

**Meeting of the
VA Advisory Committee on
Prosthetics and Special-Disabilities Programs**

April 18 – 19, 2023

Chair: Brigadier General Arthur F. “Chip” Diehl, III

Rules of Engagement

- This meeting is hybrid; we will meet in person, however there are also Committee members as well as the public who are joining via WebEx conferencing.
- This meeting is open to the public; the public will join via WebEx.
- This meeting is being recorded.
- To avoid disruption during the meeting, please remain muted until prior to speaking or presenting.
- If you are not speaking, please make sure your mic is muted. This will minimize background noise while others are speaking. Also, do not place your phones on HOLD as this may prompt hold music or other disruptive noise.



Rules of Engagement Continued

- Committee members will direct their questions to the Chair, who will identify the member(s) for the record. Members must identify themselves before commenting; please state your full name.
- No time has been allocated for receiving oral presentations from the public. Opportunity for advance written statements from the public was available, however none were received.
- Hearing and visual accommodations:
 - ❖ Closed captioning.
 - ❖ Presenters will describe any charts, graphs, or images.



VA Secretary's Strategic Goals and Priorities

Strategic Goals:

- Goal 1: Veterans choose VA for easy access, greater choices, and clear information to make informed decisions
- Goal 2: Veterans receive timely and integrated care and support that emphasizes their well-being and independence throughout their life journey
- Goal 3: Veterans trust VA to be consistently accountable and transparent
- Goal 4: VA will modernize systems and focus resources more efficiently to be competitive and to provide World Class capabilities to Veterans and its employees

Priorities:

- Timely world-class healthcare
- Getting Veterans through the pandemic
- VA welcomes all our Veterans
- Eliminate Veteran homelessness
- Reducing Veteran suicide

VHA Under Secretary for Health Principles & Priorities

Principles:

VA delivers timely, world-class health care and earned benefits to Veterans and their families, employing four fundamental principles:

- Access
- Advocacy
- Outcomes
- Excellence

Priorities:

- Hire faster and more competitively
- Connect Veterans to the soonest and best care
- Serve Veterans with toxic exposures
- Accelerate our journey to High Reliability
- Support Veterans' whole health, their caregivers, and survivors
- Prevent Veteran suicide



Federal Advisory Committee Act 101

What is the Federal Advisory Committee Act (FACA)?

The Federal Advisory Committee Act is a Federal statute that governs the **establishment, termination and management** of Federal Advisory Committees (FAC). Enacted to promote openness and **transparency** and **accountability** to regulate the number and duration of FACs.

When does FACA apply?

FACA applies to all groups with at least one non-Federal employee established or utilized by an agency to obtain advice or recommendations, unless an exception applies.

What are Federal Advisory Committee requirements?

- Signed/filed Charter;
- Designated Federal Officer (DFO);
- Public meetings with agenda announced in Federal Register 15 days in advance of the meeting and an opportunity for public to speak or submit written comments;
- Balanced membership; and
- Records maintained and available for public inspection.



Federal Advisory Committee Act 101

What constitutes a Federal Advisory Committee (FAC) meeting?

- A published Federal Register Notice of Meeting
 - Open, Closed or Partially Closed
- A Designated Federal Officer (DFO)
- A FACA Committee that:
 - Meets in-person, virtual or through tele- and video-conference
 - Provides advice or recommendations
- A quorum unless otherwise established in the Committee's charter or legislation.
 - Majority (more than one half) of the committee's authorized membership including ex-officio members (i.e. 50% plus one)
- An approved agenda



Federal Advisory Committee Act 101

What constitutes a “closed” meeting?

FAC meetings may also be closed in whole or in part under limited circumstances, such as when discussing trade secrets, personal information, and criminal matters.

Per FACA, there are three common exemptions to “close” a meeting:

- Discussion of classified information
- Reviews of proprietary data submitted in support of Federal grant applications (i.e., research committee)
- Deliberations involving considerations of personal privacy (i.e., Veterans’ PII, VA Medical Center tours, etc.)

Note: OGC must concur on the meeting closure.



Federal Advisory Committee Act 101

May FACs ever meet privately?

Yes. According to the FACA Final Rule, FACs can conduct two types of work without a public meeting:

1) Preparatory work.

- a) Two or more Committee or Subcommittee members gather to solely gather information, conduct research, analyze relevant issues, facts in preparation for a FAC meeting or to draft papers for deliberation by FAC; and
- b) Since this isn't a FAC meeting, a submission to the Federal Register is not required.

and

2) Administrative work. Two or more Committee members gather to discuss administrative matters of the FAC.



Federal Advisory Committee Act 101

What are “Administrative” Calls?

During an administrative call, the Committee members are allowed to discuss the following:

- ✓ Conduct FACA 101 session with Jeffrey Moragne (15 to 20 minutes)
- ✓ Conduct Ethics Training session
 - Using Ethics Training slides (30 to 45 minutes)
 - Ensure members take the VA OGC Ethics Training for Special Government Employees located at: <https://www.va.gov/OGC/docs/SGE/10.html>
- ✓ Provide / Obtain the SGE Self-Certification Statements from members
- ✓ Review, discuss, complete Financial Disclosures form 450s, if applicable
- ✓ Vendorize Committee member in VA systems, if needed
- ✓ Discuss research (i.e. what to include on the agenda, SMEs, topics)
- ✓ Finalize meeting agenda
- ✓ Finalize travel plans
- ✓ Finalize meeting logistics (i.e. date, location, number of days)

However, they are **not allowed to engage in discussing any REPORTS or RECOMMENDATIONS.** **This is not a regular FAC meeting.**



Federal Advisory Committee Act 101

Can Committee Members testify/speak on Federal Advisory Committee matters?

PERMISSIBLE

- If asked to testify, you may speak about FAC matters only in your personal capacity.
- Your testimony should clarify that you are providing your personal opinion and are not speaking on behalf of VA or the FAC.
- As a courtesy, we appreciate you informing the FAC's DFO if you are going to testify.

MISCONDUCT

- Federal Advisory Committee members do not have authority to testify on behalf of the Committee and do not speak for VA.
- Since you are acting in your personal capacity if you testify or speak, VA cannot not reimburse you for expenses or pay a stipend.



Federal Advisory Committee Act 101

VA Federal Advisory Committee Best Practices

- ✓ Master Your Committee Calendar...plan 18 months of committee meetings in advance during the next meeting or an administrative call
- ✓ Know your role:...understand the Committee's Charter and guidance located in the VA Committee Members Handbook
- ✓ Subcommittees...formally establish these groups in accordance with the VA guidance to do the heavy lifting on research and assist with drafting recommendations
- ✓ Meeting Mechanics...dedicate meeting time to discuss individual presentations and how they connect to the Committee's advice/recommendations
- ✓ Cross Committee Collaboration...use your Subcommittee to engage other FACs
- ✓ SMART Template...use the template to achieve better results
- ✓ VA Library Services...use this service for data and information searches
- ✓ Subject Matter Experts...recommend stakeholders for the Committee to engage
- ✓ Annual Field Visits...do field visits and Capitol Hill meetings to better understand Veterans, Caregivers, Survivors, Stakeholders and VA Employees challenges
- ✓ FACA and Ethics questions...ask your Designated Federal Officer for guidance



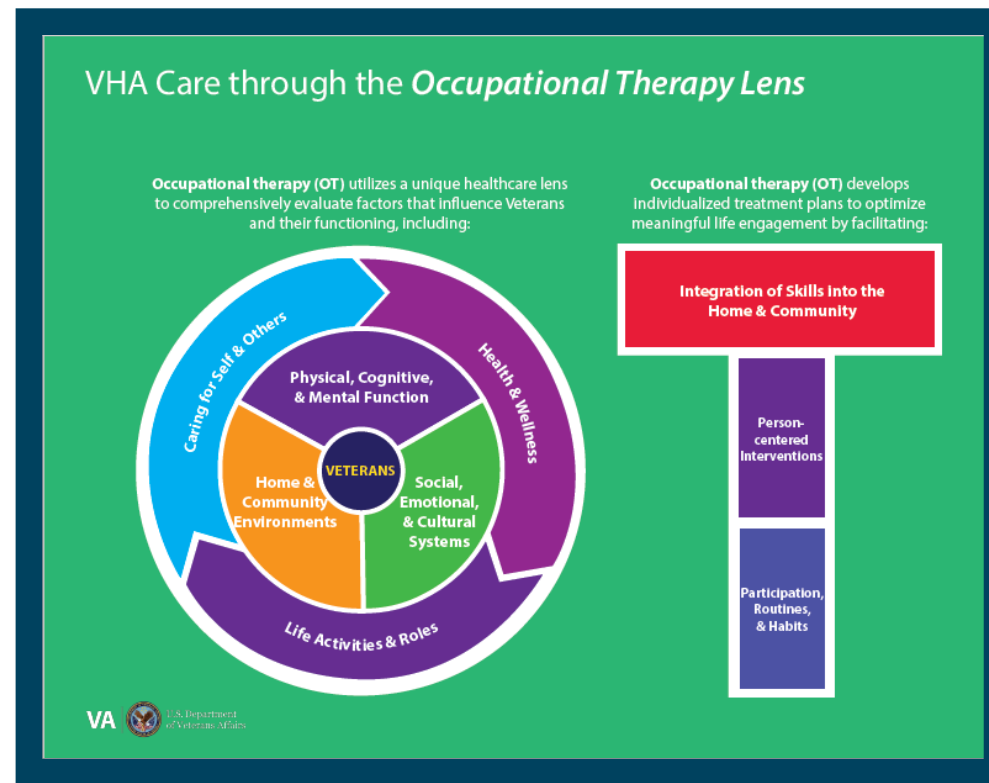
VETERANS HEALTH ADMINISTRATION

Occupational Therapy Program Office

Presentation for: Federal Advisory Committee on
Prosthetics and Special-Disabilities Programs
Presented by: Frederica O'Donnell, OTD, OTR/L
Date of briefing: April 18, 2023

Bottom Line Up Front

- Occupational therapy (OT) has a unique healthcare lens to comprehensively evaluate and treat Veteran function and transition them successfully back to the home and the community.
- OT is an essential provider to support mental health care in VHA



Occupational Therapy and Social Determinants of Health



OT has a direct impact on everyday life occupations for persons, groups, and populations (AOTA, 2020). OT's role is also to tackle the social drivers that influence occupational engagement, participation, and overall health and well-being.



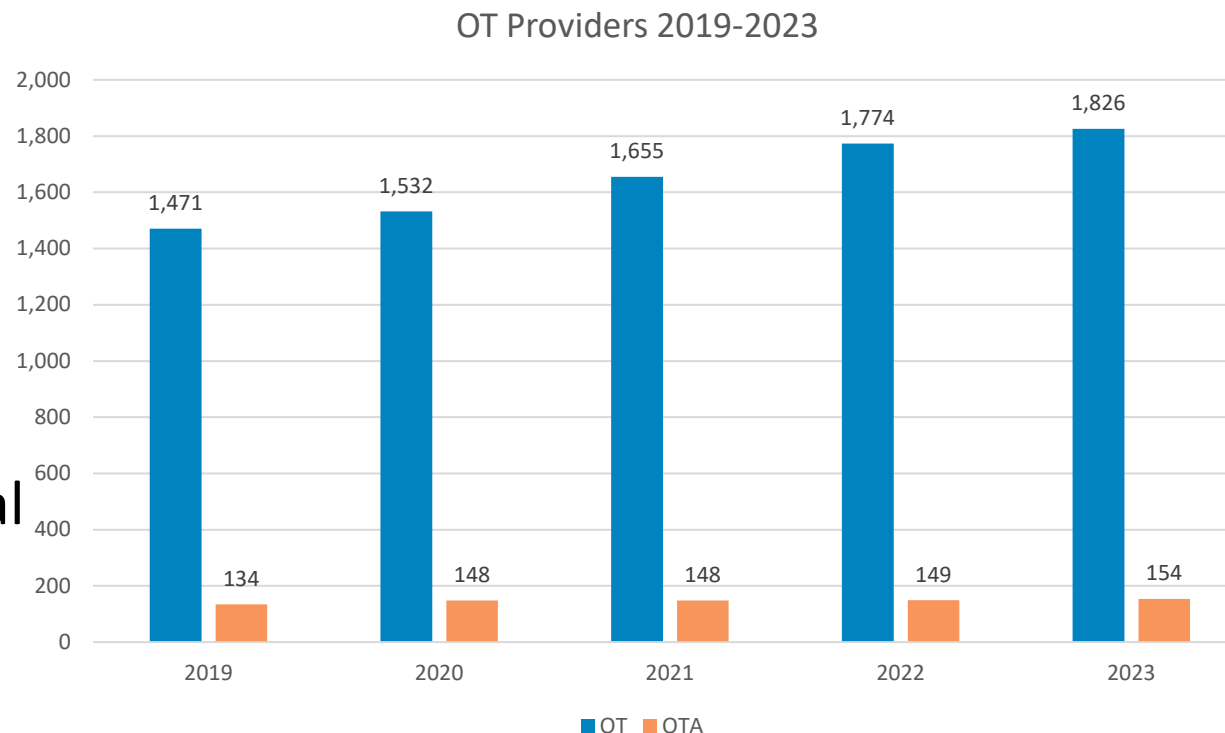
Choose **VA**

VA

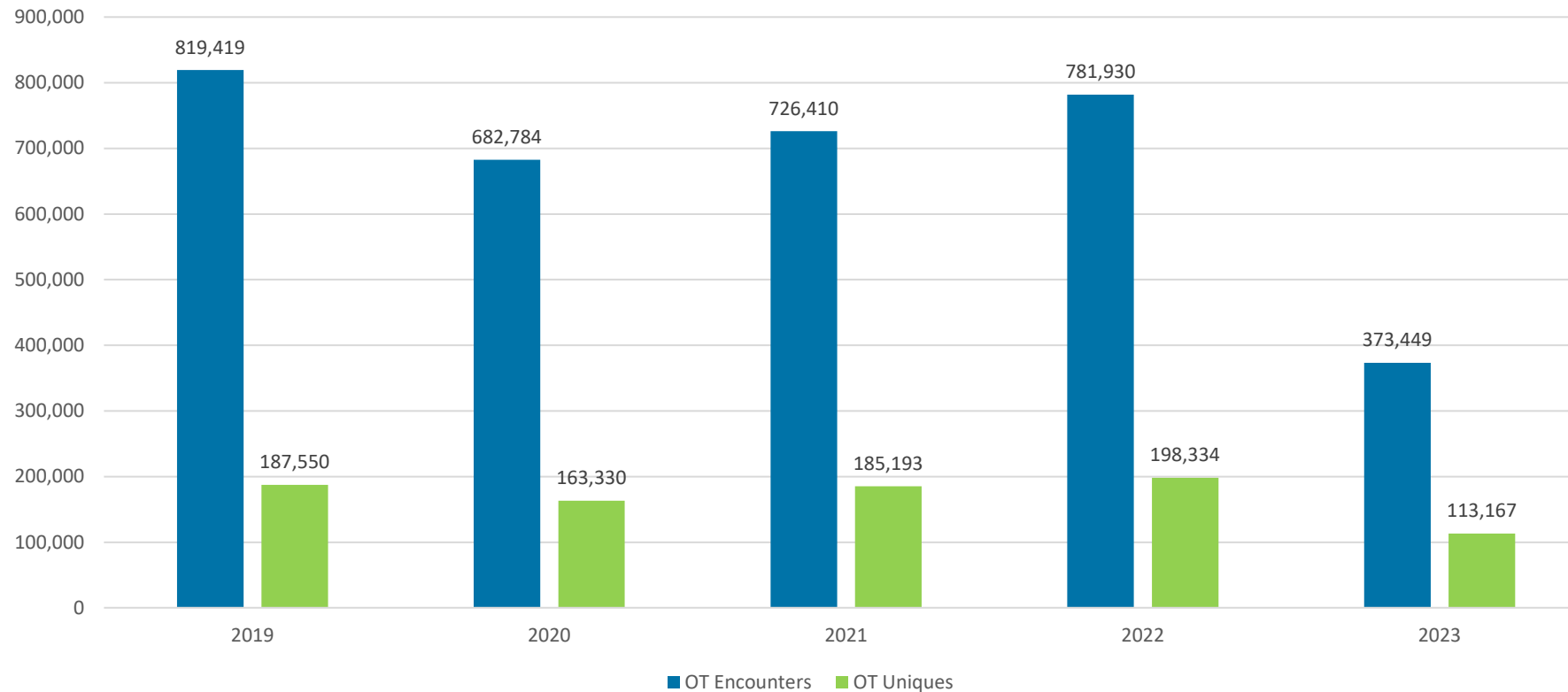


U.S. Department
of Veterans Affairs

There are currently 1,980 occupational therapists and occupational therapy assistants in VHA working in a variety of areas outside of PM&RS, such as Mental Health, Homeless Program Office, and Caregiver Support Program.



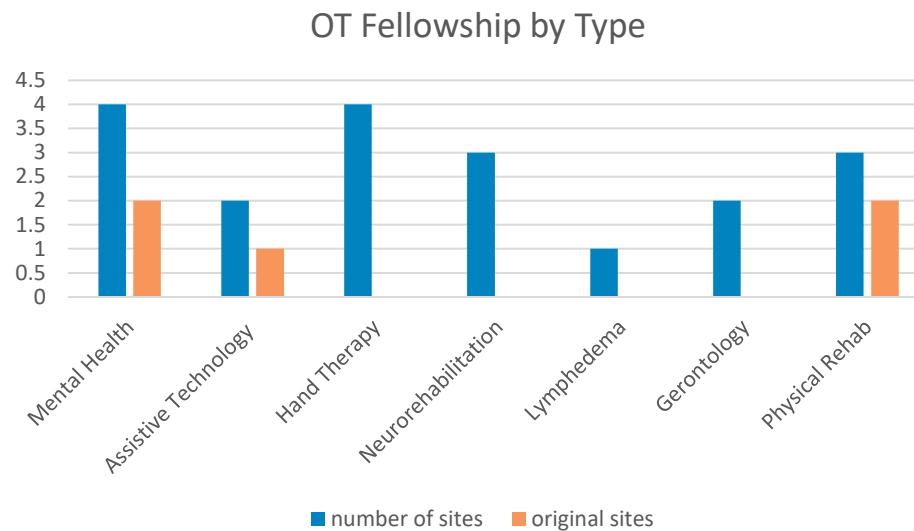
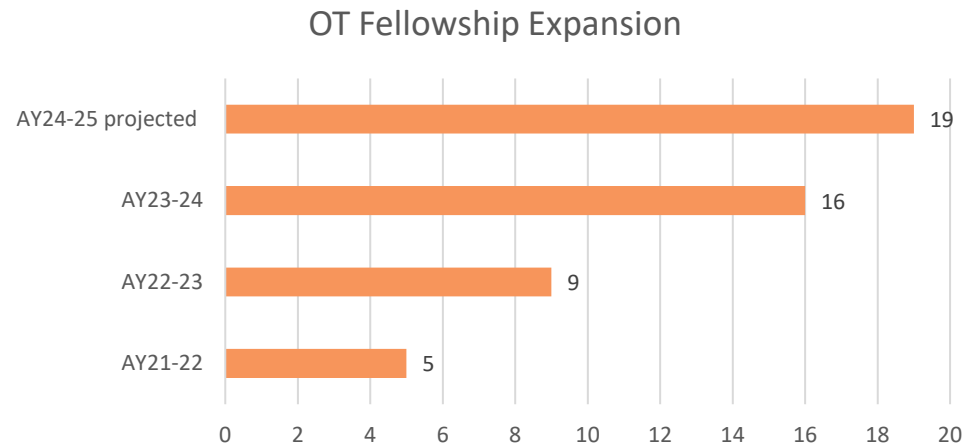
OT Encounters and Uniques 2019-2023



Current access is 18.8 days for an OT Eval and 7% of all OT encounters this FY are virtual.



OT Fellowship expansion



Fellowship programs assist in hiring staff faster and competitively and promote best practice in OT.

FY23 Initiatives

Prevent Veteran Suicide

- OTs completing suicide screens
- Providing OT mental health services for high-risk Veterans

Decrease Veteran Homelessness

- ORH grant to provide OT services earlier during transitional housing in VISN 19
- Expand use of OTs on HUD-VASH teams

Drive equity for LGBTQ+ Veterans

- OT and prosthetics to provide gender affirming prosthetic devices

Increase accessibility for Veterans

- Streamlining virtual home evals with VBA

Support Active Duty Service Members transitioning to Veteran status

- OT referrals from M2VA (Military to VA)

TBI as a chronic condition

- Use of Lifestyle Redesign with Veterans with TBI

Challenges, Opportunities, and the Way Forward



Increase Veteran access to all OT services



Complete expansion of OT Fellowship programs



Expanding the role of OT in mental health for high-risk Veterans



Continue to educate VHA on the unique healthcare lens of OT



Choose **VA**

VA



U.S. Department
of Veterans Affairs

April 2023 | VA Celebrates

Occupational Therapy Month

*Occupational Therapy
brings possibilities to life.*

VA



U.S. Department
of Veterans Affairs



Choose 

VA



U.S. Department
of Veterans Affairs

VETERANS HEALTH ADMINISTRATION

Physical Therapy Services

Presentation for: Federal Advisory Committee on
Prosthetics and Special-Disabilities Programs

Presented by: Mark Havran, DPT, ATC, CSCS
Physical Therapy Executive, RPS

Date of briefing: April 18, 2023



Choose **VA**

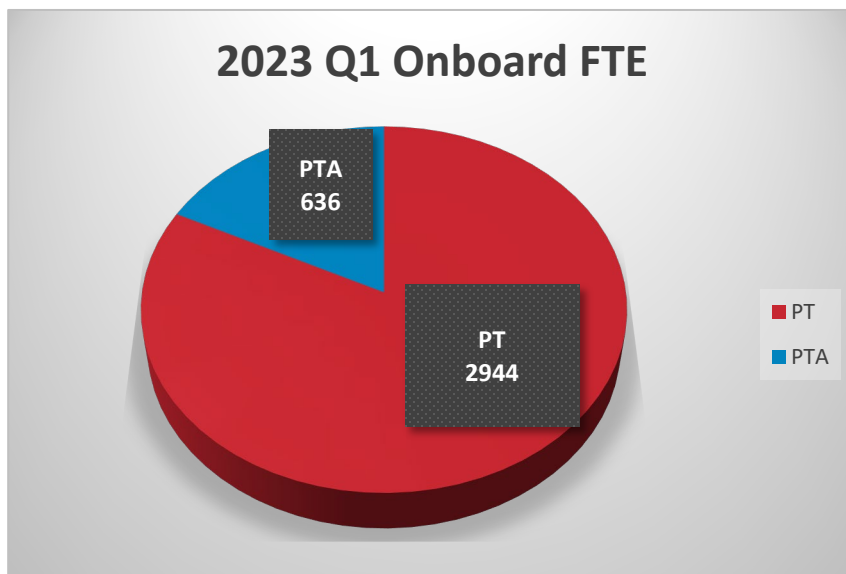
VA



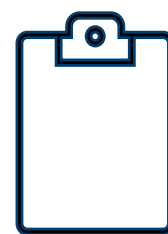
U.S. Department
of Veterans Affairs

Bottom Line Up Front

- Delivery of Services:
 - Clinic (Acute/Outpatient) Medical Centers, Community Living Centers, and Community Based Outpatient Clinics
 - Patient Aligned Care Teams (Primary Care and Geriatrics, Women's Health, Home Care, Emergency Dept, Spinal Cord Injury)
 - Virtual Services (Clinical Resource Hub, Clinical Contact Centers, Referral Coordination, Virtual Reality)



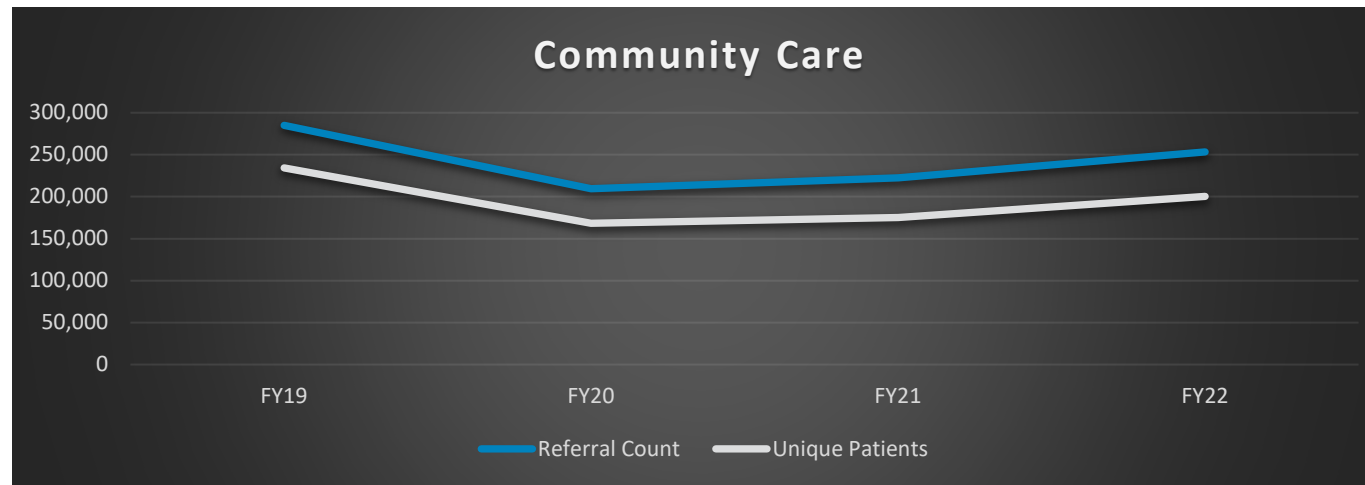
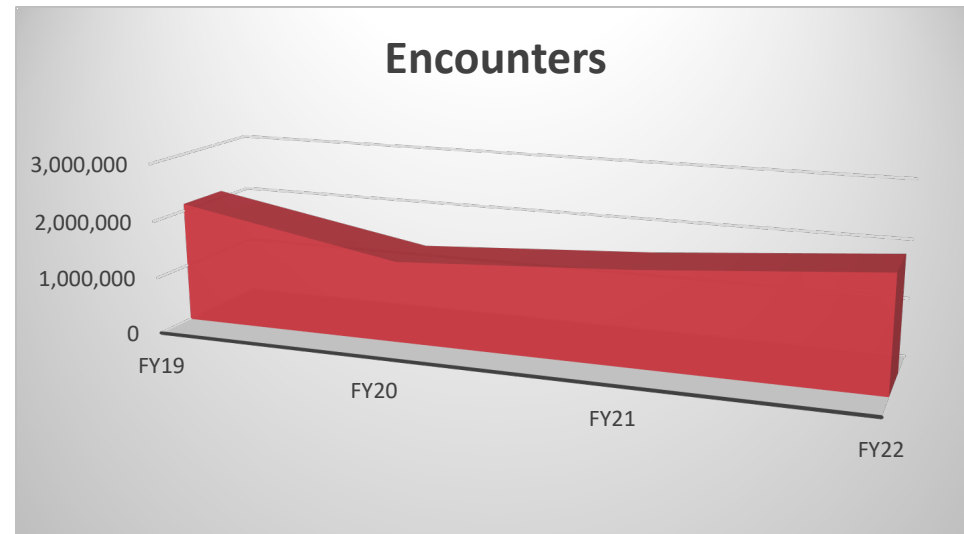
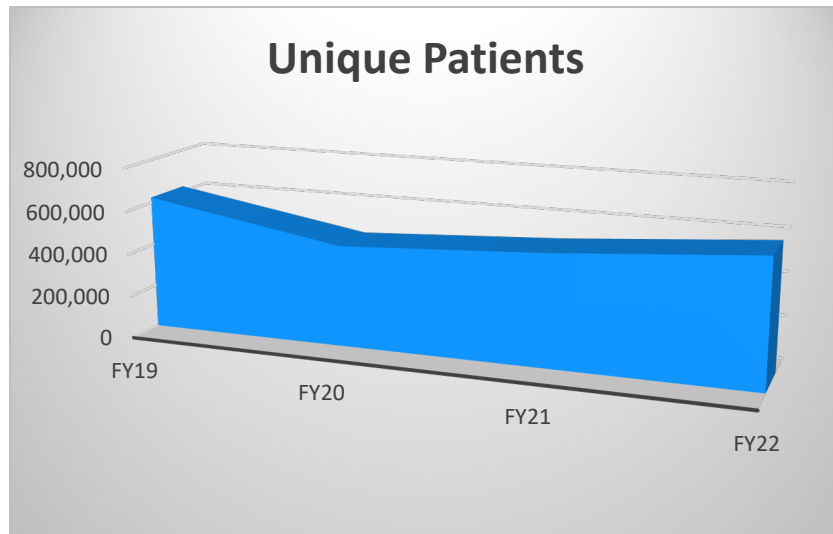
PT Organizationally Aligned at VAMCs



PMR (68%)
GEC (17%)
SCI (4%)
PC (3%)
Pain (3%)
Research (<1%)
Other (4%)

*2016 HAIG Survey
Implementing a new Survey FY23

Bottom Line Upfront



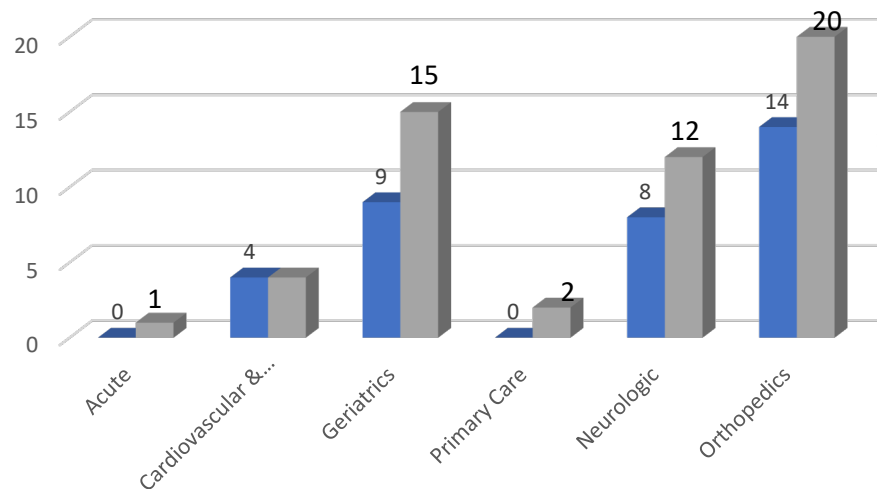
Accomplishments

- **Embedding PT into Primary Care Patient Aligned Care Teams**
 - Office of Healthcare Innovation and Learning Implementation
 - Goal: To implement Physical Therapy in PACT in at least one location (VAMC or CBOC) in every VA Health Care System by 04/01/2025
 - Successfully implemented in 51 facilities
 - FY23 goal is to implement at 80 additional facilities
- **Enhancing Pelvic Health Across the Continuum and Care Access**
 - Sites selected to be trained, and educated in pelvic health programming (18 sites thus far)
 - Collaboration with Women's Health for rehab therapists embedded into Women's Health clinics
 - Qualitative and Quantitative data gathering to identify current gaps in coverage
- **Center for Payment Innovation**
 - Beginning Virtual Reality Pilot

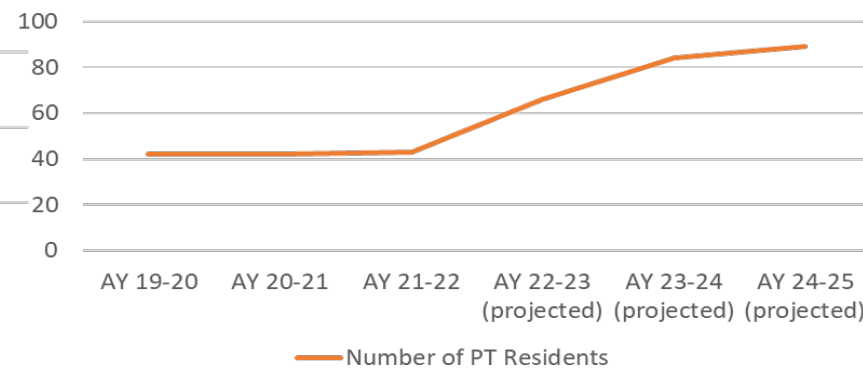


Accomplishments

- **Biopsychosocial PT Pain Mentorship**
 - Mentors training Rural Sites in Biopsychosocial model of care
 - FY22/23 sites- Hawaii, Alabama, Texas, Montana, and Oregon
 - Collaborating with Pain office as they have an initiative to embed PT and Psychologists into Pain Programs
- **35 PT Residency Programs Accredited with expansion to 54 by Academic Year 2025**



Future Expansion of PT Residency Programs



Challenges and the Way Forward

- **Supply vs Demand- Enrollee Health Care Projection Model**
 - PT to see an 86% increase in utilization FY21 to FY25
 - By FY25, only 37% of PT workload will be performed In-House
 - **How to meet Supply & Demand**
- **Recruitment & Retention**
 - Pay Challenges
 - Qualification Standard Revision or /Title 38 Consideration
 - Healthcare Scholarship Program for Rural Area Equity and Access
 - **How to improve Recruitment & Retention**
- **Limited Residency Programs to meet future demand**
 - Women's Health, Pain, Primary Care
 - **How to Expand with Office of Academic Affiliations**
- **Expanding Clinical care outside of VAMCs**
 - **Increased use of virtual technology, Community Base Clinics**





VA
HEALTH
CARE

Defining
EXCELLENCE
in the 21st Century

National Spinal Cord Injuries and Disorders Office

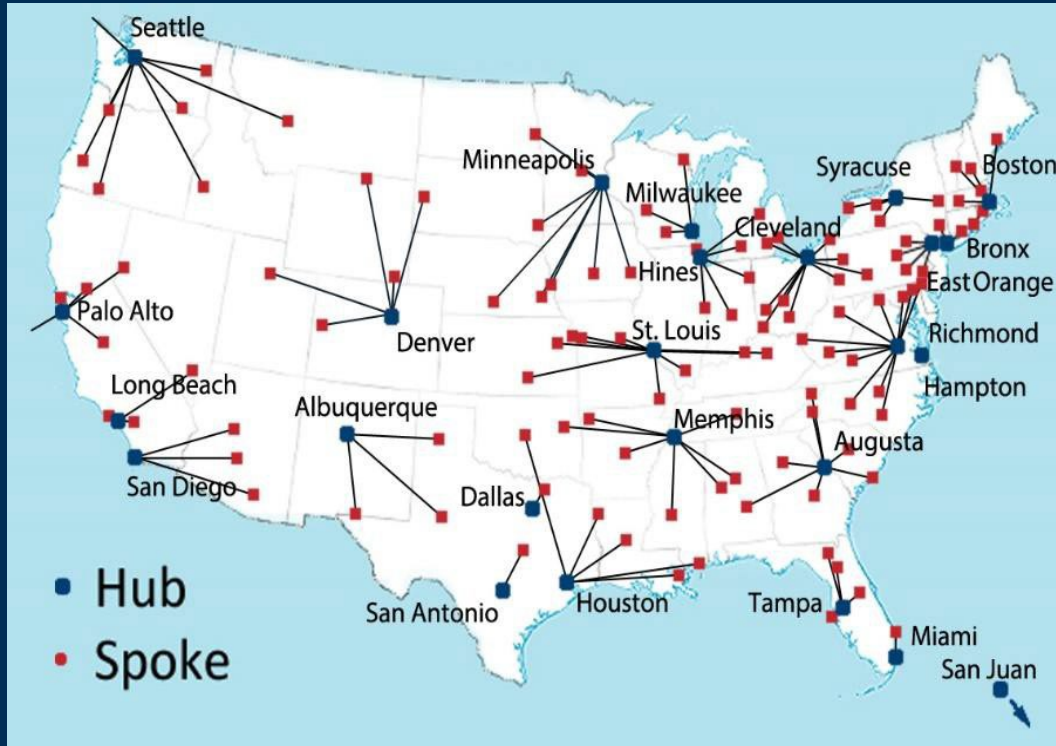
Advisory Committee On Prosthetics and Special Disabilities Programs



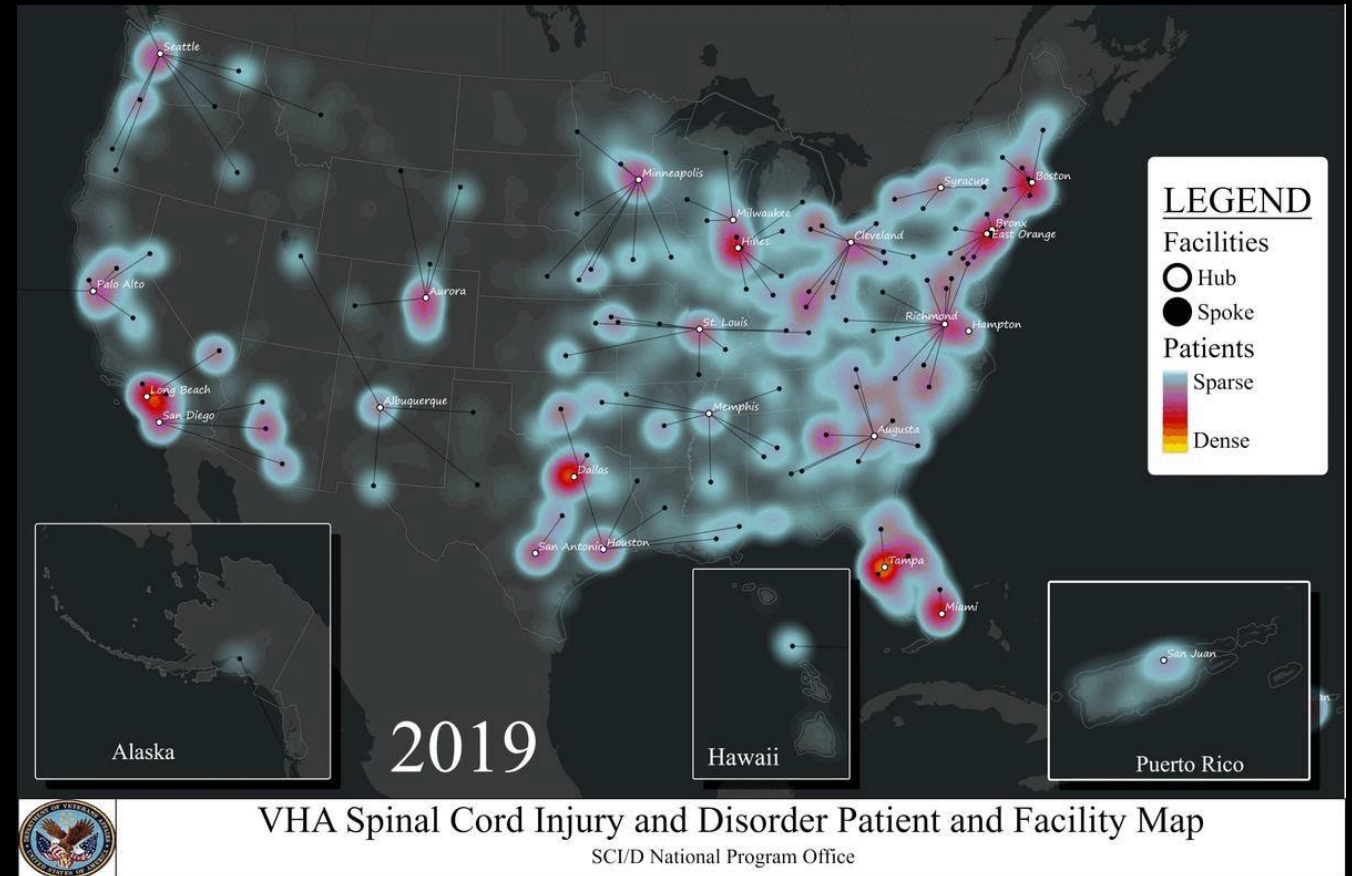
I. Manosha Wickremasinghe, MD (Executive Director)
Presented by: Barry Goldstein, MD, PhD (Deputy Executive Director)

April 18. 2023

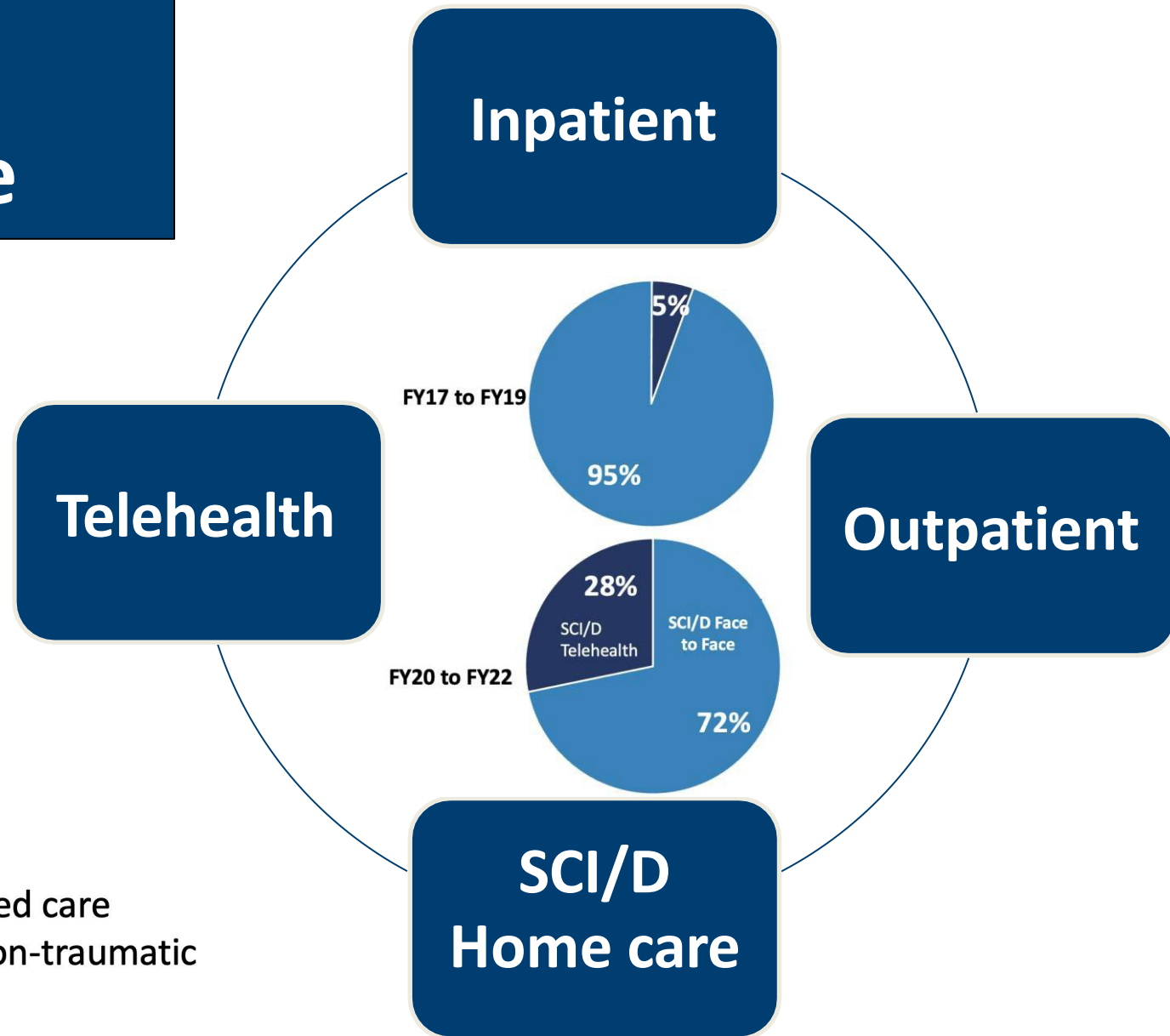
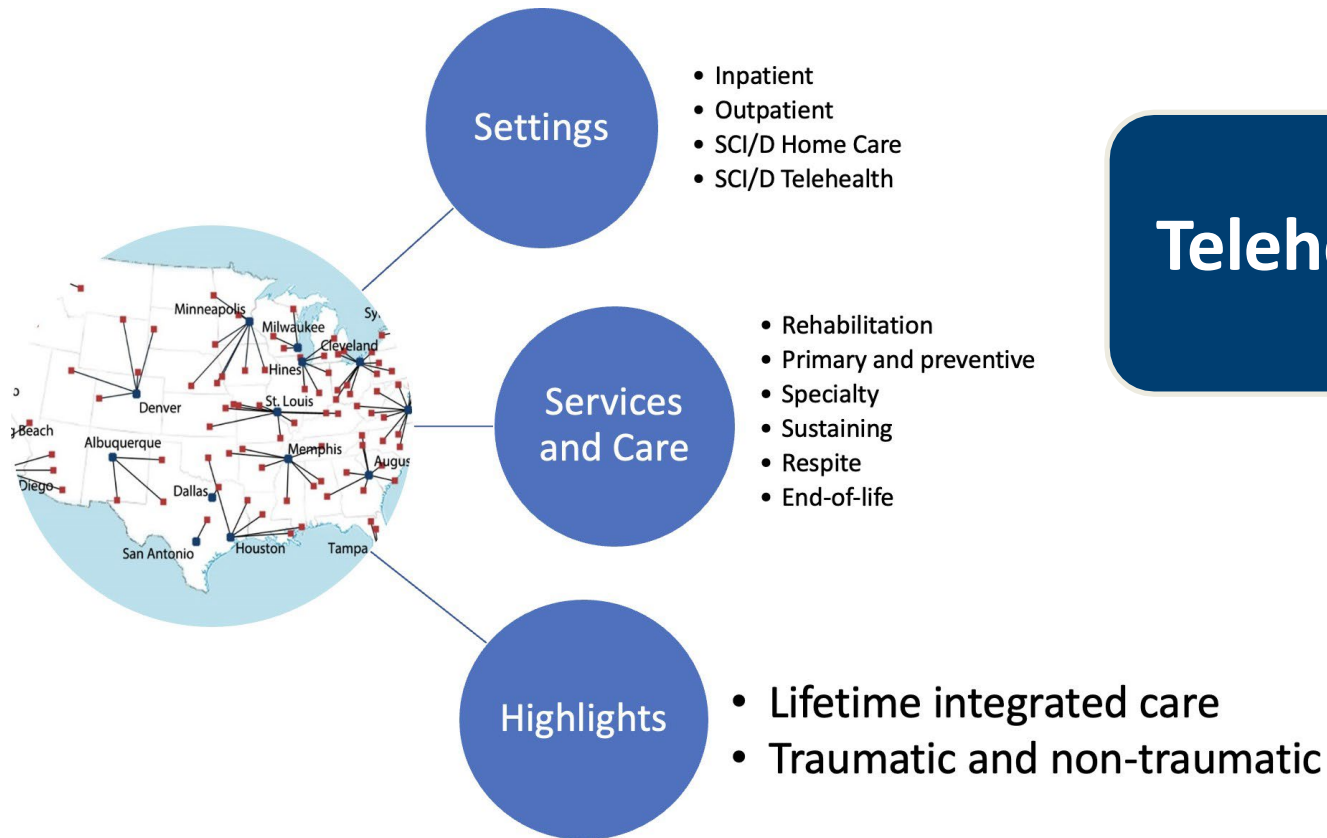
VA SCI/D System of Care



SCI Model Systems

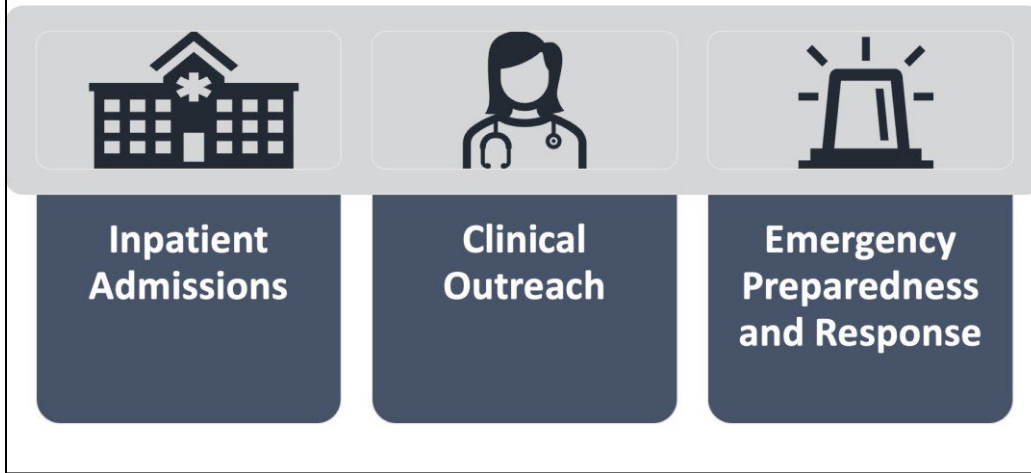


Lifelong Services, Resources, and Care

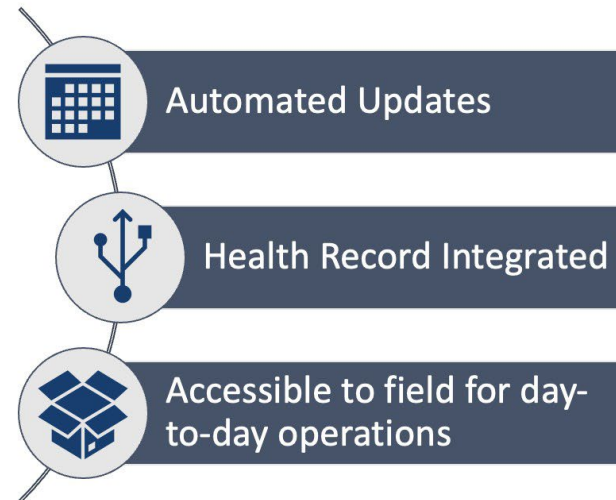
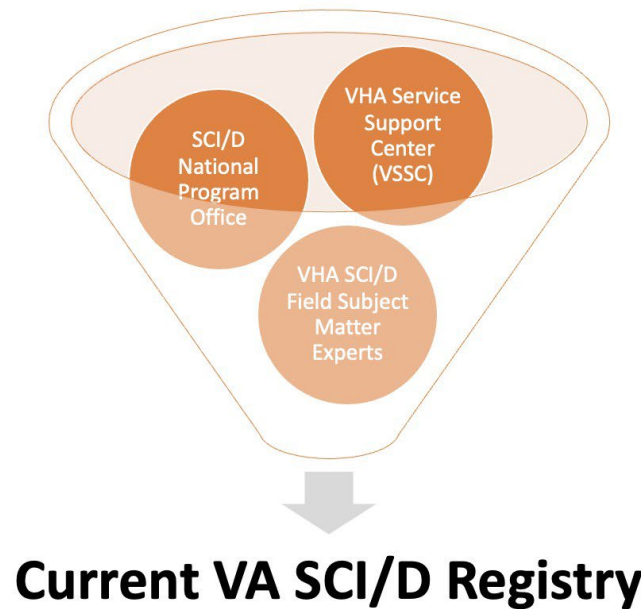
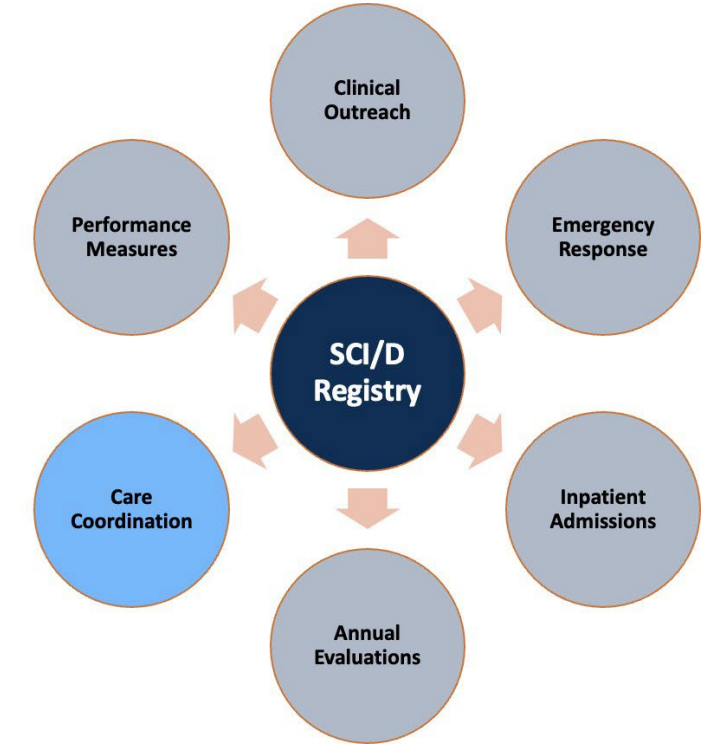


SCI/D Registry

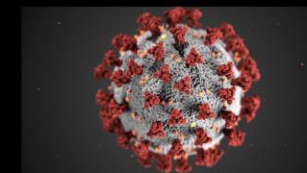
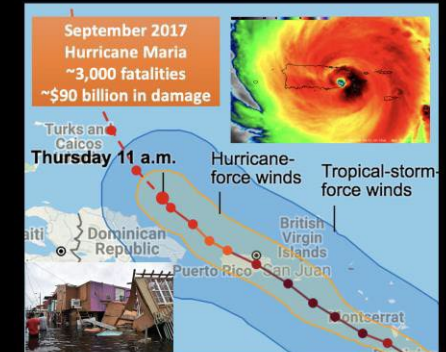
SCI/D Registry in Daily Operations



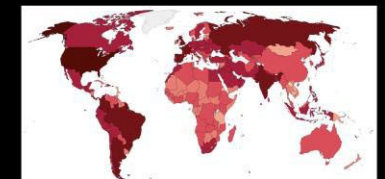
Diagnosis	Veterans
Traumatic and Non-Traumatic SCI/D	16,878
Multiple Sclerosis	4,678
Motor Neuron Disorders	1,377
Total	22,933



Emergency preparedness and response

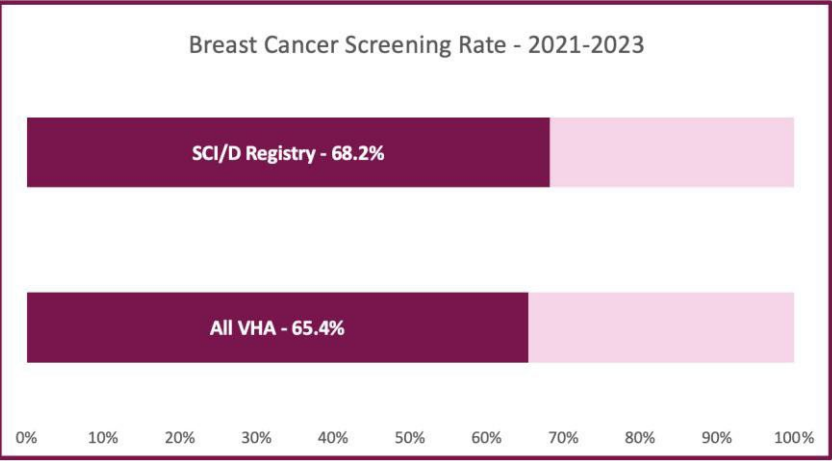


**December 2019 - ?
Coronavirus pandemic**



Making Advances in Mammography and Medical Options for Veterans Act (MAMMO Act)

Breast Cancer Screening in SCI/D and VHA



Females aged 52-74 screened via mammography during past 27 months

Must conduct a study on accessibility of the imaging equipment for Veterans diagnosed with SCI/D/similar disabilities.

Report on study findings is due to Congress 6/7/2024.

Workgroup: SCI/D, Diagnostics/Radiology, Women's Health, Rehabilitation and Prosthetic Services, Neurology, Healthcare Environment and Facilities Program (Safe Patient Handling and Mobility), Construction and Facilities Management, and Rural Health



ChooseVA

Concerned about your breast cancer risk?

VA offers state-of-the-art breast care.

BREAST CANCER SCREENING

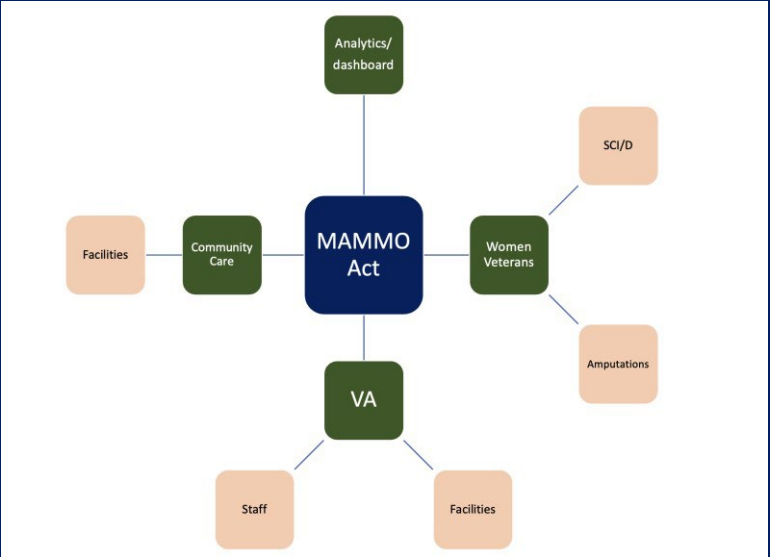
CANCER TREATMENT

GENETIC COUNSELING & TESTING

CARE COORDINATION

Talk to your Women's Health provider today.

Breast Cancer Screening: MAMMO Act Section 105



FY 2023 Initiatives

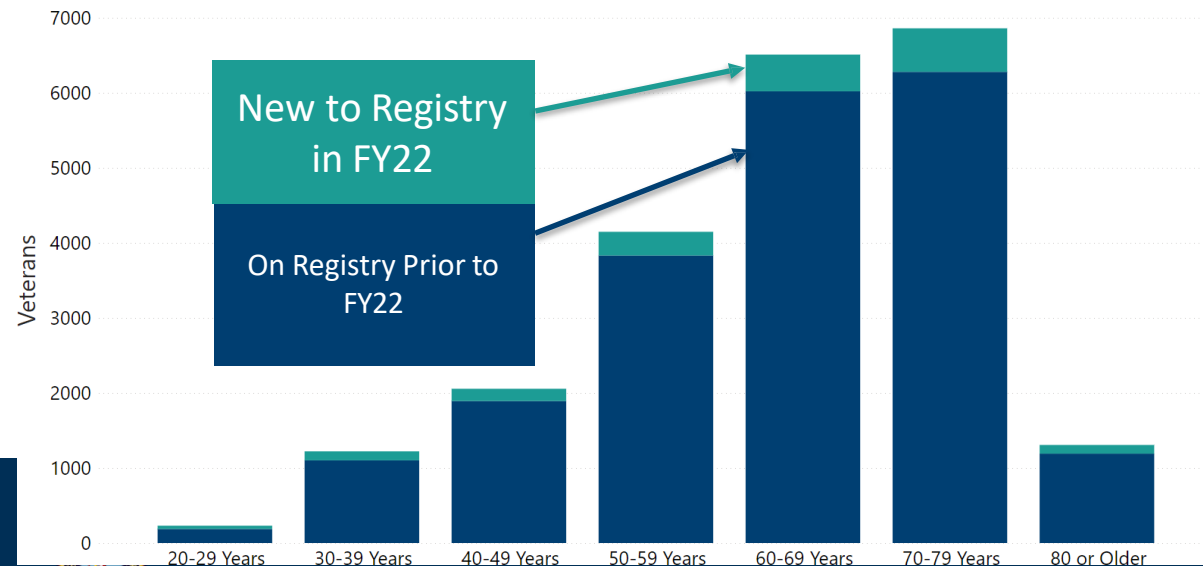
SCI/D Home Care

- 2,200 Veterans per year
- Based in SCI/D Centers

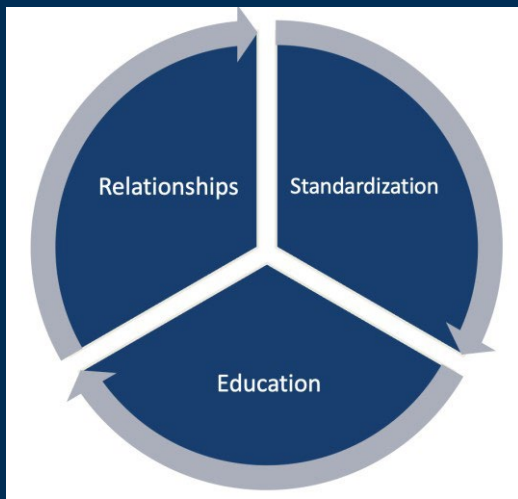


SCI/D HC Expansion

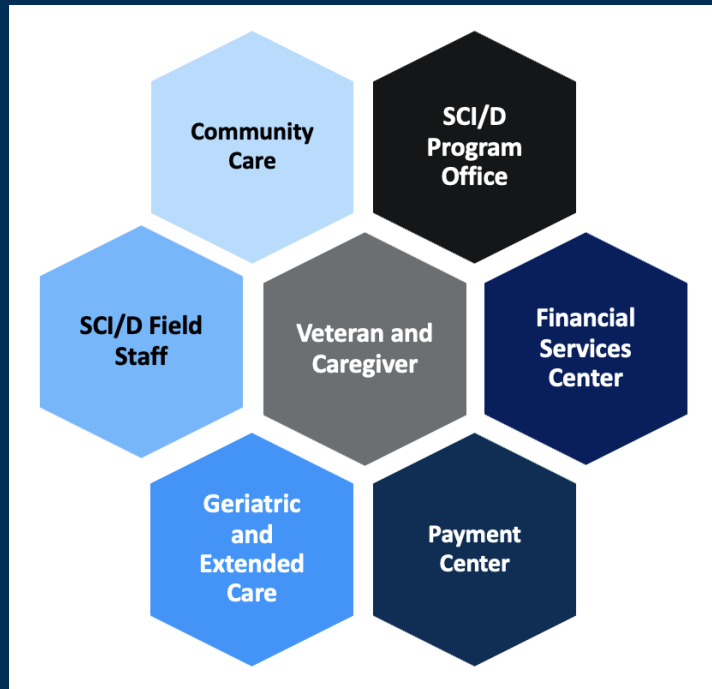
Age of Veterans on SCI/D Registry



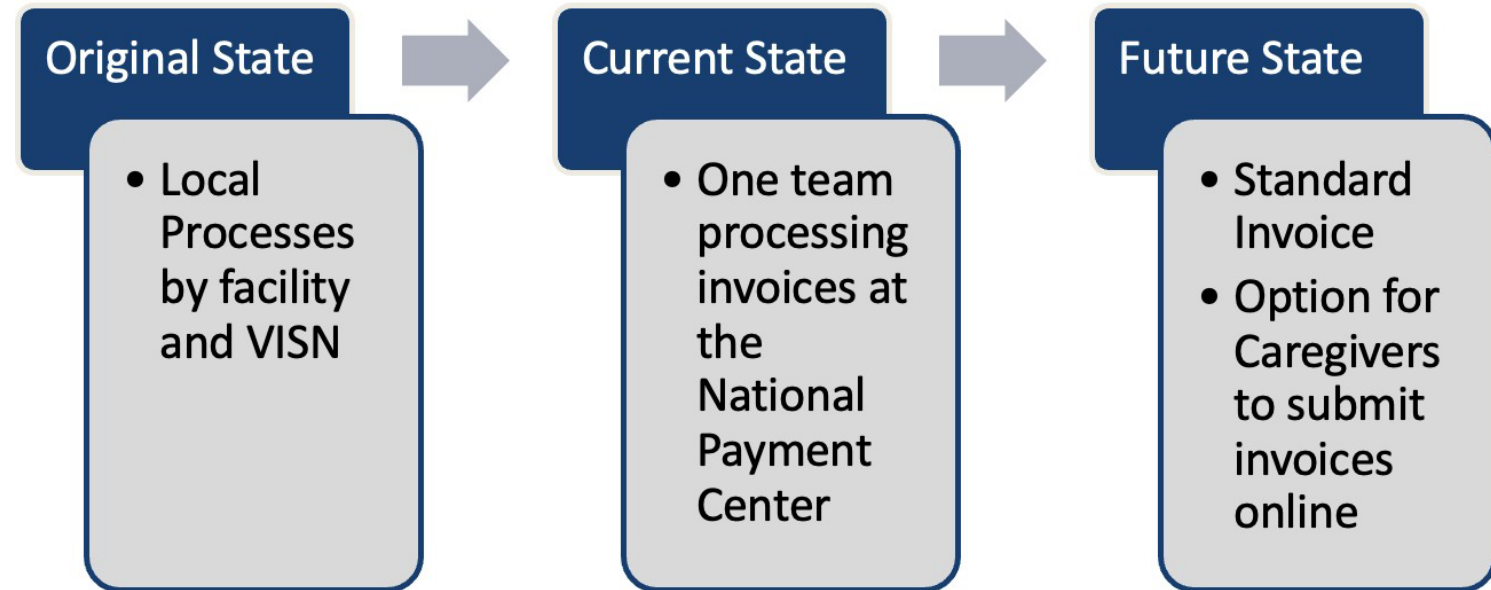
Age Friendly Health Systems



Non-Institutional Care: Bowel and Bladder Program



Standardize the Payment Process



Challenges and the Way Forward

- Demographic shift to older Veterans with more co-morbid conditions
- Limited non-institutional and institutional long term care options
- Absence of equivalent system of care in the private sector
- Limitations on high quality improvement and research studies
- Modeling, resources, priorities
- Unique populations, rules and restrictions
- VA System of Care
- Collaborate with other systems of care; cross diagnoses

VETERANS HEALTH ADMINISTRATION

VHA Amputation System of Care

Federal Advisory Committee
April 19, 2023

Joseph B. Webster, M.D.
National Medical Director
VA Amputation System of Care
joseph.webster@va.gov

Patty Young, MSPT, CP
National Program Manager
Amputation System of Care
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VA Amputation System of Care (ASoC)



Systems-Based Approach to Longitudinal Care

Mission: Enhance the quality and consistency of amputation care through providing specialized expertise incorporating the latest practices in medical rehabilitation, therapy services, and prosthetic technology.

ASoC Organizational Structure / Designation Tiers

- Regional Amputation Centers - RACs (7)
- Polytrauma Amputation Network Sites - PANS (18)
 - Amputation Clinic Teams - ACTs (101)
- Virtual Amputation Clinic Team Sites (15) ***Growing Designation***
- Amputation Points of Contact - APOCs (10) ***Reduced from 22 sites***
(Reduced number of VA medical facilities **without** amputation specialty clinics)

VHA Directive 1173.3. VHA Outpatient Amputation Specialty Clinics. March 8, 2021.

VHA Directive 1172.03. VHA Amputation System of Care. August 3, 2018.

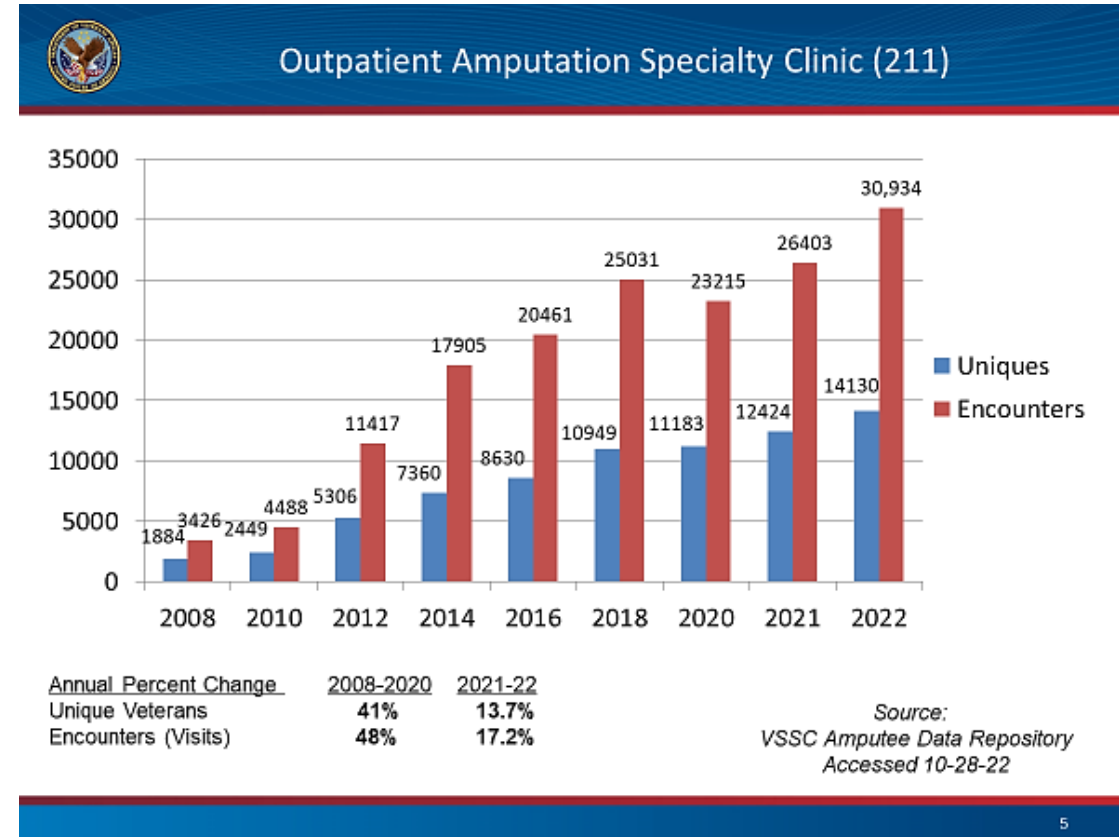
Ten-Year Outcomes of a Systems-Based Approach to Longitudinal Amputation Care in the US Department of Veteran Affairs. Fed Pract. 2020;37(8):360-367.

Veteran Amputation Population

- **97,095** Veterans with amputation (**44,171 major limb**) seen in **FY22**
(Major limb amputation defined as an amputation at or proximal to the wrist or ankle)
- **9-10,000** new amputations yearly (**9,448 in FY22**)
- Majority related to disease processes (**Diabetes/Vascular**)
- **1,743** Post-911 Veterans with conflict-related amputation

TRENDS

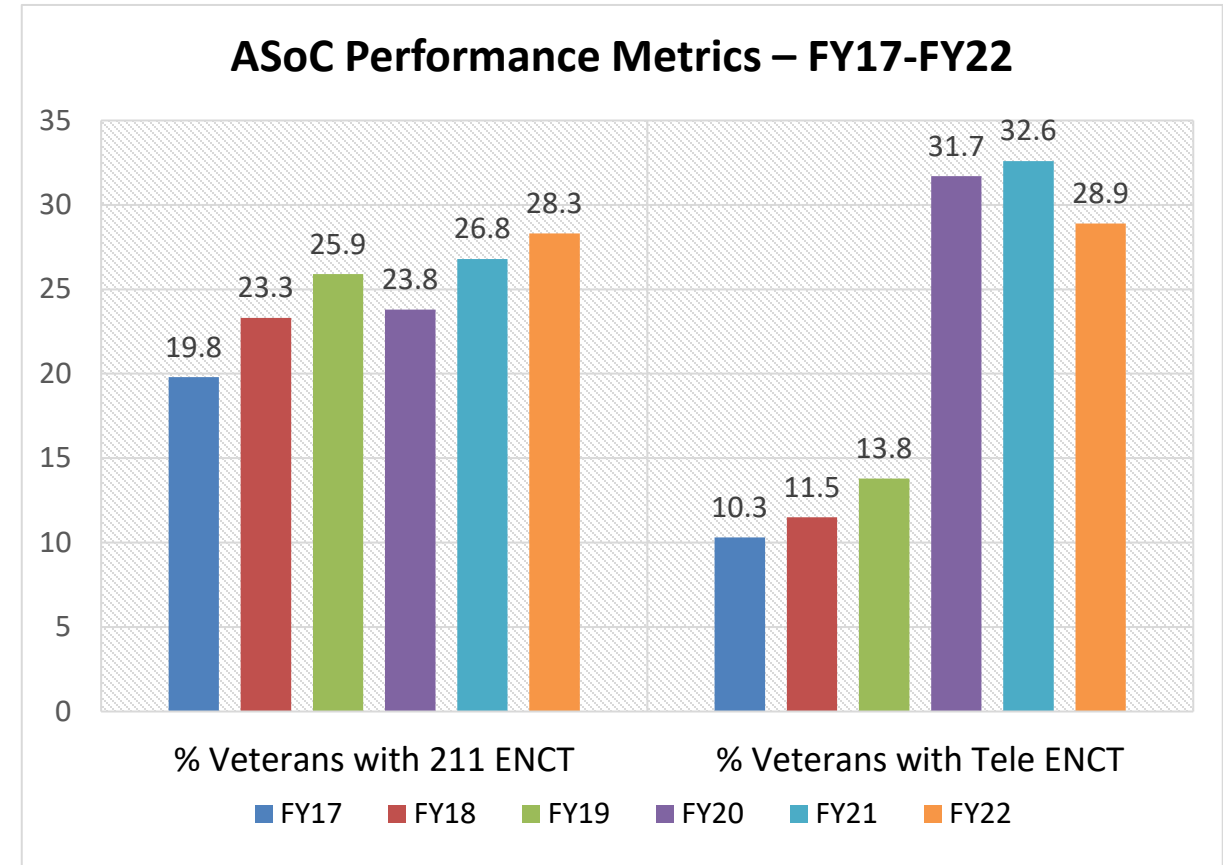
- **Continued Growth in Amputation Specialty Clinic Visits**
- **1.8 million** Veterans currently at risk for amputation
- **Aging of cohorts with conflict-related amputation**
Average age of Post-911 cohort with amputation is **38**
Average age of Vietnam cohort in **mid 70's**
- More **distal amputations** at transtibial and partial foot level



Source: VSSC Amputee Data Repository
Accessed 10-28-22

Accomplishments and Activities

- **CARF Amputation Specialty Accreditation** maintained by all 25 RAC and PANS
- **Education and Training**
 - VA ASoC Grand Rounds / Skills Training Series
 - PM&R Amputation Care Fellowship Program
 - Quarterly Amputation Care Newsletter
- **Clinical Practice Guidelines (CPG)**
 - New Upper Limb CPG released in April 2022
 - Lower Limb CPG update being planned
- **Collaborations with Amputee Coalition**
 - Peer Support Program Growth
 - Sex and Intimacy Resource
- **Oracle/Cerner EHR and Amputation Data Cube**
- **Virtual Care and New Service Delivery Models**
- **OPRA Osseointegration Program**



Veteran Perspective

V-SIGNALS DATA ANALYSIS

- National ASoC Workgroup reviewed all comments received in V-Signals for 3 years
- Comments categorized to evaluate Veteran Experience across all aspects of the visit

FY20-22	Before the visit	Arriving to the facility	During appt	Departing from facility	After Visit	Overall Care	Total
Negative	47	6	1	0	4	2	60
Positive	6	2	101	0	10	9	128
Neutral						1	1
							189



- Quality Improvement Initiative: Template note developed for Veterans prior to clinic visit to improve the “Before the Visit Experience”
- Increases in sampling size for Amputation Specialty Clinic initiated
- Trends will be monitored to determine impact and develop future projects

High-level Review: Customer Experience Domains

FY23 to date: PM&RS Amputation Clinic (211)



A-11 Customer Experience Domains	Number of Responses	Ease/ Simplicity	Quality	Employee Helpfulness	Equity/ Transparency	Satisfaction	Confidence/ Trust
Outpatient - Scheduling an Appointment	119	80.7	86.6	-	89.1	90.8	81.5
Outpatient - Healthcare Visit	94	95.7	84.6	96.8	-	97.9	93.6
Outpatient - Veterans Safety	13	-	-	-	-	84.6	84.6
Key	Below National average	Above National average	Insufficient N				

Bright Spots:

- Scheduling quality; getting appointments on a date and time that works for them.
- Good employee helpfulness during healthcare visits.
- High satisfaction with healthcare visits.
- High trust in VA for healthcare visits.

Opportunities:

- Patients report that it is not easy to get an appointment.
- Wayfinding in facilities could be improved.
- Not knowing what to expect after check-in.
- Opportunity for more courtesy when scheduling appointments.
- Lower trust in scheduling appointments.

FY23 ASoC Strategic Planning Priorities

1. Directive 1172.03 Amputation System of Care (**Anticipate new publication by August 2023**)
2. Mid-Atlantic and Northeast Regional Training Conference (**Scheduled for August 2023**)
3. FLOW3 adoption and reporting with focus on Prosthesis Checkout
(**New guidance released in Jan. 2023 and adoption being tracked through FLOW3**)
4. Whole Health and Wellness Patient Education Materials (**2022 FAC Recommendation**)
5. Future Workforce and Training Needs Assessment (**2022 FAC Recommendation**)
6. OPRA Osseointegration Program (**2022 FAC Recommendation**)



Checkout
Guidance Final

Whole Health and Wellness Patient Education Materials

2022 FAC Recommendation: *Develop a plan to enhance educational resources for Veterans with amputation, and, in the context of Whole Health, provide opportunities to explore both supervised and self-managed wellness programs such as exercise and nutrition programs.*

Various Resources Developed in FY23

- **Preventing Hypoglycemia During Exercise After Amputation**
 - Hints for managing blood sugar while exercising
- **Adaptive Sports and Activities**
 - Lists National Veterans Sports Programs and Special Events as well as those outside of the VA including funding for equipment and training
- **Get Moving: Adding Physical Activity into Your Routine**
 - Adopted from Whole Health website
 - Addresses everything from return to exercise with changes in mobility to progressing in activity

WHOLE HEALTH: INFORMATION FOR VETERANS

Get Moving: Adding Physical Activity into Your Routine



Future Workforce and Training Needs Assessment

2022 FAC Recommendation: *The VHA Amputation System of Care (ASoC) should ... proactively prepare for capacity and capability to meet the demands of an aging population.*

Response:

- Formal Needs Assessment completed in response to 2022 FAC Recommendation
- Trends over the past 10-20 years analyzed
- Projections for future workload, workforce, and training needs completed
- Key strategies for enabling future success identified

Example: Strategies to Address Future Needs for Amputation Care Services

- Continued refinement of tiered approach to care with more specialized centers of expertise
- Continued growth and expansion of amputation care expertise across the VA
- Development of focused and specialized training that is readily available on-demand
- Enhance capabilities for utilization of virtual care platforms
- Explore opportunities for enhanced care coordination services



Osseointegration OPRA Program Implementation

2022 FAC Recommendation: *The VHA Amputation System of Care Program should continue to expand, and to provide training and support for the successful integration and use of advanced rehabilitation and prosthetic technologies such as osseointegration.*

- **Primary and secondary screenings** for candidacy determination ongoing
- **Surgical referral** to either a designated VA Medical Facility or Community Provider once screening completed and candidacy determined
- Initial Service Delivery Locations: San Francisco and Palo Alto VAMCs
 - San Francisco** – surgical procedure performance
 - Palo Alto** (Regional Amputation Center) – candidacy determination, rehab and care coordination
- Significant **care coordination** requirements for surgery and extensive rehab program. Referral process to community providers including the DoD developed in collaboration with the Community Care Office / VA-DoD Sharing Office.
- Additional **internal VA sites** being developed (**Portland**)

OPRA Program Status – April 1, 2023

- # Veterans identified for screening: **24**
- # Veterans not eligible based on screening: **10**
- # Veterans who decided not to proceed: **3**
- # Veterans still in active screening: **8**
- # Veterans determined eligible and referred for surgical evaluation: **3**
- # Veterans currently in active surgical evaluation process: **1**
- # Veterans currently in surgical process: **1**
- # Veterans who have completed OPRA Surgery: **1**

Two new sites interested in becoming an OPRA Implant location

Veteran Perspective



“I love the freedom osseointegration has provided for me”

“It’s helped more in daily life. I can stand longer than I used to stand and that helps in my professional life because I don’t have to worry so much about the physical limitations.”

“I have better balance and alignment and that helps in the gym and gives me greater confidence.”



Summary and Way Forward

ASoC remains focused on enhancing the quality and consistency of amputation care while continuing to evolve to meet changing needs and new developments

- Anticipate continued growth in need for amputation-related services and for highly specialized clinicians
- Advances (surgical techniques, osseointegration, powered components) are expected to impact the future of care
- **Critical to maintain focus on VHA priorities for providing world-class healthcare into the future**
- **New Virtual Care Platforms will be important for enhanced service delivery and access**
- **Greater care complexity will drive demand for improved care coordination**
- **Enhanced delivery methods for provider training will be essential**



VETERANS HEALTH ADMINISTRATION



Physical Medicine & Rehabilitation and Polytrauma Briefing

Briefing for: Prosthetics and Special Disabilities
Federal Advisory Committee

Presented by: Joel Scholten MD
National Director, PM&RS

Date of briefing: April 19, 2023



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Fiscal Year 2023 Priority Focus



1

Modernize rehabilitation Workforce

- All rehab disciplines have submitted proposed national standards to allow efficient care delivery.
- Rehab providers to implement virtual care when appropriate.
- Train on emerging technology and practices

2

Promote early rehabilitation efforts

- PT in Primary Care
- Early mobility programs to prevent deconditioning

3

Promote access and effective care delivery by leveraging virtual care

- Synchronous and Asynchronous virtual care
- Shared resources throughout and across VISNs including Clinical Resource Hubs

***Initiatives address VA Strategic Goals (1-4) and SecVA's priorities of providing world class healthcare, getting Veterans through the pandemic, and welcoming all our Veterans, specifically those with PM&R/Polytrauma needs.**



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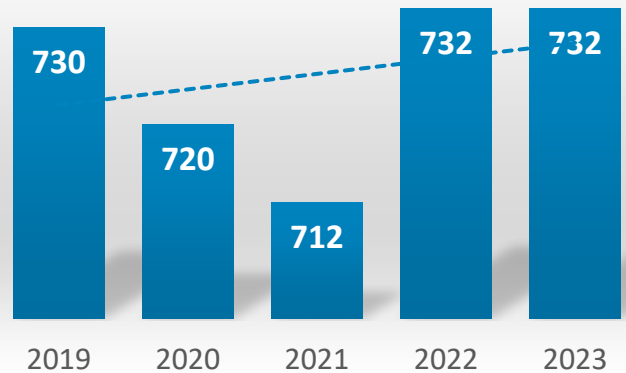
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Physical Medicine & Rehabilitation Physician

Onboard PM&R Physicians



Source: HR Employee Cube (1/19/23)

Workforce

- Onboard physiatrists - 732
- PM&R Residency programs - 279 funded slots AY 23/24

Access

- Wait time –
27-day average for new patient evaluation (create date)
- Telehealth –
94% of outpatient Physiatrists delivering virtual care

Modernize Practice

- National standards
- Ongoing Professional Practice Evaluation – national clinical indicators in effect 3/31/22

Challenges/Opportunities

- Salary rates for pain interventionalists
- Equitable access to Specialty Systems of Care – Polytrauma & Amputation
- Leadership training for Service Chiefs
- Effective communication and representation on REC ICC



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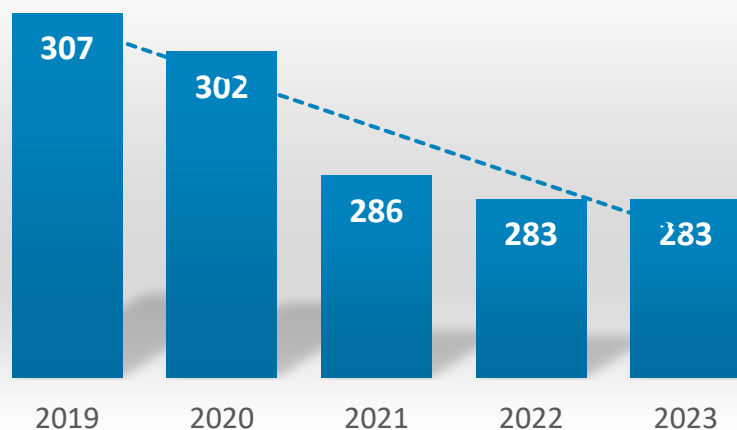
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Kinesiotherapy (KT)

Onboard Kinesiotherapists



Source: HR Employee Cube (1/19/23)

Workforce

- Onboard KT = 283 at 58 VAMCs

Access

- Wait time- 8.5 day average for new patient evaluation
- Telehealth- 87% of outpatient KTs delivering telehealth

Modernize Practice

- National standards completed public review and comment Jan 2023 with no recommendations for edits
- Qual standard updated July 2020
- Best Practice areas of Driver Training (especially VVC visits, Whole Health, Wheeled Mobility Clinics, and Be Active and MOVE!)

Educate new providers

- KT Student Rotations and Fellowships - OAA ROI proposal submitted Oct 2020 –continue to pursue KT intern and fellowship stipends for recruitment pipeline
- VHA Driver Rehab Program Instructor Trainers are field based KTs.

Opportunities for Collaboration

- Office of Connected Care
- Integrative Health Coordination Center (IHCC) and Office of Patient Centered Care and Cultural Transformation (OPCC&CT)
- Office of Academic Affiliations – Fellowship and internship stipends
- Workforce Management – Recruitment and retention hardships



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Wheeled Mobility Clinics



Demand FY22

- 54,199 unique Veterans
- Clinics staffed by PT, OT, KT, and MD based on site needs

Access

- Access – average wait time for new patients 19.6 days
- Telehealth – 8% of all encounters are virtual

Modernize Practice

- Synchronous and Asynchronous virtual care protocol

Educate providers

- Regional team trainings completed FY18 and FY19
- Monthly Townhall Forums to establish a community of practice
- Next educational efforts- combine with driver training and vehicle modifications



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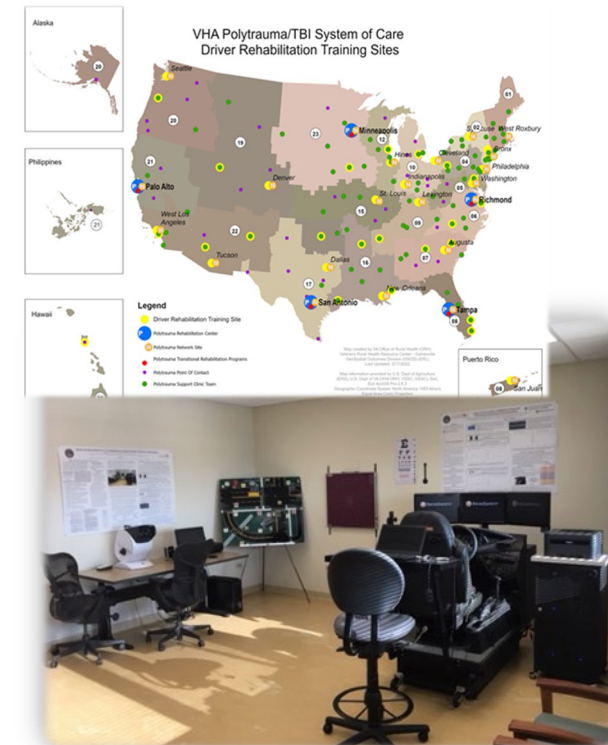
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VHA Driver Rehabilitation Program

- Driver Rehabilitation provided at 48 VHA sites
 - Definition
 - Driver Rehab Specialist (DRS): Professional who plans, develops, coordinates, and implements driving services for individuals with disabilities.
 - Certified Driver Rehab Specialist (CDRS): a credential offered by the Association for Driver Rehab Specialists (ADED) representing advanced experience and expertise in diverse areas within the field.
- Who Provides Driver Rehabilitation?
 - KT, OT, PT
- Process To Become a DRS
 - 2 Week Course
 - Continuous Need For New /Backup/ Replacement DRS
 - Location: East (Tampa), West (Long Beach)
 - Didactic and behind the wheel training
 - Qualifies for ADED certification



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George's Story

- George has paraplegia due to gunshot wounds sustained during combat.
- Pain and depression impaired his ability to participate in rehab.
- Proper wheeled mobility prescription and driver training allowed community reintegration.
- George now helps train VA driver rehab specialists.



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Improving Quality of Rehab Services in VHA

- Outpatient rehab
 - PROMIS measures are available for incorporation into clinical notes, available in Cerner
 - Satisfaction – 90.78% satisfied with outpatient services (PM&R)
- Inpatient rehab
 - VA is currently using Functional Independence Measure (FIM) for outcome comparison through an external contract. Transitioning use to Inpatient Rehab Facility Patient Assessment Instrument (IRF-PAI) pending collaboration with VSSC for reporting platform.
 - Center for Accreditation of Rehabilitation Facilities (CARF) mandated for inpatient acute rehabs (33) and subacute rehab units (7) with high patient volumes

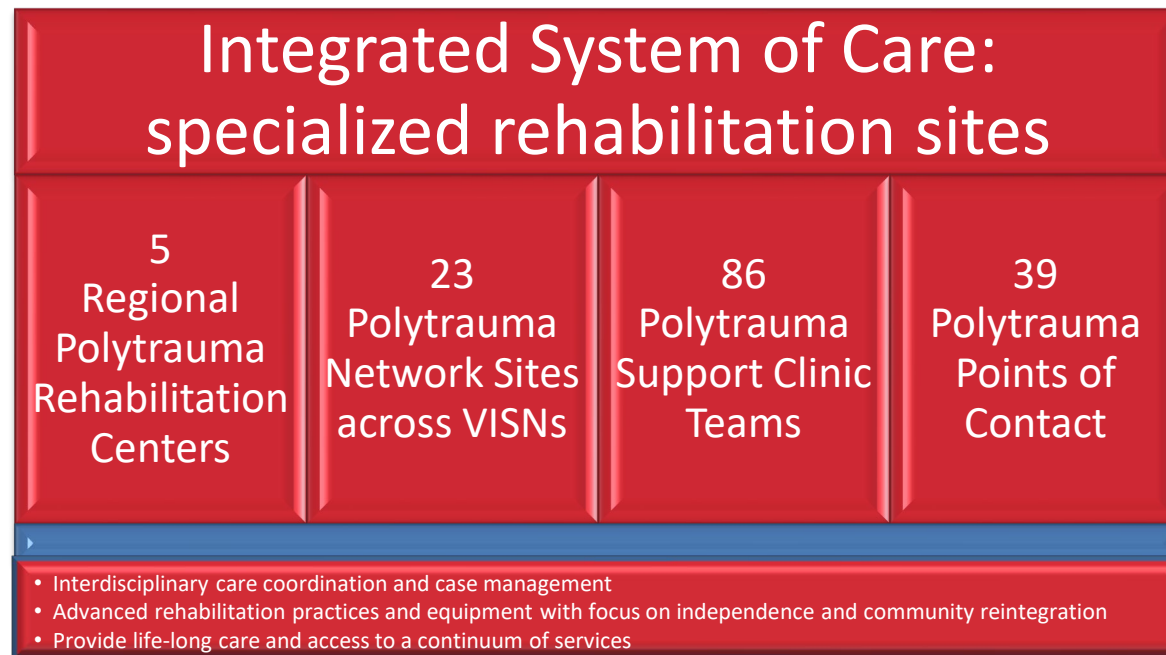
FY22	# of Facilities (percent)
KT	60 (43.2%)
OT	138 (99.3%)
PT	139 (100 %)
PM&R MD	121 (87.1%)
Total	139

Inpatient Rehab	FY19	FY20	FY21	FY22
Involved in deciding goals	95.6%	95.6%	97.1%	96.6%
Overall satisfied	97.6%	98.3%	98.9%	98.9%



Polytrauma / TBI System of Care

Network of interdisciplinary teams serving **Veterans and Service members** through inpatient, outpatient, and virtual care services treating combat and civilian-related TBI and polytrauma.



[For more information visit <http://www.polytrauma.va.gov/>]



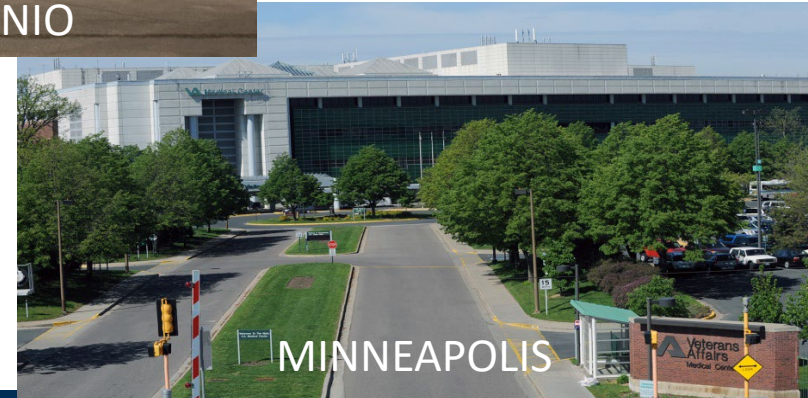
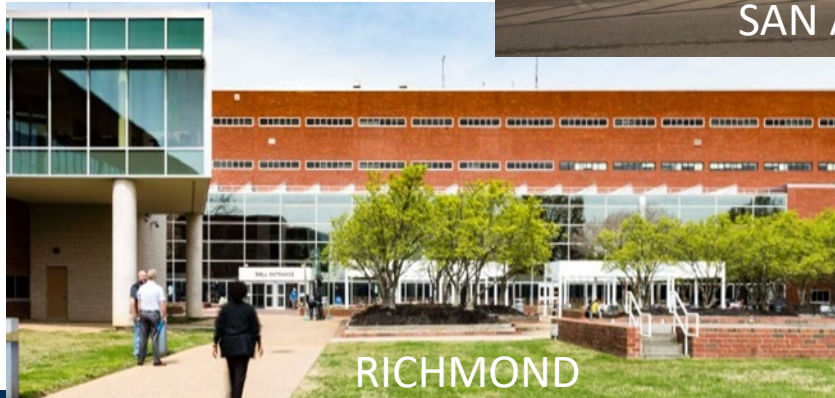
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Polytrauma Centers of Excellence (COEs)



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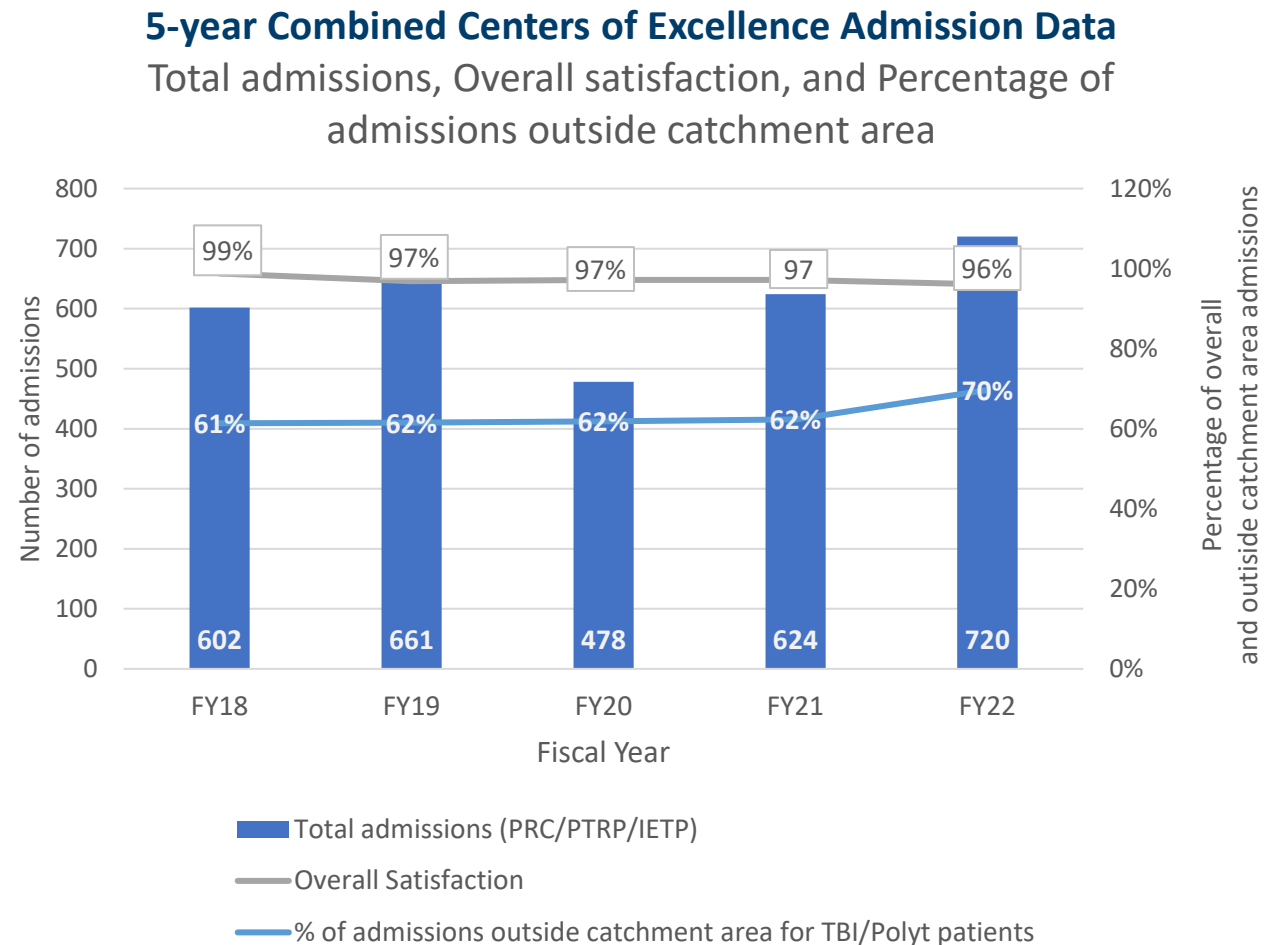
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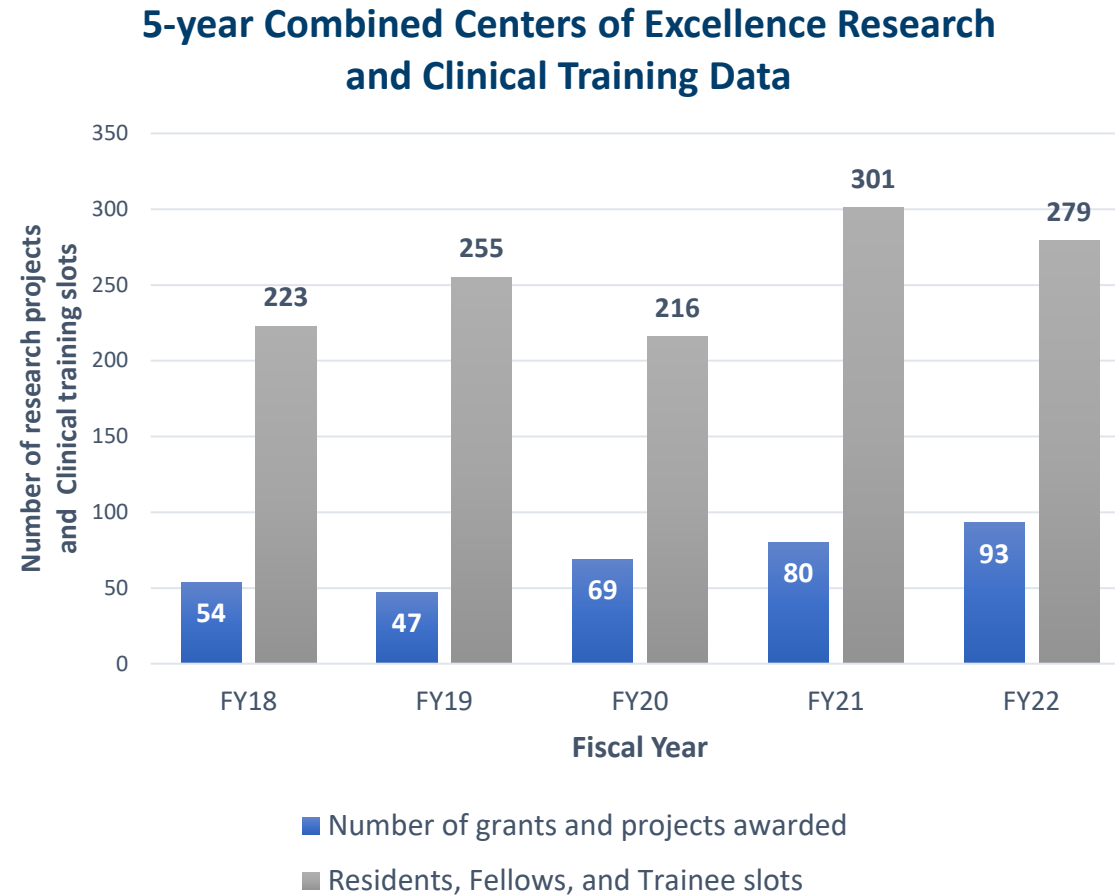
COEs: 5-Year Admission Data

- Admission totals have increased with a temporary decline in FY20
- Percent of admissions outside catchment areas has increased
- High satisfaction scores remain consistent
- All COEs are CARF accredited under Brain Injury standards



COEs: Research and Traineeship Data

- Training remains a key mission at the COEs
- 5-year participation in research grants and projects shows consistent growth



Polytrauma System of Care Firsts

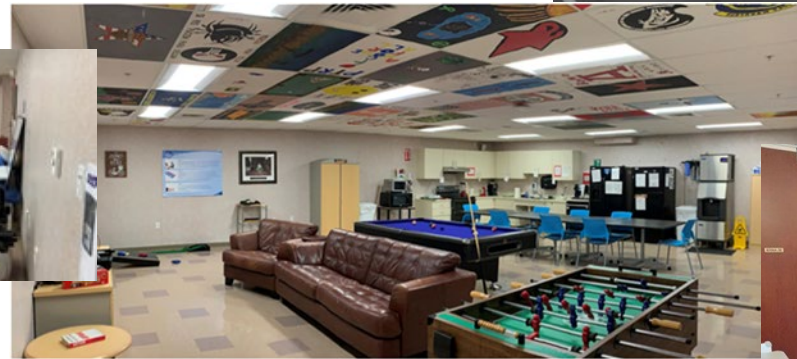
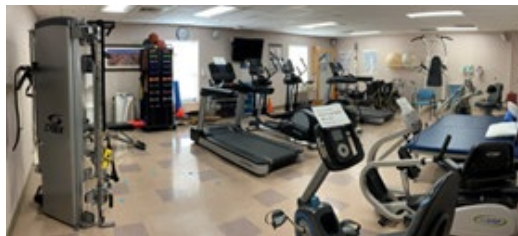
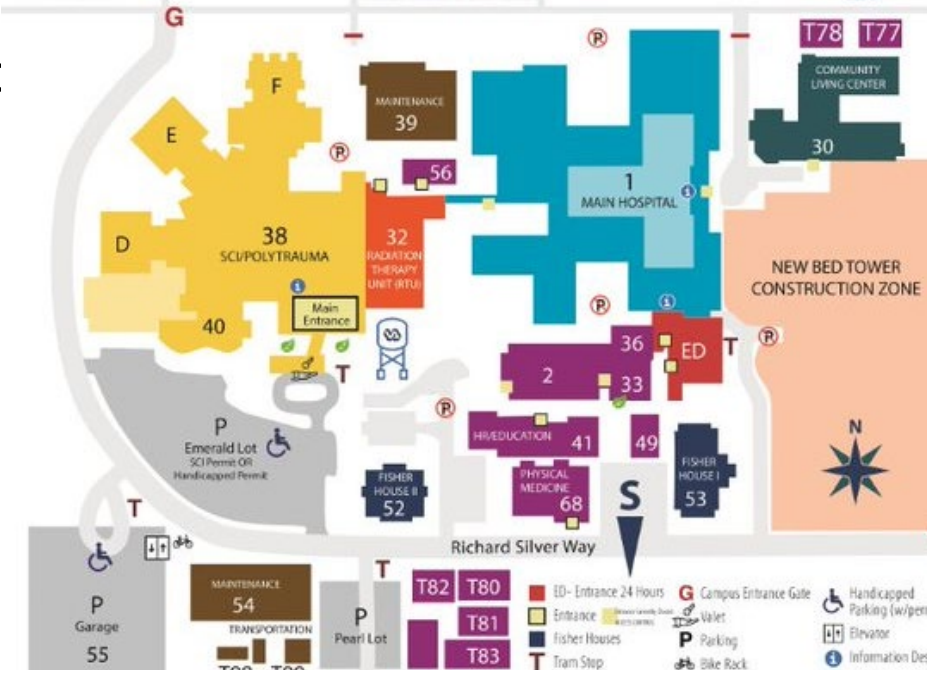
VA's Polytrauma System of Care (PSC) is the largest nationwide integrated network of specialized rehabilitation programs for Veterans and Service Members with TBI and Polytrauma.

- 1992 - *Memorandum of Agreement* between VA and DoD for the rehabilitation of Active Duty Service Members with TBI at the VHA TBI Lead Centers.
- 1995 – Joint DoD – VHA – DoD large scale, randomized control trial of “*Cognitive vs. Functional Rehabilitation in TBI*”
- 2005 – VHA TBI Lead Centers → Polytrauma Rehabilitation Centers → Polytrauma Centers of Excellence
- 2007 – Mandatory Screening for Deployment Related TBI
- 2007 – Deployment of the Polytrauma Telehealth Network
- 2009 – AT Labs established at the PRCs
- 2010 – Active participation in the implementation of the *Caregivers and Veterans Omnibus Act*
- Since 2010 – Implementation of standardized *Interdisciplinary Plan of Care* and guidance for *Long Term Follow up of Veterans with TBI Sequelae*



Tampa Polytrauma Rehab Center

- Pic c



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Intensive Evaluation and Treatment Program

- Comprehensive, inpatient individualized evaluation and treatments for combat-related physical, cognitive and mental health symptoms
- High demand from Active-Duty Special Forces personnel
- Five modules with defined assessment, treatment, and outcome protocols
 - Sleep, Mental Health, Cognition, Musculoskeletal Pain, and Vestibular.
- Funding for expansion during fiscal years 2022 -2024 to cover construction and additional hiring
- Knowledge Translation Specialists (KTS) to identify best practices and improve operational efficiency.



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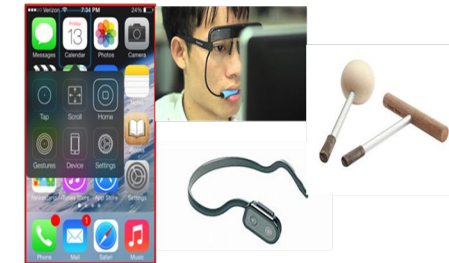
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Assistive Technology Programs

- **Mission-** Enhance the ability of Veterans and Active-Duty Service Members with disabilities to maximize functional independence with assistive technology.
- Areas of Practice:
 - Alternative and Augmentative Communication
 - Electronic Cognitive Aides
 - Electronic Aides of Daily Living
 - Adaptive Sports
 - Complex Wheeled Mobility
 - Access- Computer/Driving
 - Mounting and Alternative Access



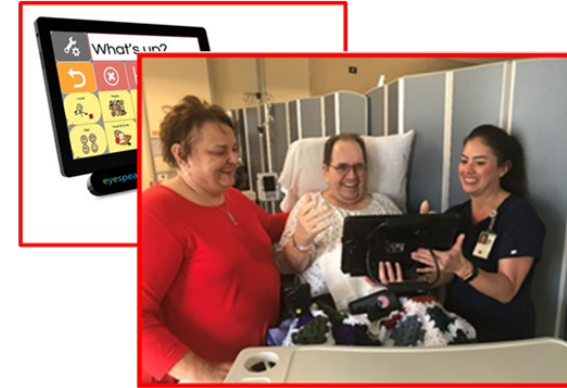
Mounting



Alternative Access

Assistive Technology

- AT programs have expanded and matured since initiation in 2009
 - Staffing model, rehab engineers
 - Strategic Planning update underway
 - Education and training opportunities
 - Communication Aides
 - Smart Home Technology
 - Mobility Devices
 - 3-D Printing
- Concussion Coach App
 - First released in 2012
 - Anticipate release of updated app in 2023
 - aligns with the VA/Dept of Defense Clinical Practice Guidelines for Mild TBI



Alternative & Augmentative Communication



Electronic Cognitive Devices



Outpatient TBI/Polytrauma Care

- Development of an individualized, interdisciplinary plan of care for each Veteran is the hallmark of VHA TBI rehabilitation
 - Electronic templated Individualized Rehabilitation and Community Reintegration (IRCR) Plan of Care note
 - Use of Mayo Portland Adaptability Inventory-Participation (M2PI) subscale to monitor outcomes
 - ⊕ – Virtual care has been integrated into outpatient polytrauma programming:
 - 54.5% of Veterans seen in Polytrauma clinics in VHA have at least one episode of virtual care (5.3% in FY19)
 - Proactive Case Management
 - Sites annually review high risk Veterans on the Chronic Disability List (CDL)
 - Veterans with ICD-10 code of severe TBI or participation score indicating severely impaired community participation (M2PI t score > 50)



- 52% of Veterans on CDL had a follow up visit in a polytrauma clinic for FY21 (46% in FY20)



Fiscal Year	Total Cases on TBI-Polytrauma Chronic Disability Follow Up List	Total with Qualifying M2PI Score	Total with Qualifying ICD	Total with IRCR Care Plan	Total with Subsequent FY Encounter (197/201/315)
FY22	1,692	431	1,311	711	
FY21	1,579	347	1,270	651	825
FY20	1,771	401	1,406	657	813
FY19	2,101	545	1,611	745	984
FY18	2,283	629	1,702	745	1,237
FY17	2,094	507	1,613	607	1,042
FY16	2,395	487	1,937	678	1,127



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VA Secretary's Federal Advisory Committee on Prosthetics and Special Disabilities

VA Orthotic, Prosthetic and Pedorthic Clinical Services Update – April 2023

M. Jason Highsmith PhD, DPT, CP, FAAOP- National Program Director

Martin McDowell, BSPO, L/CPO, FAAOP- Program Manager

Christopher Fantini, MSPT, CP, BOCO- Program Manager

Jeff Bott - Data Analyst



Defining the Service

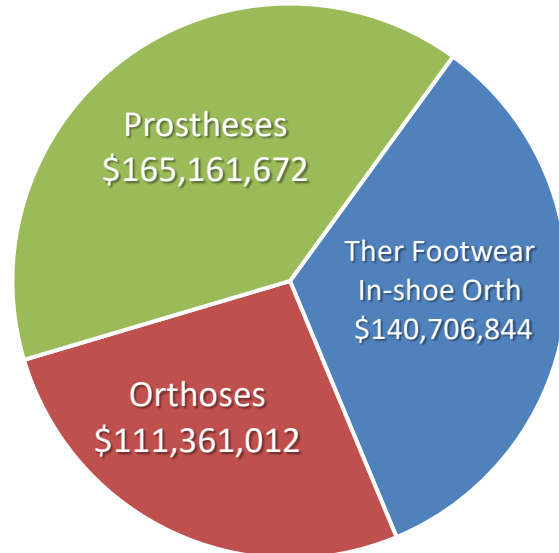
The VA Orthotic, Prosthetic and Pedorthic Clinical Service (OPPCS) assists VA medical facility stakeholders in establishing, administering, maintaining, and improving orthotic, prosthetic and pedorthic related care provided to Veterans with physical disabilities and injuries.

A VA orthotist and/or prosthetist is a health care professional who is specifically educated and trained to manage comprehensive orthotic and/or prosthetic patient care. This includes patient assessment, formulation of a treatment plan, implementation of the treatment plan, follow-up and practice management.

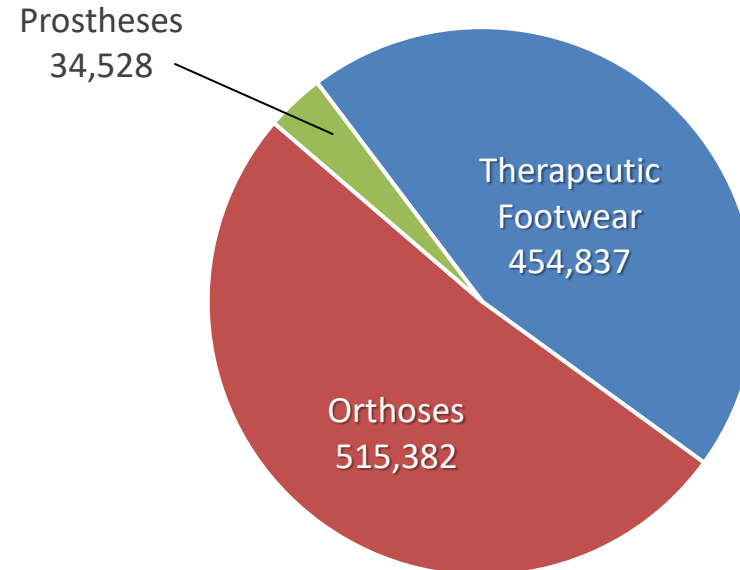


FY2022 OPPCS Expenditures & Distinct Veterans

OPPCS Expenditure



OPPCS Distinct Veterans



■ Therapeutic Footwear and In-Shoe Orthoses ■ Orthoses ■ Prostheses

OPPCS Staff:

- 506 OPPCS Staff:
 - Certified O&P Clinicians
 - Orthotic Fitters
 - Pedorthists
 - Technicians



State of the Service: Current Challenges and Opportunities for OPPCS

The following 2 topics are of top priority within the OPPCS Program Office in FY23.

- **Pedorthic Care (therapeutic footwear and inserts)**
 - Manage supply and demand; manage increase in demand for services
 - OPPCS staff not available at every VA and CBOC
 - Modernize workforce to address pedorthic needs; enable conditions to address more complex custom orthotic devices and artificial limbs
- **Realignment to a Clinical Service**
 - Currently most OPPCS field staff report to, and are managed directly by, an administrative service
 - National OPPCS program office partnering with other national program offices to realign OPPCS staff, at the facility level, under local clinical services



Opportunities and the way forward: Pedorthic Care

- Improve Pedorthic Hiring: Qualification Standards for Series 0640 Pedorthists drafted and in field concurrence.
- Develop and provide education and training for VA Stakeholders (OPPCS staff, prescribing physicians, and PSAS staff).
- Respond to changes in the pedorthic care professional space by exploring potential updates to current policy to facilitate improved access to qualified providers both within VA and private sector.
- Increase access to pedorthic services by working with field staff to identify local/regional resource needs.
- Explore utilization of private sector footwear resources to deliver care through community-based providers.
- Explore procurement solutions such as DLC



Opportunities and the way forward: Realignment of OPPCS

Clinical O&P is an evolving profession which provides direct access clinical services to patients.

In the past year:

- A total of eight VA facilities have O&P clinical services aligned under a clinical (as opposed to administrative or procurement) service.
- Conducted “lessons learned” focus groups for acute feedback then again with a 6 month follow up.
- As a result of the above, a Realignment MoU was developed and socialized in collaboration with PSAS and PM&R.
- Conducted national office hours reviewing the MoU and realignment

Moving forward, we aim to:

- Further socialize realignment with Executive Leadership groups
- Support efforts to realign OPPCS under Physical Medicine and Rehabilitation at VISN levels
- Contemplating broader strategies, such as Directives, to influence standardization of clinical organizational structure



Takeways

- **Promote/support Realignment of OPPCS to a Clinical Service:**
 - Optimizing the Veterans O&P clinical experience by allowing them a realistic opportunity to choose VA for their O&P care.
 - Facilitates management awareness of staffing the O&P clinical service with appropriate clinical roles to enable credentialed VA O&P practitioners the ability to practice at their highest scope, resulting in the VA provision of the highest level of O&P clinical care to Veterans.
 - Facility executive leadership accountability and oversight of O&P.
 - Ability to “right size” O&P staffing mixture.
- **Promote/support development of novel approaches to bridging gaps in access to care in the Pedorthic Care (therapeutic footwear and inserts) workspace:**
 - Optimize hiring of and right size pedorthist and therapeutic footwear fitter staff size and composition
 - Therapeutic footwear training: clinical pathways, clinical management
 - Provision options (within VA or community); Procurement options (ie DLC)



Back up Slides



OPPCS Vision and Mission Statements

OPPCS Vision Statement:

- To lead the world and be the most trusted provider of orthotic, prosthetic and pedorthic clinical care and services for America's Veterans.

The OPPCS Program Office determined it was important to distinguish the Mission into two parts, in recognition of the different role the national VA OPPCS program office performs from that of the VA clinical field staff providing direct OP&P related care to Veterans.

- The mission of the national VA OPPCS program office is to provide strategic direction, leadership, and guidance to VA's OPPCS field staff in the areas of policy, data, evidence-based practice, oversight, advocacy, strategic partnerships, research and education.
- The mission of VA Clinical Orthotics, Prosthetics and Pedorthics is to provide, in collaboration with other healthcare, academic and community partnerships, the highest quality orthotic, prosthetic and pedorthic care to optimize outcomes for America's Veterans.

VETERANS HEALTH ADMINISTRATION

Chiropractic Program Update

Presentation for: VA Prosthetics & Special Disabilities
Federal Advisory Committee

Presented by: Anthony J. Lisi, DC

Date of briefing: April 19, 2023



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Bottom Line Up Front

- VA's Chiropractic Program delivers evidence-based, patient-centered care that is in high demand by Veterans and referring physicians
- Overall use of chiropractic care both on-station and Care in the Community has increased, but Veteran access remains limited
- Ongoing initiatives in policy and practice aim to improve access and quality while reducing variation
- Continued program assessment, optimization, and strategic expansion will provide the best quality care and Customer Service for Veterans

Initiatives address all VA Strategic Goals, and SecVA's priorities of Providing World Class Healthcare and Welcoming all our Veterans



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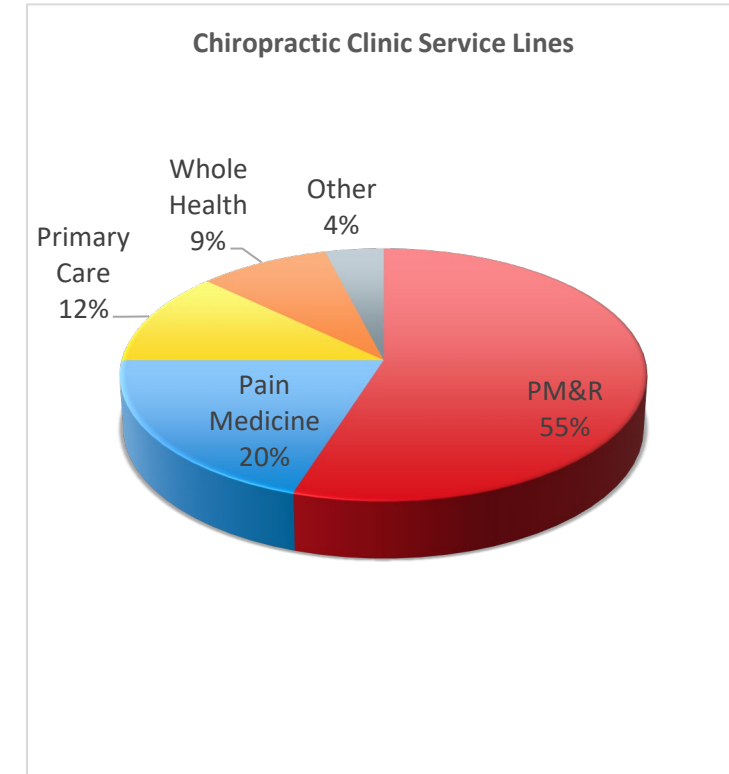
On-Station Chiropractic Services

Percent of VAMCs with on-station chiropractic clinics

VISN	FY18	FY19	FY20	FY21	FY22	FY23Q2
All VA	46%	59%	67%	73%	77%	78%
1	50%	50%	63%	75%	100%	88%
2	40%	47%	60%	67%	67%	67%
4	30%	70%	90%	80%	80%	80%
5	29%	57%	86%	86%	86%	86%
6	14%	57%	57%	57%	71%	71%
7	13%	25%	38%	50%	50%	75%
8	50%	63%	63%	75%	88%	88%
9	33%	67%	67%	83%	83%	83%
10	55%	64%	73%	91%	91%	91%
12	50%	50%	63%	63%	75%	75%
15	67%	78%	89%	89%	89%	89%
16	67%	67%	67%	67%	78%	78%
17	38%	50%	50%	50%	50%	50%
19	50%	63%	75%	75%	75%	75%
20	20%	50%	50%	70%	70%	70%
21	63%	63%	63%	75%	75%	75%
22	56%	56%	67%	67%	78%	78%
23	90%	90%	90%	90%	90%	90%

<50%
50-74%
≥75%

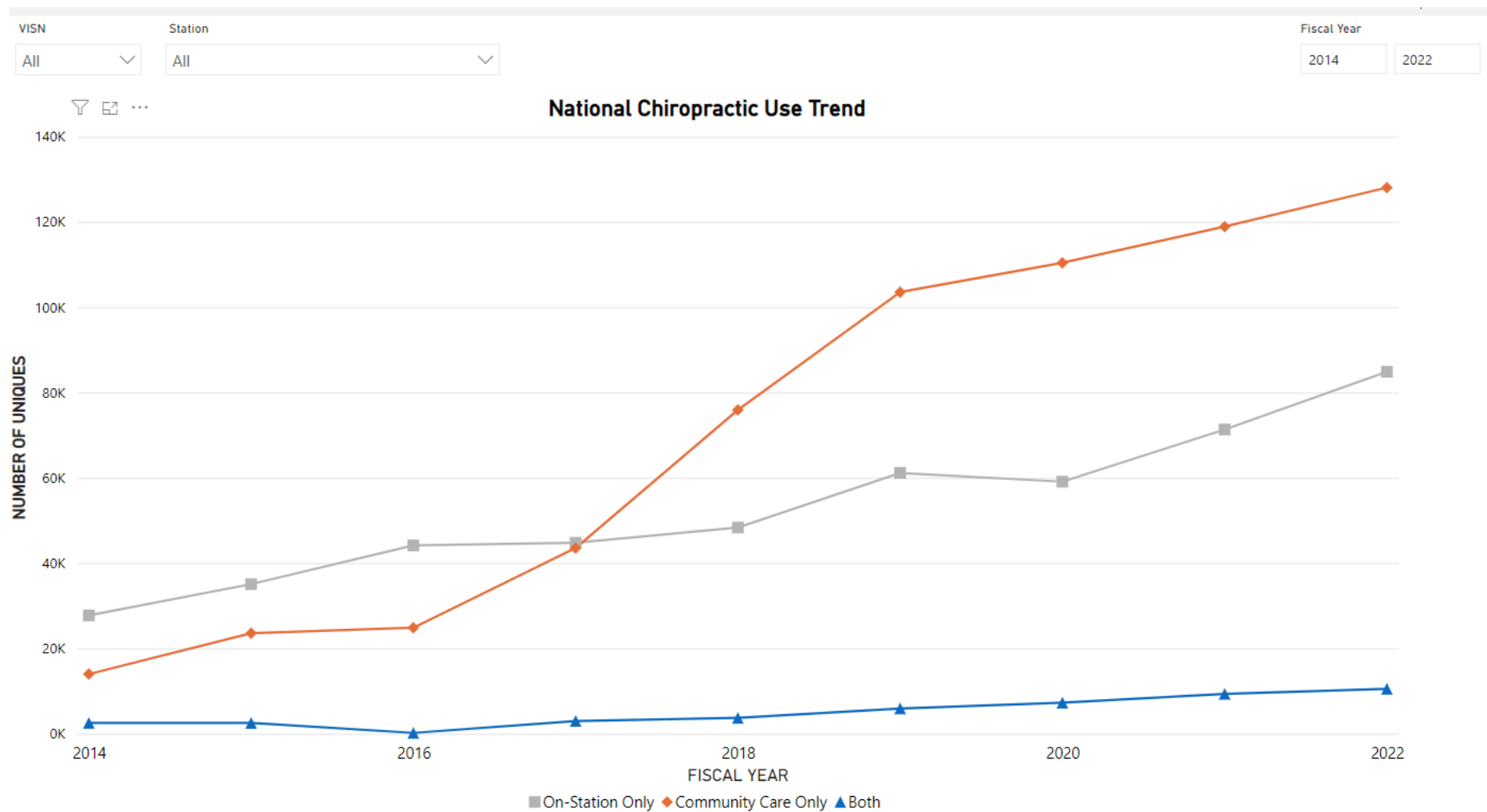
50% = Current Directive/Legislative* requirement
75% = VHA Operational Plan target FY2024



Program Office Operational Data. Corporate Data Warehouse, 4/3/2023

*Pub.L. 115-141 (2018)

VHA Chiropractic Use by Delivery Mechanisms



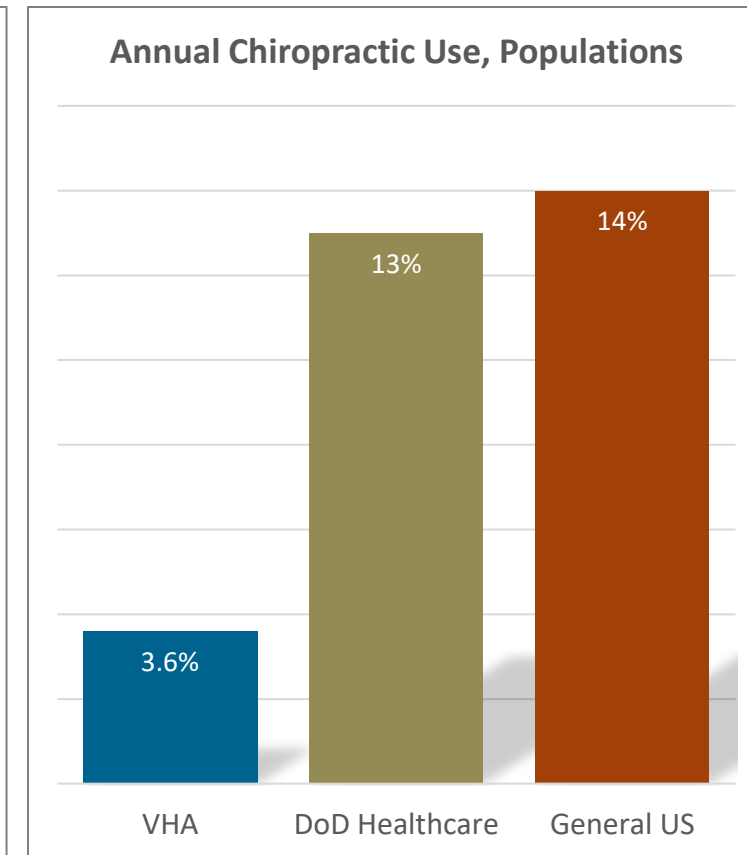
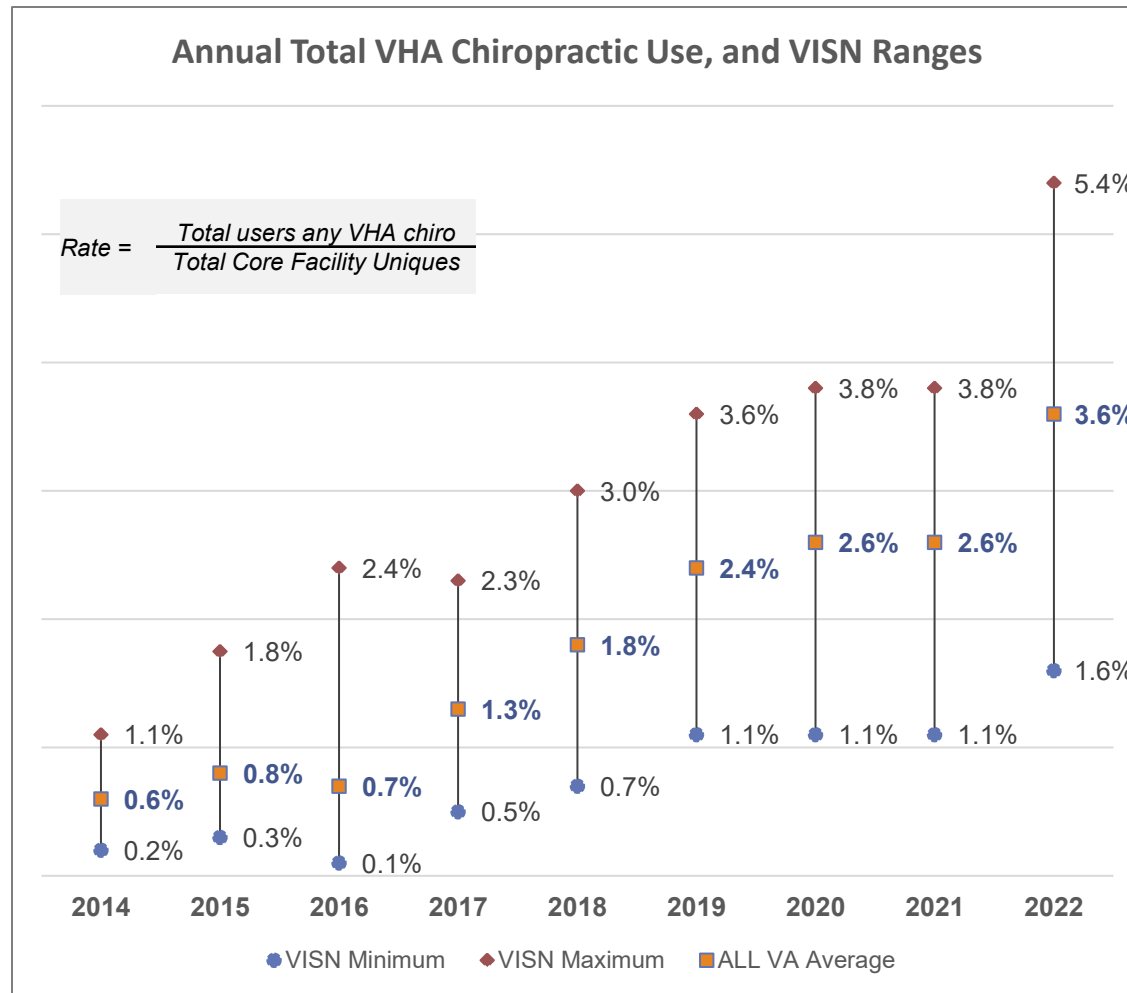
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Annual Chiropractic Use Rate in VHA and externally



VHA, from FY2022 all VHA chiro
DoD, from Williams, MSMR 2016
US, from Weeks, JMPT 2015

Ongoing Initiatives

- Patient care
 - Optimizing care delivery
 - Quality
 - Timeliness
- Systems
 - Improving EHR function
 - Enhanced data capture
 - Clinical Decision Support
- Policy
 - Federal Regulation
 - VHA Directive
 - Qualification Standards
 - National Standard of Practice
- Discovery
 - Assessing prevention / service offset
 - Innovation in training programs



Challenges and the Way Forward

Facilities predominantly or exclusively using CITC chiropractic care

- High variation in quality
- Significant limitations in team care coordination

Right-sizing overall service delivery

- Veteran access to care is variable
- Blend of on-station and community care is needed

Workforce development

- Increased private sector competition
- Limited continuing education opportunities

Opportunity

- Encourage all VA Medical Centers to provide some on-station chiropractic care

Opportunity

- Model chiropractic service delivery commensurate with Veteran population

Opportunity

- Include chiropractors in VA employee compensation and education initiatives



SMART Template

- **Specific-WHO? WHAT?**
- **Measurement/Assessment—HOW?**
- **Actionable—REASONABLE?**
- **Realistic-DESIRED RESULT?**
- **Timed-WHEN? Reasonable time to present status report**