many prescription drugs come from plants," said Ann Vassey, Pharm.D., BCNSP, acting chief of Pharmacy at Togus VAM&ROC. "However, we don't know all the risks associated with herbal medications."

Are herbal medicines safe?

"Just because herbal products come from plants does not mean they are safe. Plants can be poisonous, too," noted Bertha Herring-Daniels, R.D., chief of Nutrition Service at Bedford VA Medical Center.

"Herbal medicines, unlike regular prescription drugs, are not tested for safety by the Food and Drug Administration (FDA) because they are labeled as food supplements," cautioned Ms. Herring-Daniels. Companies that make herbal products do not have to prove that their product is safe or even works. Herbal medicines may cause toxic effects when used with prescription drugs or over-the-counter medicines.

What if I have medical problems and take prescription drugs?

Many herbal medicines may not be safe to take if you have certain medical problems such as a heart condition or high blood pressure. Some herbal medicines can be very dangerous if mixed with certain prescription drugs.

If you are already using an herbal product or thinking about taking one ...

- Be smart and safe. "Make sure you inform your VA health care provider and your pharmacist about any herbal supplements you take," advised Dr. Vassey. "Check with your health care provider and pharmacist before starting any herbal product."
- Beware of companies that make claims such as "purifies the body," "makes glands strong" or "cures cancer."
- Read the label! Avoid products with extra ingredients like caffeine or alcohol.
- Never take herbal products if you could be pregnant or are nursing a baby.

Herbs to avoid

The FDA advises that the herbs belladonna, broom, comfrey, lobelia and pennyroyal not be taken in any amount or form. The following table lists herbs that should be taken with caution.

Herbal ingredients	Possible health hazards
chaparral	liver disease, possibly irreversible
ephedra (ma huang, Chinese ephedra and epitonin)	high blood pressure, heart attack, stroke and death
germander	liver disease, possibly leading to death
germanium	kidney damage, possibly death
L-tryptophan (an amino acid)	eosinophilia myalgia syndrome
magnolia-stephania preparation	kidney disease, possible kidney failure
willow bark	Reye syndrome
wormwood	neurological symptoms, numbness of limbs, delirium, paralysis

This information was provided by the U.S. Food & Drug Administration.

For more information, visit these Web sites:
- **United States Department of Agriculture: www.nutrition.gov**
- **The National Agricultural Library: www.nal.usda.gov**

Beating the allergies of SPRING

For most, spring is a time for long walks in the park, frolicking on the playground and sprucing up the yard. But for the millions of people allergic to pollen, insect stings and plants, it's also a time for sniffling, scratching, sneezing and wheezing.

When spring—and pollen—are in the air

More than 14 million Americans suffer from seasonal respiratory allergies. "In the spring and early summer, allergies can be caused by microscopic pollen grains given off by trees and grass," said Dr. John Ohman, director of the Allergy Clinic at the VA Boston Healthcare System.

These microscopic grains, when inhaled by an allergic person, cause sneezing, a runny nose, itchy eyes and nasal congestion. "In more severe cases, a person can cough, wheeze and have shortness of breath," Dr. Ohman added. "Symptoms can continue through the summer and into the fall for those unfortunate enough to be allergic to weed pollen and mold spores."

Over-the-counter allergy pills offer temporary relief from hay fever symptoms. People with severe reactions should see a VA health care provider, who may prescribe more powerful medications, suggest regular allergy shots or recommend an inhaler.

The buzz on insect bites

Pollen isn't the only airborne hazard spring holds. It shares the skies with bees, hornets, wasps and yellow jackets, which can deliver painful stings if their space is invaded. For most people, the pain and swelling from a sting will subside after a few minutes. But for those who are allergic to them, stings can cause nausea, cramps, difficulty breathing and even cardiac arrest. About 50 Americans die each year from insect stings.

Bees, wasps and other insects will sting in self-defense if they're stumbled upon, so be alert when outside.

Because stinging insects can be attracted to food and some scents, a good defense is to make yourself as unattractive to them as possible. Leave perfume, makeup, hair spray and scented lotions at home. Apply a strong insect repellent before going outside. "If you're at a picnic, don't linger near the food," Dr. Ohman advised. To avoid having bees and wasps mistake you for an attractive bouquet, pass up the floral prints and other brightly colored clothing for khakis, grays and browns when you plan to be outside for an extended period of time.

If you are stung, apply ice to control the swelling and itching. "Swelling around the sting can be severe and last for days but is not usually serious," Dr. Ohman stated. "However, the most dangerous reactions occur within a half hour after the sting. Symptoms include difficulty breathing or itching and swelling in areas distant from the sting."

If that happens, contact your VA health care provider immediately because you may need an injection of the drug epinephrine. If you know you're allergic, you should carry a self-injection device available from your VA health care provider.

Staying out of pollen's way

It's impossible to avoid pollen entirely, but some simple precautions can help.

- **Keep home and car windows closed as much as possible (air conditioning helps).**
- **During pollen season, stay inside, especially during clear windy days.**
- **Avoid raking leaves and mowing the lawn, which can stir up pollen and mold.**
- **Limit outdoor activities in the mornings, when pollen is usually released by plants.**
- **Go to the beach, especially if there is an offshore wind.**

Season of the itch

Hazards aren't found only in the air. They can also be right under your feet. About 85 percent of Americans are sensitive to the oily resin produced by a single family of plants variously called poison ivy, oak or sumac. "They cause a maddeningly itchy rash many hours after exposure with blistering and swelling of the skin," Dr. Ohman said.

It's important to know what these plants look like so you can steer clear of them. Poison ivy is a winding vine sprouting clusters of three shiny leaves every few inches. Poison oak also has three-leaf bunches, but they sprout from a low-growing shrub or heavy vine. Sumac grows in swampy areas, resembles a shrub or small tree, and has leaves in groups of seven to 13.

To avoid brushes with these plants, be extra careful when walking in unfamiliar areas and always wear shoes and socks. If you touch one of these plants, immediately wash the area with soap and water. Because the resin takes about 30 minutes to penetrate the skin, you may be able to prevent a rash. "Shower and scrub your hands with a brush to remove any residual plant resin," Dr. Ohman advised. Antihistamines, over-the-counter sprays and cortisone ointments may relieve some of the itching. In severe cases, strong cortisone ointments and cortisone pills may be prescribed by your VA health care provider.

Veteran Eileen Hall watches as Sheila Poswolsky, R.N.P., administers an allergy skin test. Ms. Poswolsky is a nurse practitioner at the Allergy Clinic at VA Boston Healthcare System. (Photo by Dr. John Ohman)

VA health care providers can help determine any allergies you may have and prescribe appropriate treatment.

For more information on allergies, visit these Web sites:

- **American Academy of Asthma, Allergy and Immunology: www.aaaai.org**
- **National Institutes of Health: www.niaid.nih.gov**

Benefits update:

VA changes copayment for outpatient services and prescriptions

VA recently made changes to copayment charges for outpatient care and prescriptions for certain enrollment groups. Although medication copayments have increased, the decrease in outpatient copayments often will offset the pharmacy increases.

A new three-tier rate for outpatient services copayments is in effect:

➤ The first tier covers preventive care and will cost veterans nothing. Care includes flu shots, lab tests, some radiology services, hepatitis C screening and other preventive services.

➤ The second tier covers primary care outpatient visits and requires a $15 copayment per day regardless of the number of primary care visits on a given day.

➤ The third tier includes specialty outpatient care such as outpatient surgery, audiology and optometry. This care requires a referral from a primary care provider and will cost $50 per day.

Prescription copayment increases to $7. The copayment for outpatient medications that some veterans pay increased from $2 to $7 for each 30-day supply. There is an $840 cap for Priority Groups 2–6.

For more information, please contact your local VA medical center or log on to the VISN 1 Web site at **http://www.visn1.med.va.gov.**

WHICH VETERANS PAY FOR WHICH SERVICES

	Inpatient Copayment	Outpatient Copayment	Medication Copayment*	Nursing Home Copayment	Insurance Billing	Insurance Balanced Billing	Insurance Deductible/ Copayment
Priority Group 1	No	No	No	No	Yes, if care was for NSC† condition	No	No
Priority Groups 2, 3**, 4***	No	No	Yes, if less than 50% SC†† & medication is for NSC condition	No	Yes, if care was for NSC condition	No	No
Priority Group 5	No	No	Yes	No	Yes, if care was for NSC condition	No	No
Priority Group 6 *(WWI and Mexican Border)*	No	No	Yes	No	Yes, if care was for NSC condition	No	No
Priority Group 6 *(Veterans receiving care for exposure or experience****)*	No****	No****	No****	No****	Yes, if care was for NSC condition not related to exposure or experience	No	No
Priority Group 7	Yes	Yes	Yes	Yes	Yes, if care was for NSC condition	No	No

**An annual medication copayment cap has been established for veterans enrolled in Priority Groups 2–6. Medications will continue to be dispensed when the copayment cap is met. An annual medication copayment cap was not established for veterans enrolled in Priority Group 7.*
***Veterans in receipt of a Purple Heart are in Priority Group 3. This change occurred with the enactment of PL 106-117 on November 30, 1999.*
****Priority Group 7 veterans who are determined to be catastrophically disabled and who are placed in Priority Group 4 for treatment are still subject to the copayment requirements as a Priority Group 7 veteran.*
*****Priority Group 6 veterans are assessed for all applicable copayments when the care is for conditions not related to their exposure or experience.*
† nonservice-connected, †† service-connected.

***Special categories of veterans** (i.e., Agent Orange, ionizing radiation, Persian Gulf, women veterans receiving sexual trauma counseling) are subject to means test copayments when the treatment they are receiving is not related to their exposure or experience. The initial registry examination and follow-up visits to receive results of the examination are not billed to the health insurance carrier. However, care provided not related to exposure, if it is nonservice-connected, will be billed to the insurance carrier.*

***The prescription copayment exemption** applies to all veterans receiving prescriptions for nonservice-connected conditions who meet the low-income criteria.*

Enrollment priorities

Priority Group 1: Veterans with service-connected conditions rated 50 percent or more disabling.
Priority Group 2: Veterans with service-connected conditions rated 30 to 40 percent or more disabling.
Priority Group 3: Veterans who are former POWs, Purple Heart recipients, veterans with service-connected conditions rated 10 or 20 percent disabling, veterans discharged from active duty for a disability incurred or aggravated in the line of duty or veterans who were awarded special eligibility classification under 38 U.S.C., Section 1151.
Priority Group 4: Veterans who are receiving aid and attendance or housebound benefits and veterans determined by VA to be catastrophically disabled.
Priority Group 5: Nonservice-connected or 0 percent service-connected veterans whose income and net worth are below the established dollar threshold.
Priority Group 6: All other eligible veterans who are not required to make a copayment for their medical care, including World War I and Mexican Border War veterans; veterans solely seeking care for disorders associated with exposure to a toxic substance or radiation, or for disorders associated with service in the Gulf War, or for any illness associated with service in combat in a war after the Gulf War or during a period of hostility after Nov. 11, 1998; and compensable 0 percent service-connected veterans. All applicable copayments will be assessed to veterans when the care is for conditions not related to their exposure or experience.
Priority Group 7: Nonservice-connected veterans and 0 percent noncompensable service-connected veterans with income and net worth above the established threshold and who agree to pay specified copayments.

Eight VISN 1 programs selected as Clinical Programs of Excellence

Eight programs in the VA New England Healthcare System were selected as VA Clinical Programs of Excellence out of 65 programs recognized nationally. "These prestigious awards are given to clinical programs that exemplify the best of VA care and stand as world-class leaders in their fields," said Dr. Frances Murphy, deputy under secretary for health.

Each Clinical Program of Excellence provides exceptional quality while meeting the highest standards of clinical care, patient satisfaction and resource utilization. The programs were recognized at a VA Central Office virtual awards ceremony on Jan. 29, 2002. The ceremony was held in conjunction with the January Network Executive Leadership Council meeting. The programs of excellence are:

Cardiac Surgery: VA Boston HCS, West Roxbury campus
Post-traumatic Stress Disorder: National Center for PTSD at VA Boston HCS
Renal Dialysis: VA Connecticut HCS, West Haven campus
Seriously Mentally Ill: Errera Community Care Center at VA Connecticut HCS
Seriously Mentally Ill: Mental Health Intensive Care Management (MHICM) program at Bedford VAMC
Seriously Mentally Ill: Community Support Program at VA Boston HCS, Brockton campus
Women Veterans: VA Boston HCS
Substance Abuse: VA Boston HCS

Representatives from the eight VISN 1 Clinical Programs of Excellence attended the awards ceremony held January 29. From left: Michael Lawson, center director, VA Boston HCS; Dr. Jeannette Chirico-Post, network director; Barbara Niles, Ph.D., staff psychologist, PTSD, VA Boston HCS; Dr. Margaret Seaver, medical director, Women's Health Center, VA Boston HCS; Dolly Sadow, Ph.D., chief, Mental Health Intensive Care Management program, Bedford VAMC; Bruce Gordon, acting center director, VA Connecticut HCS; John Simpson, Ph.D., program coordinator, Community Support Program, VA Boston HCS; and Joseph Lo Castro, Ph.D., executive director, Substance Abuse Services, VA Boston HCS.

VISN 1 announces Gulf War Web page

The 10th anniversary of the Gulf War brings special meaning with the recent deployment of troops to fight terrorism. Of the 697,000 U.S. troops who served in Operation Desert Shield-Desert Storm from August 1990 to June 1991, some experienced symptoms and illnesses that they believed were related to their service. Gulf War veterans appropriately expected access to high-quality health care and fair compensation for those injuries and illnesses resulting from their service. In response to this need, VA initiated research studies and developed resources just for Gulf War veterans. To access more information about these resources, visit VISN 1's new Gulf War resource Web page at www.visn1.med.va.gov/gulfwarvets/

Where to find us

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CONNECTICUT

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Newington, CT 06111
(860) 666-6951

West Haven Campus
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West Haven, CT 06516
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MAINE

Togus VAM&ROC
1 VA Center
Togus, ME 04330
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(within the Augusta area)
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(outside the Augusta area)

MASSACHUSETTS

Edith Nourse Rogers Veterans Memorial Hospital
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Bedford, MA 01730
(781) 275-7500

VA Boston Healthcare System
Jamaica Plain Campus
150 S. Huntington Avenue
Jamaica Plain, MA 02130
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West Roxbury Campus
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Brockton Campus
940 Belmont Street
Brockton, MA 02301
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