MED-U

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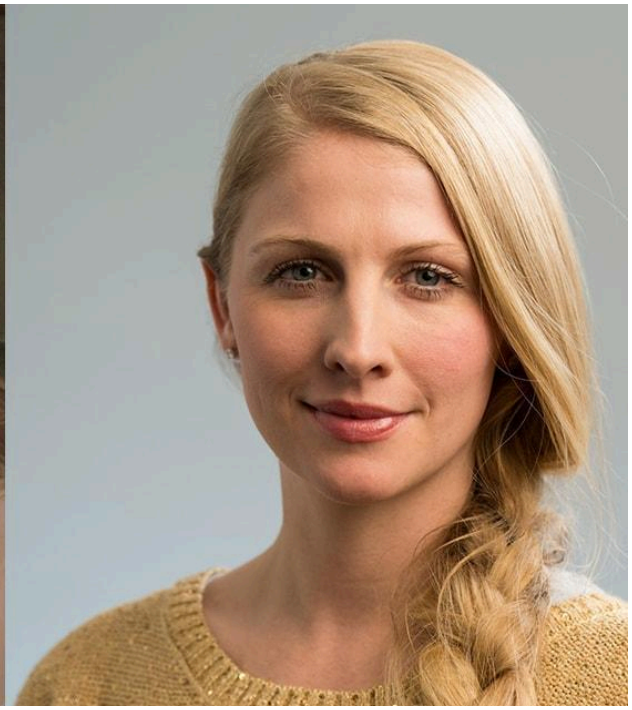
Health on the Homefront: Efforts to Improve Civilian Care for Veterans

With more veterans than ever getting health care outside the VA system, there are new efforts to train medical students, residents and medical school faculty about vets' special needs.

Veterans Day is an important chance to remember that 70 percent of our veterans — including many of the 2.5 million who served in Iraq and Afghanistan — get their health care outside the Veterans Affairs (VA) health-care system.

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The VA has expanded its program to cover non-VA care as part of efforts to boost access to care. So, perhaps without even knowing it, civilian doctors, nurses and other health professionals are treating many of those who served in the military.

Other factors have changed the care veterans need, too. For one, more veterans are women than in previous generations — 2.2 million in all.

At the University of Michigan Medical School, students studying for careers in medicine and other health professions can get new training to help them understand how a veteran's experience in the military can influence his or her health. Medical school faculty are also getting lessons in veteran-centered care, lessons that are now available to everyone through a free U-M online course.

Last year, the team behind this effort published a photo piece in the *Journal of Women's Health* showing veterans "then and now" — during their service and today. Some of the works are featured in this article.

U-M Medical School professor and VA Ann Arbor Healthcare System leader Monica Lypson, M.D., MHPE, and medical education project manager Paula Ross, Ph.D., led that effort.

They hope to call attention to the commitment medical schools must make to improve veteran care training for the students who are tomorrow's health care providers.

Treating veterans outside the VA

The team notes that health care providers need to ask all patients four military-specific history questions:

- Did you, or someone close to you, serve in the military?
- When did you serve?
- Where did you serve?

- What did you do in the military?

Asking all patients about previous military service can help ensure that patients get the care they deserve from a team that understands them better.

If a health care provider doesn't ask, a veteran shouldn't hesitate to volunteer the information, the team adds.

With nearly 15 years as a staff physician at the Ann Arbor VA and expertise as a medical educator, Lypson has seen firsthand the important gaps in training necessary to improve care to veterans.

"Each year, tens of thousands of health professional trainees enter the VA health care system with limited knowledge or training about the military or veterans," she says. "As educators, we have to do better at preparing our learners for this increasing population both inside and outside the VA health care system."

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Monica Lypson, M.D., MHPE

As a combat veteran of Operation Desert Storm, Ross says, "I've always seen civilian physicians, and in over 20 years as a veteran, not one has ever asked me about my military service."

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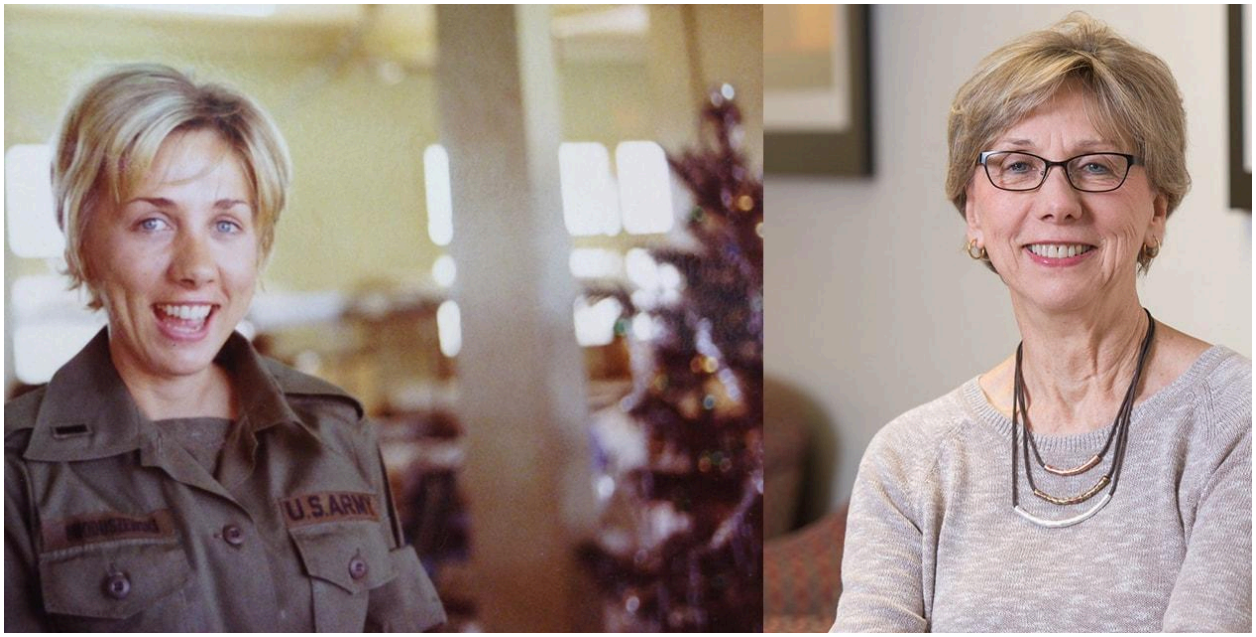
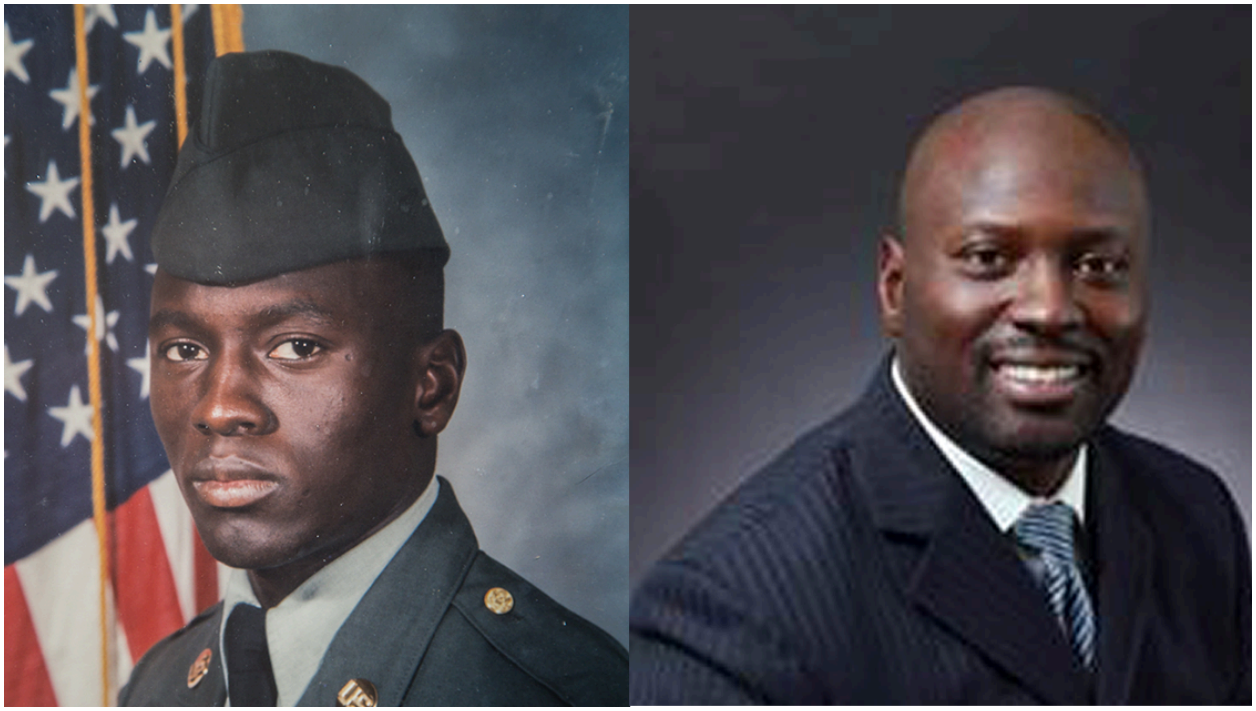
In reaction to some of these photos, U-M medical student Kathryn Goldrath wrote in the *Journal of Women's Health* article, "As a medical student preparing for clinical rotations at the VA, I often wondered how I could empathize with my veteran patients, understanding minimally about the VA systems, military service and unique health needs of this population.



"Reflecting on these images with educators and classmates in a small-group setting helped me articulate and reconcile my own unvoiced biases that I may bring into a medical encounter, opening a space for more thoughtful discussion about the medical, psychological and social trajectory of a veteran's life.

"Prior to my exercise, if I had encountered some of the individuals in these photographs outside of the VA, I may not have thought to ask about a military history and may have potentially missed an important part of their patient history. The images reinforce the need for viewers to develop a patient-centered approach in any patient interaction, understanding that there is always a story beyond what we observe."

In this vein, writing in the *Journal of Graduate Medical Education,* Lypson, Ross and others reported findings from a survey of new medical residents about their understanding of veteran-related issues.



In all, two-thirds of those surveyed had had some experience at a VA hospital during medical school — but only one percent were veterans themselves. And the respondents' knowledge of two key issues for recent veterans — post-traumatic stress disorder and military sexual trauma — was lacking.

Together with these results, the team offers a model for training medical students and residents in veterans' health.

They write, "Educating trainees in military culture will hopefully improve their ability to recognize and diagnose symptoms, which is expected to reduce the problem of service members 'slipping through the cracks' and not receiving proper care. Through these efforts, we hope to address the larger mission, which is to train physicians to serve those who have served us."

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HTTPS://WWW.NLC.ORG/ARTICLE/2019/11/08/THE-ONGOING-VETERAN-HEALTHCARE-CRISIS/

NOVEMBER 8, 2019

- Community & Economic Development
- Health & Wellness

Millions of veterans encounter health challenges every day, often as a direct result of their service.

According to a recent survey of injured post-9/11 veterans, **94 percent** experienced physical injuries that are considered severe, **91 percent** live with severe mental health conditions, and **nearly a third** need aid and attendance with everyday activities because of their injuries. Particularly on Veterans Day, significant attention is warranted for ensuring the health, comfort and safety of veterans and their family members.

Although we've seen improvements in veteran homelessnessand employment, several aspects of veteran healthcare frequently, and potentially fatally, fall through the cracks:

Veteran Mental Health

The prevalence of "invisible wounds" among the veteran population is growing, and the lack of a scar doesn't make mental health concerns any less critical. One in five veterans who served in Iraq or Afghanistan experience post-traumatic stress disorder (PTSD) or major depression, but only half of those who need treatment seek medical help. Serious mental health challenges connected to military service such as depression, PTSD and anxiety have direct ties to substance abuse and homelessness, in addition to taking a toll on the individuals and their families. And

sadly, despite a $1 billion federal investment in prevention efforts between 2013 and 2019, suicide rates for veterans are as high as ever.

Veterans are 1.5 times more likely to commit suicide than nonveterans and more than 6,100 veterans died by suicide in 2017. Nearly two-thirds of them had not received care recently through the Veterans Health Administration (VHA). These figures are also typically higher when reflecting former National Guard and Reserve members who may not be eligible for veteran benefits depending on their type of service. The Department of Veterans Affairs (VA) has continued efforts to support veteran mental health through initiatives such as the Mayor's and Governor's Challenges to Prevent Suicide, and the expansion of the Veterans Crisis Line. Additionally, the Commander John Scott Hannon Veterans Mental Health Care Improvement Act aims to expand and improve access to care, including alternative treatment options such as animal therapy and yoga that have been shown to move the needle. But challenges still exist, including a notable military and cultural stigma around mental health that claims far too many lives.

Unique Challenges Faced by Female and LGBT Veterans

Although frequently left out of the military narrative in pop culture and Hollywood, women are the fastest-growing group seeking care through the VA. They make up almost 20 percent of the active-duty armed forces, Reserve and National Guard, and roughly 10 percent of all veterans.

Former service women face unique challenges: Women veterans, particularly those with active PTSD, are at a higher risk of dangerous pregnancy complications such as pre-term birth and pre-eclampsia, and are at more than twice the risk of suicide than non-veteran women. Women are more likely to reject their upper-extremity prosthesis than men, and frequently need prosthetic realignment or modifications during pregnancy.

Additionally, one out of every five female veterans report having experienced sexual trauma while serving in the military, and some studies estimate that the actual prevalence of sexual assault and harassment in the military is significantly higher. Outside of service, one out of every four women veterans report having experienced sexual harassment by male veterans on VA grounds alone. There has been support for the Deborah Sampson Act, a mostly bipartisan bill making its way through Congress that would help to tackle some of these challenges, but more remains to be done.

It's also estimated that there are 1 million lesbian, gay, bisexual and transgender veterans in the United States, many of whom take full advantage of the VA health services. The VA aims to offer nondiscriminatory patient care, including specifying that all veterans be "addressed based on their self-identified gender identity." It also has a pathway for name changes. However, while gender nonbinary veterans can access hormone treatment and post-operative care, VA benefits do not cover gender confirming or affirming surgeries for individuals who are transitioning. And given higher rates of depression and other mental health challenges, alcohol and substance use,

and sexually transmitted infections among LGBT veterans, ensuring that all who serve feel comfortable and are able to access the quality health care they deserve is a critical medical issue.

Bridging Regional Gaps

From addressing chemical exposure and the physical impact of military service, to the daily toll of anxiety and PTSD, all veterans need and deserve high-quality health care. And many of those who rely on VA health services have been shown to receive quality care on-par with non-VA facilities — but there is tremendous variation based on location.

The VA is working to address this, particularly for veterans in rural areas, by expanding telehealth services and by broadening access to non-VA community care facilities through the MISSION Act. However, some officials have concerns about being able to effectively provide care to all who need it, and the VA more broadly has struggled to compete with the private job market in recruiting and retaining physicians. Recent reports also demonstrate how the mishandling of claims may have cost veterans millions of dollars. But ultimately, veterans who sacrificed for their country shouldn't have the quality of their care be dictated by where they live.

Of the roughly 18 million veterans currently living in the U.S., more than 9 million rely on the Department of Veterans Affairs and the Veterans Health Administration for their care. With more than 1,250 health care facilities across the country and as one of the only agencies to see growth in its budget, the VA is leading on providing high-quality care to the men and women who have bravely served.

But regardless of where veterans receive their medical care, their gender identity and orientation, or how they served, it's important to remember that we still have a long way to go.

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Mental health or behavioral adjustment disorders

Medical records of veterans reveal "that one in three patients was diagnosed with at least one mental health disorder – 41% were diagnosed with either a mental health or a behavioral adjustment disorder".[3] In compensation or in combination with military-related diseases, many veterans develop substance use disorders (SUDs) and a large number ultimately commit suicide. LeardMann et al[4]found that male veterans diagnosed with "depression, manic-depressive disorder, heavy or binge drinking, and alcohol-related problems" were significantly associated with an increased risk of suicide. Thus, identifying and treating mental health illness has the greatest potential to mitigate suicide risk. Unfortunately, reluctance to seek help or treatment makes diagnosing and treating mental illness difficult in this population.

SUDs

The stressors of military service increase the risk of veterans having problems with alcohol, tobacco, or drugs (or a combination). Johnson et al[5] found that cigarette smoking and alcohol consumption is higher among veterans than non-military personnel. For some veterans, treatment of a co-morbid condition (eg, PTSD, depression, pain, insomnia) may resolve the problem. For others, long-term care is required. Thus, multiple clinical practice guidelines have been developed "and evidence-based screening tools to help clinicians identify veterans with SUDs and improve outcomes".[5]

PTSD

Also known as "shell shock" or "combat fatigue", PTSD results from witnessing or experiencing (directly or indirectly) a traumatic event.[6] The disease is not limited to veterans, however, military personnel experience PTSD almost four fold (8% of non-military men versus 36% of male veterans).[5]PTSD is an amalgam of symptoms, severity, and duration. According to the American Psychiatric Association,[6] diagnosis is based upon four symptom categories: intrusive symptoms (flashbacks), avoidance of reminders (isolation), negative thoughts and feelings ("no one can be trusted"), and arousal and reactivity symptoms (exaggerated startle response). PTSD is often associated with "traumatic brain injury (TBI), military sexual trauma (MST), sleep problems, substance use, pain, and other psychiatric disorders, and requires comprehensive assessment".[5] Treatment is aimed at therapy (psychotherapy, prolonged exposure therapy, family/group therapy, and others), social support, and/or medication such as antidepressants. Screening tools and evidence-based guidelines have been developed to accurately and expeditiously assess and treat veterans.

TBITBI is “a traumatically induced structural injury and/or physiological disruption of brain function as a result of an external force”.[5] TBI can be classified as mild, moderate, or severe depending on the length of unconsciousness, memory loss/disorientation, and responsiveness of the individual following the event (ie, are they able to follow commands). While mild TBI (or concussion) is the most common, diagnosis is difficult since symptoms include “headaches, dizziness/problems walking, fatigue, irritability, memory problems and problems paying attention”.[5,7]

Depression

Among the available data from the National Alliance on Mental Illness (NAMI),[2] depression ranks among the most common mental health disorders. The diagnosis rate for veteran depression is 14% (although NAMI believes depression is under diagnosed). Notably, NAMI[2] found that individuals with PTSD were less likely to commit suicide versus those with depression probably due to the increased awareness and acceptance of PTSD. Despite its devastating effects, major depression is a treatable illness with 80%–90% success rate using medication, psychotherapy, and/or electroconvulsive therapy.[2] Models of care, such as Translating Initiatives for Depression into Effective Solutions, show eight out of ten veterans are effectively treated.[8]

Suicide

With 18 to 22 veterans committing suicide on a daily basis, risk assessment and intervention are paramount.[9] Private and public health care professionals must be aware of patients’ military history (since not all veterans seek care in VA clinics)[5] and be able to recognize suicide-risk factors, regardless of age. Young veterans aged 18–44 years are most at risk of suicide; yet, Kemp and Bossarte[9] found that even older veterans, aged 50 years and older, were still almost twice as likely to commit suicide versus non-veterans (69% and 37%, respectively). Additionally, “11% of veterans who survive a first suicide attempt will reattempt within 9 months, and 6% of those will die”.[5] Kemp and Bossarte[9] found evidence supporting the efficacy of VA health care systems in lowering veterans’ non-fatal suicide attempt rate, thus referral to a VA facility is recommended for appropriate counseling and health services.

Chronic pain

With 82% of OEF and OIF veterans reporting chronic pain, diagnosis and treatment are essential.[5] A comprehensive assessment of pain is crucial, but also identifying associated physiological/biological and psychological factors since “chronic physical pain is often associated with co-morbid conditions, including TBI and PTSD, that may complicate treatment”.[5,7] Treatment should focus on concurrently addressing all conditions, with extreme cautionary use of opioids due to the heightened risk of veterans developing SUDs.

Amputations

Advancement in medical technology and bodily protection allow soldiers to survive injuries at a higher rate than in previous wars. Yet, the scars from a traumatic amputation are deep and many soldiers develop mental health injuries related to the event and “in cases involving multiple limb amputations or disfigurement, body image issues may create multiple social and employment

barriers".[5] According to military casualty statistics, 1,573 veterans have suffered major loss of limb amputations from battle injuries since 2010.[10]

Health care professionals must be able to address the physical safety concerns, as well as, the emotional health of the veteran. Sensory aids, prosthesis, and medical rehabilitation require an interdisciplinary-team approach in healing wounded soldiers.

Rehabilitation care

Many veterans have a hard time reacclimating into society after deployment due to military skills that are not transferrable to civilian life, bodily trauma that rendered that individual handicapped, and/or war-related mental disease. Rehabilitation care is aimed at a balance of vocational, physical, social, and mental therapies to prepare veterans for re-entry into civilian life. Vocational programs help job-seeking veterans develop skills and knowledge required for a particular job. Physical rehabilitation focuses on improving veterans' quality of life and independence. Social rehabilitation assists veterans to assimilate to non-military life and establish new ways of life post-deployment. Mental rehabilitation teaches veterans with mental health illness the living skills of community functioning and ability to deal with their new environment.

Hazardous exposures

Veterans' past exposure to chemicals (Agent Orange, contaminated water), radiation (nuclear weapons, X-rays), air pollutants (burn pit smoke, dust), occupational hazards (asbestos, lead), warfare agents (chemical and biological weapons), noise, and vibration increase their risk of health problems even years after the initial assault.[11] For example, long-term health problems have been implicated in association with Agent Orange exposure in Vietnam veterans.[12] For those who served in Iraq and Afghanistan, there is insufficient data to identify long-term health effects of hazardous exposure to pollutants, such as "burn pits" and infectious agents such as rabies, despite the immediate side-effects experienced by most veterans.[5] Obtaining an accurate medical and deployment history is essential in providing accurate diagnosis and appropriate treatment.

Homelessness

It is estimated that approximately 49,933 veterans are homeless (~12% of homeless adult population).[13] Homeless veterans face the same difficulties as non-veterans such as substance use, unemployment, and mental illness; yet plagued with the additional burdens of military-related factors, "such as PTSD, TBI, a history of multiple deployments, and military skills that might not be transferable to the civilian work environment".[5] National Coalition for Homeless Veterans[13] found that 51% of homeless veterans have disabilities, 50% suffer from a serious mental illness, and 70% have SUDs. National Coalition for Homeless Veterans[13] believes housing and employment opportunities are a top priority for homeless veterans.

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Complex deployment and reintegration needs

Veteran issues related to separation from military service and other issues related to complex deployment needs are among specifically identified veteran issues. Veterans' successful reintegration into civilian life outcomes and interprofessional solutions stem from community involvement, access to resources, and support from peers. Reflection on best practices related particularly to employability and training builds on knowledge and skills gained in the military (ie, university accelerated programs for veterans where military medics and corpsmen transition through an accelerated program into nursing earning credit for military education and training [such as the Veterans Bachelor of Science in Nursing which is a Health Resources and Services Administration funded program]; Military Police to Criminal Justice, Navigational Experience and Knowledge to Geology and/or Geography, etc), employment post-military separation, reintegration into society, veteran demographics, homelessness prevention and other mental health and SUD programs that facilitate veterans' successful transition into urban civilian and family life. Successful reintegration after military separation is an essential focus for holistic and effective veteran care.

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Rationale for integrating veteran-centric content into curricula

The veteran population is growing. In 2014, over 20 million veterans resided in the USA per the US Department of Veteran Affairs, 2015.[14] Veterans are seeking health care services in the Veteran Health Administration as well as civilian treatment facilities. In order to understand and address health care needs of this vast and growing population, incorporating veteran-specific content into curricula is of primary importance. Veteran content specifically illuminates the unique yet complex health issues, mental and behavioral adjustment disorders, veteran wartime era, and civilian reintegration obstacles that, in combination, magnify their physical condition. Transparent presentation of the veteran circumstance can facilitate an interdisciplinary approach to care incorporating nursing, occupational therapy, physical therapy, mental health, pain management, nutrition, psychosocial, and social support services to ensure positive health care outcomes for this population. Several innovative strategies address these unique issues.