# FEBRUARY 2019 VETERAN BARRIERS TO ACCESS FOR INNOVATIVE REHABILITATIVE DEVICES



### **SUMMARY**

The Department of Veterans Affairs is the single largest network of care for Americans suffering from spinal cord injuries or disorders, treating over 27,000 veterans in 2013 alone.

The VA offers a broad network and dedicated cohort of physicians to treat these veterans. Yet access to innovative rehabilitative devices can be limited. Such is the case with medical exoskeletons, wearable devices that improve mobility and boost independence for patients with spinal cord injuries.

These barriers to access are problematic, because technology like the exoskeleton can improve outcomes for veterans and reduce their dependency on care over the long term. By contrast, the cost of treating a Veteran with spinal cord injury using outdated technologies can cost hundreds of thousands of dollars a year.



<sup>1</sup>https://www.hsrd.research.va.gov/news/feature/sci.cfm

## PROCUREMENT INCONSISTENCY AND INEQUITY

For veterans to benefit from exoskeleton technology, facilities must first be able to procure them. It can be a complicated process.

While the VA has general parameters for procurement, each VA Medical Center can have its own purchasing budget and procedure. In theory, this allows hospitals to tailor their budgets and procurements to local needs. In practice, however, the steps necessary to purchase medical technology are often confusing and restrictive. No two hospitals have the same process.

In the instance of the Dallas VA, equipment purchasing and supply purchasing are separate entities with separate procedures, creating a procurement process that can take up to several months before funds are approved for purchasing equipment. At the Seattle VAMC, similar process inconsistencies meant that hospital funds were not made available to purchase exoskeletons despite their use at other VA centers. As the Seattle VAMC explained, their site staff finally "went directly to the exoskeleton manufacturer and worked out a trial option." While the Seattle and Dallas VAMCs experienced procurement challenges, the Palo Alto VAMC revealed a separate issue.

This medical center was able to receive not one, but six, exoskeletons through the VA Cooperative Studies Program. The disparity in resources across centers demonstrated how availability and quality of care can vary.

Fundamentally, it is both reasonable and necessary to have a rigorous vetting process for new medical technologies. However, when those processes are instead challenging due to inconsistency and resource inequity, immediate change is necessary.

Veterans deserve the highest quality of care, and taxpayer dollars must be wisely invested. Such policies hold manufacturers to their promises and prevent hospitals from frivolous or uninformed spending. This system does not work however when funds are not made available, when there is an inequity of resources, or when a lack of communication exists.

 "That there has not been a great forum for developing best practices and sharing them with other SCI centers." – Palo Alto VAMC

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# LACK OF FORMALIZED COMMUNICATION ACROSS SCI NETWORK OF CARE

For veterans who would benefit from exoskeleton technology, the lack of a formalized communication systems creates yet another barrier to access.

To date, there is no formalized system of communication among SCI centers regarding medical devices. Once a device has been approved or received at a VAMC, this information is not communicated across the system of care.

Information on new technologies, best practices, and procurement decisions remains siloed. However, this has not prevented dedicated SCI physicians and staff from going above and beyond to seek this information out through industry conferences and continuing education courses. Organizations such as the American Physical Therapy Association and the Academy of Spinal Cord Injury Professionals provide informal communication networks that allow members to stay abreast of SCI technologies and trends.

But physicians and staff should not have to independently seek out information that could be readily accessible through an internal network. Fortunately, changes are in the works. In 2017, the SCI central office formally developed think tanks to determine how to standardize business processes. These groups are the first major step toward creating a formalized communication system across the SCI network. However, internal communication is only half of the challenge; virtually no external communication channels exist between VA and non-VA health care providers.

After the passage of the CHOICE Act, veterans could seek care outside of the VA network, opening up coverage in regions where VA presence was a challenge. Such was the case with CHI Health, a private care facility in Omaha that treats veterans using exoskeletons.

For SCI veterans, traveling poses a unique challenge. Prior to the CHOICE Act, seeking care from non-VA facilities was a costly endeavor, forcing veterans to choose between physical or financial convenience. Omaha VAMC's serious or specialized cases were referred over 370 miles away to the SCI Center in Minneapolis. Located only 10 miles north of the Omaha VAMC, CHI can now provide veterans with advanced care close to home.

With the new private options made available by the CHOICE act, there is an even greater need for standard, formalized systems of communication. In order to ensure that veterans receive timely and uniform care, SCI centers and trusted non-VA providers must be able to share information seamlessly.

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"We have tried to partner with the VA to get more Veterans in to use the exoskeleton. Generally, the trouble is trying to figure out who to talk to at the VA." – CHI Health

### TOP-DOWN MENTALITY VS. Innovative Thinking

Top-down thinking presents a challenge to providing the best care possible to veterans. Where procurement and communication could benefit from standardization, mandates from the VA Central Office regarding the use of specific equipment can hamper physician's ability to serve their patients.

Consider the case of the LokoMat. In 2007, VA and SCI Headquarters approved, funded, and deployed the LokoMat to every SCI center across the country. The LokoMat is a treadmillharness apparatus intended to assist veterans with walking again. Unlike exoskeletons, which allow for full range of motion, the LokoMat is limited to forward or backward movement and does not help veterans develop gait-functionality or improved balance. Simply put: it did not help veterans regain their ability to walk, only basic leg movement functionality.

While the equipment itself had been funded and provided for, the VA had not taken additional steps to approve sustainment funding for the infrastructure required to actually use the devices they had distributed. As a result, the equipment sat underused or unused. The Lokomat cost taxpayers and, ultimately, veterans who could have received better devices with those funds.

This executive decision was a tangible example of how poor communication and lack of physician input can limit the efficacy of care for veterans. However, when physicians do get to provide their input on medical technologies and their use, patient outcomes and hospital operations can improve dramatically.

Not only were the exoskeletons being used for their target population, but the Palo Alto center had identified additional populations requiring gaittraining and restorative function. Through simple communication, more veterans were receiving improved care from a single device.

The nature of the SCI hub-and-spoke model opens up a range of innovative possibilities. Strong inter-Hub communication would allow for data standardization and sharing, swift identification of service gaps, and the development of best practices. Under this model, an idea or technology can be incubated, tested, and ultimately deployed across the network if it is determined to be of value.

### **CALL TO ACTION**

Providing the highest quality of care to our veterans means easy and consistent access to innovative, life changing medical technologies. With the VA's FY19 budget request totaling nearly \$200 billion, the largest approved in the history of the department to date, Congress must ensure that these dollars go toward

- A comprehensive review, modernization, and standardization of procurement procedures for VA medical centers
- The standardization of data and policy communication systems across the entire VA network of care
- Supporting physician and staff's ability to inform VACO's policies from the bottom-up

Standardized data and policy communication systems must be developed and refined within the SCI network. Inter-Hub communication is an opportunity to be taken advantage of.

Proven procedures and technologies that have improved delivery of care to veterans should not be unique to any one Hub or VISN, and standardization of these procedures should be an immediate priority. A review of current procurement procedures is long overdue. Requesting funds for medical technologies should be a straightforward process that improves access. VAMCs with clear purchasing procedures and successful track records should be looked to for creating a more uniform, easily navigable purchasing process for SCI centers.

Finally, it is critical to create a reliable and actionable process for VACO to receive input from their medical centers and staff regarding policies, procedures, and technologies. Effective communication allows veterans to avoid costly delays in care.

While barriers do exist that limit access to innovative technologies, it is within the power of Congress and the VA to initiate minimally invasive policy decisions with high-value returns. Improving communication and standardizing procedures, while a challenging process, is not a financially intensive one. Instead, it allows the value of one of the world's highest-quality SCI networks to be fully realized, and most importantly, to improve the Veteran's experience.

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"The role that our particular exoskeleton has been doing ranges from a therapeutic device to advanced gait training. By having that device donated and on our campus for the spinal cord population, it became clear that it helps other populations as well, such as stroke and traumatic brain injury patients." – Palo Alto VA

<sup>2</sup>https://www.va.gov/opa/pressrel/pressrelease.cfm?id=4007



### **About SoldierStrong Access**

SoldierStrong Access is a non-profit advocacy organization existing alongside its non-profit charity partner, Soldier Strong. After succeeding in helping dozens of veterans overcome challenges with mobility and launching a scholarship fund to put college within reach of America's returning soldiers, Soldier Strong knew changes in public policies would be necessary to provide access to these opportunities for the veterans community at large.

### To learn more visit SoldierStrongAccess.org



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