Federal Health Matters

Enhancing the Safety of VA Inpatient Surgeries

To ensure the safest possible conditions for all inpatient surgeries, the VA launched the Surgical Complexity Initiative (SCI) on May 11. The goal of the initiative is to classify all VA hospitals according to the complexity of surgery that they may perform.

The SCI was developed based on a comprehensive facility review between June 2009 and March 2010, consisting of on-site studies of each of the VA's surgery programs. Each hospital then was assigned an inpatient "surgical complexity" level (complex, intermediate, or standard) based on criteria developed by 16 surgical advisory boards comprising 80 experts. Each level denotes the type of inpatient procedures that can be performed at a given facility.

Of the VA's 112 hospital surgery programs, 66 are authorized to conduct complex inpatient surgeries, 33 to conduct intermediate inpatient surgeries, and 13 to conduct standard inpatient surgeries. Intricate operations, such as cardiac surgery, craniotomies, and total pancreatectomies, will be performed at hospitals rated as complex; these surgery programs will require a special infrastructure of facilities, equipment, and staff to perform such procedures. Hospitals with an intermediate rating may perform surgeries such as colon resections, repairs of abdominal aortic aneurysms, and total joint replacements. Hospitals with a standard rating also may perform inpatient surgeries, albeit those that require limited infrastructure (such as hernia repairs and urologic procedures).

If a patient needs a surgical procedure that exceeds a VA hospital's complexity rating, the patient will be referred to a VA provider with a corresponding rating. However, based on 2009 inpatient surgery data, the VA anticipates that very few patients will ultimately be referred to facilities with higher complexity ratings—as few as 364 total surgeries, or approximately 0.1%, are characterized as either intermediate or complex.

The SCI, which is designed as an ongoing review program, will expand to include standards for outpatient surgery and serve as a tool for ongoing health system improvement. Each surgical center has a strategic plan in place to ensure that patients receive needed care as improvements are implemented.

"VA began this major undertaking in 2007 to close and prevent gaps in surgical care," said VA Under Secretary of Health Robert Petzel. "Our mission is to provide the best health care to veterans, and we are determined to meet uncompromising standards for inpatient surgery." The VA is the first hospital system to undertake such an extensive review and classification based on surgical capabilities.

Extension for Autism Services Demonstration

The Enhanced Access to Autism Services Demonstration has been extended to March 14, 2012. Recognizing the unique challenges parents face when raising a child with autism spectrum disorders (ASDs)—including the difficulty of paying for expensive specialized care—TRICARE provides financial assistance and access to an expanded network of specialized services for active duty service members who have a child with ASDs.

The disorders affect behaviors such as social interaction, imagination, the ability to communicate ideas or feelings, and the formation of interpersonal relationships. To reduce or eliminate specific problem behaviors and teach new skills to individuals with ASDs, several treatments, therapies, and interventions—known as educational interventions for autism spectrum disorders (EIA)—are available. Under this demonstration, eligible beneficiaries will have access to a greater range of evidence-based EIA services through a broader network of educational intervention providers.

To be eligible, beneficiaries must be aged 18 months and older, registered in TRICARE's Extended Health Care Option, and diagnosed with ASDs such as autistic disorder, childhood disintegrative disorder, Asperger syndrome, or a pervasive developmental disorder not otherwise specified. The demonstration currently is available only in the 50 United States and the District of Columbia.

Services covered under the demonstration will do the following: implement basic principles of applied behavior analysis; target behavior associated with core ASD deficits; focus on changing the child's behavior by observing and measuring the behavior in real-life environments; use scientific behavioral data to identify functional relationships between environmental events and behavior; gather behavioral data to track progress in reaching objectives identified in a child's behavior plan (and periodically modify the plan to adapt to the child's response); incorporate training to enable family members and caregivers to teach and support the child during typical family activities; and require that the child's family

members and caregivers meet with those designing and implementing the intervention program.

To increase the number of EIA providers currently available to participating beneficiaries, the demonstration will expand the definition of EIA supervisors and will add a new provider class, EIA tutors.

The TRICARE Management Activity administers a worldwide health care plan for 9.6 million eligible beneficiaries of the uniformed services, retirees, and their families.

Electronic Medical Records Discussed at Open House

The incorporation of electronic records for patients within the military and veteran health care communities was discussed at an open house on June 11. Officials at the event said that while patient medical records may never become entirely "paperless," these communities are on the right path.

Army Maj. Frank Tucker, a physician's assistant and the chief systems architect for the Military Health Systems' Joint Medical Information System, served on a panel at the event that discussed the different plans the DoD and VA have for this transition to electronic records. Tucker said that the ultimate long-term intent is for all health records to be shared so that information can be provided seamlessly and without delay.

In the past, the military has relied on paper files to maintain patient records. Problems with the system have arisen because injured troops are sometimes transferred between multiple facilities—meaning that they would have to take their paper medical records with them. These files sometimes become outdated or incomplete as troops transition through different levels of care, often leaving health professionals with unanswered questions. Paper records make it difficult to keep a perfect record of every laboratory result (including the prescriptions and treatments troops receive while injured) by the time they are seen at VA hospitals. Tucker said that shortfalls such as this can delay the care and benefits process.

Officials hope that an electronic records system will help solve some of the previous problems associated with paper records. Dr. Ross Fletcher, chief of staff for the VA Medical Center in Washington, DC, said that today, the VHA only receives electronic records for service members from the DoD. He believes that the shared system is much easier and quicker for his staff, and helps them provide the best possible service for veterans. "As it moves on and becomes electronic to begin with," he continued, "it's faster, much easier to make care happen. I can look things up a lot easier. Electronic health records we use are great now, but it will probably be much better in 10 years as we evolve."

In addition to the panel discussion, the open house also featured some of the latest tools that the military uses for inputting and tracking the medical information for troops. One such tool is that first responders on the ground in Afghanistan are now capable of processing health information to hospitals in real time, meaning that data can be exchanged and updated between facilities prior to troops' arrival for treatment.

The panelists explained, however, that there are some factors that prevent departments from transitioning to an entirely paperless system. "We still have some gaps; we are still finding those gaps as medicine evolves," Tucker said. "As those gaps turn into requirements, we will provide capabilities to document, electronically, those shortfalls."

New Smoking Quitline for TRICARE Beneficiaries

On June 15, TRICARE announced the opening of its new Smoking Quitline—a toll-free telephone support and referral service that aids callers in their attempt to stop smoking. The quitline caters to both current smokers and former smokers who are concerned about relapse. Beneficiaries who call the quitline are assessed individually by trained smoking-cessation coaches to determine their smoking habits. They then receive personalized guidance for implementing a smoking-cessation plan that fits their unique needs.

The quitline is available for all non-Medicare eligible TRICARE beneficiaries within the United States. It is available 24 hours a day and 7 days a week, including all weekends and holidays. In addition to receiving assistance, callers also can request smoking-cessation materials, which are mailed to them. Beneficiaries living in the TRICARE South Region can reach the quitline at 877-414-9949; those living in the TRICARE North Region can reach the quitline at 866-459-8766; and those living in the TRICARE West Region can reach the quitline at 866-244-6870.

Resources also are available to individuals who want to quit using tobacco in any form, including smokeless tobacco, at the DoD's tobacco-cessation Web site (www.ucanquit2.org). This site offers visitors a variety of tobacco-cessation resources, including interactive tobacco-cessation training, as well as real-time encouragement from trained tobacco-cessation coaches through the 24/7 "chat" feature. In addition to the Web site, smoking-cessation programs are available to TRICARE beneficiaries at many military treatment facilities, the locations of which can be found on the TRICARE Web site. ●