



# Federal Health Matters

## First New Agent Orange Claims Processed

As of December 17, the VA has decided more than 28,000 claims in the first 6 weeks of processing Vietnam veterans' disability compensation applications regarding diseases associated with Agent Orange.

Tactical herbicide exposure is presumed for veterans with service on the ground in Vietnam, or on its inland waterways, from January 9, 1962, to May 7, 1975, and for veterans who served in certain units along the Korean demilitarized zone from April 1, 1968, to July 31, 1969.

Service connection will be established for herbicide-exposed veterans diagnosed with hairy-cell leukemia and other chronic B-cell leukemias, Parkinson disease, and ischemic heart disease if the condition is disabling to a compensable level.

"With new technology and ongoing improvements, we are quickly removing roadblocks to processing benefits," said VA Secretary Eric K. Shinseki. He added, "We are also conducting significant outreach to Vietnam veterans to encourage them to submit their completed application for this long-awaited benefit."

Veterans who are covered under the new policy are urged to file their claims through the new, automated VA Web portal at [www.fasttrack.va.gov](http://www.fasttrack.va.gov). The portal guides veterans through Web-based menus to capture information and medical evidence required for faster claims decisions.

If treated for these diseases outside of the VHA, it is important for veterans to gather medical evidence from their non-VA physicians.

## Homeless Intervention Program Nearly Ready

For the first time, the VA will fund services for the spouses and children of veterans at risk of becoming homeless through a homeless-prevention program. The program, which has moved closer to readiness, is designed to assist veterans and their families who are on the verge of becoming homeless.

The VA has begun taking applications from private, nonprofit organizations and consumer co-operatives interested in providing needed services to at-risk veterans and their families. With funding from the VA for the program, called Supportive Services for Veterans Families, community organizations will be better able to provide counseling, training, education assistance, transportation, child care, rent, utilities, and other services to participating veterans and their family members.

In January, free grant-writing workshops will be held for community organizations interested in applying for this program. The workshops will be held in Chicago, Los Angeles, Seattle, Houston, and New York. When the "Notice of Funds Availability" applications are available, they will be posted on the VA Web site at [www1.va.gov/homeless/ssvf.asp](http://www1.va.gov/homeless/ssvf.asp).

A national call center for homeless veterans has been established to ensure that homeless veterans or veterans at-risk for homelessness have free, 24/7 access to trained counselors. A hotline also is available to assist homeless veterans and their families; VA medical centers; federal, state, and local partners; community agencies; service providers; and others in the community.

## VA to Modify Outpatient Pricing Methodologies in 2011

The VA will begin using Medicare payment methodology for some outpatient procedures performed by non-VA providers. The VA expects to implement the changes on February 16.

The change will use the rates set by the Centers for Medicare and Medicaid Services (CMS) Prospective Payment Systems (PPS) and Fee Schedules for the following services: ambulatory surgical center, anesthesia, clinical laboratory, hospital outpatient PPS, and end-stage renal disease. The new pricing methodology will not affect existing contracts that the VA has in place with non-VA providers and the Medicare Physician Fee Schedule will continue to be used.

The pricing changes are a result of a rule change to a federal regulation that provides instructions for paying medical claims when eligible veterans receive care in community facilities. The decision to adopt CMS methodology for outpatient claims was made because it is a standard in the health care industry and non-VA providers already are familiar with it. It also is consistent with existing payment methods for physician services and inpatient care. Additionally, the changes come with a significant cost savings.

Veterans who are eligible will continue to receive the uninterrupted care they need. They, along with non-VA providers, will receive written notification of the change in pricing methodology. Veterans will receive notice on their authorizations for non-VA care; providers will receive a letter from the VA explaining the changes.

Continued on next page

Continued from previous page

## Conference Examines Emerging Research on Polytrauma Recovery

The Defense Centers of Excellence for Psychological Health and Traumatic Brain Injury, along with the National Institutes of Health and the VA, held the third annual Trauma Spectrum Conference on December 7–8. The conference focused on emerging research on polytrauma in support of the care and recovery of military service members and veterans, including their reintegration into their families and communities.

Polytrauma is defined as 2 or more injuries that affect multiple body parts or organ systems, and result in physical, cognitive, psychological, and/or psychosocial impairments and functional disabilities. The Trauma Spectrum Conference addressed the full range of polytrauma, including traumatic brain injury (TBI), post-traumatic stress disorder (PTSD), vision and hearing losses, and extremity injuries and amputations.

The scientific conference—which is part of an ongoing joint effort started in 2008 with the goal of advancing treatment for those with a trauma spectrum disorder—included recent research on blast injury and PTSD, a panel discussion by several service members who have recovered from polytrauma, and a discussion of acute psychological and TBI care in theater. Also discussed was reintegration challenges among Operations Iraqi and Enduring Freedom military members/veterans and their family members; gender concerns and polytrauma; rehabilitation at the Vision, Hearing, and Extremity Blast Centers of Excellence; new approaches for polytrauma care and integrated postdeployment care; transitional assistance and family and caregiving programs to support

reintegration; and vision problems related to TBI, which affect at least 6,000 veterans.

## Acupuncture the Newest Battlefield Tool

A practice used in other countries for thousands of years to treat medical conditions is now on the U.S. battlefields as well. Acupuncture is being used as a treatment everywhere in the DoD, with the air force leading the way with 2 formal training programs of 20 physicians each. The navy has 1 training program with 20 physicians, and efforts are underway to have another tri-service training program.

Doctors from Walter Reed Army Medical Center were part of a workshop on the technique developed by Richard Niemtow, MD, a retired air force colonel who practiced medicine as a radiation oncologist before he studied acupuncture in 1994. Niemtow estimates that he and Stephen Burns, MD—a retired air force colonel and full-time air force acupuncturist—have trained 60 physicians so far this year at Andrews Air Force Base and at air force and army bases in Washington, Florida, Alaska, Germany, and Korea.

“The Air Force Acupuncture Center is the first facility of its kind in the DoD ever,” Air Force Colonel (Dr.) John Baxter said. “It is a full-time acupuncture facility, and not only is it here to treat patients; it’s here to teach other providers and to do research.” Baxter is director of the Pentagon Flight Medicine Clinic and a credentialed acupuncturist.

According to Baxter, the practice is controversial among some in the United States, but the National Institutes of Health recognizes acupuncture as evidence-based therapy that works for many kinds of medical conditions.

In traditional acupuncture, practitioners use all 20 or so meridians. For battlefield acupuncture, however, Niemtow uses only 5 points on each ear. Small, 1-mm gold or stainless steel needles are inserted and stay in place until they fall out or the patient removes them several days later.

Scientists are studying the efficacy of acupuncture for a range of conditions, according to the National Center for Complementary and Alternative Medicine in Bethesda, Maryland. According to the 2007 National Health Interview Survey, which included a survey of complementary and alternative medicine use by Americans, 3.1 million U.S. adults and 150,000 children had used acupuncture in the previous year.

## Female Vets’ Role Increasing

According to a new study that examined female veterans’ health and health care from 2004 to 2008, women are playing an ever increasing role in the U.S. military, representing about 15% of active military personnel, 17% of reserve and national guard forces, and 20% of new military recruits.

Therefore, women are one of the fastest growing groups of new users in the VHA, with particularly high rates of utilization among veterans of Operation Iraqi Freedom (OIF) and Operation Enduring Freedom (OEF). Of the more than 100,000 OIF/OEF female veterans, more than 44% have enrolled in the VHA.

Women’s military experiences (and responses to their military experiences) often are different from those of men, and these differences can affect both their health status and their health care needs as active-duty personnel and as veterans. This, together with the rise in the number of female veterans in the VHA, calls for increased understanding of female veterans’ health issues and areas of

Continued on page 38

potential knowledge deficit in order to guide VA care and research efforts.

The study highlighted 3 areas with considerable impact on female veterans' health: (1) treatment outcomes in posttraumatic stress disorder; (2) access to care, including barriers (for example, knowledge gaps and incorrect assumptions about VA services among female veterans), perceptions, and utilization of VA care among female veterans; and (3) organizational determinants of quality care, including how care is organized for women in the VA, variations in service availability, and better attention to gynecologic access (staff, clinic, services).

## **TRICARE Wins Awards for Quit Tobacco Web Site**

TRICARE's "Quit Tobacco—Make Everyone Proud" program recently earned 3 industry awards for their Web site, [www.ucanquit2.org](http://www.ucanquit2.org), honoring their dedication and commitment to helping military members who are struggling to quit using tobacco.

The Web site was 1 of only 5 to receive an Aesculapius Award of Excellence, which recognizes producers of health-related Web sites, and television and radio public service announcements. The site also received the MarCom Gold Award

for Best Web Site Overall in 2010; the MarCom Awards is an international competition honoring outstanding achievement by marketing and communication professionals. Lastly, the site earned the Platinum Award for the Best Overall Internet Site in the eHealthCare 2010 Leadership Awards.

The Web site is useful for any TRICARE beneficiary who wants to quit using tobacco (including the smokeless kind). Individuals can develop personalized plans for quitting, listen to podcasts, chat with trained counselors, and find local programs to aid in their tobacco cessation efforts. ●