

Facilitating Reintegration for Veterans: Patient-Centered, Comprehensive Care

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Because many Veterans receive care from non-Department of Veterans Affairs (non-VA) providers, it is important that those providers be familiar with newer, patient-centered care models that can facilitate readjustment and post-deployment health. These models, which acknowledge the challenge of caring for Veterans and help providers manage a number of physical, mental, emotional and social health concerns, have vital implications for the broader healthcare community.

Complex Physical, Mental and Reintegration Needs of the Veteran

Reintegration for Veterans is complicated by potential physical and mental health conditions. The VA healthcare utilization report for recently returned Veterans¹ specifies the three most common diagnoses as musculoskeletal ailments (principally joint and back disorders), mental disorders and symptoms or signs of

medical diagnoses). In addition, Veterans screen more positively for substance abuse, depression and post-traumatic stress disorder (PTSD).² Mental disorders and symptoms may begin to affect Veterans within their first year of returning from deployment.³

In addition to these physical and mental health issues, upon returning home from deployment, Veterans can often face a difficult road in successfully reintegrating to civilian life. Several research studies report increases in social problems such as marital, familial, occupa-

tional, recreational and community mobility for Veterans after deployment.^{2,3} Left unaddressed, these issues could have harmful effects not only on the Veteran, but also on his or her family and community,³ which can last for years.⁴ Family strife and relationship dissolution can result,⁵ leaving the Veteran socially isolated, which can provoke mental health difficulties, slow down physical recovery and interfere with rehabilitative efforts. Family conflict is also a known factor impacting rates of Veteran homelessness.^{6,7,8}

Given this complex web of issues and concerns, the type and quality of medical care Veterans receive is instrumental to a smooth transition into the community and to their overall health and well-being. Unfortunately, in some cases, traditional healthcare has not met the complex needs of the Veteran. Care can be fragmented, consisting of periodic face-to-face visits

with minimal communication and inadequate coordination between appointments.⁹ This approach to care may lead Veterans to “fall through the cracks.”

Because it is the private, non-VA primary care physician (PCP) who may be a Veteran’s first post-deployment contact and core healthcare source, the PCP has an important role in ensuring that a Veteran’s needs are met by understanding the importance of newer models of care and their application.¹⁰ There are

integration to civilian life and overall health, while focusing on what he or she needs to live the best life. Goals for this type of care are to maximize a Veteran’s overall function, manage symptoms and improve quality of life. A 2011 Quality Enhancement Research Initiative (QuERI) study shows that through PDICI, 76 percent of VA Centers have functioning, integrated, post-deployment care platforms in place with 48 percent of these performing a mental health assessment of every Veteran.^{11,12}

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many aspects of the VA patient-centered, comprehensive care model for facilitating reintegration that PCPs can integrate into their own practices when dealing with this unique group of patients.

VA Patient-Centered, Comprehensive Care Programs

Patient-centered, comprehensive care to benefit the readjustment process is not a new concept at VA. There have been, and still are, several programs offering confirmed positive outcomes.

PDICI: VA’s Post-deployment Integrative Care Initiative (PDICI) was instituted in 2008 to promote “integrated post-combat care.” In this model, a variety of health professionals with specialized training and interest in deployment health issues work closely together to ensure single-point access and full integration of services to provide a smoother reintegration process for recently returned combat Veterans.

The PDICI team provides an initial comprehensive evaluation and follow-up care during the transition to civilian life, taking the big picture of a Veteran’s health into consideration. This scope includes physical, psychological and social health, as well as how Veterans feel about their health and how well they are functioning day to day despite their health problems. It calls for clinicians to explicitly address how a Veteran’s war experience has impacted his or her rein-

WRIISC: Sharing similar objectives, the War Related Illness and Injury Study Center (WRIISC), under the auspices of the Office of Public Health within VA, is a national program in three locations (Palo Alto, CA; Washington, DC; and East Orange, NJ) that has been promoting successful Veteran reintegration through its model of care for over a decade. Veterans with post-deployment issues seen by the WRIISC have improved their health and quality of life by following a patient-centered “roadmap” or comprehensive treatment plan with reinforcement from frequent follow-up. The WRIISC’s comprehensive clinical assessment includes face-to-face communication between the Veteran and medical, mental health, environmental exposure and social work professionals. At the end of his or her visit, the Veteran meets with the whole team and is given a plan to follow after the visit. The WRIISC focuses on supporting the primary care provider in addressing complex post-deployment healthcare issues.

A key part of the WRIISC clinical care model is the follow-up by WRIISC social workers with Veterans one month, six months and twelve months after the first visit. This follow-up is instrumental in helping Veterans adhere to their medical recommendations and reintegrate into the community. The social work interview focuses on what would support the Veteran’s health and reintegration, including

addressing any immediate needs or concerns the Veteran has as well as identifying potential obstacles Veterans might face in adhering to treatment recommendations (such as psychosocial barriers) and working with them to try to address those obstacles.

Feedback on the WRIISC clinical evaluation and follow-up has been excellent. Countless numbers of Veterans report having followed up on their recommendations and doing better to date in several areas of health. When 153 Veterans were asked how they would rate the WRIISC on a scale of 0 (worst possible program) to 10 (best program possible), the average rating was 9.47 (SD 0.78). When Veterans were asked if they would recommend the WRIISC program to other combat service Veterans (n=123) or another Veteran (n=135), 96 percent said they would.

PACT: As part of the mission to adopt even more patient-centered and comprehensive models of care, VA established the Office of Patient Centered Care and Cultural Transformation in January 2011. This office adopted and promoted VA's own Veteran-specific Patient Centered Medical Home (PCMH) model called Patient Aligned Care Team (PACT). PACT provides comprehensive patient-centered care managed by PCPs and allows patients to play a more active role in their healthcare. PACT is associated with increased quality improvement, patient satisfaction and fewer hospital visits and readmissions.

Central to the PACT model is the primary care doctor who provides well-timed, coordinated and integrated care to support the overall health of the patient. The core team (which includes the Veteran, his or her PCP, registered nurse, care manager, clinical staff assistant and administrative staff member) is responsible for the central functions of a medical home model. To coordinate seamless care, all members of the core team collaborate with other medical and support staff, including non-VA PCPs, to address the reintegration needs of the Veteran patient. PACT ensures that the burden of transferring information between providers is not solely on the Veterans, allowing the Veterans to focus more on their treatment rather than how they can acquire it. These evolved VA models of care are

VA Medical Resources for Physicians

To learn more about Veteran patient care, visit these online sites:

- **U.S. Department of Veterans Affairs—Primary Care Program Office**
<http://www.va.gov/PrimaryCare/pcmh>
- **U.S. Department of Health and Human Services—Agency for Healthcare Research and Quality: Patient Centered Medical Home Resource Center**
<http://www.pcmh.ahrq.gov>



aimed at addressing the big picture of the Veteran as a whole person to facilitate more successful reintegration. These medical home models incorporate thoroughly examining the patient, communicating well about his or her needs and going the extra mile to ensure that comprehensive care is delivered in aspects of physical, mental, social and emotional well-being through community involvement.

Steps for Non-VA PCPs to Follow

Non-VA PCPs can stand ready on the frontlines of Veteran care by implementing similar patient-focused practices for Veterans, by serving as the Veterans' guide towards better health and by smoothing the challenging reintegration process.

It is important to begin addressing Veteran patients' needs early. A few simple steps you can take to begin

implementation into your practice are the following:

- Ask Veterans about their concerns at the start of each visit.
- Learn Veterans' preferences for interventions or services to support their reintegration.
- Include a question on your intake form on whether or not a patient is a Veteran. If so, you can then follow up with questions about deployment and deployment-related health-care needs as well as preferences for using the Veterans Health Administration and Vet Centers. With their focus on Veterans, these resources provide unique psychosocial services for combat Veterans unavailable in the community.

As a national resource for providers, the WRIISC aims to better equip providers in facilitating the reintegration process for their Veteran patients. For more information, contact us at 1-800-248-8005 or visit <http://www.warrelatedillness.va.gov>.

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