

# Integrating Primary Care and Mental Health for OEF/OIF Veterans at the SFVAMC : *Preliminary Outcomes and Future Directions*



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# Under-Utilization of VA Mental Health Treatment

- 37% of OEF/OIF veterans in VA healthcare nationwide have received MH diagnoses; 25% have received new PTSD diagnoses
- Less than 10% with new PTSD diagnoses have received what would approximate minimum evidence-based treatment

Seal et al., *AJPH*, 2009

Seal et al., *JTS*, 2010

# Barriers to Mental Health Care

- Stigma/shame
- Competing priorities
- Geographic distance
- Symptoms of mental health problems, e.g. avoidance, denial, apathy
- “Battlemind”



# Increased Rates of Medical Diagnoses and Medical Services Utilization

OEF/OIF veterans with MH diagnoses had:

- Significantly greater rates of CVD risk factors and other somatic complaints *Cohen et al., 2009; Schnurr et al., 2004; Frayne et al., 2010*
- Used twice the rate of VA medical services than those without mental health problems.  
*Cohen et al., 2008*

# Bringing Mental Health into Primary Care

## Primary Care Clinic

Post-Deployment Mental Health and TBI Screening

Primary Care

“Post-Deployment Stress  
Specialist”

Combat Case Manager

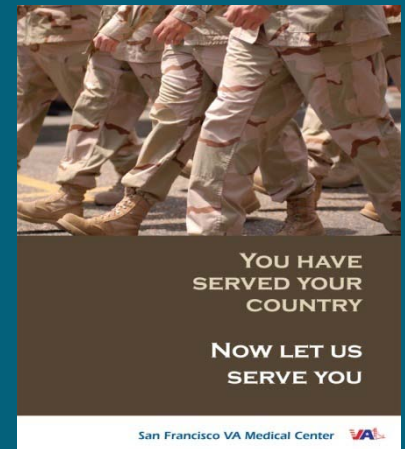


# Post-Deployment Integrated Care Clinic

Established April 1, 2007

## Mission:

- Bring Mental Health (and Social Work) to Primary Care
- DECREASE STIGMA
- Honor military service
- Facilitate re-adjustment and community reintegration; focus on function
- Provide coordinated co-located care

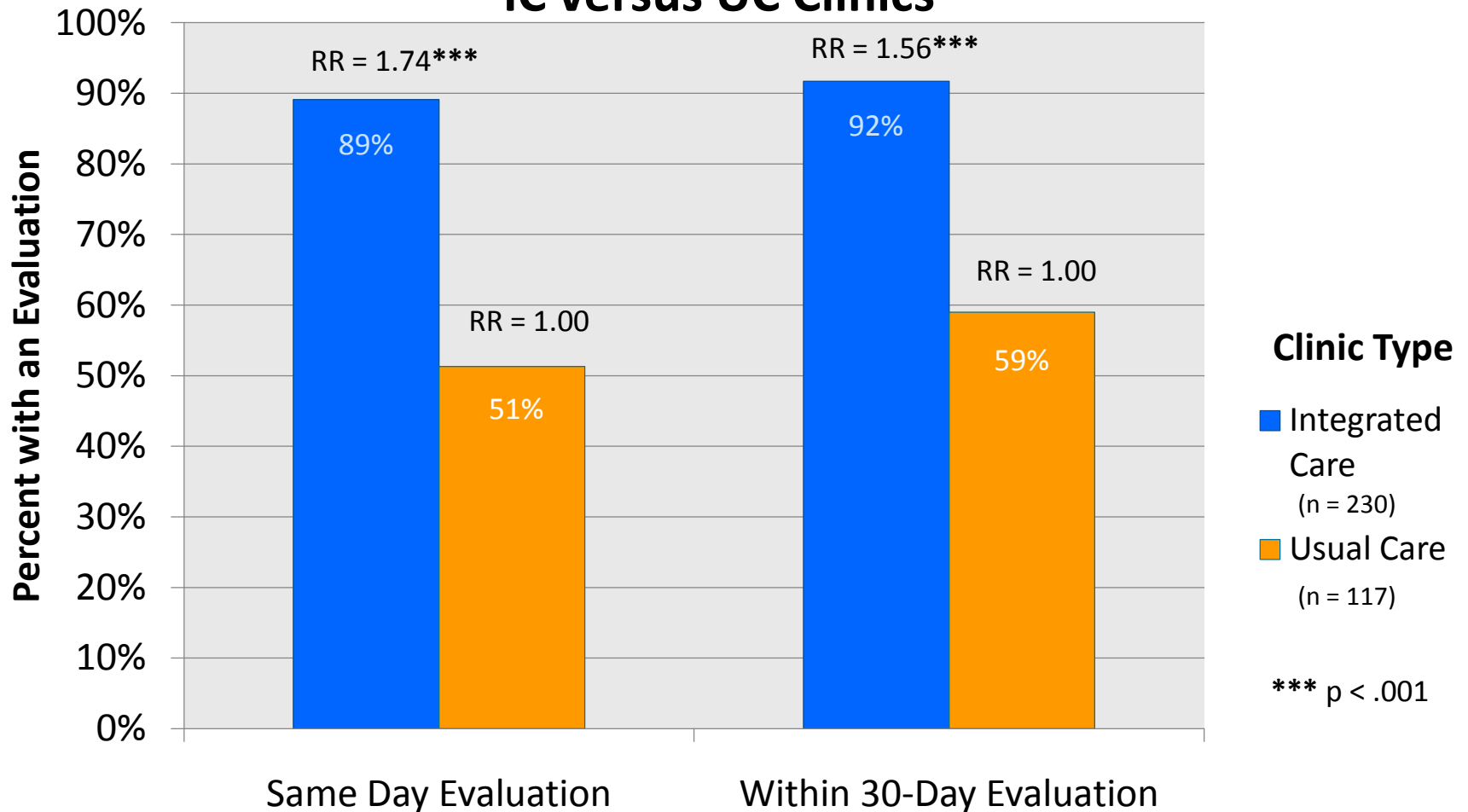


# “A Natural Experiment”

- From April 1, 2007 to January 1, 2009, 347 new OEF/OIF veterans were seen in primary care.
- **“Integrated Care”** (N=230): 3-part pre-scheduled visit with trained PC, MH and SW providers.
- **“Usual Primary Care”** (N=117): Primary care +/- same-day mental health and/or social work depending on patient need and provider availability.

# Results

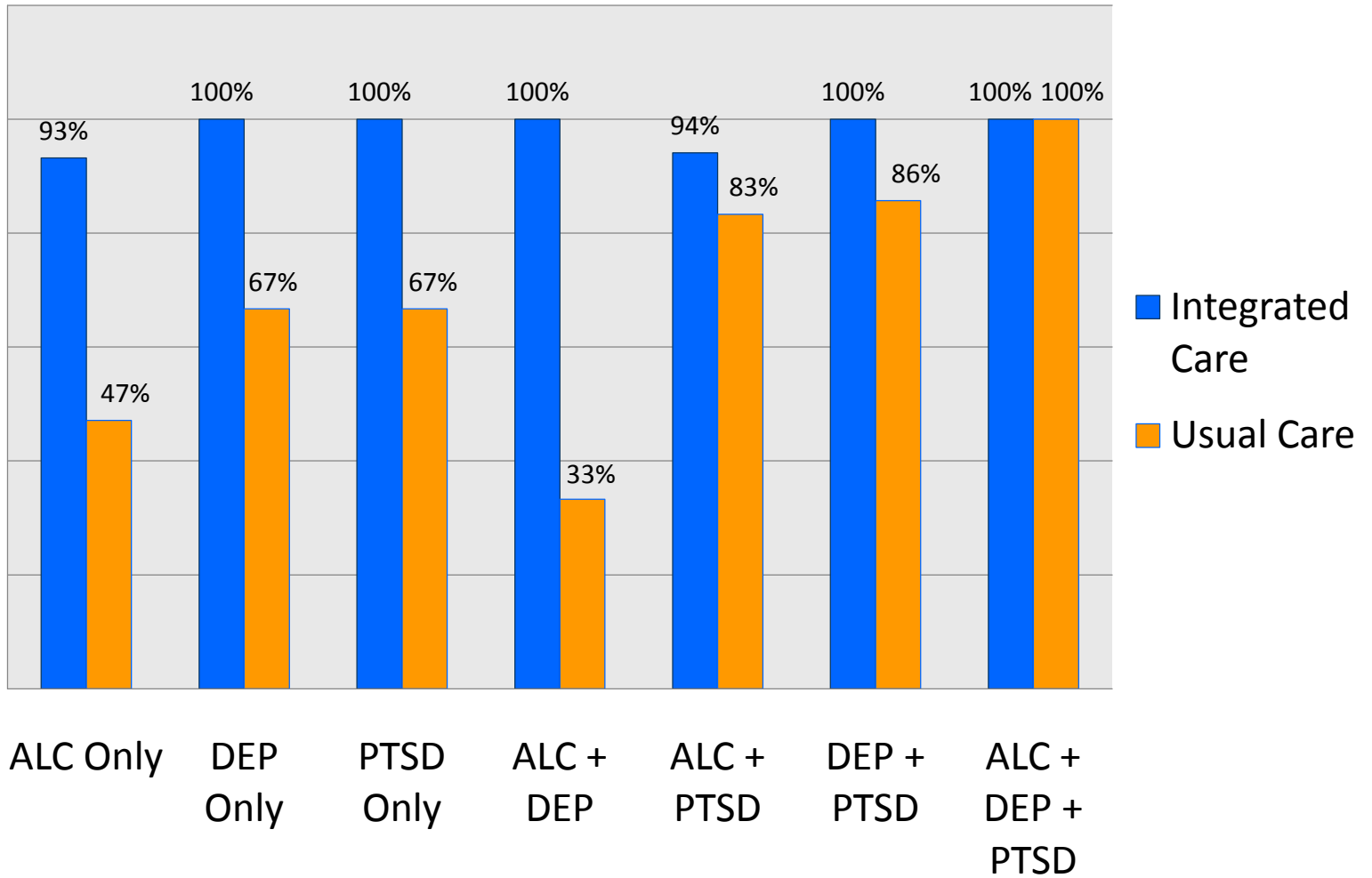
## Same-Day & Within 30-Day Initial MH Evaluation IC versus UC Clinics





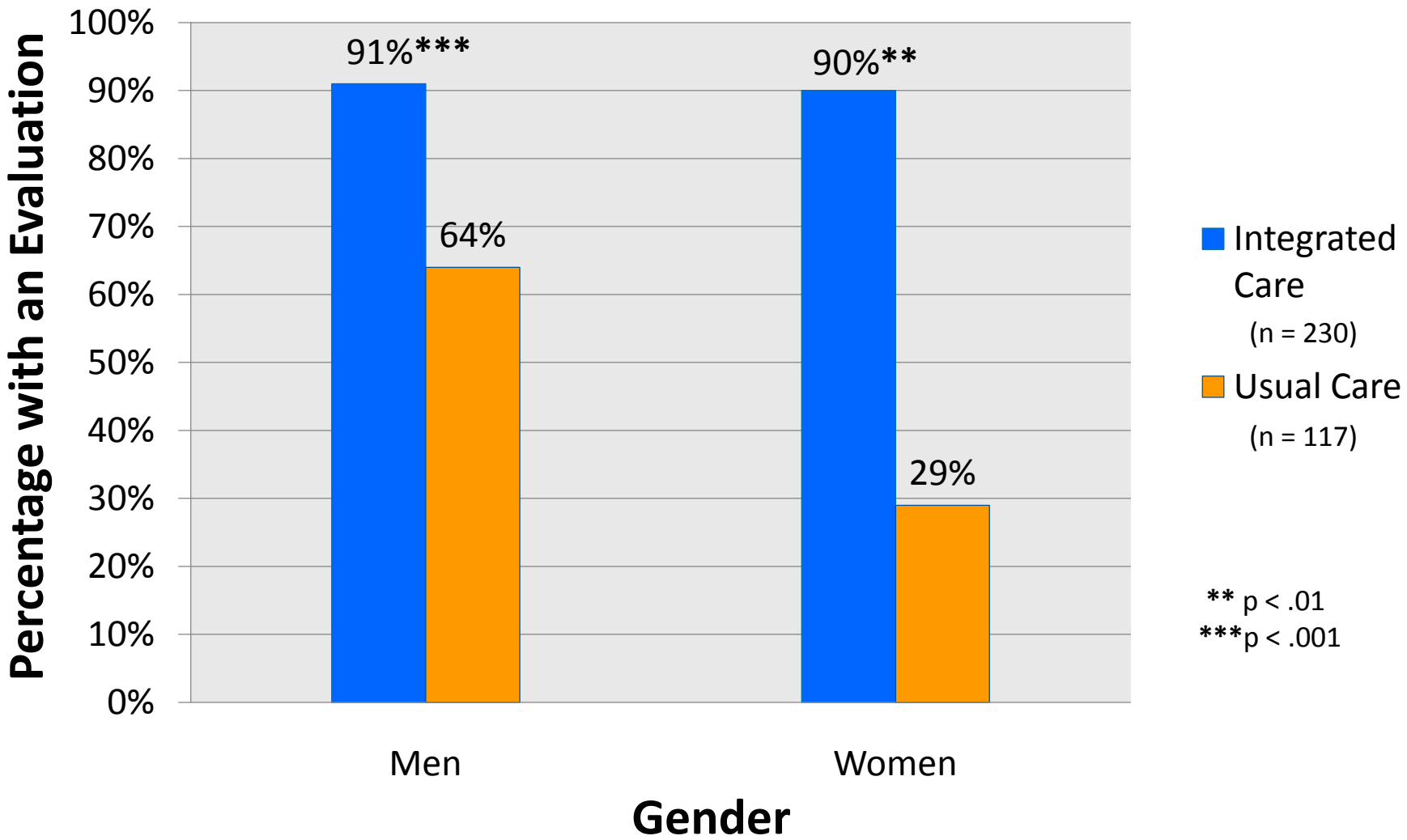
# Initial Mental Health Evaluation w/in 30 days by Mental Health Screen Results

Percent with an Evaluation



Mental Health Screen Results

# Mental Evaluation Within 30 Days of Index Visit by Gender



# Follow-up Specialty Mental Health Care after Initial Primary Care Visit in OEF/OIF Veterans

	<b>Integrated Care</b>	<b>Usual Care</b>	<b>p-value</b>
<b>≥ 1 MH specialty visit within 90 days of first PC visit (%)</b>	<b>42%</b>	<b>29%</b>	<b>0.027</b>
<b>Number MH specialty visits in first year after PC visit (Median, IQR)</b>	<b>1 (0,4)</b>	<b>0 (0,2)</b>	<b>0.003</b>
<b>Number of MH visits in first year in vets with positive MH screens (Median, IQR)</b>	<b>1 (0,6)</b>	<b>1 (0,7)</b>	<b>0.901</b>

# Conclusions

- Initial 3-part Integrated Care (IC) visit with providers trained in post-deployment health significantly improved access to an initial MH evaluation for OEF/OIF veterans compared to Usual Care (UC).
- Women veterans and those with positive MH and TBI screens had a higher likelihood of an initial MH evaluation if first seen in IC versus UC primary care.
- Veterans with an initial IC (versus UC) visit were more likely to have at least one specialty MH visit, but engagement was poor, and there was no difference in MH follow-up for veterans with positive screens.

# Future Directions

- Consider addition of brief MH treatment within primary care—may be sufficient or can be used to motivate a “step-up” and engagement in specialty MH treatment.
- Consider addition of a “Care Manager” to enhance patient engagement in MH treatment and bolster collaboration between primary care and mental health providers.

# Special Thanks



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San Francisco VA Medical Center 



**THANKS FOR  
YOUR SERVICE**

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# Special Thanks

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