January • 2017

Veterans Evaluation Services NEWSLETTER

VES Quarterly Provider Newsletter

"For me, meaning is an eternal act of what can enrich your life, but perhaps even better, ways that you can enrich the lives of others, and then it brings meaning to both of you."

~Neil deGrasse Tyson

VES Provider Newsletter, First Quarter 2017

Greetings, VES Network Providers!
We hope you're all having a great new year so far.

The 2016 numbers are in: the total number of Veterans served by you and your fellow VES providers was well over 100,000. With 3 active VA contracts in place, and with your help, we look forward to this number going way up in 2017.

One of our goals for this year is to reach even more providers with our quarterly newsletter. We are kicking this goal off by offering a contest to providers who take the time out of their busy schedule to read it! There's one step to win: send a message to the Physician Help link in your portal (or e-mail vesphysicianshelp@vesservices.com) with your name and mention that you read the provider newsletter. That's it! One lucky provider's name will be drawn on February 14th and awarded $200. We'll hold this drawing each quarter.

VES Medical Advisory Board

VES is fortunate to have our Medical Advisory Board, covering most examination specialties, that helps support our growing physician network by serving as resources when questions or other issues arise.

Feel free to contact any VES Board Members at any time with your questions, concerns, or feedback.

National Medical Director:
Jeffrey Middeldorf, D.O. - jeffrey.middeldorf@vesservices.com
Internal Medicine: Barbara Dubiel, M.D. - btdubiel@hotmail.com
Audiology: Lauren Simpkins, AuD. - northtxaud@gmail.com
Ophthalmology: Cary Freeman, M.D. - cfree43274@aol.com
Psychology: Melody Potter, PhD. - mmilampotter@aol.com
Texas Medical Director: Charles Xeller, M.D. - xeller007@aol.com

Topics Covered in this Issue

When a Medical Records Review is not Necessary

In general, VA typically only requires a review of records for mental health exams, Cold Injury Protocol exams, medical opinions, appeals and remands, Traumatic Brain Injury exams (TBI), and initial claims for hearing loss and tinnitus. Of course, due to the increased availability of electronic records, VA also occasionally requests a review of records for other types of claims. As many of you have experienced, Veterans often make the assumption their C&P examiners have full access to their records and can be disappointed when they learn this is not the case. They understandably begin to fear this omission will adversely affect the outcome of their claim when, per VA's rating criteria, a records review may simply not be required. Therefore, we encourage all providers to use discretion when discussing the absence of records with veterans during evaluations. Please attempt to reassuring Veterans by advising them that records are always reviewed when called for by VA rating criteria. We appreciate your cooperation and ongoing service to our Veterans.

From Our Medical Director:

Completing the Diagnostic Results Section of the DBQs

What is meant by the question in the diagnostics section of the DBQs, "Have imaging studies or diagnostic procedures been performed and are the results available?"

As many of you are aware, when you get to the end of many of the DBQs, you are asked if there are diagnostics available. Many of you have interpreted that question to mean have you or VES ordered any diagnostics, to which many of you will answer no.

The VA has told us, however, that may not be accurate. What this question applies to is if there are any relevant diagnostics that we ordered, or that are in the veteran's medical records (which only applies when records are needed and available). If there are any, we need to discuss them here. Many of you will mention the x-ray report or MRI report that you read in the records, and discuss it in the history, but when the diagnostic results question comes up, you say there were no diagnostics.

So, if you see any relevant diagnostics in the file, please answer the question "Yes," and discuss the imaging results in the appropriate section.

This is a recent example from one of our cases:

In the history, our doctor mentioned the MRI report he saw that showed "The lumbar MRI scan from January 4, 2015 demonstrated multi-level degenerative disc disease, along with a focal disc protrusion at L3/4. There is facet joint hypertrophy at the L4/5 and L5/S1 levels bilaterally."

Our doctor correctly used this report to support his diagnosis of degenerative disc disease and degenerative arthritis.

Then he answered as below:

Section XV-Diagnostic Testing

15A. Have imaging studies of the thoracolumbar spine been performed and are the results available?

[ ] Yes [X] No

If yes, is arthritis documented?

[ ] Yes [ ] No

Clearly this is a mistake. Not only should he have answered "Yes," as he did have imaging results, but also he should have said "Yes" arthritis was documented.

Please feel free to contact me if you have questions or would like to discuss this topic further:
middelj@vesservices.com

Jeffrey Middeldorf, D.O.

Your QA is Your Back-Up

Imagine having an office with several employees, one to catch typos, spelling errors, and grammatical mistakes, another to ensure you included all the necessary points in your reports, and yet another to make sure you followed all the rules in writing your reports. So, whenever you sent a professional letter or evaluation out of your office, you could feel secure it was as close to perfect as possible. And, what if you didn't even have to pay them?

VES Quality Analysts (QA) do all that and more when they study each veteran's evaluation you submit.

This last year VES has expanded rapidly and hired a lot of new QAs who are learning the ropes, just like our new providers are. To be hired by VES, QAs must have a bachelor's degree or equivalent experience in a related field—and a great attitude.

Lauren Skloss, Director of Quality Assurance and Training reports, "New VES QAs train for 3 months, learning VA's rating criteria and becoming intimately familiar with the 82 DBQs we use. Some of the training is classroom-style while the majority is hands-on. While in training every single report a new QA reviews is second-reviewed by a Senior QA. They also have to pass weekly quizzes and the QA final exam before they are fully released on production. We have historically seen that a QA's learning curve is around 6 months to a year. QAs have a VES-internal requirement to have no more than 3% of their reports returned by VA insufficient or inadequate. Currently, our report quality rate with VA is less than 2% insufficiency/inadequate rate, in large part to our QA staff and providers working together to give VA the best ratable reports."

This is one of the reasons VES receives such a high percentage of referrals from the VA. Did you know VES has the highest ratings of all our competitors? But admittedly, it's easy to get annoyed when an evaluation you thought you had finished suddenly reappears in your portal with a question attached. And isn't it always the one you'd worked the hardest on?

John Memmer, our QA trainer, addresses this. "By asking these questions a few days after the initial exam, when the material is still fresh in the examiner's mind, the QA makes the provider's job easier in the long run by working together to avoid questions from the VA once the report finally makes its way across a VA Rater's desk. As providers all likely know, VA clarifications are often asked long after the exam and lead to the provider having to revisit their notes and the veteran's medical records to jog their memory."

VES is easily the most professional company I have worked for in my 40+ year career in the health field. All employees at VES are expected to be respectful, kind, polite, and caring. They work as a team. I've been a provider for VES for at least 7 years, on the advisory board for 3 years, and have yet to detect any politics, hostility, or impropriety from anyone.

VES QAs are our ever-patient partners, dedicated to helping us bring our evaluations to a level of excellence that we all expect of ourselves as professionals. I try to take every addendum request as an opportunity to thank the QA for their diligence, respond as quickly as possible, and view their intervention as a positive way to learn the VA system.

Melody Potter, PhD.
VES Medical Advisory Board Member
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DBQ NOTES: New VA Concerns for Psych

Speaking of returns, there has been a new psych DBQ issue for which some VA raters have recently requested clarification.

If you, as the examiner, say yes, you can differentiate symptoms in the "Differentiation of Symptoms" section of the report, you should address by name every symptom selected later in the "Symptoms" checklist in the report. In other words, some VA Raters want every one of these symptoms attributed to one diagnosis or another. This is especially true if one condition is service-connected and another isn't. A good way to handle this is to list each diagnosis and the related symptoms you see in the veteran in the "Differentiation of Symptoms" section. If any symptoms are related to more than one diagnosis, state those as "shared by ____ and ____ (conditions)" in that same box.

An example follows...

If yes, list which symptoms are attributable to each diagnosis and discuss whether there is any clinical association between these diagnoses:

Anxiety: PTSD
Chronic sleep impairment: shared by Major Depressive Disorder and PTSD

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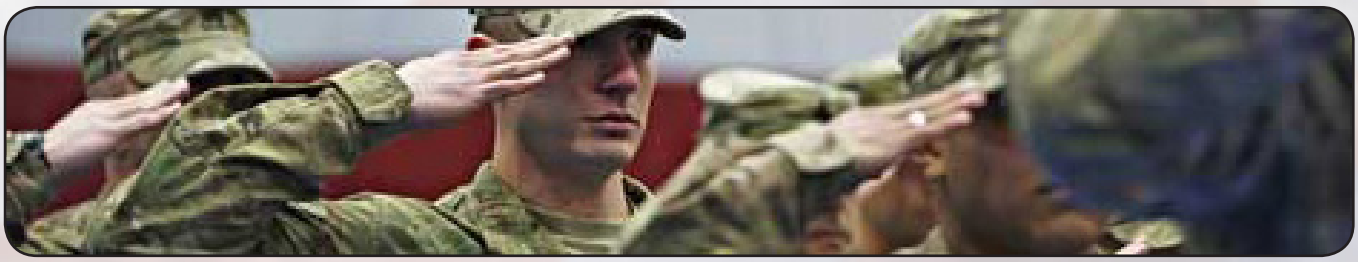

What Your Veterans Are Saying!

Texas: "Very friendly atmosphere and Dr. Gallegos and her staff thanked me for my service."

Maryland: "Superb experience! Dr. Trent and staff were exceedingly pleasant and attentive. Awesome!"

Illinois: "This provider and office staff were among the best for professionalism and kindness. I would highly recommend for anyone in the Peoria area. My wait time was less than 5 minutes."

Michigan: "Examiner showed genuine concern for the issue at hand—also listened to and addressed all of my concerns."

Arizona: "Great doctor that understands what soldiers go through. He was one himself."

Oklahoma: "Excellent support and the best I have received in a very long time. Doctor addressed my concerns from years back in my records that led up to my current health condition."

Provider Recruitment

VES was recently instrumental in the successful passing of an important bill that allows M.D. and D.O. physicians with valid licensure in 1 of our 50 states to perform Compensation and Pension evaluations in any state. If you're interested in performing VES evaluations in other states, please contact us at: vesphysicianhelp@vesservices.com

We currently need Ophthalmologists and Audiologists in ALL states—please refer your colleagues if you believe they would be a good fit for VES.

General medical providers are much needed in these states: WV, VA, NC, SC, IA, MN, MI, KY, GA ND, SD, OK, LA, UT, KS, WA, OR, NV, NM, ID, AZ, HI.

Latent Onset for Noise Induced Hearing Loss

There have been several questions recently in regards to latent onset of hearing loss due to noise exposure. The easy answer is no, there is no delayed onset. The damage will only occur during the exposure to the noise. However, this is where it can get complicated with rendering an opinion.
Significant shifts in thresholds are not the only way to render a positive opinion to service connect a hearing loss. Exposure to hazardous noise can cause cochlear damage, which may not present as a significant shift in service. Tinnitus is also a sign of cochlear damage. If the onset of tinnitus coincides with military experience, this is evidence of cochlear damage in service. The damage may not present as hearing loss in its early stages; however, the inner ear could have been damaged and will be compounded by other life experiences, such as aging, heredity, medications, and post military noise exposure.

A hearing loss present today could be a result of early stage cochlear damage from military service combined with life experiences. The rationale has to support this with evidence. The VA will not accept an opinion based on the theory of latent onset of hearing loss. The onset of tinnitus is good evidence, as well as temporary threshold shifts, combat experience, and military occupational specialties where noise exposure is conceded. Also, if there is a voice whispered test on separation, or no audio results, VA asks that the benefit goes to the Veteran (if the records support hazardous noise exposure) since there are no threshold records to compare.

Lastly, please remember that the VA offices need more than the sentence "The Veteran was exposed to loud noises" as a medical rationale.

Lauren Simpkins, AuD.
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VES CRITICAL/LIFE THREATENING FINDING POLICY AND PROCEDURE

As a friendly reminder, please follow these instructions when veterans have critically abnormal exam or diagnostic findings:

1. Call VES at **1-877-637-8387** to inform our staff of the veteran's critical findings and to request the veteran's contact information.

2. Contact the veteran by phone immediately and relay all pertinent details regarding the critical findings. Provide any appropriate instructions the veteran should follow until he/she is able to seek medical attention. Do not speculate on whether the findings will result in a change of benefits for the veteran.

3. If you do not feel comfortable relaying/discussing the veteran's critical finding with him/her, please advise VES staff that we should have our Medical Director, Dr. Middeldorf, contact the veteran.

4. If the veteran has questions on what the critical finding means for his/her claim, advise the veteran that the critical results will be forwarded to the RO and offer VBA's toll free number (**800-827-1000**).

5. You may also advise the veteran that he/she will receive an overnighted letter with the diagnostic results, and ask if the veteran would like us to fax the results to his/her PCP (if so, please promptly provide VES with the fax number or name so that this can be done).

6. Document that the above steps have been taken in the Remarks section of your report.

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