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Medicine and Rehabilitation Services: A Systematic Review ¹David Chrisbaum and ²Lisa Grabert

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Background

- The Veterans Health Administration (VHA) has broad authority to form partnerships with health care providers, outside of the VHA, to ensure all veterans have access to the services they need. Many of these partnerships are implemented and managed by one of 23 regional Veterans Integrated Services Networks (VISN).¹
- The VISN has extensively invested in establishing partnerships with the private sector around a model of care referred to as Community-Based Outpatient Clinics (CBOC).²
- CBOC's have been around for nearly 30 years and mark the VA's step away from a hospital-based system and one centered around outpatient primary care.
- There is evidence that the CBOC system of care has yielded positive outcomes, especially for veterans located in rural areas.3
- Veterans treated in CBOCs also report a higher level of coordination compared to alternative models of care, such as those provided in the private sector. 4,5,6
- Veterans experience conditions for the type of services provided by rehabilitation hospitals, such as traumatic brain injury, at a disproportionate rate compared to their civilian counterparts. 7,8,9,10,11

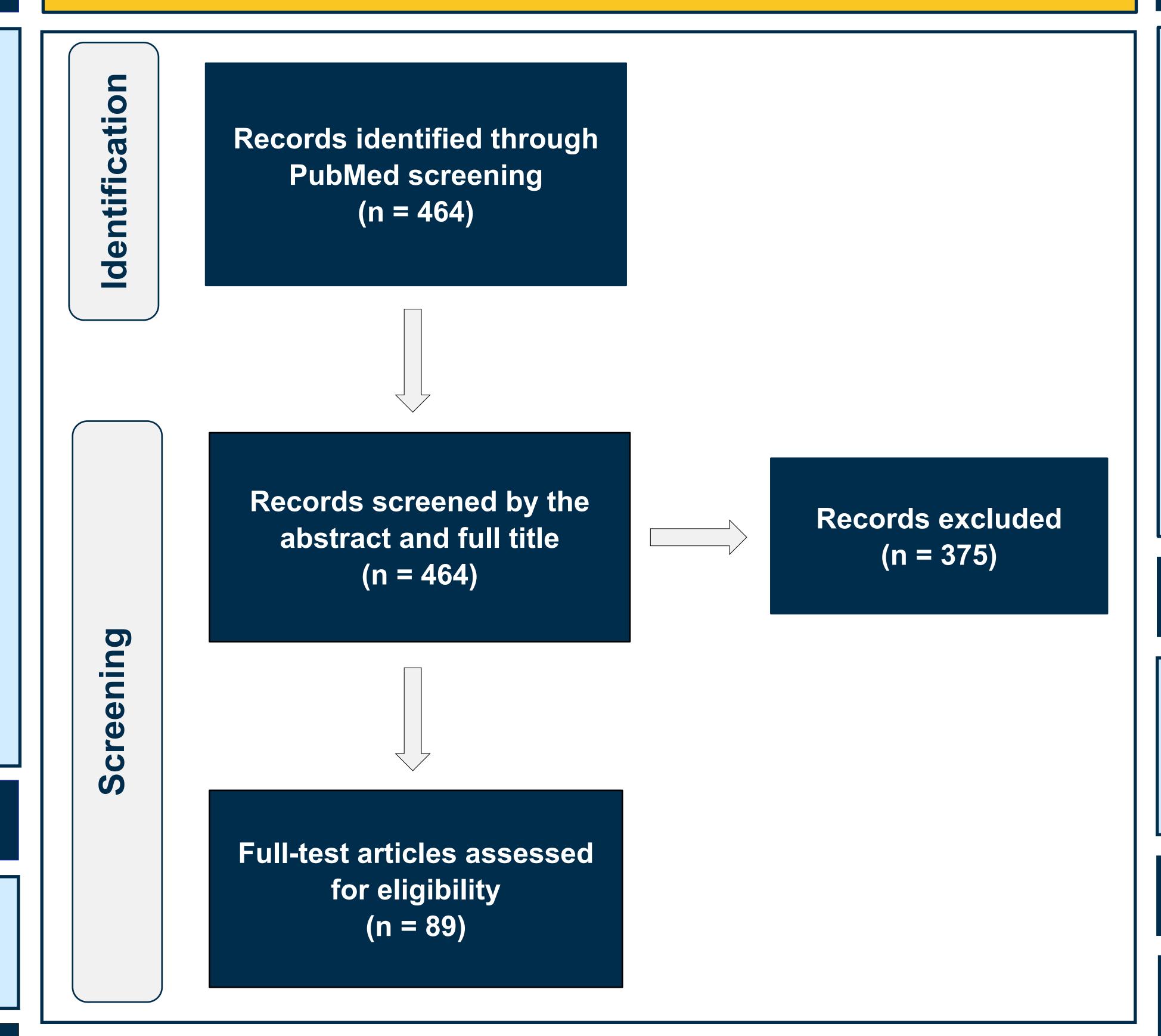
Objective

 To conduct a comprehensive systematic review to identify evidence to translate the CBOC model of care into an inpatient setting.

Methods

- Met with a MU librarian who had extensive experience working with MU students and faculty in health care systematic reviews. She helped develop our comprehensive search strategy according to the the Preferred Reporting Items for Systematic Review and Meta-analysis checklist (PRISMA).
- The search terms included varying versions of the following: Veterans Health Administration (VHA), Medicare, dual enrollment, and the 12 physical medicine and rehabilitation services defined by Medicare (stroke, spinal cord injury, amputation, hip fracture, brain injury, multiple sclerosis, Parkinsons disease, arthritis, knee replacement, hip replacement, and burns).
- Articles were included in this stage using the following criteria: 1) They were published between 2012 and 2022 and 2) included mention in their title or abstract of veterans, one of the PM&R services being studies, and/or Medicare.

Study Selection Process



 Our abstract & full title screening elicited 89 articles that are eligible for the second screening stage.

Discussion

- The preliminary findings suggest a gap in the literature around several key diagnostic conditions typically treated in inpatient rehabilitation hospitals. Of greatest concern among these preliminary findings is the lack of the literature around treating patients with severe burns.
- The VA population suffering from burns has recently been the subject of national policy making. On August 10, 2022, President Biden signed the Sergeant First Class Heath Robinson Honoring our Promise to Address Comprehensive Toxics (PACT) Act into law. The PACT Act expands coverage and benefits for Veterans exposed to burn pits, Agent Orange, and other toxic substances.

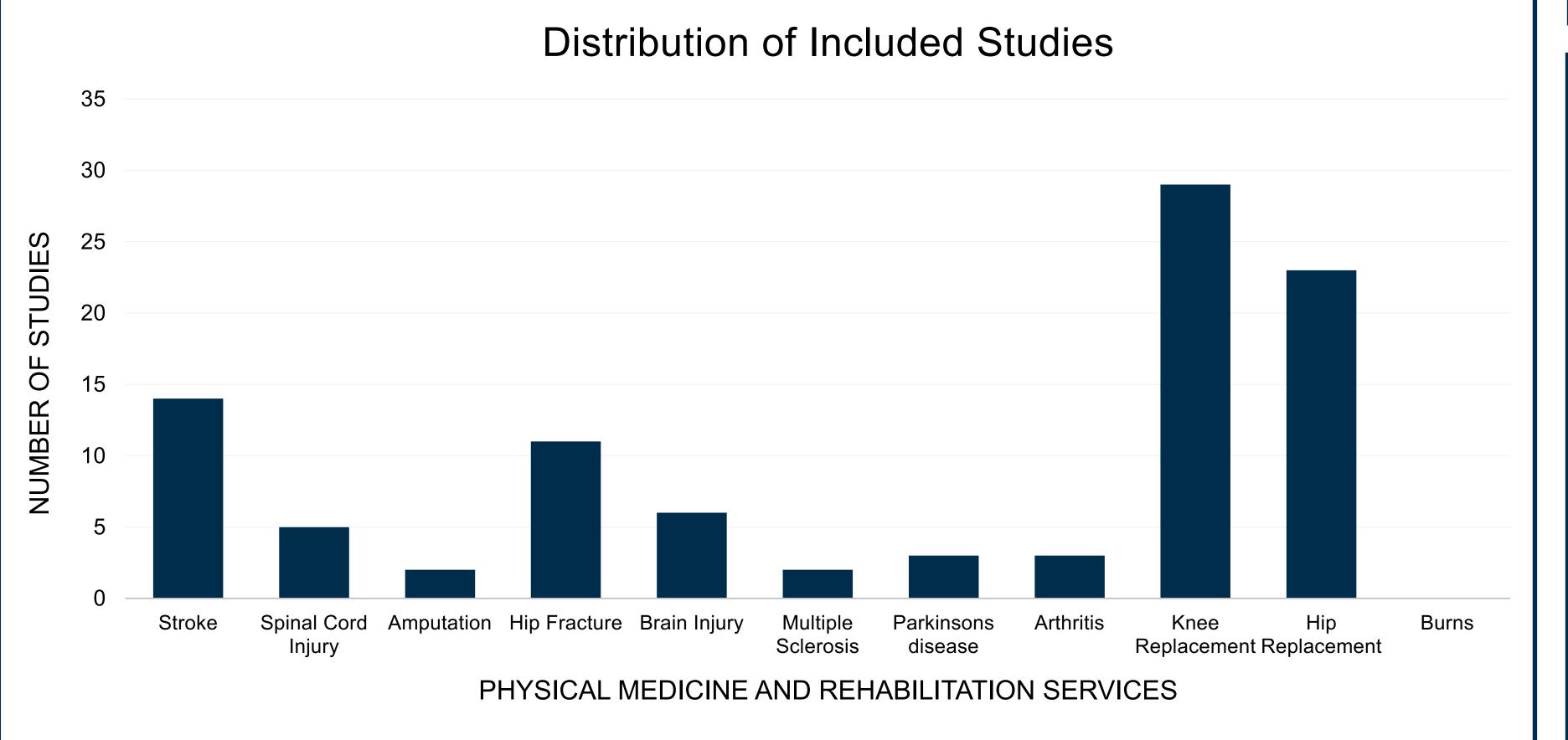
Next Steps

- Lisa Grabert and other MU faculty will go through the second round of screening by reviewing the full text of each of the 89 studies selected in the first round.
- Full texts that do not fit our research criteria will be documented and excluded from the review.

Acknowledgements

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Preliminary Results



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