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Burden of Mental Illness Among Veterans Seen in VA Primary Care and the Positive Effects of Recent VHA Initiatives

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BURDEN OF MENTAL ILLNESS AMONG VETERANS SEEN IN VA PRIMARY CARE AND THE POSITIVE EFFECTS OF RECENT VHA INITIATIVES

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I. INTRODUCTION

In addition to the behavioral health collaborative care model, fellow panelists Keith Grant, Veterans Coordinator, Nassau County Department of Human Services, and the author explored some of the stressors facing our service members today both on and off the battlefield, as well as the comorbidity of mental illnesses typically seen in veterans seeking treatment at U.S. Department of Veterans Affairs ("VA") hospitals. The VA's Primary Care-Mental Health Integration ("PC-MHI") initiative was discussed as an improved system of diagnosing and treating mental health issues among veterans.[1] All of the focus on mental health issues provided a foundation for discussion of a case study that featured a veteran who received an Other than Honorable ("OTH") discharge, the missed opportunities for intervention by his command while he was serving and at the time of his separation, and the negative impact that such a discharge can have on a veteran's life after separation.[2] Mr. Grant and the author explored the case study from the

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1. Patricia Roberts, *PTSD, TBI, and OTH Discharges: A Case Study of a Young Service Member*, 45 HOFSTRA L. REV. 35, 35-37 (2016); Ranak B. Trivedi et al., *Prevalance, Comorbity, and Prognosis of Mental Health Among US Veterans*, 12 AM. J. PUB. HEALTH 2564, 2564-65, 2568 (2015).

2. *See* Roberts, *supra* note 1, at 35-37.

perspective of the service member and a psychologist and health services researcher, respectively.

II. THE VETERANS HEALTH ADMINISTRATION

The Veterans Health Administration ("VHA") represents the largest integrated health care system in the United States.[3] Across its 160 medical centers and 802 community-based outpatient clinics ("CBOC"), the VHA reports 16.4 million primary care encounters annually and serves nearly 8.9 million veterans.[4] Veterans seen within the VHA are sicker than the general population, in part, due to the criteria veterans need to meet to qualify for VHA care.[5] This includes both a higher prevalence of medical conditions, as well as mental illnesses.[6] A recent study by the author, and others, examined the prevalence of depression, substance use disorders ("SUD"), post-traumatic stress disorder ("PTSD"), anxiety, and serious mental illness ("SMI") (bipolar or schizophrenia) within VHA primary care.[7] The sample consisted of the nearly 4.5 million veterans seen within primary care between 2010 and 2011.[8] The study found that 25.7% (N=1,147,022) of veterans had at least one of these five mental illnesses.[9] The most common was depression at 13.5%, followed by PTSD (9.3%), SUD (8.3%), anxiety (4.8%), and SMI (3.7%).[10] These conditions were frequently comorbid. For example, depression was diagnosed in 48.1% of all PTSD patients, 55% of all anxiety patients, 29.5% of all SMI patients, and 37.8% of all SUD patients.[11] SUD was also common, with 21.9% to 29% of other conditions meeting criteria for SUD.[12] A higher prevalence of depression, SUD, and SMI were associated with worse outcomes at one year, whereas the outcomes associated with PTSD, such as emergency department ("ED") visits, inpatient hospitalizations, and mortality, were

3. *Veterans Health Administration*, U.S. DEP'T VETERANS AFF., http://www.va.gov/health/aboutVHA.asp (last updated Oct. 24, 2016).

4. Ann-Marie Rosland et al., *The Patient-Centered Medical Home in the Veterans Health Administration*, 19 AM. J. MANAGED CARE e263, e263-64 (2013); *Veterans Health Administration*, *supra* note 3.

5. *See* Andrew S. Pomerantz et al., *Mental Health Services in the Medical Home in the Department of Veterans Affairs: Factors for Successful Integration*, 11 PSYCHOL. SERVICES 243, 243 (2014); Roberts, *supra* note 1, at 42-44.

6. Trivedi et al., *supra* note 1, at 2568.

7. *Id.*

8. *Id.*

9. *Id.* at 2564-68.

10. *Id.* at 2565.

11. *Id.* at 2566.

12. *Id.*

less prevalent.[13] Among veterans with PTSD, the one-year mortality risk was lower, even though the one-year risk of ED visits and hospitalizations was higher.[14]

The desire to improve the care of veterans in primary care settings has led to two VHA initiatives. In 2007, the VHA implemented the PC-MHI initiative to address the mental illness needs of veterans.[15] This initiative was based on decades of research showing that co-locating mental health treatment in primary care settings improves outcomes for patients with mental illness,[16] and the success of quality improvement demonstration projects within the VA.[17] The PC-MHI co-located mental health care experts such as clinical psychologists in primary care settings. Since its inception, the PC-MHI program has expanded across the country and demonstrated improvements in the screening, detection, and treatment of mental illness.[18]

Following the success of PC-MHI, the VA also undertook a reengineering of its primary care system by adopting the patient-centered medical home model of primary care.[19] The goals of the patient-centered medical home model are to enhance team based care, improve access and care coordination, and provide comprehensive treatment.[20] This systems-based approach to improving quality of care and safety is meant to sustain partnerships with patients. The VA model of these medical homes is called Patient Aligned Care Team ("PACT").[21] This initiative was implemented nationwide in 2010.[22] National evaluations indicate that places with superior implementation of PACT also displayed higher scores for patient satisfaction, lower staff burnout,[23] and modest economic results.[24]

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13. *Id.* at 2564.
14. *Id.* at 2566.
15. *Id.* at 2564.
16. *Id.*
17. David W. Oslin et al., *Screening, Assessment, and Management of Depression in VA Primary Care Clinics*, 21 J. GEN. INTERNAL MED. 46, 49 (2006); Lisa Zubkoff et al., *Usefulness of Symptom Feedback to Providers in an Integrated Primary Care-Mental Health Care Clinic*, 63 PSYCHIATRIC SERVICES 91, 91-93 (2012).
18. *See* Paul N. Pfeiffer et al., *Are Primary Care Mental Health Services Associated with Differences in Specialty Mental Health Clinic Use?*, 62 PSYCHIATRIC SERVICES 422, 422 (2011); Pomerantz et al., *supra* note 5, at 246; Kara Zivin et al., *Initiation of Primary Care—Mental Health Integration Programs in the VA Health System: Associations with Psychiatric Diagnoses in Primary Care*, 48 MED. CARE 843, 846 (2010).
19. Rosland et al., *supra* note 4, at e263.
20. *See* Zivin et al., *supra* note 18, at 844.
21. Rosland et al., *supra* note 4, at e264.
22. *Id.* at e264-66.
23. Karin M. Nelson et al., *Implementation of the Patient-Centered Medical Home in the Veterans Health Administration: Associations with Patient Satisfaction, Quality of Care, Staff*

For patients with mental illness, there might be considerable overlap between the PACT and PC-MHI models. The author's initial study, discussed above, found that patients with mental illnesses seen in both PACT and PC-MHI had generally better prognoses than PACT patients who were not seen in PC-MHI.[25] In an ongoing study, the author, and others, evaluate whether PACT has an influence on preventable hospitalizations, as captured by hospitalizations related to ambulatory care sensitive conditions ("ACSC").[26] ACSCs are thought to best respond to high quality outpatient management, and for which inpatient hospitalizations are considered preventable, by providing timely and appropriate outpatient care (for example, diabetes or ischemic heart disease).[27] Conversely, many of these conditions are also complicated by the presence of mental illness, suggesting that high quality care that addresses these complex relationships may reduce ACSC-related hospitalizations among veterans with mental illness.[28] In the study of over nine million veterans, it was found that the implementation of PACT was associated with improvements in ACSC-related hospitalization rates for veterans who were age sixty-five or older and diagnosed with any of the five mental illnesses, as evidenced by an initial decrease in rate of ACSCs from 40.3 to 37 per 1000 patients ($p<.01$).[29] In years three to five, they continued to show benefit with a decrease from 39.9 to 32.2 per 1000 patients ($p<.001$).[30] These improvements were also true for veterans age sixty-five or older and diagnosed with depression or anxiety. Younger veterans with depression did not benefit from PACT initially, but they did show improvements in the rates of hospitalization in years three to five.[31] Younger veterans with anxiety also had a lower rate of ACSC-related hospitalization following PACT implementation.[32] Younger veterans

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Burnout, and Hospital and Emergency Department Use, 174 JAMA INTERNAL MED. 1350, 1353-54 (2014).

24. Paul L. Hebert et al., *Patient-Centered Medical Home Initiative Produced Modest Economic Results for Veterans Health Administration*, 33 HEALTH AFF. 980, 984-85 (2014).

25. Trivedi et al., *supra* note 1, at 2564-67.

26. Ranak B. Trivedi et al., *Relationship of Mental Illness and Ambulatory Care Sensitive Condition (ACSC)-Related Hospitalizations Among Veterans Seen in VA Primary Care*, 29 J. GEN. INTERNAL MED. S198, S198-99 (2014).

27. *See* Hongsoo Kim et al., *Potentially Preventable Hospitalizations Among Older Adults with Diabetes*, 17 AM. J. MANAGED CARE, e419, e419-22 (2011).

28. Trivedi et al., *supra* note 26, at S198.

29. *See* Trivedi et al., *supra* note 26, at S198; *see also* Trivedi et al., *supra* note 1, at 2565-66; Hebert et al., *supra* note 24, at 984.

30. *See* Nelson et al., *supra* note 23, at 1350.

31. Trivedi et al., *supra* note 26, at S198.

32. Trivedi et al., *supra* note 1, at 2568.

with SUD had the reverse finding, where PACT implementation was associated with an increase in ACSC-related hospitalizations.[33] Therefore, our results indicate that for a large proportion of veterans who are seen in primary care settings the advent of PACT has had a positive influence.

III. CONCLUSION

In summary, the burden of mental illness among veterans is high and associated with poor outcomes. The VHA has undertaken two major initiatives within primary care that address the unique needs of these patients. The presence of these initiatives appears to have a generally positive influence on patients with mental illness. Results are limited by the use of administrative data and the observational nature of the design that prevents the examination of causal influence. Further research will allow a closer look at patients who are not benefiting, which will inform future innovations in VHA primary care.

33. *Id.* at 2565.

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