

FEDERAL AGENCY WATCH: Special Edition on Veterans and Traumatic Brain Injury

Federal Agency Watch is a synthesis of Federal agency news and activities related to traumatic brain injury. This bonus issue of Federal Agency Watch was compiled to keep those involved with brain injury up-to-date on Federal activities related specifically with Veterans.

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Department of Health and Human Services (HHS) – Substance Abuse and Mental Health Services Administration (SAMHSA) – SAMHSA Launches New Web Page for Veterans and Their Families

A new section of the Substance Abuse and Mental Health Services Administration's Web site has been launched for Veterans and their families. The Web site provides critical information on prevention, treatment and recovery support for mental and substance use disorders.

Publications, fact sheets, and links to relevant agencies are provided along with information on SAMHSA-funded programs, agency activities, and training and technical assistance opportunities. Individuals seeking substance use and mental health services can easily find information about local programs by using SAMHSA's treatment facility locator.

Also, SAMHSA convened a meeting with the Department of Veterans Affairs, the Department of Defense, and Veterans service organizations to better understand the needs and to identify ways local community-based substance abuse and mental health service organizations can best be prepared to assist Veterans and their families. The discussion will help inform the development of guidance materials for States, local communities, and providers to ensure a coordinated approach to providing mental health and substance use services.

For more information, please visit Resources for Returning Veterans and Their Families at <http://www.samhsa.gov/vets/>.

Department of Veteran's Affairs (VA) – President's Task Force Report on Returning Servicemembers

On April 19 the Task Force on Returning Global War on Terror Heroes transmitted its report and recommendations to the President.

Over the previous 45 days, the Task Force reviewed Federal services and programs benefiting returning servicemembers, noted gaps, and outlined recommendations for improving services. Though the list of programs is long, the report did not list the HHS HRSA Federal TBI Program among the programs that may impact traumatic brain injury. The plan calls for the Department of Defense and the Department of Veterans Affairs to develop a system of co-management coordination and case management that promotes better continuity of care for servicemembers who are injured and an action plan to ensure the Federal agencies are communicating and cooperating effectively. The recommendations also included creating a database to track patients who have experienced a TBI.

President George W. Bush established the Task Force on Returning Global War on Terror Heroes through Executive Order on March 6, 2007. The President appointed VA Secretary R. James Nicholson to serve as Task Force Chair. Other members of the Task Force included the Secretaries from the Departments of Defense, Labor, Health and Human Services, Housing and Urban Development, and Education as well as the Director of the Office of Management and Budget, the Administrator of the Small Business Administration, and the Director of the Office of Personnel Management.

The Executive Summary and Task Force Report can be accessed at: <http://www1.va.gov/taskforce/>.

Department of Veterans Affairs (VA) – Secretary Pledges Support for Presidential Commission, Continued Outreach

Continuing the strong support of the Department of Veterans Affairs (VA) in meeting the needs of returning combat Veterans, Secretary of Veterans Affairs Jim Nicholson announced the Department is immediately hiring 100 new patient advocates to help Veterans with severe injuries and their families navigate VA's systems for health care and financial benefits.

The VA secretary said the 100 new patient advocates will be Veterans of the combat theaters in Iraq or Afghanistan. Their job will be to ensure a smooth transition for wounded service members to VA health care facilities throughout the nation, while also cutting through red tape for other benefits.

Department of Veterans Affairs (VA) - VA Leading the Way in Care for Traumatic Brain Injury

The Department of Veterans Affairs (VA), long a leader in the treatment and rehabilitation of Veterans with brain injuries, is continuing to adapt its programs to meet the needs of Veterans from the Global War on Terror, with a variety of new services in place or underway.

The latest innovations for treating traumatic brain injury (TBI) in the newest generation of combat Veterans returning from Iraq and Afghanistan includes mandatory TBI training for all VA health care professionals, screening all recent combat vets for TBI and creating an outside panel of experts to review VA's TBI services.

VA has developed a TBI course that is mandatory for all health care professionals. The course teaches primary care providers ways to diagnose TBI in patients who might not otherwise be aware they suffer from it.

Also starting this spring is a program to screen all patients who served in the combat theaters of Iraq or Afghanistan for TBI. The new screening will be offered at all 155 VA medical centers. To access the medical centers, by State, go to: http://www1.va.gov/directory/guide/division_flesh.asp?dnum=1. The VHA Directive establishing policy and procedure for screening and evaluation of TBI can be accessed at: http://www1.va.gov/optometry/docs/VHA_Directive_2007-013.pdf.

To ensure VA is taking advantage of the latest technology, treatment innovations and diagnostic insights, the Department will establish a panel of outside experts to review VA's complete polytrauma system of care, including its TBI programs.

"Polytrauma" is a term that includes TBI and encompasses the other injuries typically found in blast victims, including amputations, burns, hearing and vision problems and psychological trauma.

The Department's network of four "polytrauma centers" -- in Minneapolis, MN; Tampa, FL; Richmond, VA.; and Palo Alto, CA -- that care for the most seriously injured Veterans, has recently been expanded with 17 additional facilities, designated as "polytrauma network sites," which will provide world-class care at locations closer to home for more Veterans. To view the 4 polytrauma center and 17 polytrauma network sites so to: http://www.polytrauma.va.gov/facility_locations.asp?isFlash=1.

Each of the VA's 21 regional health care networks is establishing polytrauma support clinic teams to further improve case management for Veterans with TBI as they return home from the hospital, and to help them in their transition to their communities.

VA's innovations in the diagnosis and treatment of TBI patients began in 1992, when four VA medical centers dedicated special facilities to treatment, rehabilitation, professional education and research regarding brain injuries. In March 2003, those facilities received their first patients from the Global War on Terror, and in April 2005, they were officially designated as polytrauma centers, featuring teams of specialists in various medical disciplines and case managers working together to help Veterans overcome severe injuries.

Among the special adaptations VA is providing for the care of TBI and polytrauma patients are case managers assigned to each patient, a greater emphasis and understanding of the problems of families during the initial care and long-term recovery, and state-of-the-art video-conferencing that permits top specialists to take an active role in the treatment of remote patients.

VA treated more than 5.4 million patients last year, accounting for about 55 million outpatient visits and 600,000 hospitalizations. About 205,000 of the 630,000 Veterans who have served in Iraq and Afghanistan have come to VA for health care, with fewer than 7,000 being hospitalized. All combat Veterans have access to free health care from VA for two years after their separation from service, bypassing rules that require determinations of service-connected injuries or income levels.

Department of Veterans Affairs (VA) – VA Opening 38 New Clinics

To bring the world-class health care of the Department of Veterans Affairs (VA) closer to where Veterans live, Secretary of Veterans Affairs Jim Nicholson announced plans to open 38 new community-based clinics in 22 States. (The list of the proposed sites can be found at: <http://www1.va.gov/opa/pressrel/pressrelease.cfm?id=1338>.)

With 153 hospitals and about 700 community-based clinics, VA operates the largest integrated health care system in the country. VA's health care budget of more than \$34 billion this year will provide health care to about 5.5 million people during nearly 800,000 hospitalizations and 60 million outpatient visits.

The new facilities, called community-based outpatient clinics, or CBOCs, will become operational by October 2008. Local VA officials will keep communities and their Veterans informed of milestones in the creation of the new CBOCs.

Department of Veterans Affairs (VA) – VA Medical Centers Extending Hours

In order to provide more health care for more Veterans, especially mental health services, Secretary of Veterans Affairs Jim Nicholson has directed the 153 medical centers of the Department of Veterans Affairs (VA) to keep their doors open longer.

Although the extra hours apply to many hospital-based programs and services, Nicholson said his latest decision was based upon a desire to ensure VA's more than 9,000 mental health professionals are available when Veterans need them.

In recent months, Nicholson has announced a number of initiatives to improve mental health care for returning combat Veterans, including the hiring of suicide prevention coordinators for each medical center, 100 new adjustment counselors for VA's 207 Vet Centers, and 100 new medical center employees to serve as advocates for the severely wounded.

VA's mental health experts will gather in Washington in July for a four-day conference reassessing the Department's programs for Veterans, especially Veterans from the conflict in Iraq and Afghanistan.

Government Accountability Office (GAO) – Availability of Two Veterans-related Reports

The Government Accountability Office (GAO) has announced the release of two recent reports related to military and veteran's health care and disability benefits - "GAO Findings and Recommendations Regarding DOD and VA Disability Systems" and "DOD and VA Health Care: Challenges Encountered by Injured Servicemembers during Their Recovery Process." Each of the abstracts, as well as a link to the full report, is below.

"GAO Findings and Recommendations Regarding DOD and VA Disability Systems"

As of April 2007, about 26,000 service members had been injured as part of Operation Iraqi Freedom (OIF) and Operation Enduring Freedom (OEF), according to the Department of Defense (DOD). Those service members injured in the line of duty are eligible for military disability compensation. When they leave the military, they may also be eligible for compensation from the Department of Veterans Affairs (VA). In fiscal year 2005 alone, the Army, Navy, and Air Force evaluated over 23,000 military disability retirement cases and, in fiscal year 2004, over \$1 billion in permanent and temporary military disability retirement benefits were paid to over 90,000 service members. Through the VA disability compensation and pension claims programs, about \$34.5 billion in VA cash disability benefits went to more than 3.5 million veterans and their survivors in fiscal year 2006. On April 23, 2007, we briefed the Commission on the results of our recent studies of DOD and VA disability systems. This report presents the information we provided during that briefing.

In our 2006 report on the DOD military disability retirement system, we found the services were not achieving the DOD timeliness goals for processing disability cases and DOD was not monitoring achievement of these goals. Our analysis of Army data on military disability benefit decisions also suggests that outcomes for active duty and reserve component members of the military may not be consistent. More specifically, Army reservists judged unfit for duty were somewhat less likely to receive either permanent disability retirement or a lump sum disability payment than their active duty counterparts, although we were unable to take into account all factors that might have legitimately explained this difference. Despite the potential for inconsistent disability decisions within and across the services, neither DOD nor the services systematically evaluated the consistency of these decisions or compiled the data on the characteristics of service members needed to do so.

Finally, we found that training for MEB and PEB disability evaluation staff designed to produce timely and consistent decisions was lacking. In recent years we have completed several reviews on various aspects of VA disability compensation that have led to a number of recommendations for improvements in the system. With regard to claims processing between fiscal years 2003 and 2006, the average number of days these claims were pending increased by 16 days, to an average of 127 days. At the same time, appeals resolution remained a lengthy process. In fiscal year 2006, it took an average of 657 days to resolve appeals. Moreover, the accuracy of VA compensation decisions was 88 percent in 2006, well short of its goal of 98 percent. Decisions affecting eligibility for military disability benefits and VA disability compensation have a significant impact on the future of service members dedicated to serving their country. Given the importance of these decisions and the complexity of evaluation processes and rules governing eligibility for these benefits, it is essential that DOD and VA take the necessary steps to ensure that decisions in these cases are accurate, consistent, and timely.

The full report can be viewed at: <http://www.gao.gov/new.items/d07906r.pdf>.

“DOD and VA Health Care: Challenges Encountered by Injured Servicemembers during Their Recovery Process”

As of March 1, 2007, over 24,000 servicemembers have been wounded in action since the onset of Operation Enduring Freedom (OEF) and Operation Iraqi Freedom (OIF), according to the Department of Defense (DOD). GAO work has shown that servicemembers injured in combat face an array of significant medical and financial challenges as they begin their recovery process in the health care systems of DOD and the Department of Veterans Affairs (VA). GAO was asked to discuss concerns regarding DOD and VA efforts to provide medical care and rehabilitative services for servicemembers who have been injured during OEF and OIF. This testimony addresses (1) the transition of care for seriously injured servicemembers who are transferred between DOD and VA medical facilities, (2) DOD's and VA's efforts to provide early intervention for rehabilitation for seriously injured servicemembers, (3) DOD's efforts to screen servicemembers at risk for post-traumatic stress disorder (PTSD) and whether VA can meet the demand for PTSD services, and (4) the impact of problems related to military pay on injured servicemembers and their families. This testimony is based on GAO work issued from 2004 through 2006 on the conditions facing OEF/OIF servicemembers at the time the audit work was completed.

Despite coordinated efforts, DOD and VA have had problems sharing medical records for servicemembers transferred from DOD to VA medical facilities. GAO reported in 2006 that two VA facilities lacked real-time access to electronic medical records at DOD facilities. To obtain additional medical information, facilities exchanged information by means of a time-consuming process resulting in multiple faxes and phone calls. In 2005, GAO reported that VA and DOD collaboration is important for providing early intervention for rehabilitation. VA has taken steps to initiate early intervention efforts, which could facilitate servicemembers' return to duty or to a civilian occupation if the servicemembers were unable to remain in the military. However, according to DOD, VA's outreach process may overlap with DOD's process for evaluating servicemembers for a possible return to duty. DOD was also concerned that VA's efforts may conflict with

the military's retention goals. In this regard, DOD and VA face both a challenge and an opportunity to collaborate to provide better outcomes for seriously injured servicemembers. DOD screens servicemembers for PTSD but, as GAO reported in 2006, it cannot ensure that further mental health evaluations occur. DOD health care providers review questionnaires, interview servicemembers, and use clinical judgment in determining the need for further mental health evaluations. However, GAO found that 22 percent of the OEF/OIF servicemembers in GAO's review who may have been at risk for developing PTSD were referred by DOD health care providers for further evaluations. According to DOD officials, not all of the servicemembers at risk will need referrals. However, at the time of GAO's review DOD had not identified the factors its health care providers used to determine which OEF/OIF servicemembers needed referrals. Although OEF/OIF servicemembers may obtain mental health evaluations or treatment for PTSD through VA, VA may face a challenge in meeting the demand for PTSD services. VA officials estimated that follow-up appointments for veterans receiving care for PTSD may be delayed up to 90 days. GAO's 2006 testimony pointed out problems related to military pay have resulted in debt and other hardships for hundreds of sick and injured servicemembers. Some servicemembers were pursued for repayment of military debts through no fault of their own. As a result, servicemembers have been reported to credit bureaus and private collections agencies, been prevented from getting loans, gone months without paychecks, and sent into financial crisis. In a 2005 testimony GAO reported that poorly defined requirements and processes for extending the active duty of injured and ill reserve component servicemembers have caused them to be inappropriately dropped from active duty, leading to significant gaps in pay and health insurance for some servicemembers and their families.

The full report can be viewed at: <http://www.gao.gov/new.items/d07606t.pdf>.

Veterans Health Administration (VHA) - Senate Confirms Michael J. Kussman as VA Under Secretary for Health

On May 25 the Senate confirmed the appointment of Brigadier General Michael J. Kussman, M.D., as Under Secretary for Health for the Veterans Health Administration. Dr. Kussman has served as acting Under Secretary for Health since August 2006 and as Principal Deputy Under Secretary for Health since May 2005.

Dr. Kussman earned his medical degree from Boston University School of Medicine and completed his residency training at the Joslin Clinic in Boston. He is a recipient of the Laureate Award from the American College of Physicians/American Society of Internal Medicine and serves on the faculty of the Uniformed Services University of Health Sciences.

Associated Press – “VA Secretary says Veterans Screened for Brain Injuries, PTSD”

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VA Secretary says Veterans Screened for Brain Injuries, PTSD

Byline: Angela K. Brown

Date: June 11, 2007.

All soldiers returning from Iraq or Afghanistan who seek any treatment at Veterans Affairs hospitals are now being screened for brain injuries and post-traumatic stress disorder, VA Secretary Jim Nicholson said Monday.

The initiative, which has been in place about 90 days, was created in response to veterans' needs, he said.

"Whether they come to us with a toothache or a sore knee, we screen them for any form of brain injury, and we are now screening every one of them for post-traumatic stress disorder," Nicholson told The Associated Press before attending an event at a VA pharmacy in Lancaster, south of Dallas.

He said it was not in direct response to the "Wounded Warrior Assistance Act," approved by Congress in late March after revelations of shabby treatment of wounded soldiers at Walter Reed Army Medical Center in Washington, D.C.

Nicholson said that in the screening process, VA clinicians first talk to veterans, who will be given further testing such as brain scans if they have symptoms. He said previous research has focused on traumatic brain injuries rather than mild ones, which actually may account for many injuries in the bomb-ridden war zone.

This is one of the signature injuries of this conflict, and we have now determined that because of the presence of these blasts, the kind of combat environment that the men and women over there are enduring, there's a possibility that they've had these injuries and were not aware of it, so we're checking," Nicholson said.

He also said some returning troops have been reluctant to seek mental health treatment because of society's stigmas, although post-traumatic stress disorder is treatable. He said that the VA is "being very aggressive with outreach" and said each VA medical center has a PTSD clinical team or specialist focusing on treating the disorder.

Last month, a Pentagon panel said more than one-third of troops and veterans now suffer from problems such as traumatic brain injury and post-traumatic stress disorder. Saying those numbers are expected to worsen, the task force called for more money and a shift in treatment to focus on prevention and screening.

A separate report released last month by the VA inspector general, the first comprehensive look at the agency's mental health care, recommended additional screening for patients with traumatic brain injury.

Disabled American Veterans spokesman Dave Autry said Monday that his organization welcomes the additional brain injury and post-traumatic stress disorder screening at VA health clinics.

"If a soldier is in an explosion and loses an arm or a leg, traumatic brain injury was something automatically looked for," Autry said. "But others are getting banged around a little bit, getting rocked by dozens of explosions and are suffering from mild and moderate brain injuries and were getting misdiagnosed."

Nicholson said the additional screening is being funded through \$100 million for enhancement mental health services and \$20 million for veterans centers that help returning soldiers readjust to everyday life. Both were in the supplemental spending bill.

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