

Camp Lejeune Contaminated Water Virtual Clinic



February 5, 2014

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Quality & Performance Improvement

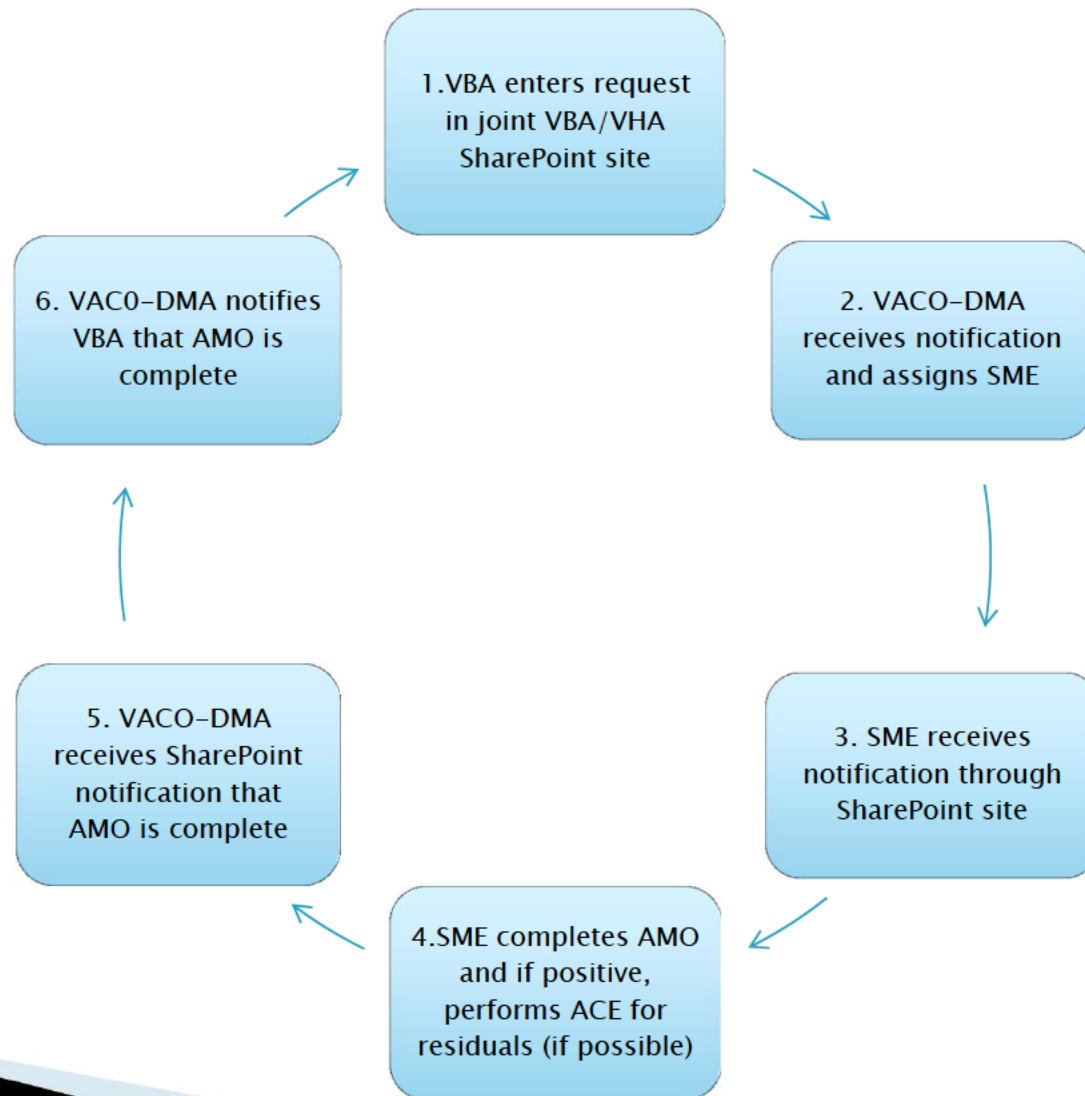
Background

- ▶ The Veterans Healthcare Administration (VHA) has been tasked with providing hospital care and medical service for 15 specified illnesses and conditions to veterans who served at Camp Lejeune (CL) on active duty for at least 30 days beginning January 1, 1957 and ending on December 31, 1987.
- ▶ Veterans who believe they have sustained ANY health problems related to the ground water at Camp Lejeune may file a claim for disability compensation.
- ▶ The disability claims process requires that once a veteran has filed a claim, an expert **advisory medical opinion** (AMO) be obtained.
- ▶ >1660 requests for AMO received in FY'13, many of these request are for multiple medical claims resulting in more than one AMO per request

Current Process

- ▶ VBA and VHA have established a joint SharePoint site.
- ▶ The Office of Disability and Medical Assessment (DMA) is responsible for facilitating the AMO process.
- ▶ Specialized training has been provided for a cadre of physicians who serve as subject matter experts (SME) for the Camp Lejeune Contaminated Water (CLCW) claims.
- ▶ Researching a claim ties up the SME for a significant amount of time.
- ▶ Extensive research is performed to verify exposure, establish amount of possible exposure, and to determine if there is a nexus between the claimed condition and the presumed residuals attributed to CLCW.

Current CLCW claims process



Issues

- ▶ SME volunteers require training in Occupational and Environmental Medicine principles such as causation analysis, obtaining exposure histories, assessing exposure burden and data analysis in order to render a nexus AMO related to CL claims.
- ▶ Limits potential SME pool.
- ▶ SME training requires a minimum number of participants to be cost effective; training therefore is on an ad-hoc basis.
- ▶ Some SMEs require additional training and initial mentoring
- ▶ The review of medical and occupational records is time consuming, results in an extensive literature review and causes decreased production in the completion of disability examinations.

Issues (cont.)

- ▶ Participation is Voluntary
- ▶ SME revise availability after training (e.g. number of monthly reviews they are willing to conduct, types of cases)
- ▶ AMO development for SMEs is an adjunct duty that may not always take priority, resulting in increased timeliness for completion
- ▶ Hard copy files require tracking to/from SME facility to ensure routing and appropriate return
- ▶ High turn-over rate for SME leads to the need for continuous recruitment and recurring use of training resources resulting in increased case load for remaining SME

Camp Lejeune Virtual Clinic Proposal

The development of a dedicated team of SMEs and Clinical Reviewers utilizing CAPRI in a virtual clinic environment has the potential to:

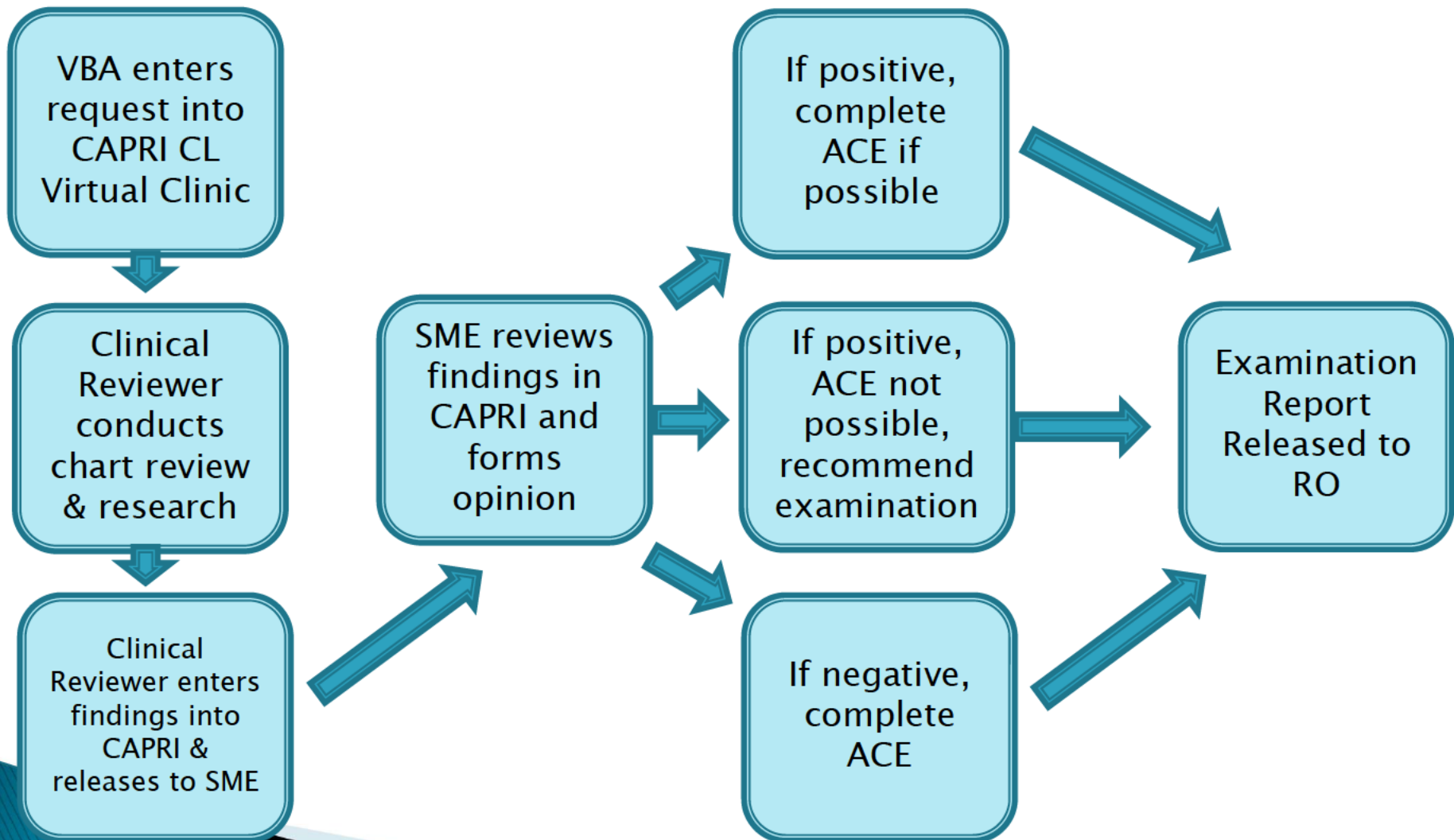
- ▶ Streamline the CLCW claims process from request to AMO
- ▶ Reduce Average Processing Days (APD)
- ▶ Standardize data gathering, exposure burden reporting, literature analysis
- ▶ Provide a means by which to capture and track claims-related data such as # claims completed per SME and timeliness
- ▶ Virtual Clinic process can be modified and applied to other sensitive claims-related reports such as Board of Veterans Appeals (BVA) remands and Independent Medical Opinions.



Camp Lejeune Virtual Clinic System

- ▶ 2507 entered directly into CAPRI CL Virtual clinic allows for:
 - Capture of informatics data
 - Increased efficiency
 - Enhanced AMO processing
- ▶ 1–2 dedicated SMEs responsible for formulating AMOs vs. voluntary participation:
 - Ensures consistency
 - Decreased training dollars used
 - Facilitate ownership of the process
- ▶ SMEs would be supported by dedicated mid-level “Clinical Reviewers”
 - Appropriately trained
 - Performs research, chart review and documentation
 - Minimizes SME time commitment

CL Proposed Virtual Clinic Process



Camp Lejeune Virtual Clinic

- ▶ Clinical Reviewers would be PA's or NP's who:
 1. Research hard copy and electronic medical records
 2. Develop exposure histories
 3. Perform literature reviews
 4. Document comprehensive assessments based upon best medical science for the SME(s) to review in a DBQ type format

Having Clinical Reviewers dedicated to the above tasks will reduce the time requirements of the SME need to provide an AMO.



Requirements for Camp Lejeune Virtual Clinic

- ▶ Core SME team of 1–2 physicians with experience in Occupational and Environmental Medicine and/or Toxicology
- ▶ Two mid-level Clinical Reviewers dedicated to C-file/Electronic Medical Record evaluations, performing literature reviews and extrapolating data to a DBQ like format for SME
- ▶ National CAPRI access, VBMS access, VVA access, HEC VistA access



Summary

Developing a Core Team and use of the Virtual Clinic for CLCW claims will:

- ▶ Result in increased efficiency
- ▶ Result in better timeliness
- ▶ Ensure consistency
- ▶ Uses an established process and system of records
- ▶ Eliminates the risk of PII compromise on a SharePoint site
- ▶ Make more efficient use of SME time obligation
- ▶ Allow integration of other specialty programs that may be developed
- ▶ Allow the process for completing *BVA remands* and requests for *Independent Medical Opinions* to become more efficient
- ▶ Reduce financial burden
- ▶ Reduce possibility of lost or misrouted C-files
- ▶ Ensures accountability for examination report completion