



**Geriatric Research, Education
& Clinical Center (GRECC):**

Former Prisoners of War (FPOW) Clinic

Methods, Procedures & Training Manual

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INTRODUCTION TO THE FPOW CLINIC (Interdisciplinary Former Prisoners of War Clinic)

Welcome to the Interdisciplinary Former Prisoners of War (FPOW) Clinic Training Manual (or Tool Kit). It is our hope that this manual will help you implement the FPOW project in your facility.

Background: The physical hardships and psychological stress endured by FPOWs have lifelong deleterious effects on health and social functioning. Approximately 11,000 FPOWs are currently alive and almost all of these Veterans are in the geriatric age group (i.e., older than 65).

Due to the sequelae of their captivity, these Veterans have unique and complex medical, as well as, psychological issues. For example, a recent case of Melioidosis, an infection caused by *Burkholderia pseudomallei*, a soil bacterium unique to SE Asia, occurred in a Veteran at the South Texas Veterans Health Care System (STVHCS), 60 years after he was a POW of the Japanese on the Death Railway in Thailand and Burma. Initially the treating physicians did not consider any relationship between the infection and FPOW status; indeed, it was only in retrospect that it was realized that the infection was due to the Veteran's FPOW status.

As for unique psychological issues, FPOWs from World War II report higher rates of PTSD-related dreaming and flashbacks pertaining to their POW experiences at present than in the past. This recent increase in PTSD-related issues is contrary to the prevailing view that such issues wane over time.

A significant number of FPOWs have no active relationship with the VA. For example, over 40% of FPOWs in the STVHCS region have no VA primary care or clinic assignment.

Given:

- 1) The commitment of the VA to care for FPOWs;
- 2) Unique POW-related medical and psychological issues;
- 3) The advancing (i.e., geriatric) age of FPOWs;
- 4) The surprising number of FPOWs currently not receiving VA care, we propose to establish a specialized FPOW Clinic to reach out to FPOWs and address the unique needs of this increasingly elderly population.

VHA directive 2011-018 states, "***Each medical facility is required to have a trained and certified team to evaluate and oversee treatment, provided to our Former Prisoners of War (FPOW) community***". In accordance with this directive, the VA system has mandated that each facility establish a FPOW Committee; thus the FPOW Committees came into existence. Each facility should now have a FPOW Committee available.

PROJECT OVERVIEW

The purpose of this program is to advise Former Prisoners of War of all VA benefits and services to which they may be entitled. As the number of FPOWs continues to decrease, outreach to FPOWs and family members is critical. Increased benefits and special services may be available to this aging population and it is incumbent upon VA to apply due diligence when handling these considerations. The term Former Prisoner of War (FPOW) means a person who, while serving in the active military, naval or air service, was forcibly detained or interned in the line of duty by an enemy or foreign government, the agents of either, or a hostile force. (38 CFR Part 3.1(y))

The VA Health Care System is mandated to provide priority treatment for FPOWs. Those FPOWs who have a service-connected disability are eligible for VA health care, including hospital, nursing home, and outpatient treatment. FPOWs who do not have a service-connected disability are eligible for VA hospital and nursing home care – without regard to their ability to pay. They are also eligible for outpatient care on a priority basis – second only to Veterans with service-connected disabilities. FPOWs who receive treatment in an approved outpatient treatment program are eligible for needed medicines, glasses, hearing aids, and/or prostheses. They are also eligible for all needed dental care. There is no co-payment requirement for FPOWs at VA pharmacies.

Surprisingly, a significant number of FPOWs do not avail themselves of all of the benefits to which they are entitled. For example, 143 FPOWs currently live in the region served by the STVHCS, yet 53 of these Veterans are without assigned PCPs or Clinics at our facility. The reasons that FPOWs do not use the VA Health Care System are complex and can be related to their adaptations to captivity. For example, FPOWs survived their captivity by minimizing personal problems and avoidance. These responses were adaptive during captivity; however they now lead FPOWs to trivialize their medical and psychological problems and to avoid seeking care. Other FPOWs have not used VA programs and facilities because, as they put it, they “do not understand what the VA has to offer”.

FPOWs are not the same as other non-POW Veterans. The experience of FPOWs is associated with a higher prevalence of chronic disease and diminished functional performance in later life. For example, a random sample of 101 FPOWs of the Japanese and a comparison group of 107 non-POW combatants from the same theatre of war was recently undertaken. Outcome variables were self-perceived health status, hospital admissions and length of stay, number of prescription medications used, number of somatic symptoms reported, number and types of medical diagnoses, neurological symptoms, and the Instrumental Activities of Daily Living (IADL). FPOWs reported more somatic symptoms (mean 7.2 vs. 5.4, $P = .002$) than non-POWs, had more diagnoses (mean 9.4 vs. 7.7 $P < .001$), and used a greater number of different medications (mean 4.5 vs. 3.4, $P = .001$). Among 15 broad categories of diagnoses, differences were found in gastrointestinal disorders (FPOWs 63% vs. non-POWs 49%, $P = .032$), musculoskeletal disorders (FPOWs 76% vs. non-POWs 60%, $P = .011$), and cognitive disorders (FPOWs 31% vs. non-POWs 15%, $P = .006$). FPOWs had a significantly higher proportion of seven extrapyramidal signs and six signs relating to ataxia. FPOWs were more likely to be impaired on the IADL scale than were non-POWs (33% vs. 17%, $P = .012$).

As outlined above, the POW experience usually resulted in a great deal of psychological and physical trauma, hence necessitating the greatest sensitivity when approaching these Veterans about issues as personal as health care. Establishing trusting relationships with FPOWs are required if they are to be effectively cared for.

In addition to the complexities presented by the FPOW patient, per se, the myriad of VHA and VBA programs established for the benefits of FPOWs is often beyond the erudition of physicians, social workers, and nurses. Because of their unfamiliarity with the benefits to which FPOWs are entitled, referrals of eligible FPOWs to appropriate programs can be overlooked. Establishing knowledgeable interdisciplinary teams of professionals with full awareness of FPOW benefit programs is required if they are to be fully cared for.

Developing a new interdisciplinary approach dedicated to increasing the involvement of FPOWs in the VA Health Care System is the initial goal of this project. The long-term goal is to improve the health of FPOWs; a group who are clearly “at risk”, and to develop a model that can be disseminated throughout the VA system. We hope this toolkit will help with that goal.

FPOW CLINIC DESCRIPTION

As the vast majority of FPOWs are within the geriatric age group, the Interdisciplinary FPOW Clinic will be based in the interdisciplinary team approach that has proven successful in meeting the needs of geriatric patients. The FPOW Clinic team consists of a physician, a social worker, and a registered nurse. All members will have expertise in geriatrics with specific training in FPOW related issues through completion of the “VA Former Prisoner of War Case Management Training” through the VA Employee Education System. Completion of this training will ensure that all team members are:

1. Familiar with the unique experiences of FPOWs
2. Knowledgeable about the medical, psychosocial, and mental health conditions that commonly affect FPOWs
3. Familiar with the process for conducting and rating the FPOW protocol, review protocol, and special monthly compensation exams.
4. Able to develop plans for seamless FPOW case coordination, work flow, and communications within each VA health care system and the Veterans Benefits Administration to avail FPOWs of all earned benefits (both to them and to their spouses).

The FPOW Clinic will deliver primary care and social work support to all FPOWs in the areas served by VA Health Care System. All FPOWs will be contacted and made aware of the FPOW Clinic's purpose and existence. All FPOWs currently enrolled in each VA Health Care System will be invited to enroll in the FPOW clinic or to remain with their current provider as they see fit. Special efforts will be made to enroll FPOW Veterans who have no VA Health Care System assigned PCPs or Clinics.

The clinic will initially be scheduled one half-day per week in the Geriatric Evaluation and Management (GEM) Clinic area or the local VA Health Care System's (HCS) identified Geriatric Specialty Clinic. For VA HCS' with no GEM or Geriatric specialty clinics, this could be done in a Primary Care or designated Patient Aligned Care Team (PACT) Clinic. Expansion of the clinic will be considered depending on patient demand. Initial patient visits will consist of separate evaluations by each of the three FPOW Clinic team members who will then meet as an interdisciplinary team to discuss the specific issues for each FPOW seen and devise an appropriate interdisciplinary treatment plan.

FPOW CLINIC GOALS AND OBJECTIVES

In addition to the complexities presented by the FPOW patient, per se, the myriad of VHA and VBA programs established for the benefits of FPOWs is often beyond the usual knowledge of physicians, social workers and nurses at VA facilities. Because of their unfamiliarity with the benefits to which FPOWs are entitled, referrals of eligible FPOWs to appropriate programs can be overlooked. The overall goal is to create a FPOW clinic team who will assure these Veterans are effectively cared for and to initiate all benefits and referrals.

Objectives:

- Developing a new interdisciplinary approach dedicated to increasing the involvement of FPOWs in the VA Health Care.
- Establishing knowledgeable interdisciplinary teams of professionals with full awareness of FPOW benefit programs is required if they are to be fully cared for.
- Improving the health of FPOWs; a group who are clearly “at risk”, and to develop a model that can be disseminated throughout the VA system.

FPOW CLINIC STRUCTURE

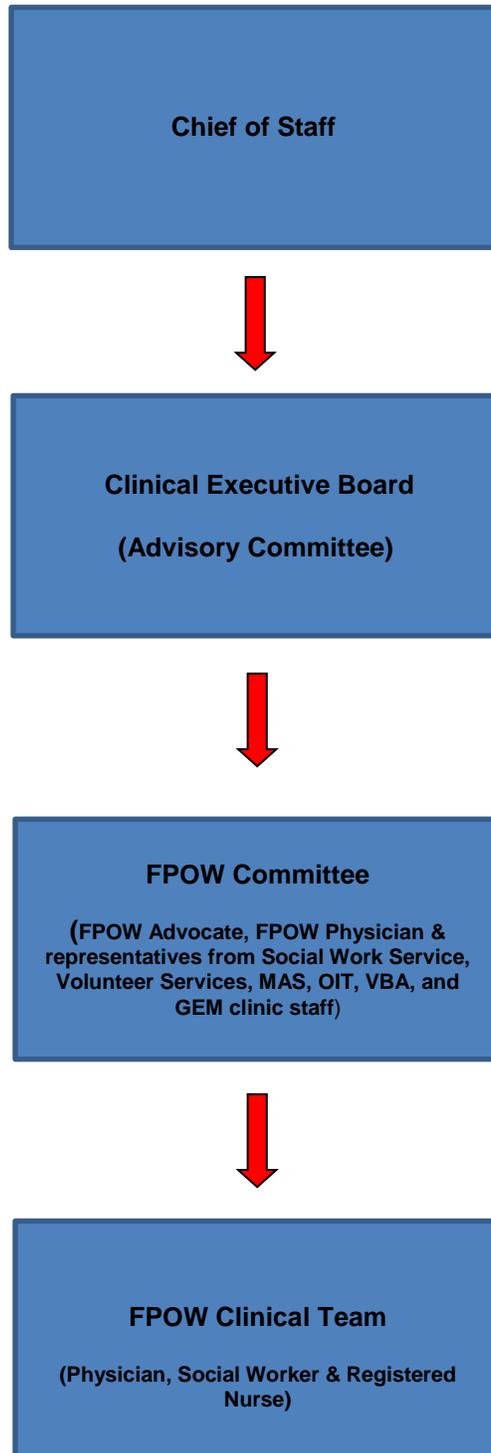
In order to facilitate establishing the FPOW clinic, an expanded FPOW committee is needed. This committee should be comprised of your own facility’s mandated FPOW committee members (FPOW advocate, FPOW Physicians), with additional representatives from Social Work Service, Volunteer Services, MAS, OIT, VBA, and GEM clinic staff. Inclusion of GEM Clinic SWs and RNs is advisable. Collaboration with VBA is a goal of the FPOW committee and is vital to the FPOW clinic to aid in the claims process. The facility’s Clinical Executive Board (CEB) serves as the governing board for the FPOW committee. The FPOW committee minutes are provided to the CEB for review and approval of committee recommendations. Building an alliance with the CEB and VBA is key in garnering facility support and buy-in for the FPOW Program.

The FPOW committee can give guidance on the creation of the FPOW Clinic structure. The committee can provide input and recommendations for the clinic name and the length of the appointment visit. Coordination with MAS and OIT is needed to establish the clinic’s primary, secondary, and credit stop codes. There may be variations between facilities with regards to the clinic specifics, i.e. name, length of visit, and each facility will need to coordinate with their MAS and OIT support staff on building the clinic for CPRS implementation.

The FPOW clinic consists of an interdisciplinary team approach comprised with the following team members: Physician, Social Worker, and a Registered Nurse. A representative from VBA either present during clinic visits or available by telephone consultation is recommended to assist the provider in assessing for presumptives and ultimately assist in expediting claims for Veteran’s seen in

the FPOW clinic. It is highly recommended that all FPOW clinic members complete the “**VA Former Prisoner of War Case Management Training**” (see *provider/staff education section*).

FPOW ORGANIZATIONAL CHART



PROJECT FACILITIES & RESOURCES

Facility Set-up

The facility set-up is determined by size of the VA facility, the number and location of the VA CBOCs, and the specialized staff needed to support the FPOW Program. At a large site, the FPOW Program and Program coordinator can be accessible at the main hospital. Staff located at the other sites can refer the patients to the main FPOW Clinic at the hospital or see the patient at the CBOC if the staff feels prepared to do this. At a small hospital the FPOW patients may be seen in the Primary Care Clinic, and co-located with other FPOW specialty trained staff to include the FPOW Advocate for immediate consultation in the same vicinity if possible.

Resources Needed

As VA hospitals and clinics determine the need to develop a viable FPOW Program and/or FPOW Clinic, much can be learned by what is presented in this training or how South Texas VHA has chosen to manage this program. The VA Directive regarding the FPOW Program and attachments to this document can also serve as guidance. Contact names and phone numbers are also available in the end of this toolkit to answer any specific questions to setting up a FPOW program or other useful information.

When a facility determines that it wants to create a clinic, (such as tracking patients in a specialized clinic,) there needs to be a commitment from sponsor to train, specialize and give staff the necessary experience. This involves setting aside space in the clinic for the clinic staff, as well as training the FPOW PACT team staff.

A hospital or clinic determines how to manage the program administratively at the local level. FPOW templates, flagging a FPOW in CPRS, etc. can be done after the commitment to develop a FPOW Clinic. The staff developing the clinic can determine the needs in their area and request assistance from the South Texas VHA staff that has assisted in the design and maintenance of the current FPOW Program.

Veterans Benefits administration

The Veteran Benefits Administration (VBA) has provided on site assistance to the FPOW Clinic. The VBA provides a representative to the FPOW Clinic to meet with the FPOW and to ensure if the Veteran desires a service connection disability claim for any new presumptive or already rated conditions is completed promptly and correctly. The VBA brings a copy of the FPOW's rated disabilities to ensure that the FPOW is not already rated for a presumptive condition that may not be listed in CPRS. In the event the VBA cannot send a representative, the VBA will assist via Video Tele Conferencing (VTC) to ensure the FPOW's claims are completed accurately.

THE FPOW TEAM: ROLES & RESPONSIBILITIES

THE FPOW advisory committee

The membership of the FPOW Committee includes but is not limited to the following:

- Chief of Staff or designee
- Chief of Social Work
- Chief of Volunteer Services
- ACOS Geriatric and Extended Care or designee
- FPOW Advocate/Chairperson
- Outpatient Clinic FPOW Representative
- FPOW Physician Representatives (Primary Care, Compensation and Pension)
- MAS Enrollment Coordinator
- Veterans Benefits Administration Representative (FPOW Claims Development)
- Veterans Service Organization (VSO) Representative
- Veterans Benefits Administration Representative (FPOW Claims Rating)
- Office of Public Affairs
- ACOS Mental Health or designee
- IT
- FPOW (Retired Veteran)
- Vet Center Representative (Retired Veteran)
- Registered Nurse/Nursing

ROLE OF THE advisory committee

The role of the advisory committee is to ensure a viable program of comprehensive assistance for the Former Prisoners of War (FPOW) Program for those Veterans identified as eligible within each VA area.

To provide guidelines, policy, procedures and to identify responsibility of the Former Prisoners of War Program Committee in each facility.

a. The FPOW Committee is to ensure the VA facility is in compliance with Public Law 97-37 entitled "Former Prisoners of War Benefit Act.", an Advisory Committee on Former Prisoners of War and mandated medical, dental care and identified certain diagnoses as presumptive service-connected conditions for former POWs.

b. The FPOW Committee will provide oversight and coordination of activities designed to establish and maintain a FPOW Program in the VA facility. The FPOW Committee will:

- (1) Ensure compliance with Former Prisoners of War Benefit Act
- (2) Increase awareness of health care issues across the VA facility and area
- (3) Facilitate interdisciplinary collaboration within the VA facility

- (4) Facilitate collaboration on FPOW issues with the local community

The FPOW Clinical Team

Clinic Team members are comprised of:

- FPOW Clinic RN
- Staff Physician/Geriatrician
- GEM/FPOW Clinic Social Worker

ROLE OF THE CLINICAL TEAM

FPOW Clinic team members will meet as an interdisciplinary team to discuss the specific issues for each FPOW seen and devise an appropriate interdisciplinary plan. This approach can be facilitated by performing a comprehensive Geriatric Assessment on each FPOW when attending the clinic.

ROLE OF THE FPOW ADVOCATE

The FPOW Advocate:

- Chairs the FPOW Committee
- Coordinates resources to connect FPOWs with the services they may require
- Deals with administrative issues related to the FPOW program
- Tracks the number of FPOW's seen and the number choosing to change PCP to FPOW physician as well as the number who received an increase in benefits as a result of being seen in the clinic
- Sends out letters informing FPOWs about new clinic and follows up the letters with a call
- Works with GEM Clinic to schedule FPOWs in the clinic slots and send out appointment letters
- Educates VA and community staff about FPOW Clinic
- Checks on status of benefits applications to ensure timely processing

FPOW Advocate duties include:

- Meeting regularly with FPOW groups in the Regional Office's (RO's) jurisdiction
- Planning activities for FPOW celebrations, and include Missing in Action (MIA) family members
- Coordinating activities with VHA for FPOW activities they sponsor
- Participating in local FPOW events and provide training to organizations that may include FPOWs
- Acting as the point of contact for VA and other service providers for FPOWs and their families
- Establishing a network among community service providers and share information on claims processing with FPOW coordinators at VAMCs, Vet Centers, and other community organizations

- Developing a resource directory of service providers within the Regional Office community that may provide services specifically to this special interest group, provide the directory to appropriate VA personnel and others providing assistance to FPOWs
- Establishing a liaison with FPOW organizations, maintain rosters of the primary contacts, and provide speakers for their meetings and for special events when appropriate
- Advertising information about VA benefits and services in places where FPOWs live or frequently visit

Former POW coordinators must assure that priority attention is given to claims received from FPOWs. FPOW claims must be flagged and hand-carried to the Former POW coordinator in the Regional Office. Former POW coordinators should:

- Familiarize themselves with the service-connected presumptive conditions as per 38 CFR 3.309(c)(1)(2) and the POW experiences related to captivity
- Create a network with the VAMC Physicians to facilitate the rating of claims and address any questions regarding claims
- Note: VHA Directive 2011-018, dated March 21, 2011, provides for the implementation of a mandatory education and certification program for the Special Former Prisoners of War (FPOW) Care and Benefits Teams (CBTs). These teams are the main liaisons between the Department of Veterans Affairs (VA) and FPOW. The CBTs will consist of VBA and VHA employees. VBA employees must adhere to guidance set forth by VBA Policy and Directives
- Telephone the FPOW or surviving spouse if information is needed to complete a claim or a form has not been returned
- Process any paperwork from the claims file or from a telephone contact, making it as easy as possible for the claimant

ROLE OF THE FPOW CLINIC RN

The RN is the first line of “defense” for the FPOW clinic. The RN will spend 15-20 minutes with the FPOW patient and attempts to build a rapport by explaining the FPOW mission and orienting the patient and family to the clinic. During this time, the RN will discuss time frame of captivity, exposure to temperature, binding/torture, and nutritional neglect affected which may not be identified on the patient’s service connection list.

The RN will also discuss and identify impairments with ADL/IADLs, risk of falls, use/need for assistive devices, current living conditions, home alteration modification needs, caregiver support/stress and possible home placement.

Once the information is obtained, the RN will notify and discuss with the interdisciplinary team members.

ROLE OF THE FPOW PHYSICIAN/GERIATRICIAN

The FPOW MD will spend approximately an hour with the FPOW patient. The main purpose of this time is to update the FPOW's medical record with emphasis on the Veteran's past medical history (PMH). The updated PMH and information already in the FPOW's CPRS record will be used to identify overlooked presumptive medical conditions. A list of newly identified presumptives is provided to the Veteran for future benefits applications. In addition to the foregoing, any acute medical problems brought to the attention of the physician should be addressed at that time. FPOWs are given the choice of using the FPOW Clinic for their future primary care. Ideally, those FPOWs who opt to use the FPOW clinic for their primary care will be assigned to the FPOW MD to facilitate continuity of care.

ROLE OF THE GEM/FPOW SOCIAL WORKERS

The FPOW Clinic Social Workers spend approximately an hour with the FPOW patient and family. The purpose of this visit is to conduct a comprehensive psychosocial assessment to gain a holistic understanding of the FPOW patient and their needs. If any psychosocial needs are identified, the Clinic Social Worker will ensure the appropriate VA or Community referrals are made.

During this encounter, the FPOW Clinic Social Worker will facilitate a meeting with a representative from the VBA either face-to-face or via VTC to ensure any identified presumptive medical conditions during the medical examination are promptly and correctly applied for service connection disability. The FPOW Clinic Social Worker is responsible for submitting any VA Forms to the FPOW Advocate/Liaison, to ensure timely submission to the Regional Office VBA FPOW representative for expedited processing.

The FPOW Clinic Social Worker will also provide psycho-education on available VA benefits or programs the FPOW patient or their families could potentially benefit from.

Advance Care Planning

The FPOW Clinic Social Worker will identify the need for an advance directive. If there is no advance directive on file and Veteran does not have a Medical Power of Attorney the FPOW Clinic Social Worker will complete an advance directive discussion covering the following: educational materials (VA Form 10-0137B) "What You Should Know About Advance Directives", the benefits of advance care planning in general and advance directive in particular, and the benefits of appointing a Health Care Agent. If the Veteran elects to complete an advance directive at this time the Clinic Social Worker will complete the VA Advance Directive.

CREATING A CLINIC

The Role of The Clinical Executive Board:

The Clinical Executive Board (CEB) serves as the approving body for the development of the FPOW clinic under the Chief of Staff's Office. The responsibility of the CEB is to provide STVHCS managerial approval and support of the FPOW Program. Minutes from the monthly FPOW committee meetings are submitted quarterly for review and approval.

The Role of The Social Work Service

Social Work Service is responsible for providing administrative oversight as the clinical service/discipline under which the FPOW Program Advocate is assigned. The Social Work Service Chief serves on the FPOW committee and ensures that social workers are assigned to provide services to FPOWs seen in the clinic. The social worker completes a full psychosocial assessment and makes referrals as appropriate for the FPOW.

The Role of The OIT

The role of the OIT is to establish the clinic's primary, secondary, and credit stop codes. They also build the clinic.

The Role of The MAS

The role of the Medical Administration Service (MAS) staff is to confirm the eligibility status of the FPOW and to register Veteran into the VA system so that he/she can get the care needed. The MAS department works with the FPOW program to ensure that each Veteran registered with the VA knows what services he/she is entitled to at the VA. MAS also gives the Veteran information about filing claims for benefits and provides guidance through the process of getting assigned to a PCP away from the FPOW program, if they opt to. In addition, MAS staff provides information regarding the different organizations that offer resources and application assistance for different benefits. As the FPOW goes through this process the MAS department is there to help and ensure that they know about all the available avenues regarding Veterans' health care and other benefits. MAS also assures that all FPOW's SC disabilities are noted in CPRS and the chart is flagged as FPOW.

The Role of The GRECC/GEC

The role of the GRECC/GEC is to support the FPOW clinic as well as provide the necessary trained clinical FPOW medical staff.

CREATING THE CONSULT

The [consult request form](#) will need to be filled out. Once form has been completed, you can email the completed form to the Health Information Office outlook email group. Health Informatics staff will then process the request.

CREATING THE CPRS ALERT

DSS has created a pop-up alert to identify FPOWs when their records are opened. To have this available for your facility, a work order will need to be submitted to the OI&T helpdesk. The Region programmer will need to program any new CPRS alerts that need to be created.

FUNCTION OF THE CPRS ALERT

The function of the CPRS alert is to alert any user of vital data/information when first entering a patient's chart.

DEVELOPING PROGRAM MATERIALS

We created a "cheat sheet" of sorts to aid in the diagnosis/discovery of [presumptive Medical conditions](#) during clinic appointments

PROVIDER/STAFF EDUCATION

[VHA DIRECTIVE 2011-018](#)

March 31, 2011

CERTIFICATION OF SPECIAL CARE AND BENEFITS TEAMS (CBTs) EVALUATING OR TREATING FORMER PRISONERS OF WAR (FPOW)

PROVIDER/STAFF TRAINING

It is recommended that ALL clinical team members take VA ***Former Prisoner of War Case Management Training***

(1) The Veterans Health Administration (VHA) Directive outlines policy for the implementation of an education and certification program for designated clinician members of the Special Former Prisoners of War (FPOW) Care and Benefits Team.

For information on future trainings, please contact: Charles Johnston
Email: Charles.Johnston3@va.gov
Phone: 205-731-1812 ext. 315.

The certification program for designated clinicians who care for FPOW patients is based on specified educational requirements. EES, in collaboration with VA Central Office and field experts in FPOW clinical and benefits issues, provide educational opportunities specifically designed to certify designated members of the Special FPOW Care and Benefits Teams.

Requirements for certification include:

- 1) Designation by the facility Director as a member of the Special FPOW Care and Benefits Team.
- 2) Participation in EES “FPOW Case Management Training” course, and
- 3) Completion of the self-study module, “Veterans Health Initiative: American Ex-Prisoners of War” found in VA’s Learning Management System.

Special FPOW Care and Benefits Teams based on workload requirements, generally include no more than two clinicians at a medical center.

PATIENT IDENTIFICATION

The FPOW Advocates at STVHCS were able to define who the FPOWs are, how to find, and ultimately bring them into the clinic for assessment. The FPOW Advocates sent out announcement letters about the opening of the clinic and then followed the letters up with personal calls. The FPOW Advocates worked directly with the GEM Clinic schedulers to schedule the FPOWs into the next available FPOW appointment slot. The FPOW Advocates sent out appointment letters with a map of the facility, a list of presumptives, and information about the FPOW program.

[Welcome Letter](#)

[Notification of New Clinic](#)

HURDLES/SOLUTIONS/LESSONS LEARNED

1. One of the main issues we have seen are that the presumptive medical conditions in CPRS do not reflect what the VBA records have. This is a VHA system-wide issue that will need to be taken care of nationally. One suggested solution is to grant FPOW team members' access to VBMS, VBAs data system.
2. Another national issue we have run across is the need for a national program to identify Veteran benefits for spouses to receive "aid and attendance" for caring for FPOWs.
3. We have had timing issues between the time spent in the clinic with the patient and the time the VBA can spend with the patient. There have been times when the VBA representative must wait for a while before the patient can sit down with them. We are working to coordinate time frames that will best serve the FPOW.
4. CPRS flags were a challenge. The first issue was confirming who we had listed as an FPOW and who Central Office had listed. There were many discrepancies and since we couldn't figure out the inconsistencies, we decided to go with our list. Once that was done, we asked IT to flag it. IT was hesitant because of the many other flags already existing which could potentially cause our flags to be ignored or overlooked. We, as a committee, settled on doing a Category 2 flag (like what is done for OEF/OIF Veterans) so it wouldn't take up too much space but would still be seen.
5. There needs to be a national stop code for the FPOW clinic and we are working to make this happen.

INCORPORATING FEEDBACK

Follow up calls are made to the FPOWs by the FPOW advocates. This gives us a chance to find out how the FPOW is doing and gain valuable feedback on the program and how it is affecting the FPOW. Check with your Customer Service Board if you wish to use a formal survey form.

GLOSSARY

CBOG: Care & Benefits Oversight Group

CSB: Customer Service Board

EES: Employee Education Service

FPOW: Former Prisoner of War

GEC: Geriatrics & Extended Care

GEM Clinic: Geriatric Evaluation and Management Clinic

GRECC: Geriatric Research, Education & Clinical Center

MAS: Medical Administration Service

OIT: Office of Information & Technology

RO: Regional Office

STVHCS: South Texas Veterans Health Care System

VBA: Veterans Benefits Administration

VHA: Veterans Health Administration

VTC: Video TeleConferencing

References

1. "Veterans' Health Initiative: American Ex-Prisoners of War" VA EES, 2001.

Appendices

[VBA Former Prisoners of War Guide](#)

[Former Prisoners of War Social Work Triage Assessment](#)

[Former Prisoners of War Social Work Progress Note](#)

[Former Prisoners of War Social Work Comprehensive Assessment](#)

[Former Prisoners of War Committee Charter](#)

[Former Prisoners of War Committee Agenda Template](#)

FPOW ADVOCATE INFORMATION

Item	Explanation	Location
Retrieval Information for POW Verification Data	If you need to verify POW status of an individual, send your verification request, <i>via encrypted e-mail</i> to:	VAVBAWAS/CO/OUTREACH
FPOW Coordinator Directory	For the complete coordinator list, go to:	http://vbaw.vba.va.gov/bl/27/outreach/veterans/fpow/pow_index.htm

Item	Explanation	Location
FPOW Pamphlets	The Former Prisoners of War Outreach Intranet web page has various topics to help a FPOW coordinator. The web page can be found at	http://vbaw.vba.va.gov/bl/27/outreach/veterans/fpow/index.htm
	<i>Benefits and Services for Former Prisoners of War, VA Pamphlet 21-01-1, March 2004. For additional copies or stock replenishment e-mail</i>	VAVBAWAS/CO/OUTREACH

POINT OF CONTACT

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