STATEMENT OF
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BEFORE THE
HOUSE COMMITTEE ON APPROPRIATIONS
SUBCOMMITTEE ON MILITARY CONSTRUCTION, VETERANS AFFAIRS, AND RELATED AGENCIES

MARCH 25, 2009

Good afternoon, Mr. Chairman and members of the Subcommittee. Thank you for the opportunity to discuss the Department of Veterans Affairs' (VA's) work with the Department of Defense (DoD) to support medical transitions for injured or ill Veterans and servicemembers.

VA's mission is to care for those who have borne the battle. As medical technology has advanced, more and more of our brave heroes survive what would have been fatal wounds in previous conflicts. But survival is only the immediate goal – our job is to restore Veterans to the greatest level of health, independence and quality of life that is medically possible. We are achieving this goal through close collaboration with DoD to facilitate a smooth medical transition and continuum that ensures Veterans and servicemembers receive the full continuum of care.

Central to our efforts, VA and DoD continue to utilize the Senior Oversight Committee (SOC) to improve the coordination of services between the two Departments. The SOC continues work to streamline, de-conflict, and expedite our efforts to support wounded, ill, and injured Veterans' and servicemembers' recovery, rehabilitation, and reintegration.

The Joint Executive Council (JEC), established by the National Defense Authorization Act of 2004, explores new ways to: improve health resource sharing; remove barriers to collaboration; support beneficial opportunities for better business practices; and ensure high quality, cost-effective services for VA and DoD beneficiaries. The JEC oversees and establishes priorities for the Health Executive Council (HEC), which is chaired by VA's Under Secretary for Health and DoD's Assistant Secretary for Health Affairs. The HEC serves as a venue for quickly vetting issues to subject matter

experts in both Departments. The HEC's long term core challenges are putting technology in place to allow data sharing capabilities, establishing agreements for sharing personally identifiable information, and assessing the health needs, including PTSD and TBI, of Veterans and servicemembers.

The Joint Incentive Fund (JIF) is a funding mechanism for the two Departments to allow their facilities, especially joint venture facilities, to initiate projects to increase access to care and maximize our resources. The JIF is implemented by the HEC and was established by the National Defense Authorization Act of 2003. Funds placed by either Department into the JIF are not restricted by the same time limitations normally placed on appropriations. Over the past seven years, the JIF has been the most significant conduit for field-based sharing of resources and enhanced services to beneficiaries of both Departments. The Financial Management Work Group reviews and evaluates proposals for JIF projects and makes recommendations to the HEC.

We recognize for some of our patients, this transition is not a one-way road. Many of our facilities, particularly our Polytrauma Rehabilitation Centers, treat active duty servicemembers who maintain their status with DoD, while other facilities treat members of the Reserves or the National Guard between periods of activation. Regardless of the desired outcome for each individual patient, communication is the critical link in this transition process: communication with our patients, with their families and among clinicians. Effective communication encompasses tailoring rehabilitation plans to meet the needs and expectations of our patients and their families. Dialogue between clinicians, whether in different disciplines or different Departments, brings together capable medical minds to ensure all patients receive the high quality care they have earned.

My testimony will focus on four areas of cooperation and coordination between VA and DoD regarding medical transitions for Veterans and servicemembers: mental health, traumatic brain injury, electronic health records and outreach. In each of these areas, VA and DoD have established processes to improve care coordination and quality no matter which Department is providing services.

Mental Health

Mental health care is an essential component of overall health care. Unlike with many physical conditions, though, Veterans and servicemembers carrying these scars of war are not always readily identifiable. Identifying and treating patients with these conditions is paramount, and VA's efforts to facilitate treatment while removing the stigma associated with seeking mental health care are yielding valuable results. VA screens any patient seen in our facilities for depression, post-traumatic stress disorder (PTSD), problem drinking and military sexual trauma. We have incorporated this screening and treatment into primary care settings. We also offer a full continuum of care, including inpatient, residential and outpatient services for Veterans with one or more of the following conditions: serious mental illness, PTSD, alcohol and substance abuse disorders, depression and anxiety. We further offer programs for Veterans at risk of suicide, Veterans who are homeless, and Veterans who have experienced military sexual trauma. We provide urgent care immediately and we conduct an initial evaluation of all patients with potential mental health issues within 24 hours of contact. For non-urgent care, we see 95.3 percent of patients within 14 days of their requested appointment date.

VA provides mental health care in several different environments, including Vet Centers. There are strong, mutual interactions between Vet Centers and our clinical programs. Vet Centers provide a wide range of services that help Veterans cope with and transcend readjustment issues related to their military experiences in war. Services include readjustment counseling for Veterans, marital and family counseling necessary for the successful readjustment of the Veterans, bereavement counseling, military sexual trauma counseling and referral, demobilization outreach/services, substance abuse assessment and referral, employment assistance, referral to VA medical centers, VBA referral, and Veterans community outreach and education. Vet Centers provide a non-traditional therapeutic environment where Veterans and their families can receive counseling for readjustment needs and learn more about VA's services and benefits. By the end of FY 2009, VA will offer 271 Vet Centers with 1,526 employees to address the needs of Veterans. Additionally, VA is deploying a fleet of 50 new Mobile Vet Centers early this year; they will provide outreach to returning Veterans at

demobilization activities across the country and remote areas.

VA has participated in DoD's post-deployment health reassessment (PDHRA) since the onset of Operations Enduring Freedom and Iraqi Freedom (OEF/OIF) and support referrals for additional care. The PDHRA is a DoD health protection program designed to enhance the deployment-related continuum of care. PDHRA's provide education, screening, and a global health assessment to identify and address health concerns, with specific emphasis on mental health, that have emerged over time since deployment. DoD provides VA a list of locations and times where these events will take place – often at a Guard or Reserve unit. VA outreach staff from local medical centers and Vet Centers participates at these events. DoD clinicians conduct screening exams for Veterans and VA staff is available to coordinate referrals for any Veteran interested in seeking care from a VA facility. Vet Center staff members are also present to assist Veterans with enrollment in VA for health care or counseling at a local Vet Center. VA's PDHRA mission is threefold: enroll eligible reserve component servicemembers into VA health care; provide information on VA benefits and services; and provide assistance in scheduling follow-up appointments. VA medical center and Vet Center representatives provide post-event support for all onsite and Call Center PDHRA events. Between FY 2006 and January 31, 2009, VA has supported DoD in completing more than 250,000 PDHRA screens resulting in 96,638 total referrals, of which 52,780 were for VA medical centers and 22,801 were for Vet Centers.

Traumatic Brain Injury

In partnership with DoD and the Defense and Veterans Brain Injury Center, VA has been a national leader in the care and rehabilitation of Veterans with traumatic brain injury (TBI) for more than 15 years, and we are committed to maintaining that status. VA utilizes an automated clinical reminder for TBI Screening and Evaluation to identify patients who are at risk for TBI and to ensure they receive the appropriate clinical services. Since April 2007, all OEF/OIF Veterans who come to VA for health care services are screened for possible TBI. Veterans who screen positive are offered referral for a comprehensive medical evaluation and follow up services as indicated. VA uses the TBI Tracking Application to monitor each individual screened and referred for

comprehensive evaluation and follow-up care. VA distributes reports from the TBI Tracking Application to facilities every month to assist them in developing and refining their clinical processes.

Through January 31, 2009, VA has screened 270,022 OEF/OIF Veterans for possible TBI, which is approximately two-thirds of the more than 400,000 OEF/OIF Veterans who have come to VA for care. From this population, 50,068 screened positive for a possible TBI and were referred for comprehensive evaluations. Of the 33,250 who received follow-up evaluations so far, 15,486 were confirmed with a diagnosis of mild TBI; 12,580 have had a TBI diagnosis ruled out, and a little more than 5,184 require further evaluation. Data show that 99.9 percent of Veterans with a confirmed TBI diagnosis have utilized VA outpatient services and 9.7 percent have utilized VA inpatient services, confirming that VHA is successfully identifying and providing services to this target group. A web-based tracking application is used nationally to capture data (including demographics, contact information, responses to TBI screening questions, a clinical neuro-behavioral symptom inventory, and the patient's ultimate diagnosis) on those Veterans who have screened positive for possible TBI, those referred for follow-up evaluation, those who have completed the TBI evaluation, and actions taken to reach those who have not completed the evaluations.

VA's Polytrauma System of Care (PSC) is a nationwide integrated system of over 100 facilities with specialized rehabilitation programs for polytrauma and TBI. In addition to rehabilitation care, PSC provides case management, family education and support, psychosocial services and community re-integration assistance. PSC is organized into a four-tier system of hub-and-spoke facilities. Four regional Polytrauma Rehabilitation Centers serve as referral centers for acute medical and rehabilitation care for the most severely injured. As Veterans recover and transition closer to home, PSC continues to provide a continuum of integrated care through 22 Polytrauma Network Sites, 81 Polytrauma Support Clinic Teams and 45 Polytrauma Points of Contact located at VA medical centers across the country. VA ensures PSC's provide effective care through accreditation by the Commission on Accreditation of Rehabilitation Facilities (CARF), an internationally recognized standard of excellence for rehabilitation programs, and through collection and analysis of patient outcome measures.

The National Defense Authorization Act of FY 2008, requires VA to establish and maintain a TBI Veterans Health Registry. The registry will include information (demographic, service, clinical history, claims data, etc.) about every servicemember who served in OEF/OIF who exhibits symptoms associated with TBI and who applies for services or files a disability claim. The registry will involve a secure web-based portal in compliance with VA data security, HIPAA and Privacy Act. A custom-built web portal will enable authorized VA users to evaluate data and develop policies, assess resource demands, determine the incidence and prevalence of TBI in the OEF/OIF population, and evaluate treatment and outcomes. VA has held several meetings over the last few months, has awarded a support contract, and is on pace to complete the Registry by the end of FY 2009.

On August 19, 2008, VA signed an interagency agreement with the Department of Education National Institute of Disability and Rehabilitation Research to draw upon their expertise in maintaining the TBI Model System, the largest longitudinal TBI database in the country. The VA Polytrauma Rehabilitation Centers will be added to the consortium of 16 TBI Model Systems centers from the private sector. This arrangement provides technical expertise and assistance to VA for construction and maintenance of the TBI database. This agreement further provides VA with access to data and information from the TBI Model System centers, and will allow VA to benchmark our outcomes with those of the other TBI Model Systems centers.

VA continues to lead efforts in advancing the assessment and treatment of TBI. The Office of Research convened a Traumatic Brain Injury State of the Art conference from April 30 to May 2, 2008. Invited participants included over 100 researchers, clinicians, and administrators from VA, Department of Defense, National Institutes of Health, Defense and Veterans Brain Injury Center, and academia. The purpose of the conference was to determine relevant research questions that would generate the knowledge needed to advance the understanding and treatment of TBI. The outcomes of the conference included the development of a list of priority research questions, which were published in a VA request for research proposals. Researchers have responded, and VA is supporting a broad spectrum of TBI research including screening, advanced imaging, diagnosis, treatment and long term outcome.

On November 17-18, 2008, VA hosted a summit with 30 international experts to discuss the assessment, treatment, and potential long-term effects of mild traumatic brain injury (TBI). Guest panelists from institutions in Australia, Canada, United Kingdom, Israel, Spain, and across America met with VA representatives to explore critical issues with regard to TBI. Panelists discussed best practices for assessment, treatment and rehabilitation of patients with mild TBI and overlapping stress-related disorders. Panelists also addressed potential long-term consequences of TBI and related stress disorders, and how to best provide care for such problems. Participants deliberated on a variety of issues in view of the current state of medical knowledge, including: identification and rehabilitation for TBI and post-traumatic stress, community and social reintegration, and family support issues. VA intends to utilize input from the conference to assess its current programs and future strategy for addressing mild TBI and related stress disorders. Based upon this summit, we know VA is a leader in TBI care and is committed to providing the resources for what remains to be learned through a number of strategies, including: establishing the Registry to track Veterans and servicemembers identified with TBI; advancing research related to TBI; improving methods to reintegrate Veterans with TBI into their communities; and determining the best ways to help family members cope and provided needed support.

Electronic Health Records

We recognize that the world of health IT and electronic health records is on the brink of great change. We will continue to contribute and be involved in the continuing development of standards. VA has more than 20 years of experience with electronic health records. Our clinicians were critical in the development and adoption of VA's electronic health record, which is fundamental to our ability to provide safe and high quality health care to our Veterans. VA's electronic health record won the prestigious Harvard Innovations in American Government award in 2006. VA's world-class electronic health record improves patient safety, reduces costs, and can help guide the nation toward broad adoption of electronic health records. Additionally, VA's electronic health records offer the capability to support a robust Personal Health Record for Veterans. VA's Personal Health Record, known as My Health***e***Vet empowers

Veterans, regardless of age or geography, to invest in their own health care online with 24/7 access to VA prescription refill, review of medical information, self reporting for blood pressure and other vitals. VA recently added wellness reminders. These online functions help reduce duplicate testing; increase capability for preventive care and management of chronic diseases; and increase adherence to evidence- based practice.

Leveraging information technology to improve and modernize the delivery of health care is a top priority of the Secretary of Veterans Affairs. Secretary Shinseki is collaborating with the Secretary of Defense to simplify the transition of military personnel into VA. The two Departments will continue to work toward improving the exchange of medical information to best serve our active duty servicemembers and Veterans who come to us for medical care, in addition to improving the functions of My Health***e***Vet. Today, we are sharing more information than ever before. Although our data exchanges are unprecedented in the scope and amount of data we share, we realize there is more work to be done and believe we are taking the steps necessary to meet our goals and comply with the direction provided by the FY 2008 National Defense Authorization Act (NDAA).

Since 2001, the Federal Health Information Exchange (FHIE) has accomplished the one-way transfer of all clinically pertinent electronic information on more than four million separated individuals. Approximately half of these individuals have come to VA for health care or benefits as Veterans. In addition to FHIE, VA and DoD clinicians are using the Bidirectional Health Information Exchange (BHIE) to view medical data on shared patients, including Veterans, active duty personnel and their dependents from every VA and DoD facility. Today, VA and DoD continue to share bidirectional viewable outpatient pharmacy data, allergy information, inpatient and outpatient laboratory results (including chemistry, hematology, microbiology, surgical pathology, and cytology), inpatient and outpatient radiology reports, ambulatory progress notes, procedures, problem lists, vital signs and history data.

Additionally, to support our most seriously injured Veterans and servicemembers, DoD is transferring digital radiological images and scanned inpatient information for every patient being transferred from Walter Reed and Brooke Army Medical Centers and Bethesda National Naval Medical Center to one of our four Polytrauma

Rehabilitation Centers. Our Polytrauma clinicians find this information invaluable for treating patients and we are continuing to improve the presentation of this information.

In addition to the viewable text and scanned information we receive and share with DoD, VA and DoD are sharing computable allergy and pharmacy information on patients who use both health care systems. The benefit of sharing computable data is each system can use information from the other system to conduct automatic checks for drug interactions and allergies. In VA, we have implemented this capability at seven of our most active locations where patients simultaneously receive care from both VA and DoD facilities. Once a patient's record is enabled with this capability, his or her pharmacy and allergy information is computable enterprise-wide in DoD and VA and available for this automatic clinical decision support.

Finally, our social workers, transition patient advocates, and other military liaison staff continue to use the Veterans Tracking Application or "VTA" successfully in order to improve the coordination of care for patients transitioning from DoD to VA. VTA provides our staff with key patient tracking and patient coordination information on a near real-time basis.

VA and DoD are now sharing digital radiology images bidirectionally at multiple locations where images are key to critical medical sharing programs. These sites include El Paso, Texas between William Beaumont Army Medical Center and El Paso VA Healthcare System; North Chicago, between the Naval Health Clinic Great Lakes and North Chicago VA Medical Center where we will soon stand up our new Federal Health Care Center; and in Washington, D.C., where we provide critical care to our OEF/OIF wounded and are piloting a single Disability Evaluation pilot between the Washington D.C. VA Medical Center, Walter Reed Army Medical Center and National Naval Medical Center.

Despite these accomplishments, we realize our work is not done and continue to expand the types of electronic medical data we share. Additionally, we continue to refine the way in which VA and DoD display data to our clinicians and to implement more robust data standardization that improve the use and computability of health information between VA and the Department of Defense.

Outreach

VHA currently maintains a variety of programs to respond to the specific needs of separating OEF/OIF servicemembers to assist them in transitioning from military service to Veteran status. For severely injured Veterans and servicemembers, VHA has stationed 27 social work or nurse case manager liaisons at 13 military treatment facilities across the country to identify and address the patient's clinical needs as they transfer from a DoD facility to a VA facility. Similarly, VA houses approximately 90 military liaisons in VHA facilities to provide on-site, non-clinical support for Veterans or servicemembers at VA's Polytrauma facilities and other locations.

In October 2007, VA partnered with DoD to establish the Joint VA/DoD Federal Recovery Coordination Program (FRCP). Federal Recovery Coordinators identify and integrate care and services for the seriously wounded, ill, and injured servicemember, Veteran, and their families through recovery, rehabilitation, and community reintegration. The FRCP is intended to serve all seriously injured servicemembers and Veterans, regardless of where they receive their care. The central tenet of this program is close coordination of clinical and non-clinical care management across the lifetime continuum of care.

Every VA medical center has established an OEF/OIF Program. The Program Manager, usually a social worker or nurse, manages programs for OEF/OIF Veterans, coordinates the efforts of clinical case managers and Transition Patient Advocates, links with military treatment facilities to ease transfers of patients and works with the Veterans Benefits Administration (VBA) to track claims. Each VISN has also identified an OEF/OIF Program Manager to coordinate inter-facility issues and practices. OEF/OIF case managers initiate contact with patients and families before they transfer from a military treatment facility (if they have received care there, otherwise, they work with patients and their families as they present for care) and assist an interdisciplinary team assigned to treat the Veteran's medical needs. The OEF/OIF case manager is responsible for planning and coordinating all of the patient's health care needs.

VA and DoD have established a comprehensive, standardized enrollment process at 61 demobilization sites (15 Army, four Navy, three Marines, three Coast Guard and 36 Air Force). Through this process, VA has contacted more than 31,000

members of the Reserve and National Guard components and enrolled more than 29,000 of them for VHA health care. DoD provides VA with dates, numbers of servicemembers demobilizing and locations for demobilizing events. At these events, VHA staff representatives from the local VA medical center, benefits specialists and Vet Center counselors receive approximately 45 minutes during mandatory demobilization briefings for a scripted presentation. During this time, Veterans receive information about recent changes in enrollment and eligibility, including the extended period in which those who served in combat may enroll for VA health care following their separation from active duty. They are also educated about the period of eligibility for dental benefits, which was recently extended from 90 days to 180 days following separation from service, by the National Defense Authorization Act for Fiscal Year 2008.

This enrollment process has been streamlined and Veterans are also shown how to complete the Application for Health Benefits (the 1010EZ), which begins the enrollment process for VA health care. VHA staff members also discuss how to make an appointment for an initial examination for service-related conditions and answer questions about the process. These completed forms are collected at the end of each session. VA staff at the supporting facility match the 1010EZ with a copy of the Veteran's DD214, their discharge papers and separation documents, scan them, and send them to the VA medical center where the Veteran chooses to receive care. The receiving facility staff enters this information into VA's electronic medical records; VA's Health Eligibility Center staff will then complete the enrollment process and send a letter to the Veteran verifying their enrollment.

In response to the growing numbers of Veterans returning from combat in OEF/OIF, the Vet Centers initiated an aggressive outreach campaign to welcome home and educate returning servicemembers at military demobilization and National Guard and Reserve sites. Through its community outreach and brokering efforts, the Vet Center program also provides many Veterans the means of access to other VHA and VBA programs. To augment this effort, the Vet Center program recruited and hired 100 OEF/OIF Veterans to provide the bulk of this outreach to their fellow Veterans. To improve the quality of its outreach services, in June 2005, the Vet Centers began documenting every OEF/OIF Veteran provided with outreach services. The program's

focus on aggressive outreach activities has resulted in the provision of timely Vet Center services to significant numbers of OEF/OIF Veterans and family members.

VA began a Veteran Call Center Initiative in May 2008 to reach out to OEF/OIF Veterans who separated between FY 2002 and July 2008. The Call Center representatives inform Veterans of their benefits, including enhanced health care enrollment opportunities and to see if VA can assist in any way. This effort initially focused on approximately 15,500 Veterans VA believed had injuries or illnesses that might need care management. The Call Center also contacted any combat Veteran who had never used a VA medical facility before. Almost 38 percent of those we spoke with requested information or assistance as a result of our outreach. The Call Center Initiative continues today, focusing on those Veterans who have separated since 2001. As of March 4, 2009, VA has called 632,010 Veterans and spoken with 151,451 of them. We have sent almost 34,000 requested information packages to Veterans.

Another area VA is supporting OEF/OIF transition is through the Yellow Ribbon Reintegration program. VA has assigned a full-time liaison with the Yellow Ribbon Reintegration Program office in DoD to facilitate VA support of the development and implementation of the program. The Yellow Ribbon Reintegration Program is currently active in 54 states and territories, and engages servicemembers and their families during the pre-, during and post-deployment stages, including 30, 60, and 90 days after deployment. At the local level, VA supported 130 Reserve and Guard Yellow Ribbon Events in FY 2008 through the middle of February 2009. A total of 19,768 servicemembers attended these events, and 14,934 family members did, too. VA provides information, assistance and referrals to servicemembers and helps them enroll in VA care. VA has assigned a full-time liaison with the Yellow Ribbon Reintegration office in DoD to support the development and implementation of additional programs and outreach.

Conclusion

Thank you again for this opportunity to speak about VA's role in collaborating with DoD to support the medical transition of injured or ill Veterans and servicemembers. I am prepared to answer any questions you may have.