VA Rehabilitation Systems of Care

Presentation to the Commission on Care
November 17, 2015

Lucille Beck, PhD
VHA Deputy Chief Patient Care Services Officer,
Rehabilitation and Prosthetic Services
VA Rehabilitation and Prosthetic Services

**Mission:** Align programs, guidance, and processes to optimize provision of specialty rehabilitative services and prosthetic devices across VHA health care system

**Vision:** Maximize Veterans’ independence and ability to maintain highest level of function, allowing them to integrate successfully into their communities

- Achieved through patient-centered interdisciplinary care team in a fully engaged partnership with Veterans and their families

**Goal:** Meet the medical rehabilitation and prosthetic needs of all Veterans and provide lifelong support, including the most vulnerable with special needs:

- 85,000 with amputations (~38K with major limb amputations)
- 50,000 blind and severely visually impaired
- 854,855 service-connected for hearing loss
- 94,000 with mild traumatic brain injury (TBI); ~3,100 severe brain injury; ~4,600 with stroke
- 21,500 with spinal cord injuries and disorders (*primarily Prosthetic support*)
“Polytrauma” describes unique, complex patterns of injuries:
- Complex, multiple injuries occurring as result of same event
- Unpredictable patterns including: brain injury, amputation, hearing and vision impairments, spinal cord injuries, psychological trauma, and musculoskeletal wounds

Individuals with polytrauma require extraordinary level of integration and coordination of medical, rehabilitation, and support services:
- Brain injury is primary injury that drives care
- Unique rehabilitation challenges with blast related injuries
- Higher level of acuity due to severity of injuries
- Simultaneous treatment of multiple injuries
- Sequence and integrate therapies to meet patient need
- Coordinate interdisciplinary team effort with expanded team of consultants
VA Polytrauma System of Care Evolution

- **Oct 11**: 5th PRC at San Antonio opens, additional PSCTs (86)
- **Jan 10**: VA partnership with TBI Model Systems Consortium
- **Apr 09**: Assistive Technology Labs added at Polytrauma Rehabilitation Centers
- **Sep 08**: Additional Polytrauma Support Clinic Teams and Polytrauma Network Sites added
- **Jun 08**: Amputation System of Care designated (100+ sites)
- **Jul 07**: Polytrauma Transitional Rehabilitation Program initiated
- **Apr 07**: VA TBI Screening / Evaluation Program for OEF/OIF Veterans implemented
- **Mar 07**: 76 Polytrauma Support Clinic Teams, 50 Polytrauma Points of Contact
- **Jan 07**: Emerging Consciousness Program initiated
- **Jul 06**: Polytrauma Telehealth Network established
- **Dec 05**: 21 Polytrauma Network Sites Designated (1 in each VISN)
- **Feb 05**: TBI Lead Centers designated as Polytrauma Rehabilitation Centers; VA Polytrauma System of Care established
- **1992**: Defense and Veterans Brain Injury Consortium (DVBIC) initiated
- **1983**: MOU established with DoD for VA to provide acute rehab for Servicemembers with SCI, blindness, brain injury, and amputations
Integration of Comprehensive Rehabilitation Care

- Audiology Program
- Brain Injury Program
- Care Management & Military Liaisons
- Pain Management
- Amputee Program
- PTSD Program
- Rehabilitation & Orthopedic Programs
- Blind Rehabilitation Program
- Vision Loss
- Head Injuries
- Pain
- Trauma
- Amputations
- Coordinate Support
- Hearing Loss
- Mental Health
- Care Management & Military Liaisons
- PTSD Program
- Vision Loss
- Head Injuries
- Pain
- Trauma
- Amputations
- Coordinate Support
- Hearing Loss
- Mental Health
VA Polytrauma/TBI System of Care 10th Anniversary

- VA’s Polytrauma System of Care is the largest nationwide integrated network of specialized rehabilitation programs for Veterans and Service Members with TBI and Polytrauma. It encompasses programs at 148 medical facilities organized into a four tier hub and spoke alignment.
- First VA program to formalize the collaboration with DoD for the treatment of Service Members with TBI and Polytrauma.
- First program to develop a collaborative research infrastructure with DoD through the Defense and Veterans Brain Injury Center.
- First program to implement care coordination utilizing liaisons embedded across agencies to coordinate care.
- First program to develop a support program for families of injured patients.
- First program to design a Lead Case Manager for Polytrauma role.
Ensuring Quality

- Mayo-Portland Participation Index and Individualized Rehabilitation and Community Re-integration care plan
  - Monitor outcomes for outpatients in Polytrauma clinics
- National contract with Uniform Data System for Medical Rehabilitation
  - Functional Independence Measure (FIM) based outcome reporting
- Collaborative project with Traumatic Brain Injury Model Systems (TBIMS)
  - Longitudinal outcomes database for PRC patients
- Internal productivity
  - Released Productivity Report and Quadrant tool (staffing) in FY15
- Satisfaction
  - Universal Stakeholder Participation Questionnaire (uSPEQ) through collaboration with the Commission on Accreditation of Rehabilitation Facilities (CARF)
Polytrauma Case Management

- All patients receiving rehabilitation services within the Polytrauma System of Care are assigned a Polytrauma Case Manager.
- Caseloads distributed based on:
  - Case mix - acuity level
  - Geographic region - rural versus urban
  - Care Management Team collaboration and discussion
- Specialty case management includes:
  - Coordination of services
  - Ongoing evaluation of rehabilitation, psychosocial needs
  - Family education and support services
  - Interdisciplinary Team (IDT) lead in development of Individualize Rehabilitation and Community Reintegration (IRCR) care plan
  - Partnership with other VA and DoD case managers to assure continuity in care management through the Interagency Care Coordination Committee (IC3) community of practice, lead coordinator initiative, and computer lab resource
Key Initiatives and Collaborations

- Emerging Consciousness Program
- Polytrauma Telehealth Network
- Driver Rehabilitation Training Programs (simulator / road)
- Assistive Technology Labs at Polytrauma Rehab Centers, and collaboration with U Pitt to support expansion of AT Labs to other Polytrauma programs
- Assisted Living for TBI Pilot – CARF-accredited residential living programs (community) with VA case management
- Polytrauma and Blast-Related Injuries Quality Enhancement Research Initiative (QUERI) to assess outcomes, needs, input of patients, family, to develop, evolve, and implement new models of care based on best evidence (portfolio includes over 40 funded studies, 34 publications associated with QUERI-related grants)
Key Initiatives and Collaborations

- VA / DoD Collaborations
  - VA Polytrauma Nurses assigned to Walter Reed (Bethesda)
  - Use of Polytrauma Telehealth Network to transfer patients from Clinical Team-to-Clinical Team
  - Military liaisons assigned to Polytrauma Rehabilitation Centers
  - VA staff assigned to military medical centers, treatment facilities, Defense Centers of Excellence, and DoD Center for Intrepid
  - TBI Screening tool utilized for OEF/OIF Veterans
  - VA/DoD Research collaborations
  - Amputation care
Key Initiatives and Collaborations

- Collaboratively developed initiatives benefitting medicine:
  - Common definition for mild TBI and clinical practice guidelines
  - Clinical practice guidelines for amputation care
  - Clinical practice guidelines for PTSD
  - Revised clinical codes (ICD-9-CM) to improve identification, classification, and tracking of TBI
  - Uniform training curriculum for family members providing care and assistance to Servicemembers and Veterans with TBI
The ASoC, developed in partnership with VHA Polytrauma System of Care, spans VHA as a tiered system consisting of:

- 7 Regional Amputation Centers (RAC)
- 18 Polytrauma Amputation Network Sites (PANS)
- 108 multidisciplinary Amputation Care Teams designed to provide specialized amputation care, assistive technologies, seating systems, adaptive equipment and expertise as close to the Veterans’ homes as possible

22 of 25 RACs and PANS have amputation care specialty accreditation from Commission on Accreditation of Rehabilitation Facilities (CARF)

- Remaining sites will be CARF accredited by 2016
- 35% of all programs with such accreditation in the U.S. are VA Medical Centers
VA Amputation System of Care

• VA amputation care programs utilize a team approach and can provide any prosthetic device that is commercially available

• Outcome data (uSPEQ) show high level of satisfaction among Veterans with amputations

• VA emphasis is on lifelong care and care management for Veterans and Service Members with amputations, regardless of etiology
  – Only 2-3% of Veterans with amputations are the result of traumatic etiology
  – Of the >85K with amputations, the majority are from disease processes
  – VA provides health care services to over 12,500 Veterans with service-connected limb amputations
Blind Rehabilitation Continuum of Care

- VHA is only national health care system to completely integrate rehab services for patients with visual impairments into benefits
- VA provided $50M during 2008-2010 to deploy continuum of care
- Outpatient services provide early intervention for patients whose vision loss results from progressive diseases
- Also provides intermediate and advanced care for patients who have moderate visual impairment:
  - Cannot see to drive
  - Cannot see to read or write
  - Cannot recognize faces
  - May be at risk for falls
  - May be non-compliant with healthcare regimens
Blind Rehabilitation Services

Services are provided by:

• Visual Impairment Services Teams (VIST) and Coordinators
  – 164 VIST Coordinators covering 200+ VAMCs, CBOCs
• Blind Rehabilitation Outpatient Specialists (87)
• Inpatient Blind Rehabilitation Centers
  – 13 Inpatient BRCs
  – 397 authorized Blind Rehabilitation Staff
  – 274 beds currently operational
• Outpatient Vision and Blind Rehabilitation Clinics
  – 52 outpatient clinics, 1 existing clinic
  – 176 Staff
Audiology Services

- Tinnitus and hearing loss and tinnitus are top two service-connected disorders among all Veteran cohorts
- VA Audiology provides comprehensive hearing health care as part of medical benefit package
- VA full professional audiologists provide:
  - Screening and prevention services; evaluation and treatment of hearing loss, balance disorders; and auditory rehabilitation services to optimize residual hearing
  - Disability exams for Veterans and Servicemembers and providing medical opinions on the relationship between hearing loss, tinnitus, and balance disorders and military service
  - Fitting and programming hearing aids and other assistive listening devices (e.g. TV and telephone amplifiers), and post-surgical rehabilitation for cochlear and other bioelectric auditory implants
VHA SCI/D System of Care

VA SCI SYSTEM of CARE:

• Stands in contrast to most health care payers, who authorize payments to SCI centers for acute rehabilitation or for rehabilitation related to chronic issues that can be resolved with a short-term admission

• Treats patients with both acute medical problems (e.g., acute UTI) and chronic medical problems (e.g., decubitus ulcers) in same facility, as opposed to fragmenting care across long-term care facilities, hospitals, or home

• In FY15, 21,525 patients actively served at one of the 24 SCI Centers or Spokes
  – Average age: 65 for male, 58 for female
  – Average years post-injury: 20 years
  – 37% of patients actively served by SCI/D System of Care classified as RURAL

• Based on ARC data, there may be up to 60,000 Veterans with SCI & Disorders (includes Multiple Sclerosis (MS), Amyotrophic Lateral Sclerosis (ALS), and other neurological disorders of the spinal cord)
VETERANS HEALTH ADMINISTRATION

Prosthetic and Sensory Aid Services

Services
- Orthotic and Prosthetic Services, Restorations
- Home Oxygen
- Dog Insurance

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

Benefit Programs
- Automobile Adaptive Equipment
- Clothing Allowance
- Home Improvements and Structural Alterations
Prosthetic and Sensory Aids provided in FY2015
(by percentage of cost)

Approximately 45%* of all Veterans seen in VHA received PSAS items/services. In FY2015, VA obligated:
- ~ $2.67B to provide 19M devices/items to 3.2M Veterans

*Based on FY15Q3 enrollment data, FY15 Total VHA enrollment data not available.
Change in PSAS Costs
Amount per Veteran Served and Growth in Unique Veterans Served

- Change in Spending
- Unique Veterans

FY12: $103,960,196
- $28,302,886 Change in Cost due to Number of Veterans Served
- (-$15,120,289) Change in Cost due to Amount Spent Per Veteran

FY13: $101,956,289

FY14: $102,634,583
- $120,951,903 Change in Cost due to Number of Veterans Served

FY15 (Through May): $95,337,615
- $91,434,328 Change in Cost due to Number of Veterans Served

(Projected) [3,457,528] Unique Veterans
TO CARE FOR HIM WHO SHALL HAVE BORNE THE BATTLE AND FOR HIS WIDOW, AND HIS ORPHAN
A. LINCOLN
Outpatient Rehabilitation Services
Unique Veterans Treated in FY2015

- Audiology and Speech: 711,680
- PM&R Therapies: 35,382
- Orthotics and Prosthetics: 44,898
- PM&R Physician: 50,375
- Recreation Therapy: 326,999
- Blind Rehabilitation: 201,614
- Chiropractic: 50,375

(*6% increase over FY2014
Source: Encounter Cube)
Rehabilitation Services Metrics and Data: Measuring and Understanding Success – Demographics

- By Gender:
  - 93% Female
  - 7% Male

- By Age:
  - Bar chart showing age distribution across different age groups

- By OEF/OIF/OND:
  - 90% Non OEF/OIF
  - 10% OEF/OIF Vet

- By Rehab Service:
  - Pie chart showing distribution of rehabilitation services

- By Service Connection:
  - Bar chart showing service connection

- By Special Population:
  - Pie chart showing distribution of special populations
  - Vision Loss 39%
  - Hearing Loss 41%
  - TBI 14%
  - TPD 14%
  - Amputation 2%

VETERANS HEALTH ADMINISTRATION
Rehabilitation Services Metrics and Data: Measuring and Understanding Success – Access / Productivity

Quadrant 1: Productivity and Access above the mean representing optimal practice.

Quadrant 2: Productivity above the mean, Access below the mean indicating specialty service is under-resourced and/or the demand/utilization for specialty services is not appropriately managed.

Quadrant 3: Productivity and Access below the mean may indicate the specialty service is inefficient.

Quadrant 4: Productivity below the mean and Access above the mean may indicate specialty service is over-resourced, and/or the demand/ utilization for in-house specialty services is constrained.
Rehabilitation Services Metrics and Data: Measuring and Understanding Success – PSAS Procurements

Number of Days

- Rehabilitation Services Rehabilitation Services
  - Metrics and Data:
    - Measuring and Understanding Success – PSAS Procurements

<table>
<thead>
<tr>
<th>VISN</th>
<th>Station</th>
<th>PSAS Category</th>
</tr>
</thead>
<tbody>
<tr>
<td>VISN 1</td>
<td>402</td>
<td>ALL OTHER SUPPLIES &amp; EQUIP - NEW</td>
</tr>
<tr>
<td>VISN 2</td>
<td>405</td>
<td>ARTIFICIAL ARMS/TERMINAL DEV - NEW</td>
</tr>
<tr>
<td>VISN 3</td>
<td>436</td>
<td>ARTIFICIAL ARMS/TERMINAL DEV - REP</td>
</tr>
</tbody>
</table>

Match Count: 44,397
Rehabilitation Services Metrics and Data: Measuring and Understanding Success – Utilization

Patient Encounters and Unique Patients served by Rehabilitation Disciplines by VISN in FY 2014*

(*Does not include O&P data in this version)
<table>
<thead>
<tr>
<th>Facility</th>
<th>Station</th>
<th>VISN</th>
<th>MCG</th>
<th>CLINICAL OUTCOMES</th>
<th>SATISFACTION</th>
<th>MISSED OPPS</th>
<th>WAIT TIMES</th>
<th>STAFFING</th>
<th>PRODUCTIVITY</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>FSGD Assessments</td>
<td></td>
<td></td>
<td>MOA: #DIV/0!</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>(CVA/TBI/AMP)</td>
<td></td>
<td></td>
<td>#DIV/0!</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>USPDCQ</td>
<td></td>
<td></td>
<td>#DIV/0!</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mean</td>
<td>44.3%</td>
<td></td>
<td></td>
<td>13.3%</td>
<td>93.4%</td>
<td>49.3%</td>
<td>22.4</td>
<td>27,252</td>
<td>3,114.5</td>
</tr>
<tr>
<td>Standard Deviation</td>
<td>38.6%</td>
<td></td>
<td></td>
<td>4.5%</td>
<td>3.2%</td>
<td>9.8%</td>
<td>13.0</td>
<td>14,945</td>
<td>1,745.8</td>
</tr>
<tr>
<td>Minimum</td>
<td>0.0%</td>
<td></td>
<td></td>
<td>8.2%</td>
<td>88.7%</td>
<td>32.9%</td>
<td>11.5</td>
<td>13,900</td>
<td>1,216.3</td>
</tr>
<tr>
<td>25%ile</td>
<td>3.6%</td>
<td></td>
<td></td>
<td>10.3%</td>
<td>91.3%</td>
<td>45.0%</td>
<td>13.1</td>
<td>14,509</td>
<td>1,969.2</td>
</tr>
<tr>
<td>50%ile</td>
<td>54.8%</td>
<td></td>
<td></td>
<td>11.8%</td>
<td>94.6%</td>
<td>49.4%</td>
<td>17.3</td>
<td>25,623</td>
<td>2,582.0</td>
</tr>
<tr>
<td>75%ile</td>
<td>68.6%</td>
<td></td>
<td></td>
<td>16.5%</td>
<td>95.4%</td>
<td>55.4%</td>
<td>28.4</td>
<td>35,950</td>
<td>4,120.6</td>
</tr>
<tr>
<td>Maximum</td>
<td>100.0%</td>
<td></td>
<td></td>
<td>19.7%</td>
<td>97.2%</td>
<td>63.0%</td>
<td>48.3</td>
<td>54,445</td>
<td>5,822.2</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Facility</th>
<th>Station</th>
<th>VISN</th>
<th>MCG</th>
<th>CLINICAL OUTCOMES</th>
<th>SATISFACTION</th>
<th>MISSED OPPS</th>
<th>WAIT TIMES</th>
<th>STAFFING</th>
<th>PRODUCTIVITY</th>
</tr>
</thead>
<tbody>
<tr>
<td>(01) (402) Togus, ME</td>
<td>402</td>
<td>1</td>
<td>2-Medium Complexity</td>
<td>4.8%</td>
<td>10.9%</td>
<td>89.0%</td>
<td>51.2%</td>
<td>20.5</td>
<td>54,445</td>
</tr>
<tr>
<td>(01) (405) White River Junction, VT</td>
<td>405</td>
<td>1</td>
<td>2-Medium Complexity</td>
<td>42.9%</td>
<td>8.2%</td>
<td>95.3%</td>
<td>58.8%</td>
<td>14.1</td>
<td>13,900</td>
</tr>
<tr>
<td>(01) (618) Bedford, MA</td>
<td>518</td>
<td>1</td>
<td>3-Low Complexity</td>
<td>0.0%</td>
<td>19.7%</td>
<td>97.2%</td>
<td>63.0%</td>
<td>27.1</td>
<td>25,623</td>
</tr>
<tr>
<td>(01) (B23) VA Boston HCS, MA</td>
<td>523</td>
<td>1</td>
<td>1-High Complexity</td>
<td>67.1%</td>
<td>19.4%</td>
<td>92.0%</td>
<td>46.8%</td>
<td>48.3</td>
<td>16,612</td>
</tr>
<tr>
<td>(01) (608) Manchester, NH</td>
<td>608</td>
<td>1</td>
<td>3-Low Complexity</td>
<td>100.0%</td>
<td>9.3%</td>
<td>88.7%</td>
<td>54.3%</td>
<td>11.5</td>
<td>32,053</td>
</tr>
<tr>
<td>(01) (631) VA Central Western Massachusetts HCS</td>
<td>631</td>
<td>1</td>
<td>3-Low Complexity</td>
<td>0.0%</td>
<td>10.6%</td>
<td>94.4%</td>
<td>39.7%</td>
<td>13.4</td>
<td>35,727</td>
</tr>
<tr>
<td>(01) (850) Providence, RI</td>
<td>650</td>
<td>1</td>
<td>2-Medium Complexity</td>
<td>73.3%</td>
<td>15.6%</td>
<td>95.7%</td>
<td>47.6%</td>
<td>12.0</td>
<td>1,670.9</td>
</tr>
<tr>
<td>(01) (689) VA Connecticut HCS, CT</td>
<td>689</td>
<td>1</td>
<td>1-High Complexity</td>
<td>66.7%</td>
<td>12.6%</td>
<td>94.4%</td>
<td>32.9%</td>
<td>32.4</td>
<td>14,406</td>
</tr>
</tbody>
</table>
Rehabilitation Services Metrics and Data: Measuring and Understanding Success – Comprehensive TBI Evaluations

VHA Summary of CTBIEs Completed via Approved Template

<table>
<thead>
<tr>
<th>CTBIE Quarter</th>
<th>Median Days to Exam</th>
<th>Median Sample Size</th>
<th>Change in Median Days (Previous Qtr)</th>
<th>Requested CTBIEs</th>
<th>Completed CTBIEs</th>
<th>Outstanding CTBIEs</th>
<th>Pct Completed CTBIEs</th>
<th>Change in Pct completed (Previous Qtr)</th>
</tr>
</thead>
<tbody>
<tr>
<td>FY15 Q3</td>
<td>23</td>
<td>1519</td>
<td>-2</td>
<td>20,178</td>
<td>13,968</td>
<td>6,210</td>
<td>68.73 %</td>
<td>-2.75 %</td>
</tr>
<tr>
<td>FY15 Q2</td>
<td>25</td>
<td>3080</td>
<td>0</td>
<td>20,292</td>
<td>14,504</td>
<td>5,788</td>
<td>71.48 %</td>
<td>-0.62 %</td>
</tr>
<tr>
<td>FY15 Q1</td>
<td>25</td>
<td>3242</td>
<td>2</td>
<td>20,514</td>
<td>14,790</td>
<td>5,724</td>
<td>72.10 %</td>
<td>1.01 %</td>
</tr>
<tr>
<td>FY14 Q4</td>
<td>23</td>
<td>3433</td>
<td>1</td>
<td>20,254</td>
<td>14,397</td>
<td>5,857</td>
<td>71.08 %</td>
<td>1.02 %</td>
</tr>
<tr>
<td>FY14 Q3</td>
<td>22</td>
<td>3417</td>
<td>-1</td>
<td>19,818</td>
<td>13,885</td>
<td>5,933</td>
<td>70.06 %</td>
<td>2.35 %</td>
</tr>
<tr>
<td>FY14 Q2</td>
<td>23</td>
<td>3127</td>
<td>0</td>
<td>20,092</td>
<td>13,604</td>
<td>6,488</td>
<td>67.71 %</td>
<td>0.46 %</td>
</tr>
<tr>
<td>FY14 Q1</td>
<td>23</td>
<td>2869</td>
<td>0</td>
<td>20,179</td>
<td>13,570</td>
<td>6,609</td>
<td>67.25 %</td>
<td>-0.06 %</td>
</tr>
<tr>
<td>FY13 Q4</td>
<td>23</td>
<td>2962</td>
<td>-2</td>
<td>20,151</td>
<td>13,564</td>
<td>6,587</td>
<td>67.31 %</td>
<td>-0.42 %</td>
</tr>
</tbody>
</table>

VHA CTBIE Completion Metrics
Rehabilitation Services Metrics and Data: Measuring and Understanding Success – Orthotic and Prosthetic Services

<table>
<thead>
<tr>
<th>Fiscal Year</th>
<th>Encounters by Top 20 Diagnosis</th>
<th>Encounters by OF/OF/OND</th>
<th>Encounters by Gender</th>
</tr>
</thead>
<tbody>
<tr>
<td>2009</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2010</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2011</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2012</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2013</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2014</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2015</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Encounters by Top 20 Diagnosis:
- Diabetes Mellitus Without Mention of Complication: 20,237
- Run In Joint Involving Lower Leg: 7,643
- Fitting and Adjustment of Orthotic Device: 6,300
- Diabetes with Neurological Manifestation, Type: 9,199
- Pain, Illness: 4,985
-便捷: 4,645
- Others: 4,500
- Run In Joint Involving Ankle and Foot: 3,266
- Amputation, Unspecified Whether Generalized: 2,674
- Plan for Partial Foot: 2,628
- Flat Foot: 2,561
- Club Foot: 2,516
- Carpal Tunnel Syndrome: 2,313
- Care Engaging Orthotic Training: 2,202
- Venous (Peripheral Artery): 1,288
- Others: 1,041
- Other Acquired Deformities of Ankle and Foot: 1,922
- Backache, Unspecified: 1,296
- Diabetes Mellitus Without Mention of Complication: 1,018
- Diabetes with Other Specified Complications: 936

Encounters by OF/OF/OND:
- Non-OF/OF/OF: 92.12%
- OF/OF/OF Veteran: 7.88%

Encounters by Gender:
- Female: 84.43%
- Male: 15.57%
Virtual Care: Tele-Rehabilitation

Using video-telehealth between polytrauma and various rehabilitation programs and community based clinics. In FY15, Rehab Services provided:

- 57,581 tele-rehab encounters to 33,728 unique patients; *Audiology* accounted for 23,561 encounters and 15,634 uniquenesses
- 32% increase in tele-rehab encounters, and 30% increase in unique patients over FY14
Virtual Care: Expanding Access to Specialized Rehabilitation Care

• **Standardized TBI evaluation protocol for Telehealth**
  – TBI Subject Matter Expert panel developed consensus TBI evaluation protocol
  – 40 pilot sites trained and virtual training modules now available online
  – 417 unique Veterans were seen for an initial TBI Teleconsultation
  – TBI Telehealth Team funded at Washington DC VA to provide TBI care for rural Veterans in Maryland and Georgia in FY15

• **Secure Messaging**
  – All VAMCs have rehabilitation messaging triage teams

• **E-consults**
  – Specialist consultation may reduce need for additional patient visit
Virtual Care: Mobile Technology

*Concussion Coach* is a mobile phone application for Veterans and Service members who experience symptoms that may be related to brain injury.

It can be used as a *stand-alone* education and symptom management tool, or to *augment* face-to-face care with a healthcare professional.


Downloaded > 4000 times in 62 countries
Polytrauma Inpatient Unique Patients FY11-15

- 1,463 total unique PRC patients
  - Average length of stay = 40.5 days
  - Average age = 38.9
  - 4.4% female
- Fewer foreign theatre injured in FY15

- 722 total unique PTRP patients
  - Average length of stay = 68.5 days
  - Average age = 35.9
  - 6% female

*Source: Treating Specialty Cube
Final FY15 data not yet available
Polytrauma Individual Clinic
FY15 Overview

Total Encounters: 169,355
Telehealth Encounters: 2,363
52,580 Unique Patients
OEF/OIF Roster: 70.8%
Average Age: 39.7

Sources: Encounter Cube – FY15 data not final
Telehealth Workload Cube - Data pulled 10/16/15
Screening for Mild Traumatic Brain Injury for OEF/OIF/OND Veterans

VHA from April 2007 to August 31, 2015:

- 975,988 have been screened for possible mild TBI
- 184,314 screened positive and consented to follow-up comprehensive evaluation
  - 136,571 completed comprehensive evaluation
  - 81,597 received confirmed diagnosis of mild TBI
Veteran Population with Amputation (Major and Minor)

Amputee Population Served in VHA (FY00-FY13)

<table>
<thead>
<tr>
<th>FY</th>
<th>Amputees</th>
<th>Amputees New</th>
</tr>
</thead>
<tbody>
<tr>
<td>FY00</td>
<td>26,008</td>
<td>26,008</td>
</tr>
<tr>
<td>FY01</td>
<td>36,934</td>
<td>14,969</td>
</tr>
<tr>
<td>FY02</td>
<td>44,482</td>
<td>13,082</td>
</tr>
<tr>
<td>FY03</td>
<td>50,495</td>
<td>12,210</td>
</tr>
<tr>
<td>FY04</td>
<td>56,305</td>
<td>11,775</td>
</tr>
<tr>
<td>FY05</td>
<td>60,910</td>
<td>11,211</td>
</tr>
<tr>
<td>FY06</td>
<td>64,262</td>
<td>10,565</td>
</tr>
<tr>
<td>FY07</td>
<td>67,507</td>
<td>10,290</td>
</tr>
<tr>
<td>FY08</td>
<td>69,883</td>
<td>9,926</td>
</tr>
<tr>
<td>FY09</td>
<td>72,235</td>
<td>9,824</td>
</tr>
<tr>
<td>FY10</td>
<td>75,119</td>
<td>10,134</td>
</tr>
<tr>
<td>FY11</td>
<td>78,764</td>
<td>10,307</td>
</tr>
<tr>
<td>FY12</td>
<td>81,651</td>
<td>10,407</td>
</tr>
<tr>
<td>FY13</td>
<td>84,351</td>
<td>10,467</td>
</tr>
</tbody>
</table>
Outpatient VA Amputee Clinic Volumes
All Amputees
VA Amputee Clinic Telehealth Encounters
All Amputees

<table>
<thead>
<tr>
<th>Year</th>
<th>FY 08</th>
<th>FY 09</th>
<th>FY 10</th>
<th>FY 11</th>
<th>FY 12</th>
<th>FY 13</th>
<th>FY 14</th>
<th>FY 15</th>
</tr>
</thead>
<tbody>
<tr>
<td>2008</td>
<td>26</td>
<td>44</td>
<td>182</td>
<td>615</td>
<td>1181</td>
<td>1726</td>
<td>2321</td>
<td>2824</td>
</tr>
</tbody>
</table>

VETERANS HEALTH ADMINISTRATION
Prevalence Estimate – All Visual Impairments

Prevalence Estimate of Visual Impairment Among Veterans in the U.S. (20/70 – NLP)

<table>
<thead>
<tr>
<th>Year</th>
<th>Estimate</th>
</tr>
</thead>
<tbody>
<tr>
<td>2012</td>
<td>1,047,715</td>
</tr>
<tr>
<td>2014</td>
<td>1,040,181</td>
</tr>
<tr>
<td>2016</td>
<td>1,022,059</td>
</tr>
<tr>
<td>2018</td>
<td>1,010,775</td>
</tr>
<tr>
<td>2020</td>
<td>991,585</td>
</tr>
<tr>
<td>2022</td>
<td>973,621</td>
</tr>
<tr>
<td>2024</td>
<td>963,716</td>
</tr>
<tr>
<td>2026</td>
<td>948,407</td>
</tr>
<tr>
<td>2028</td>
<td>946,205</td>
</tr>
<tr>
<td>2030</td>
<td>933,647</td>
</tr>
<tr>
<td>2032</td>
<td>917,990</td>
</tr>
</tbody>
</table>

Prevalence Estimate of Legal Blindness Among Veterans in the U.S.

<table>
<thead>
<tr>
<th>Year</th>
<th>Estimate</th>
</tr>
</thead>
<tbody>
<tr>
<td>2012</td>
<td>134,695</td>
</tr>
<tr>
<td>2014</td>
<td>132,805</td>
</tr>
<tr>
<td>2016</td>
<td>130,428</td>
</tr>
<tr>
<td>2018</td>
<td>128,800</td>
</tr>
<tr>
<td>2020</td>
<td>125,747</td>
</tr>
<tr>
<td>2022</td>
<td>122,245</td>
</tr>
<tr>
<td>2024</td>
<td>120,291</td>
</tr>
<tr>
<td>2026</td>
<td>117,894</td>
</tr>
<tr>
<td>2028</td>
<td>118,736</td>
</tr>
<tr>
<td>2030</td>
<td>119,169</td>
</tr>
<tr>
<td>2032</td>
<td>121,597</td>
</tr>
</tbody>
</table>
In FY14, VIST rosters included 49,605 eligible Veterans

(Source: BR5.0)

- 3,266 referrals to Blind Rehabilitation Centers
- 8,438 referrals to BROS
- 517 referrals for computer access technologies
- 613 referrals to community for computer assisted technology training