

DEPARTMENT OF VETERANS AFFAIRS
ADVISORY COMMITTEE ON PROSTHETICS AND SPECIAL DISABILITIES
PROGRAMS

October 22 – October 23, 2019

Washington, DC

8:30AM – 4:30PM

MINUTES

Attendees:

Committee Members Present:

MICHAEL YOCHELSON, M.D., Chair

JOSEPH BOGART

JOSEPH W. BOGGS, Ph.D.

SHAUN CASTLE

ALISON N. CERNICH, Ph.D.

BRIGADIER GENERAL ARTHUR DIEHL

KELLI W. GARY, Ph.D.

MARLIS GONZALEZ-FERNANDEZ, M.D.

DAVID GORMAN

LYNNE MARSHALL, Ph.D.

Committee Members Absent:

WARREN GRILL, Ph.D.

Department of Veterans Affairs Staff Present:

LUCILLE BECK, Ph.D., VA, Deputy Under Secretary

for Health for Policy and Services

DAVID CHANDLER, Ph.D., Alternate Designated Federal Officer (ADFO)

DONALD HIGGINS, M.D., VA National Director of Neurology

**JASON HIGHSMITH, D.P.T., VHA National Director for Clinical Orthotic &
Prosthetics Services**

IAN KOMOROWSKI, Deputy Director, VA Office of Healthcare Transformation

ANTHONY LISI, D.C., VHA Chiropractic Program Director

JENNIFER MACDONALD, M.D., VA Director of Clinical Innovations and Education

RANDY MCCRACKEN, VA IT Support

JEFFREY MORAGNE, Director, VA ACOMO

JUDY SCHAFER, Ph.D., Designated Federal Officer (DFO)

CHRISTOPHER D. SYREK, VA Deputy Chief of Staff

DOUGLAS WALKER, VA, Government Information Specialist

NIKI SANDLAN, VHA, National Director, Blind Rehabilitation

**JOEL SCHOLTEN, M.D., VHA, National Director of Physical Medicine and
Rehabilitation**

JOE WEBSTER, M.D., VHA, National Director for Amputation System of Care

**BARRY GOLDSTEIN, M.D., VA, Deputy Executive Director Spinal Cord Injury
Disorder, National Program Office**

Public Attendees:

STUART COHEN, Invacare

JAMES MOSS, VFW

RICK RUSSELL, American Medical ID

SHAUNA RUST, Senate Veterans Affairs Committee

KEVIN O'CONNOR, LogicMark

Tuesday, October 22, 2019

Opening Remarks:

Dr. Yochelson, the Committee Chair, called the Committee to order at 8:32 a.m. He thanked everyone for attending and asked Committee members, VA staff, and public observers to introduce themselves. The Chair then reviewed the agenda for the meeting. Prior to the presentations, Dr. Yochelson addressed a written inquiry related to the medical alert devices and the proposed rule. In October of 2017, the Department of Veterans Affairs (VA) published a proposed rule to amend the current regulations to no longer provide medical alert devices through a consult to Prosthetics and Sensory Aids Services, since they do not serve as a direct and active component to the treatment or rehabilitation of a diagnosed medical condition. Although the VA may not discuss the content of the regulations while they're in development, the Committee agreed on the importance of providing these devices to Veterans with certain medical conditions or disabilities and will take this under advisement. Dr. David Chandler clarified that this does not mean the Department will discontinue providing medical alert devices to Veterans; they just might not be provided through the Prosthetic and Sensory Aids Service specific purpose fund under the proposed rule. Dr. Chandler added that an alternate acquisition logistic way of doing that business would be used, the details of which are still being worked out.

Presentations:

Ethics Training for Special Government Employees

Dr. David Chandler, ADFO

- Provided Federal Advisory Committee (FAC) members with a review of the ethics rules for Special Government Employees (SGE). The review covered definition of a SGE, how, when, and why to get advice on matters pertaining to SGEs, including financial disclosure, gifts, conflicts of interest and misuse of position, and applicability of the Hatch Act
- Committee Members were provided with a copy of the presentation with explanations of rules of Ethical Conduct 5 C.F.R. § 2635.101(b)

Welcoming Remarks for VA Leadership

Mr. Christopher Syrek, VA Deputy Chief of Staff

Mr. Christopher Syrek greeted the committee and reminded them of their critical role in delivering healthcare to Veterans, and that they some of our Veterans that have the most needs and some of our most vulnerable patients. Mr. Syrek stressed that the committee has the full support of VA's leadership. He cited the recently funded grants to programs for adaptive sports and the Deputy Secretary's attendance at the Winter Sports Clinic, the Summer Sports and the Wheelchair Games. He reviewed the Secretary's four priorities for VA: Improve our culture and customer service and trust in VA; Implementing the MISSION Act; Modernization and replacing our electronic health record; and Transforming our Business Systems.

Deputy Chief of Staff Syrek ended his address with a presentation of a certificate of appointment for Brigadier General Arthur Diehl, U.S. Air Force Retired, to the Advisory Committee on Prosthetics and Special Disabilities Program.

Establishment of New Subcommittees

Donald S. Higgins, Jr., M.D.

National Program Director, Neurology

Reviewed public laws that established the Center of Excellence Programs within neurology. Membership places them underneath the FACA laws.

Reviewed Neurology Centers of Excellence (CoE)

- Description and History of Current CoE Programs
 - Epilepsy Centers of Excellence
 - Multiple Sclerosis Centers of Excellence
 - Parkinson's Disease Research, Education and Clinical Centers
- CoE Advisory Committees
- Bring CoE under FACA Compliance through establishment as FACA subcommittees.

MISSION ACT Update

Jennifer MacDonald, MD

VA Director of Clinical Innovations and Education

Explained and reviewed the Core Tenets and Approach of the MISSION Act

- Delivering an excellent experience of care for Veterans, families, and caregivers.
- VA is one integrated system with direct and community aspects of care delivery.
- The MISSION Act strengthens both aspects of care delivery and empowers Veterans to find the balance in the system that is right for them.
- VA is leveraging this opportunity to grow into an optimized, customer-centric network.

Defined MISSION Act key elements and described timeline and implementation readiness. Successful Launch on June 6, 2019 through Veteran engagement, Social Media,

Community Urgent Care Signage, Leadership Engagement and Community Partner Engagement.

VHA Strategic Plan Model establishes Veteran Centered Care through VHA and Community Providers providing On Demand Access, when needed, and Accelerating Virtual Care Growth.

- Accelerating Virtual Care Growth in 2018:
 - >2.2 million episodes of care
 - >780,000 Veterans served
 - 900 VA sites of care
 - 88-90% Satisfaction
 - ~13% of Veterans received an element of their care through a telehealth modality

Afternoon Session:

Modernization in VHA Update

Ian Komorowski

Deputy Director, Office of Healthcare Transformation

Overview of VHA Modernization Plan was Finalized in April 2019 and shared at VHA's Strategic Planning Summit:

- Operationalizes the vision described in VHA's Plan for Modernization's, with key upcoming milestones
- An employee-focused, communications and change management document written in clear and plain language
- Provides a first annual update to the Campaign Plan
- Highlights initial accomplishments, and key next steps
- Planned to distribute throughout VHA – End of Q1

Milestones and Accomplishments to Date:

- 34,000+ VHA employees completed HRO 101 in Talent Management System (TMS)
- All VISNs completed initial Clinical Team Training (CTT) Training in Orlando
- Plan to implement organization with an "operations centerpiece"
- Tabletop exercises to define roles, interactions for each functional area
- Upcoming: Go live with changes to VHACO structure
- Identified integrated clinical communities (ICC) needs and built toolkits to support each
- Gap Analyses conducted at facilities & Action Plans for improvement created
- Officially transitioned name from Clinical Service Lines (CSL) to Integrated Clinical Communities (ICC)
- Upcoming: The two major implementation milestones – Initial Operating Capability (IOC) and Full Operating Capability (FOC) at facilities

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- Creating a VISN HR Officer and Deputy VISN HR Officer positions to provide network-wide leadership for HR
- Realigning all HR staff to report to VISN HR leadership to give networks the ability to assign HR staff to support facilities based on HR needs
- The executive employee and labor relations team to help the network address high-profile, emergent needs

Chiropractor Care Service

Anthony Lisi, D.C., VHA Chiropractic Program Director

Provided Program Overview, including Update on Key Initiatives, Customer Service, Improving Veteran Health / Veteran Experience, and Implementing the MISSION Act:

- Chiropractic on-station care has grown from 24 Facilities with 22 Chiropractor Doctors (DC) in 2004 to Chiropractic on-station care at 106 Facilities with 195 DCs in 2019

Published studies indicate value of Chiropractic care:

- Chiropractic care is part of guideline-concordant strategies associated with decreased opioid use in VA (Dorflinger, JGIM 2014; Lisi, Pain Med 2018)
- Veterans receiving on-station chiropractic care were highly satisfied with care but wanted better access (Lisi, Med Care 2014)
- 75% of Veterans who do not have access to VA chiropractic services would like to receive these services in VA (Dennison, JRRD 2011)

Current developments:

- Special Purpose Funding
 - \$5M/year in FY 18, 19, 20, (21)
 - Expansion of on-station clinics
 - Data analytics
 - EHR Modernization
- Academic Affiliations Partnerships
 - Expansion of chiropractic residency programs

Clinical Orthotic & Prosthetic Services

Jason Highsmith, PhD, PT, DPT, CP, FAAOP

VHA National Director for Clinical Orthotic & Prosthetic (O&P) Services

Provided Program Overview, including FY 19 Update on:

- Percentages by group for all of PSAS items, with Clinical Orthotic Prosthetic Service providing a small (10%) but vital part of Rehabilitation and Prosthetic Services.
- Staffing make up and staffing trends: 15% of workforce eligible to retire and 3% eligible to retire early. Staffing increased approximately 43% from 248 in 2009 to 354 currently
- Accredited Facility Locations: 84 O&P laboratory facilities across the network
- Productivity: From FY09 through FY19, 97% increase in Unique Patients seen in O&P Clinics, with 108% increase in total number of O&P Clinic Encounters
- VA Prosthetic Patients Limbs: 1,332 OEF/OIF/OND Veterans in 2017 received a complete limb, a service, or a repair, compared to 14,059 total Veterans that received a limb, service, or repair in 2017
- Quality Improvement Projects: VA prosthetists are able to directly order prosthetic knees, feet and prosthetic liners via the Denver Logistics Center (DLC), with over 5300 orders placed by 132 prosthetists from 57 medical centers
- Implemented links to O&P Information Repository (OPIR)
- Shark Tank Gold Level project: competitively selected funding initiative (out of 300 nationally submitted ideas). Implemented throughout VISN 12, 22 and 7 RAC sites (23 VAMC's) and developing a plan for enterprise-wide roll out
- Access to Products: Denver Logistics Center Remote Ordering Entry System
- Assure Qualified Workforce: Qualification Standards; Residency Program; Continuing Education

The Committee recessed for the day at 3:35 p.m.

Wednesday, October 23, 2019

Opening Remarks:

Chairman Yochelson called the Committee to order at 8:30 a.m. The Chair greeted the attendees and reviewed the agenda for the day.

Presentations:

Physical Medicine & Rehabilitation, Polytrauma System of Care

Joel Scholten, MD, VHA, National Director of Physical Medicine and Rehabilitation

Joe Webster, MD, VHA, National Director for Amputation System of Care

Provided Program Overview and Update on:

Amputation System of Care Update (ASoC)

- All VA Medical Centers fall under one of four tiers
 - Regional Amputation Centers - RACs (7)
 - Polytrauma Amputation Network Sites - PANS (18)
 - Amputation Clinic Teams - ACTs (106)
 - Amputation Points of Contact - APOCs (22)

- Outcomes and success accomplished through the development of many collaborative partnerships both within and outside of the VA.
 - Internal collaborations focused around direct patient care
 - External collaborations include the areas of clinical care, education, and research.
- In FY19, 96,000 Veterans with amputations (over 46,000 with major limb) seen.
 - Majority related to disease processes (Diabetes / Vascular Disease)
 - 3,394 OEF/OIF/OND Veterans with amputations (3.6% of Total)
- Trends: 4% average annual growth rate in Veterans with amputation since 2006; 24% prevalence of diabetes in the general Veteran population
- 1.8 million Veterans currently at risk for amputation
- National implementation of Patient Self-Referral Direct Scheduling for Amputation Specialty Clinics will be completed at all facilities
- National Online Scheduling implementation will be completed at all facilities
- Expansion of virtual Amputation Specialty Clinic services (Target: 20% of Veterans seen in an amputation specialty clinic will have at least one virtual encounter)
- Enhance Veteran trust in VA amputation care providers and services.
 - Inclusion of S.A.V.E. and Suicide Prevention training into ASoC virtual and face-to-face training events
- Modernize systems through: Amputee Data Repository and Clinical Outcomes Tracking; Comprehensive Inpatient Prosthetic Training Program; Implementation of LUKE Arm technology / program; and Osseointegration research and program development
- Business Transformation: Publication, dissemination and implementation of Amputation System of Care Directive (New VHA Directive 1172.03 published August 3, 2018)

Polytrauma System of Care (PSC)

- In FY 18: Over 96,000 Veterans with TBI received healthcare services in VA
 - Approximately 8,000 Individualized Rehabilitation & Community Reintegration (IRCR) Care Plans
 - \$573.3M VA investment in TBI care for Veterans
 - \$36.2M VA direct funding for 182 projects in TBI research
- Over 1.2 million post 9/11 Veterans screened for possible TBI from 2007 to 2018
- From April 2007 to September 2018: Almost 1.3 million Veterans were screened for possible mild TBI
 - Over 240,000 screened positive and consented to follow-up comprehensive evaluation
 - Over 99,000 had confirmed mild TBI diagnosis
- TBI Telehealth Evaluation Protocol adding Video on Demand Protocol FY20

Blind Rehabilitation Service

Niki Sandlan, VHA, National Director, Blind Rehabilitation

Provided Overview and Update on Blind Rehabilitation Service (BRS):

- Continuum of Care -VHA is only national system to completely integrate rehabilitation services for Veterans with visual impairments into benefits

- BRS is a tiered system of care providing comprehensive rehabilitation to include: Orientation & Mobility; Activities of Daily Living; Communication Training; Assistive Technology Training; Low Vision Therapy; Adjustment Counseling; Patient & Family Education; Health & Wellness; and Leisure Activities & Sports
- Visual Impairment Service Team (VIST)
- Blind Rehabilitation Outpatient Specialist (BROS)
- Blind Rehabilitation Centers (BRC)
- Visual Impairment Services in Outpatient Rehabilitation (VISOR)
- Intermediate Low Vision Clinic (ILVC)
- Advanced Low Vision Clinic (ALVC)
- Demographics of Veterans Served in FY19:
 - 79.7% are 65+ (34% are 85 or older)
 - 39% Vietnam, 12% WWII, 18% Korea, 13% Gulf War
 - 94.5% Male
- Primary Cause of Vision Loss:
 - 43.4% Macular Degeneration
 - 8.7% Glaucoma
 - 9.3% Diabetic Retinopathy
 - 28.6% Other Dx
- BRS Business Transformation
 - Updated Head-Mounted Device (HMD) Clinical Protocol
 - Published updated Hybrid Title 38 BRS Qualification Standards.
 - Established monthly BRS Leadership Calls for VISOR and BRC Service Chiefs.
 - Consolidated 5 BRS handbooks into 1 directive.
 - Coordinated monthly National Webinars with CEU offered.
 - Established BRS Field Advisory Committee.
 - Developed a pilot program for Virtual VISTs with implementation in FY20.
- BRS Program Office and Field Advisory Committee Strategically Plan
 - Identify specific metrics leading to the creation of an operational dashboard to monitor access, timeliness and Veteran experience.
 - Refine and execute an outreach and communications strategy.
 - Develop a comprehensive training curriculum for all field-based staff
 - Participation of Veterans with visual impairment in adaptive sports.

Spinal Cord Injury & Disorders

Barry Goldstein, M.D, VA, Deputy Executive Director Spinal Cord Injury and Disorders, National Program Office

Provided Overview and Update on Spinal Cord Injury and Disorders (SCI/D) System of Care:

- Demographics
 - Veterans with SCI/D are generally older, male and about half are married.
 - Traumatic Injury – average age is 51 years
 - Atraumatic injury – average age is 61 years

- SCI/D Long Term Care (LTC) – Provided at SCI/D LTC Centers; VA Community Living Centers (CLCs); Community nursing homes
 - New 30 bed SCI/D LTC breaking ground in Dallas
- VHA Directive 1176 - Directive SCI/D system of care revised from five handbooks and directives.
- Staffing in the SCI/D System of Care - Settings: inpatient, outpatient, home care
 - Nursing - DUSHOM Memo June 5, 2017
 - Collaboration with the Office of Nursing Services
 - FY2019: improved staffing in SCI/D Centers
- Bowel & Bladder Program - MISSION Act implemented June 6, 2019 updated the process for Veterans with SCI/D accessing Community Care.
- SCI/D Registry and Outcomes Modernization FY2019 Accomplishments
 - Registry: nationally standardized, automated registry for SCI/D, Multiple Sclerosis (MS), Amyotrophic Lateral Sclerosis (ALS)
 - Operational reports on demographics, inpatient status, annual evaluations, telehealth utilization, population health factors
- Paralyzed Veterans of America (PVA) - Annual site visits to SCI/D Centers

The Chair adjourned the meeting at 12:11 p.m.

Signature:



Michael. R. Yochelson, M.D., Chair

01/14/2020

Date