

Consumer Council News

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New web Page

The WEB page sponsored by VHA Mental Health National Consumer Council is now available.

This WEB page is designed simply and offers the newsletters, links to other mental health organizations including the Vet Center site and Veterans Service Organizations and provides information that can be helpful to veterans and advocates. See the new site at <http://vaww.mentalhealth.med.va.gov/cc> Suggestions on the page are welcomed.

Newsletter sponsored by VA Mental Health Consumer Council
FAX Comments to Lucia Freedman at 202-273-9069 or call 202-273-8370

Guidance on Atypical Medications

The VA Mental Health Strategic Health Care Group, collaborating with the Office of Quality and Performance and the U.S. Army, is updating its Clinical Practice Guidelines for Treatment of Persons with Psychotic Disorders. Guidance on prescription of atypical antipsychotic medication has been done by the VA Pharmacy Benefits Management group. There is recognition that the atypical medications are highly effective for patients suffering from psychotic disorders such as schizophrenia. The atypicals tend to have fewer side effects and therefore are better tolerated by patients. It is known that a



We Care About Our Veterans

major reason for treatment failure in patients with psychosis is failure to remain on medications. The proposed and existing guidelines assume the selection of

atypical antipsychotic therapy must and will be based on physicians' assessment of clinical circumstances and patient needs. No patients who are currently being effectively treated with an antipsychotic will have their medications changed as a result of the proposed guidelines. Since 1998

outpatients on atypical medications has more than doubled from 37,782 to 85,472.

Copayments Change for Veterans

A three-tier system will be used for VA outpatient care copayments. The previous \$50.80 outpatient copayment was found to be too high compared with private-sector outpatient costs, VA has implemented a three-tiered copayment system:

- VA preventive care services will be provided at no cost to veterans, including preventive screening services and laboratory services.
- VA primary care outpatient visits will require a copayment of \$15
- VA specialty outpatient care visits, including outpatient surgery, imaging, audiology and optometry, will require a copayment of \$50.

These reductions in outpatient care copayments will eliminate a major barrier for many veterans to receive the preventive health care they need. Since 1990, veterans have been paying \$2 for medications copayments, while VA costs for pharmaceuticals has risen from \$715 million to \$2.1 billion during the same period. Copayments for each outpatient medication prescription prescribed and provided by VA will increase for service-connected conditions with a disability rating of 50 percent or more, or to low-income non-service connected veterans. A maximum, annual copayment of \$840 for medications will apply to veterans enrolled in Priority Groups 2-6.

Plans to Increase Nursing Home Oversight

Since the early 1990's the federal government has aggressively surveyed, reported on, and imposed punitive sanctions on the performance of Skilled Nursing Facilities. The focus has chiefly been on compliance with the Medicare and Medicaid Requirements for Participation by Long Term Care Facilities. The Government Accounting Office (GAO) stated the VA plans to revamp its approach to surveying nursing homes providing care to beneficiaries of VA programs. The VA wanted to rely on the Center for Medicare and Medicaid Services (CMS) surveys to determine compliance with VA requirements. The GAO was concerned that these surveys varied in quality from state to state. The GAO is concerned that the VA lacks the resources to evaluate the quality of data and survey results from state survey agencies acting on behalf of CMS and to make best use of that data. The GAO has recommended that VA develop a comprehensive, structured and uniformly applied approach to evaluat-

ing performance of community nursing homes that would include methods for evaluating the quality of state inspections.

Veterans receive care from three types of VA long term care facilities: VA Centers; state veterans homes; and VA contracted community nursing homes. Currently, when CMS conducts a survey and imposes remedies as a result of deficiencies, those remedies typically affect only Medicare and Medicaid beneficiaries. The VA has the prerogative to take action under its contract with a state veterans home to stop payment due to deficiencies in contract performance. In community nursing homes the VA can remove veterans from a home that has been cited for deficiencies, stop placing veterans in the home, terminate the contract or allow the contract to expire without renewal. The GAO recommends that the VA continue on some level its inspections of community nursing homes.

VA Social Worker of the Year

John Barilich, MSW, MBA, Vice President of Operations in the VA Pittsburgh Health Care System, was recently selected for the 2001 VA Social Worker of the Year Award. John has been a valuable member of the Committee on Care of Veterans with Serious Mental Illness (SMI) and has been a leader in his VISN with establishing programs that help veterans suffering from mental illness and other serious medical problems. John has been able to use all his skills at managing a complex medical center and brings to the job his astute abilities in dealing with staff, patients, and community organizations. This award is sponsored by the Uniformed Service Social Workers and was presented in San Diego on January 27th, 2002. This award recognizes John as a outstanding representative of all the social workers in VHA.

NAMI Mothers visit Mr. Principi

On January 17th Dottie Sayer, June Judge, Bonnie Banks and Jean Kutack visited Secretary Principi to discuss the importance of quality mental health care. The four mothers have over 100 years experience and have formed the "Century Club". They were able to discuss with Mr. Principi that access to care and treatment are essential to the care of veterans with serious mental illness. They were able to give first hand experiences of care received by their children in the VA system. They visited with Dr. Lehmann, Chief, Consultant, Mental Health Strategic Health Care Group and were able to hear what the latest progress has been toward making mental health service more available to veterans that are not close to a VA Medical Centers and the development of Mental Health Case Management Programs.

Information and Resources

National Mental Health Association
2002 Annual Conference
Washington, D.C.
June 5-8, 2002
703-838-7504 or www.nmha.org

June 26-30, 2002
2002 Convention "Building Communities of Hope"
Cincinnati, Ohio
www.nami.org or 703-524-7600