CRITICAL ISSUE 5

The Continuing Challenge of Providing Specialized Care and Benefits Services to Veterans

The Department of Veterans Affairs must work to provide integrated health services and benefits that meet the needs of newer veterans and veterans from past generations of service.

The federal government is accountable to provide new veterans with a seamless transition of services and benefits to ensure their successful reintegration into civilian society. More than 2 million U.S. service members have deployed to Iraq and Afghanistan since 2001, with many individuals having served several tours of duty. *The Independent Budget* veterans service organizations (IBVSOs) believe particular attention must be paid to this population, including to the families of those severely injured in service and to women veterans now serving in unprecedented numbers. Equally important, the Department of Veterans Affairs must simultaneously continue to care for veterans of prior generations of service, including providing robust specialized health-care programs, such as those for traumatic brain injury (TBI); post-traumatic stress disorder (PTSD) and other mental health needs; spinal cord injury or disorder (SCI/D); blind rehabilitation, amputation care, and prosthetic, orthotic and sensory aids devices; and furnish vital family caregiver support services to these veterans. These are crucial services for millions of disabled veterans, and VA is often the only resource available to them.

Family Caregivers of Severely Injured and Ill Veterans

Many family members serve as lifelong caregivers to severely injured veterans. To respond, Congress enacted Public Law 111-163, the "Caregivers and Veterans Omnibus Health Services Act." More than 10,000 families of veterans are now enrolled in this support program. Over our objection, the law limits eligibility for full benefits and services to families of veterans who served on or after September 11, 2001. This comprehensive support program should apply to all service-disabled veterans on the basis of medical and other pertinent needs, not based solely on the period of military service involved. To make the benefit more effective, we urge Congress to authorize expansion of the comprehensive program to cover family caregivers of all service-disabled veterans, irrespective of a veteran's period of service.

Veterans should not be forced to wade through bureaucratic delays to obtain the VA benefits and health care that they have earned. To better assist these veterans and their families, strong case management is necessary as new veterans transfer from the responsibility of the Department of Defense (DOD) to VA. Congress created the Federal Recovery Coordination Program (FRCP) to coordinate DOD and VA care for severely injured and ill service members. The IBVSOs appreciate this authorization, but we remain concerned about the gaps observed between these VA and DOD transition programs and the need for dependable and integrated case management essential for veterans to receive complex components of care in an effective manner. The gaps that need to be addressed include reducing confusion or conflicting information by more effectively communicating with, and educating families, and streamlining the referral process. We encourage continuation of determined Congressional oversight of the FRCP to ensure it fulfills its purpose.

Traumatic Brain Injury, Post-Traumatic Stress Disorder, and Mental Illnesses

The IBVSOs believe VA and the DOD should conduct additional research into the long-term consequences of brain injury and its relationship with PTSD symptoms, and continue to develop best practices and evidence-based treatments, not only in the care of these patients but also in supportive programs for their families. Experts in the brain injury field have concluded that even the "mild" version of brain injury can produce individual behaviors that mimic PTSD or create other mental health challenges. Also, mild-to-moderate TBI and other physical injuries can leave patients with long-term health consequences if they go untreated. In addition to treatment and rehabilitation, the IBVSOs are concerned about the challenge and coordination of integrated services for severely injured veterans and aid to their families, especially those with TBI. Additionally, research has consistently found that the effects of TBI and PTSD can co-exist in one individual. Nevertheless, much remains unknown about effective treatments for these sometimes comorbid conditions.

Without proper screening, diagnosis, and treatment, mental health struggles can lead some distressed individuals to break down. Suicide in the active duty force is a disturbing phenomenon, and the suicide rate among veterans is alarmingly high compared to the general population. The IBVSOs are encouraged that VA has developed a specific suicide prevention strategy. The DOD is also making progress against this difficult challenge. However, the DOD and VA need to continue cooperating to improve their responses to at-risk combat veterans, including making improvements in the integration of mental health services into basic primary medical care. Primary care is the most likely venue where providers can identify active duty personnel and veterans who are struggling and may be at risk, and then develop early interventions for observed potential mental or emotional problems in these populations.

Military Sexual Trauma

Of rising concern to the IBVSOs is the scourge of military sexual trauma. The DOD estimates that up to 36,000 sexual assaults occur annually within the ranks of active, reserve, and Guard units, even though less than 10 percent of these potential criminal incidents are reported by survivors. VA is providing more than 800,000 annual episodes of outpatient care and counseling to more than 100,000 veterans victimized by such personal assaults during their service. Additionally, VA is challenged to recognize service connection of the disabilities attendant to sexual trauma because of unavailable or non-existent DOD records to corroborate their claims. Even in cases in which records exist, VA often cannot obtain them from the DOD. Until recently DOD agencies were destroying some of these records after very short retention periods.

The Veterans Benefits Administration has issued special procedures to claims adjudicators to address the lack of available information in these cases, but the IBVSOs are concerned about whether these procedures are being carried out fully at VA regional offices, given other pressures extant within the VBA to reduce the overall backlog of claims. We believe VA, responsible military service branch offices, and the DOD Sexual Assault Prevention and Response Office need to coordinate inter-agency policies to ensure that such cases are dealt with properly if veterans step forward and make claims for related disabilities. It is unclear whether policies with

respect to records security, retention, and access across the Army, Navy, Air Force, Marine Corps (and in the case of the Department of Homeland Security and the Coast Guard) are consistent. Congress and the Administration should take steps to ensure that such policies are carried out in a manner that supports survivors of this in-service injury, and that the benefit of the doubt always accrues to veterans injured by sexual assault or other trauma.

Challenges Facing Veterans with Spinal Cord Injury or Disorder

As the veteran population ages, VA must assess and prepare for veterans' long-term-care needs. Of particular concern is the availability of VA long-term-care services for veterans with spinal cord injury or disorder. The need for long-term-care services for this population of veterans is vastly growing.

Despite the fact that the life expectancy for these veterans has increased significantly in recent years, and the onset of secondary illnesses and complications associated with aging and SCI/D occurs more frequently, VA is not devoting sufficient resources to meet this demand. Nationwide, VA operates only five designated long-term-care facilities for SCI/D veterans. Unfortunately, the existing centers are not optimally located to meet the needs of a nationally dispersed SCI/D veteran population. Often, the existing centers cannot accommodate new veterans needing long-term-care services due to lack of beds, so consequently these facilities manage long waiting lists for admission and veterans remain unserved, which bears long-term costs that remain invisible to decision makers who focus on the short term gains. Placing veterans with a spinal cord injury or disorder in a long-term-care facility within VA or the local community continues to be a challenge.

While VA has identified a need to provide additional SCI/D long-term-care centers, and has included these additional centers in ongoing facility renovation plans, many of these plans have been languishing for years. Therefore, the IBVSOs strongly recommend that VA and Congress work together to ensure that the Spinal Cord Injury System of Care has adequate resources to staff existing long-term-care centers, as well as increase the number of centers throughout VA.

Delays in the Delivery of Prosthetic Services

The VA Prosthetic and Sensory Aids Service (PSAS) has created a prosthetics and surgical products contracting center within the VA Office of Acquisition and Logistics. This center is responsible for ordering prosthetic devices that cost $3,000 or more. Centralization of contracting staff ultimately extended the procurement process and created delays by putting distance between purchasing agents and authority to transact procurements above the micropurchase threshold. Many purchasing agents were not given consistent guidance from VA Central Office or Veterans Integrated Service Network contracting officers on the extent of their responsibilities under the new process. Hence, judgment of medical need has been placed completely into the hands of administrators who do not directly engage clinicians or patients, who must adhere to stringent regulations to make awards to the lowest responsible bidder, and who must observe a wide variety of ethics and disclosure obligations that have nothing to do with the patient's condition. As a result of this change, veterans have experienced

delayed delivery of prosthetic devices and inconsistent administration of VA prosthetic policies, and decreased overall quality of VA prosthetic services.

Too many veterans are experiencing delays in delivery of their prosthetic devices due to inconsistent administration of PSAS policy. The failure to enact and enforce a national standard has resulted in VHA national prosthetics staff having to create local interpretations of VA policy that vary across medical centers and prolong the ordering and delivery of prosthetic items. In addition to inconsistent policies, the two offices responsible for ensuring that veterans receive quality prosthetics in a timely manner do not communicate efficiently, thus increasing bureaucratic delays and making an intricate process even more complex for veterans and their families to understand.

The delivery of prosthetic devices must improve. Specifically, VA must establish and implement national standards and policy for prosthetics service delivery and develop systems that eliminate communication barriers between both PSAS and the Office of Acquisition and Logistics. The PSAS and the Office of Acquisition and Logistics must work together to create and implement these changes consistently in all VA medical facilities.

The Challenge of Information Technology

The IBVSOs continue to be concerned about the status of collaboration between the DOD and VA in the area of information technology (IT) management, encompassing both military personnel records and the electronic health records each agency maintains on individuals. Earlier this year, VA and DOD secretaries jointly announced a major change to this years-long project that may mean that interoperable electronic records will never be achieved. Each agency is now embarked on developing separate records systems, but including a plan to establish an interface that permits the disparate records of one to be read by the other. This announcement brought on a vast amount of criticism by Congress on a bipartisan and bicameral basis, charging in effect that the agencies were abandoning their long-sought goal, and one that is mandated in law.

The absence of sharing electronic information on a broad or routine scale will create a major barrier to achieving seamless transition in hundreds of thousands, and perhaps millions, of service personnel, and will affect the status of all veterans in their subsequent transactions with VA. Effective information exchange could increase health-care sharing between agencies and providers, laboratories, pharmacies, and patients; aid patients in transition between settings; reduce duplicative and unnecessary testing; promote and improve integration and safety and reduce errors. In addition, lack of access to DOD records by VA claims examiners prevents quality decision-making on veterans' disability claims and may cause unfair denials of grants of service connection for in-service injuries and illnesses. Effective information technology is more than ever the lynchpin for providing veterans their rightful benefits and services.

We remain firm that the DOD and VA are accountable to service members and veterans for completing a process of records management that is national, computable, and interoperable—and that can provide real-time electronic exchange of personnel, health, occupational, and environmental exposure information on millions of veterans. Today this goal is far from being

achieved, and the secretaries' announcement abandoning the project may make joint records an unreachable goal.

Recommendations:

The Administration must ensure that the DOD and VA provide service members a seamless transition from military to civilian life while keeping their promises of care for older generations of war veterans. Congress must conduct rigorous oversight to validate this commitment.

The Administration should ensure that VA and the DOD refine coordinated programs of early intervention services for treatment of all war-related health problems, with a high priority on mental health challenges, substance-use disorders, and the effects of military sexual trauma.

The Administration must ensure that the DOD and VA maintain clear plans of effective rehabilitation for severely injured service members and veterans, with special attention to those with acute and chronic polytrauma, burn injury, amputation, TBI, PTSD, SCI/D, and other conditions associated with war trauma and its aftermath. Both agencies must make better use of the Federal Recovery Coordination Program to ensure these patients receive appropriate, integrated care.

To provide equity and fairness, VA should expand eligibility for caregiver support to families of all generations of severely ill and injured service-disabled veterans. Congress should continue to monitor VA to ensure that it faithfully executes the intent of Public Law 111-163 with respect to family caregiver needs.

The DOD and the Department of Homeland Security must execute consistent policies in records management (including access, retention, and disposal) with respect to individuals harmed by military sexual trauma, and VA should be granted access to these records, with consent of the individuals concerned, when needed to verify individual claims for disability.

The DOD and VA must invest in further research for traumatic brain injury and post-deployment mental health conditions to close gaps in care and develop best practices in screening, diagnosing, and treating brain injuries and mental health sequelae of exposure to war, not only in the care of these patients but also in supportive programs for their families. The Administration should use its oversight to ensure this research continues and is robustly funded.

The DOD and VA must continue to train and certify that their health-care providers deliver evidence-based care for post-traumatic stress disorder and depression-related illnesses and find new ways to encourage service members and veterans to seek mental health care without fear of stigma. Evidence-based treatments should include counseling and care for military sexual trauma.

VA and Congress must work together to ensure that the Spinal Cord Injury System of Care has adequate resources to staff existing long-term-care centers, as well as increase the number of centers throughout VA.

VA must establish and implement national standards and policy for prosthetics service delivery and develop systems that eliminate communication barriers between both the Prosthetic and Sensory Aids Service and the Office of Acquisition and Logistics.

The DOD and VA information technology programs must ensure that they promote a seamless transition for new veterans and continue to support excellence in VA benefits and services to older generations of veterans. Congress and the Administration should maintain their oversight on VA and DOD information technology efforts to create new systems and approaches that accomplish these vital goals.