

VHA PROSTHETIC CLINICAL MANAGEMENT PROGRAM (PCMP)

CLINICAL PRACTICE RECOMMENDATIONS COGNITIVE PROSTHETIC DEVICES

I. Background

- a. VHA's Prosthetic and Sensory Aids Service Strategic Healthcare Group was directed by the Under Secretary for Health to establish a Prosthetic Clinical Management Program (PCMP). The objectives are to coordinate the development of guidelines for prosthetic prescription practices and contracting opportunities to assure technology uniformity and ease of access to prosthetic prescriptions and patient care that will lead to valid outcome measures and analysis for research purposes.
- b. A work group with input from selected clinicians with expertise in cognitive prosthetics convened to make clinical practice recommendations regarding the prescription and selection of memory aids for veterans with cognitive disorders. The scope of the work group was limited to making recommendations regarding electronic devices.
- c. The contribution of aids to memory rehabilitation holds considerable promise. When prescribing memory aids, clinicians should identify specific memory problems and consider the cognitive and communicative needs of the memory-disordered patients. The goal is to achieve meaningful, permanent improvements that are cost-effective in the everyday lives of the memory-disordered patients.

II. Policy

The purpose of the clinical practice recommendations is to assist practitioners in clinical decision-making, to standardize and improve the quality of patient care, and to promote cost-effective prescribing.

III. Definitions

Terminology used in this document is defined below:

Cognitive-communication disorders refer to difficulties with processes that involve but are not limited to language (including reading and

writing), memory, organization, attention, executive functions, problem solving, and self-awareness.

Cognitive prosthetic device (CPD) is any electronic based product or system, whether acquired as a retail item, a modified retail item, or a customized one, that is used by an individual to compensate for cognitive-communication impairments that affect his/her ability to participate in activities of daily living (ADLs) and higher level ADLs (IADLs) including work. Such devices are: Personal Digital Assistants (PDAs), pocket Personal Computers (pocket PCs), watches with alarm features, pagers with reminder features, etc.

IV. Clinical Practice Recommendations/Medical Criteria

- A. In order for the VA to provide a veteran with a cognitive prosthetic device, the following criteria must apply:

Patient participation

1. Veteran demonstrates specific activity limitations that can be improved by using a CPD.
2. Veteran is highly motivated to increase participation in activities of daily living.
3. Veteran has the necessary cognitive and language skills as well as motoric ability to operate the CPD safely and effectively.
4. Veteran is willing to use the CPD as prescribed.

Clinical Participation

1. Veteran is properly diagnosed with clinically significant cognitive-communication disorder.
2. The use of a cognitive prosthetic device can be shown to be reasonable and necessary for improving veteran's participation in ADLs, including work.

- B. Special attention should be paid to assure that:

1. CPDs are considered for management of cognitive-communication disorders, regardless of the duration of the problem, or age of veteran.
2. Formal evaluation measures are used to determine specific areas of cognitive-communication strengths and deficits.
3. Clinical judgment and discipline-specific expertise of the speech-language pathologist are used to identify available technologies and to recommend appropriate utilization of the CPD.

4. Intervention using the CPD is designed to achieve maximum increase in function in the greatest number of settings.
5. While there is no standardized battery of tests that comprise a CPD evaluation, the set of principles recommended in this regard include valid formal assessments, feature matching, and identifying activity limitations by report/observation.

C. In general, cognitive prosthetic devices would not be provided to:

1. Veterans whose performance during evaluation suggests that they will not be able to achieve an adequate level of proficiency with the device.
2. Veterans who find that the device does not meet his/her needs, or who cannot demonstrate responsibility for the device.

D. Prior to receiving a cognitive prosthetic device:

1. Veteran should have the results of formal evaluation explained, and treatment options discussed.
2. Measurable functional goals are established for ADLs and/or IADLs.
3. Veteran must demonstrate that he/she knows how to operate the device, understands proper utilization practices, and can provide basic care and maintenance before the device is issued.
4. Veteran understands and expresses agreement with the intervention plan regarding his/ her responsibility for and utilization of CPD.
5. Veteran agrees to participate in planned follow up.

E. Follow-up intervention will be scheduled at regular intervals to:

1. Evaluate functional outcomes of the plan by reviewing progress toward goal achievement, make adjustments, and respond accordingly to maximize benefit from the device. Appropriate use of CPD should result in improved participation in daily activities, improved mood or quality of life, and improved overall functional capacity.
2. Assess veteran's (and family's) perception of benefit from the therapy and the CPD.
3. If it becomes apparent, once the device is issued, that the patient is unable to benefit from using it, the device should be returned to the issuing Prosthetics Service.

2004 Medicare Speech Generating Device Fee Schedule Chart provided by Joanne P. Lasker, Ph.D., CCC-SLP, from Florida State University Department of Communication Disorders, in correspondence 3/23/04.

Guidelines for Speech Language Pathologists Serving Persons with Language, Socio-Communication, and/or Cognitive/Communicative Impairments (1990) ASHA 2004 Desk Reference Vol 4 Practice Guidelines on the website.

<http://aac-rerc.com>
<http://aacproducts.com>
<http://www.augcominc.com>
<http://www.asha.org>

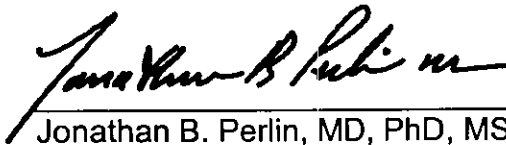
Medicare Coverage Issues. Manual 60-9, 60-23. (issued November 30, 2000). Also, Speech Generating Devices, Spring 2004 Revision-Final-LCDs-DMERC-Palmetto GBA_com.

Medicare Funding of AAC Technology. <http://aac-rerc.com>-- Medicare Funding of AAC Technology. Information obtained on 4/8/04. Supported in part by the National Institute on Disability and Rehabilitation Research (NIDRR).

National Joint Committee for the Communicative Needs of Persons With Severe Disabilities. (1992). Guidelines for Meeting the Communication Needs of Persons with Severe Disabilities. Asha, 34 (March, Supp.7), 1-8.

Special Feature: Papers from RERC on Communication Enhancement State of the Science Conference. Assistive Technology: Volume 14.1. Summer 2002 (Resna Press)

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Date