IMPROVING TRANSITIONAL CARE POST OSSEOINTEGRATION
DEPARTMENT OF DEFENSE (DOD)/VETERANS AFFAIRS (VA)

By Dixie Johnson, MSN, RN, CRRN, CCM & Selina Doncevic, MSN, RN, CRRN
OBJECTIVES

✓ Comprehend the complexity of OI patient population
✓ Realize the challenges post OI surgery
✓ Recognize the importance of multidisciplinary care and communication between OI team and all healthcare facilities/providers
✓ Expand awareness of VA’s amputee system of care levels and VA’s stance on OI surgery
WHERE CAN I GO FOR OSSEOINTEGRATION (OI)?

“Presently, OI is not a generally accepted standard of medical practice within the United States where use of these implants for the direct skeletal attachment of prosthetic limbs is still considered experimental. Consequently, OI is not a blanket covered TRICARE benefit, nor is the procedure covered by VA” (www.health.mil.EACE, 2017)

• DoD Osseointegration Program—WRNMMC is the only DoD facility performing osseointegration surgeries at this time

• DoD beneficiaries can receive OI (if meet criteria) under MHS research protocol or Humanitarian Device Exemptions (HUD)

• DoD beneficiaries who received OI outside the military health system (MHS) are able to be seen at MHS for follow-on care and treatment

• VA will provide follow-on care (outside of research protocols) for eligible Veterans
OI PATIENT POPULATION

• Amputee (TFA/THA) (>1 year), difficulties with socket wear

• Veterans, active duty members, dependents (DoD beneficiaries)

• Use multiple healthcare systems (DoD, VA, community)

• Scattered demographically-many from rural communities

• Psychosocial issues-family problems, PTSD, lack of support
INITIAL INTAKE

• Establish Eligibility for care
• Demographics/Job/School
• Healthcare facility/Health history/Medications/Primary Insurance
• Family dynamics—will they have a care giver?
• Why do they want OI? Goals once they have OI?
• Rehab plans
• What additional services will they need while here?
CHALLENGES POST OSSEOINTEGRATION

• Travel/lodging needs
• Loss of independence
• Lack of support
• Transient population—behavioral health and medical support not readily available (space available basis)
• Pain Management/medication management
• Durable Medical Equipment needs at WRNMMC and for home
• Coordination for transition home—where are they wanting to rehab? Are they able to provide OI rehab care? Who is paying for care?
• Increased risk for infection (lifetime)—OI skincare protocol
COORDINATION FOR COMMUNITY CARE

“A hand-off is a transfer and acceptance of patient care responsibility achieved through effective communication. It is a real-time process of passing patient-specific information from one caregiver to another, or from one team of caregivers to another for the purpose of ensuring the continuity and safety of the patient’s care.” (Collins, R., 12/2017)

- Identify/contact PCM/rehabilitation clinic/facility and provide effective hand-off communication, including medical records with good patient history, medications, OI protocols, and points of contact at both out-going and incoming facilities

- Determine insurance coverage for care and paperwork requirements, authorizations prior to transfer, and schedule initial appointment

- Provide patient with POC’s at both facilities and if eligible, at local VAMC
COORDINATION WITHIN THE DOD

DoD Advanced Rehabilitation Center Coordinators

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COORDINATION BETWEEN DOD AND VA CLINICIANS

• If known-directly contact VA case manager/PCM/amputee clinic for patient hand off

• If veteran is not a frequent VA healthcare consumer, contact VA amputee rehabilitation coordinator (ARC) to provide awareness of patient and ensure patient has ARC’s contact information

• If having difficulty finding point of contact or in getting assistance for veteran, contact VA/DoD Polytrauma Rehabilitation Nurse Liaison: selina.doncevic@va.gov Offices at DC VA Medical Center and Walter Reed National Military Medical Center
VA/DOD POLYTRAUMA REHAB NURSE LIAISON

- OI is not a VA covered procedure- Must be DoD eligible beneficiary

VA/DO polytrauma rehabilitation nurse liaison-
- Meets with OI Veterans as needed to assure excellent communication shared across continuum of care between DoD and VA health care systems
- Updates VA Amputee Program leadership
- Assures home VA team is tracking OI procedure (Awareness for 2 ASoC team members- ARC and local Case manager- for full visibility of care and rehabilitation needed)
- Expedites process for DME requests, VA enrollment (if not already), VA care assistance

- Clinical concerns should be communicated between treating VA & DoD providers
VA AMPUTATION SYSTEM OF CARE
4 LEVELS OF AMPUTEE CARE

https://www.prosthetics.va.gov/asoc/index.asp
VA AMPUTATION SYSTEM OF CARE LEVELS

• Regional Centers I-specialized care and technology, comprehensive rehab care for complex amputees, resource for other VAMC’s

• Polytrauma Network Sites (PANS) II-in/outpatient amputee care, prosthetics lab closer to Veteran’s home, long term care, access to specialized services

• Amputation Clinic teams III-amputation care team, do not have full scope of amputee services

• Amputation Point of Contact IV-POC for consults and assessments, able to refer patients to facility that can provide needed services
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ADVANCES IN CARE TRANSITIONS

• Multidisciplinary Clinical teams (VA, DoD & community care) work closely together to support excellent rehabilitative transition for patients along continuum of care

• WRNMMC OI Team-weekly meetings to discuss current research protocols/updates, patient updates/concerns

• Monthly calls between DoD OI teams/amputee centers to discuss concerns and current initiatives

• Development of standardized aftercare protocols

• Weekly VA national amputee leadership calls

• Regular trainings and education in OI management care (DoD & VA)

Questions?

