

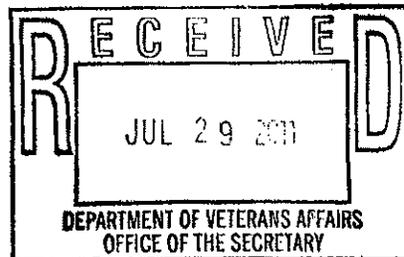
**Advisory Committee on
Prosthetics and Special-
Disabilities Programs**

Thomas H. Miller, Chairman. Address: Blinded Veterans
Association, 477 H Street, N.W., Washington, DC 20001
Phone #202/371-8880, Fax #202/371-8258

JUL 29 2011.

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The Honorable Eric K. Shinseki
Secretary of Veterans Affairs
Department of Veterans Affairs
810 Vermont Avenue, N.W.
Washington, DC 20420



Dear Mr. Secretary:

Enclosed are the recommendations from the May 3-4, 2011, meeting of the Advisory Committee on Prosthetics and Special-Disabilities Programs. On behalf of the Committee, your careful review and consideration of the recommendations will be most appreciated.

During the course of a very ambitious agenda, the Committee received a number of annual updates on Special-Disabilities Programs as well as our annual Ethics update and review.

Following the Ethics review, comprehensive updates were provided by the Chief Consultant for Rehabilitation Services, Dr. Lucille Beck. The update included highlights of VHA's reorganization, as well as other issues being confronted by VA Rehabilitation Services. The Committee received reports from Blind Rehabilitation Service, Spinal Cord Injury & Disorders, Telemedicine, Audiology-Speech & Language Pathology Services, and updates on the Caregivers Legislation. The Committee anticipates that there will be continued growth in the area of wireless internet connected technology used by both health care providers and Veterans, and has recommended that VA examine its policy with respect to wireless technology.

As you would expect, the Committee encourages you to continue to work diligently towards a uniform electronic medical record for both the Department of Defense and VA. This information is essential for ensuring continuity of high quality care throughout a Veterans participation in the health care system.

We appreciate your continued support for the Committee and the Special Disabilities Programs.

Sincerely,

A handwritten signature in black ink, appearing to read "Thomas H. Miller".

Thomas H. Miller
Chairman

Enclosures

cc: The Honorable Patty Murray
Chairman, Committee on Veterans' Affairs
United States Senate

The Honorable Bob Filner
Ranking Democratic Member
Committee on Veterans' Affairs
U.S. House of Representatives

The Honorable Jeff Miller
Chairman
Committee on Veterans' Affairs
U.S. House of Representatives

The Honorable Richard Burr
Ranking Member
Committee on Veterans' Affairs
United States Senate

**Department of Veterans Affairs
Advisory Committee on Prosthetics and Special-Disabilities Programs
Meeting Minutes May 3-4, 2011
VA Central Office
Washington, DC**

The VA Advisory Committee on Prosthetics and Special Disabilities Programs met on May 3-4, 2011, at VA Central Office in Washington, DC. A quorum was present, affording the Committee the opportunity to conduct normal business.

Members Attending

Thomas H. Miller, Chairman
Rory Cooper, Ph.D.
Gregory Gadson
Robert S. Gailey, Ph.D., P.T.
Lonnie Moore

Paul Pasquina, MD
Carole Roth, Ph.D.
Robert Rondinelli, M.D., Ph.D.
Jack Tilley

Guests

Heather Ansley, United Spinal Association & Vets First
Kenfra Calhoun, Amputation Coalition
Barbara Day, Rehabilitation Services
Kyle Dennis, Ph.D., Audiology and Speech Pathology
Sherman Gillums, Paralyzed Veterans of America
Laurie Havens, Director, Private Health Plan and Medicaid Advocacy, American
Language and Hearing Association
Dan Ignaszewski, Amputee Coalition
Colleen N. Noe, Audiology and Speech Pathology
Sonya Sconier, Rehabilitation Services

Tuesday, May 3, 2011 – Room 230

Welcome and Opening Remarks – Mr. Thomas Miller, Chairman

This meeting was called to order by the Chairman. He welcomed the new Committee members, and highlighted the agenda for the next 2 days.

Annual Ethics Briefing

**Jonathan Gurland
Office of the General Counsel**

Mr. Gurland provided the annual ethics review for Committee members. His review covered a list of ethics rules for Special Government Employees, such as, financial disclosures, conflicts of interest, acting on behalf of someone before the government, compensation for representational services, post-government employment restrictions, bribery, foreign agents, and standards of ethical conduct.

Update on VHA Reorganization
Lucille Beck, Ph.D.
Chief Consultant Rehabilitation Service

Dr. Beck summarized Veterans Health Administration's (VHA) reorganization

- VHA Central Office has reorganized to provide care which is patient-centered, data-driven, team based, and continuously improving
- Reorganization creates a clinical component in Operations and brings informatics together in one unit
- A clinical operations section was established in the Network Office to liaison with Patient Care Services
- Network Office is responsible for field station operations, and all policy decisions are coordinated through the Network Office
- Geriatrics and Extended Care along with Mental Health and Surgical Services are aligned under Operations
- An increased focus is placed on data and informatics
- Overall goal is to improve delivery systems and achieve better outcomes

Audiology and Speech Pathology Update
Lucille Beck, Ph.D.
Chief, Consultant for Rehabilitation Services

Accomplishments

- Audiology and Speech Pathology (A&SP) Handbook was released on March 14, 2011
- Expanding role in A&SP Telehealth
- New and exciting roles in post-deployment care (e.g. polytrauma, Traumatic Brain Injury (TBI), cognitive impairment), Community Living Centers, Patient-Aligned Care Teams
- Progressive Tinnitus Management initiatives
- Service Dog initiatives

Audiology Staffing and Workload (FY2010)

- 844 audiologists (increased 8% over FY09)
- 21 research audiologists
- 195 health technicians (assistants)
- Audiology services in 284 VHA sites of care
- Audiology visits and encounters
 - 1,387,229 outpatient visits
 - 687,086 unique outpatient Veterans
 - 12,102 inpatient encounters

Speech Pathology Staffing and Workload (FY2010)

- 358 speech-language pathologists (increased 2% over FY09)
- 19 research speech-language pathologists (SLP)
- SLP services in 196 VHA sites of care

- SLP visits and encounters
 - 125,976 outpatient visits (increased 7% over FY09)
 - 41,926 outpatient Veterans
 - 153,025 inpatient encounters

Hearing Aid Statistics (FY2010)

- 561,212 hearing aids purchased (increased 18% over FY2009)
- Net procurement: \$197 million
- Batteries: 44 million, \$5.4 million
- Repairs: 315,892, \$14.1 million
- Average hearing aid cost: \$348.15
- VA increased its share of the U.S. market to 20%
- In 2009, 49.9% of hearing aids were issued to new users

Blind Rehabilitation Update

Gale Watson

Director, Blind Rehabilitation Service

- Blind Rehabilitation Service utilizes an interdisciplinary team approach within an integrated system of care
- Coordinates with other key VA programs, such as, Ophthalmology, Optometry, Social Work Service, Veterans Benefits Administration and Polytrauma System of Care
- Blind Rehabilitation Services include:
 - Comprehensive rehabilitation
 - Adjustment to blindness counseling
 - Patient and family education
 - Assistive technology
 - Clinical research that advances evidence-based practices
 - Intensive case management, life-long care and access to services
- Blind Rehabilitation Services are provided by:
 - Visual Impairment Services Teams (VIST) and Coordinators
 - Number of VIST Coordinators (coverage in 200+ VA Medical Centers & Community Based Outpatient Clinics): 157
 - Blind Rehabilitation Outpatient Specialists (BROS)
 - Number of BROS: 77
 - Inpatient Blind Rehabilitation Centers (BRC)
 - Number of Blind Rehabilitation Staff: 253.5
 - Number of Inpatient BRCs: 13
 - Number of beds: 241
 - Outpatient Vision and Blind Rehabilitation Clinics
 - Number of staff: 176
 - Number of new clinics: 55
- VIST rosters included 50,574 eligible Veterans, and 643 Servicemembers (FY 2009)
 - 3,232 referrals to Blind Rehabilitation Centers

- 7,789 referrals to BROS
- 1,142 referrals for community-based therapies
- 783 referrals for community-based computer training
- Blind Rehabilitation Outpatient Specialists:
 - Provide blind rehabilitation assessment and training in home, community, and job sites
 - Supplement services of inpatient blind rehabilitation program
- BROS provided services to 8,516 Veterans and 384 Servicemembers (FY2010)
- BROS assigned to Walter Reed Army Medical Center and National Naval Medical Center
- BROS assigned to all Polytrauma Rehabilitation Centers and Network Sites
- National Outcome Measures Project (De l'Aune & Williams: 1997–2007)
 - Compared 1,193 Veterans treated in Blind Rehabilitation Centers with 212 patients receiving services in private sector for pre/post-rehabilitation functional outcomes
 - Assessed average improvement in functional abilities
 - Veterans improved average of 30 percent
 - Private sector patients improved average of 8 percent
 - Assessed average overall satisfaction with improvement
 - Veterans satisfaction increased average of 35 percent
 - Private sector patients satisfaction increased average of 19 percent
- BRS has provided information and/or services to 2,744 Veterans and Servicemembers who are Operation Enduring Freedom/Operation Iraqi Freedom /Operation New Dawn era.
- VHA is the only national health care system to completely integrate rehabilitation services for patients with visual impairments into health benefits
 - A team of national VA subject matter experts developed a plan to expand vision/blind rehabilitation care. VA provided \$50 million during 2008-2010 to deploy
- Provides early intervention for patients whose vision loss results from progressive diseases
- Provides intermediate and advanced care for patients who have moderate visual impairment:
 - Cannot see to drive
 - Cannot see to read or write
 - May be at risk for falls
 - May be non-compliant with health care regimens

Caregivers Legislation Update

Margaret Kabat

Caregiver Support National Program Manager

- Family caregiving has significant challenges
- Supporting caregivers helps Veterans

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- Caregivers are individuals with needs
 - Caregiver sensitivity and awareness is important in all programs
 - Integrating family caregivers into treatment teams is part of Veteran Centered Care

National Alliance for Caregiving reports

- 96% caregivers are women
- 80% live with the care recipient
- 30% caregiver for at least 10 years
- 70% Veterans with a caregiver have a mental illness
- 68% dealing with emotional stress
- 47% stopped working
- 50% dealing with financial hardships

Significant impact on caregiver

- Increased stress or anxiety
- Sleep deprivation
- Less time exercising
- Poor eating habits
- Weight gain or loss
- Depression
- Delaying own health care

Public Law 111-163 Section 101 Veteran Eligibility Criteria:

- Veteran who suffered a serious injury incurred or aggravated in the line of duty, on or after 9/11/01, including traumatic brain injury and psychological trauma or other mental disorder; and
- Is in need of personal care services because of an inability to perform one or more activities of daily living;
- A need for supervision or protection based on symptoms or residuals of neurological or other impairment or injury; or such other matters as the Secretary considers appropriate

General Caregiver benefits include all era Veterans

Primary Family Caregiver Receive

- Stipend, based on wages of a home health aide
- Health care coverage
- Mental Health Services
- Family caregiver benefits

Family Caregiver Receive

- Travel, lodging and per diem for training
- Easter Seals: caregiver training
- Respite care, not less than 30 days per year

- Respite care during training
- Lodging and subsistence for Veterans' VA appointments
- Teaching techniques, strategies, and skills for caring
- Counseling
- In home care
- Aid and attendance
- Telehealth training
- Interactive website

Spinal Cord Injury and Disorders Update
Margaret Hammond
Acting Chief Patient Care Services Officer

Major Initiatives (FY2011)

- VHA Handbook 1176.1 was revised and reissued in February 2011
- Implementation of Spinal Cord Injury and Disorders (SCI/D) Telehealth Objective – extend SCI/D primary and specialty care to facilities and into the home.
- All SCI/D Centers and 116 spoke sites have purchased the latest Telehealth technologies and equipment.

SCI/D Demographics

- 95% male
- 45% married
- 59 medium age

Most Common Inpatient Diagnoses

- Urinary system diseases (i.e., urinary track infections, gall stones)
- Pressure ulcers
- Digestive system disorders (neurogenic bowel, constipation, fecal incontinence)
- Respiratory system diseases (pneumonia, atelectasis, respiratory failure)
- Depression
- Cardiovascular system diseases (autonomic dysreflexia, ischemic heart disease)
- Pain

Methicillin-Resistant Staphylococcus aureus (MRSA) in VA SCI/D Centers

- Epidemiology and natural history of MRSA in the SCI/D population is being studied
- Currently determining the prevalence and transmission rates of MRSA in Veterans with SCI/D
- Patient education materials available and being modified for SCI/D Centers
- Guidelines for the MRSA Prevention Initiative in SCI/D Centers were implemented in FY 2009

Telehealth Initiative

- Since April 2009, ongoing monthly SCI/D Telehealth Program Implementation calls attended by SCI/D clinical staff, Veterans Integrated Service Network and VHA Office of Care Coordination Services leadership.
- VA SCI/D Telehealth web site developed to disseminate information in regards to purchasing, policies, workload coding, compliance with VA Telehealth program standards.

Telehealth Initiative: Implementation Plan for FY2011

- Pilot test the SCI/D Management Program for use with home Telehealth devices
- Pilot broadband and cellular based home Telehealth technologies at select SCI/D Centers
- SCI System of Care Telehealth Conference in Houston, TX (June 2011)
- Established workload tracking system
- Hire national TeleSCI coordinator
- Hire local TeleSCI coordinators for SCI/D Centers

Management of Information and Outcomes (MIO) Initiative

Objective: Provide a national, validated, risk adjusted outcomes-based program to measure and enhance the quality of rehabilitation and health care provided to Veterans with SCI/D

Telemedicine Update

Dr. Adam Darkins

Chief Consultant, Office of Telehealth Services

Overall Telehealth Activity in Veterans Health Administration (VHA)

- Over 384,000 unique Veteran patients served (FY2010)

Home Telehealth

- Non-institutional care, chronic care management, acute care management and health promotion and disease prevention
- Devices in the home acquired through contracts with external vendors
- VA hosts servers, links clinicians and interfaces with electronic patient record
- Over 46,000 patients served (FY2010)
- Expansion in FY2011 and FY2012 as part of the Secretary's Transformation Initiatives
- Projected 50 percent increase in patient census to 69,019

Clinical Video Telehealth

- 47 clinical areas provided, mainly mental health and rehabilitation
- Over 170,000 patient consultations (FY2010)
- Expansion in FY2011 and FY2012 as part of the Secretary's Transformation Initiatives
- Projected 50 percent increase in patient census to 231,000 annually

Teleradiology

- Dedicated national platform in place
- Overall usage estimated at 10 percent of total radiology services

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- National Teleradiology Centers provided 95,899 reads of images (FY 2010)

Secure Messaging

- Implementation in process, 109 VA Medical Centers (VAMCs) were capable of providing primary care secure messaging at the end of February 2010
- All VAMCs will be able to offer primary care secure messaging by October 2011

Attachment

Recommendations from the Advisory Committee on Prosthetics and Special Disabilities Programs, May 3-4, 2011

RECOMMENDATION 1: The Committee recommends that VA continue to investigate access to specialty rehabilitation services within rural communities. Many Veterans are choosing to live in rural communities that do not have VA medical centers, and only have limited community-based rehabilitation clinical services.

RECOMMENDATION 2: The Committee recommends that VA program directors collect, compile, analyze, interpret, and update outcomes data and registries to guide and improve clinical care. Outcomes measures and the analysis of the impact of clinical programs on Veterans with disabilities is essential to ensuring that Veterans receive high quality care, and that there is consistency across VA and with contracted providers.

RECOMMENDATION 3: The Committee recommends that VA examine its policy with respect to wireless technology for telemedicine, clinical assessment (e.g., wearable sensors), and patient used technology (e.g., prosthetics, wheelchairs, hearing aids). The Committee anticipates that there will be continued growth in the area of wireless internet connected technology used by both health care providers and Veterans.

RECOMMENDATION 4: The Committee requests a plan with short and long-term objectives to ensure that Veterans receive their prosthetic devices and sensory aids without interruption in a timely manner. The Committee has concerns about the changes in purchasing authority and warrants for prosthetics purchasing agents and the impact that this may have on Veterans' access to prosthetic limbs, specialized wheelchairs, adaptive sports equipment, assistive technologies, and surgical implants that need to be customized for the individual Veteran. Veterans within the special disabilities population require knowledgeable purchasing agents to ensure that the appropriate technology is provided.

RECOMMENDATION 5: The Committee recommends that VA create training materials for Veterans with major limb amputations to assist with maintaining long-term wellness, health, fitness and function.

RECOMMENDATION 6: VA Audiology appears to have an excellent working relationship with Department of Defense (DoD) Audiology in providing similar technology, using combined purchasing power, joint clinical practice guidelines, and sharing knowledge. The Committee recommends that VA pursue similar relationships with DoD providers in all areas related to medical rehabilitation for Veterans and Servicemembers within the special disability populations.

RECOMMENDATION 7: The Committee encourages the Secretary to continue to work diligently towards a uniform electronic medical record for both the DoD and VA. This information is essential for ensuring continuity of high quality care throughout a

Veterans participation in the health care system. VA should investigate use of a "cloud" type storage approach to provide Veterans with access to their medical records and to grant, for example, access to private sector providers.