

Update on VA's HBOT Pilot Demonstration

SUMMARY: The TreatNOW Coalition is working to expand the VA's offering of HBOT for PTSD/TBI. Based on current feedback from their HBOT Pilot Demonstration so far, HBOT has demonstrated it is safe and effective and uniformly successful in treating and helping to heal symptoms of PTSD/TBI and in treating wounds to the brain. With the suicide epidemic growing across all military services, the National Guard, the Reserves, the VA, Special Operations and in society, Congress should insist that HBOT be made available for all brain-wounded service members and veterans without delay. The MISSION Act anticipates the use of and payment for HBOT in the private sector, starting with TreatNOW Coalition Clinics, specifically starting with EXTIVITA in Durham NC. Action should also include passage of H.R. 4370 and S. 2504, the TBI and PTSD Treatment Act.

POCs for Pilot Demonstrations

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1. The TreatNOW Coalition has been following the VA HBOT Pilot Demonstration even before it was officially announced. After two years, the data from the five sites is less than robust, though the results of treatments continue to be positive: all treated patients improved.
 - a) OSU/Tulsa: 16 phone calls, 11 fully treated with 40 dives, 11 successes. No recent referrals.
 - b) Travis AFB: A few phone calls, one referral, no treatments completed, no recent activity
 - c) San Antonio: 2-3 referrals, one beginning treatment, another possible
 - d) Tampa: No referrals, even after several visits by staff
 - e) Fargo: Three in treatment, pipeline appears to be filling with referrals
NET NET: 11 successes out of 11 fully treated, no significant complications. But there is no sustained activity. This despite 2 clinics allegedly active for 2 years, 2 more at one year, and the 5th after several months.

2. Let's review the bidding. Attached are two documents: first, the Center for Compassionate Innovation (CCI) VA demonstration Pilots from Fall 2018. This explains the program in some detail. The second document was handed to us by a friend: ***Hyperbaric Oxygen Therapy for PTSD Clinical Demonstration Pilot Sponsored by the Center for Compassionate Innovation, VHA Central Office.*** It is a form of "protocol" with instructions and requirements. It was good to read that data are meant to be recorded in the VA's Computerized Patient Record System (CPRS). One thing was made clear to us at the beginning: this HBOT Pilot is NOT science, not research. Rather it is an opportunity for the VA to observe and learn what it can about how logistics surrounding HBOT treatment, and how HBOT is administered. [The logical extension of that line of reasoning is that the VA is learning in preparation for making HBOT available VA-wide. There is no indication of where the VA intends to go with whatever they learn.]

3. One clinic told us about reimbursement for the Pilot. Under Local Coverage Determination (LCD), Medicare Code G0277 was approximately \$80/unit, with each daily treatment 4 units = \$320 per dive. Physician Code 99183 was \$125. Invoices would be paid out of a Special Allocated Fund at the completion of 40 dives.

4. The question was raised early about the designation "PTSD-only" patients, and whether patients with TBI could get the help. The Protocol from the VA for the Pilot [attached] states: **"This clinical demonstration project proposes to provide Veterans, with a history of posttraumatic stress disorder (PTSD), with or without a diagnosis of co-occurring traumatic brain injury (TBI), access to hyperbaric oxygen therapy (HBOT)."** Our advice is that every veteran with evidence of brain injuries, irrespective of diagnosis, get in front of their mental health provider ASAP and request HBOT treatment. Chances are the VA Health Provider will not have heard about the Pilot Demonstration Project. Have these documents available to hand to them.

5. Another question is whether veterans outside the area of the five Pilot Sites are eligible for inclusion at one of the five sites, and whether the VA will pay for expenses like travel, per diem, etc. Here's one answer we got from within the VA/CCI:
"As I mentioned on the phone, we strongly encourage Veterans who are experiencing suicidal ideation to call the Veterans Crisis Line (800-273-8255, select 1) and to contact their VA mental health provider for acute care.

"I also mentioned this morning that referrals for the HBOT for PTSD initiative are made by VA providers. Veterans who are not enrolled at one of the five facilities participating in the initiative should contact the VA mental health provider where they are enrolled to request a referral. The process is internal to VA and utilizes the Veteran's VA electronic

health record. You can read more about this **internal** process in VHA Directive 1232(2) [Consult Processes and Procedures](#).

“I would like to emphasize that, **if a Veteran is not enrolled at one of the five VA facilities participating in this project, they should contact their VA mental health provider at the VA where they are enrolled** to discuss a referral for treatment that is not available at their facility. Contacting the Fargo VA when the Veteran is enrolled at a VA facility in Iowa is not the appropriate process.

“Placing a referral and approval of referrals is determined on an individual basis and depends on a number of factors. These factors are discussed between a Veteran and their VA provider when the Veteran expresses interest in or is recommended by the VA provider to try any treatment modality, including HBOT. Our office is not involved in the referral process or decisions on Veteran’s healthcare or benefits. VA facilities participating in the HBOT for PTSD initiative have established their own protocols for carrying out this initiative.

“Veterans can speak to the VA staff where they are enrolled for more information on their eligibility and benefits. Veterans may seek out care at non-VA facilities at their discretion, however, they may not be reimbursed for expenses they pay out-of-pocket outside of the VA network.

“For additional questions regarding the work we do in the Office of Community Engagement, you are very welcome to visit our website (<https://www.va.gov/HEALTHPARTNERSHIPS/>) or send an email to CommunityEngagement@va.gov.”

6. To Summarize: Experience to this point tells us several things about the “PTSD-only” Pilot:
 - a. The VA is not marketing HBOT inside the VA, not even at the 5 sites
 - b. In at least one site, we know the VA has not told their “PTSD-only” patients about HBOT or the Program.
 - c. The VA is already alerted to the request we made that veterans outside the 5 site areas [see list below] be allowed to request treatment in the 5 sites.
 - d. Clinics that would like to become providers to the VA **must** become known to their local VA. In some cases, that means getting on a “preferred provider” list. In most cases that means being willing to accept on-label patients and work within the rules laid down by the VA. Suggest you get in touch with your local VA for specifics. And get to know the doctors in the VA who do the diagnoses and referrals.
 - e. In the short term, we would appreciate all clinics getting information to your networks about the Pilot and the need for veterans to contact their VA Mental health Provider with the information provided in this email.
 - f. Legislators need to be aware that 93+ private HBOT clinics exist throughout the US. They can and should all be used to deal with the tens of thousands of suffering brain wounded, whether on active duty or veteran/Reserve/National Guard. One of the major complaints about the VA making HBOT available at only 5 clinics is that it is extremely difficult for patients to take up to two months off work to attend treatment.
 - g. Another complaint heard over and over is that veterans worry about losing their disability rating when they get better.

- h. Bottom line is that there is no VA advocate from within the VA system, either in HQ or at the individual facilities, committed to ensuring all brain wounded veterans are aware of the program, much less advocating for and spurring the patients to seek treatment. Veterans are simply not being encouraged and assisted to get HBOT treatment [OK was the exception but their intensity seems to have waned.

7. For Reference:

****** Eastern Oklahoma VA in cooperation with Tulsa Wound Care and Hyperbaric Center at Oklahoma State University Medical Center

Dr. Paul Rock, MD

Center for Aerospace and Hyperbaric Medicine

<https://health.okstate.edu/research/center-for-aerospace-and-hyperbaric-medicine.html>

(918) 828-4066

****** VA Northern California Health Care System in cooperation with David Grant Medical Center on Travis Air Force Base

Dr. Ben Slade, MD

60th Aerospace Medical Squadron

<https://www.travis.af.mil/News/Article/1719484/dgmc-treats-teen-stroke-patient-with-hyperbaric-oxygen-therapy/>

(707) 423-3987

****** James A. Haley Veterans' Hospital in Tampa, which is operated in cooperation with the Undersea Oxygen Clinic and Florida Hospital

Undersea Oxygen Clinic

Mario Caruso, CHT-A, DMT, EMT-P

<https://underseaoxygenclinic.com/home/about-us>

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****** South Texas Veterans Health System in San Antonio, in cooperation with Nix Health and the San Antonio Military Medical Center at Fort Sam Houston.

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HEALING UNDER PRESSURE: HYPERBARIC OXYGEN THERAPY (HBOT) CLINICAL DEMONSTRATION EXPANDS TO TWO MORE SITES

<file:///M:/2018%20ROB%20Move/Documents/Rob/CareVector/2019/VA/CCI%20Pilot%20sites%20p7.pdf>

Veterans in South-Central Texas and Central Florida diagnosed with difficult-to-treat posttraumatic stress disorder (PTSD) may soon have the option of receiving hyperbaric oxygen therapy (HBOT) through an expansion of a CCI-facilitated clinical demonstration to two new sites. A total of four [as of Oct 2019, now five] VA Medical Centers will now be offering HBOT to Veterans diagnosed with PTSD who have not found relief from standard treatments such as medication and talk therapy.

This multisite clinical demonstration is facilitated by CCI, which works to expand Veterans' access to emerging therapies that show strong anecdotal evidence of effectiveness while researchers undertake formal studies to assess their efficacy. "VHA has had the reputation of being slow to change or try new things. I think that's an area where we have made tremendous strides, and this is a prime example," said Dr. Beth Jeffries, Director of the PTSD program at the Eastern Oklahoma VA Health Care System in Muskogee, one of the two original HBOT demonstration sites.

HBOT has long been used for decompression sickness. It is not known how HBOT works to alleviate PTSD symptoms, but increased oxygen is thought to support healing in tissues throughout the body. During HBOT, patients receive medical grade oxygen under increased atmospheric pressure in one of two types of hyperbaric chambers that can treat one person at a time or several people at once. The Texas and Florida facilities are formalizing their referral process and are expected to begin treating patients later this year. The new sites are the James A. Haley Veterans' Hospital in Tampa, which is operated in cooperation with the Undersea Oxygen Clinic and Florida Hospital; and South Texas Veterans Health System in San Antonio, in cooperation with Nix Health and the San Antonio Military Medical Center at Fort Sam Houston.

They join two HBOT sites already treating Veterans: Eastern Oklahoma VA in cooperation with Tulsa Wound Care and Hyperbaric Center at Oklahoma State University Medical Center; and VA Northern California Health Care System in cooperation with David Grant Medical Center on Travis Air Force Base.

Through these clinical demonstrations Veterans enrolled in VA health care can access HBOT therapy if they have previously tried two traditional evidence-based treatment methods and have not had significant improvement of their PTSD symptoms. So far, six Veterans referred to the Muskogee program are receiving treatment. The Northern California demonstration is accepting referrals. "Veterans have said they want this, and we're trying. We're thinking outside of the box and trying new things," Dr. Jeffries said.

Note: for information directly from the VA, contact: [VHA Office of Community Engagement \(10P10\) Center for Compassionate Innovation Room 786, VA Central Office Washington, DC 20420 202-461-6969](#) Email to: communityengagement@va.gov

PTSD-ONLY criteria: veteran failed to improve using two out of four primary interventions:

Psychopharmacology

Cognitive psychotherapy

Eye movement desensitization and reprocessing therapy (EMDR)

Group/individual counseling
