Development of Specialty VA Clinics for GWI

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War Related Illness and Injury Study Center

- The WRIISC focuses on the post-deployment health concerns of Veterans and their unique health care needs.
- The WRIISC develops and provides post-deployment health expertise to Veterans and their health care providers through clinical programs, research, education, and risk communication.
WRIISC Care

- Virtual consultation
- Consults are submitted to the regionals WRIISC for review, and determination if diagnostics and management recommendations can utilize e-consultation or telehealth vs. an onsite consultation
- On site consultation
- Veterans records are reviewed before approval, cost of trip is borne by the referring VA. An interdisciplinary team of experts evaluate and make recommendations

WRIISC Studies

- Autonomic Functions of Gulf War Veterans with Unexplained Illness (DC)
- Examination of Cognitive Fatigue in Gulf War Illness Using Functional Magnetic Resonance Imaging (NJ)
- Motor Neuron Function of Gulf War Veterans with Excessive Fatigue (DC)
- Yoga and Group Treatment for Chronic Pain in Gulf War Veterans
- Repetitive Transcranial Magnetic Stimulation (rTMS) for the Treatment of Chronic Pain in Gulf War I Veterans (CA)
Other WRIISC Collaborations

- Other OEF/OIF/OND Veteran Studies
- Environmental Exposures Assessment Tool (EE-Tool) for OIF and OEF Veterans (DC)
- Prospective Study of Functional Status in Veterans at Risk for Unexplained Illness (HEROES) (NJ)
- Welcome Home 2010: Factors Associated with Treatment Utilization among Returning Service Members (DC)

WRIISC and clinical and research training

- All three WRIISC sites offer training opportunities including fellowship opportunities for MDs and DOs
- NJ and Palo Alto emphasize integrative care, Palo Alto also offers training in complementary medicine. DC is focused on neuropsychiatry and neuroscience. All three train in research methods and involve trainees in ongoing research programs
VA offers a free Gulf War Registry health evaluation to all Veterans who served in the Persian Gulf area from August 1990 to the present. A registry health evaluation includes a comprehensive review of exposures and health consequences and may include additional testing to evaluate health; while designed to help teach the VA more about the illnesses associated with service during deployment, it is an opportunity to connect the veteran to knowledgeable health professionals.


Airborne Hazards and Open Burn Pit Registry was established in 2014. The registry, established by Public Law 112-260, provides an opportunity for Veterans to receive information updates and to help VA improve its understanding of deployment-related health effects.

During deployment, GW Veterans may have been exposed to smoke from burn pits, oil-well fires, and air pollution. Veterans will be able to participate in the registry by completing an online health questionnaire. For more information, visit [www.publichealth.va.gov/exposures/burnpits/](http://www.publichealth.va.gov/exposures/burnpits/).
Environment Health Coordinator

- Every VA has a designated Environmental Health coordinator who will know what resources are available
- All VA hospitals have a registry coordinator – this can be an administrative or clinical position

Patient Advocates

- Available at every medical center, Patient Advocates are highly trained professionals who can help resolve your concerns about any aspect of your health care experience, particularly those concerns that cannot be resolved at the point of care.
- Patient Advocates listen to any questions, problems, or special needs you have and refer your concerns to the appropriate Medical Center staff for resolution.
Patient Aligned Care Team

- Veteran working together with health care professionals to plan for the whole-person care and life-long health and wellness.
- They focus on:
  - Partnerships with Veterans
  - Access to care using diverse methods
  - Coordinated care among team members
  - Team-based care with Veterans as the center of their PACT

PACT as the 2015 model for complex care delivery

- A PACT achieves coordinated care through collaboration. A team for each veteran is developed based on their needs. Communication and coordination is key to the success of this approach.
- A PACT uses a team-based approach. The patient is the center of the care team that also includes family members, caregivers and the health care professionals—primary care provider, nurse care manager, clinical associate, and administrative clerk. When other services are needed to meet your goals and needs, another care team may be called in.
What other teams might be called in to assist?

- Move Referral
- Pain Clinic
- Sleep Clinic
- Neurology
- Psychiatry/Psychology
- Rehab Medicine/Recreational Medicine
- Complementary approaches as available (acupuncture, yoga)
- Rheumatology Clinic
- Endocrine Clinic
- Social Services
- Pharmacy

Specialty clinics – another option

- Similar to the PACT model, but using a specialty team leader as primary provider.
- Creating an environmental medicine program around a core interdisciplinary team; with an expert in environmental health, an ARNP, clinic coordinator working in an integrated way with the clinical research team to provide care to the veteran and support the family/caregivers.
- Designated individuals in related programs (rehabilitative medicine, pain management, sleep, neurology, psychology) support the needs of the program.
- The University partner (in our case Nova Southeastern University) assists with training opportunities, expanded research opportunities, and provides academic appointments to the staff.
Environmental Medicine

- Its time has come - with GWI, agent orange, burn pit exposures, depleted uranium exposures, pesticides, vaccine exposures an expert service with knowledgable clinicians assessing and treating post deployment injuries related to putative toxins gives a home base to GWI
- Such a clinic could be constructed using the PACT Model, by identifying a lead clinician and support staff to undergo additional training
- Such a clinic would greatly expand research access to subjects to develop teh evidence based clinical guidelines needed in this illness.

Training expert clinicians

- A “train the trainer” model, identifying 2 to 3 members of a team at VAs to attend a training program
- Expert faculty would design the curriculum and provide clinical expertise needed to support the training program
- The trained team members would return to base and give regional lectures and seminars as well as provide a focus of care through the PACT model, now identified as the local experts
Who would become the local experts

- Primary care physicians with an interest in treating patients with toxic exposures
- Specialty clinic physicians with an interest in this area (Immunology, Neurology, Pain, Rheumatology)
- Nurse practitioners or physician assistants with an interest in this or related areas
- Specialty nursing
- Social Work
- Counseling
- Pathology/Diagnostic Services

One such example

- Miami VAMC and Nova Southeastern University Partnership to develop Environmental Medicine Program
- VA proposal suggested and supported by Miami VAMC leadership: One FT Physician with environmental medicine background, one ARNP, supported by clinic nurse, scheduling/MAS clerk to serve as a primary care PACT team with Environmental Medicine focus
- The team would identify and develop integrated care model with supportive specialty service, identify gaps and resources within the system
- Interdisciplinary conferencing, econsultation, telehealth clinic to support VISN referrals
One such example

- Integrated into the program would be the VA/NSU Environmental Medicine fellowship, resident and student training program
- Integrated in the program is the research portfolio of the VA and NSU research team from pathogenesis, biomarker discovery, computational modeling through translational and clinical trials

Institute for Neuro Immune Medicine (INIM)

- Miami Veteran Affairs Medical Center
- Ongoing research in GWI, CFS/ME, FM
NSU Institute for Neuro-Immune Medicine
mission statement

To advance knowledge and care for people with complex neuro-inflammatory illnesses through research, clinical care and education
INIM: Integrative Medicine with a Research Backbone

- Immunology
- Neuro-immunology
- Genomics
- Computational Biology
- Animal Modeling
- Biorepository Development

- Multidisciplinary Clinical Care
- Exercise Physiology
- Nutrition
- Complementary Medicine
- Collaborations within COM and NSU community
Conclusion

- If not now, when?
- The VA has a tremendous experience in responding to prior health crisis and a passion and commitment to care for veterans
- We have in place the model, what we require is a plan to put it into operation
- The result will be improved care for veterans with GWI and other illnesses resulting from toxic exposures through and expanded network of experts working together to improve knowledge, educate peers, and have a clear direction to access compassionate and expert care.

IOM ME/CFS Clinical Criteria

Open Discussion

- What does this mean to the GWI research and clinical community?