

the NADE ADVOCATE



A Publication of the National Association of Disability Examiners

Volume 24, Number 4

Fall 2008

National Conference Coverage

SSA Pushes Forward To Improve Program And Service

Part 1: QDD and Compassionate Allowances, RPC, and eCAT Changes Rolling Out

by Gene Jerry, Social Security Administration



NADE President Georgina Huskey expresses thanks to SSA Commissioner Astrue after his address to the National Training Conference in Nashville.

COMMISSIONER MICHAEL J. ASTRUE greeted attendees at the 2008 NADE National Conference with enthusiasm. He commented that the conference's theme, "Tuning In To Excellence," was appropriate considering all of the challenges the Agency has successfully met this year with significant effort from employees at Social Security Administration (SSA) and Disability Determination Services. He thanked the attendees for consistently helping SSA make accurate and timely decisions that benefit some of the most vulnerable people in the United States despite many obstacles.

Commissioner Astrue acknowledged that federal and state disability professionals at SSA and DDSs were offended by the January 2008 CBS Evening News report implying that we have a "culture of denial." He stated that

there simply is no truth to that implication. Federal and state workers that adjudicate, review and process decisions makers, strive to make accurate determinations and pay those claimants who are eligible. Allowance and filing rates for disability claims differ among the states and regions across the country, but there are many factors that affect those rates, such as economic conditions, poverty levels, and referrals by other agencies and insurance companies. Even though SSA's process is designed to give all claimants the same consideration regardless of their state of residence, these external factors will result in varying allowance rates. The report issued by the Inspector General in August confirmed that the CBS News story misrepresented the true situation. The Commissioner said that he is proud of the work we are doing, and NADE should not be disheartened by media cheap shots.

Commissioner Astrue asked the audience to consider all that SSA and the DDSs have accomplished before we consider the future of the disability program. SSA reviewed the Disability Service Improvement initiative with a critical eye to determine what aspects were worth salvaging. The Commissioner visited the front line experts - those employees actually working the cases - to hear their concerns. Based on their feedback and other data, SSA identified the best parts of DSI,

such as Quick Disability Determinations and the Request for Program Consultation, and rolled them out nationwide as quickly as possible.

QDD remains a great success. SSA has identified almost 3 percent of all new claims for QDD processing and favorably decided about 96 percent of them, with an average QDD processing time of 8 days. In May, SSA adjusted the threshold for 31 DDSs and the plan was to carefully monitor progress and gradually increase QDD receipts while maintaining performance.

Compassionate Allowance cases will be identified by the predicative model picking up the named condition. Compassionate Allowance claims will be so devastating that the Commissioner characterizes these cases as nearly certain to be allowed.

The Commissioner held two Compassionate Allowance public outreach hearings; the first on rare diseases and the second on cancers. Commissioner Astrue planned a third hearing on brain injuries for November.

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President's Message



It has been another great year to be a member of NADE! Not only have our communications with SSA been productive, they will be increasing with in-depth analysis of NADE's advocacy involving many facets of our working processes and environments. SSA leadership has eloquently continued their direct involvement with NADE in strategizing for a better tomorrow.

It was a pleasure to participate in another year of wonderful NADE regional training conferences! Nashville was a pleasurable way to end the fiscal year with a national training conference where we all had a great experience *tuning in to excellence*. I cannot thank our members enough for participating and networking around the United States in support of our disability programs.

The Board of Directors has many new faces, which I am sure will translate into more varied perspectives and advocacy. I am proud of our new leaders, and I look forward to hearing your voice.

As you read this, we will likely be working under another continuing resolution, which can be an obstacle. Let's keep things in perspective and maintain our focus. Under any budgetary climates, continue to strive for making sound, logical adjudications, corroborated with well-documented objective findings, so we can give the American public the level of service they expect and deserve. Stay familiar with SSA's strategic plan, and let's help SSA meet and exceed those objectives. Do your part to maintain America's trust in Social Security!

Sincerely,

Georgina Huskey
NADE President

The NADE Advocate is the official publication of the National Association of Disability Examiners. It provides a forum for responsible comments concerning the disability process. Official NADE positions are found in the comments by the NADE President and NADE Position Papers.



Electronic notification of the *Advocate* offers the advantages of color photos and graphics, faster delivery, website links, etc. As mailing expenses continue to rise, this is an excellent way to help NADE save money.

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Letters to the Editor are welcomed and may be selected for inclusion in future issues. Please forward ideas for future *Advocate* topics to the editor or your Regional Publications Representative. The next issue will be published in **Winter 2008**.

All correspondence should be directed through your Regional representative or NADE editor by **December 15, 2008**.

Congratulations to Publication Award Winners



2008 Publication winners, front row from left: Celeste Lilly (2nd large chapter newsletter - THADE), Susan Smith (3rd in Photo), Candise Byllesby for Dave Tschetter – 2nd photo. Top row: Daniel Carr (1st medium newsletter), Mark Bernskoetter (1st large chapter newsletter - Missouri), Gene Jerry for Diana Stashik (1st in photo).

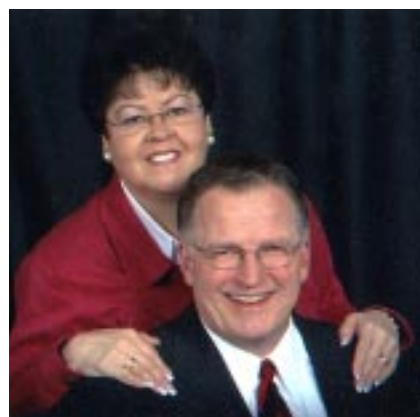


Photo Winner

2008 Photo Winners were: 1st place Diana Stashik's photo of "Dillon Papier - the face of Nieman-Pick Disease"; 2nd place went to Dave Tschetter's photo "Sharing Life" which accompanied his article in the Spring issue about giving one of his kidneys to his wife. (There wasn't space to print it at the time the article ran.) 3rd place was awarded to Susan Smith for the "NADE Brigade." The 1st and 3rd place winners were published in the Summer 2008 issue.

For NADE's comments on Notice of Proposed Rulemaking (NPRM) on changes proposed to the Hearing Loss Listings go to: www.nade.org

Thanks to the Tennessee Chapter for a great Training Conference in Nashville!



**Letters to the Editor
can be sent to:
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**Request for Newsletter
Grants should
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NADE CALENDAR OF EVENTS:

Quad Regional Conference	Crowne Plaza	Niagara Falls NY	May 6-9, 2009
Great Lakes/SW Reg Conference	Chicago Regional Office	Chicago IL	May 11-13, 2009
Pacific Regional Conference	Salem Conf Ctr/Phoenix Grand Hotel	Salem OR	May 12-15, 2009
2009 National Training Conference	Radisson Riverfront	Covington KY	Oct 5-9, 2009

NADE Correspondence

September 2, 2008

NADE joined many other organizations in sending the following letter to members of Congress. In addition to Senator Tom Harkin and Senator Arlen Specter, the letter was sent to Representative David R. Obey and Representative James T. Walsh of the Appropriations Committee on Labor, Health and Human Services; Education and Related Activities, Senator Robert C. Byrd, and Senator Thad Cochran of the Committee on Appropriations; and Representative David R. Obey and Representative Jerry Lewis of the Committee on Appropriations.

The Honorable Tom Harkin
Chairman
Subcommittee on Labor, Health and Human Services, Education and Related Activities
Committee on Appropriations
131 Dirksen Senate Office Building
United States Senate
Washington, DC 20510

The Honorable Arlen Specter
Ranking Member
Subcommittee on Labor, Health and Human Services, Education and Related Activities
Committee on Appropriations
156 Dirksen Senate Office Building
United States Senate
Washington, DC 20510

Dear Chairman Harkin and Ranking Member Specter,

The undersigned organizations represent the millions of Americans with a stake in the efficient and effective operation of the Social Security Administration (SSA), including older Americans, people with disabilities and workers of all ages. We greatly appreciate your efforts already this year to provide additional funding above the President's Budget Request so that SSA may begin to address the unacceptable disability determination backlog and other service delivery issues. We are concerned however, that an extended Continuing Resolution (CR) would slow, perhaps even halt, the progress the agency has begun to make. Therefore, we respectfully request that SSA be funded at no less than the level proposed by the President's FY 2009 Budget Request during the period of any CR proposed for FY 2009.

We strongly believe that a CR funding SSA at the FY 2008 level that could potentially extend as long as six months would only contribute to the massive backlog in disability cases. Currently, over 750,000 hearings are pending, and the average wait for a decision is about 530 days. This is after the fact that most disability applicants wait an average of 240 days before even filing for a hearing. An untold number of applicants are suffering severe financial hardships, including a rising number of home foreclosures. Many do not have health care, resulting in further deterioration of their conditions. Thousands of people have died before receiving a decision on their disability claim.

Even with the President's proposed increase for FY 2009 the agency does not expect the hearings backlog to be eliminated until 2013. If SSA's funding is frozen at the FY 2008 level for an extended period of time, it will only exacerbate this problem.

Another consequence of a lengthy CR would be a restriction on hiring at the agency. SSA hiring is critical to maintaining the momentum of addressing the massive backlog and dealing with rising workloads in the agency's Field Offices. SSA actuaries now expect nearly 100,000 more Social Security claims and an additional 20,000 more hearings than were initially projected in the President's FY 2009 Budget Request. The combination of rising workloads and restricted hiring will be a significant blow to an agency already burdened with a significant disability backlog.

Limited resources for SSA have resulted in not only a marked degradation in the level of service that SSA provides related to the disability process, but visitors to local SSA Field Offices are being negatively impacted. Field Offices are seeing record numbers of customers with the baby boom population now filing for benefits. Baby boomers are retiring at a rate of 10,000 per day. In many Field Offices these customers are experiencing waiting times that are in excess of 2 hours. For those who try to reach their local SSA Field Office by telephone, busy rates are running at an unacceptable rate of an average of about 45%. This is due in large part to the fact that Field Offices are receiving over 60 million business-related phone calls each year.

In addition, SSA will be faced with absorbing an unplanned increase of \$40 million in personnel costs due to an expected pay raise of 3.9%, which was not assumed in the President's original Budget Request. Under a freeze at the FY 2008 funding level, SSA will not be able to address many of its urgent computer and information technology needs. SSA has a critical need for systems architecture improvements as well as a new data center. In addition, the agency's ancient COBOL-based programming system needs to be replaced. Finally, the 54 Disability Determination Services (DDSs) need to be integrated into a single processing system.

Continued on next page

Even though the President's FY 2009 Budget Request for SSA is a positive step in the right direction, the level of funding will not address all of the challenges currently facing SSA. A freeze at the FY 2008 level for up to six months will only make an unacceptable level of service even worse.

For all of these reasons, we respectfully request that the Social Security Administration be given an exception during a Continuing Resolution. We urge you to provide no less than the President's proposed Budget Request for Fiscal Year 2009 for the Agency during the period covered by any CR. We do realize that the number of exceptions in any CR will be limited, but on behalf of our members throughout the country, we appreciate your consideration of this request and for your ongoing support for adequate funding for SSA.

Sincerely,

AFSCME Retiree Program

American Association of Social Security Disability Consultants

American Association of Homes and Services for the Aging American Federation of Government Employees

American Federation of Teachers Program on Retirement and Retirees

American Network of Community Options and Resources

American Postal Workers Union Retirees

Association of Administrative Law Judges

Bazelon Center for Mental Health Law

B'nai B'rith International

World Institute on Disability

Easter Seals

Epilepsy Foundation

Federal Managers Association

Gray Panthers

Military Officers Association of America

National Active and Retired Federal Employees Association

National Alliance on Mental Illness

National Association of Disability Examiners

National Association of Disability Representatives

National Association of Professional Geriatric Care Managers

National Committee to Preserve Social Security and Medicare

National Council of Disability Determination Directors

National Council of Social Security Management Associations

National Disability Rights Network

National Employment Network Association

National Organization of Social Security Claimants' Representatives

National Senior Citizens Law Center

National Treasury Employees Union

OWL - The Voice of Midlife and Older Women

Social Security Section of the Federal Bar Association

Social Security Disability Coalition

The Arc of the United States

Title II Community AIDS National Network (TIICANN)

United Cerebral Palsy

United Spinal Association

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Internist/Cardiologist



October 16, 2008

Ms. Ruby Burrell, Associate Commissioner, ODD
Mr. Glen Sklar, Associate Commissioner ODP
Social Security Administration
6401 Security Boulevard
Baltimore, Maryland 21235

Dear Ms. Burrell and Mr. Sklar:

The National Association of Disability Examiners (NADE) would like to raise some concerns regarding a POMS Transmittal, DI 26510.89, TN 8, released in August of 2008.

As you know, NADE is a professional association whose mission is to advance the art and science of disability evaluation. Our membership includes personnel in SSAs Central Office and Field Offices, claimant advocates, physicians, attorneys, and others. However, the majority of our members work in the state Disability Determination Services (DDS) offices and are directly involved in the adjudication of claims for Social Security and Supplemental Security Income (SSI) disability benefits. It is the diversity of our membership, combined with our "hands on" experience that enables our Association to offer a perspective that is both unique and reflective of a pragmatic realism.

Our members have raised special concerns with DI 26510.089, which addresses the State Medical/Psychological Consultant signature requirements in cases with combined medical impairments. The instructions assign overall responsibility in the adjudication process of these cases to a Medical Consultant (MC).

The concept of giving the MC the overall responsibility for the medical evaluation is not a new idea. This concept has always been "implied" but it was not enforced. If the policy is to be enforced and MCs must now assume the responsibility, MCs would be required to explain the combined effects of physical and mental impairments requiring a considerable amount of time and expertise. In order to properly implement this concept, all MCs involved will require additional training and guidance from SSA.

NADE acknowledges that the Social Security Act and Federal Regulations require that we must consider the combined effects of all of an individual's impairments without regard to whether such impairments, if considered separately, would be of sufficient severity to meet eligibility requirements. The requirement to assess multiple impairments, and their effect on the claimant's ability to work, has been mandated for many years. The update to POMS DI 26510.089 is designed to help adjudicators better understand how to evaluate and document the effect of multiple impairments in the disability process. However, we find this update to be conflictive in practicality and offer little value to the DDS examiners.

The intent of POMS DI 26510.089 is that, in the case of multiple impairments, the MC has overall responsibility for evaluating the combined effects of multiple impairments; therefore he/she would be expected to do the following:

- Evaluate the physical impairment
- Determine limitations not severe enough to justify finding of disability
- Document the findings on the RFC form
- Indicate that he/she has overall responsibility for considering combined effect.
- Indicate on the RFC form that the multiple impairments were considered and explain how he/she evaluated the effect of the combined impairments
- Indicate that the two impairments have different effects on the claimant's work related functioning and add a sentence to the evaluation form indicating that he/she has considered and agrees with the PCs evaluation of the mental disorder.
- Check the box on the RFC form that states: "These findings complete the medical portion of disability determination" before signing the form.

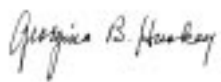
These requirements and the serious operational concerns that were expressed during the IRD Review have not been addressed in the final version of the POMS DI 26510.089. These requirements will negatively impact the DDS in the following ways:

- Physical MCs throughout the country would have to undergo expensive and extensive training before they would be able to comply with the POMS DI 26510.089 requirements.
- DDSs will have to consider the pay scales of the MCs with overall responsibility, especially in states where the PCs receive the same pay as the MCs.
- There is concern about the additional time that it will take to adjudicate these cases as cited in the POMS DI 26510.089.
- There is concern that MCs often do not have the education/training to properly adjudicate mental impairments including the effects of medication.
- The signature process appears to be cumbersome and time consuming. This would especially be the case if the physician has finished his/her rating and must wait for the mental rating to be completed, and then review the case again to consider the “combined effects”.
- The POMS diminishes the examiner role – as it has been the job of the adjudicator to make the final decision combining both physical and psychiatric/psychological decisions.
- This would only slow down productivity and adding the requirement would create an unnecessary level of review and prolong decision making.
- Increase caseloads and frustration at the DDSs.
- Take away from the Single Decision Maker (SDM) process. Disability examiners are highly qualified disability professionals that are trained to make these determinations.
- Declining MC staff could not possibly accommodate such requirements.
- More MC costs that would not improve the decision-making process.
- The policy would undermine the expertise of the psychiatric MCs and PCs
- What would prevent examiners from skipping having a psych MC review and going straight to the physical MC to consider all of the impairments?
- POMS section requires MCs to step outside of their area of expertise and explain how the mental and physical limitations affect overall function.
- This process diminishes the role of the PC in the disability determination process and expands the role of the MC beyond his area of expertise.
- Some SDM States no longer hire MCs – only PCs
- The policy would simply not meet the needs of a functioning front-line agency.

We believe the Disability Examiner that is reviewing the completed physical and mental RFC assessment, is better equipped to assess the severity of the combined physical and mental impairments.

Although NADE recognizes that the release of POMS DI 26510.089 does not represent an essential change in existing policy, we ask that POMS DI 26510.089 be re-reviewed with the above comments in mind, and hope that such review would determine the need to further clarify and revise this POMS transmittal.

Sincerely,



Georgina B. Huskey
NADE President

A Follow Up to the Niemann-Pick Disease Article from the NADE Advocate, Summer 2008.

From: Darrile Papier [mailto:papierfamily@gmail.com]
Sent: Thursday, September 11, 2008 1:00 AM
To: Stashik, Diana
Cc: Mike Stashik
Subject: Re: FW: NADE Advocate online

Hi Diana,

Your article was fantastic!!! We are so appreciative of your nomination of National Niemann-Pick Disease Foundation and are overwhelmed that MADE selected the NNPDF for their 2008 charity. Having your informative article in the newsletter is like winning the lottery. It was especially thoughtful of Donna Hilton to mention the article in the issue highlights. Thank goodness Donna and/or the editor allowed you to add Dillon's photo. Normally viewing a child's happy smiling face brings joy to a reader with the anticipation of a happy story..... I can only imagine the reader's shock of the devastation that will afflict Dillon and the other children with NPC.

July 27, 2008

Ms. Donna Hilton, Editor
NADE Advocate
1117 Sunshine Drive
Aurora, Missouri 65605

Dear Ms. Hilton:

The Summer 2008 issue of The Advocate carries a letter by Dr. Jack Stephenson regarding the use of the TOMM (Test of Memory Malingering) during psychological CE's.

For nearly twenty years, until late 2006, I was on the CE panel in Illinois. I continue to be concerned and involved with disability determination in my capacity as Medical Director for Thresholds, a large psychiatric rehabilitation agency in Chicago.

I would like to comment on Dr. Stephenson's report. I quote from page 2 of the TOMM manual: "A low score on the TOMM suggests memory impairment symptoms are false or exaggerated. A diagnosis of malingering, however, must also demonstrate that this falsification or exaggeration of symptoms was intentionally produced and motivated by external incentives."

I am very worried that unwarranted conclusions may be drawn from Dr. Stephenson's report. Are 36% of all psychological and psychiatric C/E's contaminated? Should the C/E be discarded and the morally deficient claimants denied? I think not, but here is why.

Failure to exert full effort is NOT synonymous with malingering. 1.) Many individuals with valid illness come reluctantly to their C/E. They are not invested in the process and their performance reflects the predictable disinterest or even hostility. Anosognosia (failure to appreciate that one has an illness) is widely prevalent among persons with schizophrenia, bipolar disorder, and dementia. 2.) Failure to put forth effort may be a symptom of depressive apathy. 3.) Significant cognitive impairments, including memory impairments, are present in schizophrenia. The TOMM manual indicates that there are no norms for the TOMM among persons with schizophrenia. 4.) I believe that mild mental retardation, borderline intellectual functioning, and cognitive disorder, nos are disabling conditions grossly under-diagnosed by my psychiatric colleagues and are potential confounding conditions in assessing "effort." 5.) Let's call a C/E what it is: It's an adversarial situation. The C/E psychologist or psychiatrist is specifically NOT an advocate or treating physician/psychologist. The stage is set to encourage attempts at "faking bad." These aren't bad persons, these aren't malingerers. They're doing what we all do, some more artfully than others: they're putting a useful "spin" on their distress.

The TOMM manual notes: "The TOMM is not intended to be the sole instrument of clinical assessment..." Great caution should be employed in interpreting any innuendo of malingering found in a C/E report. In an atmosphere where "denial" may be the default action and where there are no resources to fully develop and evaluate allegations of inadequate effort or malingering, our claimant/citizens are simply put at further disadvantage.

Yours truly,

Mark A. Amdur MD, Medical Director
Thresholds, Chicago

Highlights of the NADE General Membership Meeting September 16-17, 2008

by CJ August, Southwest Regional Director

THE NADE CONSTITUTION AND by-laws state: "There shall be an annual meeting of the General Membership at the same time as the annual NADE Conference." Accordingly, the General Membership Meeting was held the afternoons of September 16th and September 17th, 2008 at the NADE National Training Conference in Nashville, Tennessee.

During the meeting, the reports of the executive officers, regional directors, council of chapter presidents chairperson, appointed directors, appointed representatives, committee chairpersons and workgroups were presented.

Winners of the Membership Awards were announced.

Small Chapters

- 1st place - Southern California Chapter
- 2nd place - West Virginia, Clarksburg Chapter
- 3rd place - Southern Louisiana Chapter

Medium Chapters

- 1st place - West New York Chapter
- 2nd place - Mississippi Chapter
- 3rd place - Puerto Rico Chapter

Large Chapters

- 1st place - Missouri Chapter
- 2nd place - North Carolina Chapter
- 3rd place - Ohio Chapter

Publication Winners were announced:

Photo contest winners:

- 1st - Diana Stashik
- 2nd - Dave Tschetter
- 3rd - Susan Smith

Newsletter winners:

- Medium Chapters - 1st - Tennessee
- 2nd - Oregon

Large Chapters- 1st - Missouri

- 2nd - North Carolina (THADE)

Winners of the National Donate Life Month contest were announced.

Small Chapters

- 1st place - Montana Chapter
- 2nd place - Vermont Chapter
- 3rd place - Florida Chapter

Medium Chapters

- 1st place - Empire State New York Chapter
- 2nd place - Nebraska Chapter
- 3rd place - Kalamazoo Michigan Chapter

Large Chapters

- 1st place - North Carolina Chapter

Winners of the National Disability Professional's Week Contest were announced.

Small Chapters

- 1st place - Wisconsin Chapter
- 2nd place - South Dakota Chapter

Medium Chapters

- 1st place - Nebraska Chapter
- 2nd place - Delaware Chapter

Large Chapters

- 1st place - North Carolina Chapter
- 2nd place - Illinois Chapter

The **Resolutions** Chairperson, Peter Fox, presented a resolution in appreciation of the Tennessee Association of Disability Examiners for hosting an outstanding conference.

Future National Conference dates were announced:

October 5th to October 9th, 2009: Covington, Kentucky
 September 11th to September 16th 2010: Albany, New York
 August 2011: Los Angeles, California
 September 2012: Columbus Ohio

Check www.nade.org frequently for updates on these conferences as well as regional conference updates.

The membership voted on **changes to the constitution and by-laws**. These changes gave more detail on the charges of some appointed chairpersons and committee chairpersons.

Election of officers was held, and from a pool of well qualified candidates, the following individuals were elected to office for 2008/2009. Susan Smith of Ohio was elected as NADE president elect. Sharon Belt of Missouri was elected as NADE treasurer. Tonya Scott of Georgia was elected as NADE secretary. At the Council of Chapter Presidents Luncheon, Patricia Chaplain of Missouri was elected as Council of Chapter Presidents Chairperson.

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National Conference Keynote Speakers

Associate Commissioner Energizes Conference Attendees in Nashville; Ruby Burrell Challenges, “Are You Pumped?”

By Michele Namenek, New York DDS

FOLLOWING THE HONORABLE MICHAEL ASTRUE, Commissioner of SSA, was no small task, but Associate Commissioner of SSA Ruby Burrell responsible for operations issues such as workloads and resources, was able to energize attendees at the NADE National Training Conference in Nashville. Ms. Burrell began her presentation by asking the audience her trademark question-“Are you pumped?”

Ms. Burrell praised disability professionals for the skillful job they do as front line workers. She praised NADE for its vital role in providing SSA and the US Congress testimony about changes needed in the Disability program. “There’s no organization like it.”



NE Regional Director Susan LaMorte (left) visits with Associate Commissioner Ruby Burrell and Jeff Price (NADE Legislative Director) at the Presidents Reception in Nashville.

Ms. Burrell proclaimed “it is an exciting time in the disability world.” In a couple short years the disability workload went from adjudicating claims on paper cases to adjudicating claims in a “paperless” environment. She believes the Commissioner is “looking at the right issues”. She believes the Office of Budget is creating opportunities for the future.

The Associate Commissioner envisions a future which will include:

- (1) An intuitive case analysis tool wherein policy is inherent in the system,
- (2) An environment where each DDS has the same degree of functionality aspects,
- (3) DDS offices which experience less attrition rates due to higher salaries and
- (4) A future where workers have more manageable work loads.

Ms Burrell then discussed and defined national priorities and initiatives. SSA is attempting to:

- (1) Identify and accelerate processing of claims that are likely to be approved,
- (2) Streamline policies and procedures,
- (3) Leverage technology, and
- (4) Invest in DDS human capital.

ODD is supporting these efforts through such initiatives as QDD, IDP, ECAT, Disability Direct, DCS and HIT. SSA is also attempting to enhance systems equipment and ensure more uniformity in functionality releases. The agency is investigating and hopes to eventually define optimum workloads and salaries. ODD also plans on piloting more on-line training opportunities and promoting more participation in national work groups.

The Associate Commissioner concluded her presentation by once again thanking disability professionals for the terrific job we do in an ever changing environment.

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Marrying Policy and Technology

Glenn Sklar, Associate Commissioner for Disability Programs

by Andrew Martinez, California DDS

AS SSA CONTINUES TO USE the electronic folder, one of the greatest challenges is ensuring policy does not conflict with the technology which is being used to process the claims. In the electronic environment there is a need for National standardized policies and procedures.

The first question we need to ask is, "What should the National Policy be?" In order to create a National Policy, it was necessary to document the business process, assemble cross-component workgroup and document Systems requirements. Once this information is gathered, the second question is, "What is the employee's task in the systems environment?" The National Policy should enable to SSA employee to work comfortably in the electronic systems environment. In order to assist the employee, the electronic folder should include access to updated policy, streamlined workflow/development, timely training and management information and error proofing.

Efforts are currently underway to assist with streamlining workflow and claim development. Some the current projects are:

- e-Cat (Electronic Case Adjudication Tool) provides intelligent pathing which assists the examiner during the disability process. This makes global reference tools and multiple policy links available to the examiners. Most important is that everything is in one place.
- Planning for the roll-out of the Quick Disability Determination (QDD) model.
- Developing a Health IT Prototype which will find ways to integrate the Current Procedure Terminology (CPT) codes with the Disability Listings during the disability process.

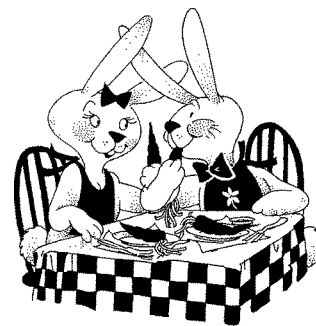
- Integrate SSA Forms into DDS workflow. Instead of having separate forms which are used by each DDS, use standardized SSA forms which would be integrated into the electronic system.

- Using the VA Standard Summary. Currently there is 70% compliance with receiving the standard summary from the VA facilities. This is a great example of Inter-Agency cooperation and is a model which could be used for private insurers and hospitals.

We need to provide timely training and management information. Using a single web-based system would allow all of the SSA employees to receive information at the same time. It would also allow SSA to develop web-based training which any Adjudicator may access through the Intranet. Examples of how the system could be used:

- SSA has developed training cases for some of the listings and they are currently available on the Intranet.
- Create one source of "official" DIB training.
- Create a search function where adjudicators may search for information on discreet listing or subject areas.

When distributing management information, using common Data Definitions is imperative as information is gathered and policy trends data is created at all levels. This would make it easier for employees at all levels of the claim process to understand the information. Once the information is gathered we should spend more time on the analysis and trends. The Request for Program Consultation (eRPC) management report is a good example of using common data to analyze the trends which currently occur during the claim adjudication process.



While adjudicating the claim, how do you make sure you have the process right? SSA is currently developing ways to assist the adjudicator to "Error Proof" the claim during the disability evaluation process.

- eCAT-Filtering of choices will assist the examiners as they move through the disability evaluation.
- Warning "Pop-Ups", such as compassionate allowances which will help to identify specific issues with the claim.
- On-screen help such as relevant questions and answers to claim processing.
- Having National Policy updates in real time.
- Using common data definitions which will allow all staff to clearly understand the policies and procedures.

Currently, feedback regarding the adjudication process is coming in from different sources and have already identified onset policy problems. There are onset questions in the three different federal systems with minimal cohesion and explanatory material. As a result the RPC reflects mass confusion through the SSA community. ODP is in the process of working on an Onset POMS and proposals which will help to reduce confusion.



Improving Program and Service, RPC shows positive results, from page 1

The Commissioner indicated SSA is starting with a relatively small number of diseases and will expand the conditions following the order of the hearings that have been held, so it is starting with rare diseases and cancers and will look next at brain injuries.

SSA roll out the initiative in three phases - phase one will take place this fall; phase two in the spring of 2009; and phase three will occur when the common system is in place.

The Compassionate Allowance Business Process Workgroup met for several months and included DDS representatives from all 10 regions along with members of NCDDD and NADE. The Commissioner thanked SSA and DDS employees for their support that they have already given to this initiative; and noted that they will be hearing more about Compassionate Allowance over the next several weeks.

The Request for Program Consultation (RPC) process is another example of the positive results that can be achieved through creativity and cooperation between SSA and the DDSs. RPC was developed to resolve differences of opinion between adjudicators and quality reviewers concerning disability determinations, replacing the former QA Rebuttal Process. SSA completed the national RPC rollout in December of last year. RPC continues to grow in popularity, with a record of 94 cases cleared in the month of July. SSA recently cleared the 1000th RPC case and the results have been extremely positive.

It takes the Office of Disability Programs an average of only three calendar days to clear an RPC case, a significant improvement over the previous rebuttal process, which was extremely time intensive. This means SSA/DDS is getting the right decisions to our applicants and doing it much faster.

But perhaps most significantly, the RPC process will allow SSA/DDSs to identify complex policy issues that re-

quire clarification and revision. Using the web-based RPC tool, SSA is able to track and analyze those policy areas that create the most confusion.

Since the inception of RPC, SSA has issued policy revisions on complex issues such as onset and reopenings, which have routinely been sources of confusion for disability examiners. SSA will continue to use this data-driven approach to policy, ensuring that the Agency create policy that is clear, concise, and relevant to the DDS community.

SSA/DDS need to continue to improve tools and training through updated, streamlined policy and increased consistency across adjudicative levels. Last year SSA started another quality initiative called the Integrated Disability Process or IDP, where subject-matter experts from various components review and evaluate policy and procedural differences among the various adjudicatory levels. It's an enterprise-wide, "hats off at the door" approach. Each Deputy Commissioner is committed to resolving differences and ensuring that SSA's policies and procedures are sensible and operationally sound.

One area of continued concern is SSA/DDSs reliance on the Dictionary of Occupational Titles (DOT). SSA has a long history with the DOT as our definition of disability compels us to refer to national occupational data. SSA/DDSs have relied on the DOT since the 1960s, and SSA has formulated policy around it. But the DOT hasn't been updated since 1991, and it really wasn't developed for disability adjudication. The DOT doesn't consider the shift from industrial to service-oriented jobs; some modern jobs are not even included. It's pretty clear that SSA needs to find a better answer. SSA currently has a project underway to do just that.

In the long-term, SSA plans to replace the use of the DOT in its disability process with more suitable information. Meanwhile, SSA is exploring ways to

get adjudicators relief, possibly through a private-sector vendor update of the DOT. SSA will work closely with all affected components and conduct community outreach.

Commissioner Astrue remarked that SSA is committed to update and maintain the medical listings. SSA will also continue its outreach efforts with upcoming activities in September for HIV and cardiovascular conditions. At SSA's invitation, the National Academy of Sciences, Institute of Medicine submitted a proposal a couple of weeks ago to establish an independent, external standing committee of medical experts to advise SSA as part of its ongoing efforts to keep the Listings of Impairments up to date. Although these changes take time, SSA is determined to do its part to help DDS and SSA disability professionals make better decisions.

The Office of Disability Programs and the Office of Training have released a new, interactive online disability case-studies tool for all adjudicators. The case studies are based on actual cases, which include one or more medical or program issues that have been shown to be problematic. The case studies are intended to provide both a context for the difficult concepts presented in initial adjudicator training, and reinforcement and clarification of areas of complex policy application for the experienced adjudicator.

Each case is designed to represent the actual experience of adjudication from case receipt to case closure. This interactive tool represents a new model for delivering training that is both functional and practical.

Commissioner Astrue thanked the attendees for their support of SSA's efforts on Military Casualty claims. He realizes that each time SSA identifies another type of case for priority handling, it increase the pressure on Operations—another flag to notice, a new pro-

continued on next page

Improving Program and Service, continued

cess to learn, another case to expedite. But, he knows that SSA and DDS staff are committed to the expedited development, documentation, and processing of claims for our wounded warriors. SSA continually reviews and updates its policy and procedures for processing these claims and looking at ways to make the process better. For example, SSA has worked with the Department of Defense to electronically obtain information that is used to identify claims from military service members who apply for benefits. Again, he thanked the attendees for their role in helping these individuals.

QDD, Compassionate Allowances, RPC, and online training are all examples of how SSA/DDSs are using technology to share the workload burden and improve service. The Elec-

tronic Claims Analysis Tool (eCAT) is another example. eCAT is designed to guide disability decision-makers through complex policies, help document decisions, speed up claims processing, and ensure that all steps of the sequential evaluation process are followed.

Commissioner Astrue explained that, in evaluating DSI he listened to the people in the front lines and knows that at the first attempt at eCAT failed miserably. The Agency moved too quickly, and the system just wasn't ready for prime-time. This time around, SSA asked the DDS community: What functionality is important for eCAT? How should it look? And, how should SSA design it to be a robust, effective case-adjudication tool? SSA is confident that this measured, collaborative approach, which

was absent in the past, will enable it to deliver a more efficient and user-friendly tool.

Virginia and Connecticut DDSs are familiar with our latest version of eCAT and are testing it with SSA. On September 5th, Commissioner Astrue visited the Virginia DDS to see eCAT firsthand. Thankfully, the demonstration was great. Virginia reports a 100 percent accuracy rate for claims adjudicated using eCAT. That speaks impressively about the potential of this tool.

SSA still needs to complete its assessment and determine how and when to rollout eCAT, but the feedback the Commissioner has gotten is that both disability adjudicators and medical consultants are pleased with the tool.

Next Issue: Part 2 – Changes in Health Technology and Battling the ODAR Backlog

Break Out Session from National Training Conference

Music Therapy and the Hospital Child

*Jennifer Plume, BMT, MT-BC,
Music Therapist,*

*Vanderbilt Children's Hospital
by David Kramer, North Carolina DDS*

KAREN HAS BEEN RECEIVING treatment for cancer for weeks that seem like years. She should be at home phoning her friends, hanging out at the mall, going to school, playing soccer or playing the guitar. Instead she spends her time in a hospital room, gets stuck with needles, takes pills, and receives radiation and all kinds of treatment that she does not understand. Nor should she understand. She's only 12, and she feels rightfully cheated of health and wholeness and simply living a normal childhood.

A knock on the door and in strolls Jennifer Plume, Music Therapist at Vanderbilt Children's Hospital, pushing a cart filled with musical instruments

and electronic equipment. Jennifer chats with Karen for a while about her progress, but not about her medical progress. Jennifer strums and picks guitar chords to go with the lyrics Karen has written about her feeling and thoughts while in the hospital. The end product musically will be a CD with an original song that Karen can share with family and friends. The health benefit for Karen is comfort and encouragement during her sickness, empowerment while feeling powerless, and connection while feeling separated and isolated from school and home.

Jennifer works with patients from birth to age 23, upon referral by doctors, nurses and chaplains, using music as a tool to aid patients to reach their medical goals. Playing simple musical instruments like tambourines and chimes and singing songs like *Twinkle, Twinkle Little Star* can help young children with speech and language, gross motor skills, and fine motor skills, for both development and rehabilitation. Teenage patients may receive MP3 downloads to help them

pass the long stretches of time during their treatment and recovery, or in some cases coping with the harsh reality of a terminal illness. Children may be given music-related video games as a distraction to aid pain management. Stroke victims may benefit from music's ability to affect both halves of the brain at the same time.

Music taps into something fundamental within us, having the ability to both soothe and inspire. Music can help us to overcome, or at least tolerate, life's challenges. Music can help reach children who lack the verbal skills to express themselves, as well as to help older children to confront and share their pain, fear and frustration. Music therapy is not a replacement, but rather a useful ally in conjunction with conventional medical treatment. (For additional information and resources Jennifer Plume recommends—American Music Therapy Association, Inc. website – www.musictherapy.org)



Break Out Sessions from National Training Conference



The Role of Third Parties in the Disability Claims Process

Speaker: Patti Thrailkill, Director, Department of Governmental Affairs, MedAssist, Inc.

by Lisa Varner, PHD, South Carolina DDS

MS. PATTI THRAILKILL PROVIDED a very informative presentation on September 16, 2008 at the national NADE conference in Nashville, TN. In introducing herself at her presentation, she indicated that she has 31 years of experience with federal disability programs including past work experience with the South Carolina DDS. Her presentation focused on third party representatives in the disability process and how these third parties can assist in this process.

Third Parties and What They Can Do For Claimants

Ms. Thrailkill indicated that third party representatives in the disability process may include the following:

- Attorneys, other representatives, and specialty companies that represent claimants through all levels of the adjudicative process. Typically their referrals come from non-hospital settings, and they collect fees directly from SSA (on allowed claims only). Specialty companies often get referrals from insurance companies and focus on finding comparable benefits to offset what the insurance companies pay.
- Insurance companies that issue commercial disability policies to individuals and groups (including long term disability and income replacement policies). They may require that their policy holders apply for federal disability benefits when they apply for insurance benefits
- Eligibility companies that are contracted by healthcare providers. These companies advocate for underinsured and uninsured individuals, referrals tend to come from hospitals/hospital systems, and fees are paid to the companies by hospitals/hospital systems (and not patients). Ms. Thrailkill's employer, MedAssist, is an eligibility company.

More Details about Eligibility Companies

Because of her experience with eligibility companies, Ms. Thrailkill was able to provide more in-depth information about how eligibility companies operate as part of the disability process. Ms. Thrailkill explained that eligibility company representatives are located in hospitals in order to best respond to hospital/hospital system referrals. After receiving a referral, an eligibility company representative interviews the patient (typically on the day of admission/treatment) and screens the patient for all potential programs for which he/she may be eligible (e.g., state and federal programs including Social Security disability). If a patient appears eligible to apply for disability benefits, the representative will make contact with SSA, collect information/evidence needed for the patient's disability file, and then forward this information/evidence to the appropriate DDS. An eligibility company representative then continues to follow up with the patient and tracks the patient through the disability application and adjudication process. If the claim is denied, the representative will assist the patient in the reconsideration process and (if needed) the hearing process.

Why Are There So Many Third Parties Now?

Ms. Thrailkill explained that the number of third parties now involved in the disability process has increased in the past several years due to a variety of factors including the following:

- marked rise in the number of applications for disability benefits
- strained SSA workloads due to budgetary and staffing issues
- increased number of people entering the disability prone years (i.e., baby boomers)
- enhanced efforts by healthcare providers to seek funding sources for their uninsured patients.

What Third Parties Can Do To Assist With Disability Adjudication

Ms. Thrailkill indicated that third parties can assist DDS staff in a variety of ways. These include the following:

- obtaining and supplying medical evidence
- contacting the claimant for ADLs (particularly if the DDS is unable to locate the claimant)
- assisting in the consultative examination process (e.g., providing transportation to the exam).

continued on next page

Conclusions

Ms. Thraikill provided an informative presentation at the 2008 NADE national training conference. She discussed why third parties have become increasingly common in recent years, who third parties are, and how third parties can provide assistance to both those applying for disability benefits and those who work in the disability adjudication profession. While some audience members indicated previous experience with these third parties, others indicated less knowledge about their role in the disability adjudication process. Ms. Thraikill's presentation served to enhance familiarity with and understanding of a service that is now playing an increasingly common role in hospitals/hospital systems and the disability adjudication process.



Hearing Officers Hold Break Out Session

By Melissa Phillips, Virginia DDS

THERE WAS A BREAKOUT session at the National Conference for the Hearings Officers. As with many breakout sessions, this session was successful for the attendees to share ideas and express concerns. The members discussed concerns on changes and utilized this time to draw from their fellow members' ideas and best practices.

Several concerns were raised during the session that the members felt were impacting their ability to effectively perform their duties. The members discussed problems with locations to conduct the hearings, noting that at times they are put in the general interview area and it is difficult to maintain privacy for the client as well as effectively complete their process. There were also concerns regarding safety and travel.

The group decided they would compile a list of concerns and submit a formal request to Social Security through NADE to address their concerns. It was an informative session to attend as a non hearings officer. I left the meeting with a better understanding of their process and how their concerns could benefit the disability process and the rights of the claimants.

A New Conference Attendees Workshop

By Bonnie Wilson, New Mexico DDS

A NEW CONFERENCE ATTENDEES Workshop was held at the NADE Conference in Nashville in September of 08. The presenters were Marty Blum, Anne Graham and Jane Osgatharp.

At the beginning of the workshop Marty Blum noted the numbers of 101, 120 and 18 tell a story. He stated that these numbers represented a combination of how many years the three of them had been employees of DDS/SSA (101), how many years they had been NADE members (120) and how many years they had been retired (18).

The presenters talked about the foundation of NADE in 1963 and how that all began. Marty Blum was instrumental in the early stages of NADE as he was the first President of NADE.

The presenters noted that NADE offers educational value, the opportunity to learn about what happens in other states, fosters friendships and relationships, camaraderie and job connections. SSA in the past several years has hired DDS employees to come work with them.

Specifically the presenters noted that NADE has an influence in how

policy is developed for our programs. Currently one of the hot button issues is the 5 month waiting period. We are on the cutting edge and our voice is power. The relationship NADE has with congress is often sought out by congress.

We learn more through the NADE conferences and the Advocate which is the NADE'S newsletter. It is important that NADE have members. The presenters urged us to appeal to our management to have more members.

One of the highlights of this year's conference was to hear SSA Commissioner Michael J. Astrue speak. What an incredible opportunity to have him come and speak at the conference.

As we return to our respective agencies our presenters urged us to bring information back to our agencies. Should our state want to hold a conference there is a guideline for the conference written about the agenda on the website. The chapter services handbook is also on the website.

In closing, I must note that this was my first NATIONAL Conference. I also attended the SWADE Conference held in Austin, Texas in April of 08. I have enjoyed everything the presenters talked about at this workshop. I especially enjoyed listening to Commissioner Michael J. Astrue speak and several other SSA officials. Knowing their vision, goals, plans, etc has given me a much broader perspective of SSA and DDS - how it affects my work, why I do what I do and for whom I do it.

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A Summary of President Georgina Huskey's Comments to the National Training Conference Attendees

by Andrew Martinez, Pacific Regional Director

FOR MANY YEARS, NADE has advocated for improvements in various facets of disability evaluation for our programs that are incorporated under the Social Security Act; we have done this as a voice for our members and especially for our claimants. Some of the most vulnerable individuals seek Social Security disability income to sustain their livelihoods during periods of illness; and as you know, this can be their sole source of income. YOU are the link between the claimant's medically determinable impairment and the SSA regulations.

Why is NADE important to our profession?

- NADE provides educational opportunities to the members through training conferences, the NADE Advocate and through personal experience.
- Advocacy for the Front Line Perspective. NADE has regular meetings with congressional officials to communicate this perspective. NADE has also been invited as an expert witness for congressional hearings on disability issue. In addition, NADE has regular meetings with SSA's political leadership and policy makers to help publicize the real issues of those who do the work of adjudicating disability claims and serving the public.
- Networking is the best way to share best practices and common concerns with colleagues and friends from around the country.
- NADE provides profession professional recognition at the local, regional and national levels.
- Making A Difference! YOUR WORK IS MORE THAN A JOB – IT IS A CAREER. Through NADE you can help to effectuate positive changes that determine how you will perform your work. NADE also provides leadership opportunities which can help you to effectuate positive changes as a professional.

NADE's Future

In the months and years ahead NADE will be taking part in many activities. Many of these activities were suggestions from members who presented them to their Regional Directors or to the NADE President directly. Here are a few of the activities and issues which are being supported by NADE:

- The elimination of the 5 month waiting period for the Title 2 claims. The position papers are available on the NADE website.
- Elimination of the 24 month waiting period for Medicare coverage.
- Quick Disability Determinations (QDD). While the QDD model is going well, it can still be improved.
- Compassionate Allowances. NADE is glad of the heightened awareness of rare diseases which need special attention from the Adjudicators.
- The national roll-out of the Single Decision Maker (SDM). While we understand new regulations would be required, NADE is a staunch supporter of the SDM.
- Creating a uniform of doing business throughout the Nation.
- NADE is advocating for the Reconsideration to stay and to be rolled out Nationally.

NADE's Hot Issues

While NADE is involved in many activities, there are a few "Hot Issues" for our organization and membership.

- The continuing need for resources, such as, salary, training, equipment, consultative examinations. The need for continued improvements to the electronic system.
- Telecommuting for DDS employees. NADE is asking SSA if telecommuting would be an option because it would help the DDSs recruit and maintain qualified staff.
- The Recruitment and Retention Workgroup report analyzed professional certification for adjudicators. NADE has established an exploratory workgroup to explore the possibility of improving our certification process.
- The electronic environment has changed the way we do business. NADE is advocating the optimum caseload pending at the DDS be re-assessed.
- NADE continues to be invited to participate on various work groups and we will continue our involvement in these activities.
- Elimination of the 827 is an innovative idea which could save time, money and resources.



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- MEMBERSHIP! There is strength in numbers. We need to continue our efforts to encourage new members to join NADE.

President Huskey's Vision for NADE

In the words of Helen Keller, "What is sight without a vision?" Georgina Huskey, NADE President, has proposed the following vision for NADE:

"The National Association of Disability Examiners is committed to continually achieve innovative methods for improving the disability programs incorporated under the Social Security Act, enhancing the disability profession for our members, and providing timely, effective, and quality public service. We fulfill this vision by formulating recommendations and perspectives, that are based on our diverse experiences, to our fellow members, the Social Security Administration, Congress, other interested stakeholders, and the public we serve. We strive to be proactive in how we express and offer practical and cost effective solutions while ensuring quality disability determinations for the citizens of our country."



NADE Board/DDS Administrators Meet for Lunch – Discuss Common Issues

by Jeff Price, 2007-2008 DDS Administrators/SSA Liaison

MEMBERS OF THE NADE Board of Directors met for lunch with eight DDS Administrators, including the leadership of NCDDD (the National Council of Disability Determination Directors) to discuss the issues considered critical to both groups. The lunch meeting was held during the NADE National Training Conference held in Nashville, Tennessee in September and afforded the opportunity for both groups to discuss the current problems impairing the ability of the DDSs to deliver effective and efficient public service and to share their ideas for the future of the disability program.

Central to the discussion was the theme of a "Common Adjudicative Model," or one way of doing business. Both NADE and the NCDDD expressed their growing displeasure for the continued multi-disability programs SSA has in place throughout the country. The majority of DDSs operate under the standard adjudicative model, requiring the processing of initial and reconsideration cases (the latter for those claimants who are denied at the initial level and subsequently appeal that determination). However, ten DDSs chosen in 1998 to

pilot processing disability claims under the prototype model continue to do so, perhaps making prototype SSA's longest running pilot project. The primary feature of prototype was the elimination of the reconsideration step. DDSs in the Boston Region are continuing to process cases under the now discarded Disability Service Improvement initiative that replaced reconsideration with the Federal Reviewing Official (FedRO). Although this initiative is being phased out, many cases are still in the pipeline. What is distressing to NADE and the NCDDD is the fact that where a claimant resides determines how his claim will be processed and, in many instances, neighbors applying for disability will have their cases processed under different adjudicative models. Both NADE and the NCDDD disparaged the continuation of these multiple disability adjudicative models and have called upon SSA to return to a common adjudicative model nationwide.

Both NADE and NCDDD gazed into the future and shared their ideas of what the future may hold for disability, especially in regard to systems issues and the proposal from SSA to develop a

single system to be used by all disability program components. This system would replace the current multi-tier system that is witness to many DDSs using Levy legacy systems while other DDSs use Midas legacy systems and still other DDSs use Versa legacy systems. SSA intends to unite all DDSs under a single system and NADE and NCDDD have endorsed this concept but both groups chose the occasion of NADE's National Training Conference to reiterate their longstanding insistence that SSA should permit the DDSs to have strong representation in the development of such a system.

The NADE leaders stressed that, as a professional association, NADE can serve as the cornerstone for a more professional staff within each DDS but DDS Administrators will need to show greater visible support for NADE and especially for the respective NADE Chapters in their DDSs. The training value offered through NADE, and the many other benefits of NADE membership, lend themselves to the creation of a more knowledgeable staff with the skills and motivation to deliver effective and efficient public service.

NCDDD Partnering with SSA to Study a Unified Disability System

by Vincent Redlinger, Roanoke, Virginia DDS,
Tara Ackerman and Beth Matschullat, Nebraska DDS

NCDDD PRESIDENT ELECT ROBBIE WATTS, Virginia DDS Administrator, spoke to the NADE audience about ongoing issues of concern to NCDDD. He indicated that NCDDD and NADE have a long history of collaboration on disability program issues, and he expects to relationship to continue. Heavy workloads and funding are two issues which NCDDD considers to be crucial for the coming year. The growing backlog of CDRs and ODAR cases continue to challenge program resources. Increased funding is necessary to implement the backlog reduction initiatives. NCDDD is also involved in providing feedback to proposed policy updates and changes as well as shaping policy initiatives through workgroup participation. They are involved various system issues and developments such as review of service level agreements (such as reducing the amount of system down time or slow time from technical issues) and their implementation of the disability claims processing system (DCPS).

The disability process will continue to evolve with new technology, in such forms as Disability Direct, Health Information Technology, and a single claims processing system. Ongoing workgroups, involving both NADE and NCDDD representatives, are focusing on military casualty claims, QDD, RPC (requests for program consultations), budget, training, recruitment and retention (the recent workgroup study already released to Linda McMahon, Deputy Commissioner of Operations with SSA), and on workforce planning.

The bigger question though, where is NCDDD headed in the coming years? The issue at perhaps the forefront is developing a unified disability claims processing system. The goal is to develop a single system used by all participants in the disability program, from SSA to the DDS to ODAR. Consequently, members of this steering committee are comprised of NCDDD, ODD (operations), ODP (policy), ODAR (ALJ

review), Regional Office, and DDS delegates. In June of 2008, Commissioner Astrue gave the go ahead to begin with planning and analysis for the unified system, contingent on some certain assurances. Specifically, this system needs to improve the process and the claimant experience. A decision has not yet been made on the design. The process needs to be transparent by involving the DDSs in all phases of planning, analysis, development, and implementation. DDS involvement in eDIB was scattered, which adversely affected implementation.

This planning process gives interested parties the chance to reexamine at the entire disability claims process, to both adapt and improve it. Improvement needs to be directed towards both claimants and employees. The system needs to be adaptable, to incorporate local business practices, such as Medicaid eligibility determinations that some DDSs perform. The future unified system should include intelligent design features such as eCat. The electronic folder should be accessible at any point in the adjudication process, from the initial application to the notice of decision to the claimant, from payment processing to CDR identification. The unified system must improve response times and availability and improve the overall disability business process. The steering committee has documented the business process in all state and federal components and notes that Phase two will include the expertise of DDS supervisory and line staff. The phase two goal is to develop a detailed list of system specifications.

The current process requires the use of multiple systems by different parts of the disability process, systems that cannot communicate with each other.

Mr. Watts discussed the "trial" implementation of eCat, in both Virginia and Connecticut. Virginia in particular has proven to be a laboratory for improv-



NCDDD President Elect Robbie Watts was named recipient of the 2008 Earl B. Thomas Award as outstanding administrator of the year.

ing the system which eCat began in August, 2007 and was expanded to 50 users in Virginia in spring of 2008. It was then expanded to Connecticut in early summer of 2008. Thus far, eCat has proven to be an effective tool in the disability adjudication process. Of the 2000 plus cases that have been processed using eCat, only one error (an onset issue) was found that was not reversible. eCat has been demonstrated before ALJs, DDS directors, NADE, the SSA Advisory board, congressional staff as well as the office staff of Commissioner Astrue and all agreed to its efficiency in the adjudicative process. There is a relatively short learning curve involved, and an adjudicator can be trained on e-CAT in 2-3 weeks. No additional processing time is required if it is applied appropriately. While this tool can streamline the process, good writing and analytical skills are still required. The future unified system will include features such as easier interfaces to facilitate better data flow among DDSs, FOs and ODAR; easier access for claimants and their third party representatives, medical records and consultative exam providers; intelligent decisional tools leading to policy compliant and legally sufficient decisions as well as better management information.

In conclusion Mr. Watts stated the NCDDD continues to support NADE

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goals and activities. NCDDD supports administrator membership and participation. They continue to advocate for NADE involvement in work groups as subject matter experts as well as ongoing collaboration with NADE on issues brought before Congress. NCDDD looks forward to continued partnership with NADE in the coming years.



Assessment of Developmental Outcomes in Premature Infants

by Cynthia Henderson, Oklahoma DDS

DR. TONI WHITAKER, ASSISTANT PROFESSOR Pediatrics & Neurodevelopmental Disabilities, and Dr. Bruce Keisling, Associate Director UT Boling Center, Clinical Psychologist, both with the University of Tennessee Boling Center for Developmental Disabilities were the featured presenters on the topic of Assessment of Developmental Outcomes in Premature Infants.

In most pregnancies, 40 weeks is considered full term. By definition, a premature birth takes place more than three weeks before the due date or 40 weeks. A premature birth gives a baby less time to develop and mature in the womb. The result is an increased risk of various medical and developmental problems, including trouble breathing and bleeding in the brain. If a woman goes into labor too early, her doctor may try to delay the baby's birth. Even if premature birth is inevitable, a few extra days in the womb can promote significant development. Infants born as early as 23 or 24 weeks may survive, but many face lifelong disabilities (e.g., cerebral palsy, blindness, deafness). Premature infants account for 8 – 9% of live births,

but two-thirds of infant deaths. Infants born very early (before 32 – 34 weeks) lack fully developed lungs and often develop respiratory distress problems. They also have problems maintaining body temperature and fighting infection. Most deaths result from breathing problems, infections, and brain or lung hemorrhages. Premature infants are characterized by low birth weight, small size, irregular breathing, absence of subcutaneous fat, and thin skin.

From 1980 to 2000 the United States reduced infant mortality by 45%. However, this decrease in mortality has caused more disabilities with developmental outcomes, such as the baby's growth continues to be slow. Medical conditions that stem from this poor growth interfere with the baby's nutrition which can cause weakness, gastrointestinal intolerance, and a high metabolic demand leading to a small gestational age and making them less likely to catch up. The disability outcome in these premature babies is that they have a higher incidence of disabilities in the preterm and the smaller baby, the more problems it will face.

An assessment of maternal medical history can help to determine the prenatal/perinatal risks. If the mother has diabetes, infections, or is a substance abuser, it can cause birth complications. It can also cause neonatal complications within the cardiovascular, neurological, or sensory systems. The biggest risks are the neurological problems with, the developmental outcomes of poor cognition, language, behavior, and academic performance. There are higher rates of preterm babies with borderline cognitive and mental retardation than full term babies. As a whole these infants have a higher incidence of language disorders than full term babies. The predicted outcome of preterm infants is that a child at 3 years of age will not function intellectually within the average range until about age 5 and beyond. In general, the lower the birth weight, the poorer the developmental outcome.

Although the rate of premature birth seems to be on the rise, there's good news. A healthy lifestyle goes a long way toward preventing preterm labor and premature birth. But should the situation arise and one be faced with a premature baby, there are 64 University Centers on Disabilities and 34 Leadership Education in Neurodevelopmental Programs to assist in this very unique subject. There is also a wonderful help in the aid to help reduce the rate of premature birth in the March of Dimes Organization.

<http://www.marchforbabies.com>.

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Outstanding Chapter and NADE Members Recognized

by Joe Wise, 2007-2008 Awards Chair

NADE NATIONAL AWARDS PRESENTED at the conference in Nashville, TN. Below are the summaries of each winner. Please join in congratulating them for their hard work.

The Director's Award, Karen Pluhar (Tennessee)

Karen Pluhar, Support Staff person of the year, is a 6-year veteran of her DDS, where she assists one of the largest initial productions units in her region. Never satisfied with performing the minimum, she helps others during peak periods, and cheerfully and accurately completes her assigned missions. She is analytical and knowledgeable about the system in which she operates, developed a receipt and workflow-monitoring system for a special caseload, and solves problems others fail to foresee. She takes an active role in organizing community events, generating charitable funding, and volunteering her time. While some avoid responsibilities, Karen seeks out and embraces opportunities to excel and to serve others.

The Frank Barclay Award, Kathy Pierson (Oklahoma)

Kathy Pierson was honored for achievements in Human Resources Development. In addition to a high level involvement of NADE at all levels, holding various offices, and participating on many committees, Kathy has attended five Regional Conferences and has served on the planning committee for one. She has been a guest presenter at a Bi-Regional Conference. She teaches 6-week classes on SSA Disability to the local health care authority case workers. She participates monthly in a Town Alliance on Disabilities with SSA Staff. She prepares educational presentations to schools, advocacy groups and cultural groups, and serves on the SSA ERE Vision Workgroup, SSA PRO Materials Workgroup, and SSA Joint User Review Group.

The John Gordon Award, Edie Peters Liguori (New Jersey)

Edie Peters Liguori, Supervisor of the Year, utilizes her unique personal style laced with never-ending enthusiasm to supervise 15 employees at her agency. She planned and coordinated the "Electronic Medical Evidence" conference in preparation for eDIB, developing workflow and EME implementation plan. She is constantly recruiting her staff and even consulting medical staff to become NADE members. She was part of the driving force in the rejuvenation, after years of inactivity, of her local chapter of NADE. She currently serves as Chapter president and focuses on maintaining chapter growth. She has distinguished herself in the areas of adjudication, claimant service, and by developing a harmonious relationship with her agency's and NADE's stakeholders. Edie's skill as an organizer, leader, and enthusiastic supporter has helped mold NADE at all levels, into an innovative and progressive organization.

The Earl B. Thomas Award, Robbie Watts (Virginia)

Robbie Watts, as Administrator of the Year, has been a driving force in reviving his chapter of NADE. He has promoted membership activities and conference attendance and has helped the chapter grow exponentially in the past few years. His level of support has won him and his fellow chapter members numerous



2008 National Award winners, front: Debi Chowdhury (NY), Robbie Johnston (IL), Edie Peters Liguori (NJ). Second row: Chuck Schimmels (OK), Beth Matschullat (NE), Robbie Watts (VA), Karen Pluhar (TN), and Bill Dunn (TX). Not shown: Kathy Pierson (OK).

awards. He not only oversees his agency, but also participates in NADE business meetings and presents discussion topics at conferences and trainings. He works diligently to develop the art and science of disability evaluation. He volunteered his DDS to participate in developing, testing, and evaluating eCAT and has participated on national SSA workgroups overseeing staff Recruitment and Retention and Disability Case Processing Analysis. Robbie is an innovative thinker and works constantly to further professional recognition of his staff as well as the evaluation of the disability program.

The Rookie of the Year Award, Beth Matschullat (Nebraska)

Beth Matschullat joined NADE in July 2006 and began serving her local chapter on the Archives Committee. In 2007, she chaired the NDPW committee and her increased involvement in the Association inspired her to become the chapter's Vice President. She helped establish and distribute a newsletter for the chapter, received the local ABBY (ABove and BeYond) award, participated on the Recycling Committee, and attended her first National Conference in Sioux Falls, SD. In her first year with NADE, Beth has emerged as a local leader, and her chapter is very proud of her innovation, involvement, and accomplishments.

The Charles O. Blalock Award, Bill Dunn (Texas)

Bill Dunn has contributed himself to NADE nearly 20 years, taking a leading and supporting role at all levels to ensure the Association flourishes. Locally, he has served at different times as Secretary, Membership Chair, President, Past President, and President-Elect. Regionally, he helped co-chair conferences, served as Parliamentarian, and chaired the Constitution and Bylaws Committee. Nationally, Bill held the office of NADE



Congratulations to all the Winners!



Treasurer, and served on committees for Strategic Planning, Long Term Planning, and Resolutions. He wrote and filed documentation to have NADE incorporated, and has actively participated in conferences at all levels of the Association. He is consistently informed, just, energetic, inspiring, and good-humored as a leader.

The Lewis Buckingham Award, Chuck Schimmels (Oklahoma)

Chuck Schimmels has served as a leader in NADE for over 10 years, holding numerous local, regional, and national offices, including NADE President. He has been highly involved in NADE as a member or chair of various committees at all levels. Since 1995, Chuck has attended all Regional Conferences and missed only one National Conference (due to the birth of his child). He is a perpetual proponent of March of Dimes, organ donation, NADE certification, and NADE membership and recruitment. He has participated on a number of national disability workgroups and has held audience with Congress, Social Security Advisory Board, and SSA Commissioner Astrue. Chuck is able to withstand challenges while maintaining a high level of dedication to the purpose of the organization and demonstrating what it takes to be a true leader.

The President's Award, Illinois Association of Disability Examiners (IADE)

The Illinois Association of Disability Examiners, Chapter of the Year, excelled in the areas of innovative programs, fundraising,

professionalism, and community participation. The chapter raised over \$3,500 for local community groups, collected over 300 pounds of food for a local food pantry, and collects clothing for the "Keep Our Kids Warm [clothing drive] Campaign," all while generating significant funding to help send chapter delegates to regional and national conferences. The chapter hosted numerous employee appreciation events during NDPW and training events including brown bag lunches and an enriching and successful state training conference which cost only \$10 to members. IADE's accomplishments are truly remarkable, inspiring, and a testament to their dedication to the purpose of NADE.

The NADE Award, Debi Chowdhury (New York)

Since 1993, Debi Chowdhury, Disability Professional of the Year, has involved herself in all levels of NADE as an officer, committee member, and committee chairperson. She promotes active membership recruitment on behalf of her chapter and region and has traveled to other chapters to talk about leadership issues related to NADE. She has mentored several new members, assisted chapters with upcoming conferences, training, recruiting and retaining new members. She is always promoting NADE through personal and professional efforts, and helped revitalize her chapter. She volunteers her personal time toward community causes, holds two Masters degrees, and is currently pursuing her doctorate. Debi's commitment to NADE is on all levels; She emphasizes the goals and ideals of the organization of the disability program.



NADE Remembers Don Moon

We have received word of the passing of a very dear NADE member, Don Moon of Alabama. Don passed away on Tuesday, October 14, 2008, after a brief illness.

A memorial service was held on Sunday, October 19, at Shades Mountain Baptist Church in Vestavia Hills. Don was born on November 12, 1932, in Birmingham. He was a graduate of Woodlawn High School, and a 1958 graduate of Jacksonville State University. He earned a Master's Degree in Education from the University of Alabama. He served 35 years in education in Alabama as a coach and Math teacher at McAdory High School, career counselor at Gardendale Vocational School, and an examiner for Disability Determination for Social Security at the Alabama State Department of Education.

NADE wishes to express our condolences to the Moon family. Don was a faithful member and a strong advocate for our organization.

Sympathy cards can be sent to Don's family at the following address.

Frances and Cindy Moon
5852 Waterstone Pointe
Hoover, AL 35244



**NADE wishes to thank
the following
corporate members:**

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Kevin Linder, Springfield IL

Lan DO & Associates, San Francisco CA

Levy & Associates, St. Louis MO

MSLA Medical Corporation Pasadena CA



Across NADE Today

Alabama (AADE) - The Chapter celebrated National Disability Professional Week (NDPW) with the membership hosting a pizza and salad luncheon for their newest employees to introduce them to NADE/AADE. The Chapter also distributed candy bars to each employee with the message "AADE appreciates you." They collected canned goods for charities and hosted a Silent Auction that helped them donate \$600 to a charity for the homeless.

Arkansas (ARKADE) - The chapter has started 2010 regional conference planning. ARKADE is a very active chapter and they have made donations to various charities including a school supply drive and sending a child with a medical disability to "Medcamp." They had a full week of activities during NDPW. ARKADE has had fundraisers such as Taco Salad luncheons and Book/Video sales. They held their annual business meeting at a local restaurant and elected officers for the new year.

California - The San Diego Chapter is in the process of reviewing their by-laws and updating their charter. They hope to be up and running again in October.

The California DDS has opened two new DDS offices on Covina and Stockton. Staff for the Covina office came from the four DDS offices currently on Wilshire Blvd in Mid-Town Los Angeles. Some of the staff members for the DDS in Stockton came from the Sacramento, Roseville, Oakland, and Fresno offices of the DDS. With these new offices, many NADE members changed their work locations and the California Chapters are currently trying to decide how best to handle the location changes of the NADE members.

Colorado (CADE) - CADE provided numerous activities for the Colorado DDS staff during National Disability Professionals Week featuring a locomotive train theme with: A "Ticket Counter" DDS staff were invited to get a ticket and board the NADE Train into the future. A "Health Station" provided a healthy

breakfast and handout materials to improve one's health and fitness. A "Leadership Station" featuring CADE members and Administration at our DDS presented information from numerous Regional Training Conferences attended. The week closed with an ice cream social and a winner for the free CADE/NADE membership. In the following months CADE will again be sponsoring activities for the Holidays involving programs providing assistance to the citizens of Colorado.

DC (DCADE) - Has a new chapter representative to the MidAtlantic Regional Board, Queen Brewington who has been a long time member of both MADE and VADE.

Delaware (DADE) - The DADE chapter volunteered at the Delaware Special Olympics in addition to having a successful NDPW week chaired by Beverly Wardyga, which consisted of receiving chair massages, having a bake sale, raffling of tickets to the local minor league baseball team, the Blue Rocks, ice cream social and also received a Proclamation from the Office of the Governor declaring the week as Delaware Disability Professionals Week.

Florida (FADE) - The Florida chapter has launched a NADE information campaign to the staff state wide and has continued to work on increasing their membership. It appears to be successful as the chapter reports recruitment of five (5) new members recently.

Georgia (GADE) - The chapter has coordinated many activities including bake sales, Arts and Crafts sales and a Valentine flower sale to raise money for charities. They sponsored an "Apple Picking Season" for picking out an apple tag that listed school supplies for a teen community services center. During NDPW they sponsored activities for all five days of that week.

Government Liaison (GLADE) - The GLADE chapter hosted a successful "Hoist Sail and Set Course" conference

in Annapolis, Maryland this past May. They received the **Mid-Atlantic Region's Chapter of the Year** award during the conference. GLADE President, Christie Huminak was asked to represent NADE in the AALJ 4th Roundtable on Challenges Facing the Social Security Disability Program sponsored by the Association of Administrative Law Judges in January.

Illinois (IADE) - *Winner of 2008 NADE's Presidents Award for chapter of the year.* Illinois has continued with their casual weeks which have been their biggest fundraiser year after year. Nine charities benefited from sales this year, including Make a Wish and Helping Hands. IADE had a successful training conference which brought in 5 new members. NDPW activities included a health fair, free ice cream, and a certification luncheon. Upcoming events include a retirement party and a holiday party.

Frankfort, Kentucky (KADE) - KADE is currently in multiple stages of planning and preparing for the NADE National Training Conference to be held in Covington, Kentucky in 2009 (September 5-9, 2009). They have been very active, with community projects and holding funds raisers for a variety of causes. Several more fund raises are planned throughout the year. They will be hosted a hospitality night in Nashville to promote the 2009 NADE National Training Conference.

Louisville, Kentucky (DCADE) - The chapter has been involved in community service events and fundraisers. During NDPW the Chapter showed appreciation to all fellow co-workers by giving out water bottles. They also served chili dogs one day and had nachos and cheese while during some recruitment.

Louisiana (LADE) - LADE has had a very industrious year, hosting fundraising activities such as soup and salad luncheons, a "take a break" sale, a silent auction and a mother's day and father's day raffle. LADE has donated to a local handicapped accessible vegetable gar-

den and a local organization that helps children with Autism. LADE will have members participating in the Komen Foundation Race for the cure and is working on a cookbook.

Baton Rouge, LA (BRADE) – Although a small chapter out of the Louisiana DDS state office, this chapter could always be counted on to send in comments on a NADE position paper. Plans are in process to rekindle the NADE flame in Baton Rouge.

New Orleans, LA (SLADE) - Despite their small size, SLADE still holds a few fund raising activities every year and donates to local charities. SLADE is another chapter that recognizes that NADE is their voice at a national level and whose members made comments on a NADE position paper.

Maryland (MADE) – Maryland chapter continues to recycle ink cartridges and old phones. They have also participated in a variety of charities which included a \$250.00 donation to the Heifer Charity International, a program that purchases livestock and training to communities around the world to teach them how to sustain on their own. They had 8 DDS employees, family and friends participate in the March of Dimes 5 mile walk.

Michigan (MADE) - MADE had 17 members attending national training conference this year. All four sub-chapters continue to perform numerous acts of charity which benefit many organizations. Membership has been as high as 100 during the past year. The **Lansing** sub-chapter hosted the State training conference with over 90 people in attendance. MADE had two recipients of regional awards this year: Mimi Wirtanen received the Great Lakes Region award and Theresa Furget won the President's award.

Mississippi (MADE) - The Chapter held a fund raiser for the Red Cross and presented then with \$570.00. The theme of the fundraiser was "Give Change to

Make a Change." The Chapter held a special recognition service for two coworkers that are Red Cross volunteers. They were presented with certificates for their outstanding community services. They have also been working on membership recruitment.

Missouri (MADE) – The **Cape Girardeau** Subchapter hosted the annual state training conference in July, 2008. The Conference was very informative and a great learning experience with great speakers, a great awards luncheon and an opportunity to network with coworkers across the State and nation. We were honored to have Georgina Huskey, NADE President in attendance. **Kansas City** subchapter received the state and regional President's Award for chapter of the year. Nine members from KC attended the conference. **Springfield** office participated in multiple MADE sponsored blood drives for the Community Blood Center throughout the year in an attempt to give back to the community. The chapter also held its annual book sale and donated the left over books to **St. Louis** chapter for another book sale.

Nebraska (NeAde) - Nebraska has ongoing committee meetings including archives, fundraising, and ABBY (above and beyond recognition). The chapter has discussed certification for members and possibly getting members certified in CPR. A member is willing to provide CPR training for free.

New Mexico (NewMADE) - This year they started the NewMade scholarship for DDS employees or an immediate family member. The chapter's biggest fundraiser is their annual Arts and Crafts fair in November. NewMade will be revealed their beautiful new Chapter banner at this year's national conference.

New York - Two of the New York chapters have been quite busy finalizing plans for upcoming conferences. The 2009 Quad-Regional Conference hosted by **WNYADE** Chapter in Niagara Falls,

NY is scheduled for May 4-7, 2009. Our **ESADE** Chapter will be hosting the 2010 National Conference in Albany, NY and the committee has been working hard in getting all the arrangements scheduled and finalized.

North Carolina (THADE) - THADE has hosted several fundraisers and charity activities. They have also continued to have their Lunch N' learn sessions. NDPW was celebrated with an Adventure on the Orient express, filled with mystery and suspense throughout the week. The entire month of April was committed to putting the focus on organ donation awareness in the agency. The membership committee had a monthly drawing for non-members and presented the winner with a mystery gift. As the end of 12 months one of those monthly winners' name was drawn and given a free years membership in NADE.

North Dakota (PGADE) - For NDPW the chapter had activities planned each day of the week including a barbeque, root beer floats, a trivia game and a "know your coworker better" game. The theme staying on track with NADE was prominently displayed throughout the office. Three of our members became certified and one member was recertified. Another member was appointed as national chair for the certification workgroup.

Ohio (OADE) - Ohio continues to raise money for various charities, including Easter Seals, Lifeline of Ohio, and the American Heart Association. OADE has continued quarterly birthday happy hours, in addition to speaking to new adjudicator training classes about the benefits of NADE. This chapter continues to sell candy at the office to help defray costs for those attending the National Training Conference, and they were able to assist 16 people with \$200 each! NDPW celebrations included recruitment fair, recognition certificates for members and a social outing to the Ohio Railway Museum.

Continued on next page

Across NADE Today, continued

Oklahoma (OKADE) – Oklahoma has held brown bag luncheons on topics such as PII and identity theft and AIDS awareness. They are organizing a masseuse to come to the office to give low cost chair massages. They have fundraisers for charity and both members and non members will participate. This year OKADE has supported the March of Dimes, the American Cancer Society and the local Angel Tree at Christmas time.

Oregon (ORADE) - OrADE is in the process of planning the 2009 Pacific Region Training Conference which they will host in Salem, Oregon May 12-15, 2009. OrADE sponsored a bake sale to help finance memberships for OrADE members.

South Carolina (SCADES) - Our newest chapter has been very busy planning the Tri Regional Training conference to be held in Charleston, SC - March 7-10, 2010. They held a contest for chapter members to come up with the conference theme. The winning theme: "Bringing the Currents of Change: Disability in the Next Decade", submitted by Christopher Porter. They have been holding fundraising events on an on-going basis and working on new membership recruitment.

South Dakota (SoDADE) – After recovering from the 2007 National conference, the chapter raised money to donate to School Backpack food program and to Sioux Falls Care, a program to help needy families to provide Christmas food and gifts. SoDADE has also put together a raffle to help raise money in order for more SoDADE members to attend National and Regional Conferences.

Tennessee (TADE) - The chapter has been focused on the 2008 National Training Conference since being awarded the 2008 bid in Boise, Idaho. They have been attending different conferences promoting the recent national conference. Retention of current members and recruitment of new members have also been in the forefront of their ongoing activities.

Texas (TADE) - This chapter hosted the Southwest/Great Plains regional conference in Austin in April 2008. They had an outstanding, informative and fun conference. TADE applied for official recognition by their state agency over a year ago and has hopes for approval in the future.

Virginia (VADE) - The VADE chapter has continued to be very busy and very active this past year. They held their first State wide training which included training sessions on eCAT, RPC, CA, QDD and a presentation by Gene Jerry and Tracey McKee from SSA in November 2007. They have published their first VADE newsletter called *VADE's Voice* in 08/08.

Washington

- **EWade (Spokane, WA)** has been busy with an Ice Cream Banana Split Social raising money toward their Back to School Drive. This year they gave school supplies to the local Salvation Army.
- **OWade (Olympia)** joined with

the DDS Diversity Committee to co-sponsor "Good Gravy", a noon hour social and friendly competition to spark creativity, laughter and to lift spirits in the face of tough economic times and rising caseloads.

West Virginia (WVADE) - They increased their total chapter membership by eight new members, giving them a total of 20 members. The Charleston chapter is slowly becoming more active at this time. During NDPW, they hosted a "tea" and other special events which included an after hours activity outside the office. They had a family picnic at a nearby State Park; they have supported the Walk for Cancer in addition to sending blankets to an Army unit in Afghanistan and filled 8 boxes for Operation Christmas child.

Wisconsin (WADE) - WADE held this year's regional training conference with much success, with the help of both rookie members and veteran members. They have continued fundraising efforts to aid many charities, including Easter Seals and Toys for Tots. During NDPW, all staff was saluted with an office-wide awards program and ceremony.

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Michigan Holds Annual State Training Conference

by Mimi Wirtanen, Michigan DDS

THE LANSING SUB-CHAPTER OF the Michigan Association of Disability Examiners (MADE) hosted MADE's annual State Training Conference on the campus of Lansing Community College on Friday, August 22, 2008. The conference theme, "Go Green, Go NADE", combined two timely ideas. As is typical of NADE and MADE Training Conferences the presentations were relevant, informative and interesting.

Medical sessions included hearing loss and the audiogram, physical changes associated with disordered speech production, assessment of traumatic brain injury and a demonstration of a typical internal medicine CE. Program related sessions included a DDS update from Byron Haskins, Michigan DDS Director, and a Parent Agency update given by Chuck Jones, DHS Deputy Director, as well as a "net meeting" with eCAT experts in SSA headquarters demonstrating the latest version of the Electric Claims Analysis Tool.

Because the Michigan DDS is decentralized, MADE training conferences provide an opportunity for members (and non-members) to interact with friends and peers in the other offices, as well as with representatives from advocacy groups. It also provides an opportunity for the MADE chapter and sub-chapter



Pictured are committee chairs for the Michigan Chapter's Annual Training Conference: (L to R) Mimi Wirtanen, Kathy Pursel, Barb Begian, Paula Pendergast, Sonia Fuentes, Brenda Hairston, Linda McVicker and Janice Hewson. Not pictured, Fran Norton.

Presidents to recognize members who have contributed to the organization "above and beyond the call of duty". Lural Baltimore, Area Administrator in the Lansing DDS office, spoke at the Awards Banquet and "Extra Mile Awards" were presented to Sonia Fuentes, Theresa Furget, Kristen Lund, Debra Maly, Paula Pendergast, Lorrie Wandell and Mimi Wirtanen.



Certification Update

from Karen Keller, 2007-2008 Professional Development Chair



THE FOLLOWING PEOPLE HAVE been certified or recertified this year:

Certified through 2/1/11

Margaret Neal (GA)
Paula Ray (GA)
Susan Talgo (GA)
Andrea Prosperini (IL)
Steven Marvel (IL)
Tim Reindl (IL)
Sarah Squires (IL)
Erin Vincent (IL)
Lisa Eden (IL)
Natalie Silverman (IL)
Nancy Tucker (IL)
Albert Kamnick (IL)
Pamela Conley (IL)
Susan Reichart (IL)
Timothy Stewart (IL)
Rodney Roth (IL)
Catherine Stone (IL)
Brenda Steck (MO)
Sandra Heck (ND)
Dorie Meske (ND)

Bernie Rentie-McCauley (OK)
Kathy Pierson (OK)
Michael DesLauriers (OK)
Karen Jones (OK)
Steve Middleton (OK)
Malcolm Stoughtenborough (OK)
Bruce Smith (OK)
Carolyn Smith (OK)
Kenneth Abt (OK)
Lisa Lee (OK)
Chrisa Schimmels (OK)
Chuck Schimmels (OK)
Zaida Shilling (OK)
Vicki Claybaugh Burroughs (OK)
Christy Washington (OK)
Donna Sinks (OK)
Annette Holcer (OK)
Linda Middleton (OK)
Julie Wilson (OK)
Cynthia Kampschaefer, PsyD (OK)
Francis Duckwall, MD (VA)
Melissa Phillips (VA)
Dana Gilley (VA)
Teresa Sizemore (VA)
Kristin Dillard (VA)

Certified through 5/1/11

Colette Grower, RN (AK)
Georgina Huskey (CA)
Joseph Rise (WA)
Linda Brooks (WA)
Leslie Carlington (WA)
Janis Baker (WA)
Robyn Rohwedder (WA)
Audra Black (WA)

Certified through 7/1/11

Michael Borek, DO (DE)
Jenniker Howe (MO)
Kim Yocom (MO)
Paul Absalon (NE)
Brenda Rouse (ND)
Jeannie Ulrich (ND)
Debi Chowdhury (NY)
Cindy Brooks (TN)
Karen Beyer (WA)
Lisa Varner, PhD (SC)

MidAtlantic and Northeast Hold Bi-Regional Conference at Annapolis

by Debi Chowdhury, MS, ALCSW

THIS YEAR'S BI-REGIONAL TRAINING conference with Northeast and MidAtlantic Regions was hosted by the GLADE chapter in Annapolis, Maryland on May 14-16th, 2008 at the Doubletree Annapolis.

This was an opportunity not to be missed. As we caught up on news with each other, we discussed new strategies on how to survive all the upcoming changes. Regarding the practicality of what was to come, we learned that no matter what part of the country we come from, we had the same trepidation, and lack of knowledge resources and funding availability. Coming together for a common cause and being able to get up to date, hearing from the policymakers directly, talking with SSA was an opportunity not to be missed, since this rare one to one occurs only at a NADE training conference.

The following awards were given out by the NorthEast at the awards luncheon:

Chapter- McADE.

Professional Award - Debi Chowdhury, ESADE (Empire State, New York)

Support Staff Award - Thomas Martin, ESADE

Supervisor Award – Edie Peters Liguori, New Jersey

Membership award was given to 1st place- GMADE (Vermont), and in 2nd place ESADE

The following awards were given out by the Mid-Atlantic

Chapter – GLADE (Government Liaison Chapter)

Support Staff Award - Pamela Thompson, DC chapter

Team Award – Regional ECAT team from VADE (Virginia)

Professional Award - Tami McIntyre, VADE/SSA

Andy Marioni Award - Betsy Stone, VADE.

The following officials were elected by the NorthEast at their Regional Caucus.

Regional President - Debi Chowdhury, ESADE

Regional Vice President - Virgie Alvarez PRADE (Puerto Rico)

Regional Secretary – Marcia Whittle WYNADE (Western New York)

Regional Treasurer - Martin Blum (retired)

The following officers were elected at the Mid-Atlantic regional Caucus.

Regional President - Leesa Chalmers, CWVADE (Charleston, West Virginia)

Regional Vice President - Mary Beth Kochie, VADE

Secretary – Kristen Dillard, VADE

Treasurer – Caroline Mason, MADE (Maryland)

Regional Director - Melissa Phillips, VADE

Next year's **Quad Regional Conference** will be hosted by WYNADE (Buffalo) at the **Crown Plaza, Niagara Falls** www.crownplaza.com/niagarafalls 716-285-3361; 800-2CROWNE. Please see the posting on the NADE website at www.nade.org

Dates are **May 6-9th**, Room rate **\$119**, Rates available 5/3-5/10. Free Parking.

Contact person: Debi Chowdhury@ 518-473-2231 debichowdhury@ssa.gov All are invited to attend.

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OWADE Celebrates NDPW with “Good Gravy”

by Ramon Valdes-Rijos, Olympia, Washington DDS

DURING DISABILITY PROFESSIONALS WEEK, the Olympia chapter of WADE (OWADE) welcomed NADE President Georgina Huskey. She showed her generous spirit throughout the afternoon's activities, offered insight into the roles NADE serves nationwide, and made it clear that she believes individual members are the heart and backbone of NADE. She handed out encouragement one-on-one during the Pizza lunch provided by OWADE. The chapter gained five members, a step toward our goal of increasing active membership.

On August 13th, OWADE joined with DDS Diversity Committee to co-spon-

sor “Good Gravy.” The noon hour social and friendly competition sparked creativity and laughter, and lifted spirits in the face of tough economic times and rising workload. Co-sponsoring the celebration helped raise OWADE's profile, increasing visibility to combat falling membership. Festivities included an entertaining line-up of employee performances. Line-dancers stomped, stepped, and twirled. Singers rendered such hits as “Gravy for You” and “Gravy Crocket, King of the Chicken Fried Steak.” A multi-talented group belted out “G-R-A-V-Y” to the tune of YMCA, choreographed The Village People. The food contest produced everything from main dishes to desserts slathered in sweet

gravy. In stiff competition, Unit 7 took Best Gravy Boat when their manned contraption, the USS7, sailed in on a tide of accordion music. Morale Committee provided beverages, OWADE the cups and plates. Heart-lifting fun was had by all.

OWADE regrets losing long-time member and Olympia North Chief, Mary Gabriel, but wishes her well in her new position as the Director of the Oregon DDS. We welcome Jerome Cox, as temporary replacement, offering support as he assumes the duties of Office Chief. We continue to get to know Director Duane French, who brings experience and commitment, and is often ready with a good story or a well-chosen poem.

NADE is YOU!

by Michele Namemek, Membership Chair

OFTEN WHEN I ATTEMPT to recruit new members or just persuade old members to renew, I am asked the now familiar question “What do I get for my membership fee?” I usually respond by citing the “5 top reasons to join NADE”:

- (1) Educational opportunities such as Training Conferences and access to the NADE Advocate
- (2) Advocacy for disability professionals through NADE's regular meetings with congressional officials and SSA leaders and policy makers
- (3) Networking opportunities to meet and share best practices with disability professionals across the country
- (4) Professional Recognition and Certification and
- (5) Opportunities to make a difference by participating to whatever degree you wish on a local or national level to effectuate positive changes through NADE.

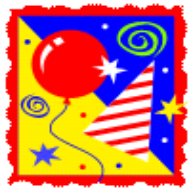
I explain NADE's purpose and mission and cite the fact that even though membership is not mandatory, NADE is the **ONLY** professional organization that is designed specifically for disability professionals. All individuals involved in processing and adjudicating disability claims are welcome to join.

Ultimately YOU ARE NADE. NADE's strength is in its membership. For a cost of less than one cup of coffee a week, you can support and be a part of the professional organization that has been advocating on your behalf for over 45 years. As an added bonus, your membership fee is tax deductible.



ASK NOT WHAT NADE CAN DO FOR YOU. ASK WHAT YOU CAN DO FOR NADE.

THE TIME IS NOW – DON'T HESITATE – BE A PART OF OUR FUTURE!



National Disability Professionals Week Celebrations Win Praise and Prizes

by Margaret Yeats, NDPW Chair

NADE ESTABLISHED NATIONAL Disability Professionals Week in 1988. At that time, the celebration was held during the last week of September. In later years, the NADE board voted to move NDPW to the third week in June, which has remained its official date since June 1994. NDPW has traditionally been a time to recognize the hard work of disability professionals and to encourage and promote membership in NADE through outreach activities. This year was no exception, with a wide variety of activities and support provided in the form of proclamations, training sessions, and staff appreciation events. One region even received acknowledgement from their SSA Regional Commissioner during NDPW for the contributions made by disability professionals, and plans are in the works to extend this recognition to all regions in the coming year.

Many thanks go to the committee members for their time and effort in promoting and selecting both the NDPW theme and contest winners. The NDPW committee began the year with the following members:

Margaret Yeats, SC
Brenda Moore, GA
Heidi Manuel, LA
Claudette Benser, MI

Amanda Christianson, SD
Cynthia Wilson, NY
Beverly Wardyga, DE
Audra Black, WA

The committee had one resignation during the year, Amanda Christianson, who left the DDS for other interests in the medical field.

NDPW was celebrated during the week of June 16 – 20, 2008. Theme ideas were solicited from all chapters with many suggestions received. The committee reviewed all suggestions and selected the following theme by majority vote:

“Full Speed Ahead: Stay on Track with NADE”

The winning theme was submitted by the chapter from North Carolina, THADE. Congratulations THADE!

Chapter submissions for the NDPW contest were submitted by many chapters, with cash prizes awarded for first (\$50) and second place (\$25) in each of three categories: small, medium and large chapter. Contest winners were announced at the national conference in September 2008 and are as follows:

Small chapter

- First place: **Wisconsin (WADE)**
 - o Highlights: WADE conducted daily activities that included a variety of staff appreciation, recognition, and professional development activities. They provided 15-minute chair massages to WADE members, hosted an off-site social hour, sponsored an awards ceremony to recognize exemplary employees, and had a DQB staff member come to speak about the Quality Review process, just to name a few.
- Second place: **South Dakota (SoDADE)**
 - o Highlights: SoDADE got into the spirit with train-themed decorations, candy train creation activities, word searches, travel t-shirt day and collection of items for a local charity.

Medium chapter

- First place: **Nebraska (NeADE)**
 - o Highlights: NeADE started their week with a ceremony at the state capital during which the Governor proclaimed June 16 – 20 to be NDPW for the state. Each day during the week included a different “full speed ahead” activity, including food, fundraising, and membership recruitment.
- Second place: **Delaware (DADE)**
 - o Highlights: DADE’s activities included volunteering with the Delaware Special Olympics, bake sale, chair massages, pizza luncheon with speaker, fundraisers, and Governor/Lt. Governor’s proclamations for NDPW.

Large chapter

- First place: **North Carolina (THADE)**

Continued on next page

o Highlights: THADE created a week-long series of activities based on “Mystery on the Orient Express.” Each day brought a different activity with regionally themed events and clues to the mystery, which was solved by the end of the week. Destinations included stops along a route from Istanbul, Turkey to Paris, France.

- Second Place: **Illinois (IADE)**

o Highlights: IADE celebrated NDPW in a variety of ways, including casual days to benefit the American Cancer Society, hosting a health fair for all DDS employees, ice cream social, staff recognition activities, and a NADE certification luncheon to recognize their certified employees.

Thanks again to all who participated in making National Disability Professionals Week a success this year.

Where the Rubber Meets the Road

ODP Responds to a Case Analysis question



From: ^ODP Controls

Sent: Tuesday, July 22, 2008 7:55 AM

To: Huskey, Georgina B.

Cc: Sklar, Glenn; Fredricks, Kristen; Federline, John P.; Roth, Shirleen; Dorf, Victoria; ^ODP OVP Controls; Glomski, Edmund

Subject: RESPONSE: Failure to Follow Prescribed Treatment: Question Regarding Prosthesis

Good morning Georgina,

This is in response to your inquiry about whether an individual with a below-knee amputation and no indication of stump complications, who does not use a prosthesis due to inability to afford one, can be found disabled on the basis of the provisions in POMS DI23010.005A.3.b. This POMS section explains that an acceptable justification for failure to follow prescribed treatment may be found if the individual is willing to accept the treatment, but is unable to afford it, and free community services are not available. You are also asking for verification that the inability to afford a prosthesis under the circumstances described does not satisfy a finding of disability on the basis that the individual “meets” listing 1.05B.

Current Q & A 02-080, originally posted on May 13, 2002, and most recently reviewed on September 20, 2005, and found still applicable, addresses this basic issue.

As your research shows, current listing 1.05B requires that an individual with a lower extremity amputation be unable to ambulate effectively due to stump complications which result in the medical inability to use a prosthetic device. This medical inability to use a prosthetic device must also meet the duration requirement. The inability to afford a prosthetic device does not represent a medical inability to use such a device and, therefore, does not satisfy the requirements of the listing. However, this does not mean that the individual with a lower extremity amputation, who does not use a prosthesis solely because he or she cannot afford the device, cannot be found disabled. Rather, in such a case, adjudication would not stop at step three, but would continue through the sequential evaluation process.

We recognize that individuals with the type of lower extremity amputation described in listing 1.05B will have an inability to ambulate effectively, as defined in 1.00B2b, when they are not using a prosthesis and that this would be true whether or not they use a prosthesis:

- because they cannot afford one.
- because a prosthesis has not been prescribed for them.
- or for other reasons.

In the assessment of residual functional capacity, the adjudicator must take into consideration not just the inability to ambulate effectively, but the extent to which the individual’s functional ability is compromised by the need to use a hand-held assistive device(s).

The issue of failure to follow prescribed treatment arises only after the evidence establishes that:

- the individual’s impairment(s) precludes SGA;
- the duration requirement is (or is expected to be) met; and,

Continued on next page

- the treatment prescribed by a treating source is clearly expected to restore the capacity to engage in SGA (DI 23010.005.A.2) (In determining if the individual has failed to follow prescribed treatment, the DDS is cautioned to verify whether the case record merely fails to reflect a treating source recommendation of treatment or therapy which can be expected to restore the claimant's ability to work vs. no such recommendation has been made.)

If these conditions are met, and the evidence of record discloses that there has been failure to follow prescribed treatment, the DDS must determine whether the failure is justified (DI 23010.005.A.3. and DI 23010.010A.ff.) A durational denial on the basis of failure to follow prescribed treatment is appropriate if:

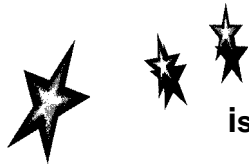
- the facts of the case support an allowance;
- a treating source has recommended a treatment/therapy which is clearly expected to restore ability to work within 12 months of onset; and,
- the DDS has determined that there is no good cause for failure to follow prescribed treatment (See DI 23010.010B.2.a).

Where 12 months or more have elapsed since onset, follow the instructions in DI 23010.010B.2.b. and c. Again, only after the individual's impairment is found disabling and expected to meet the duration requirement would failure to follow prescribed treatment become an issue.

If you have any further questions, you may contact Victoria Dorf, Office of Disability Programs, Office of Vocational Policy, at (410) 965-9245.

John Federline for Glenn Sklar

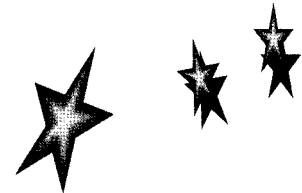
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***Marc Young, DDS Director; @ 302.324.7694 or
email: marc.young@ssa.gov***

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THE LATEST FROM OQP

Presenter: Melissa Spencer

by Kristen Campbell, Louisville, Kentucky DDS

EARLY WEDNESDAY MORNING, MELISSA SPENCER of the Office of Quality Performance (affectionately known as OQP), took on the task of providing an overview of important issues coming out of OQP. She walked the conference participants through some of the major accomplishments of the recent years and goals for the upcoming years. As many of us know, the Office of Quality Performance is tasked with providing the tools to assure that the Social Security Administration provides accurate determinations in an efficient and expeditious manner. Her presentation suggested that OQP is very busy at this task.

To get everyone oriented, Ms. Spencer provided an overview of how OQP touches not just the DDS but the FO and ODAR offices too. It is responsible for creating tools that improve the ability of all SSA offices to do their jobs. She works under one of three major sections of OQP, known as the Office of Quality Review (or OQR). This is the portion of OQP with which examiners/adjudicators are most familiar.

OQR has its hands in many barrels. For example, it has just completed a survey of applicants. It found our claimants' greatest concerns are:

- the desire to understand what is happening with the claim
- the level of responsiveness they receive
- the privacy of their personal information
- the level of courtesy they are shown AND
- the need for clear language – even if the news is bad

The study also pointed out, when survey participants rated the elements of service, the lowest satisfaction was seen with processing times. However, the ease of contacting SSA to find out the status of their claim was a very close second.

Ms. Spencer then summarized how the QA review process works. QA sections are tasked with three different reviews.

Random Reviews. This applies to all cases coming out of a DDS office. This pulls equally from both allowances and denials.

Targeted Reviews. By statute, SSA is responsible for reviewing 50% of all allowances. This comes out to be roughly 350,000 – 400,000 cases a year.

Special Reviews. A recent example is the comparison of typical errors found in cases adjudicated in the traditional way, versus adjudicated via the new eCAT system (computer assistance to flesh & blood professionals).

Upcoming Quality Initiatives were also quickly touched upon. This included work with the HIT (Health Information Technology) project where the DDS's would no longer need to send out the 827 release of information form to obtain protected health information, a Virtual Review process, where the case from any one DDS office could and would be received by any QA office across the country for review, the new directive that QA sections should also provide direct and specific *positive* feedback to the examiner/adjudicator, and of course the RPC initiative where the focus has been taken off assigning errors (blame), and refocused upon the goal of clarifying policy that is unclear and prone to create differences of opinion.

Other goals include special studies to evaluate the accuracy and utility of current requirements for PFS, difficulties and areas for improvement with the eCDR and the eCAT system, possible difficulties with implementing HIT and all the age old issues associated with PRW.

With this many activities, it is easy to see that the Office of Quality Performance is working hard to make our job easier.

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Post Traumatic Stress (PTS) Can Affect Anyone

by Trish Chaplin, St. Louis, Missouri DDS

WE ALL HAVE CLAIMANTS who allege disability due to PTSD, but what about secondary PTSD? Many had heard of secondary PTSD until the presentation made by Anna Whalley, LCSW at the NADE National Conference in TN. Ms. Whalley is the Clinical Coordinator at the Shelby County Crime Victims Center in Nashville, TN. The definition of primary PTSD is "individuals who have experienced, witnessed or were confronted with a traumatic event and responded with intense fear, horror or helplessness. There are both physical and emotional responses to post trauma responses. Physical responses include difficulty falling or staying asleep, nightmares, restlessness, headaches, change in appetite and decreased libido. The emotional post trauma responses include difficulty concentrating or making decisions, grief, moodiness, easily startled, guilt, numbness and depression. Most people have probably had these symptoms related to some type of post trauma, whether it be primary or secondary. In reality, only a small percent of people develop PTSD and secondary PTSD.

This secondary trauma refers to "indirect exposure to trauma through a first-hand account or narrative of a traumatic event." During this presentation, it was obvious that everyone at some point in their life has experienced secondary PTS. The consequences of experiencing secondary PTS can cause problems in daily living. As disability professionals, we

often hear details of peoples' lives that may affect us in this "secondary PTS" way. It could cause disruptions in our relationship with our claimants, conflicts with our colleagues and violations of boundaries. Ms. Whalley reports that in her line of work, sometimes the professionals working with a crime victim may push victims too quickly in an effort to master their own responses to secondary trauma. This type of trauma may result in some ethical consequences, like giving less than desirable services to our claimants, staff friction and disruption, poorly thought out decisions and straying from the agency mission.

Some correlates to secondary PTSD could be a personal trauma history, large number of trauma survivors in a caseload, insufficient training, identification with victims, insufficient workplace, social or familial support. As a disability professional, it is very easy to experience secondary PTSD as a result of the hundreds of sometimes heartbreaking cases we deal with on a daily basis.

Ms. Whalley also discussed Compassion Fatigue which is described as "the convergence of post traumatic stress, secondary traumatic stress and cumulative stress/burnout in the lives of helping professionals and other care providers." This may sound familiar as we often become stressed or feel burned out due to increased casework. Symptoms of Compassion Fatigue include intrusive

thoughts or images, difficulty separating work from personal life, lowered frustration tolerance/anger outbursts. This could lead to dread of working with certain clients, depression, "assumptive world" disturbances, hyper vigilance, self-destructive self-soothing behaviors, diminished sense of purpose with career, decreased functioning in non-work situations, chronic lateness, frequent headaches, exhaustion, gastrointestinal problems, increased irritability, lowered self-esteem, and "work-aholism."

Then there is the Chronic Responsibility Syndrome, with which many people can identify. These are the people who take on everything because they may think "I can do it better so I better do it" or "It won't be done if I don't do it." People with Chronic Responsibility Syndrome have to learn how to just say no, delegate and train or take a sabbatical.

PTSD survivors have experienced or witnessed some type of crime, violence, war or other traumatic event. Those at risk for secondary PTSD are professionals, family members, friends, associates, victim assistance specialists, psychologists, social workers, social service providers, disaster workers, nurses, doctors, care givers and clergy of the trauma survivors. Could disability professionals be at risk for secondary PTSD? I certainly think so, especially the professionals who may become very attached to their claimants.

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Post Traumatic Stress

Learning to deal effectively, continued

How can we prevent being victims of secondary PTSD? Secondary stress is predictable and damaging and may be unavoidable in our profession but there are professional, organizational and personal strategies that may help. We must learn how to effectively balance our caseloads and have accessible supervision. Organizational strategies include have sufficient relate time and a safe physical space. Personal strategies are respecting your own limits and maintaining time for self care. It is human nature to want to do everything you can but sometimes, you just have to stop and take a little time for yourself. We must seek out self-nurturing activities and seek connections with others.

This presentation by Ms. Whalley was very informative and helpful. Remember, secondary PTS may be unavoidable both in our work and home lives but living a healthy, balance life can be an effective tool in overcoming any secondary PTS issues. We need to keep health work boundaries, have time to exercise, rest, meditate or pray and most of all avoid chaos.



Global Health Issues

Treatment often too expensive, Continued from page 36

shortness of breath, tachycardia etc.), as well as other general symptoms such as fever, chills, nausea, flu-like illness, and in severe cases, coma and death. Malaria transmission can be reduced by preventing mosquito bites with mosquito nets and insect repellents, or by mosquito control measures such as spraying insecticides inside houses and draining standing water where mosquitoes lay their eggs.

Although some are under development, no vaccine is currently available for malaria; preventative drugs must be taken continuously to reduce the risk of infection. These drug treatments are often too expensive for most people living in affected areas. They are strongly recommended to take full precautions if they return to an endemic area. Malaria infections are treated through the use of anti-malarial drugs, such as quinine or artemisinin derivatives, although drug resistance is increasingly common.

Another protozoa disease is toxoplasmosis. During the first few weeks, the infection typically causes a mild flu-like illness or no illness. After the first few weeks of infection have passed, the parasite rarely causes any symptoms in otherwise healthy adults. However, people with a weakened immune system, such as those infected with HIV or pregnant, may become seriously ill, and it can occasionally be fatal. The parasite can cause encephalitis (inflammation of the brain) and neurologic diseases and can affect the heart, liver, and eyes (chorioretinitis).

Bacterial diseases are found in many parts of the United States. Lyme disease was identified as originating on Shelter Island, a small island off Long Island, NY. Rocky Mountain Spotted Fever was first recognized in the 1980s. It is thought to be carried in lice, fleas, ticks and mites. One of the most common bacterial diseases is Tuberculosis (TB). TB is an infectious disease which most often affects the lungs. Luckily, TB is not

common in the US. A strain of TB was identified in the 1980s as being Multi-Drug Resistant (MDR) and another strain has shown to be XR (extensively resistant).

The most widely discussed viral disease is HIV/AIDS. In the USA, 46% of all new HIV infections occur in 43% of the US population, mostly women of color and men who have sex with men (MSM). Despite efforts to greatly reduce the risk of HIV infection, there are 56,000 new infections every year in the USA. According to the Center for Disease Control (CDC) in 2007, about one million people in this country alone were living with HIV/AIDS. HIV is now the leading cause of death for black women ages 25-34. HIV positive black men are less likely to get treatment. In the United States, New Jersey has the highest risk of HIV. Intervention is essential and early treatment is critical. Community health outreaches are critical because the MSM groups appear to gather in tighter numbers.

Some people are HIV positive and are able to continue to work and function normally without any significant difficulties. Others, especially those diagnosed late in life, are more likely to get serious opportunistic infections or malignancies. Worse is non-adherence to medications which makes the virus resistant and enables the disease to progress rapidly. The medications for HIV can cause serious side effects, including problems to organs such as the heart and kidneys, which can lead to disability for these patients.

Despite continued research efforts, there are serious global health issues and diseases plaguing countries all over the globe. Continued awareness of these issues is needed in order to reduce diseases in people throughout the world. For more information regarding global health issues and diseases, visit www.globalhealth.vanderbilt.edu.

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Global Health Issues & Diseases

by Trish Chaplin, St Louis, Missouri DDS

AN INTERESTING PRESENTER
AT THE 2008 National Training Conference was Sten Vermund, M.D., PhD. from the Institute for Global Health at Vanderbilt University Medical Center. Dr. Vermund discussed issues of parasites and diseases that are plaguing various countries. He reported Tennessee has one of the fastest growing immigrant populations in the United States. Disease is everywhere and when people come into the USA, they often bring diseases with them.

Dr. Vermund discussed parasites, often known as worm diseases which are bacterial or viral diseases that can cause serious complications and even death. Children are more often affected than adults. There are a variety of worms which can carry diseases: round, hook, pin, whip and thread worms. Large worms can cause gastrointestinal blockages, asthma symptoms and malnutrition.

Filarial infections (blood infections) are caused by worms living in the lym-

phatic system. They are transmitted by mosquitoes. These infections are not as prevalent in the United States but are frequently found in the tropics. Some examples he gave were: elephantitis, adenolymphangitis, hydrocele, lymphoedema, and chyluria. Patients with these conditions are usually asymptomatic until the infection hits.

"Liver Blindness" is transmitted by the black fly. Worms are transmitted when it bites the host and the worms migrate into the corneas. This disease can be treated with Ivermectin and the company that makes this drug donates the medicine to the UN health organization.

Trematodes (flukes) are most commonly found in Asia, Africa and South America. Most fluke infections are acquired by (1) drinking infected water, (2) swallowing infected water while swimming; transmission from wet hands to mouth or nose, etc., (3) eating infected aquatic vegetation, or (4) eating infected raw meat or raw intermediate hosts (snails, shellfish, crustaceans, fish). One can kill trematodes by thoroughly cooking meats and vegetable taken from suspect waters. Salting, pickling, drying, and smoking does not always kill the parasites in meat. The host is a snail who releases cercariae (sperm-like larva) which penetrate the skin of humans.

Chronic Schistosomiasis causes portal fibrosis, portal hypertension. Diagnosis is made when the symptoms present as alcoholic sclerosis but liver function studies are normal. Infection occurs when your skin comes in contact with contaminated freshwater in which certain types of snails that carry schistosomes are living.

Another prevalent disease found in northern Mexico is Cysticercosis, caused by a tapeworm. It can be transmitted when there is fecal contamination of food by tapeworms. Diagnosis is made with CT scans, MRU, and serology. It responds to Albendazole. Sudden onset of seizures in an adult is often seen when the eggs migrate to the brain.

Another category of disease Dr. Vermund mentioned is the protozoa, a single cell organism. Protozoan parasites are carried by mosquitoes which cause infectious diseases such as malaria. It is widespread in tropical and subtropical regions, including parts of the Americas, Asia, and Africa. Malaria is one of the most common infectious diseases and an enormous public health problem. Malaria parasites are transmitted by female *Anopheles* mosquitoes. The parasites multiply within red blood cells, causing symptoms that include symptoms of anemia (light headedness,

*Global Health Issues, continued
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