



Neurology Networks to Support Specialized Care for PACT: MSCoEs, **PADRECCs** and ECoEs

- MSCoEs - Multiple Sclerosis Centers of Excellence
- PADRECCs** – Parkinson’s Disease Research, Education and Clinical Centers
- ECoEs – Epilepsy Centers of Excellence



Rationale for Specialty Care Networks

- VHA cares for >200,000 veterans with complex progressive neurological disorders
 - Epilepsy
 - Multiple Sclerosis
 - **Parkinson's Disease**
- Primary Care Providers not comfortable with managing these disorders
- Disease specific networks can optimize care by supporting primary care providers, enhance quality and reduce outsource costs.



Rationale for Specialty Care Networks

- Care Networks provide:
 - Specialty Access to highly technical care
 - **Deep brain stimulation** and epilepsy surgery
 - Access to specialized medications
 - **Disease modifying agents** for MS (Tysabri), **Parkinson's disease**, epilepsy
 - Research opportunities
 - Tracking outcomes
 - Education and support for primary care providers and care givers.



PADRECCs

- **Parkinson's Disease Research, Education and Clinical Centers**
 - Legislated as permanent in 2006 by PL110-444
 - Special purpose Appropriated \$6 million
 - Initially established 6 “Centers of Excellence” for the advancement of care provided to patients with Parkinson's Disease
 - Regional distribution with PADRECCs located in Richmond, San Francisco, West Los Angeles, Houston, Portland, Philadelphia



PADRECCs and Veteran-Center Care

- 6 PADRECCs support a network of other sites to extend the PADRECCs into VHA, provide a network for evaluation and treatment of veterans with PD
- **PADRECC Consortium**
 - Provide an organized network connecting subject matter experts having high levels of expertise in Parkinson's.
 - Function as regional centers for performing very complex procedures including Deep Brain Stimulation, and for referral of the more-complicated and difficulty patients
 - 2 major articles on DBS in JAMA and New England J Med
 - Distribute knowledge and support to the broader network of neurologists and primary care providers



PADRECC Network Extends PADRECC Expertise into All VA

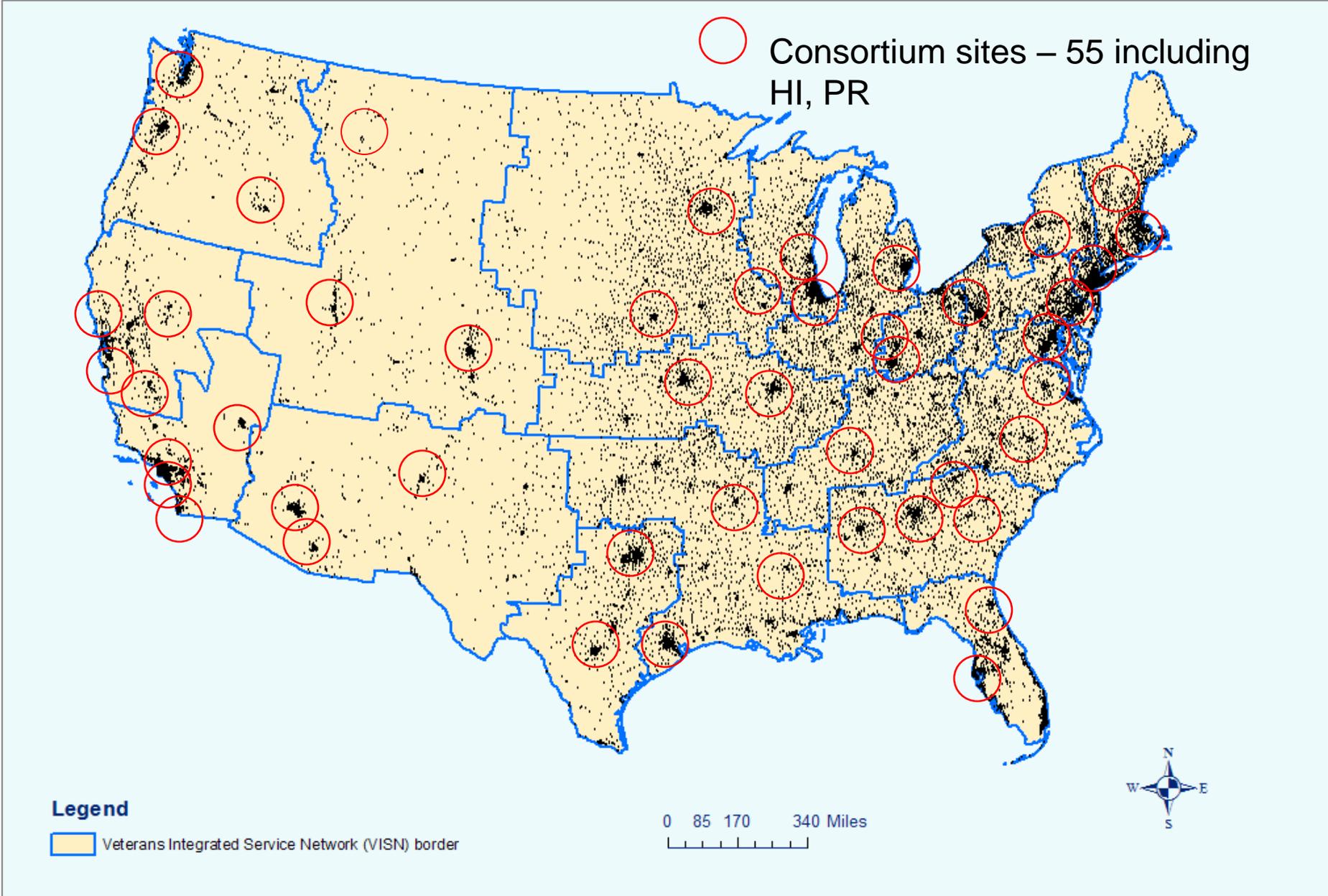
- Consortium Sites have PD expertise through caregivers trained by the PADRECCs
- PADRECC and Consortium Sites can correctly diagnose veterans so that they are appropriately treated - **37% of veterans with community diagnoses of PD who were evaluated at PADRECC sites did not have PD**
- **Correct diagnosis is critical given the increased number of veterans who are eligible to apply for service connection**
- **Consortium cares for 46,000+ out of 60,000+ veterans in VHA with PD (77%)**



Value of PADRECC Consortium

- **PADRECC Consortium needs to be expanded to accommodate increased number of veterans due to 2 factors: 1) Veterans possibly exposed to agent orange eligible to be service connected for PD, 2) Several studies including 2 by PADRECCs (2009 in JAMA and 2010 in NEJM) demonstrated that Deep Brain Stimulation is the best treatment for about 10% of people with PD**
- **VHA spent > \$86 million for outsourced PD care (not including cost for outsourced deep brain stimulation or medication) (\$2400/veteran)**
- **Cost for veteran PD care within PADRECC Consortium not including medication costs is \$130/veteran**

Location of Consortium Sites to Match Need





Summary

- The Networks of Care for veterans with MS, PD and epilepsy provide ways to maximize existing healthcare resources within VHA, extend specialty care to all veterans and do so with potential cost savings by reducing outsourced (fee-basis) care. These networks strongly support the concept of veteran centered care.
- The specialty care networks enable each VISN to provide the best level of MS, PD and Epilepsy care. These programs are potentially cost-saving and will support the PACT