

Department of Veterans Affairs

Advisory Committee on Prosthetics and Special Disabilities Programs

October 21 and 22, 2024

Hybrid meeting (In person and Webex) Meeting Minutes

Day One: October 21, 2024

The Committee met via WebEx Videoconference at 8:30 a.m. EDT, Brigadier General Arthur F. "Chip" Diehl III, USAF (Ret.), Chair, presiding, with select VA staff supporting the meeting in-person from Room 632 at 810 Vermont in Washington DC.

Committee members PRESENT

Brigadier General Arthur F. "Chip" Diehl III, USAF (Retired)
Chair Isaac Alston
Arthi Amin, Ph.D.
Felecia Banks, Ph.D.
Shaun Castle, Paralyzed Veterans of America (PVA)
Charles Ellis Jr., Ph.D.
Steven Gard, Ph.D.
Russell Gore, M.D.
Flora Hammond, M.D.
Linda Hood, Ph.D.
Scott Quinlan, Blinded Veterans Association (BVA)

Committee members EXCUSED

Andrew Contreras
Russell Gore, M.D.
David Gorman

VA Representatives Present

Ajit Pai, M.D., Executive Director, Office Of Rehabilitation & Prosthetic Services
Rachel McArdle, Ph.D., Deputy Executive Director, Office Of Rehabilitation & Prosthetic Services
Linda Picon, MCD., Designated Federal Officer, Office Of Rehabilitation & Prosthetic Services
Bonita McClenny, Ph.D., Alternate Designated Federal Officer
Judy Schafer, Ph.D., Alternate Designated Federal Officer
Alison Cormier, Field Operations Manager, Prosthetics & Sensory Aids Service
Dayna Cooper, Director, Home And Community Care

Donna Faraone, Associate Director, Whole Health System Development, Office Of Patient-Centered Care & Cultural Transformation
Barry Goldstein, M.D., Deputy Executive Director, National Spinal Cord Injury And Disorders Program
Cassandra Griffin, Health Systems Specialist
Jason Highsmith, Ph.D., National Director, Orthotic, Prosthetic And Pedorthic Clinical Services
Dennis Lahl, Office Of Patient Care Services
Sally Mahmood, Au.D., Audiologist, Rehabilitation Planning Specialist
Sean McClenney, Au.D., National Director, Audiology And Speech Pathology Services
Jeffrey Robbins, DPM, Director, Podiatry Service, VHA
Nicole Sandlan, National Director, Blind Rehabilitation Services
Joel Scholten, M.D., Executive Director, Physical Medicine And Rehabilitation Services,
Sonya Skinker, Rehabilitation And Prosthetic Services, Committee Support
LaTonya Small, Ed.D., Federal Advisory Committee Management Officer
Joseph Webster, M.D., National Medical Director, Amputation System Of Care

Special Committee Guest/Pending new member

Oscar Olguin, Disabled American Veterans

Public Attendees

Sidath Viranga Panangala Marion Fera

8:30 AM - Introductory Remarks and Virtual Housekeeping

Presenter: Linda M. Picon, M.C.D. (Designated Federal Officer)

At 8:30 am, Linda Picon officially opened the meeting and began by welcoming attendees and confirming the presence of transcription services. She introduced key VA staff members present at the meeting, highlighting their roles and contributions to the Committee's work. Ms. Picon outlined the rules of engagement for the hybrid meeting, which was held virtually via WebEx conferencing with in-person support at the VA Central Office in Washington, D.C. Hearing and visual accommodations, such as closed captioning and 508- compliant slide decks, were highlighted to ensure accessibility for all participants.

Ms. Picon discussed the six open Committee recommendations based on their status and progress. All committee members also received a recommendations log via email. The recommendation on a communication toolkit remains open. Ms. Picon stated that this recommendation will be addressed later in the meeting on October 22, 2024, during the update from the National Veterans Sports Programs. This recommendation is being considered for closing.

The recommendation on long-term care for aging Veterans was signed right after the

July 2024 meeting and will be a focus of the presentation scheduled for October 21, 2024, at 10:45 AM. Ms. Picon highlighted the importance of this recommendation in addressing the unique needs of an aging Veteran population.

The recommendation on integrating sensory health services into the Whole Health Model is open and will be discussed in the presentation scheduled for October 21, 2024, at 11:30 AM.

The recommendation on collaboration across the continuum of the Amputation System of Care was deemed partially completed during the July 2024 Committee meeting. The Committee requested one additional update on collaborations.

Updates will be provided during the special topics session on October 21, 2024, at 1:30 PM. This recommendation will be considered for closing during this meeting.

The recommendation on developing a plan for recruitment and retention of rehabilitation professionals by VHA Office of Workforce Management is open and ongoing. The Committee will hear an update October 22, 2024.

The recommendation for clinical alignment of clinical providers in orthotic, prosthetic and pedorthic clinical services in VHA was updated in July 2024 and the Committee requested it remain open. The next update for this recommendation will be due in Spring 2025.

To conclude, Ms. Picon introduced the SMART framework for Committee recommendations, emphasizing that recommendations should be Specific, Measurable, Actionable, Realistic, and Timed. She encouraged members to consider this framework as they developed and refined their proposals throughout the meeting. The VA Secretary's welcome video was not shown during this meeting as the Committee was reminded that VA Chief of Staff Margaret Kabat was scheduled to address the Committee on October 22nd. Her biography was shared with Committee members prior to the meeting.

8:45 AM - Chair Welcome

Presenter: General Arthur "Chip" Diehl, III (Ret.)

General Diehl called the meeting to order and opened the session by warmly welcoming all participants and introducing the new and upcoming Committee members Mr. Quinlan and Mr. Olguin, highlighting their diverse expertise and commitment to serving Veterans. He extended special thanks to Dr. Gonzalez Fernandez for her service as acting chair for the previous meeting and her invaluable contributions during her tenure, emphasizing the positive impact of her insights on Committee recommendations and presentations for this meeting.

General Diehl reflected on the July 2024 meeting, noting how the discussions laid the

groundwork for today's agenda. He highlighted initiatives focused on leveraging interdepartmental collaboration to address complex care needs, emphasizing the value of shared knowledge and pooled resources.

While briefly addressing the recent natural disasters in Florida and across the east coast, General Diehl acknowledged VA's prior work in developing actionable strategies to support Veterans during emergencies, mentioning ongoing efforts to implement these strategies effectively across impacted areas.

In conclusion, General Diehl expressed his gratitude for the Committee's unwavering dedication and expertise. He underscored the importance of their work in shaping policies that enhance the lives of Veterans and their families and encouraged everyone to actively engage in the day's discussions to drive meaningful discussions and recommendations.

9:00 AM - Executive Director Updates

Presenter: Ajit Pai, M.D., Office of Rehabilitation and Prosthetic Services

Dr. Pai began by reflecting on the recent hurricanes and VA's efforts to continue to provide care and support to Veterans, caregivers and families, as well as the surrounding communities. He acknowledged the efforts of the Office of Rehabilitation and Prosthetic Services in addressing the evolving needs of the Veteran population, particularly during a time of increased demand for specialized care.

Turning to adaptive sports, Dr. Pai celebrated the success of the National Veterans Wheelchair Games last July. He recounted inspirational stories from participants who had overcome significant challenges to compete, emphasizing the games' role in promoting physical rehabilitation, mental resilience, and community engagement. He described the sense of pride and camaraderie among participants, as well as the positive feedback from attendees and supporters.

Dr. Pai also discussed the participation of 13 Veterans in the Paris Paralympics, describing their achievements as a source of national pride. He emphasized the importance of providing opportunities for disabled Veterans to showcase their talents on the global stage, stating that their success reflects the efficacy of VA's rehabilitation programs.

Dr. Pai stated how he took the questions that came up in the summer meeting, requesting an understanding of how our integrative healthcare works, and shared how the agenda and scheduled presenters will reflect how teams work collaboratively to ensure the work supports Veterans holistically.

In his remarks on amputation care, Dr. Pai detailed the latest advancements in prosthetic technology, including the integration of 3D printing to create customized prosthetics that enhance functionality and comfort. He explained how these innovations, combined with personalized care plans, have significantly improved the quality of life for

Veterans with limb loss. He shared anecdotes of Veterans who have benefited from these cutting-edge solutions, underscoring the VA's leadership in prosthetic and rehabilitation sciences.

He emphasized VA's milestone achievement of completing over 116 million appointments for upwards of 9 million Veterans in the past fiscal year, noting that these numbers demonstrate VA's commitment to ensuring Veterans receive timely access to care. Dr. Pai highlighted that telehealth has been a transformative tool, enabling millions of Veterans in remote or underserved areas to access high-quality medical services. He provided specific data points illustrating the exponential growth of telehealth utilization, describing how it has reduced barriers to care while maintaining service excellence. Addressing budgetary challenges, Dr. Pai acknowledged the increased scrutiny from Congress and the need for the VA to allocate resources strategically. He described ongoing efforts to advocate for sustained funding while ensuring that care delivery and Veterans benefits remain uninterrupted, including the recent continued resolution passed through December 2024.

Dr. Pai concluded by expressing his appreciation for the Committee's contributions and insights. He reiterated his commitment to fostering innovation and collaboration, urging the members to continue advancing recommendations that ensure Veterans continue to receive stellar care.

9:15 AM - FACA 101

Presenter: Dr. LaTonya Small, Advisory Committee Management Officer\

Dr. Small provided an in-depth explanation of the Federal Advisory Committee Act (FACA), focusing on its principles of transparency and accountability. She explained the importance of maintaining balanced representation and adherence to ethical guidelines. Dr. Small detailed the procedural requirements for open and closed meetings, highlighting the significance of maintaining a quorum (50% plus one), the role of Designated Federal Officers and the roles, responsibilities and limitations of Committee members. She also introduced the SMART framework for developing effective recommendations and encouraged members to collaborate with other Committees to leverage shared expertise. Dr. Small shared that the content of her presentation also can be found in the Committee member handbook. She answered questions regarding FACA compliance, emphasizing its role in supporting Committee efficacy. General Diehl added his appreciation for field visits and the perceived value for the Committee.

9:30 AM – Break

9:45 AM - Recommendation Update: National Veterans Sports Programs and Special Events

Presenter: Rachel McArdle, Ph.D. Deputy Executive Director, RPS

Dr. McArdle began her presentation by emphasizing the role of the National Veterans Sports Programs and Special Events (NVSPSE) in promoting rehabilitation, social engagement, and community reintegration for Veterans. She highlighted the program's mission to foster resilience and enhance the quality of life for participants through adaptive sports and related activities.

Dr. McArdle detailed the following key initiatives and accomplishments, with particular emphasis on the Committee recommendation signed October 2022:

Communication Plan and Toolkit:

- The development of a comprehensive communication toolkit aimed at increasing outreach and participation for both national and local events.
- This toolkit includes promotional materials, event updates, deadlines, and registration details shared with stakeholders such as Veterans Service Organizations (VSOS), Public Affairs Officers and rehabilitation professionals.
- Regular communication through dashboards, factsheets, web content, newsletters and quarterly meetings ensures veteran and provider stakeholders remain informed and engaged.

Media Outreach Initiatives:

- Over 6,850 mentions in traditional media, marking a 165% increase from 2023.
- Social media engagement rose by 115%, with significant growth on platforms like Facebook, Instagram, LinkedIn and others.
- Media campaigns effectively raised awareness of the program's benefits, promoting inclusivity and increasing participation.

Adaptive Sports Grants Program:

- \$15.9 million in grants allocated to support 91 adaptive sports programs across the country, including Guam and Puerto Rico.
- Activities across 6 national events supported include cycling, skiing, golf, equine-assisted therapy, archery, and rock climbing, among others designed to promote physical health, mental resilience, and social connection for Veterans.

Stakeholder Engagement:

- Regular education sessions and quarterly stakeholder meetings established to foster collaboration, share best practices, and address challenges in adaptive sports programming.

Metrics and Outcomes:

- Participation metrics and outcomes showed increased engagement in adaptive sports programs, with feedback highlighting their therapeutic benefits and positive impact on community integration.
- Examples of communication and visibility reach provided included an increase of 165% in traditional media mentions of VA sports events through collaborations at no cost to VA.
- Dr. McArdle emphasized the use of surveys and feedback tools to continuously evaluate program effectiveness and refine strategies.

Dr. McArdle concluded by reaffirming the NVSPSE's commitment to inclusivity, growth, and collaboration, highlighting ongoing efforts to expand outreach and continue collaborations with Disabled American Veterans, Paralyzed Veterans of America, Wounded Warrior Project and others to impact more Veterans.

Discussion:

General Diehl asked how the Committee can help. Dr McArdle highlighted opportunities for storytelling and testimonials about Veterans journeys from complicated rehabilitation to successful participation in VA sports events.

Mr. Quinlan, representing BVA and close to 1.2 million blinded Veterans commended VA adaptive sports clinics for what they bring to blinded Veterans.

Dr. Hood asked about VA's efforts to recruit new Veterans into sports programs and events and Dr. McArdle provided various examples, including volunteer opportunities to increase exposure and promote engagement for more Veterans.

General Diehl encouraged the Committee to consider the recommendation ready to be officially closed. The Committee had no additional comments or suggestions and agreed to vote at the end of Day 2.

10:30 AM – Break

10:45 AM - Recommendation Update: Extended Care for Aging Populations with Disabilities

Presenters: Dayna Cooper, Joel Scholten, M.D., and Barry Goldstein, M.D., Ph.D.

Dr. Scholten opened the presentation by thanking the Committee for the recommendation and highlighted the collaborative work, including data collection and analysis, that has been completed since early 2024 to implement the recommendation. Ms. Cooper reported Geriatrics and Extended Care (GEC) works closely with enrollee healthcare projection models to watch trends and identify opportunities for needed services for Veterans and caregivers ranging from ambulatory care settings to hospice care. She highlighted various home and community based services available, specifically, GEC's Long Term Services and Support programs and goals. She highlighted the following key points:

- VA has expanded its home and community-based care services to address the rising needs of aging Veterans.
- Updated projections reveal a 149% increase in women enrollees aged 65+ and a 251% increase for women aged 85+.
- These populations require significantly higher levels of Activities of Daily Living (ADL) support and nursing home care.
- Services like skilled care, respite care, residential care, medical foster homes and Veteran-Directed Care enable Veterans to receive assistance while living in the community tailored to their unique circumstances while supporting family caregivers. These services continue to be expanded and expected to be fully operational at every medical center by end of 2026.
- Trends indicate increased reliance on supportive programs like Homemaker-Home Health Aide for Veterans with severe impairments.

Dr. Goldstein reported on Veterans with SCI/D, a growing aging population who tend to be high utilizers of home and community services: He highlighted:

- Specialty long-term care for Veterans with spinal cord injuries (SCI/D) remains a priority with particular emphasis on what Veterans choose.
- Key challenges include supporting aging caregivers and addressing the complex medical needs of Veterans with high-level SCI/D injuries, and challenges for providing the right/best care for Veterans living alone and younger Veterans with severe injuries who need a wide range of services.
- Ongoing efforts in VA to increase provider awareness about care, respite and long-term programs and processes available in VA and local communities.
- Six SCI/D centers currently provide advanced care, with two more under development. VA continues to look at expanding availability.

Dr. Scholten reported:

- Significant progress has been made in physical rehabilitation for aging Veterans, including those recovering from amputation, strokes or living with traumatic brain injuries (TBI).
- Stroke severity and lesion location can vary greatly and significantly affect Veteran care needs. Combined with age, these are predictors for need of long term care.
- For TBI, the initial 12 months are critical for recovery; programs aim to optimize care delivery within this window. Severity of TBI diagnosis doesn't always correspond with long term functional deficits or ongoing support and care needs.
- Collaboration between physical medicine and geriatrics has led to careful analysis of data and trends for these diagnoses as chronic conditions and how best to meet Veterans long term need, including respite services, caregiver support program and others.
- This work is ongoing, including opportunities to work more closely with Enrollment and Forecasting office and partnering with Health services

Research Centers, to drill down data to improve understanding and enhance planning for these high-risk populations.

- There is also opportunity to raise provider awareness of the various programs and services available and continuing to expand across VA.

Discussion:

General Diehl shared about assistance from states for assisted living facilities and asked how states or the Committee might be able to help. Ms. Copper shared about collaborations with states, but that VA currently does not have authority to pay for assisted living and work with Congress on that is ongoing.

General Diehl raised numerous concerns facing VA on the aging front, not just regarding aging Veterans and aging parents/caregivers, but also aging VA professionals who have a wealth of experience and knowledge leaving VA as they retire.

Dr. Banks commended the group for their impressive work to date and looks forward to additional outcome data. She inquired if GEC is looking at comorbidities and neurodegenerative diseases and opportunities for aging in place. Dr. Pai responded by highlighting the scope of the Committees focus. He, Ms. Cooper and Dr. Goldstein expanded on home alternations grants, adaptive housing, age-friendly healthcare systems and existing or pilot programs supporting aging in place in VA. Dr. Pai also offered a future presentation on specialty programs and services provided by Veterans Benefits Administration.

Dr. Amin asked about program capacity as the aging Veteran population continues to grow and Ms. Cooper shared how GEC works on projections and ongoing expansion to meet capacity and need. Especially helpful are programs like Veterans Directed care that provide flexibility for where and how Veterans get their care without taxing any particular system.

11:30 AM - Recommendation Update: Integration of Sensory Health into the Whole Health Model

Presenters: Niki Sandlan, Sean McClenney, Au.D., Donna Faraone, MPA, and Cassandra Griffin

The presentation opened with Niki Sandlan, who provided an overview of the agenda and an introduction to sensory health services and their integration into the Whole Health Model. She emphasized the importance of a holistic and patient-centered approach to care that addresses Veterans' physical, emotional, and social well-being. Both she and Dr. McClenney described collaborations with Whole Health and how sensory health is being integrated into WH resources and vice versa, and the increased adoption of WH principles into care.

Niki Sandlan began by discussing the overview of sensory health services, and

accomplishments of 2023-2024, highlighting:

- Blind Rehabilitation, Audiology, and Speech Pathology services as core components of sensory health with key initiatives underway to meet the needs of Veterans with dual sensory impairment and foster independence.
- The integration of these services into the Whole Health Model to create a more comprehensive approach to care delivery.
- She continued with current reach and impact of collaboration between whole-health and sensory health programs and the impact of assistive technologies and age-friendly systems on their care.
- Blind rehabilitation services are available through 13 specialized centers, supporting over 45,000 Veterans annually.
- Described numerous focused efforts underway to understand disparities and expand access for (dual) sensory impaired populations, guided by research partnerships and data-driven approaches.

Sean McClenney, Au.D., followed with an overview of innovations in sensory health:

- Sensitivity training efforts similar to BRS underway to expand awareness of working with and the needs of sensory impaired populations in VA, with innovations implemented in new employee orientation training.
- Audiology and speech-language pathology services are offered at over 150 VA medical centers. Understanding Veterans with sensory impairment and what matters to them, and how they engage with VA is high priority.
- Described collaborations with VA national sports events and programs, Office of Information Technology, Rural Health, Veterans Experience Office and others (e.g. journey maps) to facilitate engagement and outcomes of Veterans with hearing and visual impairment.
- Customized rehabilitation plans and EHR innovations are being developed for Veterans with dual sensory impairments to improve VA services, customer interactions and functional outcomes.
- Describe ongoing work with toxic exposures and PACT ACT.

Dr. McClenney also elaborated on updated protocols for hearing aid fittings, which have led to a 20% improvement in satisfaction scores. He discussed the utilization of new technologies, such as bone-anchored hearing systems, and the implementation of enhanced training programs for staff to ensure consistency across VA facilities.

Donna Faraone, MPA, then addressed system development and interdisciplinary collaboration:

- She provided a refresher into the Whole Health model.
- She described the integration of whole health interventions with other rehabilitation services through interdisciplinary care teams.
- Ms. Faraone listed the implementation steps accomplished to date on the Committee recommendation to integrate sensory and WH practices and

- future steps for FY 2025..
- Reported that the Whole Health model is up for review in the coming year and the workgroup will continue to focus on ways of integrating sensory health into the model/graphic.

Discussion:

Dr. Hood asked about the possibility of VA influencing the private sector with the integrated Whole Health model. Dr. Pai and Ms. Faraone shared opportunities and educational resources to spread the word about WH in the private sector.

The session concluded with a shared commitment to enhancing sensory health services, ensuring greater accessibility, and integration with the Whole Health Model to improve Veteran outcomes.

12:26 LUNCH BREAK

1:30 PM - Collaborations/Special Topics: Care Collaborations Across the Continuum from Amputation Prevention to Life-long Care

Presenters: Joseph Webster, M.D., M. Jason Highsmith, PT, DPT, Ph.D., CP, FAAOP, Jeffrey M. Robbins, DPM, and Alison C. Cormier, MHA

Dr. Webster opened the session thanking the Committee for the opportunity to share the details and processes of this impactful collaboration for Veterans with amputation. Veterans with amputation, as a special VA population have uniquely complex healthcare and care coordination needs. This session followed the journey of a Veteran as a case study to illustrate the continuum of care from amputation prevention to surgery, through rehabilitation care, prosthetic limb fabrication and delivery and follow up. Each presenter provided detailed insights into their respective areas, programs and processes, and technology advances, demonstrating the comprehensive and collaborative approach of VA care for Veterans with amputation necessary for best outcomes. Dr. Webster and panel presenters described strategies in detail, provided data on access to this specialty care service and shared opportunities for efficiencies.

Case Study Introduction (Dr. Joseph Webster): Dr. Webster introduced the Veteran, a 71-year-old with diabetes and peripheral vascular disease, whose care journey highlighted critical points along the continuum:

- Routine primary care appointments identified early signs of foot complications.
- Collaboration between primary care and podiatry teams led to immediate risk stratification using the Foot Risk Score (FRS).

Amputation Prevention (Dr. Jeffrey Robbins):

Dr. Robbins detailed interventions under the Prevention of Amputation in Veterans Everywhere (PAVE) program.

- Comprehensive foot care and routine podiatric evaluations mitigated risks. Interventions included:
- Specialized footwear and inserts to reduce pressure.
- Wound care plans tailored to prevent infections.
- Early action prevented the need for higher-level interventions, showcasing the impact of coordinated care.

Amputation Specialty Clinic (Dr. Joseph Webster):

The Veteran transitioned to an Amputation Specialty Clinic following a minor toe amputation.

Services included:

- Pre-amputation counseling to set realistic rehabilitation goals.
- Rehabilitation plans incorporating physical therapy and psychological support.
- Virtual consultations were leveraged for follow-up, enabling consistent monitoring and reducing the burden of travel.

Prosthetic Rehabilitation (Dr. Jason Highsmith):

Dr. Highsmith described the process of prosthetic fitting and rehabilitation:

- 3D scanning and printing technologies were used to create a custom prosthetic device.
- Activity-specific devices allowed the Veteran to resume hobbies, such as gardening and walking.
- Rehabilitation sessions focused on improving balance, gait, and confidence.
- Outcomes showed significant improvements in mobility and independence within six months.
- Also provided interim progress of the clinical alignment Committee recommendation which will be due for update in Spring 2025.

Care Coordination (Alison Cormier):

Ms. Cormier added the role of prosthetics and sensory aids (PSAS) into each step of the process. She discussed the role of care coordinators in ensuring seamless transitions between services.

- Described the administrative role of PSAS in the support of PAVE, ASoC and OPPCS.

- Described other VA benefits, such as clothing allowance.

Discussion:

Dr. Pai provided additional insights into the massive system of amputation care, that extends well beyond RPS, and the multiple moving pieces to meet the complex needs of this special disabilities population.

General Diehl was complimentary of the panel for the presentation as well as for the work demonstrated in this complex process. Dr. Pai reminded the Committee of the 2022 recommendation that was partially closed in July 2024 awaiting this additional presentation to close.

Mr. Olguin, with the Chair's permission, asked questions about data such as number of unique amputations and success rates and Dr. Robbins clarified that each surgery is counted as a separate surgery even if performed on the same Veteran. He and Dr. Webster shared other VA amputation surveillance data.

The session concluded with a commitment to finalize discussion and vote to close the recommendation during Day 2 deliberations.

2:45 PM – Concluding Comments and Adjournment

Chair: General Arthur "Chip" Diehl, III

General Diehl concluded the day's proceedings by expressing gratitude to the Committee members, presenters, and support staff for their active engagement and insightful contributions throughout the meeting. He highlighted the day's key achievements, including the discussions on sensory health and the continuum of care for Veterans requiring amputation services. General Diehl underscored the importance of these collaborations in driving systemic improvements and better outcomes for Veterans.

He reminded the attendees of the critical agenda items slated for Day 2, urging everyone to review their materials and come prepared for detailed discussions. General Diehl also acknowledged the dedication of the presenters in providing data-driven insights.

In his closing remarks, General Diehl emphasized the Committee's responsibility to advocate for initiatives that enhance the quality of care for Veterans and looked forward to meeting on Day 2 with VA Chief of Staff, the Committee's first opportunity during General Diehl's tenure to speak directly with VA Senior leadership.

The Day 1 meeting adjourned at 2:52 PM.

Hybrid meeting (In person and Webex) Day 2
Meeting Minutes: October 22, 2024

The Committee met via WebEx Videoconference at 8:30 a.m. EDT, Brigadier General Arthur F. "Chip" Diehl III, USAF (Ret.), Chair, presiding, with select VA staff supporting the meeting in-person from Room 632 at 810 Vermont in Washington, DC.

Committee members present included:

- Brigadier General Arthur F. "Chip" Diehl III, USAF (Ret.), Chair
- Isaac Alston
- Dr. Felecia Banks
- Dr. Charles Ellis Jr.
- Dr. Steven Gard
- Dr. Marlis Gonzalez-Fernandez
- Dr. Flora Hammond
- Dr. Linda Hood
- Scott Quinlan

Members excused:

- Dr. Arthi Amin
- Dr. Russell Gore
- Shaun Castle

Special Committee Guest/Pending new member:

Oscar Olguin, Disabled American Veterans

VA Representatives:

Ajit Pai, M.D., Executive Director, Office Of Rehabilitation & Prosthetic Services

Rachel McArdle, Ph.D., Deputy Executive Director, Office Of Rehabilitation & Prosthetic Services

Linda Picon, MCD., Designated Federal Officer, Office Of Rehabilitation & Prosthetic Services

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Jeffrey Robbins, DPM, Director, Podiatry Service, VHA

Nicole Sandlan, National Director, Blind Rehabilitation Services

Joel Scholten, M.D., Executive Director, Physical Medicine And Rehabilitation Services,

Sonya Skinker, Rehabilitation And Prosthetic Services, Committee Support

LaTonya Small, Ed.D., Federal Advisory Committee Management Officer

Joseph Webster, M.D., National Medical Director, Amputation System Of Care

Public Attendees

Sidath Viranga Panangala Marion Fera

8:30 a.m. - Roll Call and Virtual Housekeeping

Presenter: Linda M. Picon, M.C.D. (Designated Federal Officer)

At 8:30 a.m., Linda Picon officially opened the second day of the Advisory Committee's Fall 2024 meeting. She confirmed the presence of transcription and closed captioning services and thanked attendees for their participation. Ms. Picon reiterated the virtual meeting's rules of engagement, emphasizing the importance of muting microphones when not speaking to avoid background noise and ensuring smooth communication for all participants. She introduced Va staff members present.

Ms. Picon outlined the agenda for the day, highlighting significant sessions, including a leadership update by VA Chief of Staff Margaret Kabat scheduled for 10:15 a.m., and a public comment period at 1:30 p.m. She noted that no comments had been submitted ahead of time but encouraged live participation during the designated period. She also emphasized the importance of today's topics, which included collaborations for pain management, adaptive sports, and blind rehabilitation. She reminded the Committee members of the recommendations updated the day prior that are up for discussion at the end of the meeting and that today's meeting would include the update from the Workforce Management and Consulting Office on the open recommendation on recruitment and retention of rehabilitation professionals. Following the roll call, Ms. Picon confirmed quorum and invited Chair Brigadier General Diehl to provide opening remarks.

8:40 a.m. - Welcome Remarks, Discussion and Day 2 Overview

Presenter: Brigadier General Arthur "Chip" Diehl III, USAF (Ret.)

General Diehl called the meeting to order and welcomed attendees, reflecting on the previous day's productive discussions. He emphasized the importance of aligning the Committee's recommendations with evolving Veteran demographics, particularly younger and female Veterans. He reminded committee members of recommendations

that are up for closure as well as to think about possible new ones given the clear impact that existing recommendations have had on the care of Veterans with special disabilities.

He opened the floor for comment and Dr. Hood expressed how she was impressed in particular with the work being done to integrate sensory health into whole health principles. She was complementary of the communication and education that has taken place and in general, and the climate change that is reported in this area. Dr. Banks concurred, but expressed a desire to hear more about the collaboration that involves the daily activities, routines and habits that bring everything together holistically for the everyday life of Veterans. For the next update, Dr. Banks suggested a more comprehensive presentation on the linkages to what makes the services holistic and meaningful in everyday activities, including outcome data. Dr. Pai asked clarifying questions and Dr. Banks emphasized the need to include Veterans' functional outcomes from a WH culture and sensory perspective for Veterans in all condition groups, not just the activities being done by the Office. Dr. Pai agreed that RPS has a robust outcome measure program for blind rehabilitation and audiology (and for all Veterans in special disabilities groups) which can be reported in the next update for this recommendation. General Diehl also referenced the emotional resonance of the presentations, emphasizing the need for holistic solutions that address the entire ecosystem of care for Veterans. He encouraged members to provide insights that could shape meaningful, actionable recommendations to the VA and cross-Committee collaborations.

General Diehl introduced the first presentation of the day.

9:00 a.m. – Special Topics: Collaborative Pain Management for Veterans with Disabilities

Presenters: Dr. Friedhelm Sandbrink, Dr. Barry Goldstein, Dr. Jason Sico, Dr. Joel Scholten, Dr. Jennifer Patterson

The session opened with Dr. Scholten providing an overview of the presentation and the intent to describe the infrastructure available in VA for pain management.

He provided insights into how VA manages specific Veterans groups with complex diagnoses and needs and how they interact with the pain system of care.

Dr. Friedhelm Sandbrink provided an in-depth overview of the Stepped Pain Care Model, which focuses on a biopsychosocial approach to pain management. He emphasized the integration of medical, psychological, and social perspectives to comprehensively address chronic pain. Dr. Sandbrink highlighted critical statistics, including the significantly higher prevalence of chronic pain among Veterans compared to non-Veterans, with 31.5% of Veterans reporting chronic pain and 40% experiencing severe pain. Furthermore, 50% of Veterans with PTSD also suffer from chronic pain, underscoring the necessity for interdisciplinary treatment.

Dr. Sandbrink provided statistics about the prevalence of pain in Veterans across the

nation, and explained the evidence base and core components of Pain Management Teams (PMTs) in VA, which include:

- Medical providers specializing in pain management.
- Behavioral health specialists offering evidence-based therapies such as cognitive behavioral therapy.
- Rehabilitation medicine clinicians addressing physical recovery and mobility.
- Addiction medicine experts focusing on managing opioid-related issues.

Highlighted key statistics:

- 31.5% of Veterans report experiencing chronic pain compared to 20.1% of non-Veterans. About 50% of Veterans with PTSD also have pain.
- Severe pain is 40% more common in Veterans than in non-Veterans.
- Mental health comorbidities are common in the Veteran population, including PTSD, and higher in female Veterans. That is, about a quarter of the Veteran population in pain data is composed of more than 30% of women who have chronic pain and PTSD, depression and other diagnosed mental health conditions.
- Musculoskeletal pain and headache are common; almost one quarter of women Veterans report chronic headache.
- Back pain is the most common factor reported by family members of more than 50% of Veterans who completed suicide.

In summary, Chronic pain is more common and severe in Veterans, with 9.1% experiencing severe, persistent pain compared to 6.4% of non- Veterans. Veterans with PTSD have a 50% likelihood of chronic pain, showcasing the need for interdisciplinary treatment.. Dr. Sandbrink proceeded to describe Stepped Pain Care model as part of VA's individualized care plan for pain management":

- The Stepped Pain Care Model, used in VA since 2009, ensures:
 - Individualized, patient-centered care.
 - Cross- collaboration between PMTs, primary care and specialty care teams.
 - Utilization of both pharmacologic and nonpharmacologic treatments, including rehabilitation and behavioral therapies.

He concluded by emphasizing the importance of collaborative, personalized care plans tailored to individual Veterans' needs and conditions. He highlighted 2017 legislation to have PMTs at every facility and the increased staffing and progress to date on that effort.

Dr. Barry Goldstein followed with a discussion on pain management for Veterans with spinal cord injuries and disorders (SCI/D). He described the complex interplay of neuropathic and musculoskeletal pain in this population and stressed the critical role of

SCI Centers in providing specialized, interdisciplinary care. He described the SCI/D hub and spokes system of care and how it integrates with pain management providers.

According to Dr. Goldstein, 62% of SCI/D patients report severe chronic pain, requiring both pharmacological and non-pharmacological interventions. He emphasized the importance of tracking outcomes to refine care strategies to enhance functional outcomes and improve patient quality of life of this unique and complex population. He focused on the unique pain care needs of Veterans with spinal cord injuries and disorders (SCI/D).

- Discussed the high prevalence of pain and emphasized complex pain challenges in these special disability populations. Including SCI/D, MS and ALS.:
 - Combination of neuropathic and musculoskeletal pain
 - High prevalence of severe pain interfering with daily functioning.
 - Advocated for interdisciplinary care models tailored to SCI/D populations.
 - Emphasized the ongoing discussions in VA to reduce the use of pharmacological interventions, especially use of narcotics.
 - About 1/3rd of the SCI/D population is not followed regularly at VA SCI/D centers limiting the information about treatment and care quality that VA has on those Veterans.
 - Staff turn-over makes it challenging to focus efforts on VA pain care.

Dr. Jason Sico then addressed pain management for Veterans with multiple sclerosis (MS) and chronic headaches and other special disabilities populations, including the value of incorporating whole health into the pain model of care. He noted that 63% of Veterans with MS experience chronic pain, including lower back pain, muscle spasms, and headaches. TBI-related headaches were identified as four to five times more prevalent among Veterans compared to the general population. Dr. Sico also discussed environmental factors, such as burn pit exposure, as contributors to chronic headache prevalence in Veterans, and highlighted the role of Headache Centers of Excellence in addressing these challenges.

Highlighted:

- 63% of Veterans with MS experience some type of chronic pain.
- Common pain areas include lower back pain, spasms, and headaches.
- TBI-associated headaches are 4-5 times more prevalent in Veterans than in the general population.
- Discussed the role of Headache Centers of Excellence in addressing chronic headache conditions.

Dr. Scholten expanded the discussion to include pain management strategies for polytrauma/TBI, stroke and amputee populations. Dr. Scholten emphasized the importance of integrating rehabilitation medicine with pain management teams and

mental health to optimize patient outcomes. He provided examples of where interdisciplinary approaches improved Veterans' quality of life. Dr. Scholten also elaborated on pain management for stroke survivors, focusing on the challenges posed by spasticity and chronic pain, which can significantly affect functional outcomes. Stroke patients benefit from early and tailored interventions that address both neurological and physical impairments. He described traditional (including surgical) and innovative interventions such as mirror therapy for phantom limb pain and targeted muscle re-innervation (TMR) to enhance prosthetic functionality and reduce pain in Veterans with amputation.

Key Details included:

- Pain in polytrauma patients is multifaceted, involving head, neck, back, and limb pain.
- Stroke patients often require spasticity management to regain functional mobility.
- Phantom limb pain is mitigated through innovative techniques like TMR and mirror therapy.
- Collaboration between polytrauma rehabilitation centers and regional pain teams ensures comprehensive care.

Dr. Scholten provided extensive detail about the collaborations between the Polytrauma Systems of Care, the PMTs and the co-located Headache Centers of Excellence.

Dr. Patterson concluded the presentations by discussing the integration of mental health services within pain management programs and used demonstration project to illustrate examples. She shared data indicating that Veterans with chronic pain are two to three times more likely to experience suicidal ideation. Dr. Patterson advocated for embedding mental health professionals within pain teams to address stigma, improve access, and enhance outcomes. She emphasized the importance of early mental health interventions to alleviate emotional distress associated with chronic pain. Behavioral therapies such as cognitive behavioral therapy (CBT) and mindfulness-based stress reduction were highlighted as evidence-based approaches to reduce pain severity and improve psychological well-being.

Key data points included:

- 34-50% of Veterans presenting for pain treatment have comorbid PTSD.
- Suicidal ideation rates among Veterans with chronic pain are significantly higher than in the general population.
- Mental health integration as a standard of care in pain management improves patient engagement and reduces stigma.
- Team-based care, that is, embedding mental health providers within pain management teams leads to improved overall care outcomes.
- Veterans with chronic pain are 2-3 times more likely to experience suicidal ideation.

- Integrated behavioral health teams helps identify and engage at risk populations and can significantly reduce suicide risks.
- She advocated for co-located mental health services within pain management teams across the nation.

Discussion:

Dr. Linda Hood raised the psychological impact of SCI-related chronic pain, with Dr. Goldstein elaborating on how psychologists within SCI Centers address these challenges.

Dr. Felecia Banks emphasized the need for advanced interventions for Veterans in remote areas, and Dr. Scholten outlined the potential of telehealth and regional partnerships to bridge gaps in care.

Specific discussions included:

General Diehl brought up examples of discussions regarding pain management that he has participated in through other venues. He asked, "How can we ensure other advisory Committees understand the critical nature of pain management?" Dr. Scholten agreed that pain is cross-cutting and that sharing presentations and resources are essential to VA. Dr. Sandbrink emphasized that the best opioid safety strategy for patients with chronic pain is better pain care (i.e., advancing pain modalities, behavioral pain care, interventional pain care, etc.) and that is a message that should be heard across the board for special disabilities populations. He also shared about continued expansion of pain programs and PMTs across the country. Dr. Scholten and Dr. Patterson also welcomed efforts to promote better integration and collaborations such as described today. Dr. Goldstein concluded with comments about the benefits and improved outcomes of VA pain management and VA care for special populations with complex pain issues as compared to the private sector.

At this time, Chief Kabat came online. General Diehl thanked panel presenters and expressed his gratitude to Chief Kabat for her visit to the Committee, the first VA leadership visit in years.

10:15 a.m. - VA Senior Leadership Remarks

Presenter: Margaret Kabat, Chief of Staff, Department of Veterans Affairs

Chief Margaret Kabat began her remarks with some background of her involvement with special disabilities populations and collaborations with many presenters present on this day. She provided an extensive overview of ongoing VA initiatives. She began by expressing gratitude to the Committee for their vital work in shaping VA policies. She outlined several key areas:

Telehealth expansion was emphasized as a cornerstone of VA efforts to enhance

accessibility. Mobile clinics had served over 50,000 Veterans in rural areas, and ongoing investments aim to improve connectivity and outreach to underserved populations. Ms. Kabat highlighted the transformative role of technology, including texting outreach, in bridging care gaps.

She highlighted benefits expansions through the PACT Act and enhancements to the claims processing systems to ensure Veterans get the benefits they deserve.

She also highlighted VA's efforts to be the best and most affordable place for Veterans to receive the best quality care, while increasing Veterans' trust.

Concluding her remarks, she reaffirmed the VA's commitment to collaboration, innovation, and addressing the evolving needs of Veterans.

General Diehl thanked her for her remarks and noted how her comments align with VA's priority of access to care. He reaffirmed the Committee's commitment and role as VA ambassadors. He also emphasized the work the Committee is doing on the integration of pain, pain collaborations and whole health in healthcare, as well as the inclusion of families in that care. Ms. Kabat concurred, emphasizing her understanding of the importance of integration of care, and including families and community participation, as part of her former role as a social worker.

Dr. Pai added emphasis on topics that have concerned the Committee over the past few years, including how VA is meeting the needs of aging special populations and how VA is forecasting to meet the needs in the future, including an adequate workforce. He also shared with Ms. Kabat the Committee's interest in amputation care and collaborative efforts in VA to meet the complex needs of Veterans with amputation. Ms. Kabat reiterated the importance of team integration and care coordination through designated case managers to facilitate care and processes for Veterans. She emphasized the role of Committee recommendations in those areas that enhance leadership discussions and help shape VA policy.

Break 10:30am.

10:45 a.m. – Highlights on Collaborations: Recreation Therapy and Creative Arts, Adaptive Sports, and Blind Rehabilitation

Presenters: David Otto, Erin Dixon, Nicole Sandlan, Marty Kilbane

David Otto and Erin Dixon began the session by discussing the critical role of the Recreation Therapy and Creative Arts Therapy Service (RTCATS) in enhancing Veterans' quality of life, with a focus on adaptive sport and collaborations. They detailed the physical, emotional, and social benefits of adaptive sports programs, which include improved fitness, increased mobility, and greater mental resilience. Adaptive sports also foster camaraderie and community engagement, providing Veterans with meaningful opportunities to connect with others. Mr. Otto described the RTCATS workforce, key roles, modalities and activity-based

interventions that promote Veteran's health, recovery and well-being. Data and key points included:

- Highlighted the integration of recreation therapy into clinical services to enhance physical, cognitive, emotional, and social outcomes for Veterans.
- Emphasized adaptive sports as a key therapeutic intervention:
- Physical benefits include improved fitness, mobility, and health outcomes.
- Psychological benefits include enhanced mood, stress reduction, and mental resilience.
- Social benefits include increased camaraderie and community engagement.
- Shared future initiatives, such as adaptive eSports and expanded 3D printing for recreation equipment.

Ms. Dixon introduced the known benefits of adaptive sports, and upcoming initiatives aimed at expanding the scope of these programs. She described the development of adaptive eSports, designed to be inclusive, and engage younger Veterans and promote cognitive and social engagement and overall whole health. Additionally, she highlighted advancements in technology and adaptive equipment and other resources, including 3D printing to ensure Veterans can meet their individual rehabilitation goals. She also described local partnerships (e.g., YMCA, golf courses) that help Veterans meet their individualized goals in their local communities. She highlighted some challenges with staffing, local expertise and equipment storage and utilization as well as solutions being implemented and future direction, including inter-facility consults and educational programs.

Nicole Sandlan shifted the focus to Blind Rehabilitation Services (BRS), outlining recent advancements in technology and accessibility. She detailed the integration of virtual reality applications for mobility training and independent living skills. Ms. Sandlan also described the success of the Veteran Transportation Program collaboration, which reduces barriers to accessing care for visually impaired Veterans by providing reliable and convenient transportation options. She also highlighted BRS program metrics, and multiple collaborative initiatives and opportunities, including occupational therapy, nursing, health equity Offices and others.

Key points included:

- Detailed Blind Rehabilitation Service (BRS) collaborations with the Veteran Experience Office (VEO) to improve service evaluations and outcomes through tailored survey tools.
- Highlighted the implementation of virtual reality technology through pilot collaborative programs, to support mobility and independence training.

- Described the Veteran Transportation Program's role in reducing barriers to accessing care, particularly for Veterans with vision impairments.
- Tailored programs for women Veterans, integrating Whole Health principles.
- Shared collaboration with Workforce Management and other Offices to enhance staff recruitment and retention through various initiatives, including training and certifications.

Mr. Kilbane added the prosthetic's perspective and provided examples of the processes and collaborative work they do with the clinical teams and programs to provide Veterans with timely equipment to meet the needs and goals of Veterans with special disabilities.

Discussion: Dr. Marlis Gonzalez-Fernandez inquired about the processes in VA for equipment repairs or replacements. Mr. Kilbane described the processes in place and did not report any challenges. Ms. Sandlan also described effective processes in place for repair and replacement of assistive technology for low vision/blindness. Dr. Pai added examples of processes related to wheeled mobility repair contracts and the efficiencies that are planned within the electronic health record to ensure a cohesive national process.

Dr. Gonzalez-Fernandez also asked about the potential use of telehealth to triage equipment problems and Mr. Kilbane described existing telehealth processes to accomplish this, including national customer service lines that help triage equipment problems.

Mr. Olguin asked for a description of the parameters of inpatient/outpatient duties and collateral assignments that recreational therapists may have, such as a primary role in the medical center combined with other functions as part of the adaptive sports program. Mr. Otto shared insights but reported that those statistics are managed at the facility level and vary depending on the mapping of a position based on local needs and expertise.

Before concluding, General Diehl asked the panel members how the Committee can support their work. Mr. Otto responded on behalf of RTCATS that they appreciate support on their future directions initiatives, such as development of a guide to enhance visibility of RTCATS role and activities for leadership and at the facility level. On behalf of BRS, Ms. Sandlan spoke about the unique role of BRS in VA, unlike the private sector, in particular, focusing on sensitivity training of the unique needs of Veterans with special disabilities and dual sensory loss. General Diehl expressed the Committee's commitment to continue to support these programs.

Break at 11:33

11:45 a.m. – Recommendation Update: Recruitment and Retention of VA Rehabilitation Professionals

Presenter: James Marfield, Associate Director, National Recruitment Service (NRS), VA

Office of Workforce Management and Consulting

Mr. Marfield began his presentation by providing an overview of the ongoing recruitment and retention challenges faced by the VA. He emphasized the critical importance of addressing these issues to ensure the delivery of high-quality rehabilitation services to Veterans. He highlighted how the recruitment and retention of non-physician rehabilitation professionals have become increasingly complex due to rising demand, market competition, and the need for specialized skills.

Mr. Marfield explained that the VA has taken a multi-faceted approach to improve hiring outcomes, streamline processes, and ensure that candidates have a positive onboarding experience. Mr. Marfield highlighted the following data:

- Current Workforce Data:
 - 92,767 nurses onboard.
 - Annual vacancy rates for non-physician rehabilitation positions range between 10-15%.
 - Average time-to-hire reduced by 20% over the last fiscal year.
- Incentive Utilization:
 - 67% of eligible applicants now participate in loan repayment programs.
 - Special salary rates implemented in 75% of high-demand VISNs.
- Retention Challenges:
 - 40% of staff departures occur within the first three years of employment.

Mr. Marfield elaborated on the following achievements:

- Improved Hiring Processes:
 - Time-to-hire for critical rehabilitation positions has been reduced by 20% through process standardization.
 - An Enhanced Recruitment and Onboarding Model (EROM) has been implemented to ensure that candidates are engaged and supported throughout the hiring journey.
 - Hiring managers and HR teams have undergone targeted training to address bottlenecks and ensure consistent hiring practices across facilities.
- Expanded Partnerships with Academic Institutions:
 - Collaborations with universities have significantly increased the pipeline of qualified applicants. Internship and residency programs have been expanded to include new disciplines relevant to rehabilitation services.
 - Partnerships with historically underrepresented institutions have contributed to greater workforce diversity.
- Education Debt Reduction Program (EDRP):
 - Mr. Marfield detailed the success of EDRP, which now covers a broader range of rehabilitation professionals. Participation in the

program has grown by 67%, providing critical financial relief to new hires and improving retention rates.

- Retention Strategies:
 - A comprehensive mentorship program has been launched to support early-career professionals. Initial feedback indicates higher satisfaction and engagement among participants, with lower turnover rates compared to non-participants.
 - Special salary rates have been implemented for high-demand VISNs to address geographic disparities and market competition.

Challenges Identified:

- Mr. Marfield noted that 40% of staff departures occur within the first three years of employment, underscoring the need for robust retention strategies.
- Rural areas continue to face significant challenges in attracting qualified candidates, necessitating targeted incentives and telehealth solutions to bridge gaps in care delivery.

Future Directions:

1. Enhanced Recruitment Pipeline:
 - Increase collaboration with universities to promote VA careers among rehabilitation trainees.
 - Establish partnerships with historically underrepresented institutions to diversify the workforce.
 - Utilize modern recruiting platforms and social media campaigns to broaden applicant outreach.
2. Retention Strategies:
 - Implement data-driven retention programs, such as periodic satisfaction surveys and targeted incentives for high-need areas.
 - Develop leadership development pathways to encourage career growth within the VA.
 - Expand special salary rate programs to address market competition.
3. Workforce Forecasting:
 - Collaborate with the VA Office of Enrollment and Forecasting to identify future workforce needs.
 - Use predictive modeling to plan for anticipated retirements and high-demand specialties.
4. Streamlined Hiring Processes:
 - Introduce an Enhanced Recruitment and Onboarding Model (EROM) to reduce delays and improve candidate experiences.
 - Increase training for hiring managers and HR staff on best practices in recruitment and retention.

Mr. Marfield announced the hiring of two dedicated HR professionals who will work directly with Rehabilitation and Prosthetic Services to support targeted recruitment and

retention efforts. These HR professionals will serve as liaisons to improve coordination, reduce hiring delays, and address specific workforce needs in rehabilitation services.

Discussion:

The discussion opened with Dr. Charles Ellis raising a question about the process for job announcements within the VA. He specifically inquired whether these announcements are limited to USAJOBS or disseminated elsewhere, particularly concerning positions in speech pathology and audiology. Mr. Marfield responded, explaining that the VA leverages a national contract to drive attention to the VA Careers site using search engine optimization and marketing strategies. Jobs posted on USAJOBS are often advertised further on niche professional boards and associations. However, he acknowledged a gap in proactive recruiting efforts and the need for targeted outreach to specific audiences, including audiologists and speech-language pathologists. This limitation, he noted, is tied to a lack of dedicated personnel for such outreach.

Dr. Ellis followed up with two additional questions. He first asked if the job announcements include details about loan repayment and relocation assistance. Mr. Marfield clarified that such information is typically only included for staffing shortage occupations, which are supported by standardized national templates that highlight total rewards. While these templates exist, their application and enhancement often rely on the involvement of local HR and recruiters, which remains a challenge due to staffing shortages.

Dr. Ellis then commented on the lack of outreach from VA recruiters to academic programs like his, which annually produce a significant number of speech pathologists and audiologists. He expressed a desire for VA recruiters to engage directly with such programs to guide students effectively toward VA careers. Mr. Marfield acknowledged this gap, noting that current recruitment efforts rely heavily on motivated individuals within the VA's service lines. He emphasized that as the VA strengthens its relationship with recruitment and retention liaisons and expands its recruiter pool, such outreach would likely improve.

The discussion transitioned as Chair Diehl introduced a broader issue concerning retention. He compared the VA's situation to challenges faced in other sectors, such as the Air Force, where retention is hindered by limited upward mobility and competition from private entities. He questioned whether the VA offers sufficient upward mobility to compete with private-sector opportunities and prevent attrition to sister universities or private employers.

Mr. Marfield responded by highlighting that upward mobility varies across VA sites. He pointed out examples in mental health disciplines where central mandates have broadened leadership opportunities to include diverse roles such as counselors and social workers, which could potentially inspire similar approaches in other fields. However, he also noted systemic issues, such as grading and compensation levels, that

render certain roles less competitive compared to the private sector.

Mr. Oscar Olguin raised concerns about the lengthy onboarding process, noting that delays of 90 days or more might contribute to the loss of candidates. He asked how the VA could address these delays. Mr. Marfield acknowledged the issue, attributing it to bureaucratic inefficiencies and a lack of outcome-focused processes. He cited past experiences where targeted interventions, such as redesigning HR systems and streamlining credentialing, reduced onboarding times. However, he emphasized the need for recruiters to act as change agents to improve these processes, advocating for faster offer processes and better tracking of candidate attrition during onboarding.

The session concluded with Chair Diehl affirming the committee's support for addressing the challenges of recruitment and retention of rehabilitation professionals within the VA. He commended the participants for their insights and reiterated the committee's willingness to assist in these efforts. Mr. Marfield expressed his appreciation for the dialogue and committed to continued collaboration.

The meeting adjourned for lunch at 12:27 p.m., with a scheduled return at 1:30 p.m. Ms. Picon noted that there were no public comments received for the afternoon session and outlined plans for a recap and future recommendations after the break.

12:30 LUNCH

1:30 p.m. - Public Comment Period

Presenter: Linda M. Picon, M.C.D., DFO

The meeting resumed promptly at 1:30 p.m. Linda Picon informed attendees that while no prior submissions were received for the public comment period, public participants were welcome to contribute live feedback or questions during the session using the chat function on WebEx. Ms. Picon also reminded attendees that additional feedback could be submitted via email after the session.

During the session, a member of the public, Marion Fera, submitted a question through the chat, inquiring about resources following attendance at the VA's Buddy Check Summit. Ms. Picon acknowledged the question, offering to follow up via email to provide the necessary resources since this question was outside of the scope of this Committee. She emphasized the availability of her contact information in the public notice for further inquiries. General Diehl noted the importance of addressing public inquiries promptly and thanked Ms. Fera for her participation.

With no additional comments from public attendees, Ms. Picon proposed using the remaining time for Committee discussion and a recap of the day's key points, as well as deliberations on next steps for future meetings.

Committee Discussion

General Diehl opened the discussion expressing gratitude for the comprehensive presentations of the last 2 days. He followed with hails and farewells for Dr. Gonzalez-Fernandez, who completed her 2nd and final 3-year term this meeting and for Mr. Timothy Hornik, BVA representative, who had to step down from the Committee earlier this year. He also welcomed Scott Quinlan to the Committee and Oscar Olguin as the new BVA representative pending SECVA confirmation. He also expressed gratitude to the remaining members who agreed to continue serving on the Committee.

Dr. Hood commended presenters on the comprehensive content and excellent work on collaborations across VA. She asked for expanded view in the future on how these collaborations happen between the VAMCs and community resources, especially given distances Veterans may need to travel to specialized centers or to get specialized services. Dr. Pai discussed how VA has evolved and expanded to meet that need through telehealth. He described the use of Clinical Resource (virtual) Hubs across the 18 healthcare networks and how they are set up to fill regional gaps either through virtual care or by connecting facilities within their region and mobilizing Veterans to the care center that most appropriately meets their needs. Dr. Scholten represents RPS on the National Clinical Resource Hub council to ensure the needs of special populations are included and to stay abreast of opportunities Dr. Pai highlighted other opportunities to enhance access for Veterans no matter where they live, such as the Assistive Technology Hub for blind rehabilitation. He added how the hubs promote communication and awareness and how this enhances bidirectional communication with the field and national Program Offices.

Mr. Olguin expressed his satisfaction with VA care as a Veteran, and commended VA for providing information to Veterans that is readily accessible, such as the communication toolkit described during day one of the meeting.

Dr. Ellis stated that he was impressed with the care delivery and the collaborative presentations, emphasizing that care in the community is fragmented and unparalleled to VA care. Although not offered as a formal recommendation, he encouraged VA capitalize on recruitment from academic programs and VA affiliations, especially as VA is a respected training hub in the nation. Dr. Pai agreed that VA needs to better communicate internally to frontline supervisors, about HR opportunities and resources. He expressed that information provided by Workforce Management on a recruiter designated to work specifically on allied health professions is most promising.

Linda Picon and General Diehl facilitated a focused discussion regarding the status of Committee recommendations. Ms. Picon outlined the process for formally closing recommendations, which involves a motion, seconding, and majority vote by Committee members. She emphasized the importance of documenting the rationale for closing recommendations to ensure transparency and accountability in the Committee's report to senior VA leadership. Dr. Pai added that while some recommendations were ready for closure, others required further updates or monitoring to ensure sustained impact.

The Committee discussed the status of open recommendations.

The recommendation on clinical alignment of clinical staff in Orthotics, Prosthetics and Pedorthic Services was not discussed this meeting and remains open with an update scheduled for Spring 2025.

The Committee discussed recommendations updated in this 2-day meeting and voted on open recommendations, as follows:

Recommendation: Aging special populations. Voted to keep open

Dr. Banks was pleased with the information received today now that the recommendation is signed and officially being implemented. She would like to hear about psychogeriatrics, home modifications and adaptations in future updates, particularly as they related to older adults aging in place and minimizing fall risk, among others, including use of compensatory strategies implemented.. She would like to see relevant data, for example, reduction in ER visits if available. General Diehl also asked for expanded content in a future update about the aging of very young Veterans who were seen in VA clinics and hospitals at the start of the most recent conflicts and now are entering their 40's and beyond with ongoing chronic or new/late emerging issues. On this topic, Dr. Pai emphasized that this was the majority of the population described today with TBI, SCI, amputations, etc., but those demographics, and the goals of the age- friendly health systems can be made clearer in future updates. Dr. Pai also added that he envisions blind rehabilitation being part of that recommendation and updates in future briefs. The recommendation remains open.

Recommendation: Communications toolkit – Voted to close

Dr. Linda Hood moved to close the recommendation, citing significant progress and implementation across multiple platforms as reasons for closure. General Diehl opened the floor for a second, and Dr. Charles Ellis seconded the motion. Ms. Picon facilitated a vote, and the motion passed unanimously, with all members voting in favor. The Committee commended the collaborative efforts that led to the success of this initiative.

Recommendation: Recruitment and Retainment of Rehab professionals – Voted to keep open

The Committee also voted on the recommendation addressing recruitment and retention of rehabilitation professionals. Dr. Hood highlighted her excitement about the strategic assignment of two national recruitment consultants to the RPS Office discussed in Mr. Marfield's presentation, tasked with accelerating hiring efforts and addressing workforce needs. Dr. Pai agrees that this should accelerate and better focus these efforts. He concluded by inviting feedback from the Committee on additional data or insights required to evaluate the success of these initiatives. General Diehl and Dr. Gonzalez-Fernandez suggested future discussions focus on reported barriers and possible efficiencies, such as time to hire, retention of seasoned/tenured professionals,

and capitalizing on partnerships with academic institutions. Dr. Pai also committed to providing additional data on retention of rehab professionals in future updates to highlight the full story.

Dr. Marlis Gonzalez-Fernandez moved to keep the recommendation open. Dr. Felecia Banks seconded the motion, and the Committee unanimously agreed to maintain the recommendation as open.

Recommendation: Sensory Health Integration with Whole Health –
Consensus to keep open

Dr. Felecia Banks opened the discussion bringing up points she made earlier about strengthening the next update by including the impact of the WH model and (all) sensory integration on day to day needs of Veterans and sharing metrics that include functional outcomes, that is, not just the work of the workgroup but the impact. Dr. Pai asked for clarification and committed to a future brief on this recommendation that includes the global mechanism of how whole health works (education and resource hub) followed by a focus on the special disabilities populations and how WH principles are incorporated, including but not limited to into assistive technologies and adaptive sports. Dr. Banks agreed and reiterated emphasis on functional outcomes. This recommendation remains open.

Recommendation: Amputation System of Care strategies and Collaborations –
Voted to close

Ms. Picon reminded the Committee that this recommendation was considered completed as written following the July 2024 Committee meeting. The recommendation was left partially open to allow for additional detail on the collaborative processes of the Amputation System of Care. This presentation on collaborations was completed during this meeting.

Dr. Gonzalez-Fernandez agreed with closing the recommendation, completed as written. She would encourage presenters in future Program Office updates to explore processes to improve access to prosthetic devices for Veterans seeking care in the community (e.g. vetting process for community providers), so that they are not obligated to get a device prescription from a VA physician. Dr. Pai shared direct access processes, including in-person and telehealth, that facilitate this VA prescription process for Veterans. Dr. Pai also shared that upcoming survey data on veterans' experience with amputation care will be shared with the Committee in future Program Office updates.

The Committee agreed to close this recommendation and allow the team to provide additional updates as requested (without a new recommendation) as part of a future amputation system of care briefing. Dr. Gonzalez-Fernandez voted to close and Dr. Banks provided second; closing was unanimous.

Out of 6 open recommendations, the Committee carried 4 recommendations

forward and 2 recommendations were closed/completed during this meeting.

Additional discussion ensued, to include:

General Diehl probed the Committee for potential new recommendations. Hearing none, he proposed that the topic of pain management remain on the Committee's radar and be keyed up for update in an upcoming meeting.

Dr. Pai asked the Committee about the meeting format and collaborative topic content and whether that was more helpful than traditional, individual Program Office updates. Dr. Gonzalez-Fernandez promoted these collaborative presentations over single office presentations and highlighted their value for the Committee to see a coordinated representation of the work and data. General Diehl, Dr. Banks and Dr. Hood explicitly agreed with the impact of collaborative topics and team-based approach to presentations, especially stories and outcomes from the Veterans' perspective. General Diehl was impressed with the level of presenters and the quality of the presentations. Dr. Pai acknowledged the extra effort to put these collaborative presentations together but acknowledged that rehabilitation is inherently a team-based approach and he will take this feedback to RPS staff and other presenters.

General Diehl summarized the discussion by reiterating the Committee's commitment to addressing these critical issues and emphasized the need for continued collaboration and strategic focus. After some deliberations about black-out dates, the DFO confirmed the next meeting is tentatively scheduled for Spring 2025 in Washington, DC, and will email Committee members in early 2025 with selected dates based on members' preferences.

Concluding Remarks

Presenter: Brigadier General Arthur F. "Chip" Diehl III, USAF (Ret.)

General Diehl thanked all participants for their engagement and excellent contributions. The group thanked Dr. Gonzalez-Fernandez for her contributions as she ends her tenure in the Committee, and she in turn expressed gratitude and willingness to serve in other VA endeavors in the future.

The meeting adjourned at 2:57 p.m.

Linda Picon

Designated Federal Officer

Date: January 14, 2025

BG Arthur F. "Chip" Diehl III, USAF (Ret.)

Committee Chair

Date: January 15, 2025