




Integrated Care/Integrative Care For Returning Combat Veterans

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The background of the slide is a stylized, semi-transparent American flag. The stars and stripes are visible but faded, creating a patriotic backdrop for the text.

How can integrated/integrative care serve the needs of returning combat veterans?

What are the health concerns of newest veterans seen in the VA?

•1,285,631 of the 2.2 million who have deployed, are separated and eligible for VA

•50 % have been seen in VA between FY 2002 and April 2010

• Musculoskeletal	54.7%
• Mental disorders	50.7%
• Symptoms/signs	49.2%
• Nervous system (hearing)	42.5%
• GI (dental)	35.2%
• Endocrine/Nutrition	29.7%
• Injury/Poisoning	27.5%
• Respiratory	24.9%

Since 2002, approximately 620,000 newest veterans have been seen in VA facilities. A total of 331,514 unique patients have received one or more psychological health diagnoses

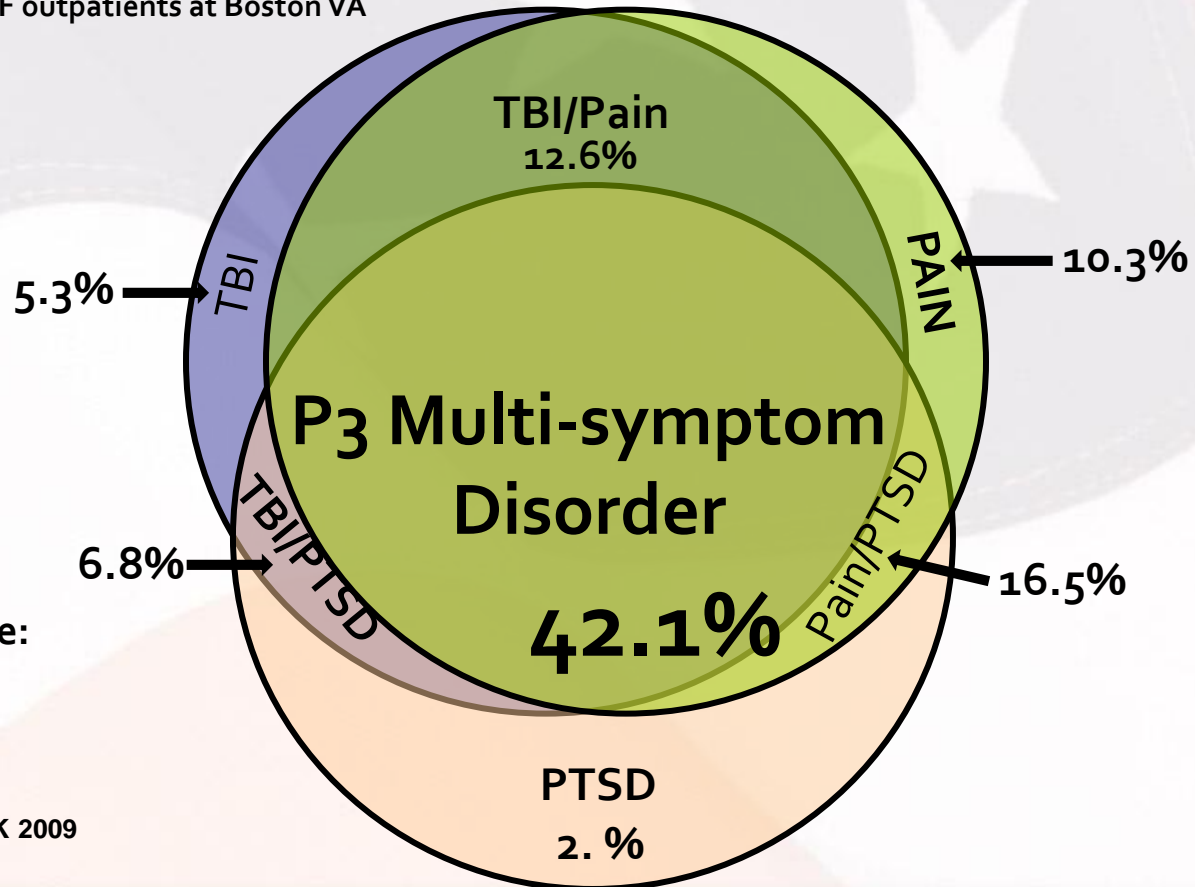
Disease Category (ICD 9: 290- 319)	Percentage
PTSD	27.8%
Depressive Disorders	20.4%
Neurotic Disorders	17.2%
Affective Psychosis	12.2%
Alcohol Dependence	5.7%
Nondependent Abuse of Drugs	3.9%
Specific Non-psychotic Psychological Disorder due to Organic Brain Damage	3.6%
Special Symptoms, not elsewhere classified	3.4%
Sexual Deviations and Disorders	2.9%
Drug Dependence	2.8%

This data excludes PTSD data from the VA Vet centers, the 90,303 with tobacco use disorder, the 22,156 with alcohol use disorder and the 17,188 with both TOB and ETOH but no other MH disorder.

Cumulative from 1st Quarter FY 2002 through 1st Quarter FY 2011

Comorbid Concerns in Combat Veterans

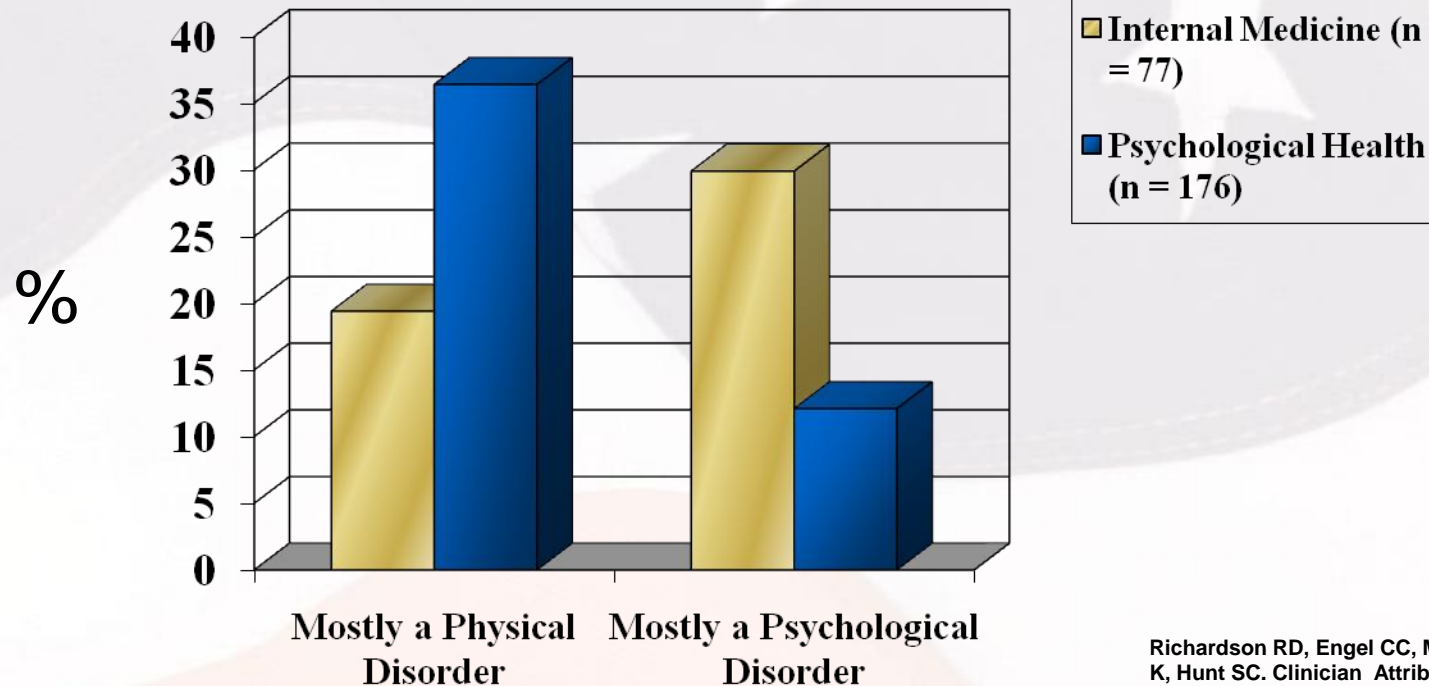
Lew, Otis, Tun, Kerns, Clark, & Cifu, 2009 JRR&D
Sample = 340 OEF/OIF outpatients at Boston VA



Overall prevalence:
Pain 81.5%
TBI 68.2%
PTSD 66.8%

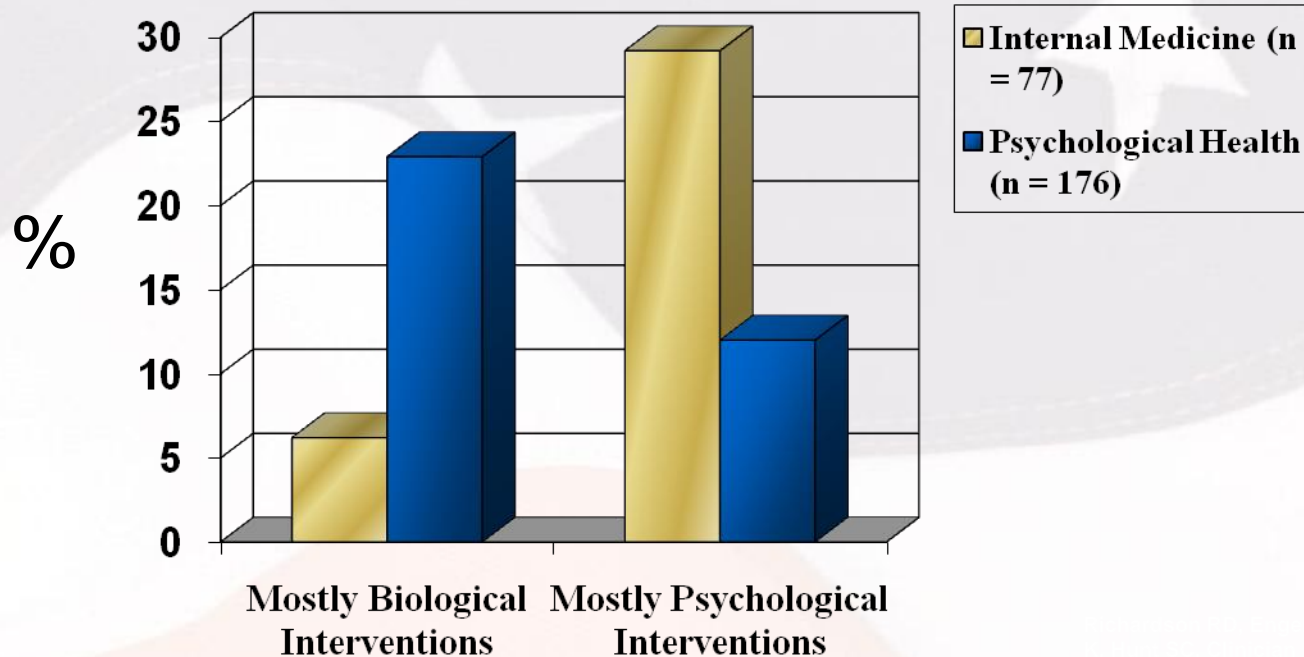
CLARK 2009

Rate the degree to which you believe “Persian Gulf Illness” is



Richardson RD, Engel CC, McFall, M, McKnight K, Hunt SC. Clinician Attributions for Symptoms and Treatment of Gulf War-Related Health Concerns. Archives of Internal Medicine 2001; 161: 1289-1294.

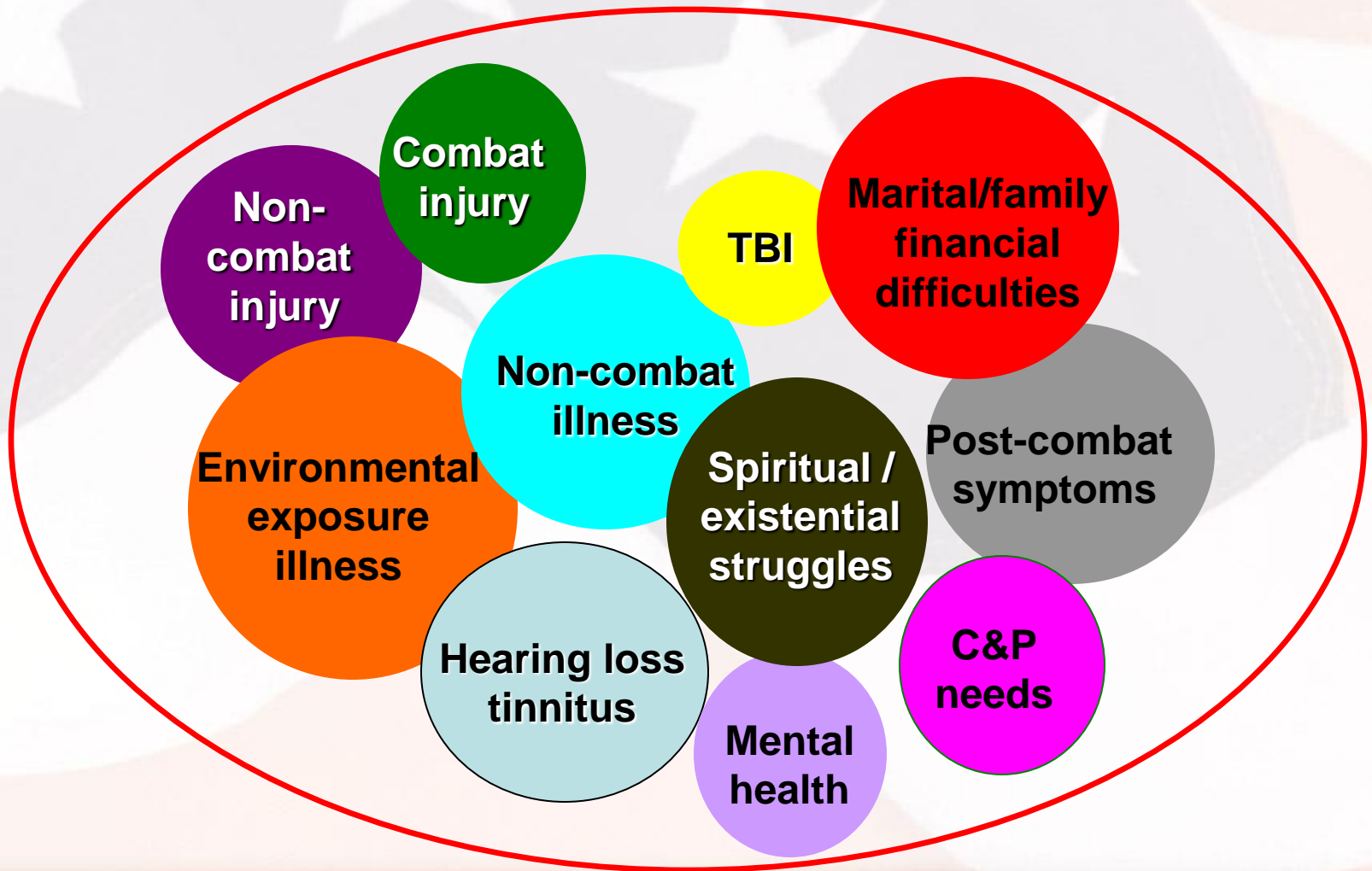
**Rate the degree to which you believe
“Persian Gulf Illness,” in general,
is most effectively treated by**



Discover the potentials of integrated care...



With our returning combat veterans...



The background of the slide is a stylized, semi-transparent American flag. The stars are white and the stripes are red and white, with a dark blue field at the top. The flag is slightly blurred and has a soft glow.

What are the stressors of war?

Physical

Injury

Temperature

Diet

Toxic agents

Multiple immunizations

Noise

Sleep deprivation

Austere conditions

Infectious agents

Blast wave/head injury

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What are the stressors of war?

Psychological

Anticipation of combat

Combat trauma

Non-combat trauma

Separation from family/home

Deprivation

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What are the stressors of war?

Psychosocial

Marital/parenting issues

Social functioning

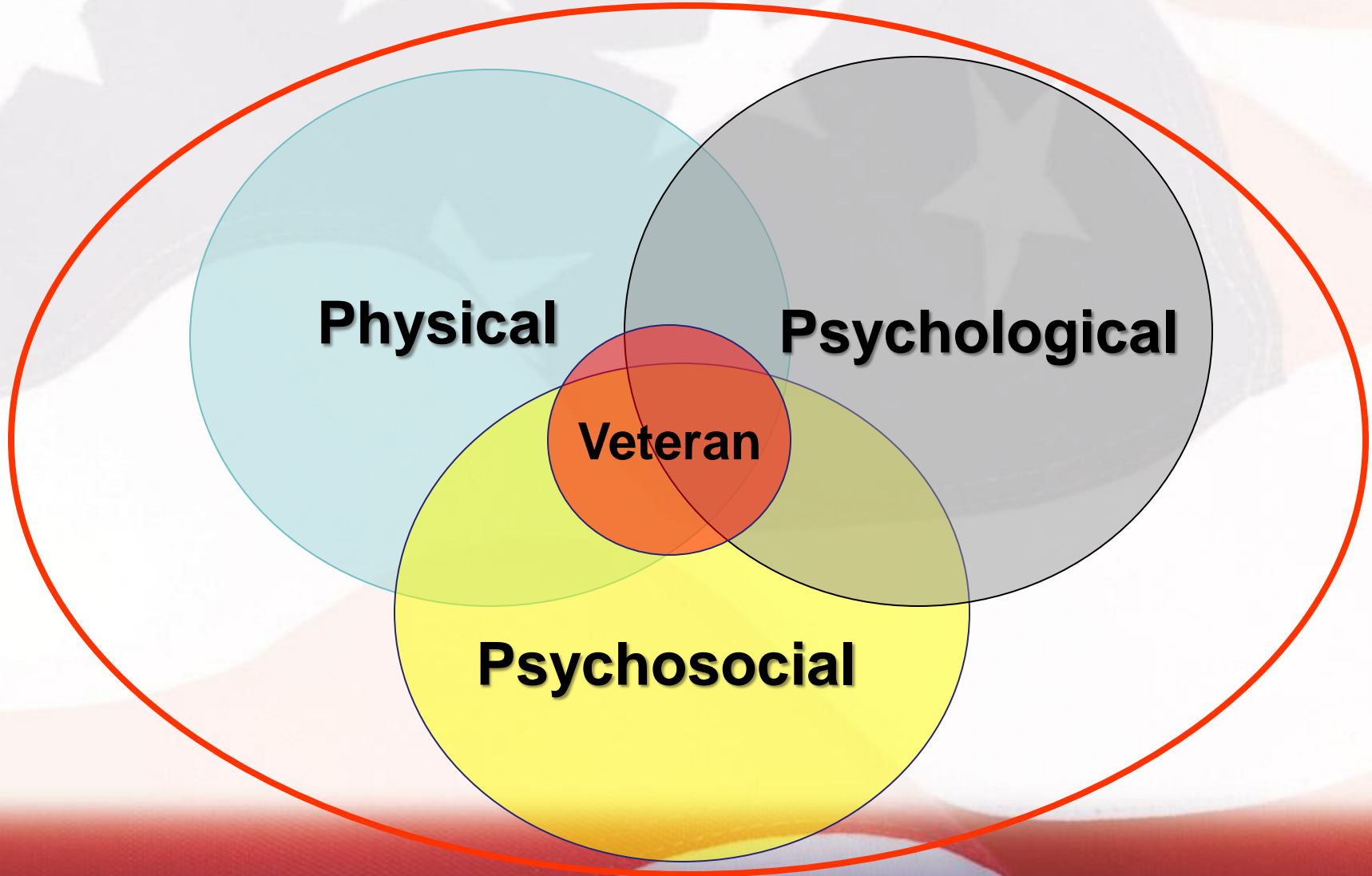
Occupational/financial concerns

Risk of re-deployment

Spiritual/existential

Integrated Post-Combat Care

PDICI (Post-Deployment Integrated Care Initiative 2008)

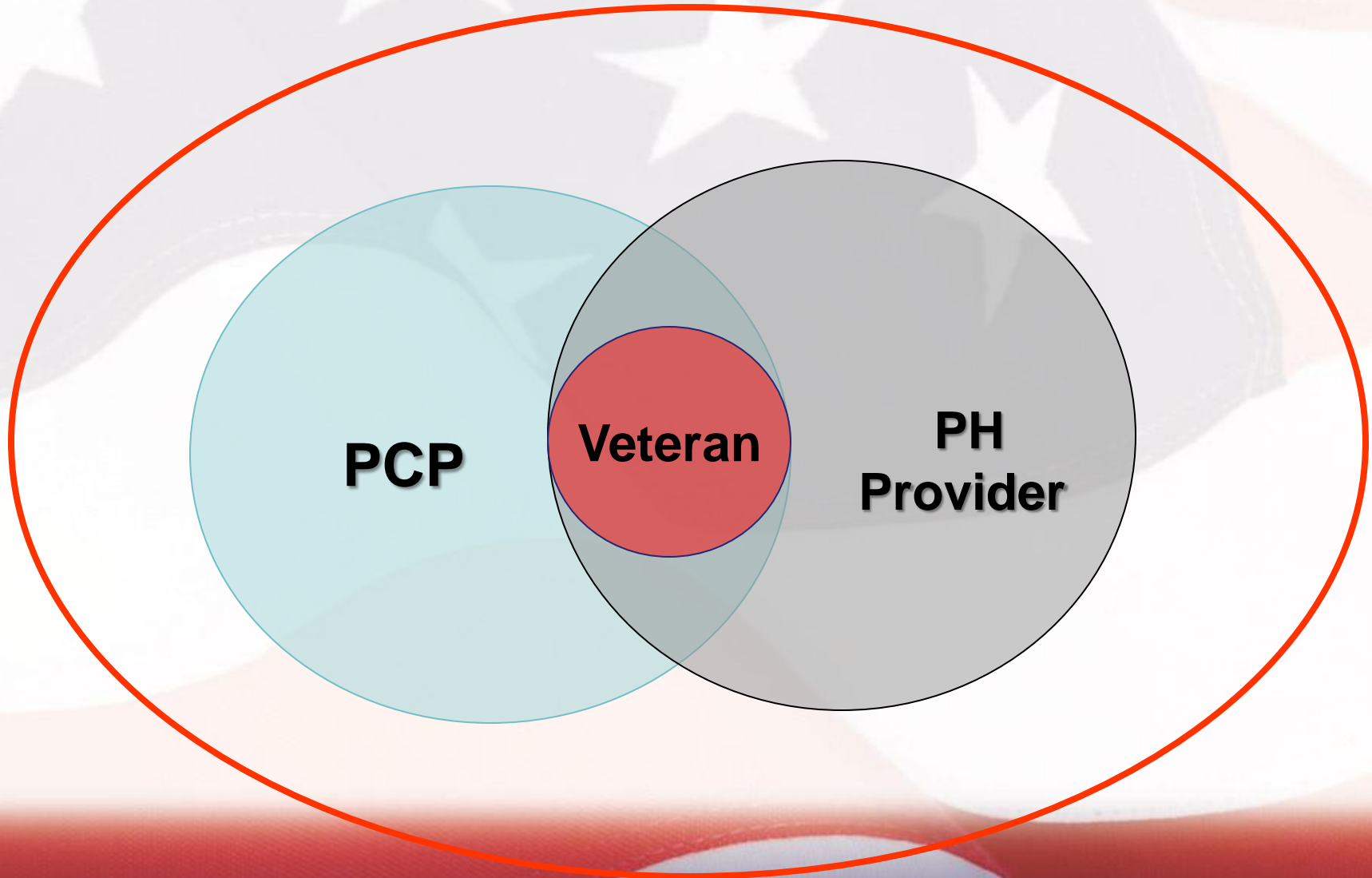


Post-Deployment Integrated Care

Facilities with Primary Psychological Health Integration Clinics Large CBOCs (>10,000 uniques in 2009)	VAMC (N=160/165)	CBOC (N=34/49)
PDIC services in place (clinic, cohort or consultative)	79%	35%
PC-PHI staff in PDIC	38%	12%
Designated OEF/OIF Provider in PC team	52%	38%

PC-MHI Evaluation Survey 2010
McCarthy/ Brockmann

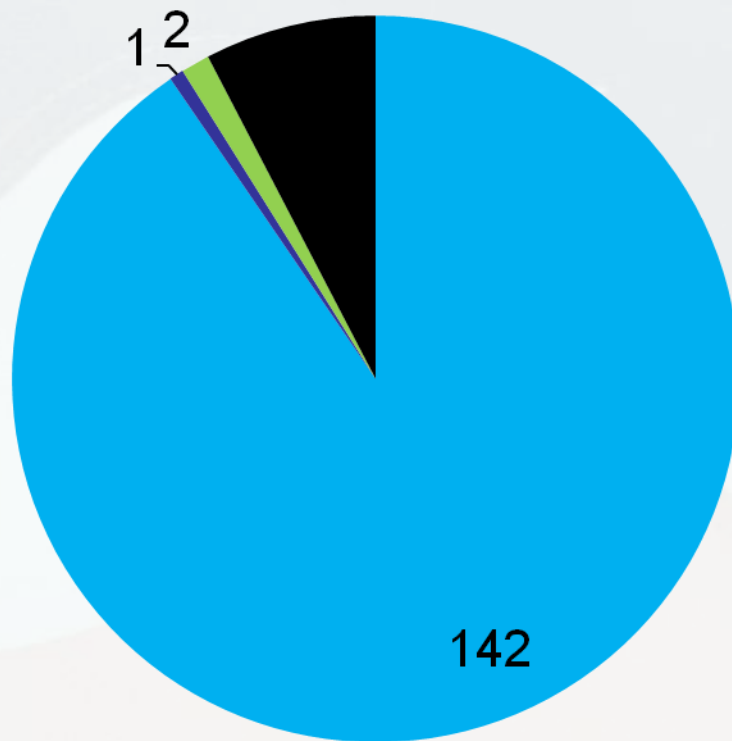
Primary Care-Psychological Health Integration **(Primary Care Mental Health Integration Initiative 2007)**



VA Primary Care-Psychological Health Programs

(N=157 VAMC sites)

2010 Survey



■ Yes, there is a PC-PH integration program at this facility

■ Yes, but it is not yet serving veterans

■ No, but PH providers work in PC clinics

■ No

Post Deployment Care for Recent Combat Veterans: Connection and Integration

ESSENTIAL ELEMENTS:

- Comprehensive psychosocial and medical intake performed on all veterans: medical, psychological health and social worker all see every new patient during first visit.
- Primary care providers are trained and designated to function in this role.
- Close links to allied clinics, programs and modalities (CAM)
- Active participation by existing OEF/OIF program staff (OEF/OIF program manager and team, OEF/OIF Psychological Health teams etc) featuring full integration of all post deployment services (including CAM)
- Meetings (usually weekly-provider attendance essential) of the entire integrated team to include CAM providers

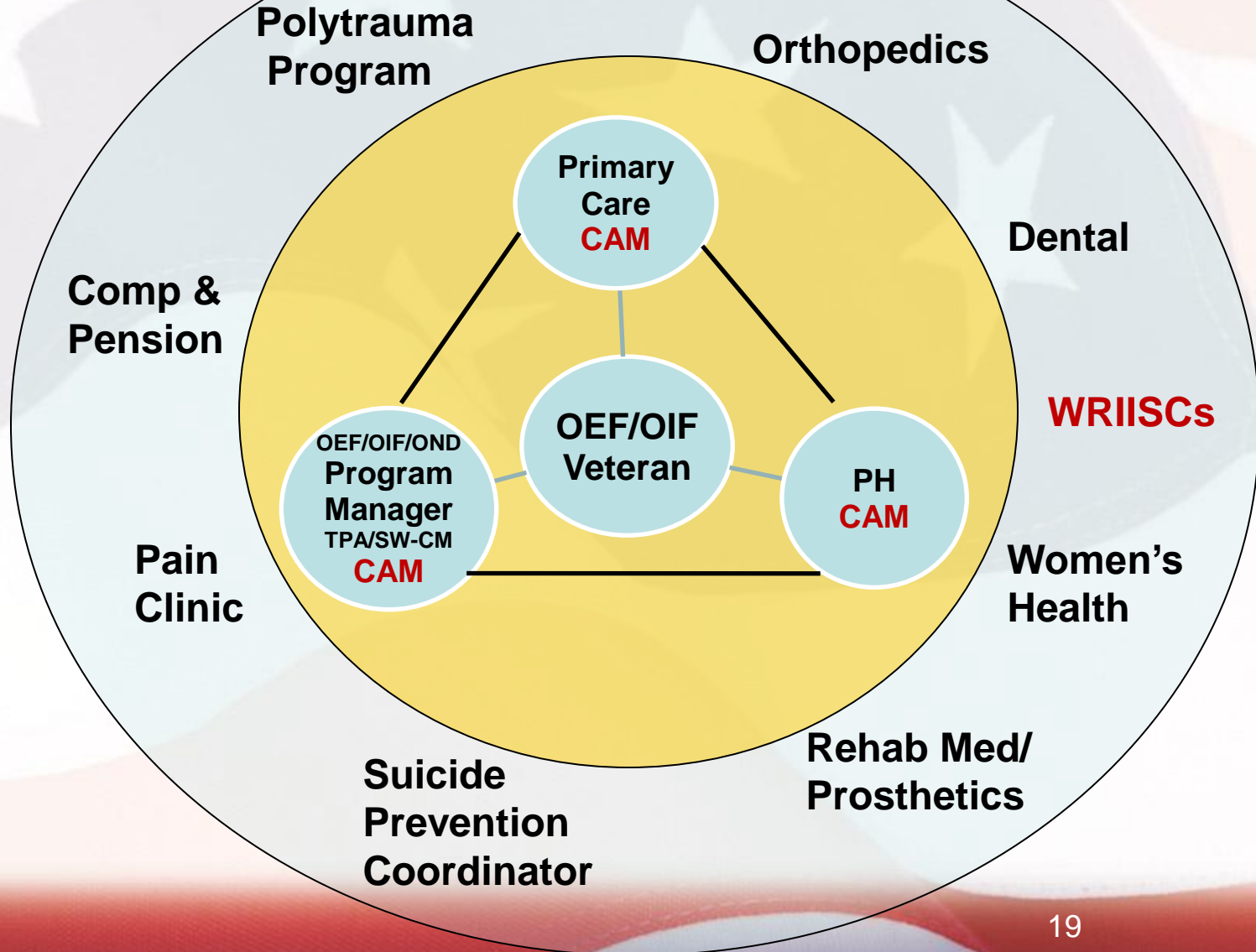
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Post Deployment Care for Recent Combat Veterans: Connection and Integration

RECOMMENDED ELEMENTS:

- Co-localization whenever possible for polytrauma, psychological health, pain, and physical therapy clinics. Same day access encouraged even when co-localization not possible
- Extended hours availability
- Seamless telephone access; provisions for e-mail and text messaging alternatives encouraged
- Integration of CAM modalities

Post-Deployment Integrated Care



PACT Staffing Model

Team members

- Clinical pharmacy specialist: \pm 3 panels
- Clinical pharmacy anticoagulation: \pm 5 panels
- Social work: \pm 2 panels
- Nutrition: \pm 5 panels
- Case managers
- Trainees
- Integrated behavioral health
 - Psychologist \pm 3 panels
 - Social worker \pm 5 panels
 - Care manager \pm 5 panels
 - Psychiatrist \pm 10 panels

The Patient's Primary Care Team

Teamlet: assigned to
 \pm 1200 patients (1 panel)

- PCP
- RN care manager
- Clinical associate (LPN, medical assistant or health tech)
- Clerk

Patient

CAM in the OEF/OIF PACT

WRIISCs

Team members

- Clinical Pharmacy Specialist: ± 3 panels
- Clinical Pharmacy anticoagulation: ± 5 panels
- Social Work: ± 2 panels
- Nutrition: ± 5 panels
- Case Manager
- Integrated Behavioral Health
 - Psychologist ± 3 panels
 - Social Worker ± 5 panels
 - Care Manager ± 5 panels
 - Psychiatrist ± 10 panels
- OEF/OIF Program Manager
- Polytrauma/Pain
- SUD

**Community
Resources**

PH Integration/CAM

PCP

Clinical Associate (LPN,
MA, or Health Tech)

Clerk

Veteran

OEF/OIF
Case
Manager

Web Resources

- Public VA site with comprehensive information and links for **returning service members** <http://www.oefoif.va.gov/>
- **VA Psychological Health services:**
<http://www.mentalhealth.va.gov/>
- **PTSD** care with information for veterans and for providers:
<http://www.ptsd.va.gov>
- **Wellness resources** for the military and veteran communities:
<http://www.afterdeployment.org>
- **VA/DoD Clinical Practice Guidelines** : PTSD, TBI, MUS
- **The National Resources Directory** (NRD) provides access to services and resources at the national, state and local levels that support recovery, rehabilitation and reintegration:
<http://www.nationalresourcedirectory.gov/>
- VA has gone mobile to read and share VA information, news stories find facilities on the go: <http://m.va.gov/>
- Information on **environmental and occupational hazards** during military: <http://www.publichealth.va.gov/exposures/>

Integrative Health in the VA System of Care

- VA Office of Patient Centered Care and Cultural Transformation
 - Patient Aligned Care Team
- Post-Deployment Integrated Care Initiative (PDICI)
- Planetree 
PLANETREE
- Polytrauma service, recreational therapy
- James A. Haley VA Chronic Pain Rehabilitation Program
- Salt Lake City VA
- VA Puget Sound
- War Related Illness and Injury Study Centers

www.warrelatedillness.va.gov/WARRELATEDILLNESS/education/conferences/2010-sept/slides/2010_09_15_SmeedingSJW_Developing-an-Integrative.ppt

Resources

- National Center for Complementary and Alternative Medicine at the National Institutes of Health <http://nccam.nih.gov/>
- White House Commission on Complementary and Alternative Medicine Policy <http://www.whccamp.hhs.gov/>
- Consortium of Academic Health Centers for Integrative Medicine <http://www.imconsortium.org/>

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Integrated/Integrative Approaches to Post-Deployment Care

It's all about Connection
It's all about Integration

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