



National
Multiple Sclerosis
Society

**MS Learn Online
Feature Presentation
Veterans Administration MS Centers of Excellence
Featuring Jodie Haselkorn, MD, Christopher Bever, MD,
and Gary Herarro, PT**

>>Kate Milliken: Hello. I'm Kate Milliken. Welcome to MS Learn Online. If you are a veteran living with MS, the Veterans' Health Administration provides a nationwide system for access to care. In this interview, we'll explore what type of care the VA provides for people with MS, how to access this care, and many other issues. Joining us today is Dr. Christopher Bever. Dr. Bever is the Director of the VA MS Center of Excellence in Baltimore. Welcome to MS Learn Online, Dr. Bever. Also joining us is Dr. Jodie Haselkorn. Dr. Haselkorn is the Director of the VA MS Center of Excellence in Seattle. Welcome, Dr. Haselkorn.

I'd like to begin by asking how does the VA care for people with MS?

>>Dr. Haselkorn: Well, Kate, in 2003, the VA funded two Centers of Excellence, one, the MS Center of Excellence East is located in Baltimore, and Dr. Bever is the director of that center, and the other is located in Seattle, and is co-located in Portland, and I direct the MS Center of Excellence West along with my co-director Dr. Dennis Bourdette. Together, the Centers have built a rich system of regional centers across the country, with one in each VA region at least, and together, they sort of provide a rich system of care.

>>Kate Milliken: Dr. Haselkorn, is there a tool that helps guide providers to care for people and veterans with MS?

>>Jodie Haselkorn: Yes. In December of 2009, the VA passed a handbook, which is a system of care to-- for veterans with MS, and this handbook is available

on our website, www.va.gov/ms, and it is also available through VA publications. This handbook outlines, really, the system of care, that is, the structure of care, that we provide services as well as the services themselves and the sort of support that the medical centers need in order to provide really consistent and high-quality care across the country.

>>**Kate Milliken:** Dr. Bever, can all veterans receive care for MS?

>> **Dr. Bever:** Yes. The VA is open to all veterans with multiple sclerosis. In addition, it's open to active-duty military patients. One of the issues with the VA is that one can get service connection, and that would be true if the patient developed their symptoms while they were in service, or within 7 years of discharge from service, and having service connection is important both for services within the VA, and also for additional benefits that the veteran may be eligible for related to their disability.

>>**Kate Milliken:** A veteran with MS might think it's a little bit daunting to start the protocol, and how to deal with the VA, so how does one get started with that and get those benefits?

>> **Dr. Bever:** So, there is an application process that a veteran needs to go through to get services through the VA. There is a form that has to be completed called a 1010-EZ. It's important for the veteran to seek help from either social workers at the VA or, alternatively, the veterans' service organizations, the Paralyzed Veterans of America, or Disabled American Veterans, have representatives who can help veterans navigating the eligibility process.

>>**Kate Milliken:** Dr. Haselkorn, can veterans get the same MS medications as people who are not veterans?

>> **Dr. Haselkorn:** Yes. The VA has a national formulary, and all FDA-approved medications that we use to modify the disease MS are available on that formulary. They are free of charge for many veterans, and for some veterans, there is a nominal copay of about \$8 per month.

>>**Kate Milliken:** What are some of the rehabilitative services that veterans can get? This is your forte.

>> **Dr. Haselkorn:** Well, they-- the VA has a very strong commitment to rehabilitation of veterans who have any sort of disorder, but particularly MS, so

there is a rich network, first of all, of professionals that provide care, so there are physiatrists, rehabilitative nursing, PT, OT, speech, psychology, vocational counselors, as well as our subspecialty colleagues like urology and specialty urological nursing, mental health and so on, so there's a lot of people to surround a veteran and provide support.

In addition, the VA takes its commitment to provide care from the time of the diagnosis, really, through palliative services. Again, very seriously, and there are unique services in the VA to keep a veteran active in the community, and these would include such things as all durable medical equipment is provided free of charge, so a veteran can access medically-indicated wheelchairs, hospital beds, those sorts of things, sporting equipment is provided for veterans who have an ability and an interest in sports.

In addition, the VA provides adaptive-- adaptations to make a home accessible, as well as financial support to purchase an adaptive home, and they also provide an adaptive vehicle. Sometimes, people with MS have difficulty with working, and the VA is committed to providing vocational retraining as well, so there's a number of professionals, as well as special services available at the VA.

>>**Kate Milliken:** I'd love to ask both of you guys, you know, in the way that MS, as a disease itself, has changed in the past 15 years with medicines that have been coming down the pike, how much has care for veterans changed. I mean, this all seems very organized and, you know, working very hard towards being veteran-specific. Is there any comment that you could make about the progress that you guys are making in this specific niche?

>>**Dr. Bever:** So, I think that care of veterans has changed in parallel with-- in changes in the outside world in the care of MS. There have been many new medications that have come into use, and those medications are available through the VA, so I think there have been many changes, but they parallel exactly what's been going on in the outside.

>>**Kate Milliken:** Anything you want to add, Dr. Haselkorn?

>>**Dr. Haselkorn:** Well, I think the VA is unique in that it provides services over the entire United States, so the system of care has really become much more organized and accessible to veterans. The care mirrors that in the private sector, just over a wide area, so a veteran who sees me and is in Baltimore and goes in to see Dr. Bever for a more urgent issue, Dr. Bever can access his records and his

images in Baltimore, and really, not having seen him before, provide really consistent and high-quality care.

>>**Kate Milliken:** Doctors Bever and Haselkorn have given us some good information about the benefits available through the Veterans' Health Administration. Now we'd like to speak with Gary Herarro, a physical therapist, to discuss some of the rehab services for veterans. Gary is also at the VA MS Center of Excellence in Seattle. So, Gary, I know you have a professional career at the VA Center, but you also have a personal connection to the job.

>>**Gary Herrero:** I do. I'm basically a veteran, serving veterans, which I think is a benefit, in caring for people who have served our country.

>>**Kate Milliken:** Mobility issues are often an issue for veterans. So, Gary, what are some of the ways that the physical therapy department can help?

>>**Gary Herrero:** Okay, well, we can evaluate them, see what their needs are, and basically, our goal would be to improve their quality of life, their safety, and to maximize their function, whether it be at work, play, or home.

>>**Kate Milliken:** Obviously, these veterans come in and they get this great evaluation, and they really get an understanding of where they are and how to improve their lives, but then they have to go home and live their lives, so what kind of devices or specific tools do you give to these veterans to help them in that regard?

>>**Gary Herrero:** Well, we can help them from a basic necessity of a cane to help them with their walking, to, patients that are more dependent or having difficulties having walking, where wheelchairs, scooters, power wheelchairs and manual wheelchairs. Also, patients who are ambulating that need like AFOs that we can, right now, this is kind of a newer stage where we use a functional electrostimulation to help them-- a lot of patients do have dropfoot, or footdrop, and a device that can help them maintain their independence in the community.

>>**Kate Milliken:** And adaptive devices as well?

>>**Gary Herrero:** Right, right.

>>**Kate Milliken:** The VA also has a recreational therapy department. What does that mean?

>>**Gary Herrero:** Well, the recreation therapy actually gives the veteran the opportunity to continue to participate in community activities. It also gives him the opportunity to participate in national and local events, and some examples of the national events are the national veterans' wheelchair games, the national veterans' Golden Age games, the Creative Arts festival, the summer and winter sports clinics, and that's just some of the national events.

Local events, they have the adaptive golf program, bowling, that sort of thing.

>>**Kate Milliken:** Okay. Well, what, would you say, for you, is the most exciting part about your job?

>>**Gary Herrero:** The exciting part of my job is being able to help these patients, you know, they're coming to me for some needs, feeling down, and when they're all excited about knowing that they can continue to be-- to participate with their family out in the community, and being able to be with their loved ones in traveling or just doing things, I would say that some of them really just decide to stay home because they really can't keep up with friends and family outside of the home.

>>**Kate Milliken:** Well, but I would think, from being a veteran who is very discouraged, think, "You know what, my life is not going to get that much better, it is what it is," you know, how would you respond to that, as somebody who is right in the mix of rehab.

>>**Gary Herrero:** Well, I mean, in just talking to them, what's available to them, and what they're, you know, after the evaluation and seeing what, really, their functional needs, are, sometimes they just feel like there's really no improvement. They have a disease that, they feel that there's no cure for, what's next, there's really nothing that PT can provide, but once I really give them the examples of the equipment that we have to maximize their function or to improve their quality of life, then it gets them re-thinking again, and get them to participate again, and they're willing.

I mean, patients have been willing to participate in two times a week exercise crew. You know, they don't really need assisted devices or devices. Some of them just need basic strengthening and just to increase their strength and endurance and to help manage their fatigue.

>>**Kate Milliken:** So, veterans have the ability, with the way healthcare is, to go to any hospital to get these types of rehabilitative services. What is it that makes it different going through the system at the VA?

>>**Gary Herrero:** Well, there's a couple things here. Outside, a lot of the patients, I believe, are not dealing with the PTSD, post-traumatic stress syndromes, and I think at the VA, we've really got an advantage on that, and how to deal with these patients with MS and an overlapping of PTSD or other psychological issues.

Second of all, in the VA, we're not-- insurance don't dictate what equipment that we can give. I've heard of many veterans who have gone out for private care and a therapist would recommend an appropriate equipment, but based on insurance, they could not provide that. At the VA, I think we have an advantage on that. Things that are experimental, basically we have to justify the need for this veteran, and many times, I've had the experience where they have been approved.

An example is the functional-- the FES for dropfoot, or footdrop. In the outside, the veteran would have to-- I mean, the patient would have to purchase that on their own. Insurance companies would not provide that. We provide that at the VA if there's a justification for it.

>>**Kate Milliken:** It's nice to know that there's an extra necessary perk.

>>**Gary Herrero:** Right. So, the post-psychological, and I think they get the most up-to-date equipment that they would not get outside through basic insurance policies.

>>**Kate Milliken:** We'd like to thank Dr. Christopher Bever, Dr. Jodie Haselkorn, and Gary Herrero for sharing this important information that the VA offers for veterans with MS. If you are a veteran with MS and you would like more information, go to nationalmssociety.org. I'm Kate Milliken, thanks for joining us.