



THE SECRETARY OF VETERANS AFFAIRS  
WASHINGTON  
May 4, 2006



*Commemorating 75 Years of Service*

Itamar B. Abrass, M.D.  
Chairman, Geriatrics & Gerontology Advisory Committee  
University of Washington  
Harborview Medical Center  
325 9<sup>th</sup> Avenue, Box 359755  
Seattle, WA 98104-2499

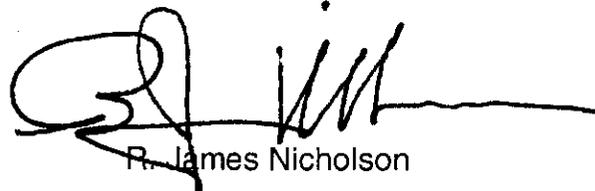
Dear Dr. Abrass:

I am responding to your letter and the White Paper from the Geriatrics and Gerontology Advisory Committee (GGAC). The Department of Veterans Affairs (VA) is grateful for the expertise and many contributions of the GGAC. Since receiving its Congressional charter in 1980, and for more than a decade under your leadership, the GGAC has convened two to three times annually to receive briefings on relevant programs and accomplishments of VA and to confer with VA leadership on the Department's expectations, plans, and challenges. Between formal meetings, subgroups of the Committee work to ensure the ongoing excellence and productivity of the twenty-one Geriatric Research, Education, and Clinical Centers (GRECCs) by conducting site visits, providing recommendations for improvement, and tracking the Centers' progress.

Input from the GGAC is one of VA's most important tools in keeping our programs for aging veterans at the cutting edge of geriatric care. I can assure you that the GGAC's recommendations receive serious consideration at all levels of this organization. The enclosure responds to the recommendations submitted by the GGAC.

I look forward to continuing an open dialogue with the Committee. With your ongoing assistance, the Department of Veterans Affairs will continue to ensure the highest quality of service to all our Nation's veterans.

Sincerely yours,



R. James Nicholson

Enclosure

**DEPARTMENT OF VETERANS AFFAIRS (VA)  
VETERANS HEALTH ADMINISTRATION (VHA)**

Fact Sheet Addressing Recommendations Made in the Geriatrics and Gerontology  
Advisory Committee (GGAC) White Paper, *Can VHA Geriatrics and Extended Care  
Offer "The Right Care, In the Right Place?"*  
(Forwarded in letter of October 21, 2005)

**Recommendation #1:** Resources must be committed now for the analysis of data soon flowing from the Geriatric Extended Care (GEC) Referral Screening Tool, in order to reliably characterize the distribution of care needs suitable for the full population of elderly veterans seeking care from VHA.

**Response:** The GEC Referral was formally initiated February 1, 2006. Local stations are already reaping the benefits of the data through analysis of the patient characteristics that it collects. VHA is rolling up a subset of the information nationally in compliance with Office of Inspector General (OIG) requests, and is exploring options for developing data storage and retrieval capability.

**Recommendation #2:** Decision-makers must recognize that chronic disease management and support for a person's dependency are two very different phenomena—often coinciding, but often not—and must not compel these two very different strategies for dealing with different challenges to compete for the same fixed pool of support.

**Response:** VA has rapidly expanded veterans' access to both traditional non-institutional home and community-based services and Care Coordination/Telehealth (CC/TH). As recently documented by the VA Office of the Inspector General, the proportion of VA medical facilities offering at least six of seven authorized services increased from 3 percent in FY 2003 to 72 percent in FY 2005. The number of veterans using at least one of the seven services increased by 60 percent in the same period. We anticipate that more than 20,000 veterans will be enrolled in CC/TH by the end of FY 2006. CC/TH is bringing about advances in cost-effective management of chronic obstructive pulmonary disease, congestive heart failure, diabetes mellitus, mental health, Alzheimer's disease, medication compliance, and wound care—all with significant patient and provider satisfaction. The new GEC Referral Tool will provide needed information for ensuring that VA's mix of programs is suitable and for refining the inclusion and exclusion criteria for all non-institutional extended care programs—so that the successes in this dynamic area will not be at the expense of services needed by dependent, frail veterans and so that patients will receive care in the setting most appropriate for their needs.

**Recommendation #3:** Cost analysis of VA-delivered All-Inclusive Care (AIC) and Assisted Living (AL) must be undertaken immediately so that a decision on authorization of these time-tested programs can be made by the Congress.

**Response:** A cost analysis has been performed, and the findings were that there were no significant savings. In fact, the AL pilot experienced, on balance higher net costs. VA

has made a decision not to seek authorization for these programs and instead to focus its finite resources on further expanding veterans' access to existing home and community-based non-institutional long-term care services. Services that VA already provides are comparable to those in the All-Inclusive Care Model. VA can partner with private sector providers of Assisted Living services to provide medical support to veterans residing in those facilities.

**Recommendation #4:** Consideration for reinstating central support for Geriatric Research, Education and Clinical Centers (GRECCs) that includes mechanisms for baseline support of GRECC educational outreach and clinical pilots must be undertaken immediately in the light of VHA demographics, and because the lessons learned through GRECCs can impact on complex veteran health services for patients of all ages.

**Response:** VA is in the process of reevaluating and considering different options for supporting the GRECCs, Mental Illness Research, Education and Clinical Centers (MIRECCs) and Parkinson's Disease Research, Education and Clinical Centers (PADRECCs). VHA intends to have options for the Under Secretary for Health's consideration soon.

**Recommendation #5:** Appropriation for newly-introduced care innovations that promise better resource utilization must incorporate "bridge funding" to offset the lost VERA credit that will initially result.

**Response:** VA will continue to support development and testing of clinical innovations and will work toward broad dissemination of models found to be cost-effective and acceptable to veterans. We agree with the concept that it is reasonable to proactively minimize disincentives when introducing innovations. In the case of CC/TH, for example, central funding was provided to assist VISNs in initiating the new program.

**Recommendation #6:** Growing VA nursing home vacancies resulting from current policies to restrict the proportion of institutional care demand met by VA, should be viewed as potential sites for expanded non-institutional services once VHA has streamlined its ability to enter into mutually beneficial Enhanced Use Lease (EUL) arrangements.

**Response:** VA's policy is to provide care in the least restrictive setting that is appropriate for a veteran's medical condition and personal circumstances. VA provides nursing home care for all veterans for whom such care is mandatory that seek it from VA and require that level of care. VHA has no authority to sell unused properties but can make use of excess capacity on a time-limited basis in ways (such as EUL arrangements) that save or even offset expenditures until such time as those resources are again needed for America's veterans. Two alternatives for VA involvement in Assisted Living arrangements were outlined in a 2002 Information Letter from the Chief Patient Care Services Officer. At least one such program is in place and several others are under consideration. EUL arrangements involve committing public capital assets to non-VA purposes and the public trust is not served unless such an arrangement is undertaken with appropriate care.

**Recommendation #7:** When funding streams are inadequate to address clinical needs, Congress must take the responsibility for establishing clear guidance for prioritization among programs.

**Response:** VA cannot comment upon this recommendation to Congress.



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*Commemorating 75 Years of Service*

The Honorable Larry E. Craig  
Chairman  
Committee on Veterans' Affairs  
United States Senate  
Washington, DC 20510

Dear Mr. Chairman:

The enclosed White Paper, *Can VHA Geriatrics and Extended Care Offer "The Right Care, In the Right Place?"* from the Department of Veterans Affairs (VA) Geriatrics and Gerontology Advisory Committee (GGAC) is submitted for your information. I have also enclosed VA's response to the recommendations made by the GGAC in the White Paper. The GGAC has advocated some highly idealistic modifications to VA's programs in geriatrics and gerontology. I am satisfied that VA has made remarkable advances in this field.

A similar letter has been sent to other leaders of the House and Senate Committees on Veterans' Affairs. Your continued interest in VA and our Nation's veterans is appreciated.

Sincerely yours,

A handwritten signature in black ink, appearing to read "R. James Nicholson".

R. James Nicholson

Enclosures



THE SECRETARY OF VETERANS AFFAIRS  
WASHINGTON  
May 4, 2006



*Commemorating 75 Years of Service*

The Honorable Steve Buyer  
Chairman  
Committee on Veterans' Affairs  
U.S. House of Representatives  
Washington, DC 20515

Dear Mr. Chairman:

The enclosed White Paper, *Can VHA Geriatrics and Extended Care Offer "The Right Care, In the Right Place?"* from the Department of Veterans Affairs (VA) Geriatrics and Gerontology Advisory Committee (GGAC) is submitted for your information. I have also enclosed VA's response to the recommendations made by the GGAC in the White Paper. The GGAC has advocated some highly idealistic modifications to VA's programs in geriatrics and gerontology. I am satisfied that VA has made remarkable advances in this field.

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*Commemorating 75 Years of Service*

The Honorable Lane Evans  
Ranking Democratic Member  
Committee on Veterans' Affairs  
U.S. House of Representatives  
Washington, DC 20515

Dear Congressman Evans:

The enclosed White Paper, *Can VHA Geriatrics and Extended Care Offer "The Right Care, In the Right Place?"* from the Department of Veterans Affairs (VA) Geriatrics and Gerontology Advisory Committee (GGAC) is submitted for your information. I have also enclosed VA's response to the recommendations made by the GGAC in the White Paper. The GGAC has advocated some highly idealistic modifications to VA's programs in geriatrics and gerontology. I am satisfied that VA has made remarkable advances in this field.

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THE SECRETARY OF VETERANS AFFAIRS  
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May 4, 2006



*Commemorating 75 Years of Service*

The Honorable Daniel K. Akaka  
Ranking Member  
Committee on Veterans' Affairs  
United States Senate  
Washington, DC 20510

Dear Senator Akaka:

The enclosed White Paper, *Can VHA Geriatrics and Extended Care Offer "The Right Care, In the Right Place?"* from the Department of Veterans Affairs (VA) Geriatrics and Gerontology Advisory Committee (GGAC) is submitted for your information. I have also enclosed VA's response to the recommendations made by the GGAC in the White Paper. The GGAC has advocated some highly idealistic modifications to VA's programs in geriatrics and gerontology. I am satisfied that VA has made remarkable advances in this field.

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