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DEPARTMENT OF VETERANS AFFAIRS

Improving Accessibility: VISN 11 Mobile Prosthetics Van Program

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Introduction

The VISN 11 Prosthetics Program services Veterans in Michigan, Indiana, northwest Ohio, and eastern Illinois. The number of Veterans in need of prosthetics services has increased in the past decade. In 1999, VISN 11's VA Medical Centers (VAMCs) had two prosthetic/orthotic laboratories. This number had grown to six laboratories that saw in excess of 30,000 patients per year by FY 2010, remaining consistent through FY 2012. From FY 2007 to FY 2012, the number of Veterans using prosthetics increased substantially as compared to Veterans using general VA services.

Prosthetics require substantial provider expertise and multiple appointments for the Veteran. Often, when these services were only provided at VAMCs, the Veterans living a significant distance away would either go without service or not return for follow up appointments. VA Community-based Outreach Clinics (CBOCs) are often closer than a VAMC to where these Veterans reside, and as they are physically smaller centers they are more convenient to access. In VISN 11, there are currently 29 CBOCs, 25 of which have a rural designation. The expansion of CBOCs has highlighted the need for on-site prosthetic expertise, particularly in areas distant from a VAMC.

Key Findings

- In its first months of operation, from April 2012 to November 2012, the Mobile Prosthetics Van Program scheduled 640 patient appointments at four Community-based Outreach Clinics (CBOCs) in the state of Indiana. These appointments saved Veterans a combined 33,284 miles in travel.
- The mobile vans also made 154 home visits, saving Veterans an estimated additional 10,164 miles in Veteran travel.

In 2007, the Office of Rural Health was formed to improve access to and quality of health care in rural areas. This led the VISN 11 Prosthetics Program and the VISN 11 Rural Health Consultant to partner on the Mobile Prosthetics Van Program, with the intent of providing prosthetic services at CBOCs located closer to where many Veterans live.

This work is funded by the Veterans Administration Office of Rural Health (ORH). For more information about this program contact Sherri DeLoof, VISN 11 Rural Health Consultant, (734) 222-4308 or sherri.deloo@va.gov.

Methods

Staff and Capabilities

The mobile prosthetics van offers a full spectrum of orthotic, prosthetic, pedorthic, and assistive technological services; summarized to the right. It is staffed by a single member of existing VAMC staff, whose specific expertise is determined in part by availability but primarily by a given location's need.

The vans are 2011 Dodge Sprinters, and the interiors are modified with specific equipment per identified provider and location. The vans are not delivery vans; rather, they are used to transport items for provider and location-specific usage. For example, prosthetists carry hand-held video cameras to document home improvements. Assistive technologists have a ramp to roll wheelchairs into the van for repair or replacement. They are outfitted with removable shelving to transport diabetic footwear and tools for the measurement, fabrication and modification of custom foot orthotics.

The variety of equipment utilized requires the capacity for multipurpose use, and each van is uniquely equipped to maximize the proficiency of each visit to a CBOC or a Veteran's home.

Service Capabilities and Access

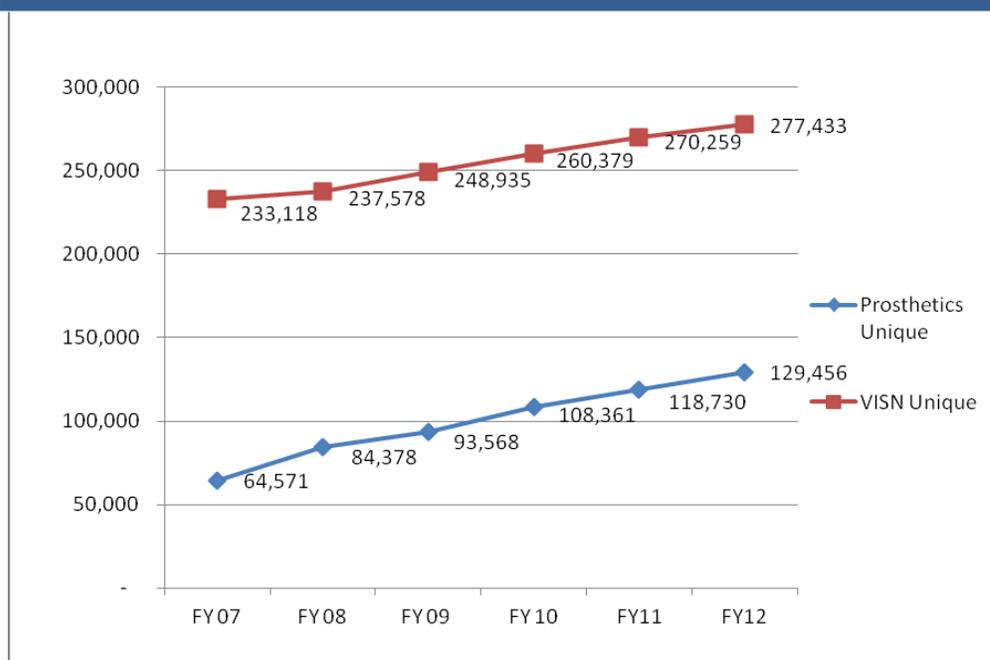
The Mobile Prosthetics Van Program provides:

- Castings and modifications for all orthopedic braces/fitting and adjustments.
- Castings and modifications for artificial limbs/fitting and adjustments.
- Casting, fitting, and adjustment of foot orthotics.
- Measurement, fitting, and modification of shoes.
- High-tech wheelchair custom fitting, adjustments, pickup, and delivery.
- Minor wheelchair repairs by certified wheelchair repair person (VA employee).
- Home and long-term care facility evaluations.
- Oversight of HISA and home structural needs.

Logistics

From April 2012 to November 2012, two mobile prosthetics vans were in placed in VISN 11. The first van was based at the Indianapolis, IN VAMC. Once a week, the van traveled to the Bloomington CBOC, which is 54 miles from the medical center. The van also traveled on a weekly basis to the Terra Haute CBOC, which is 78 miles from the medical center.

Figure 1. VISN- and Prosthetic-unique Veterans, FY07–FY12



The second van was based at the Marion, IN VAMC. The van traveled once a week to the Muncie, IN CBOC which is 38 miles away. It also traveled weekly to Peru, IN, which is 30 miles from the Marion VAMC and 60 miles from the Fort Wayne VAMC.

On non-clinic days, providers traveled throughout the state of Indiana to provide in-home evaluations for Veterans who were unable to physically travel to a CBOC or medical center and to conduct Home Improvements and Structural Alterations (HISA) assessments.

Results

Figure 2 details the number of appointments the two vans held in their first months in operation, from April 2012 to November 2012.

During the stated time period, the van based at the Indianapolis, IN VAMC allowed providers to hold 126 appointments at the Bloomington CBOC and saved Veterans from traveling 6,804 miles. The van allowed 138 appointments at the Terra Haute CBOC, resulting in 10,764 miles that Veterans did not have to travel or apply for beneficiary travel reimbursement.

The van based at the Marion, IN VAMC led to 172 appointments at the Muncie CBOC, saving Veterans 6,536 miles in travel. The van allowed providers to hold 204 appointments at the CBOC in Peru, saving an additional 9,180 miles.

Further, providers made 154 home visits throughout Indiana, saving Veterans an estimated 10,164 miles in travel.

Conclusion

The Mobile Prosthetics Van Program was designed to provide prosthetics/orthotic services in areas that

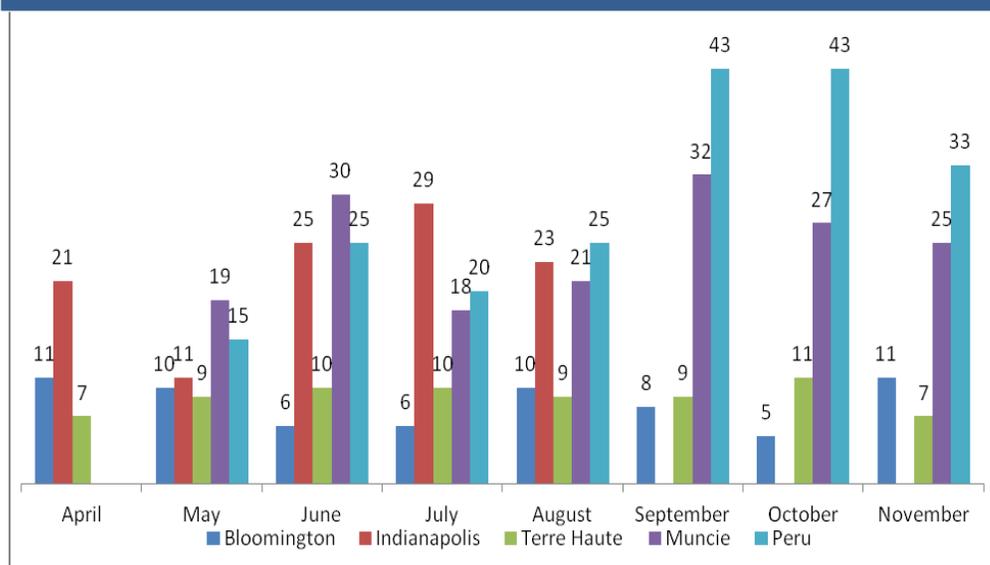
did not previously offer them. The program intends to extend these services in a cost-effective manner that reduces the need for travel reimbursement. The vans, fully retrofitted and supplied with tools, cost approximately \$75,000 each. Fuel cost per vehicle is approximately \$5,000 per year.

The program benefits both Veterans and providers. Veterans voice satisfaction with their appointments at a CBOC, as they are no longer required to travel long distances to the medical center for multiple appointments and find a place to park when they arrive. Notably, they state that they appreciate the time saved. In addition, patient compliance appears to be higher when Veterans access their prosthetic appointments at a CBOC as compared to the medical center. Program staff note that patients have a higher propensity to follow through with appointments with improved access and easier navigation.

Improvement in quality was observed by the prosthetics staff who conducted HISA assessments and/or in-home evaluations as well. Staff reported that seeing a Veteran in his or her own environment almost always changed the treatment plan from what was originally prescribed. This allowed Veterans to stay in their own homes longer with appropriate assistive devices.

Finally, the program reduces VA costs through reduction in beneficiary travel reimbursement. The amount saved in this regard from the institutional standpoint can be difficult to estimate, as not all Veterans are eligible for travel pay, but eligible Veterans are reimbursed at 41 cents per mile. However, we estimate that 38% of the Veterans who used this program were eligible for travel reimbursement.

Figure 2. Mobile Prosthetic Van Encounters, April 2012–November 2012



Note: HISA visits were conducted in Indianapolis. The program does not yet offer this service elsewhere.

Thus, based on the data from April – November 2012 of CBOC clinic visits, there is an estimated annual beneficiary travel savings of \$10,000.00 among the four clinics. In addition, the program employs current staff and so does not require an additional staffing investment. The existing staff alternates their schedules and work location to accommodate the Veterans at the CBOCs. This concept is offering providers and patients the flexibility essential to keeping up with shifts in health care.

While offering specialty care has had the effect of highlighting the need for more services in increasingly distant areas, the program has the potential to meet this need. It also has the capacity for dual-evaluation via telehealth. When a Veteran who attends an appointment at the CBOC has needs that cannot be met by the attending provider, the provider could use appropriate technology to connect with the prosthetics staff at the main facility for assistance. In VISN 11, two additional vans were purchased for the state of Michigan at the start of FY 2013, and it is anticipated the program will service the full VISN including Indiana, northwest Ohio, and eastern Illinois in the future.

Impact

- Veterans in VISN 11 are no longer required to travel long distances to a medical center for multiple prosthetic/ orthotic appointments. The increased convenience appears to improve patient compliance and follow-through.
- The prosthetics staff who conducted HISA assessments and/or in-home evaluations noted improvement in the quality of treatment plans. This allows Veterans to stay in their own homes longer and leads to potential savings in both home and long-term healthcare.
- The Mobile Prosthetics Van Program offers cost-savings through reduction of beneficiary travel reimbursement. As it employs existing staff, it does not require an additional staffing investment. Staff alternate their schedules and their work location to accommodate the Veterans at the CBOCs.

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VISN 11 Mobile Prosthetics Program Van

