

PARKINSON'S DISEASE  
RESEARCH, EDUCATION  
AND CLINICAL CENTERS

FY 25 ANNUAL REPORT

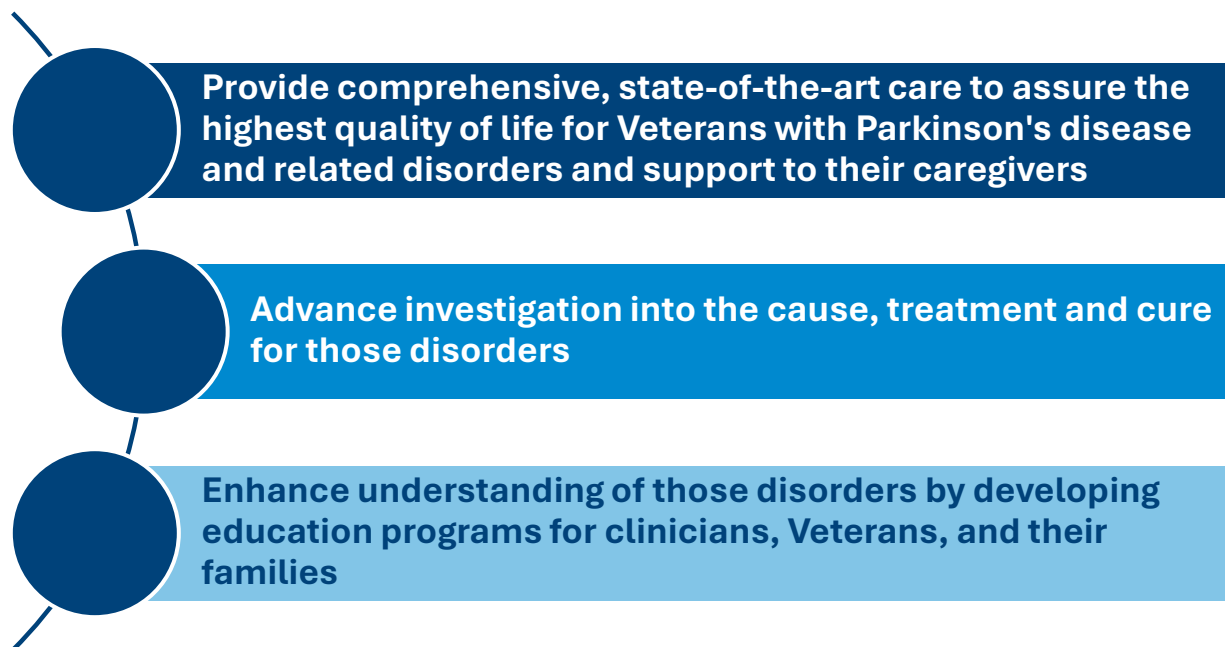
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## Introduction

In 2001, VA launched an expansive campaign to improve services offered to Veterans diagnosed with Parkinson's disease and related disorders (PD/RD). After a competitive application process, six Parkinson's Disease Research, Education, and Clinical Centers (PADRECCs) were established at the Philadelphia, Richmond, Houston, West Los Angeles, San Francisco, and Portland/Seattle VA Medical Centers. These centers were not only charged with developing research programs related to PD and movement disorders including the implementation of a large-scale cooperative study of deep brain stimulation (DBS, a device-based neuromodulation treatment necessitating neurological and neurosurgical expertise), but most importantly, wide scale delivery of modern PD care as well as national education and outreach for this frequently service-connected condition. Following the original intent of the PADRECC program, Veterans continue to travel throughout the country to receive expert care and DBS as appropriate.

## Mission



Complementing the research, education, and clinical mission of the PADRECCs is the National VA Parkinson's Disease Network, a professional network comprised of VA clinicians and ancillary staff with interest and expertise in the field of movement disorders and the PADRECC Associated Sites (PAS). The PAS are VA clinics staffed by movement disorder specialists or clinicians with vast experience and/or interest in the field of movement disorders who provide specialty care to Veterans who cannot travel to a PADRECC. Together, the six PADRECCs and over 60 PASs provide convenient and state-of-the-art care to Veterans throughout the country.

# Strategic Goals and Objectives

The Neurology Medicine FY23-26 Strategic Plan outlines key objectives to enhance specialty care operations, improve patient outcomes, and optimize program structures within the VA. This plan emphasizes data-driven decision-making, qualitative metric development, workforce modernization, and expanding access to neurology services through virtual care. Through strategic partnerships and targeted initiatives, the Neurology Program Office (NPO) and PADRECC aim to advance clinical operations, streamline program efficiency, and ensure high-quality care for Veterans with neurological conditions.

## Neurology Medicine FY23-26 Strategic Plan

**SCPO Goal 1:** VHA Level III SCPO Goal 1.1.1 Clinical Operations - Support data-driven, outcome-oriented, and resource-efficient field-based oversight and operational improvement.

**Objective 1.1.1.1** - Specialty Care Program Office will collaborate with subject matter experts in metric development to define quality and safety measures for both process and, where possible, outcomes.

1. **Neurology Program Office (NPO):** In FY23, the Neurology Program Office (NPO) in collaboration with the PADRECCs and the Salt Lake City VA QUERI investigated the suitability of using prescription of certain anti-dopaminergic medications to Parkinson's disease patients as an indicator of poor care quality. It was determined that this measure is not suitable as an administrative quality measure.
  - a. **PADRECC FY24-FY26:** In parallel to the above effort the PADRECCs established a contract with the Biostatistical Analytics Core of the University of Pennsylvania in collaboration with Dr. Allison Willis, internationally known for her research on health care outcomes and disparities in Parkinson's disease.

Dr. Willis has worked to develop a coordinated portfolio of VA-focused health services, implementation science, and policy-relevant studies centered on Parkinson disease care within the PADRECC network, with broader attention to neurologic care delivery, access, safety, and system performance across the VA. This program includes implementation studies embedding Whole Health-trained clinicians into PADRECC care using the RE-AIM framework; health services analyses of access, care continuity, and community care use among Veterans with Parkinson disease; and standardized PADRECC incidence, utilization, and staffing metrics aligned with VA operational priorities. The work summarized here provides updates from the past year within this established program.

Key advances in FY25 include completion of a PADRECC-relevant neurology wait-time analysis, the introduction of clinical trial emulation methods to evaluate treatments used in Parkinson disease, and the development of proactive policy-

monitoring frameworks to assess the effects of new community care policies. Together, these advances strengthen VA's ability to monitor access, quality, and outcomes within PADRECCs; identify unintended harms early; and support evidence-based policy refinement to improve care for Veterans with Parkinson disease. In addition, Dr. Willis will add two part-time neurologists with strong data science expertise and interest and add a near full-time neurodegenerative neurologist/neuroepidemiologist to the division, substantially expanding downstream human capacity for this work. Together, these advances position the program for a marked increase in analytic output, publications, and policy-relevant products in the next reporting period.

#### VA Projects Supported in the Last Year (with Status and Products)

- **Whole Health–Integrated Neurology Care Implementation Study (RE-AIM Framework)**

*Potential Future Funding mechanism:* VA HSR&D Merit (planned) / QUERI-aligned implementation study

*Status:* In progress (protocol, SAP, IRB-ready materials developed, data collection)

*Likely products:* Implementation outcomes paper; qualitative barriers/facilitators manuscript; VA operational brief; PADRECC-facing implementation toolkit

- **Clinical Trial Emulation of GLP-1 Agonists for ICDs in Parkinson Disease**

*Potential Future Funding mechanism:* VA HSR&D Merit / R01-style observational causal inference study

*Status:* In progress (trial emulation protocol completed)

*Likely products:* Methods-focused paper on target trial emulation in VA neurology; primary effectiveness paper; reproducible protocol appendix for VA analytics teams

- **PADRECC Network Health Services Research Portfolio**

*Potential Future Funding mechanism:* VA operations–embedded analytics; HSR&D–aligned portfolio development

*Status:* In progress (study concepts, metrics, and monitoring framework completed)

*Likely products:* PADRECC incidence/utilization paper; annual national PADRECC report; VACO briefing slides; dashboard specifications

- **VA Mission Act & Community Care Utilization in Parkinson's Disease**

*Potential Future Funding mechanism:* VACO supplement

*Status:* Concept → in progress (analytic plans developed)

*Likely products:* Policy-relevant manuscript on community vs VA-delivered care; VA executive brief; VISN-level feedback reports

- **Privatization Risk Surveillance in Veterans with Parkinson’s Disease**  
*Potential Future Funding mechanism:* VACO supplement/ VA HSR&D Merit / policy-focused R01-style proposal  
*Status:* Concept  
*Likely products:* Conceptual framework paper; empirical risk quantification manuscript; policy brief for VA leadership
- **VA Neurology Wait Time and Access to Care Study**  
*Status:* Manuscript completed  
*Likely products:* Main manuscript on neurology wait times; companion VA access brief; dashboard-ready access metrics
- **Heat Susceptibility and Medication Risk in Veterans with Parkinson Disease**  
*Future Funding mechanism:* VA Merit / VA–NIH aligned environmental risk research  
*Status:* Merit application submitted  
*Likely products:* Veteran-specific heat–medication interaction paper; preparedness-focused operational brief; methods appendix for environmental linkage
- **PD Belt and Geographic Hot Spot Analyses in VA Populations**  
*Funding mechanism:* VA HSR&D Merit / epidemiology-focused R01-style proposal  
*Status:* Concept  
*Likely products:* Descriptive epidemiology paper; geographic methods paper; VA-facing regional risk maps

SCPO Goal 8: VHA Level III SCPO Goal 4.5.1. Program Operations - Optimization of national programs to support innovation & learning to create and sustain efficient and effective specialty care services.

Objective 4.5.1.2. - Partnering with Workforce Management and Human Resources to modernize national program structures.

1. NPO: Modernize Neurology Program structure to support our mission.
  - a. **PADRECC FY24-FY26:** Develop and define national structure to support the PADRECC program, NPO and Neurology Clinical Program (NCP). The National PADRECC Director (Dr. John Duda) and National PADRECC Administrator (Dawn McHale) positions are in place. The PADRECC (and other Neurology COEs) provides funding to support NPO and NCP.
    - i. Provide advocacy to affect change – National PADRECC Director and Administrator will conduct at least two five-year reviews over the next two fiscal years (assuming budget allows) – meeting with facility leaders to discuss their responsibilities and NPO expectations.
      1. Three reviews were conducted in FY25. See Appendices C-E for results

SCPO Goal 3: VHA Level III SPCO Goal 2.2.1. Clinical Operations – expand VA access to specialty care through virtual modalities for Veterans, their family members and care givers.

**1. PADRECC FY25-FY26:**

- a. Collaborate with National Tele-Neurology Program to expand virtual care to Veterans with Parkinson’s disease and related disorders in rural and underserved areas.
- b. Implement the use of remote patient monitoring and assessment tools (e.g., Personal Kinetograph (PKG) system, which is available through VHA.
  - i. Several PADRECCs and PAS are utilizing PKG technology. A CPRS order set was created and deployed to the medical centers.
  - ii. StrivePD, another assessment tool, which uses the Veteran’s own digital device and therefore less expensive, is beginning the process to develop a CPRS order set.

SCPO Goal 2: VHA Level III SCPO 2.1.1. Program Operations – Leveraging internal and external partnerships to assist in addressing SPO clinical and programmatic priorities.

Objective 2.1.1.1. – SCPO will develop collaborative agreements with VHA Stakeholder Offices to ensure products and resources related to specialty care are creating measurable value and outcomes that drive improvements in quality of care.

- 1. NPO – Collaborate with IVC and the field to develop a triage tool and national service level agreement template. In addition, create a model to improve neurology access based on current and projected neurology demand.
  - a. **PADRECC FY25-FY26:** Establish Regional Parkinson’s and Movement Disorders Centers and develop standards and algorithms to institute a stepped model of care.

## PADRECC Functional Cores

The PADRECCs operate through four core functional areas—administration, clinical care, education, and research—to deliver comprehensive and specialized care for Veterans with Parkinson’s disease and related disorders. These functional core components are outlined below.

### Administration

In FY24 the Parkinson’s Disease System of Care Directive 1420 was published establishing the Regional Parkinson’s and Movement Disorders Centers (RPMDC). VISN directors had 6 months from the date of the directive to designate one RPMDC per VISN. The RPMDC’s need to meet specific qualifications, including appointing a Movement Disorder specialist as its director, the ability to have specific movement disorder designated stop codes for clinic, ancillary staff (PT, OT, Speech) with interest and training in Movement Disorders available, and expertise and access to Deep Brain stimulation programming and

chemodeneration therapy. Other factors of consideration include the extent of movement disorder experience and current practice, support from the local VA administration, and the geographic needs of the network area. Due to competing initiatives of the Administration, VISN directors were given an extension until September 30, 2025.

## Clinical Care

### Comprehensive Medical Care

The PADRECCs provide Veterans with Parkinson's disease and related movement disorders optimized care as dictated by the natural progression of disease. This not only includes access to state-of-the-art diagnostic and treatment modalities through the course of the disease, but also access to social work services, spiritual care services and multidisciplinary care involving speech therapy, occupational therapy, physical therapy, and other physician specialists to care for the specific needs of Parkinson's disease and movement disorder patients in an integrated fashion. PADRECCs deliver comprehensive care with special expertise in chemodeneration, DBS surgery, neurostimulator programming, intestinal and subcutaneous levodopa administration and telehealth.

FY25

- Clinical practice guidelines and indications developed for the use of skin biopsies to detect phosphorylated alpha-synuclein (pSyn) a biomarker for Parkinsonian disorders.
- Foscarbidopa/foslevodopa –Richmond PADRECC's clinical pharmacist, Dr. Sibley, coordinated efforts for all PADRECC sites to gain approval for the subcutaneous levodopa-based medication which provides 24-hour continuous therapy. Approximately 25 patients are currently on this therapy.
- Ali Samii, MD (Seattle) was awarded Top Doctors in the Specialty of Neurology by the Seattle Magazine 2025.

### Innovative Clinical Demonstration

- **Houston PADRECC: Virtual Reality Boxing Program for Veterans with Parkinson's disease Pilot project to use VR to improve fitness in PD patients was launched in FY 25. (VA Mini-grant award, PI, Jamal F.)**  
Eleven patients participated. Accuracy data was captured for seven subjects. Mean Hoehn and Yahr (H&Y) stage was 2.5. Average accuracy for hitting the ball in VRBP was 95.82%±3.15%. The minimum accuracy was 88.4% (participant with H&Y stage 2.5), and the maximum was 98.78% (participant with H&Y Stage 2.0). No adverse effects were reported. Survey results using a 5-point scale showed: Enjoyability (Mean = 4.72±0.62), likelihood to recommend to others for PD treatment (Mean=4.63±0.88), quality of exercise (Mean=4.54±0.78), future participation (Mean =

4.82±0.57). For future sessions, 63.6% preferred a hybrid option of VR and in-person (IP) therapy. 27.3% preferred VR only, and 9.1% preferred IP therapy only. Hence, this innovative QI project demonstrated that VRBP can be used safely and effectively in the clinic and was positively received by participants.

- Following the success of their movement disorders Interdisciplinary Team clinic (IDT), the Richmond PADRECC has established a separate interdisciplinary team specifically focused on dementia care. The PADRECC has recently been successful collaborating with their university for the first dual hired physician – a dementia specialist.

## Whole Health in The PADRECCs

In addition to comprehensive medical care, PADRECCs also support the VA Whole Health initiative, providing personalized services and treatments for Veterans across all PADRECC sites.

**Brain Wellness Clinic (Philadelphia)** - Virtual clinics are offered one half day weekly teaching Veterans with PD and other chronic nervous system disorders how dietary choices, fitness routines, stress management techniques, sleep routines and social connection can affect their brain health.

**Inter-disciplinary Treatment (IDT) clinic (Richmond)** - The IDT clinic is held twice a week for a four-hour block, during which two of their Veterans are assessed by appropriate therapists and or disciplines either face to face or VVC. At the end of the session the team meets to discuss treatment plans and needs.

**Assistive Technology** - The PADRECC developed Interfacility Consults (IFC) with Richmond's Assistive Technology group who create personalized assistive devices to improve function with Veterans activities of daily living.

**Whole Health Services Clinic (Houston)** - The clinic includes members from rehabilitation medicine, social work services, the Whole Health nurse and travel services (as needed) to evaluate Veterans in need of rehabilitation services.

**West LA PADRECC** - This site continues to be a leader in addressing the unmet psychosocial needs of Veterans with PD such as loneliness and stigma. A psychiatrist and psychologist are in clinic for referrals.

**Deep Brain Stimulation Surgery (DBS) Selection Clinic (San Francisco)** - The selection process for DBS surgery incorporates physician-trainees, nursing, psychiatry, neurology, neuropsychology, and neurosurgery team to support Veterans.

**Northwest PADRECC** - This center provides multidisciplinary team rehabilitation medicine, speech therapy, pharmacy, social work and mental health providers, and offers them support for training and to attend conferences specific to the care of Veterans with Parkinson's disease.

**Puget Sound** - This PADRECC has created a model for multidisciplinary care placing an E-consult to rehab, Dr. Ileana Howard reviews and then places appropriate consults to PT, OT, RT, Speech, Vocational and Whole Health to meet Veterans' needs.

## Mental Health

Depression and anxiety are two of the most reported non-motor symptoms by Veterans with Parkinson’s disease. Two PADRECC psychiatrists, Dr. Daniel Weintraub and Dr. Joel Mack, continue to partner with VA National Expert Consultation & Specialized Services – Mental Health (NEXCSS-MH) to provide consultative service to 56 VAMCs for Veterans with neuropsychiatric complications. Each PADRECC has a psychologist or social worker trained in CBT to treat depression (or other mental health issues) in Veterans with PD utilizing telehealth. A manuscript including the preliminary results of this program is being submitted to the *Journal of Rural Health*.

## Education

### Provider Education

The PADRECCs have a rich history of training the next generation of neurologists, movement disorders specialists and ancillary specialists. The PADRECCs continue to host clinical rotations for medical students, residents, and fellows (neurology, PM&R, psychiatry, psychology, geriatric psychiatry, pharmacy, nursing, and palliative care). The PADRECCs collaborated with the Office of Academic Affiliation to participate in the Advanced Fellowship in Movement Disorders and fellowship in Stereotactic and Functional Neurosurgery. Each fellow is required to complete a rigorous curriculum which includes didactic clinical training, mentored clinical outpatient and inpatient service, mentored research, and teaching. PADRECC staff serve as faculty for the neurology residency program didactic lecture series, participate in Journal Clubs and video case conferences.

The PADRECC provides didactic and clinical training to nursing educators bi-annually. Led by Annie Li Wong, NP (San Francisco PADRECC), the program’s goals are to enhance the knowledge and confidence of nursing faculty in developing course content, developing

#### Individuals Trained in PADRECCs in FY25:

- 16 Movement Disorders Fellows
- 214 Residents
- 131 Medical Students
- 29 Fellows (geriatric psychiatry, geriatric medicine, pharmacy)
- 3 Nurse Practitioners

lectures and clinical mentorship on Parkinson’s in undergraduate/graduate schools of nursing.

The PADRECC staff contributes to the continued education of clinical providers through lectures at local, regional, national, and international conferences and symposia. In FY25 the PADRECC staff provided **140 lectures** to clinical providers.

In May 2025 Aliya I. Sarwar, MD, Houston PADRECC Director, received the Master Clinician Lifetime Achievement Award from Baylor Medical College, for her dedication to training the next generation of medical providers.

In addition, the National PADRECC Education Committee executed the following:

- The “Transmitter,” a bimonthly web-based newsletter containing reviews of recent publications; upcoming patient and provider education programs; updates from the PADRECC’s committees; and updates from the PADRECC Associated Sites, currently 1000 subscribers.
- Hospital Safety Presentation: “Parkinson’s Disease: All You Need to Know (and Then Some)” to train healthcare personnel, including nurse practitioners (NP), registered nurses (RN), licensed practical nurses (LPN), and certified nursing assistants (CNA), in the care of patients with Parkinson's disease.
- PADRECC/MIRECC Symposium on Hot Topics in Parkinson’s Disease and Mental Health
  - 248 attendees – evaluation overall score of 4.54 out of 5
- In collaboration with NTNP, Developed and launched Annie App PD Education Protocol for Veterans with Parkinson’s disease  
[annie-clinician patient-registration-clinician-checklist quick-guide 508](#)  
[annie-clinician protocol-assignment-clinician-checklist quick-guide 508](#)
- Developed Parkinson’s Disease Awareness Month Banner distributed to all PADRECCs.
- Two PADRECC Movement Disorders Series Webinars
  - Young Onset PD – 128 attendees- 100 participants completed the survey, 99% of the participants would recommend the course to others, they were highly satisfied, learned new knowledge and skills and will incorporate those skills into their practice.
  - Nursing Care Across the PD Spectrum – 180 attendees-49 participants completed the survey, 90% of those who completed the survey were overall satisfied with the course and 90% agreed or strongly agreed they learned new knowledge and skills and will incorporate those skills into practice.
- PD Rehab Community of Practice added 65 new members for a total of 265. The COP continues to grow as a resource for expanding expertise and access to state-of-the-art rehabilitative care.

### Patient Education

PADRECCs are dedicated to sharing contemporary information on the management of Parkinson’s disease and related disorders with Veterans and their families. Efforts to educate patients and caregivers include efforts like the PD 101-National Webinar for Patients and Caregivers. Additionally, each PADRECC has special programs to acknowledge Essential Tremor Awareness Month and Parkinson’s Disease Awareness Month. In FY25, PADRECCs accomplished wide-reaching education efforts including Veteran and caregiver support groups, patient education programs, and PADRECC presentations.

### Patient Education Efforts in FY25:

- 65 VA PADRECC Veteran Support Groups
- 11 VA PADRECC Caregiver Support Groups
- 30 VA PADRECC Patient Education Programs
- 41 Programs or Communities Received PADRECC Presentations



Care Partner Appreciation Event. A day to learn new strategies, recharge and connect with other care partners, held November 19th.

### *PADRECC Unique Programs*

**Philadelphia: PD 101 Webinar** 2 hour webinar providing overview of PD, it's symptoms, treatment and care available at the VA.

**Richmond: Women Veteran and PD Webinar** – began as a yearly education event and is now a bi-monthly support group.

**Houston: “Volunteer Veteran PD teacher training initiative”**. In FY 25 a Veteran volunteer with PD (teacher by profession) was trained to deliver focused PD related education from a veteran perspective to our patients and caregivers. She was also trained to lead the PD support group. Her insights and discussion style were very well received by the patients and their caregivers.

**Seattle:** Dr. Kimmy Su helped organize and host **APDA Live Well – Beyond Medication**, a one-day conference designed to provide practical tools and strategies to improve quality of life for individuals living with PD and their care partners.

**Portland:** Dr. Marie Davis collaborated with Up Ending Parkinson's, a nonprofit organization offering guided rock climbing for people with PD, to launch a local climbing program for PD patients at a local Seattle climbing gym. This program, supported by the NW Parkinson's Foundation, is offered free of charge to participants and promotes exercise, community connection, and empowerment.

### *PADRECC and Parkinson's Foundation Partnership*

- Served 3,687 Unique Veterans and care partners who registered for an event, requested resources or contacted PF Helpline in FY25- 30% increase from last year!
- Veterans and Care Partners served on the Parkinson's Foundation People with Parkinson's Advisory Council: 3 out of 15 total members
- 4-Total events held for Veterans and their families or community partners
  - Webinar - Resources for Veterans Living with Parkinson's (August 2025): 1,633 registrants, 522 web views

- Webinar -Staying Active as a Veteran with Parkinson’s (May 2025): 627 registrants, 407 web views
- Webinar: Breaking the Silence: Mental Wellness & Connection for Veterans with Parkinson's (February 2025): 795 registrants, 294 web views
- Webinar: Care Partners of Veterans with Parkinson’s Disease (December 2024): 681 registrants, 196 web views
- Trainings
  - Parkinson’s Foundation [Team Training](#) and Advanced Team Training Program: Participants: 22
  - VA-Led training for PF Helpline Staff
- Outreach Activities
  - Parkinson’s Foundation tabling at Veteran focused events: 19
  - Presentations to or meetings with Veteran community groups or support groups: 10
- National Outreach Activities
  - 2025 Disabled American Veterans (DAV) National Convention in Las Vegas, NV: approx. 3,000 attendees
  - PF Southwest Chapter staff tabled at the annual convention and distributed co-created resources for Veterans with PD, connecting with multiple local DAV chapters
- Ads placed in
  - VFW Magazine (May/June issue): 1.3 million subscribers
  - VFW E-Newsletter (April issue): 400,000 subscribers
  - “The VVA Veteran” Magazine, a publication of the Vietnam Veterans of America, Inc. (May/June issue): 88,215 subscribers

## Research

PADRECCs are dedicated to researching and advancing investigations into the cause, treatment and cure for Parkinson’s disease and related disorders. PADRECC’s groundbreaking research continues to be published in scholarly journals. Through these efforts, the VA has been internationally recognized as a principal player in the field of movement disorders and has joined forces with other key organizations such as the Department of Defense, National Institutes of Health, Michael J. Fox Foundation, and the Parkinson’s Foundation. In FY25 the PADRECC investigators had 48 funded research projects totaling \$16,082,058 (including annual funding for multi-year projects) through 32 clinical, 5 health services, 4 epidemiology and 7 basic science projects. PADRECC investigators also published 54 articles in scholarly publications and presented 41 posters

at national and international conferences or symposia. Additional multi-center research protocols that PADRECC investigators participated in during FY2025 include:

**Multicenter, Randomized, Double-Blind Comparator Study of Antipsychotics Pimavanserin and Quetiapine for Parkinson's Disease Psychosis (C-SAPP Study) – VA CSP #2015**

**The Veterans Parkinson's Disease Genetics Initiative (Vet-PD) – Michael J. Fox Foundation**

**Rural Veterans with Depression and Parkinson's Disease: A Telehealth Psychotherapy Solution. – VA Office of Rural Health**

**PPMI - The Parkinson's Progression Markers Initiative – Michael J. Fox Foundation**

## Clinical Data

In FY25, PADRECCs and PAS centers collectively managed more than 24,000 clinical encounters for more than 11,000 unique patients (see table 1). Additionally, PADRECC site clinicians performed 212 Deep Brain Stimulation (DBS) surgeries across multiple facilities, advancing treatment options and improving quality of life for affected Veterans (see table 2).

### FY25 PADRECC and Facility Site Encounters and Unique Patients

Facility	Encounters	Unique Patients
Philadelphia	2960	1601
Richmond	5109	1936
Houston	4125	1770
Portland	3084	1736
Seattle	2495	1281
San Francisco	2501	991
New Mexico HCS (part of SW PADRECC)	600	240

Long Beach, CA HCS (part of SW PADRECC)	414	174
Loma Linda, CA HCS (part of SW PADRECC)	590	315
San Diego, CA HCS (part of SW PADRECC)	241	142
Southern Arizona HCS (part of SW PADRECC)	574	316
Greater Los Angeles CA HCS (part of SW PADRECC)	1214	588
<b>Total</b>	<b>23907</b>	<b>11090</b>

Table 1: FY25 PADRECC and Facility Site Encounters and Patients

## FY25 Deep Brain Stimulation Surgeries

FY25	Uni-lateral (61885) Stim implant	Bi-lateral (61886) Stim implant	Total
Philadelphia	2	1	3
Richmond	18	11	29
Birmingham	15	0	15
Ann Arbor	4	13	17
Minneapolis	18	7	25
Houston	7	8	15
Portland	17		17
San Francisco	10	15	25
West LA	4	9	13
<b>Total</b>	<b>95</b>	<b>64</b>	<b>159</b>

Table 2: FY25 Deep Brain Stimulation Surgeries

## FY25 Telehealth Encounters and Rurality

In FY25, the PADRECCs and associated VA facilities leveraged virtual care, helping thousands of Veterans receive specialized care from their homes, reducing travel burdens for patients with Parkinson’s disease and related disorders, especially for those in rural and highly rural areas.

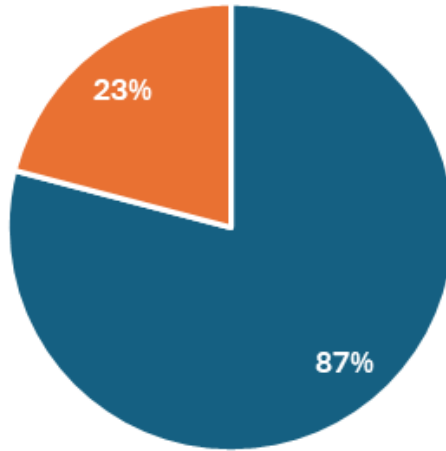
The program had a 29% increase in total telehealth encounters over FY 24, with the Richmond PADRECC leading telehealth encounters followed by Philadelphia and San Francisco. A significant portion of these visits, nearly seven out of eight, occurred off-site, underscoring the VA’s commitment to meeting Veterans where they are. See table 2 below.

Telehealth care highlights the VA’s commitment to increasing accessibility for Veterans affected by PD/RD, particularly for Veterans in rural and highly rural areas, ensuring they receive the specialized care they need.

		Telehealth Encounters		Rural/Highly Rural Encounters	
VISN	Facility	Patient at VA	Patient off site	Patient at VA	Patient off site
V02	<b>(528A6) Finger Lakes, NY HCO</b>	4	0	4	0
V04	<b>Philadelphia PADRECC</b>	15	681	8	142
	(595) Lebanon, PA HCS	1	0	0	0
	(642) Philadelphia CBOC	11	0	6	142
	(693) Wilkes-Barre, PA HCS	4	0	2	0
V05	<b>Richmond PADRECC</b>	313	1,681	161	709
	(512) Baltimore, MD HCS	3	0	0	0
	(517) Beckley, WV HCS	7	0	7	0
	(581) Huntington, WV HCS	4	0	1	0
	(613) Martinsburg, WV HCS	15	0	7	0
	(688) Washington, DC HCS	1	0	0	0
V06	(565) Fayetteville, NC HCS	7	0	6	0
	(590) Hampton, VA HCS	20	0	4	0
	(637) Asheville, NC HCS	7	0	4	0
	(652) Richmond CBOC	208	1681	108	709
	(658) Salem, VA HCS	1	0	1	0
	(659) Salisbury, NC HCS	23	0	13	0
V09	(621) Mountain Home, TN HCS	17	0	10	0
V16	<b>Houston PADRECC</b>	0	255	0	92
V20	<b>Northwest PADRECC</b>	141	673	77	294
	(648) Portland, OR CBOC	121	420	66	195
	(663) Puget Sound, WA HCS	0	253	0	99
V19	(436) Montana HCS	20	0	11	0
V21	<b>San Francisco PADRECC</b>	92	679	34	264
	(570) Fresno, CA HCS	19	0	0	0
	(612A4) N. California HCS	6	0	5	0
	(640) Palo Alto, CA HCS	1	0	0	0
	(662) San Francisco CBOC	66	0	29	264
V22	(501) New Mexico HCS	0	1	0	1
	(600) Long Beach, CA HCS	0	144	0	0
	(605) Loma Linda, CA HCS	0	123	0	7
	(678) Southern Arizona HCS	0	12	0	4
	<b>Greater Los Angeles PADRECC</b>	0	86	0	11
<b>Total</b>		<b>565</b>	<b>4335</b>	<b>250</b>	<b>1524</b>

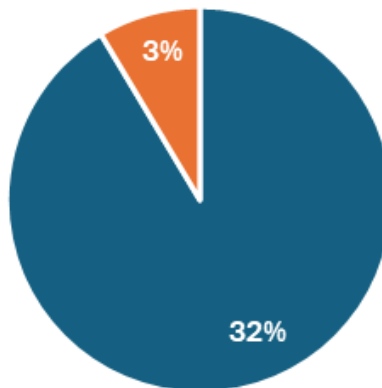
Table 3: FY25

### Encounters by TH Type Detail



■ CVT Patient Offsite    ■ CVT Patient at VA Location

### Percentage of total TH Encounters Rural/Highly Rural



■ Rural    ■ Highly Rural

# Veteran Satisfaction

Ensuring high-quality, patient-centered care is a top priority for PADRECCs. To assess the impact of services, Veterans were surveyed about their experiences and overall satisfaction with their care. The results help guide ongoing improvements to better serve those who rely on PADRECC services.

## Patient Feedback

After attending a PADRECC or off-site healthcare appointment, patients received optional surveys to share their feedback about their appointment, provider, healthcare team, and service provided (see surveys below). Survey participants responded to the questions with “Strongly Agree, Agree, Neutral, Disagree, or Strongly Disagree” and shared open-response comments.

<b>Outpatient Healthcare Visit VSignals Patient Satisfaction Survey</b>
<ol style="list-style-type: none"><li>1. After I entered [Facility Name], I found it easy getting to my appointment.</li><li>2. After I checked in for my appointment, I knew what to expect.</li><li>3. My provider listened carefully to me.</li><li>4. My provider explained things in a way that I could understand.</li><li>5. After my visit, I knew what I needed to do next.</li><li>6. I am satisfied with the service I received from [Facility Name].</li><li>7. During my most recent VA health care experience, I felt respected and comfortable.</li><li>8. My healthcare team included what matters most to me in my plans for what to do next to manage my health and well-being.</li><li>9. I trust [Facility Name] for my health care needs.</li></ol>
<b>Outpatient Appointment Scheduling VSignals Patient Satisfaction Survey</b>
<ol style="list-style-type: none"><li>1. It was easy to get my appointment.</li><li>2. I got my appointment on a date and time that worked for me.</li><li>3. When scheduling my appointment, I was treated with courtesy and respect.</li><li>4. I am satisfied with the service I received from [Facility Name].</li><li>5. During my most recent VA health care experience, I felt respected and comfortable.</li><li>6. I trust [Facility Name] for my health care needs.</li></ol>

For outpatient experiences, many patients found scheduling their appointments easy (81.3%) and were able to choose a convenient time (92.3%). Patients reported being treated with respect (96.7%) and expressed overall satisfaction with the service (91.2%). In terms of out-patient care, 98.8% felt their providers listened carefully, and 93.7.1% felt

informed about the next steps after their visit. Trust in the facility was high (96.7%), and most patients felt respected and comfortable during their appointments.

Overall, both survey results display experiences that reflect strong satisfaction, with minimal dissatisfaction reported across all areas. Open-response feedback also identified high-satisfaction, provider appreciation, and gratitude for the providers and teams listening and caring for patients. See Appendix A for full results of in-patient and out-patient survey responses. See Appendix B for what Veterans are saying about their PADRECC.

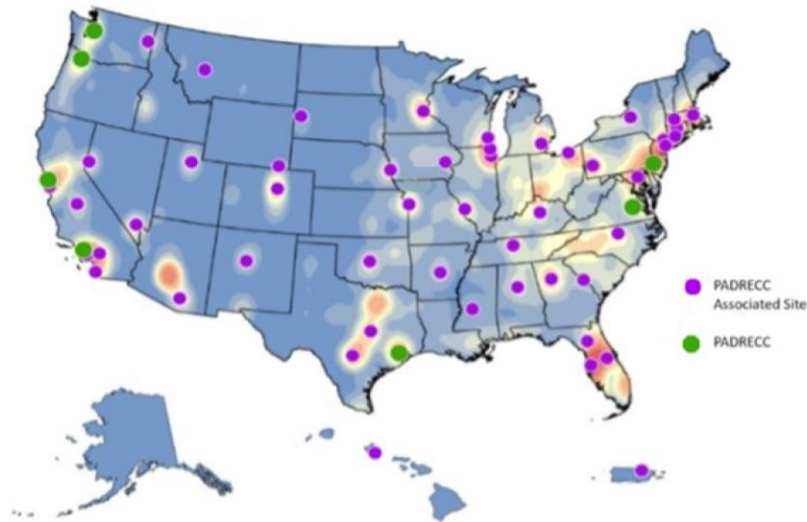
## Site Networks

The PADRECC and Associated Site Network is a nationwide hub and spoke model of care across the VA Healthcare System for Veterans diagnosed with Parkinson’s disease and other movement disorders. PADRECCs and associated sites are outlined in the following table:

PADRECCs	PADRECC Associated Sites
<ul style="list-style-type: none"><li>• Designated VA Centers of Excellence</li><li>• Receive referrals across the VA Healthcare System</li><li>• Each serves a large geographic region</li></ul>	<ul style="list-style-type: none"><li>• Regional specialty clinics for Veterans unable to travel to a PADRECC</li><li>• Located in each of the 21 VISNs</li></ul>

In 2001, based on competitive applications and site visits, six centers were selected: Philadelphia, Richmond, Houston, West Los Angeles, San Francisco, and Portland/Seattle VA Medical Centers (see image below for specific locations). Each PADRECC serves a geographic region or service area across the United States. PADRECC has expanded care through a National VA Parkinson's Disease Network of providers with movement disorder expertise. Regional specialty clinics, known as PADRECC associated sites, are available for Veterans unable to travel to a PADRECC (see Figure 8 for specific locations). To learn more about accessing PADRECC or PADRECC associated sites, please visit:

<https://www.parkinsons.va.gov/Care.asp>.



## Program Funding and Priorities

In FY25, VHA Finance provided the PADRECC program with unique ACC codes, one for personnel, one for travel and one for all other spending. These codes allow seamless tracking of PADRECC funds throughout the enterprise. The Neurology Centers of Excellence (NCOE) received \$64,540,000 in funding, after VHA finance implemented a 7.8% decrease to the budget. The PADRECC received \$13,367,442 of that \$544,074 supported the Neurology Program Office (NPO) and \$100,000 supported the ECoE program. When the new administration came into office new priorities were established, and funds that were allocated to support the NPO and ECoE were mostly returned to PADRECC. The PADRECC returned a little over \$400,000 but was able to obligate close to 99% of the budget.

The program could not accomplish the funding priorities below due to mitigating circumstances beyond the program's control. Therefore PADRECC's funding priorities will be carried over to FY26.

Due to the geographical locations of the PADRECCs the program's main priority is to expand services and access for our Veterans. The program's funding priorities to expanding services are outlined below.

### Funding Priorities

1. Establish and partially fund one PADRECC in either the Midwest or Florida regions to address gaps identified in access to specialist care and Deep Brain Stimulation surgery.
2. Establish Regional Parkinson's and Movement Disorders Centers (RPMDCs) in every VISN per Directive 1420 Parkinson's Disease System of Care. The RPMDCs will be staffed by movement disorder's fellowship trained neurologists and offer

specialized care such as chemodenervation therapy and deep brain stimulation adjustments. The RPMDCs will collaborate with their medical centers to ensure nursing, social work, psychiatry, physical therapy, speech therapy, occupation therapy and a clinical pharmacist is available to provide comprehensive care to Veterans with PD.

## PADRECC Advisory Sub-Committee Recommendations

### Philadelphia Advisory Sub-Committee Recommendations

#### Committee's Clinical Recommendations:

1. Consider family and caregivers in the Whole Health mission and in referral to whole health services
  - Explore Whole Health services available for care partners and share in the clinic waiting room
  - Encourage more caregivers to enroll in their local VA General Caregiver Support Program which offers access to whole health programs and services.
2. Consider partnering with Regional Centers for mental health for rural Veterans.
  - The PADRECCs will continue to access the VA National Expert Consultation & Specialized Services – Mental Health (NEXCSS-MH) program which provides expert neuropsychiatric consultative services for Veterans' with PD or related disorders as well as the Office of Rural Health's VA New Jersey PD Telepsychotherapy Hub which provides specialized mental healthcare for Veterans with PD living in rural areas.
  - Explore where these Regional Centers for mental health are located and services they may offer.
3. Encourage leadership at all levels to give more FTTE to neurology in order to treat Veterans needing care and decrease wait times for that care.
  - We will continue to monitor clinic metrics, staffing, wait times and provider productivity to support the need for greater resources to improve Veteran access to specialty care.

#### Committee's Educational Recommendations:

1. Consider how the educational opportunities or activities being done can be disseminated or advertised using local and regional stakeholders.
  - Explore support from VA National Neurology Program Office in gaining access to the Corporate Data Warehouse (CDW) patient data system to obtain email addresses for any Veteran enrolled in the VA with a G20 (Parkinson's disease) diagnosis code which can be used to send education/outreach emails and announcements.
  - Continue to utilize the VHA/Parkinson's Foundation partnership for outreach efforts.

#### Committee's Research Recommendations:

1. Continue supporting the pipeline of investigators who are choosing the VA for their careers and their investigational careers by tapping into stakeholders within the VA who can assist and support on the administrative and leadership level

- For existing investigators, we are providing sponsorship and mentorship to ensure that they have the appropriate resources for success as well as seeking additional funds to support their Veteran-centered work.

2. Continue research showing how PD is experienced differently by the Veteran population as opposed to non-Veterans

- We are continuing initial studies to understand how military service-related exposures influence the development and course of Parkinson's disease and have applied for additional funding for this work. We have and will continue to actively seek and facilitate opportunities for collaboration in this area with other PADRECCs and VA PD investigators.

3. Explore collaborating with the Lewy Body Association or other society partners or regional partners to amplify research mission

- The PADRECCs are discussing collaboration with the Parkinson's Study Group and will continue to seek other collaborative opportunities to highlight the research mission.

4. Monitor and capitalize on the intellectual products (IP) of the research being done:

- Dr. Duda and Dr. Kacy Cullen, (Dr. Duda's longstanding mentee, and Director of the Center for Neurotrauma, Neurodegeneration and Restoration (CNNR) at the Philadelphia VA) have been actively involved with the VA Office of Technology Transfer (OTT) to capitalize on developments from the CNNR, for which Dr. Duda serves as the Co-Director. Dr. Cullen has worked with the OTT and counterparts at the University of Pennsylvania to launch an independent biotech development company, Innervace, to help take some of the technology developed into the clinic.

## Northwest Advisory Committee Recommendations

### **Administration:**

1. Promote team building and program development between Portland, Puget Sound, and PAS

2. Explore the need to develop a formal process to facilitate communication more easily between Puget Sound, Portland, and PAS

3. Continue to pursue filling the open Administrative Officer position to enhance Center efficiency and further its mission

4. Hold meetings (regular and as needed) with VA local leadership to provide an update on the NW PADRECC and present future visions regarding space, equipment, and staffing needs, with a goal of improving access and quality of care
5. Maintain the partnership between the two sites (Portland and Puget Sound) to have a single voice at both facilities
6. Innovate around the challenges created by changes in the scheduling processes, consider discussing how it is being done by other divisions

**Clinical:**

1. Enhance the use of interdisciplinary team approaches to patient care, and consider the use of resources such as HBPC and community caregiver support programs
2. Gauge the impact of the new directive and business rules on patient access
3. Create internal consistency regarding metrics being gathered between Portland and Puget Sound

**Research:**

1. Strategize solutions to dual appointment restrictions considering the OAA Directive
2. Continue to increase the number of Center clinical patients involved in research studies while identifying new and existing barriers to patient recruitment
3. Continue to promote education and research meetings across both sites, with outreach to PAS for participation, input, and collaboration
4. Explore implementation of a reciprocal IRB reliance agreement between Portland and Puget Sound
5. Participate in Research Service strategic planning discussions to ensure the interests of the PADRECC are represented in the short- and long-range objectives of the local strategic plan

**Education:**

1. Continue to provide support to the fellowship program and education of other trainees outside of the movement disorder program
2. Continue to build upon CME activities for non-neurologists and exploration of opportunities for ongoing outreach to clinicians at primary care CME conferences and regional CBOCs
3. Continue patient and caregiver focused education with metrics to measure the effects and impact of this

4. Mirroring the recommendations in the research section, strategize solutions to dual appointment restrictions considering the OAA Directive to maintain educational opportunities for the fellowship

## San Francisco PADRECC

Unable to hold Advisory Sub-committee due to director’s departure.

## PADRECC Five-Year Site Visits

### Southeast (Richmond) PADRECC Site Visit

Final average rating by panel reviewers is **1.975**, which falls in the **‘Excellent’** range. The reviewers recommend that the **Richmond PADRECC are renewed for funding until September 30, 2030**. Next site visit to be scheduled in FY30.

### Houston PADRECC Site Visit

The final rating by panel reviewers is **3.15**, which falls in the **‘Very Good’** range. The reviewers recommend that the **Houston PADRECC are renewed for funding until September 30, 2030**. Next site visit to be scheduled in FY30.

## Appendix A – Veteran Survey Results



## Appendix B – Sample of Patient Comments 10/1/24-9/30/25

### Richmond PADRECC

“The professional courtesy extended is unexcelled. The entire staff is in perfect harmony providing undivided attention caring for our needs.”

“My healthcare providers are exceptionally skilled and personable. I am thoroughly satisfied with the care I receive at the Richmond PADRECC.”

“Dr. Q. (Neurologist) was amazing. Thank you for connecting me to him.”

“The Richmond V.A. PADRECC care team continues to provide genuine concern and excellent care, to help its Parkinson’s patients improve our quality of life as we deal with the consequences associated with PD. Thank you so very much.”

“I am pleased with every aspect of my care at the VA. The Padrec Clinic has been on top of every concern. I couldn’t ask for kinder or more helpful healthcare professionals.”

”Miriam, Lisa, and the staff always treat me with courtesy and treat my health as their #1 concern. They really value and care about me as a patient and that means alot. You don't always get that treatment at other places.”

### **Houston PADRECC**

“All personnel were friendly but professional.”

“Recently, I visited the VA for checkup with my doctor in the neurological dept. I felt safe and was well attended by everyone whom I came in contact with. I respect everyone in VA and am grateful for the services they provide.”

“I have always been treated with the best care and professional respect at the Debaakey Center”

“Excellent. The IRS could learn a lot from you.”

“I am satisfied with my treatment there. They are very helpful and considerate. I only wish I didn’t have a to travel 300 miles to receive treatment.”

“Everyone I have dealt with was very helpful and very knowledgeable the treatment I received was great it is the only place I want to go”

### **Portland PADRECC**

“I had a bad day at the appointment. It was a long drive. I was already depressed about the very recent death of my pet. I was trying to get emotional support animal certification, or it meant I would be paying higher rent and deposits. I was stressed. On top of that is Parkinson's. Due to the psychological issues, my neurological issues were triggered. I was having mobility issues and tremors. There was too much noise and movement in the cafeteria area. The medical staff, general employees, everyone I encountered at the VA were great. I believe they understood I was having a bad day. I never felt disrespected by any employee. I do wish there was a less noisy area in the cafeteria for those that get triggered by noise and peripheral movements.”

“I was able to scheduled a required upcoming visit to be done on line instead of having to drive all the way from Salem through the congested Portland traffic. Thank you for this much better option”

“Excellent listening to my concerns and taking time to evaluate and come to a MUTUAL path forward”

“We will miss Dr. Lee Neilson when he moves to Iowa. He has been my neurologist for several years. I feel he is a great doctor and a great guy!”

“My doctor clearly explained every treatment option available for my condition going forward and the side effects related to each. I am satisfied with the outcome of our treatment plan.”

”I had a great appointment. All of my questions were answered. I was treated very well and with respect. I never had any concerns about my visit and found all the staff to be kind and caring.”

### **Seattle PADRECC**

“I have always found the staff to be very courteous and helpful”

“Dr. Su is marvelous!”

“Dr Su does a great job and understands my problems with condition of mine”

“Thank you to the recreational specialist and all the staff that is helping me. The personalized and expert care that I receive from the V.A. is critical to managing my disease.”

“Medical assistant Hong did my intake professionally, courteously and with compassion. Dr. Zabetian thoroughly understood my concerns and offered me his expert guidance in a manner that was easily understood. I very much look forward to my continued care at the VA.”

“I constantly hear bad things about the VA, but my experience with my Movement Disorder Doctor (neurologist ) Dr. Su has been nothing but exemplary.”

### **Philadelphia PADRECC**

“Had two appointments in same day. Parkinson’s and nurapathy. Staff was first class, top there anywhere”

“professional competent caring staff”

“My DR was very receptive and spent the right amount of time concerning my problem”

“I am always grateful for the Medical Treatment I receive from the VA. They are always professional.”

“Dr. John Duda has much expertise and is a very caring person.”

“I was very pleased with the staff and their knowledge and professionalism”

### **West LA PADRECC**

“I only waited about 15 minutes for my appointment. Everyone was very professional and helpful.”

“The VA doctors have been kind, attentive, knowledgeable, and compassionate. I am very happy with them.”

“top notch professional doctors”

### **San Francisco PADRECC**

“Nice clean hospital. Great staff in the Parkinson’s tremor clinic .”

“I am very pleased and satisfied with the care I received!”