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TRACKING SEVERELY INJURED OR ILL OPERATION ENDURING FREEDOM (OEF) AND OPERATION IRAQI FREEDOM (OIF) VETERANS USING THE NON-PRIMARY CARE TEAM FUNCTION IN THE PRIMARY CARE MANAGEMENT MODULE (PCMM)

1. PURPOSE: This Veterans Health Administration (VHA) Directive establishes VHA policy on the creation and use of a Non-Primary Care Team in a Primary Care Management Module (PCMM) to track Care Management for seriously injured or ill Operation Enduring Freedom (OEF) and Operation Iraqi Freedom (OIF) Veterans.

2. BACKGROUND

a. According to VHA Handbook 1010.01, "It is VHA policy that injured and ill OEF and OIF active duty service members are transitioned seamlessly from Military Treatment Facilities to VHA facilities; that the care of all OEF and OIF service members and veterans treated at VHA facilities is coordinated, monitored, and tracked; that all OEF and OIF service members and veterans are screened for the need for care management services; and that severely ill or injured OEF and OIF patients are care managed."

b. Direction provided by VHA Handbook 1010.01 establishes nurse or social worker OEF OIF Program and Case Manager positions at Department of Veterans Affairs (VA) medical centers, and Transition Patient Advocate (TPA) positions distributed to each Veterans Integrated Service Network (VISN) for placement in VA medical centers.

c. **Definitions**

(1) **Seriously Injured or Ill OEF or OIF Veteran.** A seriously injured or ill OEF or OIF veteran is currently defined as having one or more of the following diagnoses or medical conditions. Patients with the following must be screened and offered care management:

- (a) Burns;
- (b) Spinal Cord Injury (SCI);
- (c) Amputation or loss of function of arm, leg, hand, or foot;
- (d) Post-traumatic Stress Disorder (PTSD);
- (e) Visual impairment, or

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(f) Traumatic Brain Injury (TBI).

(2) **OEF OIF Care Management Teams.** OEF OIF Care Management Teams are non-primary care teams. The OEF OIF Care Management Team must consist of (at a minimum):

(a) OEF OIF Program Manager,

(b) OEF OIF Clinical Case Manager, and

(c) OEF OIF TPA.

(3) **PCMM.** PCMM has the capacity to create teams for non-primary care purposes. Assignment to these non-primary care teams is separate and distinct from assignment to primary care teams in PCMM. The creation of these OEF OIF Care Management non-primary care teams should not lead to the change in current primary care assignments in PCMM.

3. POLICY: It is VHA policy, using the non-primary care team function of the PCMM software, to ensure appropriate management and tracking of severely injured or ill OEF and OIF veterans at each facility.

4. ACTION

a. **Facility Director.** The facility Director is responsible for ensuring:

(1) Seriously injured or ill OEF and OIF Veterans are assigned to OEF OIF Care Management Teams using the newly modified PCMM software. PCMM software has been enhanced (by patch SD*5.3*515) to allow sites to assign seriously injured or ill OEF and OIF veterans to an OEF OIF Care Management Team. Assignment of seriously injured or ill OEF and OIF veterans to OEF OIF Care Management Teams using PCMM facilitates local and national tracking of seriously injured or ill OEF OIF veteran case loads. **NOTE:** *Reports are available for Program Managers and others within the Veterans Health Information and Technology Architecture (Vista)'s PCMM Main Menu.*

(2) Data is transmitted to the Austin Information Technology Center (AITC) for National reporting. Data related to the OEF OIF Team, assigned staff, and assigned patients is automatically transmitted to the Austin National Patient Care Database (NPCD) and provided to the VHA Support Service Center (VSSC) in the same manner as primary care data.

b. **Facility PCMM Coordinator.** The facility PCMM Coordinator is responsible for:

(1) Setting up the OEF OIF Care Management Team using the new team purpose of OEF OIF. The institution chosen for the team must be the main facility. Duplicate teams for Community-based Outpatient Clinics (CBOCs), etc., are not to be created.

(2) Setting up team positions for the following personnel:

- (a) OEF OIF Program Manager,
- (b) OEF OIF Clinical Case Manager(s),
- (c) OEF OIF TPA(s), and
- (d) Other team positions and associated team members, as assigned.

(3) Assigning each patient, identified by the facility OEF OIF Program Manager as belonging to the PCMM OEF OIF Care Management team, to the:

(a) Program Manager in PCMM.

(b) TPA or the Case Manager who will actively manage the patient. *NOTE: If a TPA works at multiple facilities, a New Person file must be set up at each facility where the TPA works.*

(4) Assisting with team position assignment maintenance.

(a) Patient assignments may be made with the PCMM Graphical User Interface (GUI) or with the Team/Position Assignment/Re-Assignment option.

(b) Access to the patient assignment option is to be limited, and each user delegated this ability must be thoroughly trained in its use.

c. **Facility OEF OIF Program Manager.** The facility OEF OIF Program Manager is responsible for:

(1) Meeting with the PCMM Coordinator to assign staff to the OEF OIF Care Management Team Positions.

(2) Keeping all team position and patient assignments up to date. Patients are not to be inactivated from the OEF OIF team automatically due to inactivity, as is done with Primary Care teams.

(3) Ensuring seriously injured or ill OEF and OIF veterans are assigned to the PCMM team and associated positions or staff, until the veterans are no longer care managed. At this point, the veteran patient is unassigned.

5. REFERENCES: VHA Handbook 1010.01.

6. FOLLOW-UP RESPONSIBILITY: The Chief Consultant, Care Management and Social Work Service (11SW), Office of Patient Care Services is responsible for the contents of this Directive. Questions regarding implementation of this new tracking program may be directed to 202-461-6780.

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7. RECISSIONS: None. This VHA Directive expires March 31, 2014.

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