



Federal Health Matters

“Seamless” Health Care Transition for Nation’s Newest Vets?

With thousands of military personnel returning from Afghanistan, Iraq, and other overseas operations, the smooth transition of these individuals from DoD to VA health care services has become a prominent concern. And though these transition processes have been improved since the return of Persian Gulf War troops in 1991, recent reports of gaps in medical coverage have surfaced.

In response to these concerns, the House VA Committee held an oversight hearing in October. In addition to testimony from VA and DoD officials, the committee heard about the varied experiences of several new veterans as well as the U.S. General Accounting Office (GAO) report on the state of DoD force health protection and surveillance.

Registered nurse and U.S. Army reservist Arvilla Stiffler related the harrowing tale of her son Jason’s struggle to receive needed medical and psychiatric treatment—as well as appropriate financial benefits—after being discharged from active duty with spinal shock (resulting in lower extremity nerve damage), a closed head injury, and post-traumatic stress disorder. By contrast, veteran Nelson Villegas, who had both of his legs amputated below the knee, reported that his

transition to civilian life and VA care was smooth and timely thanks to effective collaboration and communication between the DoD and VA. Others raised concerns about confusion surrounding postdischarge benefits for National Guard and Reserve members, the compilation and transfer of medical data, and the future availability and accessibility of VA health care—though all veterans testifying agreed that the quality of DoD and VA health care, when provided in a timely manner, is unsurpassed.

The GAO weighed in with its findings regarding the DoD’s compliance with Public Law 105-85, which required the establishment of a system for assessing service members’ health status before and after deployment. A review of 1,071 medical records from Army and Air Force personnel involved in overseas operations revealed that 38% to 98% were missing one or both health assessments and up to 36% were missing at least two required immunizations. Furthermore, there were gaps and inaccuracies in the DoD’s centralized health database. The GAO attributed these and other problems to the lack of an effective quality assurance program.

During his testimony, Principal Deputy Assistant Secretary of Defense for Health Affairs Edward P. Wyatt, Jr. assured the committee that the DoD is working on establishing such a quality assurance program and outlined current force health protection policies. In addition,

both he and VA Under Secretary for Health Robert H. Roswell, MD detailed efforts of their departments to facilitate the transition from DoD to VA care. For example, five military medical treatment facilities (those receiving most of the injured service members returning from overseas deployments) have VA social workers and benefits representatives working onsite as part of a pilot program. These liaisons not only educate and counsel patients about VA benefits before separation from the military but actually can initiate VA health care enrollment. Furthermore, each VA facility has designated a staff member to serve as the “point of contact” to coordinate local transition-related activities. The DoD also has begun transferring some patient data electronically to the VA and will continue expanding this capacity through the end of fiscal year 2005.

VA Makes Strides in Independent Research Accreditation

In 1999, human subjects research violations uncovered at VA medical facilities in Los Angeles, CA prompted a chain of events that culminated in the contracting of the National Committee for Quality Assurance (NCQA) to perform independent, external accreditation of the VA’s research programs.

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Now, four years later, the VA Greater Los Angeles Healthcare System has become one of the first facilities to earn this research accreditation under the NCQA's revised standards.

The accreditation program had been stalled until earlier this year, when another set of research scandals led to the creation of the VA's Program for Research Integrity Development and Education. This new entity helped resuscitate the independent research accreditation program, and since then, a total of 16 VA sites have been accredited. In addition, two centers are awaiting a committee decision on their survey and two others are scheduled for survey in early 2004. All VA facilities conducting human

subject research are required to complete the accreditation process by September 2005.

The revised accreditation standards are designed to verify a site's compliance with all relevant federal human research regulations. Specifically, they evaluate institutional responsibilities, institutional review board structure and operations, consideration of risks and benefits, and informed consent.

Alaska Natives Fight to Prevent Drug and Alcohol Addiction

In November, the Substance Abuse and Mental Health Services Admin-

istration, an agency of the HHS, awarded a grant expected to total about \$10.4 million to the Cook Inlet Tribal Council, Inc. in Anchorage, AK. With these funds, the council plans to expand the scope of its substance abuse services to help people at risk for developing alcohol or drug dependence to change problematic behaviors before they lead to addiction. Hospitals, health centers, health clinics, and other community assistance programs will be able to provide screening, brief interventions, referrals, and brief treatment for both adults and adolescents. The grant will be distributed over the course of five years, contingent on outcomes and annual availability of funds. ●