

**Department of Veterans Affairs (VA) Response to
Advisory Committee on Prosthetics and Special-Disabilities Programs
Recommendations
October 18 – 19, 2018**

RECOMMENDATION 1: It is critical that audiology data will continue to be maintained and transferred automatically into the new VA electronic health record (EHR) being developed with Cerner, particularly given that hearing loss and tinnitus are the top two service-connected disabilities. The Committee recommends that VA use the same system for audiology data transfer that DoD is using (i.e., AudBase), assuming it meets all VA audiology data transfer needs (not just into the EHR). This will preserve the existing data repository of audiology data for Veterans and Servicemembers, and aid in the seamless transfer of information for their lifespan.

Timeframe: Concurrent with implementation of EHR being developed with Cerner.

VA Response: Concur. Veterans Health Administration (VHA) Audiology and Speech Pathology (ASPS) Service concurs with this recommendation that VA ensure all VA audiology data transfer into the new VA EHR. Please see the below steps towards implementation.

VA Action Plan -Recommendation					
Steps to Implement	Lead Office	Other Offices	Tasks	Due Date	Current Status
1. Procure commercial off-the-shelf product through the acquisition process	National Audiology & Speech Pathology Service (ASPS)	Office of Electronic Health Record Management (OEHRM); Office of Information & Technology (OIT)	Worked with OEHRM to log as a risk for Cerner implementation and to develop an Investment Justification Package	August 2019: Allow for acquisition process, installation and training at the IOC sites	Purchase recommended by the Functional Governance Board for OEHRM on 11/27/18 and forwarded to the Government Investment Board (GIB); awaiting GIB to be briefed and for funding decision
2. Begin installation and develop regional servers for the initial operating capability sites			Worked with Requirements Development Management to develop documents		Proposal moved from Data and Research Analytics Compatibility Board to the Clinical Capability Board

VA Action Plan - Recommendation					
Steps to Implement	Lead Office	Other Offices	Tasks	Due Date	Current Status
3. Continue to roll out installation and training throughout VHA	Audiology & Speech Service	OEHRM; OIT	Issue escalated to OEHRM Functional Governance	August 2019	Proposal is being forwarded to the Non-IT/IT board for funding determination by OIT
4. Educate and train community providers on how to use the AudBase portal to submit contracted audiometric results			Continue to dialogue with OEHRM and OIT leadership regarding next steps		Submitted Multi-year Plan for OIT funding through the multi-year process to the Data and Research Analytics Board

RECOMMENDATION 2: Committee is concerned that without appropriate action, Veterans may not have adequate, affordable access to ASPS within VA medical centers. This concern is based on staffing if audiology and ASPS are not foundational services, and the cost of co-payments for ongoing SLP treatments. Committee believes that the SLP co-pay (\$50) is high relative to a Veteran’s ability to pay, especially given the number and frequency of visits for therapy typically needed for speech-related disorders.

Metric 1: Demonstrate stable staffing commensurate with number of Veterans (unique and encounters) receiving audiology and SLP services.

Action: VA recommits that the services of ASPS remain foundational services within VHA.

Timeframe: Ongoing. Committee requests annual report of staffing and encounters.

Metric 2: Cost of co-pay for ASPS.

Action: VHA ASPS investigate current copay for SLP and propose other options to remedy the high cost per session, particularly when longer-term therapy (multi-session) is needed. Consider a lower copay, comparable to that for Physical Therapy and Occupational Therapy.

Timeframe: Provide response of completed actions from Program Office to Committee by April 2019.

VA Response: Concur. For Metric 1, VHA has an aggressive schedule for establishing staffing models for all functional areas; benchmarking staffing, quality, and access at similar health care systems; developing predictive recruitment models; and identifying facilities in danger of critically low staffing levels. VHA is in the process of developing a workload-based staffing model for audiology and ASPS in Fiscal Year (FY) 2019. The best indicators of adequate staffing levels continue to be Veteran access to care and their health care outcomes.

Regarding Metric 2, pursuant to 38 United States Code (U.S.C.) 1710(g), VA cannot provide outpatient care to certain non-service connected and noncompensable service-connected Veterans unless the Veteran agrees to pay VA the applicable copayment. Further, VA is required to establish the amount of the copayments by regulation. VA has established a copayment of \$15.00 for a primary care outpatient visit, and \$50.00 for a specialty care outpatient visit. See 38 Code of Federal Regulations (C.F.R.) 17.108(c). VA regulation 38 C.F.R. 17.108(c)(2)-(3) establishes that audiology is a specialty care outpatient visit. Thus, the copayment for an audiology visit is \$50.00.

VA utilizes clinic scheduling software to manage outpatient appointments. Each clinic is set up to capture data on the care and services offered within a specific clinic, the licensure of the provider delivering the care, and to calculate costing data within the facility in order to establish their Veterans Equitable Resource Allocation (VERA). Creating and scheduling patients into the correct clinic grid is key to collecting accurate data, providing the information needed by revenue operations for accurate billing of third party insurers, and assessing first party copayments when applicable.

Changes to Stop Codes and first party billing must be carefully assessed to preserve the balance of data capture, reporting for VERA allocation, and comply with Federal law, regulation, and VA policy, as well as other factors. The Managerial Cost Accounting Office develops Stop Codes and provides the field with guidance to facilitate uniform accurate nationwide set up of the clinic scheduling grids. Each clinic grid can contain two Stop Codes (each being three digits). Developing or revising Stop Codes involves coordinated participation within several areas including Health Information and Management Service and Office of Community Care and the affected medical service to analyze and address identified considerations.

Please see the steps towards implementation on the next page.

VA Action Plan - Recommendation					
Steps to Implement	Lead Office	Other Offices	Tasks	Due Date	Current Status
<p>METRIC 1:</p> <p>1. Demonstrate stable staffing commensurate with number of Veterans receiving audiology and speech services</p> <p>2. VA recommits that the services of ASPS remain VHA foundational services</p>	National ASPS	VHA Workforce Management	<p>VHA Workforce Management to share progress on workload-based staffing models at fall advisory committee meeting</p> <p>Market assessments to be completed in partnership with local VA health care market leaders and consultants who will collectively assess VHA capabilities, community resources, and provide objectivity and external validation in collaborative application of the standardized, data-driven, principles-based methodology</p>	<p>October 2019</p> <p>October 2019</p>	<p>VHA is in the process of developing a workload-based staffing model for audiology and SLP services in FY 2019</p> <p>VA no longer designates services as "foundational." VA is designing High Performing Networks (HPN) to better meet the health needs of Veterans in terms of access, quality, outcomes, and satisfaction, per requirements outlined in the MISSION Act and the Market Area Health System Optimization initiative. Services for Veterans will be retained or improved in all HPNs</p>

VA Action Plan - Recommendation					
Steps to Implement	Lead Office	Other Offices	Tasks	Due	Current Status
METRIC 2: VHA ASPS Program Office investigate current copay for ASPS and propose other options to remedy the high cost per session, particularly when longer-term therapy (multi-session) is needed	National ASPS	VHA Community Care	<ol style="list-style-type: none"> 1. Identify root cause of copayment decision. The Stop Code Council and Copayment Board are the experts on stop codes, clinic set-up, and copayments 2. Set up a joint workgroup to analyze and evaluate copayments and to develop strategies for resolving and/or mitigating the identified copayment issues 	April 30, 2019	VHA Community Care and National ASPS are coordinating to set up joint workgroup and meeting

RECOMMENDATION 3: VA is providing blind rehabilitation services (BRS) that are more comprehensive than services in the civilian community. It is necessary to ensure adequate staffing, staff training and training equipment in order to ensure ability to provide the depth and breadth of services. New technology (e.g., adaptive devices) is being utilized by Veterans on a regular basis.

Metric 1: Determine need for acquisition of assistive technology training equipment for VA BRS providers.

Action: Conduct a needs assessment survey by end of FY 2019, Q3.

Timeframe: Provide review of assessment and updates to Committee by October 2019.

Metric 2: Address VA plan to maintain Academy for Certification of Vision Rehabilitation and Education Professionals (ACVREP) for the following disciplines: certified vision rehabilitation therapist (CVRT), certified low vision therapist (CLVT), and certified assistive technology instructional specialist (CATIS).

Action: Develop plan to strengthen partnership between universities and VA medical centers to provide internship and continuing education opportunities.

Timeline: Develop plan within 12 months and provide completed actions from Program Office to Committee by October 2019.

VA Response: Concur. VHA BRS concurs with this recommendation. Please see the below steps towards implementation.

VA Action Plan - Recommendation					
Steps to Implement	Lead Office	Other Offices	Tasks	Due Date	Current Status
METRIC 1: Determine need for acquisition of assistive technology training equipment for VA BRS providers	BRS		BRS Program Office will partner with National Program Consultants to identify providers that do not have appropriate training resources, ascertain the barriers to obtaining equipment, and collaborate with VA medical centers on procurement of equipment	4th Quarter, FY 2019	1. Utilized Survey Monkey, created a needs assessment, and disseminated to the field for response 2. Analyzing results (135 responses, 52 percent of BRS survey respondents do not have access to VA-issued iPhones and iPad for providing direct patient care)
METRIC 2: 1. Address VA plan to maintain ACVREP for the following disciplines: CVRT, CLVT, and CATIS	BRS	Patient Care Services, Employee Education System (EES), National Veterans Sports Program	Partner with Northern Illinois University (NIU) to create a statement of work for education training services and secure funding. Training may result in an employee's ability to pursue Certified Assistive Technology Instructional Specialist (CATIS) certification	4th Quarter, FY 2019	2nd Quarter, FY 2019: created Scope of Work between NIU and VA, conducted cost benefit analysis, determined method for implementation; submitted conference package for review

<p>2. Coordinate ongoing training for VA BRS Staff</p>			<p>Upon conference approval, partner with EES to facilitate and deploy National Blind Rehabilitation Conference in conjunction with Blinded Veterans Associations Annual National Convention</p> <p>Disseminate knowledge, evidence-based practice, and relevant topics on monthly BRS Webinars</p> <p>Expand opportunities to obtain ACVREP educational credit by partnering with Office of Patient Care Services and other VHA offices to support Webinars</p> <p>Develop and implement a Blind Rehabilitation Outpatient Specialist (BROS) training course</p>		<p>Ongoing: BRS Webinars occur once per month</p> <p>Ongoing: BRS notifies providers of Adaptive Sports Grand Rounds & Telerehabilitation Webinars</p> <p>BROS training course implemented</p>
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RECOMMENDATION 4: There are several services that provide benefit to disabled Veterans, but VA clinicians are not effectively made aware/educated about these services. This results in sub-par referrals for these services for Veterans who would benefit from them.

Metric 1: Increase referrals from targeted VA health care providers to the programs and develop metric for tracking.

Action: Increase education/awareness of adaptive sports programs and recreation therapy services/programs to VA clinicians who routinely see Veterans with the types of injuries/illness that would benefit from the services (e.g., Primary Care, Neurology, Physical Medicine & Rehabilitation, Physical Therapy, Occupational Therapy, Recreation Therapy).

Timeline: Provide response of completed actions from Program Office to Committee by October 2019.

Metric 2: Increase referrals from targeted VA healthcare providers for appropriate 3D printing services and develop metric for tracking.

Action: The VHA 3D Printing Advisory Committee develop a plan for most effective way to disseminate the 3D printing capabilities and program efforts to front line clinical staff, including in non-tertiary sites. Consider a VA-wide campaign or other method to broadly disseminate information.

Timeline: Provide completed assessment and update regarding initiation of plan to Committee by October 2019.

VA Response: Concur. VHA concurs with this recommendation. Please see the below steps towards implementation.

VA Action Plan–Name of Recommendation						
Steps to Implement	Lead Office	Other Offices	Tasks	Due Date	Current Status	Contact Person
METRIC 1: 1. Increase referrals from targeted VA health care providers to adaptive sports programs and recreation therapy programs and develop metric for tracking	National Veterans Sports Program & Special Events (NVSP&SE)	VA EES	1. Develop and establish Memorandum of Agreement (MOA) with VA EES	November 1, 2018	Completed	

2. Create planning committee to establish content for providers	NVSP&SE	EES, Recreation Therapy, Physical Therapy, Occupational Therapy, Nursing, Physical Medicine, and Rehabilitation	Establish multi-disciplinary planning committee and schedule regular meetings	November 15, 2018	Completed	
3. Offer Adaptive Sports and Therapeutic Arts Grand Rounds	NVSP&SE		Find appropriate medium/platform to present; recruit speakers; and seek accreditation for continuing education	January 1, 2019	Pending	
4. Conduct outreach on national calls or at national conferences to expand awareness	NVSP&SE	Blind Rehabilitation Recreation Therapy	Coordinate to speak on national program office calls; evaluate if benefit to speaking at national conferences	September 30, 2019	In progress	

5. Propose Healthcare Analysis and Information Agreement (HAIG) review of VHA Recreation Therapy Service	Recreation Therapy Service	HAIG	Discuss with HAIG Office steps to evaluate and report on the current state of Recreation & Creative Arts Therapy	2nd Quarter, FY 2019	Completed	Identify: services provided across VHA; scope of practice and privileging; staffing and vacancies; challenges/ barriers to providing services; utilization of coding work; and outcome measures
			Propose HAIG Review	3rd Quarter, FY 2019	Preparing proposal	Submit application to HAIG
			HAIG selection for FY 2020 program reviews	3rd Quarter, FY 2019	Pending	

METRIC 2: Create a 3D printing email list-serve	Innovations Ecosystem	VHA 3D Printing Work Group	Review draft Communications Plan with VHA (RPS, Innovations Ecosystems)	March 1, 2019	In progress	Enroll interested staff; create a weekly email report
1. Develop a monthly 3D printing Grand Rounds	Innovations Ecosystem	EES, VHA 3D Printing Work Group	Develop program	September 15, 2019	In progress	Determine topics for training; recruit presenters
2. Convene face-to-face meeting of VHA 3DP Work Group	RPS, Office of the Deputy Under Secretary for Health for Operations and Management	VHA 3D Printing Work Group	Include elements of this metric in agenda for meeting	May 1, 2019	In planning	Finalize agenda and task assignments
3. Create a toolkit for facility Public Affairs Officers	Ecosystem		Provide background information on the 3D printing network	July 1, 2019	In progress	Create list of subject matter experts and 3D printing resources; create standard operating procedures for requesting 3D printing services