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Preliminary report of VHA post-deployment health services needs assessment

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DISCLAIMER

Everything I say is my own opinion and does not necessarily represent the position of VA.



OUTLINE OF NEEDS ASSESSMENT

- **Scope of the analysis**
 - Dimensions
 - Assumptions
 - Data sources
- **Findings**
 - Research implications
- **Approaches**
- **Q & A**

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Dimensions



DIMENSIONS- WHO?

Major Conflict	# Deployed (alive 4/2017)
World War II	1,711,000
Korea	711,534
Vietnam	2,876,438
Gulf War	671,393
Post-9/11 Veterans	3, 200,000
TOTAL	9,170,365

45% of 20 million living Veterans



DIMENSIONS- WHAT?

“PDHS/WRIISC is a core and foundational service of VA.”

What is PDHS/WRIISC?

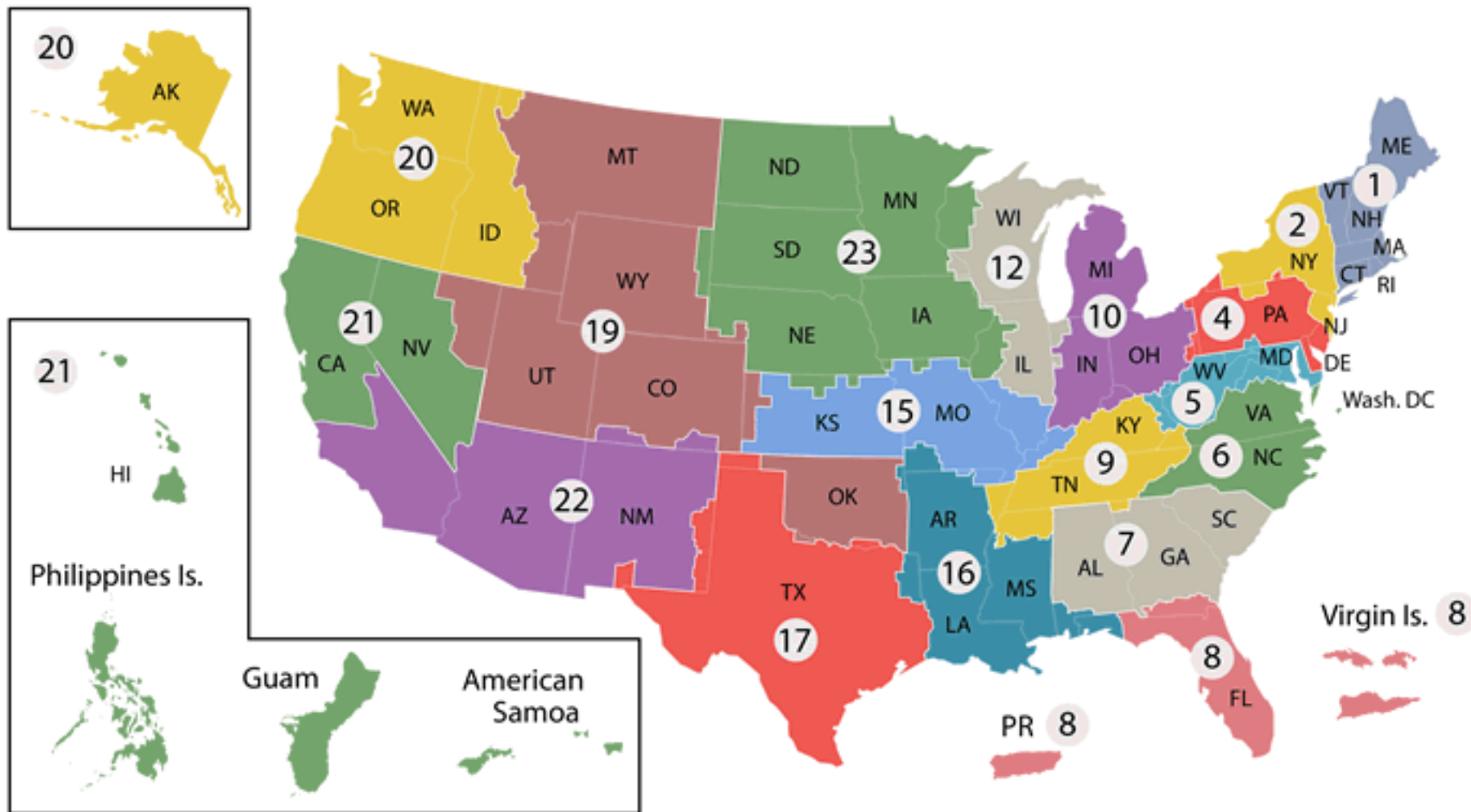


DIMENSIONS- WHAT?

- Occupational Exposures
 - Ionizing radiation, petrochemicals, depleted uranium
- Environmental Exposures
 - Organic solvents, burn pit smoke, hexavalent chromium, infectious agents
- Unexplained Conditions
 - Gulf War Illness
 - Cardiopulmonary symptoms/constrictive bronchiolitis
- Suspected Adverse Reactions to Prophylaxis
 - Persistent mefloquine toxicity, pyridobromostigmine (PB) tablets, vaccines
- Sequelae of Deployment-related Injury and Trauma
 - Traumatic brain injury, polytrauma, PTSD, MST, suicide

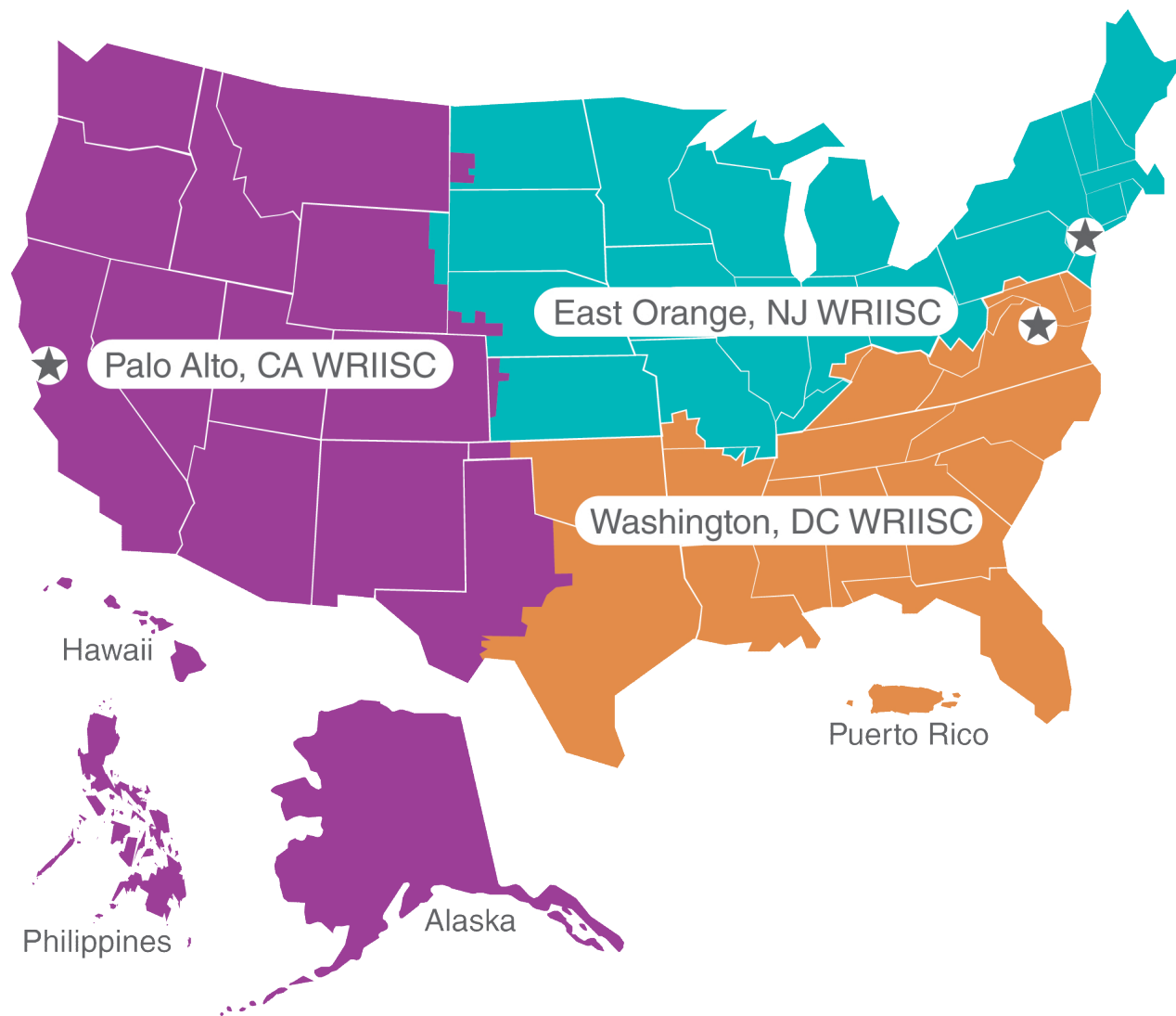


DIMENSIONS- WHERE?



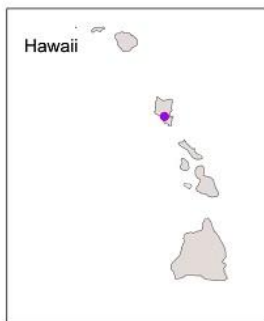


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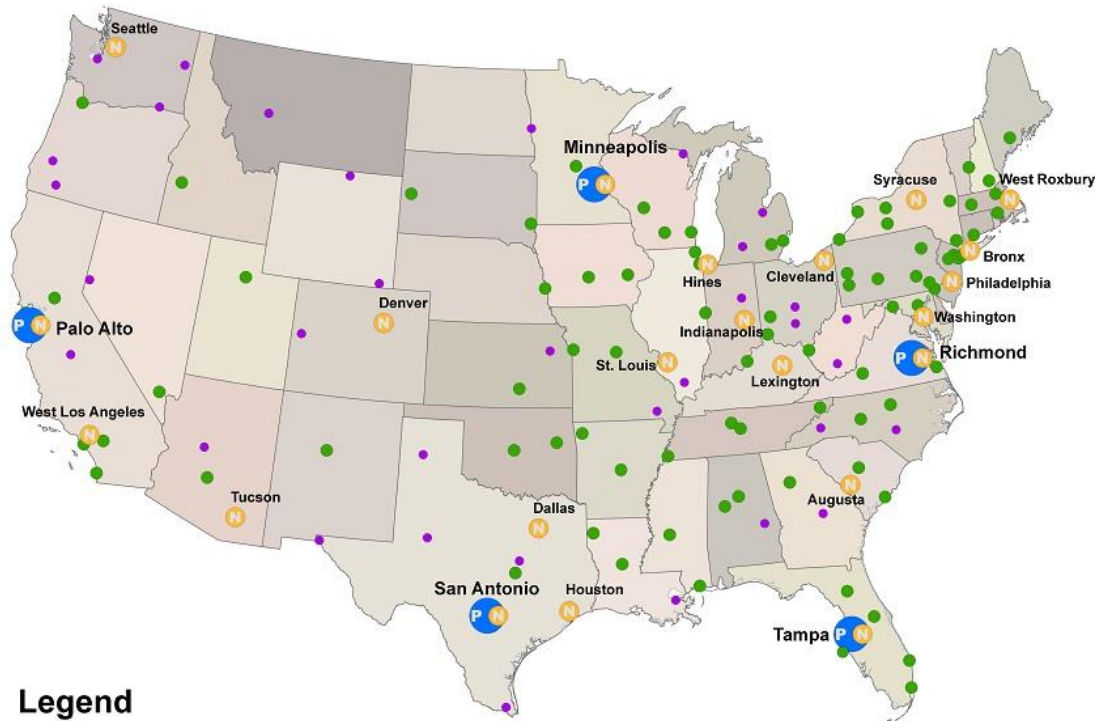




DIMENSIONS- WHERE?



VHA Polytrauma/TBI System of Care



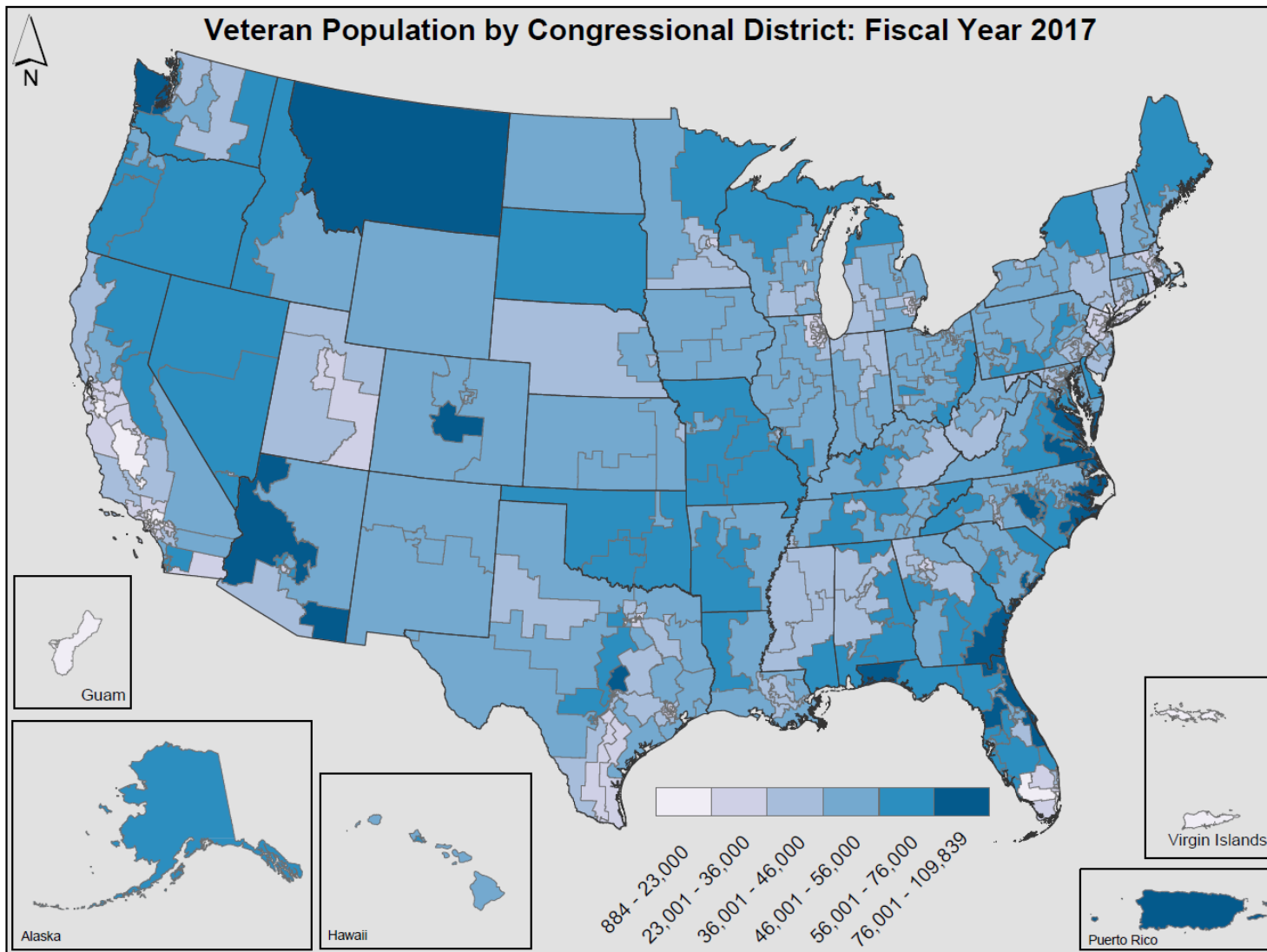
Legend

- Polytrauma Rehabilitation Center
- Polytrauma Network Site
- Polytrauma Support Clinic Team
- Polytrauma Point Of Contact





DIMENSIONS- WHERE?



Source: Department of Veterans Affairs, Data Governance and Analytics, Veteran Population Projection Model (VetPop), 2016 as of 9/30/2016

Prepared by the National Center for Veterans Analysis and Statistics



DIMENSIONS- WHEN AND WHY?

- Always
 - ‘to care for them who bore the battle’
- Forever
 - “If we don’t do this as the VA, what the hell are we doing?”
- Now
 - Innovate and improve
 - Modernize and reorganize

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Assumptions



ASSUMPTION- PDHS/WRIISC IS A SPECIALTY SERVICE

- Occupational and Environmental Medicine
 - ACGME certified specialty
- Military-related exposures
 - Low trust, high uncertainty
- Chronic multisymptom illness
 - Consultative model to primary care is most effective
- Unexplained, difficult-to-diagnose conditions
 - Need to dig deeper
- Complex, multi-faceted conditions/concerns
 - Need a concurrent, interdisciplinary approach



ASSUMPTIONS- NEED

Different levels of need → Different responses

- Experience ➤ Share observations
- Questions ➤ Information
- Concerns ➤ Education/Health Care
- Health effects (symptoms) ➤ Primary Health Care
- Disease/Illness/Disability ➤ Specialty Care



ASSUMPTIONS- PERSPECTIVE



Veterans' perspective



System perspective



ASSUMPTIONS- SOURCE OF CARE

- VHA
 - 9.12 M (46%) Veterans are enrolled in VHA
 - 6.3 M (32%) Veterans are VHA users
- VHA community care
 - Most Veterans who use VHA also use private sector
 - 30% of VHA care is purchased from the private sector
 - VA Mission Act 2018
- Private sector
 - Ignorance of Veteran-specific concerns



ASSUMPTIONS- STEPPED CARE

Stepped Care

4. War Related Illness and Injury Study Center

- Expertise in deployment-related health and exposure concerns
- Special access to data related to exposures concerns
- Familiarity with the range of treatment and specialty resources available
- Inform research, education, and policy through direct patient care

3. Local post-deployment health expertise

- More advanced knowledge of deployment-related health and exposure concerns
- Greater knowledge of treatment resources and approaches
- Coordination of referral to higher level resources

2. Primary care

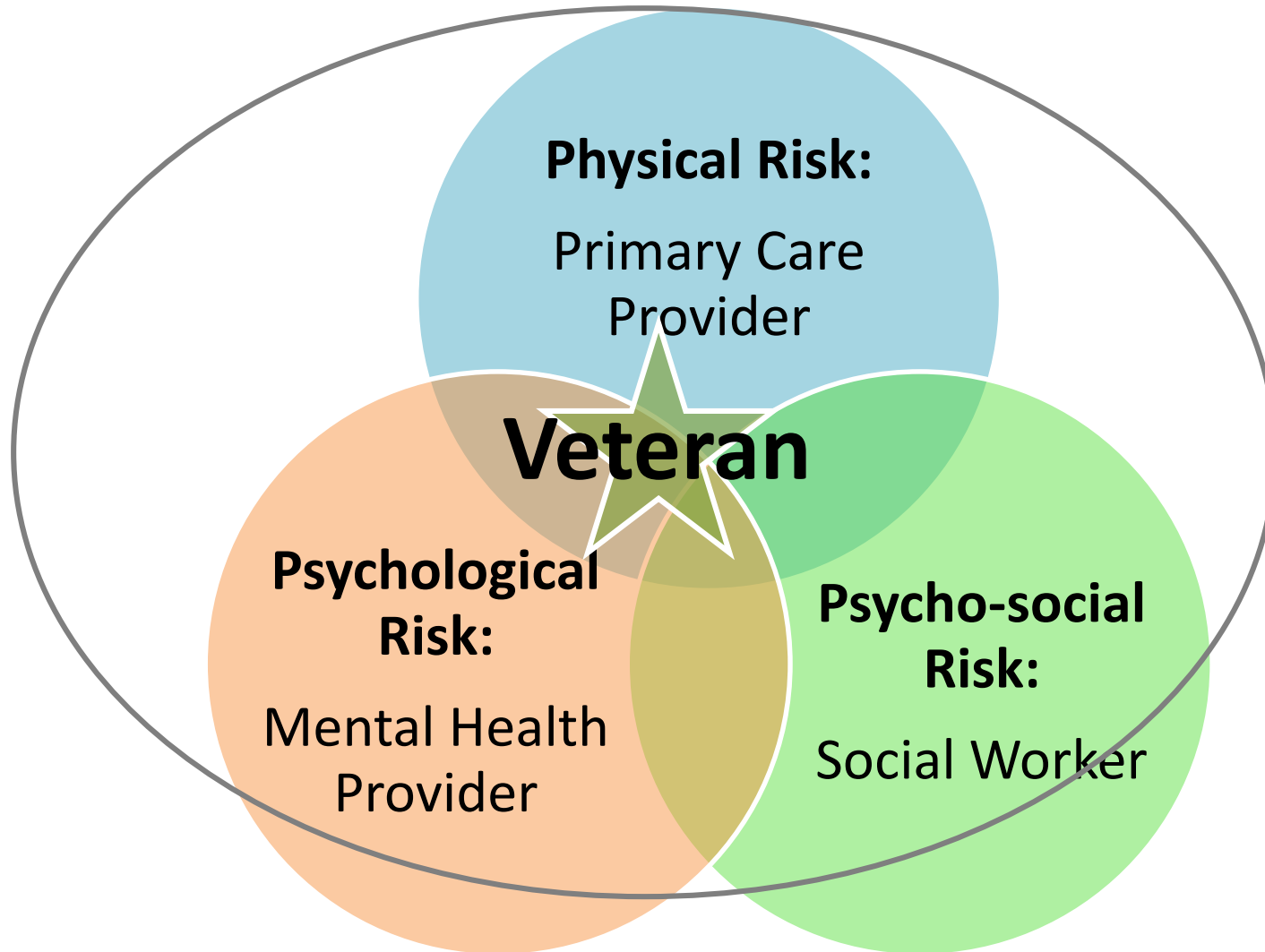
- Basic military cultural competency
- Knowledge of general deployment-related health and exposure concerns
- Primary care-appropriate knowledge of local treatment and rehabilitation resources
- Basic understanding of benefits and familiarity with community resources

1. Public health surveillance

- Health care utilization reports
- Pre- and post-deployment health assessment surveys
- Environmental monitoring
- Casualty reports



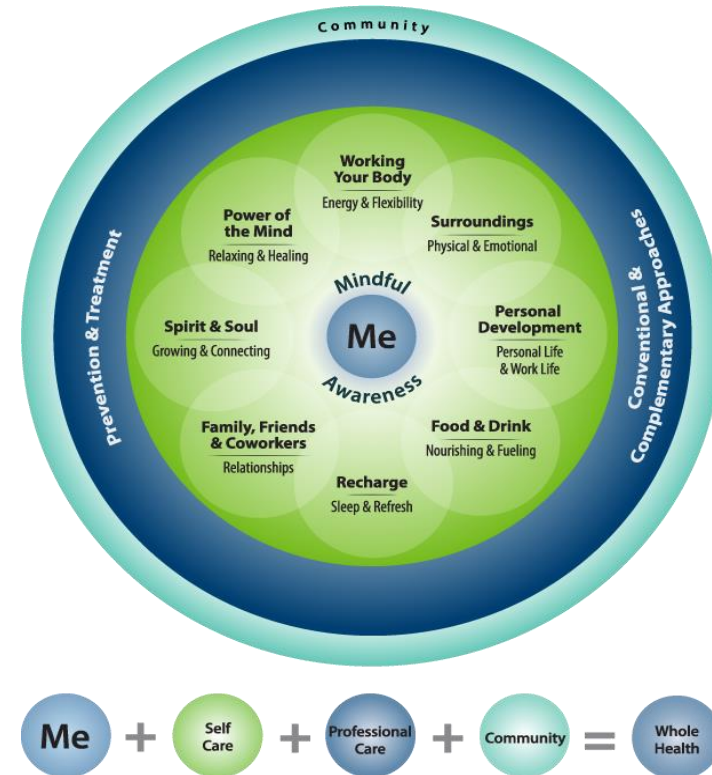
ASSUMPTIONS- POST-DEPLOYMENT INTEGRATED CARE





ASSUMPTIONS- PACT/WHOLE HEALTH MODEL

- Patient Aligned Care Team (PACT) model is “transforming Veterans' care by providing patient-driven, proactive, personalized, team-based care focused on wellness and disease prevention resulting in improvements in Veteran satisfaction, improved healthcare outcomes, and costs.”
- Whole health model “is a holistic look at the many areas of life that can affect your health — your work environment, relationships, diet, sleep patterns, and more.”





ASSUMPTIONS- TELEHEALTH

- VA Telehealth Services “uses health informatics, disease management and telehealth technologies to target care and case management to improve access to care, improving the health of veterans.
Telehealth changes the location where health care services are routinely provided.”



Data Sources

- Vet Pop
- VA.gov
- US Census
- Registry data (AO, GW, AHOBPR) (AITC)
- WRIISC clinical data
- VHA Support Service Center (VSSC)
- Interviews
- Published research studies

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Findings



FINDINGS (DEMAND)- FUNDAMENTALS

- 20 million living Veterans
- 9.2 million living deployed Veterans (46%)
- 9.1 million VHA enrollees (46%)
- 6.3 million VHA users (32%)

Estimated 2.9 million deployed VHA users



FINDINGS (DEMAND)- CONCERN, SYMPTOMS, CMI

- Active duty deployment-related concerns
 - Immediately post-deployment (PDHA)
 - 10-15% of active duty service members report **concern**
 - 20-25% of National Guard/reservists
 - Re-assessment (PDHRA; 3-6 months later)
 - 25-35% report concern
- Veteran epidemiology studies
 - High rates of self-reported exposure
 - High rates of symptom reporting (GW & OOO Veterans)
 - High rates of chronic multisymptom illness (CMI) diagnosed in GW Veterans
 - Rates elevated relative to non-deployed Veterans
- VHA medical data
 - CMI diagnosis codes in OOO Veterans
 - Men 4.2%, Women 8.4%

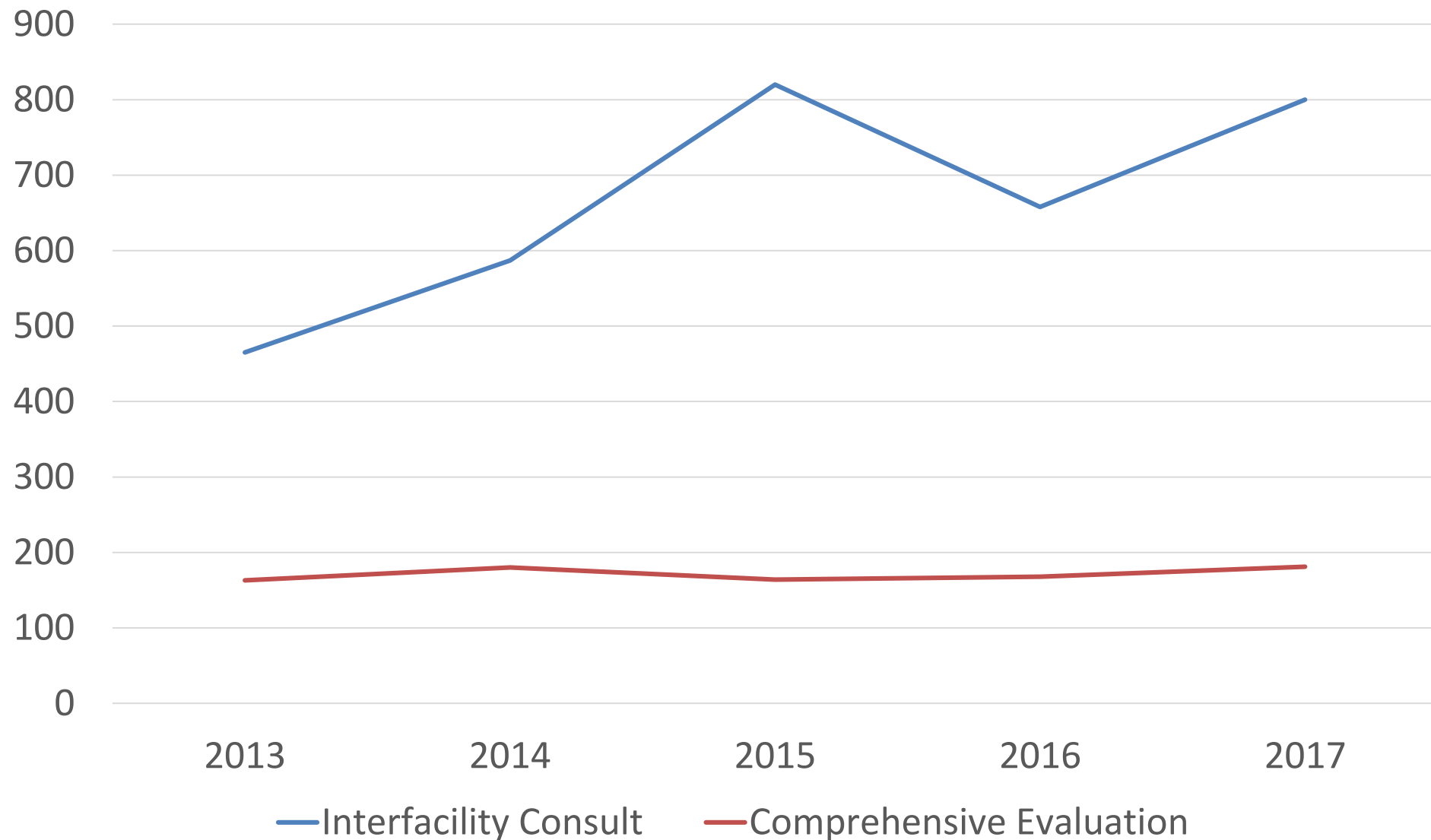


FINDINGS (DEMAND)- PARTICIPATION IN REGISTRIES

- Airborne Hazards & Open Burn Pit Registry
 - 144,000 (4.6%) participants (3.1 million eligible)
 - In person evaluation- 60% interested
 - In person evaluation- 1-2% completed
- Agent Orange Registry
 - 677,000 (23%) initial evaluations (2.9 million eligible)
- Gulf War Registry
 - 182,000 (27%) initial evaluations (671,000 eligible)



FINDINGS (DEMAND)- WRIISC WORKLOAD





FINDINGS- STANDARDIZED ANNUAL DEMAND (1 VISN)

Registry (component)	VISN mean/10,000 VHA users	Facility Minimum/10,000 users	Facility Maximum/10,000 users
Agent Orange	26	0	60
Gulf War	11	0	41
Airborne Hazards	160	69	451
Airborne Hazards (want exam)	90	47	220
Airborne Hazards (exam done)	5	0	10
WRIISC consult	3.4	0	63



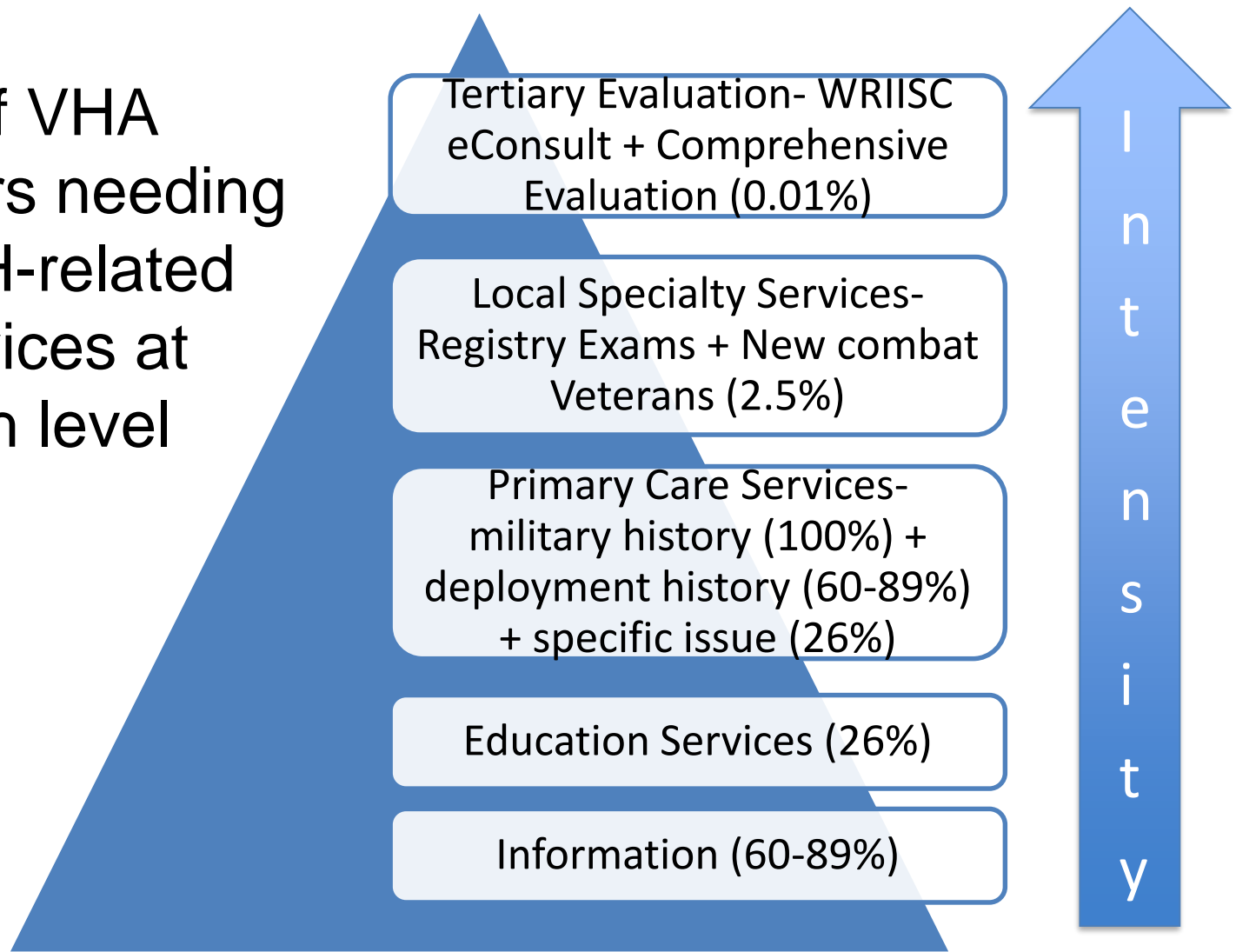
FINDINGS- STANDARDIZED ANNUAL WORKLOAD

- Registry exams- 127/10,000 users
 - Estimate 90 minutes/exam
- WRIISC referrals- 3.4/10,000 users
 - Estimate 4 x 60 minute encounters/referral
- New OOO Veterans- 121/10,000 users
 - Estimate 60 minutes/initial exam
- For a typical facility (50,000 users)
 - Total encounters= 1,308 per year
 - Total clinician hours= 1,626 per year



FINDINGS - POST DEPLOYMENT HEALTH SERVICES

% of VHA users needing PDH-related services at each level



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Approaches



APPROACHES- REMEMBER THE ASSUMPTIONS

- PDHS/WRIISC requires specialized knowledge
- Different needs require different services
- Geographic dispersion
- Veteran perspective- want the right care at the right time at the right place
- PACT/Whole Health is VHA model of care
- Telehealth is here
- Veterans use private sector care



APPROACHES- ASKING THE RIGHT QUESTIONS

- Do we need more/better access to:
 - Tertiary evaluation centers?
 - Secondary specialty evaluation and care?
 - Primary evaluation and care?
 - Education?
 - Information?
- How do we best address the system gaps?
 - Increase capacity?
 - Change type of services delivered?
 - Change who delivers the services?
 - Change the modality of service delivery?
 - Provider education & training?
 - Outreach & marketing to raise awareness?



APPROACHES- IMPLICATIONS FOR PDH RESEARCH

- Where are the Veterans?
- Where are they receiving care?
- Where are the experts and infrastructure?
- Are the findings being shared with clinicians and Veterans?
- Are advances being disseminated and implemented?

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