

**Department of Veterans Affairs
Advisory Committee on Prosthetics and Special Disabilities Programs
September 21 - September 22, 2020
Virtual Meeting (WebEx)
Minutes**

Monday, September 21, 2020

Committee Members Present:

Michael Yochelson, M.D., Outgoing Chair
Brigadier General (Ret) Arthur Diehl III, Incoming Chair
Joseph Bogart
Joseph W. Boggs, Ph.D.
Shaun Castle
Alison N. Cernich, Ph.D.
Kelli W. Gary, Ph.D.
Marlis Gonzalez-Fernandez, M.D.
David Gorman
Lynne Marshall, Ph.D.

Department of Veterans Affairs Staff Present:

Lucille B. Beck, VA Deputy Under Secretary for Health for Policy & Services
David Chandler, Ph.D., Alternate Designated Federal Officer (ADFO)
Patricia A. Dorn, Ph.D., Director, Rehabilitation Research & Development Service
Rachel McArdle, Ph.D., Executive Director, Audiology & Speech Pathology Service
Randy McCracken, IT Support, Veteran Affairs
Penny Nechanicky, MSW, National Director, Prosthetic & Sensory Aids Service
Leif Nelson, DPT, Director, National Veterans Sports Programs & Special Events
David W. Otto, MME, National Director, Recreation Therapy Service
Lisa M. Pape, MSSA, Executive Director, Care Management & Social Work
Erin Patel, Psy.D., Director, Associated Health Education, VHA Office of Academic Affiliations (OAA)
Stacy D. Pommer, LMSW, National Affiliations Officer, OAA
Alison Pruziner, DPT, Program Manager, National Veterans Sports Programs & Special Events
Beth Ripley, M.D., Director, 3D Printing Network
Nicole Sandlan, CLVT, National Program Director, Blind Rehabilitation
Judy Schafer, Ph.D., Designated Federal Officer (DFO)
LaTonya Small, Ed.D., Program Specialist, Advisory Committee Management Office
Rene Campos, Deputy Director, Government Relations
Sonya Skinker, Program Specialist, Veterans Health Administration

Special Guest Attendees:

Steven Gard, Ph.D.
Russell Gore, M.D.
Flora Hammond, M.D.
Linda Hood, Ph.D.
William Morgan
Jeffrey Rosenbluth, M.D.

Monday, September 21, 2020

Welcome and Introductions

Michael Yochelson, M.D., Committee Chair

Dr. Yochelson called the virtual meeting to order at 8:22 a.m. with a welcome to current Committee members, incoming members, guests and attendees from the public. The Committee's history and mission was reviewed by the Chair, followed by a brief introduction by each Committee member, before proceeding with the presentations.

Presentations:

Cerner Electronic Health Record (EHR)

Rachel McArdle, Ph.D.
Cerner Rehabilitation and Acute Clinical Ancillaries, Co-Chair

Presented Updates on the Cerner Electronic Health Record (EHR):

Reviewed response to Federal Advisory Council Recommendation 2018

- Cerner EHR is currently in the build/implementation phase in preparation for the initial launch in March 2020 including:
 - Development of specific functions within Cerner for the interdisciplinary management of patients, to include interdisciplinary team meetings; simultaneous and sequential scheduling; inpatient scheduling for providers (similar to outlook calendar view); enterprise wide templates with embedded; integrated outcome measures; and improved and prosthetics and durable medical equipment ordering.
 - Development of reporting capability functions, registries and outcomes data for Orthotics and Prosthetics and rehabilitation services to include: BR 5.0 (Wave 4); Flow3 (Columbus); TBI registry; amputation predictor tool (Walla Walla); Spinal Cord Injury and Disorders registry.

VA Audiology and Speech--Language Pathology Program

Rachel McArdle, PhD
Executive Director, Audiology and Speech Pathology

Presented Updates on:

- Workload Trends (FY17--20*) –Audiology: 1,370 audiologists; 410 audiology health technicians; 92 OAA--funded trainees.
- Workload Trends SLP: 459 Speech Pathologists, 5 Research Speech Pathologists; 31 Clinical Fellows, 20 Masters Internships. The Academy of Neurologic Communication Sciences and Disorders is establishing a Residency Program to be introduced in FY21.
- Audiology Community Care (CC) Network: VA Centralized Audiology Team -7 audiologists; 39 managed VAMCs, 73% community care audiology; Average time from request to order entry--21 calendar days; QTR 3 FY20 (April QTR 3 FY20 (April —June) 50% decrease in Audiology CC referrals due to COVID-19.
- Virtual Care: Rural Health funding expanded audiology equipment in FY20; Innovations - Automated Audiometry and Remote Programming; in 2010, 15 facilities provided speech pathology telehealth, increased to 137 facilities by 2020.

Clinical Video Telehealth from VA to Home

- Audiology: hearing aid remote fitting, hearing aid orientation, tinnitus and audiologic rehab hearing aid remote fitting, hearing aid orientation, tinnitus and audiologic rehab groups, virtual hearing aid repair clinics groups, virtual hearing aid repair clinics. Number of encounters increased from 265 in FY19 to 29,423 in FY 20 (through July 18, 2020).
- Speech Pathology: initial intake/history, individual and group treatments for voice, initial intake/history, individual and group treatments for voice, dysphagia, language, and motor speech dysphagia, language, and motor speech. Number of encounters increased from 7654 in FY19 to 45423 in FY 20 (through July 18, 2020).

COVID 19 Challenges for SLP; Interdisciplinary Team Collaboration; Interdisciplinary Team Support utilizing Telehealth Technology; and iPad Video Monitoring Assessment Pilot Program.

COVID 19 and Beyond: Virtual Hearing Aid Repair Clinics; Curbside Hearing Aid Repairs; Increase Store and Forward Telehealth automated audiometry; Increase Clinical Video Telehealth in Community-Based Outpatient Clinics.

Teleaudiology Portfolio: Clinical Video Telehealth (CVT) including remote diagnostics, fittings, and follow ups; audiologic rehabilitation and tinnitus education; cochlear Implant

programming; and remote vestibular diagnostics; Store and Forward (SFT)- Asynchronous hearing testing with images; Clinical Video Telehealth to Home (CVTHm); Remote fine-tuning for hearing instruments

National Veterans Sports Programs & Special Events

Leif Nelson, DPT
Director, National Veterans Sports Programs & Special Events

Alison Pruziner, DPT
Program Manager, National Veterans Sports Programs & Special Events

Presented Updates on:

Veteran Specific Barriers and Facilitators

- Barriers include: Lack of information about opportunities, insufficient transportation, large group size, lack of sport partner, feelings of shame, fear of further injury/pain, low self - esteem
- Facilitator and Motivators include: Increased independence, maintain activities of daily living, outdoor environment, friends, interact with others with outdoor environment, sense of belonging.

VA Adaptive Sports Grant Program: Currently 126 Grants, totaling nearly \$15M with an additional \$1.5M for Equine Assisted Therapy.

Veterans Monthly Training Stipend for Summer and Winter Paralympic Games: Around 150 Veterans receive a monthly training stipend. Approximately 90 recipients are National Team members

National Disabled Veterans Winter Sports Clinic: Provides rehabilitation through rehabilitation through adaptive winter sports, headlined with Alpine skiing and snowboarding. Serves Veterans with traumatic brain injuries, spinal cord injuries, amputations, visual injuries, and certain neurological impairments.

National Veterans Golden Age Games: Veterans ages 55 years and older; Sports competitions; Health expo and education sessions; Qualifying event for the National Qualifying event for the National Senior Games.

National Veterans Wheelchair Games: Serves Veterans with spinal cord injuries, multiple sclerosis, injuries, amputations, stroke, and other neurological disorders; Largest wheelchair sports Largest wheelchair sports rehabilitation event for individuals with disabilities in the USA

National Disabled Veterans TEE Tournament: Adaptive golf instruction and a range of adaptive sports opportunities.

National Veterans Summer Sports Clinic: Serves newly injured Veterans; Promotes rehabilitation through adaptive summer sports, including surfing, sailing, kayaking, cycling, and new emerging sports.

National Veterans Creative Arts Festival: Recognizes the role creative arts therapy plays in rehabilitation.

VHA Office of Academic Affiliations (OAA)

Erin Patel, PsyD, Director, OAA, Associated Health Education (AHE)
Stacy Pommer, LMSW, National Affiliation Officer, OAA, AHE

Presented Updates on:

AHE Portfolio includes all clinical health professions in OAA, except for Medicine; over 40 AHE professions train in VA; 124,000 (including 25,000 AHE) rotate through VA annually; 85% trainees appointed without compensation; 17 funded disciplines (\$145 million).

Seven funded Rehabilitation Professions including: Audiology; Blind Rehabilitation; Chiropractic; Occupational Therapy; Orthotics/Prosthetics; Physical Therapy; and Speech Pathology.

Discussed Impact of COVID on health professions education; Pre-degree to Post-degree stipend conversion; and Expansion and Recompete Initiatives.

Briefed on Requests for Proposals: Partnering with national program offices to establish new OT fellowships and PT residencies; Doubled VA chiropractic residency programs in Academic Year 2020-21 (10 residents).

Reviewed Programmatic Accreditation: VA's Blind Rehabilitation Service is closely collaborating with OAA and AER to achieve CHEA and/or US Dept. of Education recognition; Chiropractic Residency where VA helped establish standards; OT Fellowship where VA has the only national assistive technology program; and Speech Pathology which is finalizing accreditation standards for post-degree fellows.

Briefed on Trainee Recruitment Hiring Workgroup: Ongoing consultation with local and national key stakeholders (clinical and Human Resources); Facilitate virtual and F2F presentations; Develop and disseminate educational materials; Connect, Match, Place, Retain Trainees into VA employment (Trainee Recruitment Events).

Blind Rehabilitation Service (BRS)

Nicole L. Sandlan, CLVT
National Program Director, Blind Rehabilitation Services

Presented Updates on:

BRS Tiered System of Care

Veterans may receive care at the appropriate setting to meet individual needs when basic low vision care provided in Optometry and Ophthalmology is no longer sufficient.

- Intermediate Low Vision Clinics
- Advanced Low Vision Clinics
- Visual Impairment Service Outpatient Rehabilitation Program (VISOR)
- Blind Rehabilitation Centers (BRC)
- Blind Rehabilitation Outpatient Specialists (BROS)
- Virtual Treatment Modalities

Providing BRS Continuum of Care Services including Lifetime Care Coordination, Orientation and Mobility; Adaptive Vision Skills; Assistive Technology; Activities of Daily Living; Adaptive Recreation; Adjustment to Sight Loss Counseling; and Specialty Programs.

FY20 BRS Demographics: Visual Impairment Service Team (VIST) Rosters included 87,361 Veterans:

- 79.6% are 65+ years old (33.3% are 85 or older)
- 38.5% Vietnam era, 20.1% Korea era, 15.7% WWII era
- 95.4% male

Primary Cause of Vision Loss: 43.4% Macular Degeneration; 18.7% Glaucoma; 9.3% Diabetic Retinopathy; 28.6% Other Diagnosis

BRS COVID-19 Response:

- Mitigate Risk Exposure COVID-19
 - Phase I: BRC Census to Zero (March 2020)
 - Phase II: BRS Wellness Check Initiative (March 2020)
 - Phase III: BRS Program Office COVID-19 Outpatient Services Referral Management Protocol (April 2020)
- Wellness checks: Conducted over 10,000 wellness checks to ensure Veteran safety concerns were being addressed.
- COVID-19 Resumption of Care As of 9/21/20:
 - All 13 BRCs providing care via virtual treatment modalities
 - Inpatient admissions are tentatively planned for phase 3-4
 - 98 BRS Outpatient Specialists providing virtual care and home visits

- 52 Outpatient Programs
- Innovative Virtual Care Practices including interactive and themed support groups; Modified Tai Chi, Chair Yoga and Relaxation Groups; Healthy at Home sessions: Traumatic brain injury and Low Vision support groups; Falls Prevention classes; and collaboration with MOVE program to increase accessibility.

Transforming Business Systems

- VHA Directive 1174- Consolidates 5 BRS Handbooks into one comprehensive directive
- Virtual VIST Program Initiative (July 2020) BRS Workforce Development pilot program
- Comprehensive VIST Roster (September 2020) - One Consolidated VIST Roster for streamlined care coordination
- A VIST Review at least annually to all identified Veterans experiencing functional difficulty due to visual impairment.

Caregiver Support Program

Lisa M. Pape

Executive Director of Care Management and Social Work

Presented Updates on:

Program of General Caregiver Support Services (PGCSS)

- Includes Training and Education; Building Better Caregivers; Caregiver Support Line; Diagnosis
- Specific Programs for Caregivers; Caregiver Support Program Website; Peer Support Mentoring; Email Listserv; Resources for Enhancing

Program of Comprehensive Assistance for Family Caregivers (PCAFC)

- Provides Monthly stipend; Access to CHAMPVA (if eligible); Mental health counseling; Caregiver training; Enhanced respite services; Certain beneficiary travel; Ongoing monitoring; and Legal & Financial Services
- VA Caregiver Support Line

MISSION Act of 2018 authorized VA to expand PCAFC to eligible Veterans of all eras of service, which will occur in two phases:

- Phase I: Eligible Veterans injured on or before May 7, 1975
- Phase II: Eligible Veterans injured between May 7, 1975 - Sept. 11, 2001
- Additional services available such as financial planning and legal assistance

Prosthetic and Sensory Aids Service (PSAS)

Penny Nechanicky, Executive Director
Prosthetic and Sensory Aids Service
Presented Updates on:

Services including Orthotic and Prosthetic Services, Restorations, Home Oxygen, Dog Insurance;

Devices including Durable Medical Equipment and Supplies, Wheelchairs and Accessories, Eyeglasses, Blind Aids, Low Vision Aids, Hearing Aids and Assistive Listening Devices, Health Monitoring Equipment, Artificial Limbs/Custom Braces, Surgical Implants, and Adapted Sports and Recreational Equipment.

Benefit Programs including Automobile Adaptive Equipment (AAE), Clothing Allowance and Home Improvements and Structural Alterations (HISA).

Category Breakdown of PSAS Budget – FY19

- Over 55% of all Veterans treated in VHA received PSAS items and services.
- In FY2019, VA obligated approximately \$3.5B to provide and 22million devices/items to 3.5million Veterans

PSAS COVID-19 Strategies and Efforts included:

- VA Video Connect to assist Veterans; Mail out procedures for medical devices; Drive-thru fittings and pick-up services; Phased re-opening & expansion of services; Consult Management; 50% Open Consult Reduction from March-June.
- Each VA Medical Center has established procedures for contractor representatives' entrance into the VAMC and vendor access into the home providing in home services;
- Benefit Applications for Clothing Allowance, Home Improvement and Structural Alterations, and Automobile Adaptive Equipment applications accepted in various ways. *Clothing Allowance application deadline extended due to COVID.
- Available PSAS staff have performed additional duties in support of the COVID-19 pandemic by Screening patients / visitors at facility entrances; Providing physical assistance with wheelchairs; Performing curbside deliveries; Creating face masks for co-workers; and Creating face shields for co-workers.

Veteran Experience Survey October 2019 – August 2020 showed experience scores for all domains (ease/simplicity; quality; employee helpfulness; equity/transparency; satisfaction; confidence/trust) from 88% - 94%.

Briefed on updates to:

- Mission Act; Electronic Health Record Modernization; Automobile Adaptive Equipment Proposed Rule; Appeals Modernization; Payment Integrity Information Act (PIIA) Improvement; Reduced improper payment (IP) error rate; Acquisition Strategies; Innovative Systems & Workgroups;
- Prosthetic Women's Emphasis Group through Support to the Integrated Project Team for Breast Pumps, Nursing support devices, Medical Surgical Prime Vendor, Provider Education on PSAS specific devices, & Community Care Authorizations for Women's Health; and
- Wheelchair Advisory Taskforce, consisting of Veterans Service Organizations, Clinicians, and PSAS, identifying opportunities to improve wheeled mobility prescription and procurement, while supporting Direct Scheduling Access initiative for wheeled mobility clinic.

The Committee Meeting for recessed for the day at 4:25 p.m.

Tuesday, September 22, 2020

Dr. Yochelson began the second day of the virtual Committee meeting at 8:21 a.m. and introduced the first presenter.

Recreation Therapy Service

David W. Otto, MME

National Program Director, Recreation Therapy Service

Presented Updates on:

Recreation Therapy in Special Disabilities Programs

- Spinal Cord Injury and Disorders (SCI/D) - Recreation Therapists supporting - 25 SCI/D Centers with 50.6 FTE Recreation Therapists;
- Blind Rehabilitation Centers - Recreation Therapists supporting – 13 Blind Rehab Centers with 14 FTE Recreation Therapists;
- Polytrauma/TBI - Recreation Therapists supporting – 5 Polytrauma Rehab Centers with 10 FTE Recreation Therapists

Telehealth Capable Providers

- Training courses completed in Talent Management System
- Clinical Video Telehealth To Home encounters increased from 270 in 2017 to 20,097 encounters in FY 20 (through 9/20/2020).

Congressional and White House Interest

- S 2435 Accelerating Veterans Recovery Act Military Construction, Veteran Affairs and Related Agencies Appropriation Act (MilCon-VA Act 2020)
- MilCon-VA Act 2021

- Comprehensive Addiction and Recovery Act (CARA) legislation.
- COVER Commission
- S 785 Veterans Mental Health Care Improvement Act.
- Section 203 Pilot Program to Provide Veteran Access to Complementary and Integrative Health Programs
 - September 2019 - Second Lady Karen Pence hosted meeting to Highlight Creative Arts Therapies for Military Service Members and Veterans
 - Leaders from Department of Veteran Affairs, Department of Defense and the National Endowment for the Arts.
 - Visitations to VA Medical Facilities with Creative Arts Therapy Programs.

COVID 19 – Strategies and Efforts

- Communication strategies included: Regular and Timely Communication to Field Operations; VHA High Consequence Infection Preparedness Program; Presentations on Best Practices using National Calls; Developed Online Virtual Resources using Rec Therapy/Creative Arts Therapy SharePoint site; Telehealth Capable Workforce
- VA Facility Operations Efforts included: Participation in Labor Pool; Daily Screenings Stations; Ambassadors for patients navigating the VA for Appointments; Mask Making including both sewing and developing N95 masks for 3D printers; Assigned to other medical bed services including Post COVID Units, Mental Health, Community Living Centers, Ambulatory Services

COVID 19 – Patient Care

- Before COVID-19 included:
 - In Person Annual Assessments and Evaluations; In Person Treatment; Interventions - Adaptive Sports, Community Reintegration, Sensory Stimulation, Cognitive Retraining, Stress Management, Behavioral Modification, Leisure/Community Education, Leisure Awareness, Pain Management, Assistive Technology, and Promotion of Physical Activity.
 - Adaptive Sports Consults, Equipment Fittings and Trials
 - Travel for National Veteran Sports and Special Events
- Changes due to COVID-19 included:
 - Decrease inpatient caseload for specialty disabilities programs (Bed Closure); Increase in outpatient caseload; Restrictions placed limiting In Person face-to-face sessions; and Restrictions on In Person Group Sessions.
 - Shift was made to Telehealth Sessions for Assessment, Evaluations and Treatment.

Implementing Secretary Wilkie’s Priorities for VA

- Customer Service through Options for Veteran Access to Care

- Implementing the MISSION Act through development of Standard Episodes of Care (SEOCs) and Caregiver Support
- Electronic Health Record (EHR) Modernization
- Transforming our Business Systems with Published New Hybrid Title 38 Qualification Standards; Healthcare Analysis & Information Group (HAIG) Survey; and Community Partnerships and Whole Health

Future Priorities

- Healthcare Analysis & Information Group – Strategic Planning
- Greater Choice for Veterans by expanding FTE for Rural Veterans access to services and a Telehealth Capable Workforce and Sustainment
- Workforce Development planning for Retirement Eligible Therapists with training to bolster the workforce, Clinical Internships, and implementing a Mentor/Mentee Program

Whole Health

- Collaborate with Community Partners for wellness and well-being transition Innovations
 - New Programs, Technology and Equipment

Rehabilitation Research & Development

Patricia A. Dorn, PhD
 Director, Rehabilitation Research & Development (RR&D)

Presented Updates on:

Office of Research and Development (ORD) and the Secretary's Priorities through Customer Service to Veterans; through research discoveries to improve health care, increase independence, and facilitate community integration; Customer Service to our investigators and the research offices at VA facilities by upholding the principles of scientific peer review and oversight to ensure safe conduct of meritorious Veteran centric research studies; Customer Service within ORD/RR&D through collegial and collaborative interactions within and across services and sections to effectively conduct VA's intramural research program.

- Research in VA - More than 150 medical centers and more than 100 centers have capacity for research. There are greater than 3000 scientists who are funded by more than 2100 active awards.

ORD and COVID 19

- ORD has responded rapidly & with agility amidst this pandemic
- Entered into partnerships with the NIH and pharmaceutical companies

- Part of Accelerating COVID 19 Therapeutic Interventions and Vaccines (ACTIV) & Operation Warp Speed
- VHA Medical Centers are serving as test sites for these trials
- Research Services in ORD are making requests for applications in relation to COVID 19
- Since March 2020 -When possible, studies have been modified to virtual formats
- In March 2020 - research studies were entirely or partially placed on hold, depending upon type of research; studies are reopening, depending upon facility location and type of research.
- Adjustments and changes will be made according to prevailing circumstances surrounding COVID 19

Breadth of RR&D Program

- Includes: Brain Health & Injury - Traumatic Brain Injury, Stroke, Alzheimer's Disease Related Dementia; Behavioral Health - Depression, PTSD, Serious Mental Illness; Social Reintegration - Disability wide; Spinal Cord Injury/Disorder - Multiple Sclerosis, Amyotrophic Lateral Sclerosis, and Peripheral Nerve Injury; Sensory Systems - Hearing, Vision, and Balance; Communication Disorders - Aphasia, Apraxia, Dysphagia; Musculoskeletal Health; Chronic Medical Conditions Cardiopulmonary, Metabolic & Kidney Disorders; Aging - Osteoporosis, Gait Disorders & Incontinence; Pain Neuropathic and Musculoskeletal; Regenerative Medicine Rehabilitation; and Rehabilitation Engineering/Prosthetics/Orthotics.

Current RR&D Special Emphasis Areas

- Includes: Rehab related effects/treatments for COVID 19, secondary effects, influence of comorbidities/risk factors, etc.; Suicide prevention interventions within a rehabilitation context for participation in life roles; Prosthetic and other assistive technology needs of Women Veterans; Exoskeleton research, including externally powered motorized orthoses for stroke, traumatic brain injury, or other non SCI/D diagnoses; Non pharmacological interventions for chronic pain impacting outcomes that may include pain reduction, medication use, activities of daily living and quality of life; Effect of prolonged exposure to opioids (used or misused) on long term outcomes from traumatic brain injury.

Examples of RR&D Accomplishments

- Gerofit exercise program: physical & cognitive fitness for Older Veterans; Progressive Tinnitus Management Program; Long Term Impact of Military Relevant Brain Injury Consortium (LIMBIC) database; Smart electrostim bandage (Exciflex) for wound healing; Prosthetic needs of Women Veterans, including ankle foot system to accommodate variable heel height and prosthetic hand with smaller size digits; Lower Limb Osseointegration clinical trial with industry partner to seek FDA approval

for device; Standing & Rolling Wheelchair; and SCI-Veteran Integration Program for return to work.

Public Comment

Dr. Yochelson stated that a letter from Stratasys 3D Printing and Additive Technologies for Medical Applications in Veterans Health Administration was submitted to the Committee. The letter was provided to the Committee members and will be included with the minutes.

3D Printing Beth Ripley, M.D.

Presented Updates on:

3D Printing Sites at VAMCs – Thirty two centers, located around the country 3D Printing in Rehabilitation includes using 3D printers and software to improve patient point-of-care in rehabilitation services with quick design lifecycles and cost-effective additive manufacturing; working in conjunction with physical therapists to develop custom massage tools to stimulate an inflammatory response, promote healing and increase range of motion, restoring Veteran independence and keeping them active.

Veteran impact including using 3D scanners and printers to provide rapid, customized care for Veterans; same-day fitting and delivery; digital storage of patient anatomical blueprints used to remotely fabricate insoles and prosthetic sockets; integration of this technology at the patient point of care saves time for both the Veterans and clinicians while ensuring safety.

3D Printing During COVID-19

- Food and Drug Administration (FDA), Department of Veterans Affairs (VA), and National Institutes of Health (NIH)— joined to rapidly evaluate designs and identify those for use on the frontlines to ensure the safest and most effective 3D printed personal protective equipment (PPE) and other medical supplies reach frontline medical staff responding to COVID-19.
- Inspired to act fast to help front line staff and patients during the COVID-19 pandemic, with the assets and knowledge to meet the growing need by rapidly testing, evaluating, and sharing 3D printed designs of PPE and other critical supplies.

Inter-Agency MOU: Covid-19 3D Printing Rapid Response

- People with designs post them on the NIH 3D website
- VA tests the 3D designs. The VA 3D Printing Network prints the parts and assesses their safety and clinical efficacy in collaboration with VA's frontline medical providers.

- The FDA participates in the review process, provides guidance and makes the final designs easily accessible online.
- “America Makes” is the “matchmaker,” connecting those with significant 3D printing capabilities with health care facilities with urgent needs for supplies, with 741,534 unique site visitors since MOU announcement.
- VHA Agile Design and Production Transformation: ADAPT
 - VHA leveraged the existing 3D Printing Network to design items needed by VHA staff to care for Veterans, including Nasal Swabs, Surgical Face Masks, Face Shields, PAPR Hoods, Isolation Gowns, Ventilator Parts, and items as needed.

COVID-19 and Post COVID-19

- This pandemic has accelerated our collaborative efforts and shown us what is possible to achieve in rapid timeframes.
- Moving forward, we will learn from this effort and assess how we can efficiently and effectively form long-term partnerships to advance 3D printing for Veteran’s health care.
- We will be registering 3 VA facilities with FDA as Manufacturing Facilities: Puget Sound (Seattle), Richmond, and Charleston.
- Multiple new designs have been created in a short period of time, with VA staff rapidly learning design development, testing and manufacturing skills.
- Multiple industry partnerships are being cultivated.

The Next Frontier: Bioprinting

- The next frontier for VHA is bioprinting, the fabrication of 3D printed structures that can support living cells. Bioprinters are currently located at a handful of VA hospitals across the Network.
- Projects range from using the unique manufacturing capabilities of 3D printers to aid in the creation of a total artificial lung (Ann Arbor VA) to the 3D printing of actual bone and blood vessels into the shape of a patient’s missing bone (VA Puget Sound).
- A dedicated 3D Tissue Bioprinting Core, located at the Richard L. Roudebush VA Medical Center in Indianapolis, supports projects from multiple investigators who are working to create bone, cartilage, retinal and neural tissues. The work in bioprinting across VA ranges from research focuses expected to impact patients in the future (5-10 years), to projects designed to be ready for clinical use in a few short years.

VHA Modernization

Lucille Beck, Ph.D.
VA Deputy Under Secretary for Health for Policy & Services

Presented Updates on:

Future State VHACO Organization Chart: On July 1, 2020, the VHA Executive In Charge signed an updated VHACO organization chart.

VHA Leadership Top Priorities

- Build Trust
- Constructing a Learning Organization
- Modernizing Systems, including ensuring a successful transition from our existing health record to a new VA/DoD integrated electronic health record.

Rehabilitation and Prosthetic Services Current Initiatives

- General Prosthetic Regulations
- Professionalization of Clinical Orthotic and Prosthetic Services
- VHA aligning clinical services into six Integrated Clinical Communities (ICCs) creating common structures, roles, and responsibilities at facilities, Veteran Integrated Service Networks, and VHA national program offices
- Expanding Virtual Care Delivery for Rehabilitation Services
 - RPS Virtual Care Strategic Plan
 - Metrics to monitor use of virtual care
 - Identify barriers to virtual care
 - Sustainment of existing initiatives and identify new initiatives/opportunities for new/expanded use of virtual care visits
 - RPS Programs identifying goals and objectives for FY2021

At the conclusion of the Meeting, Dr. Beck personally thanked each of the members of the Committee whose terms were expiring for their contributions, and in particular, Dr. Michael Yochelson, the Committee Chair for his leadership. The incoming new Chair, retired Brigadier General (BG) Arthur "Chip" Diehl III, was welcomed, as were the incoming new members of the Committee.

Dr. Yochelson thanked everyone before adjourning the meeting on at 1:28 p.m.



Arthur "Chip" Diehl III, Chair



Date