

**Department of Veterans Affairs  
Advisory Committee on Prosthetics and Special-Disabilities Programs  
October 25-26, 2022  
Hybrid Meeting (In-Person and WebEx)  
Minutes**

**Tuesday, October 25**

**Committee Members Present:**

Brigadier General Arthur “Chip” Diehl III (Retired), Chair  
Charles Ellis, Ph.D.  
Steven Gard, Ph.D.  
Marlis Gonzalez-Fernandez, M.D., Ph.D.  
Russell Gore, M.D.  
David Gorman  
Flora Hammond, M.D.  
William Morgan, DC  
Jeffrey Rosenbluth, M.D.  
James Vale, JD

**Department of Veterans Affairs Staff Present:**

Lucille B. Beck, Ph.D., Special Advisor to Acting Under Secretary for Health  
Lauren Racoosin, Au.D., Designated Federal Officer (DFO)  
Judy Schafer, Ph.D., Assistant Designated Federal Officer (ADFO)  
Bonita McClenny, Ph.D., Assistant Designated Federal Officer (ADFO)  
Randy McCracken, Rehabilitation and Prosthetic Service Communications Support  
Sonya Skinker, Committee Support  
David Otto, National Director, Recreation Therapy and Creative Arts Therapy Service  
Leif Nelson, DPT, National Director, National Veterans Sports Programs and Special Events  
Penny Nechanicky, National Director, Prosthetic and Sensory Aids Service  
Patricia Dorn, Ph.D., Director, Rehabilitation Research and Development Service  
Julianne Flynn, M.D., Acting Assistant Under Secretary for Health (AUSH) for Community Care, Office of Integrated Veterans Care  
LaTonya Small, Ed.D., Program Specialist, Advisory Committee Management Office

## **Tuesday, October 25**

The Advisory Committee held a hybrid meeting via video teleconference. The Committee met in person in Room 630 at VA Central Office, 810 Vermont Avenue, Washington, DC, and simultaneously via WebEx video teleconferencing. The meeting began at 9:00am EDT, Arthur F. "Chip" Diehl III, Committee Chair, presiding.

### **Welcome**

Dr. Lauren Racoosin, Designated Federal Officer (DFO) for the Advisory Committee on Prosthetics and Special-Disabilities Programs, called the meeting to order at 9:00am EDT with a welcome to the Committee Chair, Committee members, and attendees from the public. Dr. Racoosin proceeded with roll call and acknowledged a quorum.

Dr. Racoosin provided a brief review of the Rules of Engagement for the meeting and the meeting agenda. She congratulated General Diehl on his reappointment as Committee Chair before calling upon him to deliver his opening remarks.

General Diehl welcomed the Committee and expressed appreciation for the opportunity to meet in person with the COVID 19 pandemic somewhat subsiding. General Diehl invoked President Lincoln's words which are inscribed on the VA Central Office wall -- to care for him who shall have borne the battle, and for his widow, and his orphan. He acknowledged 11/11, Veterans Day and expressed that it is an honor and privilege to serve our Veterans and make sure they get the best possible care for their disabilities, including rehabilitation, education and support. General Diehl called upon Dr. Beck, Special Advisor to Acting Under Secretary for Health, for her initial remarks.

Dr. Beck welcomed and thanked the Committee for sharing their expertise in numerous clinical specialties and systems of care, for their time and their work on behalf of Veterans. She expressed the importance of hearing from Rehabilitation and Prosthetic Services National Program Directors about what each of their programs are doing to take care of Veterans, how we innovate, and how innovations can drive VA's programs. Dr. Beck congratulated General Diehl on his reappointment as Chair and expressed appreciation to the Committee's DFO, Dr. Racoosin; ADFO, Dr. Schafer; support staff, Sonya Skinker; and Communications Specialist, Randy McCracken.

General Diehl reminded all members to participate and for those attending virtually, to signal a desire to speak by using the hand-raise feature on the video conferencing platform. Dr. Hammond and Dr. Morgan, both attending in person, expressed their appreciation for the opportunity to meet face-to-face and to be part of the Committee.

General Diehl reminded the Committee of the importance of taking good notes, having good discussions and drafting good recommendations. Recommendations are an

essential part of the Committee's work. Dr. Racoosin provided a status report of the Committee's May recommendations.

- May 2022 Recommendations are in their final stage of obtaining concurrence and await the VA Secretary's signature.
- May 2022 Recommendations include a recommendation for the Amputation System of Care, as well as for Orthotic, Prosthetic and Pedorthic Clinical Services

## **Presentations:**

### **Recreation Therapy and Creative Arts Therapy**

David Otto

National Director, Recreation and Creative Arts Therapy Service

#### Fiscal Year 22 Priorities

- Modernization of the Profession
- Improve Efficiency of workforce and care delivery of services
- Virtual Care

#### Overview of Services

- Five distinctively trained, credentialed and in some cases, licensed therapists in recreation therapy to include: art, dance and movement, drama and music therapies. Total workforce = 1027, of which 865 are recreation therapists
- Creative art therapies include art, music, dance and drama therapy.
- Recreation Therapy-health care discipline which provides evidenced-based treatment services to Veterans.
- Recreation Therapy Focus: restoration, remediation, rehabilitation; improving functional capabilities of Veterans with injuries, chronic illnesses and/or disabling conditions.
- Recreation and Creative Arts Therapists use respective creative modalities to assess and treat; focus on domains of physical, cognitive, emotional, psychosocial, and leisure deficits

#### Modernization of the profession - focus is on:

- Consistent practice standards: National Standards of Practice developed for 5 professions
- Electronic Health Records-to improve documentation
- New VHA Directive for guidance in Recreation and Creative Arts Therapy
- Improving efficiency and care delivery
- Virtual Care Access

- Monitoring telehealth readiness to be able to offer virtual care if appropriate
- 95% outpatient therapists provide virtual care
- During pandemic delivered virtual care from VA facility into the home
- Collaborations with Rural Health and Rural Veterans Telehealth Initiative to expand access to rural areas; therapists placed in 4 areas, adding 3 more in FY23 (Alaska, South Texas and Montana)
- Challenges of virtual care due to complexity of interventions, therapists require different materials (e.g., music therapist needs instruments)

#### Creative Arts Therapy Expansion

- Partnership with the Office of Patient Centered Care and Cultural Transformation, and the National Veteran Sports and Special Events Office
  - Creative arts therapists ongoing expansion of staffing at 49 new sites
  - Funding to support creative arts festival participation at 118 sites
  - Special projects and initiatives in the field
- Expanding Virtual Reality as treatment modality in creative arts therapies
- Arts and humanities Virtual Workshops

#### Expanding Whole Health/Complementary and Integrated Health Offerings through Legislative Requirements

- Commander Scott Hannon Veterans Mental Health Care Improvement Act, §203
- Service dog training: Puppies Assisting Wounded Servicemembers for Veterans Therapy Act (PAWS)
- Veterans COMPACT Act-Interagency Task Force on Outdoor Recreation
  - Task Force brings together VA, Departments of Interior, Agriculture, & Defense, Army Corps of Engineers, Health and Human Services and Homeland Security
  - Tasked with building framework to increase access and utilization of public lands to Veterans, Service Members, their caregivers and families

#### Future Direction and Challenges

- Engaging Future Talent
  - Sustainment of workforce is of primary importance
  - Create stipend for Health Trainees; attract the best students
  - Develop culturally diverse workforce (work with HBCUs)
  - Pre-internship, prior to clinical training, shadowing and observation for undergraduate students (per Johnny Isakson and David Roe Veterans Health Care and Benefits Improvement Act of 2020)
  - Work with Workforce Management to retain and non-competitively hire therapists; educate staff regarding hiring flexibilities following conversion from Title 5 to Hybrid Title 38.

- Training seminars for Allied Health Trainees-provide consistent content across the enterprise, focus on professional development
- Military Construction, VA and Related Agencies Annual Appropriations Support
  - Execute 5M in funding to expand FTE in creative arts therapy disciplines
  - Limited supply of occupation, especially in rural areas

A proud achievement: To celebrate VHA's 75<sup>th</sup> anniversary, 75 videos were produced that highlighted VHA's initiatives, innovations, contributions to medicine and commitment to Veterans. Of the 75 videos, 11 highlight Recreation and Creative Arts Therapies. Links to the videos are provided in supplemental materials.

#### Discussion/Questions:

Dr. Morgan asked about the VA's use of integrated therapies to treat traumatic brain injuries (TBI) in the neurological setting. Mr. Otto shared that they have collaborations with National Endowment of the Arts work with trauma, TBI and PTSD patients. Mr. Otto acknowledged that expanding creative arts working with neurology patients is an opportunity for the future.

Dr. Morgan asked about growth in the profession. Mr. Otto acknowledged growth in the area of music therapy and art therapy. Recreation therapy has remained flat.

Dr. Rosenbluth asked if there was adequate budget for equipment and supplies to provide therapies. Mr. Otto explained that the new prosthetic standards have streamlined the process for obtaining equipment. Virtual care has provided opportunities for subject matter experts to help VA therapists who may not have the expertise in a particular area. Mr. Otto later explained that the facility orders what is needed for the Veteran based on their interest, however, it needs to be part of a rehabilitation goal, the patient must be actively in rehab, and there must be a goal that is focused on improving function.

Dr. Gonzalez-Fernandez inquired about which states did not have available services. Mr. Otto reported Wyoming and North Dakota are among the states that do not have services; he could provide a detailed list following the meeting.

General Diehl asked what support the Committee could provide his office. In planning for future workforce, Recreation Therapy appreciates support from the Committee in terms of encouraging the Office of Academic Affairs to work together to create the opportunity for allocations and stipends. Also, for workforce management to create incentives for hiring so VA can compete with the private sector.

## **National Veterans Sports Programs and Special Events (NVSP&SE)**

Leif Nelson, DPT

National Director, National Veterans Sports Programs and Special Events

### Overview of NVSP&SE

Mission: To provide adaptive sports medicine and therapeutic arts for Veterans, improving their independence, health well-being and quality of life in accordance with 38 USC 322a and 521A

Vision: Adaptive sports and therapeutic arts are integrated into the rehabilitation plan for lifelong care to all Veterans with disabilities

Mechanisms through which program works:

### VA Adaptive Sports Grant Program

Grants which go to external groups to expand adaptive sports into the community.

Currently 108 Grants, totaling \$16M with \$1.5M specifically for Equine Therapy 1-year awards on expiring authority, up to \$750K per grant. Grants fund:

- Adaptive sports programming for Veterans and service members with disabilities
- Training for providers that serve these patients
- Other efforts (equipment, classifiers working with elite sport competitive athletes)

### Veterans Monthly Training Stipend

- Payments to Veterans that are elite athletes; compete at Paralympic international level; supports training efforts at elite level; Veteran athletes may also receive funding from US Olympic and Paralympic Committee
- 811 Veterans currently receive a training stipend; approximately 73 recipients are National Team members

### National Disabled Veterans Winter Sports Clinic

- Presented by VA and DAV
- Provides rehabilitation through adaptive winter sports (skiing, snowboarding)
- Since 1987
- Serves Veterans with traumatic brain injuries, spinal cord injuries, amputations, visual impairments and certain neurological conditions
- Leverage technology to “level” the playing field

### National Veterans Creative Arts Festival

- Presented by VA and the American Legion Auxiliary

- Creative arts therapy plays important role in rehabilitation
- Veterans showcase art, music, dance, drama and writing achievements
- Stage performance, writing exhibition, artwork showcase
- Over 100 VA Medical Centers have local competition
- Festival is showcase of gold medal winners from around the country, in different phases of the rehabilitation process

#### Nation Veterans Golden Age Games

- For Veterans 55 years and older
- Motto “Fitness for Life”
- Founded in 1985
- Largest in-person event
- Health expo and education sessions
- Qualifying event for the National Senior Games

#### National Veterans Summer Sports Clinic

- Presented by Wounded Warrior Project
- Founded in 2008
- Serves newly injured Veterans with traumatic brain injury, post-traumatic stress disorder, visual impairments, neurological conditions, spinal cord injury or limb loss
- Rehab via adaptive summer sports (surfing, sailing, kayaking, cycling, fitness)

#### National Veterans Wheelchair Games

- Presented by VA and Paralyzed Veterans of America
- Serves veterans with spinal cord injuries, MS, amputations, stroke and other neurological disorders
- Since 1981
- Largest wheelchair sports rehabilitation event in US for individuals with disabilities

#### Sports4Vets Throwdown

- Virtual adaptive fitness competition
- Born out of the pandemic; way to reach veterans where they are
- Participants doubled from last year
- Empowers Veterans of all ability levels, age and background to improve and showcase fitness, live healthier lives through adaptive fitness, and embrace a sense of virtual community
- Different classifications create fair competition groupings for Veterans with similar disabilities, skills, training

#### National Disabled Veterans Golf Clinic

- Presented by VA and DAV

- Serves Veterans with visual impairments, amputation, psychological trauma, certain neurological conditions and spinal cord injuries
- Adaptive golf instruction and other adaptive sports opportunities

#### Discussion/Questions:

General Diehl asked if there was an opportunity to volunteer at the games, specifically the Golf Clinic. Dr. Nelson responded yes.

General Diehl asked if Veterans could bring a family member to events. Dr. Nelson responded yes, except for caps on events due to COVID precautions.

Dr. Nelson responded to a question on previous recommendations. Educational opportunities include monthly grand rounds, virtual conferences for providers, experiential training in the field, making sure providers get exposure and knowledge base so they can support Veterans at games/events and back home.

General Diehl noted that what the Committee could help with is the marketing side. Events come to our towns, and we don't really hear about it. Events need media coverage. We need to highlight games; get media to come, provide opportunities for America to see and embrace these wounded heroes.

Dr. Gore spoke about the large recreation therapy and adaptive sports program at the Shepherd Center and asked about training opportunities. Dr. Nelson spoke of advanced training opportunities at some VAs but that mostly in the field; would love to see more adaptive sports medicine residencies. Adaptive sports events provided opportunities for local students: worked with University of Iowa at Golf clinic, and other PT students at wheelchair games. Try to tap into those communities—create exposure, which is good for students, good for Veterans, good for VA and good for adaptive sports.

#### **Prosthetic and Sensory Aids (PSAS)**

Penny Nechanicky  
National Director, Prosthetic and Sensory Aids Service

VHA is the largest and most comprehensive provider of prosthetic devices and sensory aids. PSAS' mission is to provide medically appropriate equipment, supplies and services that optimize Veteran health and independence.

PSAS provides:

- Services
  - Orthotic and Prosthetic Services, Restorations
  - Home Oxygen
  - Dog Insurance



- Devices
  - Durable Medical Equipment and Supplies
  - Wheelchairs and accessories
  - Eyeglasses, Blind and Low Vision Aids
  - Hearing Aids and Assistive Listening Devices
  - Health Monitoring Equipment
  - Artificial Limbs/Custom Braces
  - Surgical Implants
  - Adapted Sports and Recreational Equipment
- Benefit Programs
  - Automobile Adaptive Equipment
  - Clothing Allowance
  - Home Improvements and Structural Alterations

Guiding Regulation, final rule, Prosthetic and Rehabilitative Items and Services (PARIS), effective 2/26/21. Goals:

- Prioritize medical needs of Veterans; empowers Veteran and clinician to jointly decide which prosthetic items best meet treatment or rehabilitation needs
- Aligns PSAS with clinical services to meet Veteran's needs
- Creates uniform decision-making regarding issuance of items and services

Ordering Prosthetic Items:

- Veteran-centric process that includes bi-directional communication between PSAS and the Clinician, PSAS and Contracting, Contracting and Vendors, and PSAS and Vendors
- 118 Total Program Office Contracts for acquiring devices, items and services

PSAS Budget FY22

- VA obligated \$3.6B to provide 21M devices/items to 3.4M Veterans.

Wheeled Mobility

Wheeled Mobility Repair Acquisition Initiative

Goal: establish a way for Veterans to get expedited repairs to wheeled mobility devices

- Customer Service and access to timely repairs a priority
- Contact Center with toll free number and 24/7 access, online/app access
- Repairs to be performed by trained/certified technicians
- Award contract to one vendor who will use current network of repair staff and/or subcontract out as needed
- Contract awardee must maintain sufficient repair parts and loaner chairs
- Current status: pre-solicitation notice posted 10/3/22

## PSAS Virtual Care Initiative: Workload Capture

- Developed standardized note templates and event capture procedure codes
  - Ensures requirements are captured, improves timeliness
  - Improves care coordination and communication across clinical service lines and facilities
  - Increases visibility of benefit status
  - Generates reports for workload and other statistical tracking\
  - Tracks customer service through VSignals Veteran Experience Survey showed >88% approval ratings on customer experience domains: ease/simplicity, quality, employee helpfulness, equity/transparency, satisfaction, confidence/trust

## Challenges and the Way Forward

- Support modernization efforts for VA Transformation initiatives
  - Cerner/Electronic Health Record Modernization
  - Supply chain management system
  - Financial management system
- Optimize employee and Veteran utilization of remote order entry system for commodities
- Establish procedures to clarify and enhance the provision of prosthetic items for care in the community

## Discussion/Questions:

Does the supply chain issue and labor shortages that exist in the civilian side also impact VA prosthetics?

Ms. Nechanicky reported yes, supply chain has impacted devices such as sleep apnea devices, for some other devices it is difficult to get some parts.

Break for Lunch

Prior to break Dr. Racoosin suggested the dates of April 18 and 19, 2023 for the next meeting. There were no objections. Meeting was adjourned at 11:51am for lunch and will resume at 1:15pm.

Meeting resumed at 1:13pm with the roll call by Dr. Racoosin. With a quorum present, the meeting resumed at 1:15pm.

## **Rehabilitation Research and Development**

Patricia A. Dorn, Ph.D.

Director, Rehabilitation Research and Development  
Office of Research and Development (ORD)

Researchers in VA discover knowledge and create innovations that advance health care of Veterans and the nation; develop VA clinician-researchers and health care leaders; provide a lifetime of care for Veterans

#### Veteran Population Served by VA: FY 2015-FY2045 Projections

- Number of service-connected disabilities per Veteran is increasing as number of Veterans is decreasing
- Increasing number of female Veterans
- Veteran population is getting older

#### Overview of VA Health Care System

- Largest integrated health care system in the nation
- >9 million Veterans receiving care
- >200,000 full-time clinical employees
- 170 Medical Centers
- Advanced electronic health records system
- Strong academic affiliate network
- In FY22, \$882M Intramural Research Program, dedicated to Veterans' needs

#### VA Office of Research and Development Priorities

- Strategic Priorities
  - Expand Veterans' access to high-quality clinical trials
  - Increase real-world impact of VA research
  - Put VA data to work for Veterans
  - Promote Diversity, Equity and Inclusion
  - Build community through VA research
- Clinical Priorities
  - COVID-19
  - Pain and Opioid Use
  - Traumatic Brain Injury (TBI)
  - Post-Traumatic Stress Disorder (PTSD)
  - Suicide Prevention
  - Precision Oncology
  - Toxic Exposures

#### VA Rehabilitation Research and Development Program

- Over \$100M in funding for projects, career awards, centers
- Support studies to advance knowledge and foster innovations to maximize Veterans' functional independence and quality of life
- Integrate clinical, preclinical and applied rehabilitation research, translate to clinical practice

- Rehabilitation research topics may include:
  - Restore structure and function of body tissues impaired by injury or disease to maximize physical, psychological and social function
  - Innovative approaches to replace damaged body tissues and function
  - Moving discoveries to health care practice; restore full, productive lives
- Specific RR&D program areas include spinal cord injury/disorders and pain; regenerative rehabilitation; brain health and injury; musculoskeletal health and function; sensory systems and communication disorders; behavioral health and social reintegration; rehabilitation engineering, prosthetics/orthotics; chronic medical conditions and aging.
- Most (52.5%) research awards are for merit; 23% are for small projects with high risk/high impact with preference given to early career stage researchers
- Eligibility for ORD Funding
  - Principal and Co- Investigator must have VA 5/8<sup>th</sup> salaried appointment or promise of appointment from local VAMC
  - Proposed research must be conducted in VA space and relevant to Veterans
  - Submit pre-application through local VA research office
- Recent RR&D Priorities
  - DRIVE: Durability of Rehabilitation Interventions for Veterans
  - Accessing Million Veteran Program (MVP) Database
  - Health disparities: understanding onset, severity, duration, rehabilitation and recovery from disability for underserved Veterans
  - Prosthetic and assistive technology needs of women Veterans
  - Exoskeleton research for non-SCI/D Veteran populations
  - Non-pharmacological activity-based interventions for chronic pain
  - Effect of prolonged exposure to opioids for long-term outcomes from TBI
  - Suicide prevention interventions
  - COVID-19: impact on physical, sensory, cognitive, psychosocial function
- RR&D Centers in Atlanta, Boston, Cleveland, Gainesville, Iowa City, Pittsburgh, Portland, Providence, Seattle, West Haven and West LA. All have particular focus area.

#### Specific Projects: RR&D Highlights

- Addressing prosthetic needs of Women Veterans
- Addressing Moral Injury
- Depression Treatment
- Detecting & Treating Early-Stage Visual Problems to Avoid Late-Stage Blindness Due to Diabetes
- Amputation Prediction Clinical Decision-making Tool for patients and providers: AMPReDICT
- Enabling Sensation to Touch via prosthetic limbs

- PTM (Progressive Tinnitus Management Program)
- ORD/DARPA (Defense Advanced Research Project Agency) partnership to bring LUKE advanced prosthetic arm to market

#### ORD-wide Diversity, Equity & Inclusion Actions

- Established Working Group
- Established Minority Serving Institutions (MSI) Career Development Award (CDA)
- Supplementing active CDA held by underrepresented persons
- Workshops
- Meeting with representatives from MSI

Resources were provided for more information:

- VA Office of Research and Development (ORD) Supported Research
  - [www.Report.nih.gov/index.aspx](http://www.Report.nih.gov/index.aspx)
  - [www.Clinicaltrials.gov](http://www.Clinicaltrials.gov)
- VA ORD Main Site: [www.reasearch.va.gov](http://www.reasearch.va.gov)

#### Discussion/Questions:

Dr. Dorn responded to a question from Dr. Morgan. In collaboration with Office of Health Innovation and Learning, RR&D encourages intramural research through priority areas, not service directed research.

Dr. Beck asked if there was any one area receiving a lot of attention or submissions for research funding. Dr. Dorn noted that whole behavioral health which touches on many areas has received a lot of attention. She anticipates regenerative rehabilitation as the new science, new materials and new techniques will drive interest in the future. Areas that remain strong and robust include device elements, traditional prosthetics, neural prosthetics, and implantable devices.

Dr. Dorn responded to a question by Dr. Morgan about implants. New study stalled during COVID as elective surgeries stopped and supply chain was impacted. They were unable to start the study within the 2 years of appropriated funding.

#### **Office of Integrated Veterans Care**

Julianne Flynn, M.D.

Acting Deputy Assistant Under Secretary for Health (DAUSH) for Community Care  
Office of Integrated Veteran Care (IVC)

Office of Integrated Veteran Care

- Established June 5, 2022

- Works to streamline access to care for Veterans and to address access cohesively as an enterprise

#### Integrated Veteran Care (IVC) Role

- Addresses access to care by integrating solutions through one Program Office
- IVC is VHA's access leader and works to set strategic direction and goals regarding access to direct and community care
- IVC provides coordination with Program Offices
- IVC coordinates with the field on all initiatives and pilots related to access to care

#### IVC 4 key goals:

- Seamless Care to Veterans-provide seamless care experience, regardless of where care is received
- Engagement-engage stakeholder to improve the experience
- Sustainability-sustain and improve community care network
- High reliability-strengthen operational support to field, provide consistent, high-quality care and services to patients, everywhere, ensure timely and well-coordinated care for Veterans

#### Access to Care Website:

- Beginning in 2014 with Choice Act, VA has published average wait times for primary care, entail health and specialty care appointments at each of its medical centers
- Website updated in 2022 based on Veteran feedback, now features:
  - More Veteran experience and satisfaction information
  - Veteran experiences surveys focused on trust and appointment timeliness
  - Increased granularity within subspecialties
  - More easily viewed information
  - Enhanced wait time data using new calculations

#### Utilization of Veterans community Care Program since launch 6/6/2019

- Over 4 million Veterans approved
- Over 20million authorizations
- Top Category of care by expenditure is emergency care
  - Since March 2020 2,617, 000 emergency visits and over a million urgent care visits

#### Community Care Network: Overview

- CCN-region-based contracts to provide health care services in the community\
- VA maintains control of Veteran care and experience and continues to ensure timely, high-quality care

- Third party administrator role: builds and credentials the network, processes claim, offers scheduling support as needed

Durable Medical Equipment (DME), Prosthetics and Orthotics and Community Care  
Community care providers can only provide urgent and/or emergent DME, prosthetic and orthotic with an approved referral

- If DME is needed emergently or urgently to stabilize or decrease risk of further injury, it is covered
- Urgent or emergent DME may include canes, crutches, manual wheelchairs, slings, soft collars, splints, walkers, etc.
- Implantable devices are covered under authorization for primary problem/procedure
- Providers must ensure most cost-effective option when considering renting or purchasing
  - DME rentals covered for first 30 days, request required in advance if extension needed
  - Local Vas has clinical review and fulfillment process
  - Providers must coordinate with VA in advance of a scheduled procedure or patient discharge to ensure DME approved and ready for Veteran
  - Providers are responsible for follow up care, education, training, fitting, adjustment of item

Hearing Aids and Home Oxygen Requests have specific requirements

- Hearing aids:
  - Cannot be purchased or provided by providers
  - Providers must submit initial test results to VA for review
  - Specific audiogram requirements are outlined in VHA Audiology Toolkit
  - If approved, VA sends hearing aid to provider for fitting and follow up care
- Home Oxygen:
  - Providers must submit all requests to VA for review and fulfillment
  - Testing results and detailed home oxygen prescription should be included
  - Advance planning necessary to avoid delay in fulfilling prescription

Resources

- A number of resources including a public-facing website, exist to assist and inform the public regarding community care. Resources include information on:
  - General information
  - Eligibility
  - Billing and payments
  - Urgent care

Dr Flynn noted they are in the middle of developing a journey map for IVC for Veterans going through process of accessing care. Feedback is requested.

Dr. Flynn discussed the eligibilities for community care:

- 40 milers- live far from facility and get care through community
- Drive time -for Primary Care and Mental Health visits need to be within 30 min drive time or they have access to community care, 60 min for specialty care
- Wait time-standards are 20 days; offer community care if > 20 days
- Medical interest-best medical interest

General Diehl provided concluding remarks. Dr. Racoosin presented overview for Wednesday's meeting.

The meeting was adjourned at 2:27pm.

### **Wednesday, October 26, 2022**

#### **Committee Members Present:**

Brigadier General Arthur "Chip" Diehl III (Retired), Chair

Steven Gard, Ph.D.

Marlis Gonzalez-Fernandez, M.D., Ph.D.

Russell Gore, M.D.

Flora Hammond, M.D.

William Morgan, DC

Jeffrey Rosenbluth, M.D.

James Vale, JD

#### **Department of Veterans Affairs Staff Present:**

Lucille B. Beck, Ph.D., Special Advisor to Acting Under Secretary for Health

Lauren Racoosin, Au.D., Designated Federal Officer

Judy Schafer, Ph.D., Assistant Designated Federal Officer (ADFO), Audiologist,

Audiology and Speech Pathology National Program Office

Bonita McClenny, Ph.D., Assistant Designated Federal Officer (ADFO)

Randy McCracken, Rehabilitation and Prosthetic Service Communications Support

Sonya Skinker, Committee Support

Nicole (Niki) Sandlan, National Director Blind Rehabilitation Service

LaTonya Small, Ed.D., Program Specialist, Advisory Committee Management Office



## **Welcome**

Dr. Racoosin welcomed the Committee and called the roll for day two of the Meeting. A quorum was reached with 8 members in attendance.

General Diehl, Committee chair, began the second day of the Meeting with a welcome to Committee members and attendees from the public.

## **Audiology and Speech Pathology**

Judy Schafer, Ph.D.

Audiologist/Rehabilitation Planning Specialist

Audiology and Speech Pathology National Program Office

### Overview of Services

VHA Audiology and Speech Pathology Comprehensive Services include:

- Audiology
  - Evaluate, treat and manage hearing loss, tinnitus and balance disorders
  - Prescribe, fit and verify performance of amplification and sensory devices
    - Hearing aids, cochlear and osseointegrated implants, tinnitus management devices, and assistive listening and alerting devices
  - Provide auditory rehabilitation services, optimize residual hearing and manage tinnitus and dizziness through:
    - Hearing aid and cochlear implant ongoing maintenance and repair
    - Progressive tinnitus management
    - Vestibular rehabilitation
    - Counseling related to psychosocial aspects of hearing loss
  - Hearing screening and prevention services
  
- Speech Pathology
  - Screening, evaluation, treatment and prevention services for speech, language, and voice, fluency and swallowing problems.
  - Evaluation and treatment of memory, concentration, and cognitive-communication problems after traumatic brain injury
  - Specialized services for: brain injury, stroke, neurological disorders, geriatric illnesses, spinal cord injury.
  - Assistive technology to assist with cognitive or communication disorders.

Audiology staffing (FY22) across the enterprise includes 1420 audiologists and 441 audiology health technicians at 450 points of care. Audiology provides clinical education for 94 funded student trainees.

Workload trends show a steady increase from 2020 – 2022, however clinics have not yet reached the workload level of 2019 (pre-pandemic). Clinic and waiting room

capacity due to COVID precautions as well as the elimination of most walk-in clinics, may contribute to workload being below 2019 numbers.

Speech Pathology staffing (FY22) across the enterprises includes 469 Clinical Speech Pathologists and 5 Research Speech Pathologists. Speech Pathology provides clinical education for 43 funded clinical fellows and 39 funded student trainees.

Workload trends show a steady increase from 2020 – 2022, however clinics have not yet reached the workload level of 2019 (pre-pandemic).

#### Community Care Networks-Audiology

- There are 1160 community clinics enrolled in VA's online provider portal
  - Network streamlines communication and improve timeliness
- VA Centralized Audiology Team (VACAT) is comprised of 8 audiologists responsible for managing rehabilitative technology orders for 53 VA Medical Centers (85% of audiology community care referrals)
- FY23 plan is to add 18 more sites, then VACAT will manage 90% of referrals

#### TeleAudiology FY22 Focus

- Boothless audiometry
  - Allows clinician to test outside soundbooth while retaining ability to reduce ambient sounds as a standard booth; provides portability; includes:
    - Automated, self-administered audiograms
    - Tablet technology for portable testing
- VA video visits in the home
- Rural health funding

#### Virtual Care-Speech Pathology FY22

- 74,610 VA Video Connect (VVC) visits into the home
- 20% speech pathology encounters were completed via virtual care
- Follow up via text message reminders, secure e-mail and review of recorded audio or video sent by the patient

#### Rural Health Clinical Implementation Pilots-Speech Pathology

- Current projects:
  - Access to Swallowing Treatment: Head and Neck Cancer (FY21-23)
  - Gender Affirming Program with Speech (GAPS) (FY21-23)
  - Accessible Care for Cognition, Speech, and Swallowing-Parkinson's Disease (ACCSS- PD) FY22-24
  - Amyotrophic Lateral Sclerosis Comprehensive Care (FY 22-24)

#### Audiology National Contracts and Outcomes

- National Hearing Aids and Wireless Devices- 5 National Contracts

- Cochlear Implants-3 National Contracts, 96 VA cochlear implant sites
- Auditory Osseointegrated implants-3 National Contracts

#### Outcomes:

To date VA has collected 728,538 International Outcome Inventory for Hearing Aids (IOI-HA) which measure hours of use, self-perceived benefit, satisfaction, residual activity limitations, residual participation restriction, quality of life, and impact on others. Responses are consistently high for Veterans receiving hearing health services within VA, exceeding published outcomes in the general population.

#### Opportunities and the Way Forward

- Speech Pathology
  - Focus on symptom-based interdisciplinary interventions
    - Long-COVID (cognitive, olfaction, voice) rehabilitation
    - Home-Based Primary Care (HBPC) expansion
    - Community Living Center
      - Standardize screening and early intervention
      - Expand staffing
- Audiology
  - Expand access through virtual care
  - Joint VA/DOD initiatives
    - Audiology health technician training and certification
    - Expansion of patient-administered, automated audiometry
    - Hearing loss prevention and protection
  - Expand hearing-related services and education to volunteers and Veterans at National Veterans Sports Programs and Special Events
  - Innovations in Hearing Aids

#### Discussion/Questions:

Dr. Schafer spoke about the Joint Incentive Funded program with the Department of Defense looking at boothless audiometry, specifically self-administered testing in primary care. This is an area for expansion.

Dr. Gore noted the buzz in the past year following literature linking hearing loss and dementia. How can we encourage screening/hearing evaluation?

Question was raised about over the counter (OTC) hearing aids and whether they might change strategy within VA in terms of audiology, resources and needs.

Dr. Schafer indicated that the availability of OTC hearing aids is not anticipated to impact care provided to Veterans within VA. VA doesn't reimburse Veterans for hearing aids currently and won't for OTC. We are open to any innovations. We don't anticipate

OTC to take place of prescription aids but may find a place in our practice at some point. Dr. Beck furthered with challenges presented by not knowing what OTC will look like. Currently VA is paying less for prescription devices. Hopeful that OTC will help us with self-fitting innovations. Hoping for some online self-fitting tools that might help these products be more accurate in terms of addressing individuals' needs. VA participated along with DoD and NIH in this initiative in a study many years ago. Importance of OTC aids mostly because hearing aids are costly and not readily accessible to all socio-economic groups.

Dr. Rosenbluth noted that hearing loss is invisible and that we need to change the paradigm as we focus talk and attention on it.

### **Blind Rehabilitation**

Nicole (Niki) Sandlan  
National Director, Blind Rehabilitation Service

Mission: assist eligible Veterans and Service members with visual impairment in developing skills needed for personal independence and successful reintegration into community and family.

VHA: only national system to completely integrate rehabilitation services for Veterans with visual impairments.

BRS Continuum of Care integrates with other services to ensure patients with visual impairments-from early onset low vision to blindness-receive the finest medical and rehabilitative care.

Access to BRS care

- Eligible for VA Health Benefits or Active-Duty Status
- A visual impairment as defined:
  - Functional limitation of the eye(s) or visual system, can manifest as reduced visual acuity or contrast sensitivity, visual field loss, visual perceptual difficulties or a combination.
  - Visual impairment can interfere with ability to function independently perform activities of daily living and self-care management.
- Refer for Vision and Blind Rehabilitation Services when concerns with:
  - Trouble with driving
  - Bumping into things
  - Increase in falls
  - Trouble with reading
  - Difficulty recognizing faces

### Demographics of Population Served:

- Visual Impairment Service Team (VIST) roster includes 64750 Veterans
  - 52% legally blind, 48% visually impaired
  - 77% are 65years of age or older
  - WWII, Korean, Post-Korean and Vietnam era Veterans comprise 70%
  - Primary cause of vision loss: macular degeneration (26.96%) and other conditions (32.86%)
- Blind Rehabilitation Program is a Tiered System of Care, providing care when basic low vision care provided in Optometry and Ophthalmology is no longer sufficient, and includes:
  - Visual Impairment Service Team (VIST) Coordinators
  - Blind Rehabilitation Outpatient Specialists (BROS)
  - Intermediate Low Vision Clinics ILVC)
  - Advanced Low Vision Clinics (ALVC)
  - Visual Impairment Service Outpatient Rehabilitation Program (VISOR)
  - Blind Rehabilitation Centers (BRC)
- Comprehensive Blind and Vision Rehabilitation includes lifetime care coordination; whole health and wellness; orientation and mobility; adaptive vision skills; assistive technology; activities of daily living; adaptive recreation; adjustment to sight loss counseling; and specialty programs such as independent living program, family training program, power mobility and TBI-related visual deficits.
- Visual Impairment Service Team (VIST) Program Coordinators:
  - Are life-long case managers for Veterans
  - Provide assessment, treatment planning, referral, follow up
  - Provide education and counseling to patient, family, and/or caregiver
  - Review VA and non-VA benefits
  - Provide education/outreach within the VA and in the community
  - Complete comprehensive assessment of all areas of functioning related to vision loss in order to increase independence
- Referrals to the VIST program can be made by any interested individual, family member, eye care specialist or agency representative

### Highlight of FY22: Blind Rehabilitation Service

- Education and Outreach: In collaboration with Blinded Veterans Association (BVA), created and distributed enterprise-wide fact sheets on **Human Guide and Assisting Veterans with Visual Impairments** to increase knowledge and understanding of proper guiding techniques for Veterans with visual impairments.
- BRS Conference: convened in-person conference at which 202 attendees received education on health equity, including competency-based training on innovative practices and program development for Vision Therapy.

- VSO Membership Expansion: BVA successfully advocated and voted to amend by laws and resolved to expand membership to Veterans with visual impairment

#### BRS Key Strategic Initiative Highlights

- Pursuing opportunities for strategic partnerships with:
  - National Clinical Resource Hub: focusing on care coordination, treatment and rehabilitation using virtual care
  - Office of Health Equity: focusing on identifying and addressing unmet social needs, improving health outcomes, promoting health equity
  - Office of Construction and Facilities Management: focusing on standardization of clinical space requirements for inpatient BRC

#### Major Accomplishments FY 22

- Increased Telehealth Access
- Modernization of Blind Rehabilitation National Database
- In-house Eyeglass Fabrication: initiative spread across 5 additional sites in FY22
- Family/Caregiver Training & Education Program: encounters increased by 264% from FY21

#### The Way Forward

- Sensory Health: partner with Audiology to explore the role of sensory health in wellness models, explore implication for health promotion and prevention
- VA Journey Map of the Veteran with Visual Impairment-collaborate with Veteran Experience Office
- Explore Virtual Reality in Rehabilitation
- Modernize Systems and Processes: create operational dashboard to monitor access, timeliness and Veteran experience

#### Challenges

- Demographic Shifts: growth in demand for outpatient services, services for women Veterans, and telehealth
- Community Care: BRS is not well duplicated in the private sector, need to develop tactics to facilitate best practices in care coordination, focus on Community Care
- Workforce Development: shortage of specialists
- Accreditation Readiness: quality assurance, ensuring compliance. BRS is preparing resources to assist programs prepare for CARF accreditation

#### Discussion/Questions:

Dr. Morgan asked how the visually impaired person engages in virtual reality.

Ms. Sandlan shared that there is a company currently focusing on equipment for Veterans with visual impairment (Iris Vision) and planning a trial. Discussion around training talent for positions to work in blind rehabilitation; usually 16 months start to finish to get person certified.

Mr. Vale spoke about the increase in numbers as our Veterans age and vision declines. Discussion about dual sensory deficit and greater need to address in future.

Meeting break for 10 minutes, resumed at 10:45am with discussion of recommendations

Dr. Racoosin again provided an update on the Recommendations drafted at last meeting and those in 2021.

The process for recommendations was presented and the Committee discussed formulation of their recommendations.

Discussed:

- Retention of CLVTs (certified, licensed vision technicians)
- Early detection of hearing loss
- Sports games-communication, marketing
  - Showcase what VA doing well, engage more social media, better projection
  - Broadcast about games, increase access
  - Get through all the noise so people get the message
  - Increase access as more Veterans know what's available
- Public affairs, outreach messaging marketing
- Promotion campaign

Ask VA to develop strategy, to improve messaging, communications, press releases

➤ **Strategic approach which engages senior communications groups**

- Certification programs, incentivize, retain staff, retention bonuses
- VA trains and invests and then talent gets taken
- Several groups have expressed need for training and retention, especially of unique mission critical non-physician clinicians  
(Recreation therapy, audiology, low vision, and as mentioned previously O&P)

Suggestion: Demand for position Increase retention by 10 percent, 15 percent

- Incentives for non-physician providers within rehab services

- Review qualification standards with goal of enhancing retention, learn why staff is leaving strategies for retention
- Partnership of Workforce Management with Rehabilitation clinicians as subject matter experts in terms of professions and responsibilities, enhance retention, facilitate hiring
- Sensory health as part of whole health (WH)
- Self-management piece, raise awareness among Veterans that they need to think about sensory health
- Audiology and blind rehab-develop approach to managing sensory health
- Engage with WH regarding the importance of sensory health
- Request WH to join us at next meeting
- Develop strategies in collaboration with WH around sensory health for patient management and clinical care, with emphasis on early detection of hearing loss and insert sensory health into the discussion of WH

Dr. Racoosin summarized the recommendations formulated and thanked everyone for their attendance and participation.

General Diehl thanked the Committee and everyone who attended and participated in the Meeting. He shared the dates for our next meeting, April 18-19, 2023.

The meeting was adjourned at 11:53am.

<p><b>Lauren S</b>  <i>Lauren Racoosin</i>  <b>Racoosin</b>  <b>108514</b></p> <hr/> <p>Lauren S. Racoosin, DFO</p>	<p>Digitally signed          by Lauren S          Racoosin          108514          Date: 2022.11.30          10:28:34 -05'00'</p> <hr/> <p>Date</p>
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<p><i>Arthur F. Diehl, III</i></p> <hr/> <p>Arthur F. Diehl, III, Chair</p>	<p><i>30 Nov 2022</i></p> <hr/> <p>Date</p>
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