

Federal Health Matters

Brain Stimulation Indicated in Deep Muscle Symptom Improvement

According to a June 21, 2012, press release, a VA study appearing in a recent issue of *Neurology* indicated that patients with Parkinson disease (PD) who undergo deep brain stimulation (DBS) can expect stable improvement in muscle symptoms for at least 3 years. With DBS treatment, a pacemaker-like device sends pulses to electrodes implanted in the brain.

"VA was proud to partner with the National Institutes of Health in this research," said Secretary of Veterans Affairs Eric K. Shinseki. "Our research on Parkinson's helps ensure we continue to provide the best care possible for veterans with this debilitating disease."

About 60,000 veterans with PD are being treated by the VA. In DBS, the battery-operated device sends electrical pulses that jam the brain signals that cause muscle-related symptoms. Since DBS was introduced in the early 1990s, thousands of Americans have seen successful results. Studies were conducted to address remaining questions about which stimulation site in the brain yields better outcomes and over how many years the gains persist.

In 2009, the *Journal of the American Medical Association* published the initial results from this study. Six-month outcomes of 255 patients have led researchers to conclude that DBS is riskier than carefully managed drug therapy (due to possible surgery complications), but the treatment may hold significant benefits for people with PD who no longer respond to medication alone.

The New England Journal of Medicine published a follow-up report in 2010, using the data from 24 months of follow-up, which showed that sim-

ilar results can be obtained from either of the 2 brain sites targeted in DBS. Results from 36 months of follow-up on 159 patients from the original group are in the latest report. DBS produced marked improvements in motor (movement-related) function. The gains, not differing by brain site, lasted over 3 years, and patients averaged a gain of 4 hours to 5 hours a day free of troubling motor symptoms, such as shaking, slowed movement, or stiffness.

According to VA Chief Research and Development Officer Joel Kupersmith, MD, "This rigorously conducted clinical trial offers valuable guidance for doctors and patients in VA and throughout the world. As our veteran population and the general U.S. population grow older, this research and future studies on Parkinson's will play an important role in helping us optimize care."

Learn more about VA research by visiting www.research.va.gov.

Social Security, Kaiser Permanente to Speed Up Disability Decisions

In a June 25, 2012, press release, the Social Security Administration announced that Kaiser Permanente will electronically transmit complete medical records for its patients to the agency with the appropriate consent. Since Social Security requests about 70,000 patient files from Kaiser Permanente every year, this new system will save time and money for both partners and allow Social Security to make quicker and more efficient decisions.

Social Security entered into similar agreements over the last few years with several smaller providers to exchange medical records electronically

over the Nationwide Health Information Network. This agreement is the agency's first move into using health information technology (IT) on a large-scale basis.

"I am confident that people will look back at today's announcement as the most significant improvement in our disability determination process since the program began in 1956. In today's world, it makes no sense for us to chase down paper records on an individual basis," said Michael J. Astrue, Commissioner of Social Security. "We are thrilled that Kaiser Permanente is now one of our key agents for change."

"Kaiser Permanente is dedicated to supporting safe and secure health information exchange for members, and our work with Social Security will enable our patients to obtain quicker disability decisions on their benefits," said Lisa Caplan, senior vice president and business information officer for Kaiser Permanente. "We are delighted to be working with such an innovative agency."

For further information on Social Security's use of health IT, log on to www.socialsecurity.gov/hit.

New Processing Model for Compensation Claims

VA announced, in a July 11, 2012, press release, that it is deploying a new model for processing compensation benefits claims at 16 VA regional offices as part of a comprehensive transformation plan designed to yield an estimated 150,000 to 200,000 additional compensation claim decisions annually, while ensuring veterans most in need are prioritized. "This new model is a part of our comprehensive plan to eliminate the compensation claims backlog," said Under Secretary for Benefits, Allison A. Hickey. "Our

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redesigned model follows comprehensive planning and testing to ensure we have the right recipe for success."

The claims will be routed to 1 of 3 segmented lanes in the new "intake processing center": (1) Express, claims with only 1 or 2 medical conditions or with all supporting documentation, medical evidence, and service records needed for a quick decision referred to as fully developed claims; (2) Special Operations, claims needing special handling due to unique circumstances of the veterans, including financial hardship, homelessness, serious wounds, serious injuries, serious illnesses, posttraumatic stress disorder (PTSD) related to military sexual trauma, and former prisoner of war status; and (3) Core, claims with more than 2 medical conditions or those that will need additional information to make a compensation decision.

The 16 regional offices that have received the new model are Huntington, West Virginia; Hartford, Connecticut; Portland, Oregon; Houston, Texas; Cleveland, Ohio; Des Moines, Iowa; Boise, Idaho; Phoenix, Arizona; New Orleans, Louisiana; San Juan, Puerto Rico; Atlanta, Georgia; Indianapolis, Indiana; Wichita, Kansas; Milwaukee, Wisconsin; Newark, New Jersey; and Fort Harrison, Montana.

Learn more about how to file "fully developed claims" using VA's new Disability Benefits Questionnaires by logging on to http://www.benefits.va.gov/disabilityexams.

VA's Continued Commitment to Addressing PTSD

VA announced in a June 20, 2012, press release, the implementation of a new online initiative, *AboutFace*, by the Department of Veterans Affairs National Center for Posttraumatic Stress Disorder, focusing on helping veterans recognize PTSD symptoms and motivating them to

seek treatment. "We must do all we can to help veterans identify possible indicators that they may be suffering from PTSD," said Secretary of Veterans Affairs Eric K. Shinseki. "It requires a comprehensive, multifaceted approach to be effective. We hope that this initiative, while just one aspect of our program, will play an important role in that effort."

The AboutFace campaign exposes veterans to personal videos where viewers will meet veterans with PTSD and allows them to learn the steps to take control of their lives. This online initiative was designed as a complementary campaign to VA's Make the Connection (www.maketheconnection net) campaign. Make the Connection allows veterans to learn stories about veterans dealing with difficult life events and who reached out for support and overcame their challenges.

"VA is committed to ensuring the men and women who bravely served our nation can access the resources and services tailored for them that can lead to a more fulfilling life," said Dr. Robert A. Petzel, VA's Under Secretary for Health. "We want veterans to recognize themselves in these stories and to feel optimistic that they can overcome their challenges with proper treatment. We set aside this month of June to urge everyone to increase awareness of PTSD so those in need can get effective treatment that will enable them to lead productive, fulfilling, and enjoyable lives."

The launch of *AboutFace* in June coincided with PTSD Awareness Month. The initiative can be found on the National Center for PTSD website, www. ptsd.va.gov.

VA Provides Rural Veterans Greater Access to Specialty Care Services

In a July 10, 2012, press release, VA announced the implementation of a new initiative, Specialty Care Access

Network-Extension for Community Healthcare Outcomes (SCAN-ECHO), to increase access to specialty care services for veterans in rural and medically underserved areas through the use of videoconferencing equipment.

"We are committed to providing increased access to high-quality health care to veterans regardless of where they live," said Secretary of Veterans Affairs Eric K. Shinseki. "Through SCAN-ECHO, patients in rural areas with complex medical conditions are now able to receive specialty care treatment from their local VA physician."

Modeled after an outreach program developed by the University of New Mexico Health Sciences Center's Project ECHO, SCAN-ECHO empowers specialty care teams in areas such as diabetes, pain management, and hepatitis C to use videoconferencing equipment to connect with veterans' local primary care providers (PCPs) and Patient Aligned Care Teams. The PCP presents a patient's case during a scheduled SCAN-ECHO clinic, and the specialty care team recommends a treatment plan.

The 11 medical facilities currently serving as SCAN-ECHO Centers are VA Connecticut Healthcare System, Westhaven, Connecticut; VA Pittsburgh Healthcare System, Pittsburgh, Pennsylvania; Hunter Holmes McGuire VA Medical Center, Richmond, Virginia; Salem VA Medical Center, Salem, Virginia; Louis Stokes Cleveland VA Medical Center, Cleveland, Ohio; VA Ann Arbor Healthcare System, Ann Arbor, Michigan; New Mexico VA Healthcare System, Albuquerque, New Mexico: Eastern Colorado Healthcare System, Denver, Colorado; Portland VA Medical Center, Portland, Oregon; San Francisco VA Medical Center. San Francisco, California; and Veterans Integrated Service Network 22 (services split between VA Greater Los Angeles Healthcare System, Los Angeles, California; and VA San Diego Healthcare System, San Diego, California).