

Department of Veterans Affairs
Advisory Committee on Former Prisoners of War

April 14-16, 2008

VHA Directive 2003-033 of June 20, 2003: An Essential Component in Certification of Clinicians Treating of Former Prisoners of War (FPOW). We have long stated our conviction that the effective treatment of our FPOW demands an appreciation of the unique nature of their experiences and the medical effects of their confinement.

We were prepared to recommend that the Secretary update and publish a revision or authorize continuation of VHA Directive 2003-033 of June 20, 2003 that provides for the certification of VHA clinicians treating Former Prisoners of War (FPOW). Moreover, we provided separately a proposed draft revision to the directive that we believe would mirror the stated policies of the VHA and meet the needs of our FPOW population.

We have received **VHA DIRECTIVE 2008-949 of August 4, 2008** which responds to this committee's long-standing belief that the FPOW experience merits an informed response by clinicians charged with their treatment.

Employee Education System: A System that Works. We acknowledge and applaud the invariably positive feedback we have received from participants in FPOW Case Management Conferences.

Recommendation 1: We recommend the continuation of the Employee Education System FPOW Case Management Conferences for FPOW physicians, clinical support personnel, Veterans Service Representatives (VSR), and Rating Veterans Service Representatives (RVSR) at a minimum.

Refinement of Computer-Based Systems for Facilitating Treatment and Rating/Compensation of FPOWs: We are encouraged by Deputy Secretary Mansfield's comments about incorporating computer pop-ups for screening for Post Traumatic Stress Disorder (PTSD) and for Traumatic Brain Injury (TBI).

Recommendation 2: Refine and Adopt "Pop-up" Programming in the TURBOVET Program. We strongly encourage the further development and adoption of the TURBOVET program that provides such pop-ups for all compensation and pension (C&P) examinations in general and those for FPOWs in particular as a means to facilitate and standardize the claims process.

Cooperation and Crosstalk Between DVA and DoD Medical Personnel Still Short of Ideal: As retired or former members of our nation's armed services, we have a keen appreciation of the institutional impediments to inter-departmental communication. However, we also are aware of significant improvement in, for

example, the continuity in treatment of TBI patients as they transition from Defense to VA medical facilities. This will hopefully be used provide a template for further enhancements in communication between medical professionals in the two departments.

Recommendation 3: Make Every Effort to Develop Common Language to Document Medical Conditions in Ways that are Responsive to the Administrative Needs of Both Departments. We recommend the education of the medical personnel of both the Veterans Administration (VA) and the Department of Defense (DOD) about the need to properly document medical conditions and their etiologies in the medical record. Focusing on the particular interests of this committee, we believe that these education efforts should underscore the direct connections between the information in the medical record and the disability ratings of the FPOW.

Within the context of such training in the DVA, we further recommend that such training emphasize the duty to initiate an automatic reconsideration of the disability rating whenever a new, potentially service connected diagnosis is made.

The Robert E. Mitchell Center's Work Relating to Osteopenia/Osteoporosis in Some FPOW. *This is a repeat issue* We once again wish to make reference to the work of the Robert E. Mitchell Center on relationship of reduced bone density (osteopenia/osteoporosis) to the increased cortisol levels of those FPOWS with PTSD.

Recommendation 4: Establish Osteopenia/Osteoporosis as a Presumptive Condition for Certain FPOW: We recommend that the Secretary designate Osteopenia/Osteoporosis as a new Presumptive Condition in those FPOWs (and other veterans) who have also been diagnosed with PTSD. The committee is convinced that the scientific data available more than fulfills the standard for establishment as a presumptively combat related disorder.

Recommendation 5: Schedule all FPOWs for a baseline bone density screening examination.

Recommendation 6: Provide an Annual Report and Roster of All Personnel Responsible for Care and Treatment of FPOW, We once again request the annual publication of each Veterans Administration Medical Center's FPOW Coordinator, Physician and other personnel to include contact telephone, email and mailing address. (Each time we have asked for this roster in the past, we have found that many facilities are unable to provide such names!) This shortfall must be urgently addressed wherever it exists.

Recommendation 7: Initiate Patient Satisfaction Surveys for FPOW C&P Examinations. We recommend that each VAMC initiate Patient Satisfaction Surveys for FPOW Compensation and Pension examinations. These should be done immediately after the examination so that the rating received by the patient does

not bias the results. These must also include an area for response by the FPOW's spouse or caregiver.

Comment: We again underscore the importance of having only properly trained and experienced FPOW Physicians communicate with properly trained and experienced Rating Veteran Service Representatives (RVSR's) regarding the performance and rating of FPOW examinations. In this context, properly trained means successfully completing the EES FPOW Case Management Conference. At no time should relatively ignorant providers or raters have responsibility for influencing or making decisions in this relatively unique group of veterans.

Comment: We are pleased to note the integration of Mental Health Staff/Services into Primary Care Clinics and Compensation and Pension clinical areas in several VAMCs. We recommend the expansion of this concept to all VAMCs.

Recommendation 8: The Robert E. Mitchell Center for FPOW Studies: Much Admired, but Not Yet Fully "in the Loop". We once again recommend the establishment of a formal relationship between the Robert E. Mitchell Center for Prisoners of War and VISN 16.