

VA New York/New Jersey
Veterans Integrated Service Network (VISN 3)



ANNUAL REPORT

2008



VA Hudson Valley Health Care System
Castle Point Campus
Montrose Campus

James J. Peters VA Medical Center

VA New Jersey Health Care System
East Orange Campus
Lyons Campus

VA New York Harbor Health Care System
Brooklyn Campus
New York Campus
St. Albans Campus

VA Northport Medical Center

Director's message



Dear friends of VISN 3,

I thank our Veterans, employees, volunteers and community partners for your support of VISN 3. Our mission is to provide the highest quality health care to our Veterans. This is accomplished through the exceptional contributions of many committed individuals and groups.

This past year, VA staff continued to focus on the needs of our newest Veterans from Operation Enduring Freedom and Operation Iraqi Freedom. Family readiness events, demobilization briefings and job fairs were among the outreach activities held throughout VISN 3 to encourage Veterans and their families to seek the VA benefits they've earned.

Our ongoing commitment to Veterans of all eras continues. VISN's Community Living Centers continue on the journey of cultural transformation for Veterans requiring extended care. The staffing of our mental health program has significantly increased and programs are evolving to a recovery-oriented, Veteran-centered health care delivery system. With new telehealth technologies, care is expanding right into Veterans' homes. Our work with the New York City Department of Homeless Services and community partners has increased access to VA health care and services for homeless Veterans. Permanent and transitional housing are now available at some of our sites for homeless Veterans.

New initiatives for the coming years include:

- adding magnetic resonance imaging (MRI) to expand capabilities at the Castle Point campus
- continued provision of state-of-the-art prostheses at the New York campus
- transformation to a patient-centered focus and expansion of health care to female Veterans

Initiatives to improve access, timeliness and quality of care will continue as part of our commitment to provide Veterans with "the best care anywhere."

Thank you for your continued interest and support of VISN 3.

Michael A. Sabo
Network Director, VISN 3

VISN 3 by the numbers

VA Medical Centers
8

Community-Based
Outpatient Clinics
27

Freestanding Community
Living Center
1

Prostheses costs
\$2,000,000

Total inpatient surgeries
7,624

Total ambulatory surgeries
5,929

Unique Veterans treated
168,383

Outpatient Veteran visits
2,560,436

Non-Veteran fee visits
306,370

Total discharges
28,096

CHAMP VA visits
797

DoD visits (sharing agreement)
1,867

Total employees
12,412

Total nonpaid (WOC) employees
1,409

Total medical residents
619

Total VA-funded research
\$12,800,000

Total non-VA-funded research
\$22,400,000

Total active research projects
757



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Improving delivery of care

> SYSTEMS REDESIGN: EVALUATING OUR EFFORTS

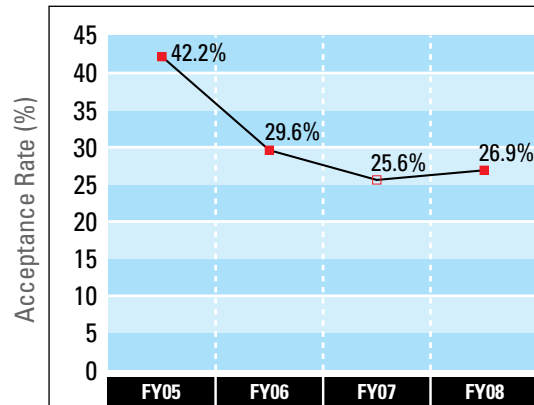
Systems Redesign is a VA program in which we review processes and look for ways to improve the way we treat our Veterans. Systems Redesign started in VA 10 years ago when Advanced Clinic Access (ACA) metrics were instituted to calculate how long Veterans were waiting to be seen in clinics.

To enhance patient flow and decrease the length of stay, a Systems Redesign team traced patients from admission to discharge and discovered that many Veterans who required community nursing home placement or adult home placement were admitted unnecessarily to VA medical centers on weekends.

To reduce unnecessary admissions, the team developed a tool for staff to better assess patients who visited the emergency department. VA social workers assisted in placing Veterans, eliminating the need for VA admission.

This graph shows a reduction of patient admissions since these changes were implemented.

> Northport VAMC admissions (transfer-in)



> IMPROVING PATIENT FLOW

The VA New York Harbor Health Care System emergency department (ED)/inpatient flow team explored patient movement through the ED. The major initiatives included:

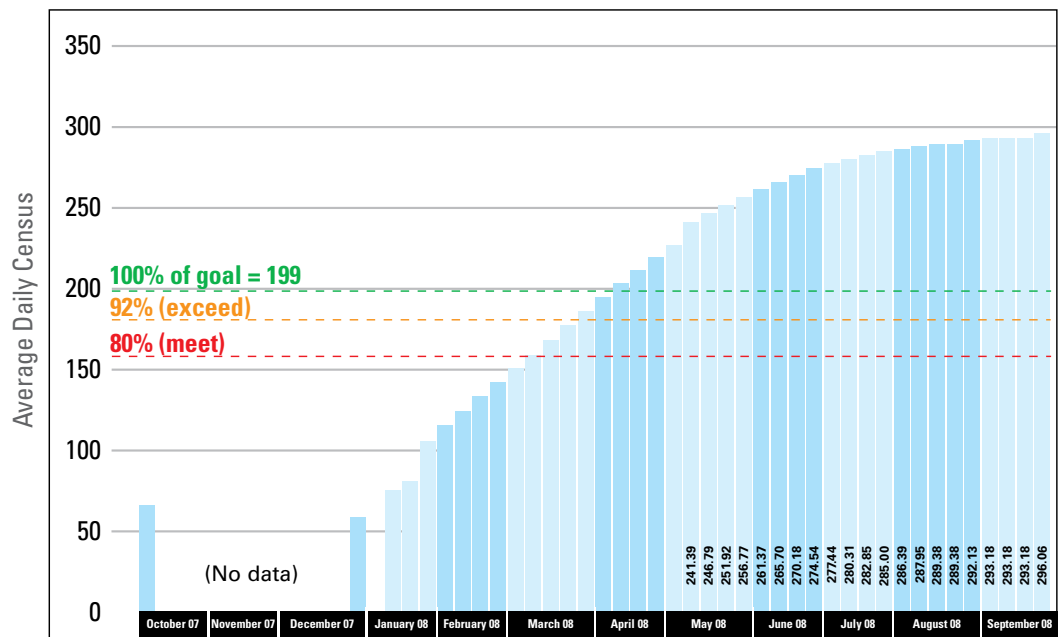
- finding alternatives to traditional hospital admission
- ensuring that cardiac patients are assigned the most appropriate bed
- ensuring that patients are seen in a timely manner

The VISN Systems Redesign Award was presented to this team in 2008.

> QUALITY CARE AT HOME

VA medical centers use telehealth programs to monitor Veterans at home. The number of patients in the home telehealth program, as measured by the Non-Institutional Care Average Daily Census (ADC) increased at VA New York Harbor HCS, Northport VAMC, VA Hudson Valley HCS and VA New Jersey HCS. VISN 3 finished at 117% of its FY08 home telehealth ADC goal. Significant improvements in blood pressure and diabetes care were noted in patients.

> Care Coordination Home Telehealth ADC FY08



▲ The table above shows VA NYHHS's progress in increasing the number of Veterans enrolled in the Care Coordination Home Telehealth program. VA NYHHS exceeded its goal for FY08.

Continuously monitoring health care

In the mid-1990s, VISN 3 began to assess itself against performance measures to monitor the quality of its health care. These performance measures are based on established guidelines developed from results of medical studies and information that indicates the health care interventions that lead to the best outcomes. Other measures monitor aspects of how care is delivered.

> A LEADER IN TIMELY CARE

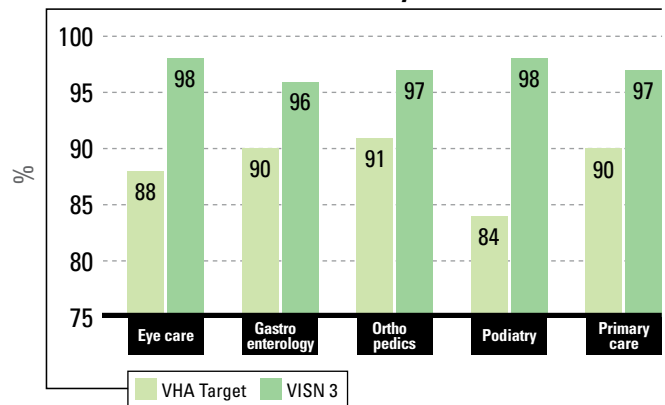
Timely access to care—the ability of Veterans to get care promptly when they need it—is one of the fundamental requirements for high-quality health care.

Over the past several years, VISN 3 has devoted much time and effort to reducing wait times for Veterans. As a result, VISN 3 is known as one of the leaders in this area and has been consulted by other networks interested in improving their performance.

VHA sets targets for the percentage of new patients who are seen within 30 days. In 2008, VISN 3 had exemplary performance for five clinic areas: eye care, gastroenterology, orthopedics, podiatry and primary care.

The chart at right shows VISN 3 performance in reference to the targets set by VHA for FY08. As indicated in the chart, 96 percent or more of new Veterans in each of these clinics received care within 30 days. VISN 3 far exceeded VHA targets in these clinics, each of which had

> New Veterans seen in 30 days



sizable numbers of new patient appointments. In addition, in each of these clinics VISN 3 was the highest performing network in the nation.



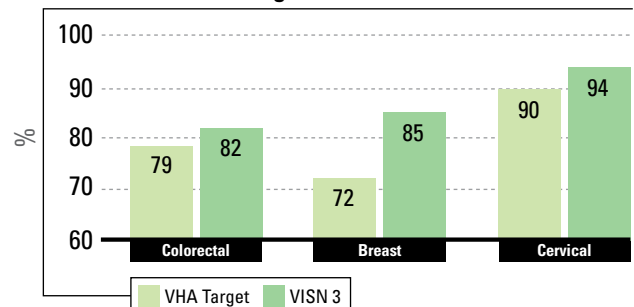
▲Jamel Daniels (left), Operation Iraqi Freedom Veteran, served as a Corporal in the Marine Corps and is now a full-time student at Concordia College. He recently came to VA Prosthetics Services to have Neil Carbone, certified prosthetist, fit him for the latest version of the Cleg prosthesis. (Photo by Claudie Benjamin, VA NYHHS)

> KEEPING UP WITH CANCER SCREENINGS

Each quarter, VISN 3 monitors screenings for colorectal, breast and cervical cancers. The chart below shows VISN 3 performance in relation to VHA FY08 targets.

For all screening measures, VISN 3 exceeded the VHA target. For colorectal and cervical screenings, VISN 3 was among the top three networks in the nation.

> Cancer screening measures





2008 ACCOMPLISHMENTS VA NEW JERSEY HEALTH CARE SYSTEM

www.eastorange.va.gov
www.lyons.va.gov

- Surveyed and received full accreditation from The Joint Commission, Commission on Accreditation of Rehabilitation Facilities and College of American Pathologists
- Cited for strong patient and employee satisfaction by the Planetree Program
- Renovated a 16-bed coronary/surgical intensive care unit
- Expanded the Hope for Veterans Transitional Residence to 95 beds
- Acquired a cone beam computed tomography scanner
- Acquired a GreenLight laser to treat benign prostatic hyper trophy and bladder tumors
- Established an OEF/OIF care management program
- Extended primary care hours for OEF/OIF Veterans
- Won the VISN 3 Starfish Award
- Received a Spirit of Planetree Healing Arts Award
- Initiated a telemental health program
- Launched a visual impairment services outpatient rehabilitation program
- Established an on-campus ground shuttle/transportation service
- Opened a weekly physical medicine and rehabilitation injection clinic
- Opened an acupuncture clinic
- Established a cognitive rehabilitation program
- Initiated a spinal cord injury disorders yoga clinic
- Launched a Wii™-habilitation program

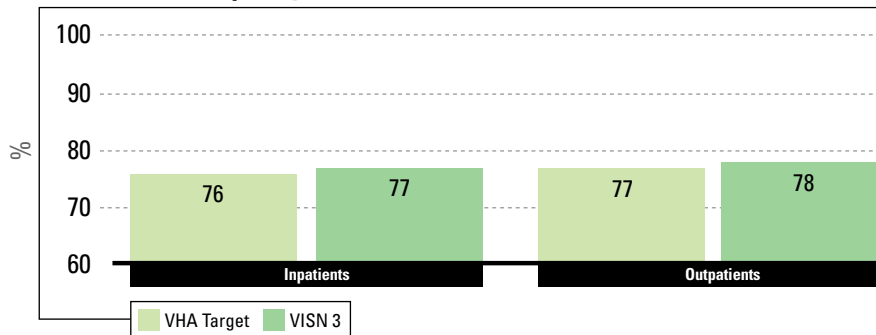
> VETERANS' SATISFACTION WITH CARE

While VISN 3 monitors health care quality against established standards, a key component in the evaluation of care is how Veterans themselves evaluate the care they receive. Outpatients and recently discharged inpatients are surveyed monthly to obtain evaluations.

One of the key questions in the survey refers to how patients rate the overall quality of care they receive. Response categories are poor, fair, good, very good and excellent. VA defines a satisfied response as either very good or excellent.

Figure A below shows the percentage of Veterans in VISN 3 who rated their care as either very good or excellent.

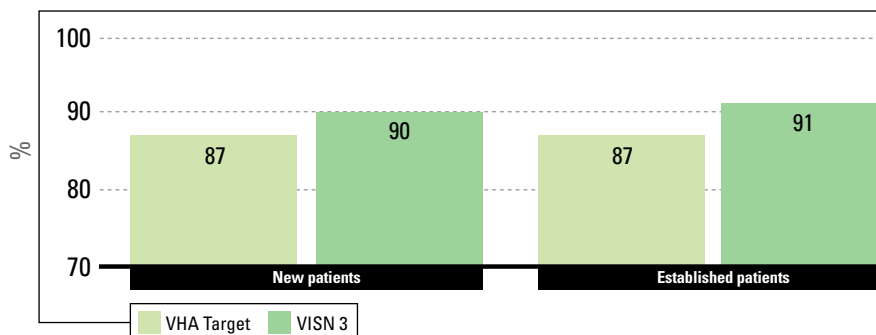
Figure A > Overall quality of care



As indicated, more than three-quarters of Veterans in VISN 3 rated the care they received as either very good or excellent; these percentages exceeded VHA targets.

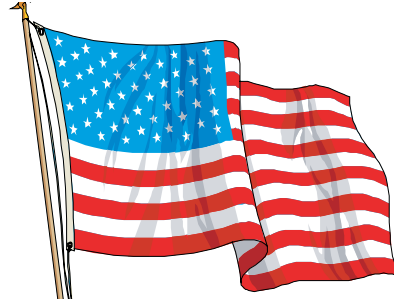
Both new and established patients are asked: "Did you get an appointment when you wanted one?" Figure B shows the percentage of patients who said they did.

Figure B > "Did you get an appointment when you wanted one?"



At least 90 percent of VISN 3 Veterans received an appointment when they wanted one.

Finding homes for the homeless



Operation Home provides assistance

Last May, Robert Hess, New York City Department of Homeless Services (DHS) Commissioner, and Michael Sabo, VA Network Director, signed a Memorandum of Agreement. As a result, a multiservice center operated by DHS and VA staff opened at the Chapel Street VA Community-Based Outpatient Clinic (CBOC). The Borden Avenue Shelter was renovated into transitional housing and began accepting Veterans in the spring of 2007.

Former VA Secretary James Nicholson and New York City Mayor Michael Bloomberg believed that no Veteran should sleep in the city's shelters or on the street. To achieve their vision, they convened a joint DHS-VA task force, creating the Operation Home initiative in December 2006.

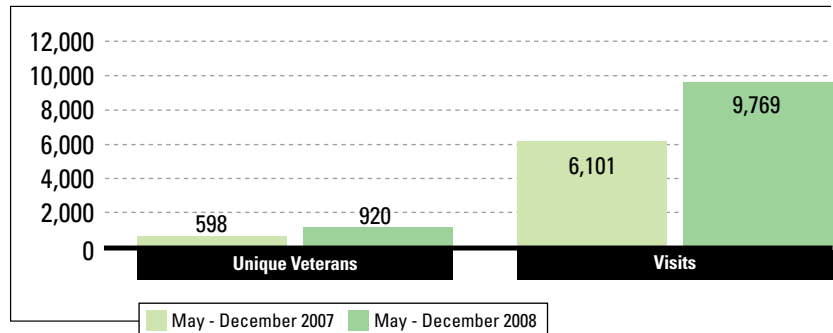
> WINNING RESULTS

Thanks to Operation Home, more than 1,000 homeless Veterans have received care and been connected to homeless services. Resources have expanded, with more grant per diem (transitional housing) units and more than 1,000 Housing Urban Development-VA Supported Housing permanent housing vouchers available to homeless Veterans.

The goal was to place 100 homeless Veterans in housing within 100 days, leveraging existing federal resources to develop transitional housing for homeless Veterans and re-investing city shelter savings into permanent housing.

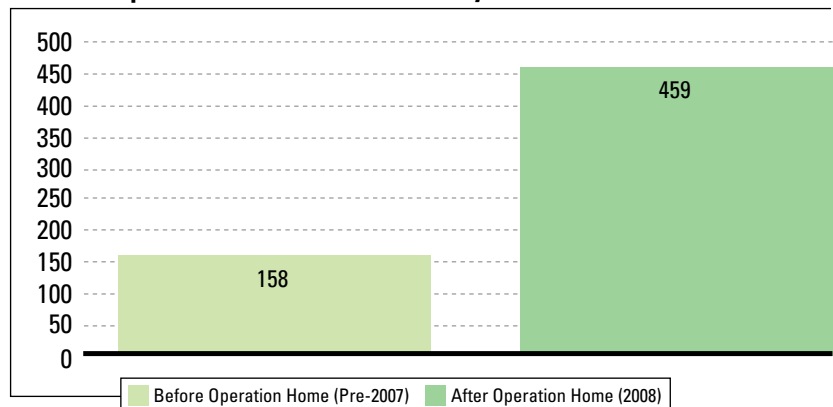
Between January and April 2007, the steering committee designated by the task force oversaw the progress of work groups charged with Systems Redesign in the areas of intake and assessment, safe havens, transitional housing, permanent housing and evaluation. At the time of the final task force report, more than 100 Veterans had been placed in permanent housing and plans for implementing the new system were under way.

> Multiservice center, homeless Veteran workload



▲ This graph represents a significant increase in homeless Veterans served at the VA Chapel Street CBOC since Operation Home began in FY08.

> Grant per diem beds in New York City



▲ As a result of the VA/DHS partnership to end homelessness among Veterans, there has been a nearly 300% increase in the number of community-based transitional housing beds for homeless Veterans.

Caring for our newest Veterans

VISN 3 programs to provide health care services to Iraqi and Afghanistan Veterans and their families and ease adjustment to civilian life expanded in 2008. Nationally, 908,690 Operation Enduring Freedom and Operation Iraqi Freedom (OEF/OIF) military service members have left active duty and become eligible for VA health care since FY02. Some 24,000 of these new Veterans reside in the New York/New Jersey area and are eligible for health care provided by the VA New York/New Jersey Health Care Network.

> MAKING THE TRANSITION EASIER

Each VISN 3 health care facility has a dynamic OEF/OIF team. Psychologists, social workers, nurses, therapists and physicians provide care, and many Veterans receive specialized polytrauma/traumatic brain injury, rehabilitation, speech and audiology, orthopedics, ophthalmology and dermatology services.

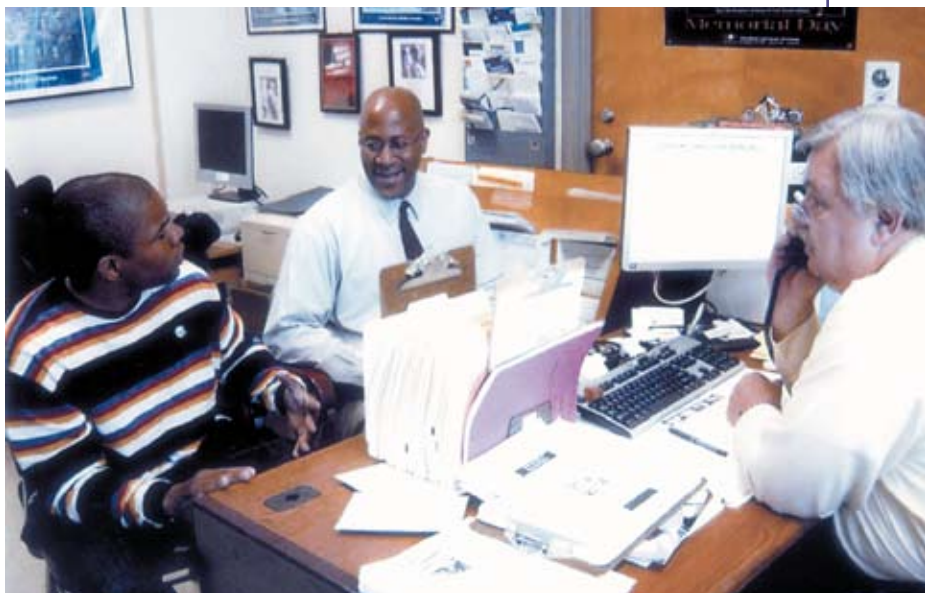
Programs to reach returning combat Veterans include offering post-deployment clinics. Each VISN 3 VA medical center engages returning combat Veterans in focus groups to gather feedback and suggestions to better tailor the delivery of VA health care services.

Each VISN 3 OEF/OIF program has established relationships with staff members at the Veterans Benefits Administration, Veteran Centers, Office of Seamless Transition and Department of Defense. The New York/New Jersey State Department of Veterans Affairs, NY/NJ State Department of Labor and several Veterans Service Organization members and private industry partners also play key roles.

> REACHING OUT

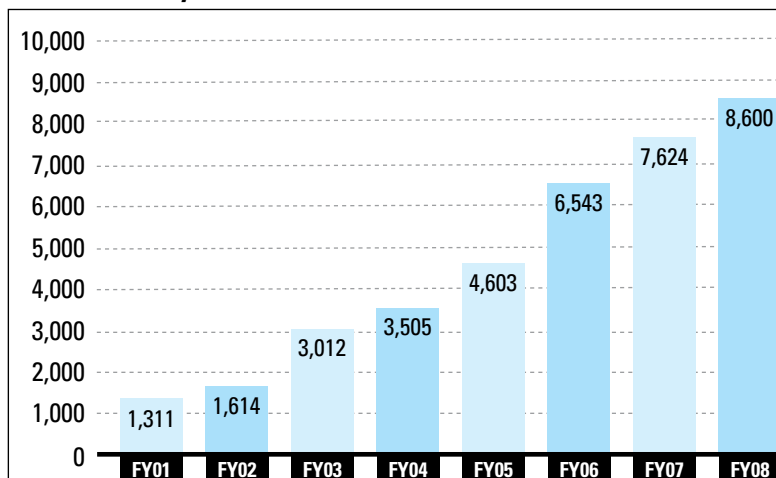
Numerous outreach activities are held throughout VISN 3 to ensure Veterans and their families are aware of VA benefits. VISN 3 staff attend family readiness events, college outreach sessions, post-deployment health events, demobilization briefings, welcome-home events, yellow ribbon reintegration programs and job fairs.

In 2009, Veterans can expect continued enhancement of services, increased access to care and a more assertive effort to reach out and serve every Veteran who chooses VA for health care.



▲U.S. Army Veteran Frederick Brown (left) discusses job-seeking strategies with VA New York Harbor Health Care System Transition Patient Advocate Lyn Johnson and NY State Department of Labor Veterans Outreach Specialist William A. Bookstaver.

> OEF/OIF Veterans receiving health care at VA New York/ New Jersey Health Care Network facilities





**2008 ACCOMPLISHMENTS
VA HUDSON VALLEY
HEALTH CARE SYSTEM**
www.hudsonvalley.va.gov
www.castlepoint.va.gov

- Surveyed and received full accreditation from the Association for the Accreditation of Human Research Protection Programs (in collaboration with the James J. Peters VA Medical Center)
- Exceeded VA benchmarks for patient satisfaction
- Established low-vision clinics at Castle Point and Montrose campuses
- Established an OEF/OIF care management program
- Provided low-vision services in the mobile health clinic
- Launched a cancer care coordination program
- Expanded primary care hours for OEF/OIF Veterans
- Developed new geriatric and extended care line
- Launched a cultural transformation in Community Living Center units
- Opened a Common Ground transitional housing unit
- Established a new Community Hospice partnership
- Installed medication storage units in all community clinics
- Enhanced the delivery of social work services in VA Community-Based Outpatient Clinics
- Began a clinical pharmacy residency program
- Created a Nextel phone and computer instant employee disaster alert system
- Expanded the telehealth program
- Expanded the MOVE! weight-management program
- Renovated the canteen at the Castle Point campus

The VISN of the future

In an effort to validate a shared vision and develop a strategic direction for VISN 3, Network Director Michael A. Sabo initiated summit meetings with VISN 3 and facility leadership last spring.

The three summit meetings accomplished a number of important goals, such as team building, enhancing communication and developing a consensus on the most important issues VISN 3 should focus on.



▲ Network staff at the first 2008 Planning Summit pause for a photo. This exercise, designed to recognize achievements, acknowledge current dynamics of health care delivery and begin to consider a framework for the future direction of Veteran health care in VISN 3, set the stage for the two-day meeting.

> LOOKING TO THE PAST

Summit participants evaluated the past to identify characteristics that made the network successful and discussed the current health care landscape and what leadership saw as the VISN 3 of the future. Work groups wrestled with leveraging rapidly changing technology, improving business practices and developing clinical centers of excellence. Other topics covered included efforts to maintain the highest quality of care, become an employer of choice and expand access to care for new Veterans.

> AN EXCITING FUTURE

A formal strategic plan was developed to continue VISN 3's focus on health care quality and safety. Other major areas include cultural transformation and improving business practices. The plan emphasizes workforce development, ethics, enhancing diversity and Veteran and employee satisfaction. It also stresses how important it is to share VA's health care story and the importance of VA research to improve the lives of Veterans and the nation.

Through the leadership and vision of the Network Director and medical center leadership, a living document has emerged to chart VISN 3's future.



◀ The VA New Jersey Health Care System (NJHCS) National Veterans Wheelchair Games team had a celebration in honor of Veteran Earl Richardson, quad rugby team member, who was photographed for the August 4, 2008 issue of Sports Illustrated. A plaque with a photo of the magazine cover was presented to him by Director Kenneth Mizrach.

Front row, left to right: Janet Moyer, Anthony Norwood, Clement Truppa, Earl Richardson and George Bullock, all Veterans on the VA NJHCS 2008 Wheelchair Games team

Back row, left to right: Ryan Chesterman, recreation therapist; Lori Falzarano-Rozmerski, recreation therapist; Kenneth Mizrach, director; Sharon Tanks, R.N.; Carol Gill, M.D., Chief, Spinal Cord Injury Unit; Laurie Tomaino, Chief, Recreation Therapy; and Sean Campbell, administrative resident

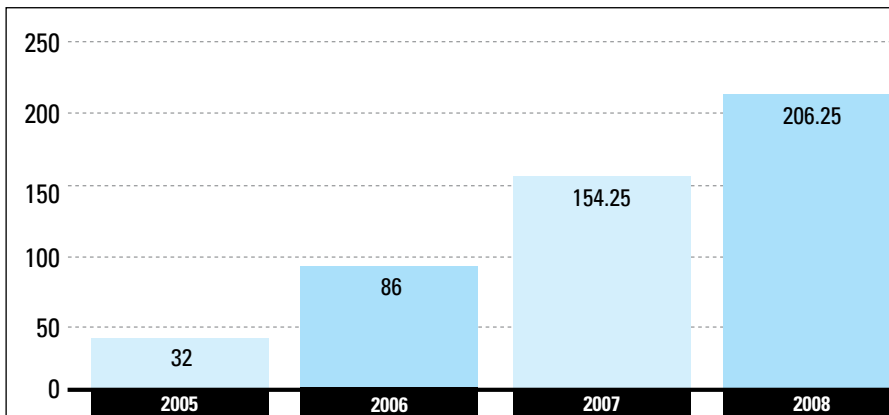
Expanding mental health care

VISN 3 continues to expand mental health services through Mental Health Enhancement Initiative funding. In FY08, VISN 3 hired an additional 206 mental health staff with this enhancement funding.

Areas targeted by these resources include patient safety, suicide prevention, expanded clinic hours to improve access to care (particularly for younger Veterans who often work during the day) and culture transformation toward a recovery-oriented, consumer-centered health care delivery system.

We've also used this funding to contract with the Yale University Program for Recovery and Community Health. This contract forms the basis for a partnership between Yale and VISN 3 mental health leadership to identify opportunities to strengthen recovery-oriented practices and empower Veterans in the planning and development of mental health services. The Yale consultants will also collaborate with VISN 3 local recovery coordinators to educate and train staff, Veterans and Veterans' family members.

> VISN 3 increase in mental health staff (FY05-08)



2008 ACCOMPLISHMENTS JAMES J. PETERS VAMC www.bronx.va.gov

- Surveyed and received full accreditation from the Commission on Accreditation of Rehabilitation Facilities, College of American Pathologists, American College of Medical Education, Association for Assessment and Accreditation of Laboratory Animal Care and Association for the Accreditation of Human Research Protection Programs
- Designated as a VA Regional Amputation Center
- Extended hours in primary care and mental health and for Compensation and Pension exams
- Implemented advanced clinic access in outpatient clinics
- Began evening hours at the Yonkers and White Plains Community-Based Outpatient Clinics
- Renovated dental, audiology, ENT and urology clinics
- Renovated a historic (circa 1889) chapel
- Opened a balance and tinnitus diagnostic and treatment center
- Began a pharmacy medication management service for patients who have uncontrolled diabetes
- Established an OEF/OIF care management program



◀Here, a rehabilitation therapist works with a Veteran with a spinal cord injury in the therapeutic pool at the James J. Peters VA Medical Center.



◀Anesthesiologist Francis Huber, M.D., prepares a Veteran for a procedure at VA Hudson Valley Health Care System, Castle Point campus.



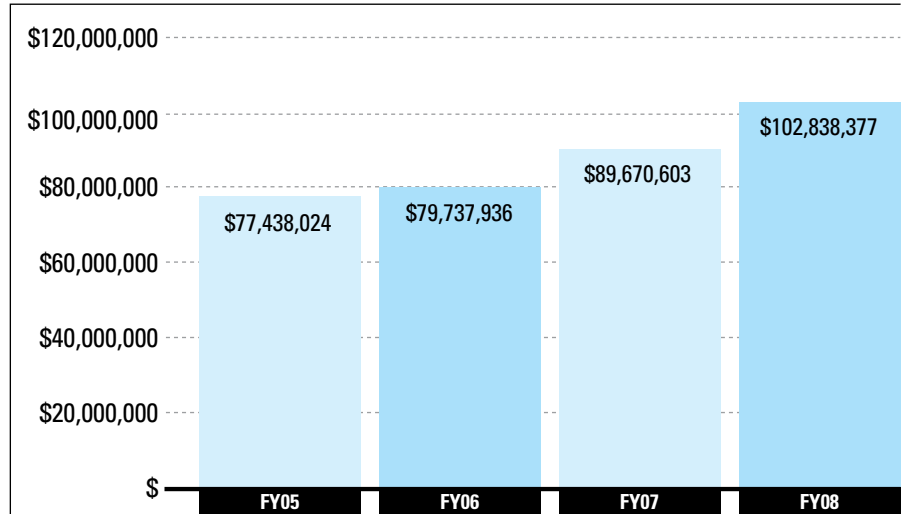
**2008 ACCOMPLISHMENTS
VA NEW YORK HARBOR
HEALTHCARE SYSTEM**

www.brooklyn.va.gov
www.manhattan.va.gov
www.stalbans.va.gov

- Surveyed and received full approval with commendation from the American College of Surgeons' Commission on Cancer and full accreditation from the Association for Assessment and Accreditation of Laboratory Animal Care and the Association for the Accreditation of Human Research Protection Programs
- Won the Beacon Award for Critical Care Excellence
- Won a VHA Systems Redesign Champion Award
- Won the 2008 National Systems Redesign Award for outpatients
- Established a VA/NYC Homeless multiservice center at the Chapel Street Community-Based Outpatient Clinic (CBOC)
- Established an OEF/OIF care management program
- Consolidated OEF/OIF offices
- Extended primary care hours for OEF/OIF Veterans
- Upgraded a linear accelerator in radiation oncology service
- Replaced a computerized tomography (CT) unit and installed a CT simulator in the radiation oncology service
- Installed a Spect-CT camera in nuclear medicine service
- Established an advanced low-vision clinic
- Hosted VA Secretary James Peake, M.D.
- Initiated a weekend social committee
- Opened the "Garden Bistro Delight" dining room for residents
- Held the 12th annual Cancer Survivor Day
- Hosted Danish health care sector elected officials
- Hosted the Minister of Veterans Affairs, Republic of Namibia, William Ndeutapo Amagulu

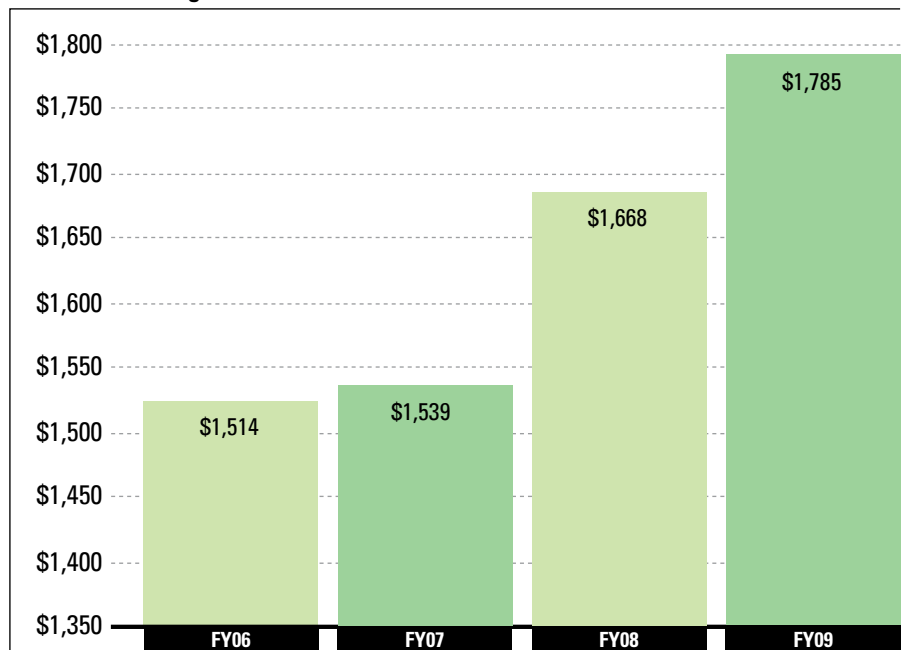
Vital statistics

> **VISN 3 medical care cost funds (MCCF) collections**



▲ This bar graph demonstrates increasing medical care cost funds (MCCF) collections. MCCFs are reimbursements from third-party health insurers and co-payments from certain nonservice-connected Veterans for the cost of health care provided, as well as pharmacy co-payments from certain nonservice- and service-connected Veterans.

> **VISN 3 budget in millions**



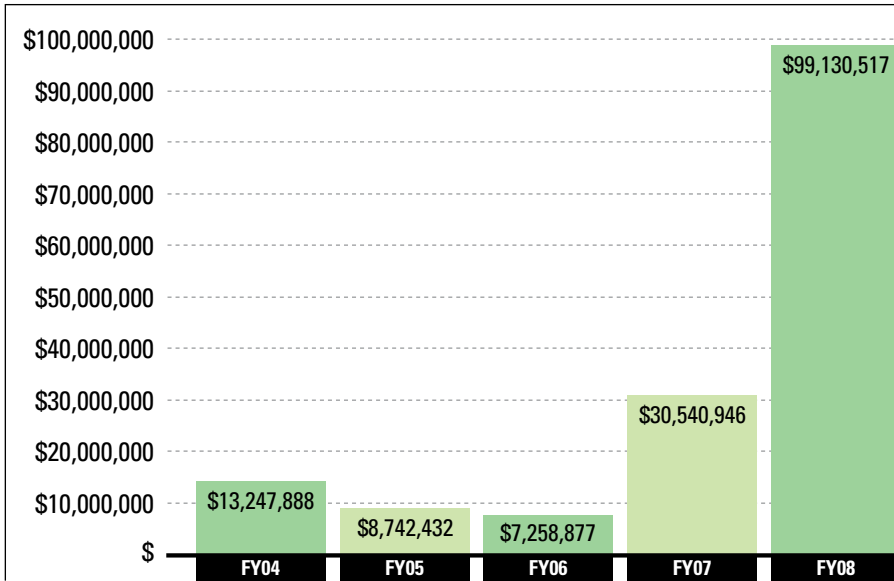
▲ The VISN 3 budget has increased over a four-year period. The budget is primarily determined by the clinical complexity of Veteran treatments and funding for special enhancements, medical resident education and non-recurring maintenance and repair.



**2008 ACCOMPLISHMENTS
NORTHPORT VAMC**
www.northport.va.gov

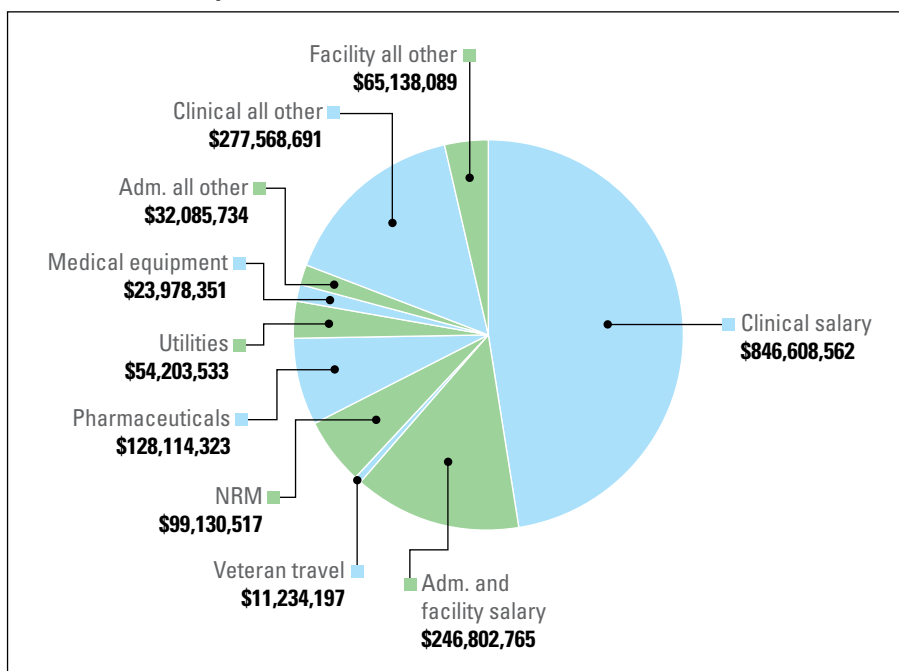
- Surveyed and received full accreditation from the Commission on Accreditation of Rehabilitation Facilities and full accreditation with commendation from the American College of Surgeons' Commission on Cancer
- Acquired a telemetry system
- Acquired a 1.5 Tesla Avanto magnetic resonance imaging (MRI) machine
- Acquired a linear accelerator
- Acquired a portable fluoroscopic/radiographic (C-arm) X-ray system
- Acquired biphasic defibrillators with pacing and automated external defibrillation (AED)
- Placed AEDs in all buildings and police and fire rescue vehicles
- Acquired a firematic brush fire-fighting rapid response vehicle
- Found by Long Term Care Institute, Inc., to "set the gold standard" in VHA Community Living Centers
- Constructed and opened a new radiology area and a research clinical studies area
- Renovated Disabled American Veterans Volunteer Transportation Program Call Center
- Established an OEF/OIF care management program
- Renovated the gymnasium
- Completed a major parking lot construction and repair project
- Won the National Center for Patient Safety's 2008 Root Cause Analysis Cornerstone Recognition Program Bronze Award
- Won the NYS Therapeutic Recreation Association's Innovative Program of the Year Award
- Received Catalyst Learning's 2008 Best Practices in Career Development Award

> VISN 3 non-recurring maintenance (NRM) program



▲ Non-recurring maintenance (NRM) projects are facility improvement projects with a long life-span, such as patient unit renovations, roof repair and replacement and heating and air conditioning upgrades. This bar graph demonstrates significant funding increases for the NRM program for FY07 and FY08. The increase is due to the 2007 supplemental NRM funding package spent in FY07 and FY08. Significant funding is also expected for FY09 and FY10, due to the recently passed stimulus legislation.

> VISN 3 FY08 expenditures



▲ This pie chart shows the breakout of VISN 3 expenditures for FY08 by major clinical and administrative categories.

WHERE YOU CAN FIND US – ANYTIME

VA Hudson Valley Health Care System

MEDICAL CENTERS:

Montrose Campus

Route 9A/P.O. Box 100
Montrose, NY 10548-0100
(914) 737-4400

Castle Point Campus

Castle Point, NY 12511
(845) 831-2000

COMMUNITY CLINICS:

Jefferson Professional Plaza
60 Jefferson Street, Unit 3
Monticello, NY 12701
(845) 791-4936

150 Pike Street
Port Jervis, NY 12771
(845) 856-5396

20 Squadron Boulevard –
Suite 400
New City, NY 10956
(845) 634-8942

30 Hatfield Lane –
Suite 204
Goshen, NY 10924
(845) 294-6927

488 Freedom Plains Road
Poughkeepsie, NY 12603
(845) 452-5151

1875 Route 6
Warwick Savings Bank –
2nd Floor
Carmel, NY 10512
(845) 228-5291

2881 Church Street
Route 199
Pine Plains, NY 12567
(518) 398-9240



James J. Peters VA Medical Center

130 West Kingsbridge Road
Bronx, NY 10468
(718) 584-9000

COMMUNITY CLINICS:

23 South Broadway
White Plains, NY 10601
(914) 421-1951

124 New Main Street
Yonkers, NY 10701
(914) 375-8055

41-03 Queens Boulevard
Sunnyside, NY 11104
(718) 741-4800

953 Southern Boulevard
Bronx, NY 10459
(718) 741-4900



VA New Jersey Health Care System

MEDICAL CENTERS:

East Orange Campus

385 Tremont Avenue
East Orange, NJ 07018-1095
(973) 676-1000

Lyons Campus

151 Knollcroft Road
Lyons, NJ 07939
(908) 647-0180

COMMUNITY CLINICS:

970 Route 70
Brick, NJ 08724
(732) 206-8900

654 East Jersey Street –
Suite 2A
Elizabeth, NJ 07206
(908) 994-0120

171 Jersey Street –
Building 36
Trenton, NJ 08611-2425
(609) 989-2355

385 Prospect Avenue
Hackensack, NJ 07601
(201) 487-1390

115 Christopher Columbus
Drive
Jersey City, NJ 07302
(201) 435-3055

317 George Street
New Brunswick, NJ 08901
(732) 729-0646

340 West Hanover Avenue
Morristown, NJ 07960
(973) 539-9791
(973) 539-9794

20 Washington Place
Newark, NJ 07102
(973) 645-1441

Patterson Army Health Clinic
Stephenson Avenue –
Building 1075
Fort Monmouth, NJ 07703
(732) 532-4500

275 Getty Avenue
Paterson, NJ 07503
(973) 247-1666



VA New York Harbor Health Care System

MEDICAL CENTERS:

Brooklyn Campus

800 Poly Place
Brooklyn, NY 11209
(718) 836-6600

New York Campus

423 East 23rd Street
New York, NY 10010
(212) 686-7500

VA Primary and Extended Care Center

179th Street & Linden
Boulevard
St. Albans, NY 11425
(718) 526-1000

COMMUNITY CLINICS:

40 Flatbush Extension –
8th Floor
Brooklyn, NY 11201
(718) 439-4300

1150 South Avenue –
3rd Floor – Suite 301
Staten Island, NY 10314
(718) 761-2973

55 West 125th Street –
11th Floor
New York, NY 10027
(646) 273-8125



VA Northport (Long Island) Medical Center

MEDICAL CENTERS:

79 Middleville Road
Northport, NY 11768
(631) 261-4400

COMMUNITY CLINICS:

4 Phyllis Drive
Patchogue, NY 11772
(631) 758-4419

1425 Old Country Road
Plainview, NY 11803
(516) 694-6008

Westhampton Air Base
(by appointment only)
150 Old Riverhead Road
Westhampton, NY 11978
(631) 898-0599