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National Nutrition Month
Spring Recipes

In the spirit of National Nutrition Month, here are three quick and simple ideas to kick-start your creativity in the kitchen. Cooking healthy should be fun. If it can’t be fun, it should at least be easy. So, here you go.

BREAKFAST: Broiled grapefruit (5 minutes)

Preheat broiler and halve 1 chilled grapefruit. Sprinkle each half with ½ teaspoon of sugar and ¼ teaspoon of cinnamon. Broil both halves on a baking sheet for 3 to 5 minutes. Serve with 1 slice of whole-wheat toast spread with 1 tablespoon of nut butter for a complete breakfast.

LUNCH: Green tortilla pizza (10 minutes)

Preheat the broiler. Spread 2 tablespoons of pesto (homemade or store bought) on 1 whole-grain 8-inch tortilla. Sprinkle with 2 tablespoons of chopped broccoli florets, a large handful of spinach, 4 sliced baby bella mushrooms, 2 tablespoons of chopped onions and 2 tablespoons of part-skim mozzarella. Broil until cheese is lightly browned – about 4 minutes.

DINNER: Salmon with asparagus and orzo pasta (15 minutes)

Preheat broiler and bring a small, covered pot of water to a boil (about 5 minutes). Add ¼ pound of asparagus (cut into 3-inch pieces) and ½ cup orzo to the pot. After 3 minutes, remove only the asparagus and continue cooking orzo according to the package instructions (usually about 6 minutes). While orzo cooks, season a 5-ounce salmon fillet with salt and pepper and broil for 5 minutes, or until it is opaque throughout. Meanwhile, whisk together ½ ounce of crumbled feta, ¼ tablespoon of chopped dill, ½ tablespoon of lemon juice, ½ teaspoon of olive oil and pepper to taste. Flake the fish and toss all the ingredients together.

Take these ideas and come up with your own. Before you know it, you’ll be impressing yourself with how easy it is to create delicious tasting meals that fit your budget.

Recipes available on the American Heart Association website www.heart.org.
Old windows, new use
The original New Orleans VA Medical Center chapel was renovated about 30 years ago. Included in that renovation were two stained glass windows, which were added to the existing 12.

In February, all the windows got a new lease on life when they were installed in the Southeast Louisiana Veterans Health Care System’s new chapel.

Each of the 14 works of art depicts various religious symbols and being able to reuse them in the new chapel means more generations of Veterans get to see them.

“I was here back in the mid-80s when our old hospital got the two new stained glass windows as part of the renovation and was involved in getting them installed,” said SLVHCS Medical Center Director Fernando O. Rivera to a group of visitors to the chapel in March. “Seeing them being reused and installed again all these years later is a great career highpoint for me.”

Moving in
SLVHCS will see its first patient at the new medical center by the end of 2016. Before then, the staff offices, exam rooms, waiting areas and common spaces must be outfitted with furniture, equipment and a host of other supplies. To ensure we get the right equipment for the right buildings at the right times, SLVHCS staff is working with project managers to schedule procurements and deliveries.

“We will be receiving the buildings in phases and will equip them in the order we get them,” said Rivera. “In late December, the inpatient building along with the patient and visitor parking garage, was turned over and activation began right away.”

A short time later, the central energy plant was turned over.

Furniture, window shades, phones and computers are now being installed in those buildings so that employees from Health Administration, Fiscal, Facilities Maintenance and Police Service can move into their new work places.

“These are the first steps to seeing patients in our new buildings,” Rivera said. “After we get the buildings furnished, we will begin simulations and training in the new spaces so that the health care we deliver is safe and patients are confident that the care they receive is the best in the area.”
Southeast Louisiana Veterans Health Care System hosted town halls for Veterans in Slidell Jan. 20 and Houma March 22. The purpose of these assemblies is to bring representatives from SLVHCS, the Veterans Benefits Administration and other support services to a convenient location where Veterans can get answers to questions, work directly with claims representatives or become acquainted with benefits they may not know they are entitled to.

At the Slidell town hall, a crowd of 194, made up of Veterans and their family members, showed up to hear SLVHCS Medical Center Director Fernando O. Rivera and VBA Regional Office Director Mark Bologna provide an update about the new medical center in New Orleans and access to health care and benefits, among other topics.

Before the presentations began, Rivera and the other employees spent time shaking hands and getting to know people who had come to the event.

“For this town hall, we sent out 16,000 invitations, and we’ve got good numbers here tonight,” Rivera told the group. He then went on to clarify why events like these town halls are so important.

“We want to make sure that Veterans know that we work for you,” he said. “Everything that we do has to be to your satisfaction. So if we’re not telling you what we’re doing, we’re not asking you what’s not right, and we’re not working on what you need us to be working on, then we’re not doing our jobs. That’s what tonight is about.”

SLVHCS town hall meetings give Veterans, their families and other interested members of the local community an opportunity to meet with VA leaders, ask questions and share concerns about their health care or benefits.

“There are 23 million Veterans in the United States. Nine and a half million are enrolled with VA, and seven and a half million use VA for some or all of their care,” Rivera said. “We have done focus groups. The number one reason we hear why people don’t use VA is, ‘I didn’t know it was there.’”

In hopes of countering the rumors and misinformation keeping Veterans from accessing the benefits they have earned through their honorable service, SLVHCS now conducts town halls in locations throughout southeast Louisiana every month.
Purple Heart Veterans

Military Order of the Purple Heart recognized SLVHCS’ Ambulatory Procedure Unit for excellent service March 18. MOPH Red Stick Chapter 177 Senior Vice Commander Roosevelt P. Gipson and chapter Financial Officer Bob Schillings presented plaques and support pins to Dr. Henry Helfer; registered nurses James Sievers, Erika Martin, Darlene Barnes, Tameka Blackstone and Donna Collins; and to medical instrument technician Denise Shaheed.

Get VA health resources on your smartphone and tablet

Did you know Veterans Affairs has developed more than a dozen mobile apps? These apps help Veterans improve communication, learn problem-solving skills and manage anger. Three popular apps for Veterans include:

- **MOVING FORWARD:** Learn problem-solving skills to overcome obstacles and deal with stressful situations.
- **PARENTING2GO:** Get practical parenting tips and tools to strengthen your family.
- **PTSD COACH:** Find out more about post-traumatic stress disorder, how to cope with symptoms and where to go for help.

Visit the VA Mobile App Store to download these and other VA apps. Go to https://mobile.va.gov/appstore

Three ways to manage anger and stress

1. Self-talk: Don’t let negative thoughts cloud your judgment. Help stay calm by giving yourself simple, positive commands such as, “Let it be,” or “It’s not worth it.”
2. Make a plan: If you know you’re going to face a difficult situation, make a plan with ways to keep your cool.
3. Take a time out: When you are stressed or angry, it’s easy to say things you later regret. If you start to feel out of control, take a time out to cool down.

Find more tips at the Veterans Resource Center. www.veterantraining.va.gov

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SLVHCS helps Veteran receive new home

By Chris W. Cox

Veterans are familiar with hard times. Life in the military teaches a person how to survive tough situations. But put a Veteran’s family in those same conditions, and the dynamic changes. Any mental and spiritual reward that comes with enduring personal hardships can be eclipsed by the constant anxiety of potential failure. While this story is far from unique for many in America, one case in southern Louisiana is in the process of receiving a happy turn.

Daniel Sonnier, an Operation Iraqi Freedom Veteran, was recently awarded a brand new home for himself, his wife and his three children by a charitable organization whose mission is to provide for those who need a hand after honorable military service. Sonnier now lives in Houma, La., and receives care at a Southeast Louisiana Veterans Health Care System clinic for injuries he received overseas.

“He was really broken – horribly broken – and in financial difficulties. He was very angry and did not know how to cope,” said Rondine Boudreaux, Sonnier’s nurse case manager with SLVHCS Transition and Care Management. At the time, TCM was called the “Returning Service Members (Operations Iraqi Freedom, Operation Enduring Freedom and Operation New Dawn)” program.

“His wife is extremely supportive of him, but she was at her whit’s end and didn’t know what to do,” she said. Boudreaux was the one who helped Sonnier form a plan to gain access to his Department of Veterans Affairs benefits. Part of that plan was also to set up Sonnier’s wife, Damariz, as his VA-sponsored caregiver because of his sometimes debilitating pain from his injuries. An evaluation visit by Boudreaux to the Sonnier’s trailer home as part of the caregiver program kick-started the next part of the family’s road to self-reliance.

“Normally we just look around to make sure the house is clean, medication is secure, he has a plan; whatever we discussed,” Boudreaux said. “When we were doing our review, the floor to the bathroom was rotted. It looked like it would fall through at any minute. It was clean, but it was severely rotted.”

Sonnier had caught a financial break, thanks to his wife’s family that had allowed him to buy a used trailer for his family of five, but that investment barely kept the rain out. Boudreaux recalls that they even had an infestation of Brown Recluse spiders at the time of her visit.
“I was living in a pretty horrible home before,” Sonnier said. “The plumbing was falling out of the bathroom, and we had mold growing in some of the rooms.”

Hearing Veterans tell their stories in an office setting helps put their personal situation into context, but seeing the reality surrounding some of those stories in person can trigger creative problem solving. In this case, Sonnier’s honorable military service and the lingering effects of his personal sacrifice coupled with his struggle to take care of his family inspired the idea for a possible solution in the mind of the visiting nurse case manager.

“I had this paperwork that had come through for wounded warriors called ‘Finally Home,’” Boudreaux said.

The paperwork was an application to receive a newly constructed home funded by donations made through a charitable organization based in Kentucky – part of a national network of similar agencies. It wasn’t an overnight process for Boudreaux or the Sonniers, but in September they were rewarded for their efforts, sacrifice and patience with the promise of a new home in Louisiana.

Today, they are living in a furnished apartment until the construction on their house is completed.

For a man who had dreams of a military career cut short, and is even today learning how to navigate a civilian life with a constant physical reminder of his life that could have been, this generous gift from unnamed fellow Americans is one of the best things he can talk about outside of his love for his family. Even with that, he still makes room in his heart to feel concern for his fellow Veterans.

“I know there’s a lot of homeless Veterans, and these people are there to help us,” he said. “They definitely helped me.”

He has come a long way from his days riding in the turret of a Mine Resistant Ambush Protected vehicle and mentoring his soldiers in Iraq. He still has hard days, harder than some in fact, but at least now Sonnier knows that out here, out of uniform, people still take care of each other.
Scientists from the Southeast Louisiana Veterans Health Care System partnered with Tulane University School of Medicine to develop a new drug alternative to traditional painkillers like morphine, but with fewer side effects and less potential for addiction.

The research study, funded primarily by Department of Veterans Affairs, builds on a discovery in 1997 by Dr. James Zadina, SLVHCS senior research career scientist, and his team. They found a peptide, a small protein found in the brain, called endomorphin that acts on the same receptor to relieve pain in the body as morphine.

Since that discovery, Zadina’s team has tested many engineered versions of the peptide structure with three goals: to make it stable so it could serve as a drug, to provide long-lasting pain relief and to avoid side effects.

“Being a very different structure than morphine, which comes from a plant, we thought our peptide might be better at relieving pain with fewer side effects because it is similar to the peptide naturally found in the brain,” Zadina said.

To explore their theory, Zadina’s team conducted several tests in rats and mice, the most commonly used animal models that predict effects in humans. The first tests determined variations of the drug that produced effective pain relief, reduced respiratory depression, and had less impairment on motor coordination.

“In an overdose, it’s the respiratory depression that kills you, so reducing this effect would be critical for making it a safer drug,” he said.

According to the World Health Organization, approximately 69,000 deaths are caused by opioid overdose worldwide each year, with more than 28,000 of those in the United States. A substitute medication like this could potentially save lives and revolutionize the way health care providers help people manage chronic pain, Zadina said.

Another of his team’s experiments examined the rats’ motor coordination by observing their ability to run on a wheel. The rats given the new drug were able to keep pace and stay on the wheel much longer than those given morphine.

“Older adults are the most in need of pain relief, while at the same time they are at the greatest risk of suffering severe injury due to a fall,” he said.

Another situation where loss of motor coordination is dangerous is in military settings such as the battlefield. In these cases, effective pain relief without motor impairment is a critical safety issue.

The research also showed that the new drug produces less tolerance than morphine.

Tolerance is the need for increased doses over time to maintain the same pain-relieving effect, which, in turn, can also increase chances of other side effects, Zadina said.

The new drug does not require as much of a dose increase as morphine. This difference may be due to a nervous system inflammatory response that was seen with morphine but not the endomorphin-based drug, according to Zadina. The absence of an inflammatory effect may also indicate improved pain treatment for conditions like traumatic brain injury, where inflammation in the brain can contribute to long-term cognitive impairments.

Finally, the investigators tested several animal models for reward and addiction potential. They discovered that animals given morphine were
VA scientists discover promising alternative to morphine

more likely to return to the place where they were given morphine and also were more willing to work harder at pressing a bar for a morphine infusion.

These same behaviors were not observed with the new endomorphin-based drug.

Tests in rats have been shown to be highly predictive of outcomes in humans, and indicate that the new drug is unlikely to be abused or addictive, explained Zadina.

“Most currently used opioid painkillers, like oxycodone and hydrocodone, are based on chemicals that were discovered around 100 years ago, or morphine, discovered about 200 years ago, and these start from chemicals from the opium plant,” he said. “It’s been the same few chemicals, just with different formulas. To get different results, our thinking is why not start from scratch with a new compound.”

Zadina said he believes that his compound could show fewer side effects, not cause a pro-inflammatory response, and be less addictive because it is based on a chemical found naturally throughout the body in the same areas as opioid receptors.

Zadina’s team hopes the drug will address two major issues for Veterans- better treatment for pain and reduced opioid addiction.

According to a 2014 study by the U.S. Department of Health and Human Services National Center for Complementary and Integrative Health, 44 percent of active duty service members suffer from chronic pain and about 15 percent reported opioid use after completing a combat deployment.

“The (Veteran) population is different from the civilian population,” said Dr. Sanjay Sharma, SLVHCS Pain Management anesthesiologist. “The Veterans are subject to more chronic pain and comorbidities like post-traumatic stress disorder, traumatic brain injury, anxiety and depression, which make them more vulnerable to addiction and tolerance.”

According to Sharma, many Veterans are on opioids for chronic pain and face an inherent risk of death as well as several severe side effects. He said he is hopeful about the potential of Zadina’s research and what it could mean for patients.

“They are doing a great favor to not only the Veterans but the entire community of patients who have chronic pain,” Sharma said. “If all the clinical trials are successful, we will have a drug that will have minimal adverse effects like addiction potential, tolerance and respiratory depression while retaining the strong pain relieving properties.”

There is still a lot of work to do before human clinical trials can begin, including safety, toxicology and pharmacology tests. Zadina said that he is very grateful for the support of VA in his team’s ongoing research.

“The VA has been there since the beginning, and this project is of utmost importance to our patients. I’m excited to be part of that,” he said.

Amy Feehan, Ph. D. student; Sharon Luc, undergraduate student; Dr. Jim Zadina, principle investigator and lab director; Xing Zhang, medical research specialist; Dr. Mark Nilges; Melita Fasold, biological laboratory technician/lab manager; Penny Roberts, Ph.D. candidate and Ariel Amgott-Kwan, Ph.D. student members of the combined SLVHCS-Tulane University research team, gather inside Tulane University Hospital to commemorate their success in discovering a potential alternative to opioids, Feb. 17. (Photo by Chris W. Cox)
WASHINGTON - Veterans can now work directly with the Department of Veterans Affairs to resolve debt collection issues resulting from inappropriate or delayed Choice Program billing. In step with MyVA’s efforts to modernize VA’s customer-focused, Veteran-centered services capabilities, a Community Care Call Center has been set up for Veterans experiencing adverse credit reporting or debt collection resulting from inappropriately billed Choice Program claims. Veterans experiencing these problems can call 877-881-7618 for assistance.

“As a result of the Veterans Choice Program, community providers have seen thousands of Veterans. We continue to work to make the program more Veteran-friendly,” said Dr. David Shulkin, under secretary for Health. “There should be no bureaucratic burden that stands in the way of Veterans getting care.”

The new call center will work to resolve instances of improper Veteran billing and assist community care medical providers with delayed payments. VA staff are also trained and ready to work with the medical providers to expunge adverse credit reporting on Veterans resulting from delayed payments to providers.

VA is urging Veterans to continue working on their VA primary care team to obtain necessary health care services regardless of adverse credit reporting or debt collection activity.

VA acknowledges that delayed payments and inappropriately billed claims are unacceptable and have caused stress for Veterans and providers alike. The new call center is the first step in addressing these issues. VA presented The Plan to Consolidate Community Care in October 2015 that outlines additional solutions to streamline processes and improve timely provider payment.

For more details about the Veterans Choice Program and VA’s progress, visit: www.va.gov/opa/choiceact. Veterans seeking to use the Veterans Choice Program can call 866-606-8198 to find out more about the program, confirm their eligibility and schedule an appointment.
National Salute to Veteran Patients

Dr. Ralph Schapira, SLVHCS chief of staff, hand out tokens of appreciation to Veterans and Veteran employees as part of National Salute to Veteran Patients Week. (Photos by Hillary Rustine)

103-year-old Veteran Robert Dyer visits with SLVHCS Medical Center Director Fernando Rivera and staff of the Community Resource and Referral Center during one of his social visits there March 2. (Photo by Chris W. Cox)
CALL can save a LIFE 1-800-273-8255 PRESS 1

Confidential chat at VeteransCrisisLine.net or text to 838255 © 10/15 VHA
Southeast Louisiana Veterans Health Care System’s Pathology and Laboratory Medicine Service recently passed an unannounced inspection by representatives of the College of American Pathologists.

This bi-annual event is significant in that it allows SLVHCS to maintain their testing capability with no degradation of services.

The Pathology Service operates three CAP accredited laboratories: the Ambulatory Procedure Unit and Blood Gas Laboratories in New Orleans, and the Outpatient Laboratory located at the Baton Rouge South Community Based Outpatient Clinic.

All three laboratories must pass inspections every two years to allow patient testing to take place on site. Each laboratory conducts hundreds of tests each day to provide accurate feedback to physicians who use the collected information to fine-tune patient treatment plans.

“Passing these inspections is a positive reflection of the employees who work there,” said Belinda Brinson, Microbiology and Serology laboratory supervisor.

No-notice inspections like these demonstrate that the level of professionalism in these very precise environments is constant and not simply polished, according to Brinson.

The most complex of the three inspections took place at the APU in New Orleans. The inspection there took two days and covered 10 individual checklists with over 1,000 inspection items. Only one minor documentation deficiency was identified, which was corrected on the spot.

Ultimately, the no-notice inspections proved that SLVHCS’ Pathology laboratories are capable of responsibly and professionally handling hazardous materials, keeping employees and patients safe and securely delivering vital information that directly contributes to the welfare of the enrolled Veteran population, Brinson explained.
Southeast Louisiana Veterans Health Care System has been reorganizing its departmental structure in preparation for this year’s activation of the medical center. In some cases, SLVHCS has even created new departments to support services that have not been available since 2005.

One example is the newly formed Emergency Medicine Service. After the original medical center was closed following Hurricane Katrina, many services normally provided by a fully functioning hospital were lost. Emergency Medicine Service was one of those.

It is now being rebuilt inside the new medical center complex under construction on Canal Street.

As part of that ground-up construction, the personnel and procedures are also being assembled. Dr. Julie Slick leads that project as the acting chief of Emergency Medicine Service.

Slick comes to SLVHCS after playing her part in the activation of University Medical Center – New Orleans, which is directly across the street from what will be the new medical center. The board-certified emergency physician brings her vast experience gained in private, academic and Department of Veterans Affairs medical centers in large and small communities.

Her professional experience will be useful in the months ahead as she, and her team, screen and select uniquely qualified doctors and nurses to complete the emergency medicine roster.

Since securing recognition as a distinct medical branch by the American Board of Medical Specialties in 1979, emergency medicine has become its own distinct field. Prior to 1979, doctors from other specialty areas would serve some of their time in the emergency room. Today, emergency medicine specialists are the backbone of complex emergency care.

Slick explained, “As emergency medicine has continued to grow, more emergency departments are staffed with board-certified physicians. We have a formidable amount of training in procedural skills. We also have to be very good at interfacing with the many other specialists and subspecialists of the medical center.”

Individually, emergency medicine practitioners may not have a complete set of knowledge about the specifics of every ailment, but they are trained to know how their business is interconnected with others. Understanding the requirements to care for patients right now, while also being able to plan for follow-on actions during the recovery process, is one of the keys to being effective in the ER.

Slick added, “I’m not trained to do an appendectomy, and I’m not trained to provide very minute details to a patient caring for their diabetes. What I am trained for is how to diagnose appendicitis and make sure that we get that patient to the operating room with a surgeon who knows how to do the surgery.”

Making decisions that will impact a patient’s life in a high-pressure environment can be overwhelming without the right training and experience. Fortunately, those who choose to pursue emergency medicine as a career thrive when the chips are down.

Emergency room doctors and nurses are unique among their peers. The fact that VA has created an emergency medicine service is going to allow us to attract more board-certified emergency physicians. It will also allow us to attract nurses who have specialty interest in practicing emergency medicine, said Slick.

Helping to identify the most qualified people to work in SLVHCS’ Emergency Medicine Service is only one challenge for the energetic, fast-talking doctor and her team. When the emergency medical department opens, the hard work they are putting in now will pay off for Veterans in southeast Louisiana for the first time in more than a decade.
Positive thoughts can become positive experiences

By Dr. Madeline Uddo, SLVHCS psychologist

Most people have heard of the power of positive thinking. A multitude of books have been written on the topic and research studies support the premise. However, some people struggle with the concept and may feel that it’s unnatural to always look on the bright side no matter what difficulties may present in their life.

A different and simple practice that may help to enhance well-being and shift outcomes is to explore the idea that what you focus on expands. The idea is that when you are focusing on all the things that you don’t like and that you don’t want, then those are exactly the things that you will get more of. Your focus can be used to bring in more of what you do want.

In order to put this idea into practice to improve well-being and positive outcomes, it’s suggested to start paying attention to the little things that you experience that create positive feelings, such as a pleasant interaction with the cashier at the grocery store, a beautiful flower, a favorite song on the radio, the smell of food cooking on the stove. The key is to concentrate on the good, positive things that you want to grow in your life.

Once you consciously focus your attention on these things, you may find that your list of things that makes you happy begins to grow.

Essentially, whatever we put our attention on expands in our experience, so consider where you are focusing your time and energy. You may want to ask yourself, “What am I expanding? Where am I directing my energy, thoughts, and actions?”

Based upon this concept, you are choosing your life with your focus. As the author Marion Coach states, “Whatever you focus on is what you get, negative or positive, so focus on the positive and you’ll bring more positive into your life.”
Online VA Prescription Tracking
Available on My Health eVet
www.myhealth.va.gov

Easy as One, Two, Three!

1. Go to My Health eVet at www.myhealth.va.gov, then to the home page to log in*
2. Go to the Pharmacy tab
3. Select the Refill My Prescriptions or Prescription Refill History. Once there, you can access the red “Track Delivery” button

* To refill your VA prescription, you must have an Advanced or Premium My Health eVet account. Simply go to the “Register Today” button on the My Health eVet home page at www.myhealth.va.gov to get started.

With Track Delivery on My Health eVet you can:

- Track Delivery of a VA prescription which was mailed in the last 45 days, anytime and anywhere you have access to the Internet
- Know when your prescription package should arrive to your home or address of record
- View details about tracking information on each prescription
- Know if other items are included in the same delivery package

Need Help or Have Questions?

Contact SLVHCS MyHealth eVet Coordinator, Mr. Ronald Grissett at 504-412-3700, ext. 7591, or email: ronald.grissett@va.gov

For questions about your medication, contact your primary care provider or local VA pharmacist. The telephone number is printed on your prescription label.

The Track Delivery feature is not available for medications that are dispensed and mailed from your local VA pharmacy. Use your routine methods of tracking for these medications.