



Veterans Health Administration
Research & Development

Improving Veterans' Lives www.research.va.gov

Project S.E.R.V.E.



**S Study
E Evaluating
R Returning
V Veterans'
E Experiences**

Longitudinal Study of Returning OEF/OIF Veterans

Sandra B. Morissette, Ph.D.
(Principal Investigator)

**VISN 17 Center of Excellence for Research
on Returning War Veterans**

**Central Texas Veterans
Health Care System (CTVHCS)**

Goals of VISN 17 Center of Excellence



- **Conduct useful state-of-the-art research on the assessment and treatment of mental health problems in returning war veterans and their families**
- **Develop best practices for these veterans and their families**
- **Disseminate results of the research to build a standard of evidence-based practice**
- **Provide training to current and future generations of mental health providers**
- **Disseminate results nationally and internationally**

Why is This Study Important?



- **Central Texas has the largest concentration of returning OEF/OIF Veterans in the United States**
 - 16,567 cumulative unique patients
 - (Oct 2001 – Nov 2008)
- **Many OEF/OIF Veterans experience potentially-traumatic events while fulfilling their day-to-day responsibilities in theatre**
- **Whereas the majority of OEF/OIF Veterans will experience few significant long-term consequences from their deployment, there is growing evidence that many will experience difficulties readjusting to post-war life**

How Are OEF/OIF Veterans Affected?



- **Best estimates for OEF/OIF Veterans:**
 - 12-20% will develop Post-Traumatic Stress Disorder (PTSD)
 - 14-15% will experience significant depression
 - 24-35% will drink more than intended
 - 15% will experience at least some cognitive difficulties associated with Mild Traumatic Brain Injury (TBI)
- **Little is known about individual and environmental variables that influence *risk* and *resilience* for the development of mental health disorders or patterns of *recovery* and *relapse* within this important population**

Project S.E.R.V.E. Primary Research Mission



- 1. Identify factors associated with expression (*risk*) or absence (*resilience*) of symptoms for:**
 - PTSD
 - Substance Use Disorders (SUD)
 - Major Depressive Disorder (MDD) and suicide
 - Co-Occurring Conditions (e.g., PTSD-SUD, impact of TBI)
- 2. Explore patterns of change in symptom expression over time (i.e., *relapse* and *recovery*)**
- 3. Test biopsychosocial factors associated with the development and expression of PTSD, MDD & SUD**



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Implementing Routine Alcohol Screening and Brief Alcohol Counseling in VA

- Katharine Bradley, MD, MPH
- Investigator, NW HSR&D Center of Excellence, VA Puget Sound
- Co-Clinical Coordinator, Substance use disorders QUERI
- Associate Professor of Medicine, University of Washington

- Funding: VA HSR&D, VA QUERI, RWJ Foundation and NIAAA
- Special thanks to VA Office of Quality and Performance for data sharing



The VA leads other health care organizations in:

- **Routine screening for unhealthy drinking**
- **Brief alcohol counseling**

Result of partnership between:

- **VA Research**
- **VA Office of Quality and Performance**
- **VA Office of Mental Health Services**

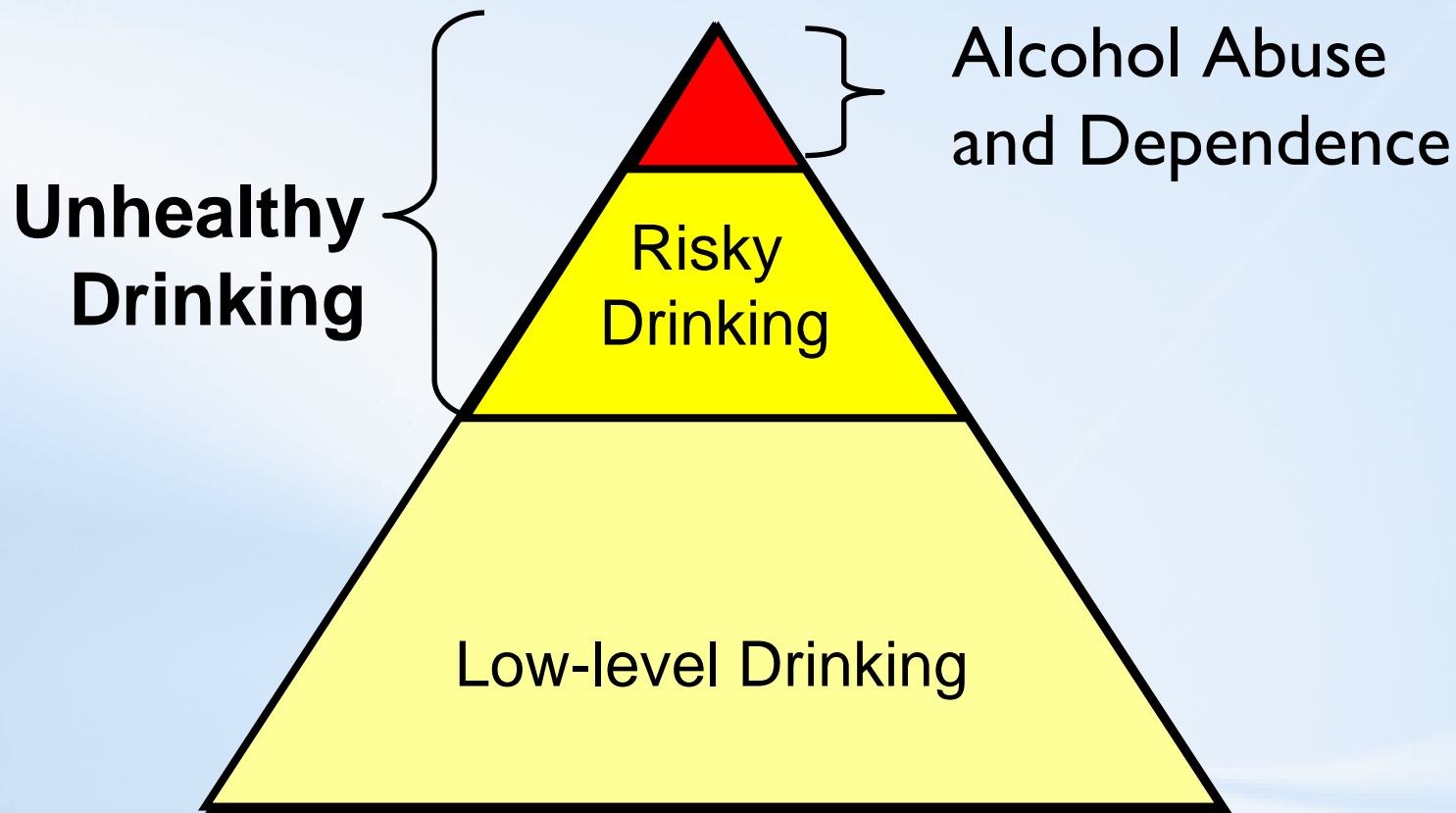
The Evidence



Unhealthy Drinking is...

- **Common**
- **Under-recognized**

Definitions





Brief Alcohol Counseling...

- 5- 15 minutes
- Decreases unhealthy drinking
- Improves health outcomes

....But is rarely implemented in most health care systems

Screening for Unhealthy Drinking 1996



Goal in 1996: find a quick way to...

- Identify patients with unhealthy drinking
- Measure the extent of risk
- Measure changes in risk over time



AUDIT-C

- 3 questions
- Validated in VA and non-VA patients
- 0-12 points reflects severity

Pilot testing

- VA Puget Sound - 1998-2002
- VAs Computerized Patient Record System (CPRS)
- Automatic scoring



2003: Office of Quality and Performance

- **Goal:** Implement evidence-based alcohol screening and counseling



2004 – New VA Performance Measure

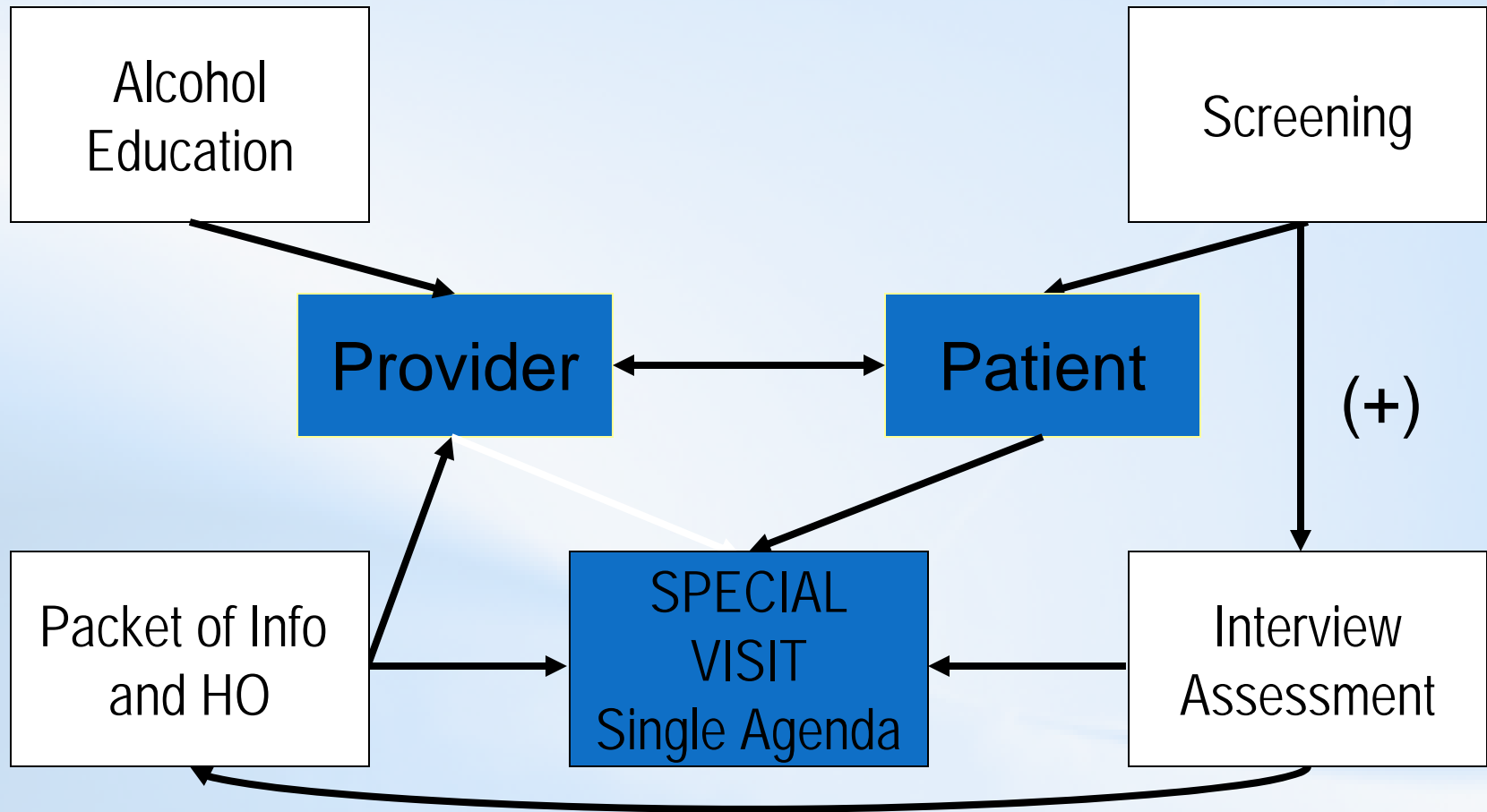
- Required screening for unhealthy drinking
- National dissemination of clinical reminder
 - Prompted providers to screen
 - Automatically scored
- AUDIT-C completed 1.5 million times – Year 1
- 93% screened nationwide



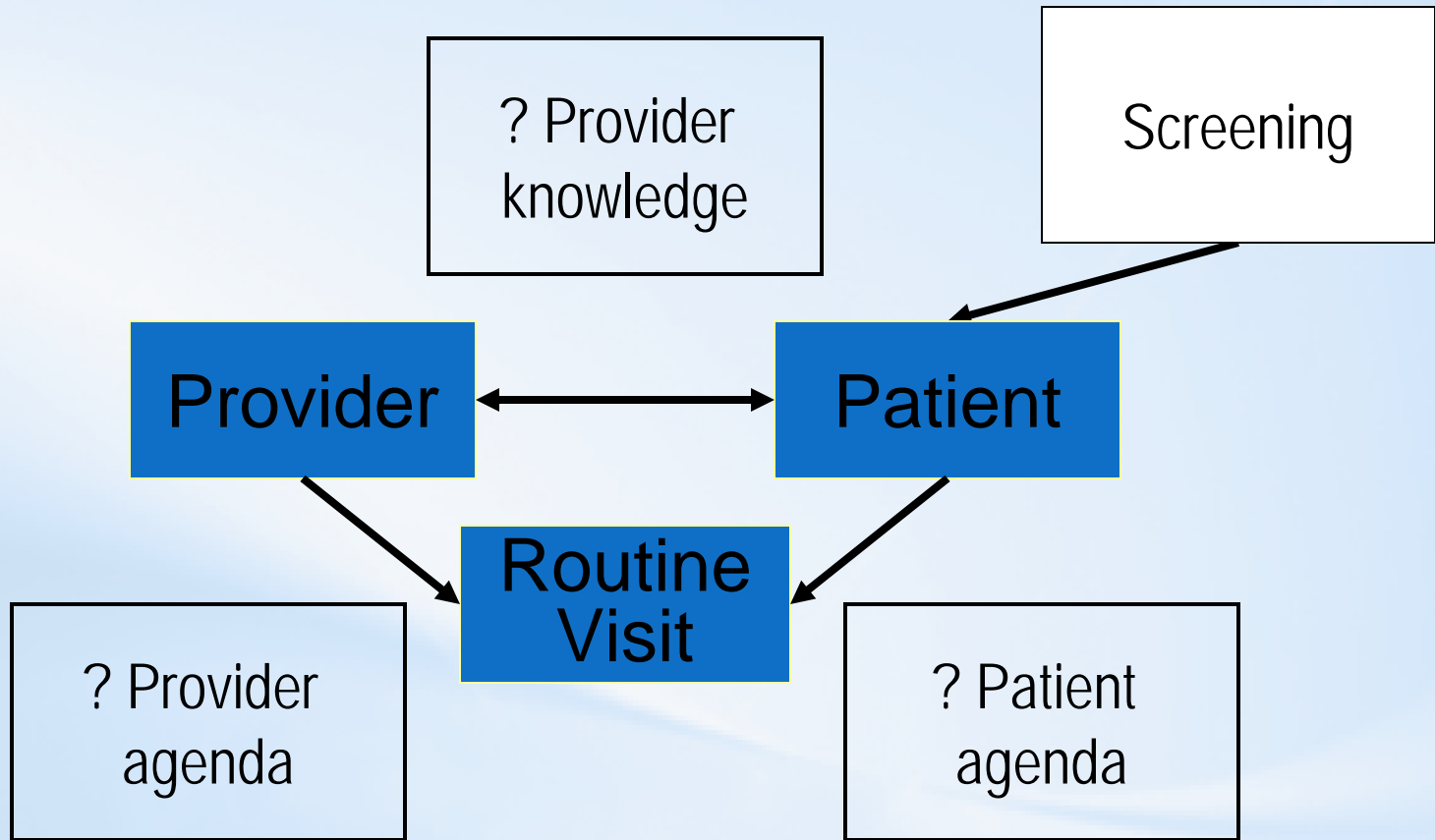
Implementation challenging

- Screening alone is insufficient
- Efforts to implement outside VA disappointing
- WHO: counseling 10% considered “excellent”

Trials of Brief Alcohol Counseling



The Reality ...



Clinical Reminder for Brief Alcohol Counseling



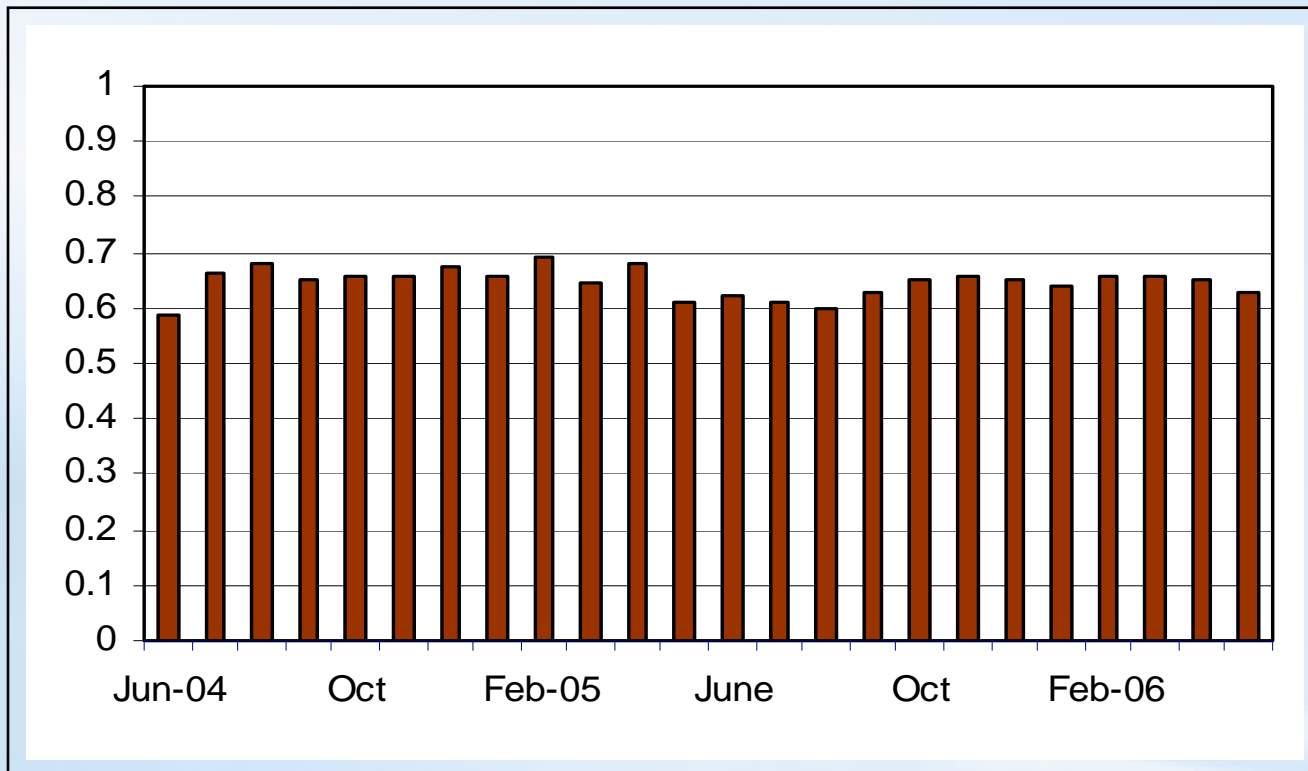
Clinical Reminder for Brief Alcohol Counseling

- Developed in 2002-2003
- In Computerized Patient Record System (CPRS)
- Triggered by positive AUDIT-C screen
- Prompts providers to offer counseling
- Offers decision support
- Facilitates documentation
- Pilot-tested at 2 facilities 2003-2006

Clinical Reminder for Brief Alcohol Counseling



Pilot Study at Distant VA Facility 2004-2006



Clinical Reminder for Brief Alcohol Counseling



Patients with brief alcohol counseling documented with the reminder were more likely to resolve unhealthy drinking!

National Implementation of Brief Alcohol Counseling



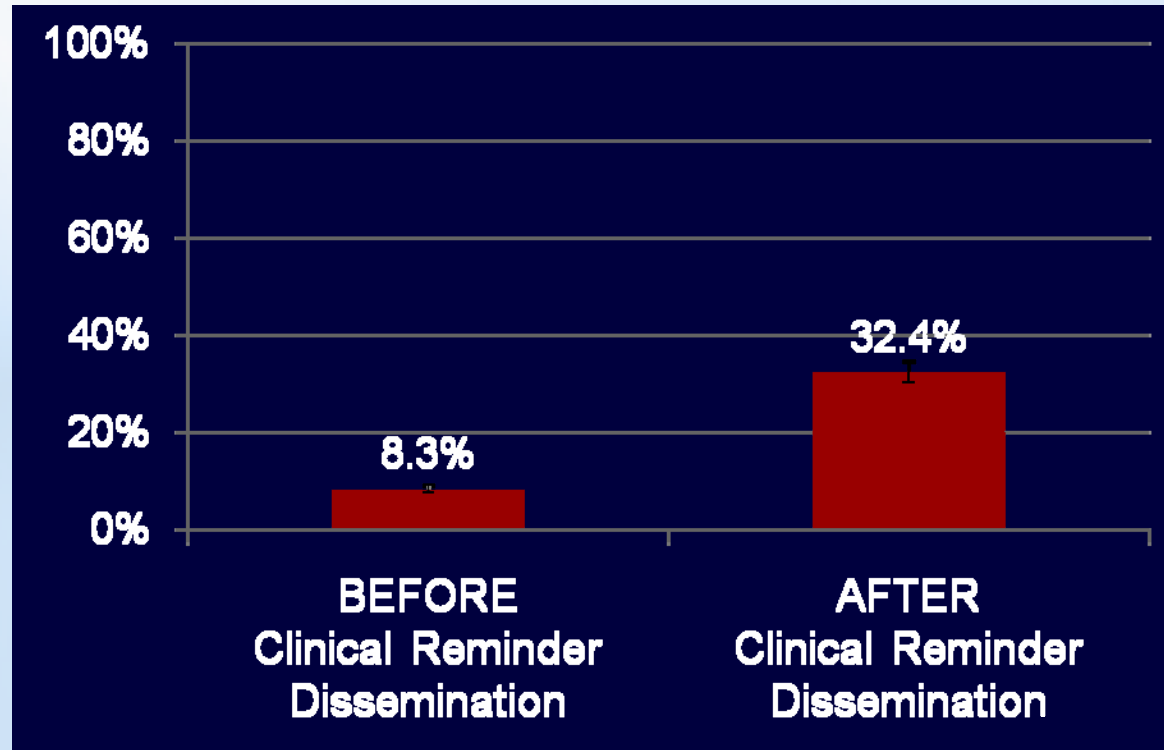
Recent Collaboration

- Office of Quality & Performance
- Office of Mental Health Services
- 206 Develop measures
- New performance measure (Fall 2007)
- Dissemination of reminder (January 2008)

Documented Brief Alcohol Counseling: Performance Measure Criteria*



**Among Patients with Unhealthy Drinking:
% with Brief Alcohol Counseling
Consistent with Performance Measure ***

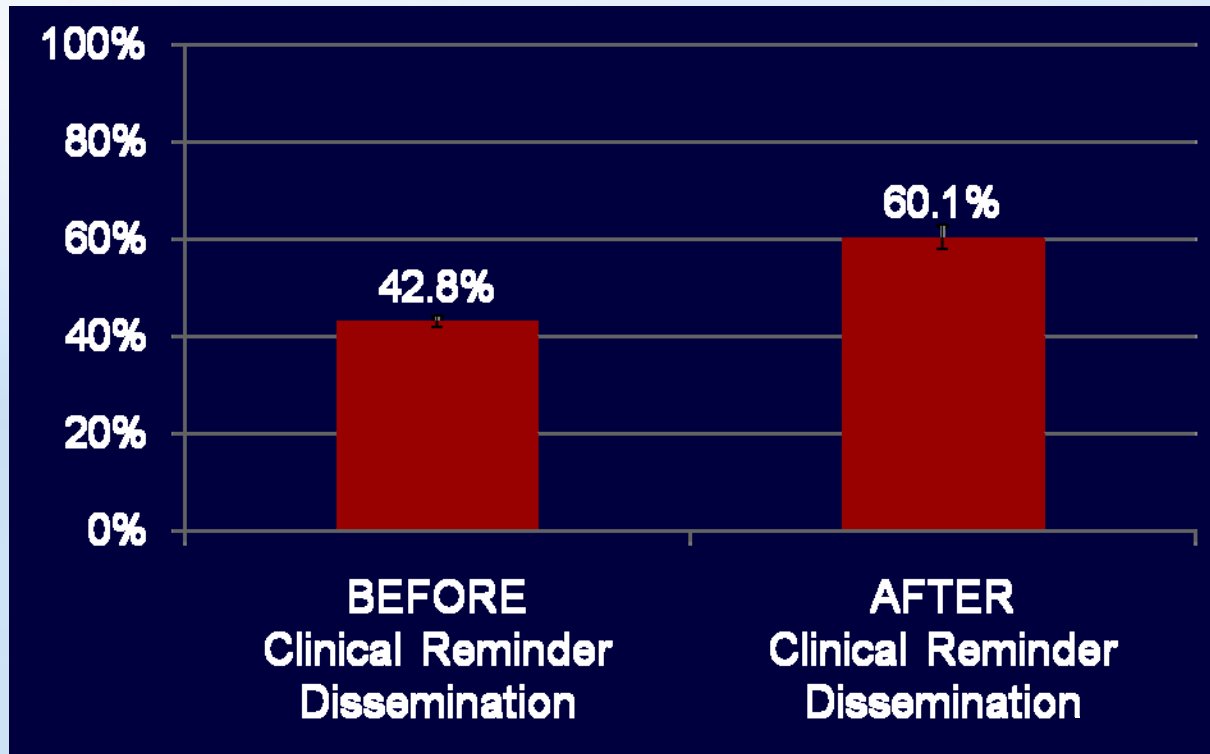


* VA Office of Quality and Performance Data

Any Brief Alcohol Counseling or Referral*



Among Patients with Unhealthy Drinking: % with ANY Documented Brief Alcohol Counseling or Referral



* VA Office of Quality and Performance Data



Next Steps

- Web-based interventions for OIF/OEF veterans
- Electronic performance monitoring
- Improving the quality of brief alcohol counseling
- Evaluating patient outcomes
- Interventions for patients who do not respond

Research Team & Collaborators



D. Kivlahan

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Disorders QUERI, NIAAA and the Robert
Wood Johnson Foundation



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Epidemiologic Approaches to Improving Veterans' Mental Health

Kathy Magruder, M.P.H., Ph.D.
Research Health Scientist
Ralph H. Johnson VAMC

And

Professor
Department of Psychiatry & Behavioral Sciences
Medical University of South Carolina
Charleston SC

Overview of 4 projects



Preventing suicide among Veterans

1. Suicidality: Clinical correlates and Preference-Weighted Health Status (recently completed)
2. Patient and Provider Outcomes of e-Learning Training in CAMS (beginning)

Health & mental health of Vietnam-era Veterans

1. A Twin Study of the Course and Consequences of PTSD in Vietnam Era Veterans (beginning)
2. Women Vietnam Veterans Study (planning)

Suicidality: Clinical Correlates & Preference-Weighted Health Status



PI: K. Magruder

VA HSR&D SHP 08-160

- Determine the relationship of patient level characteristics and patterns of service use to suicidality in VA primary care patients
- Evaluate the preference-weighted health status of veterans with and without suicidality

Suicidality: Clinical Correlates & Preference-Weighted Health Status



VA HSR&D SHP 08-160

Methods

- Cross-sectional study of 884 primary care patients from 4 VAMCs
- Suicidality measured by standard scale from MINI

Key Findings

- 8.7% positive for suicidality
- Older veterans (65+) least likely to be suicidal (5.9%); Middle aged veterans (50-64) most likely to be suicidal (11.8%)
- 30% of suicidal veterans had not used *any* mental health services
- Suicidal veterans had higher rates of:
 - Opioid prescription fills (but *not* non-opioid pain prescription fills)
 - Diagnoses associated with chest pain and musculoskeletal pain
 - Psychiatric illnesses
- Both pain & depression contributed separately to suicidality

Patient & Provider Outcomes of e-Learning Training in CAMS



PI: K. Magruder

VA HSR&D EDU 08-424

1. Refine a CAMS e-learning course that covers the same material and meets the same learning objectives of CAMS in-person training
2. Test the effectiveness of CAMS e-learning vs. CAMS in-person and a concurrent non-intervention control in terms of:
 - a) Provider evaluation and behavior
 - b) Patient outcomes
3. Assess factors that facilitate or inhibit adoption of CAMS through e-learning or in-person

Patient & Provider Outcomes of e-Learning Training in CAMS



Innovation and Value to VA

1. Suicidality is a major issue for veterans; mental health professionals frequently lack competence and confidence in dealing with suicidal patients
2. Tests innovative, efficient method of teaching important clinical management guidelines for adult learners
3. More providers can be trained with e-learning and at a faster rate than in-person training
4. Updated materials and booster sessions can be broadly and rapidly disseminated
5. Will evaluate not only changes in provider knowledge, but also changes in patient outcomes

A Twin Study of the Course & Consequences of PTSD in Vietnam Era Veterans



Principal Proponents:

J. Goldberg
K. Magruder

VA CSP #569



- 1. Estimate the longitudinal course and current prevalence of PTSD**
- 2. Identify the relationships between the longitudinal course of PTSD and:**
 - Current physical health
 - Current mental health
 - Current functional status
 - Current disability

A Twin Study of the Course & Consequences of PTSD in Vietnam Era Veterans



VA CSP #569



Innovation and Value to VA

1. In non-treatment seeking veterans:
 - a) Establish longitudinal course and current prevalence of PTSD 45-55 years after service
 - b) Establish functioning and disability levels related to PTSD 45-55 years after service
2. Will provide data to help plan for treatment needs for Vietnam Era male veterans as they age.
3. Can compare mental health of Vietnam Era male veterans to similar aged males in U.S. population.

Women Vietnam Veterans Study



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Planning Committee

Principal Proponents:

H. Kang

A. Kilborne

K. Magruder

VA CSP #579

♀



Comparing women who served in the Vietnam Theater to women who served elsewhere:

1. Determine the prevalence of lifetime and current psychiatric conditions including PTSD
2. Determine physical health status
3. Determine the level of current disability

Women Vietnam Veterans Study



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VA CSP #579

♀



Innovation and Value to VA

1. In non-treatment seeking women veterans:
 - Establish current and lifetime prevalence of PTSD 45-55 years after service
 - Establish functioning and disability levels 45-55 years after service
2. Provide data to plan for treatment needs for Vietnam Era female veterans as they age
3. By studying Vietnam veteran women, will complete our understanding of health and mental health outcomes related to service in Vietnam
4. Can compare mental health of Vietnam Era female veterans to similar aged females in U.S. population



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VA Research: Improving Veterans' Lives

Thank You

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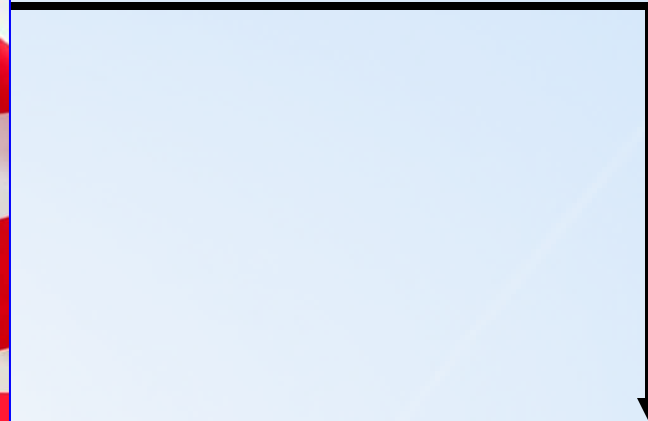
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Suicide Prevention Outreach Strategy

Dr. Victor S. Wahby
May 1, 2009





Dioramas





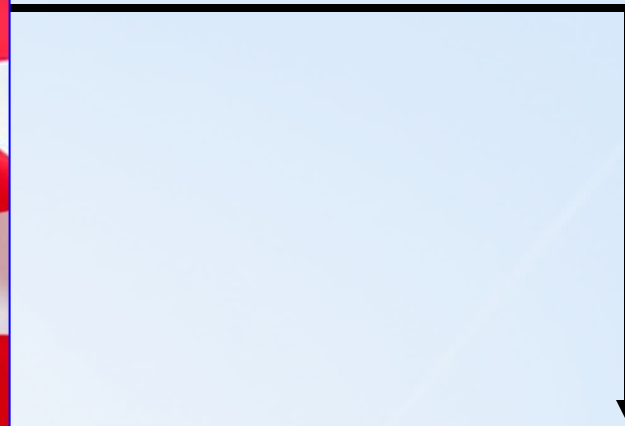
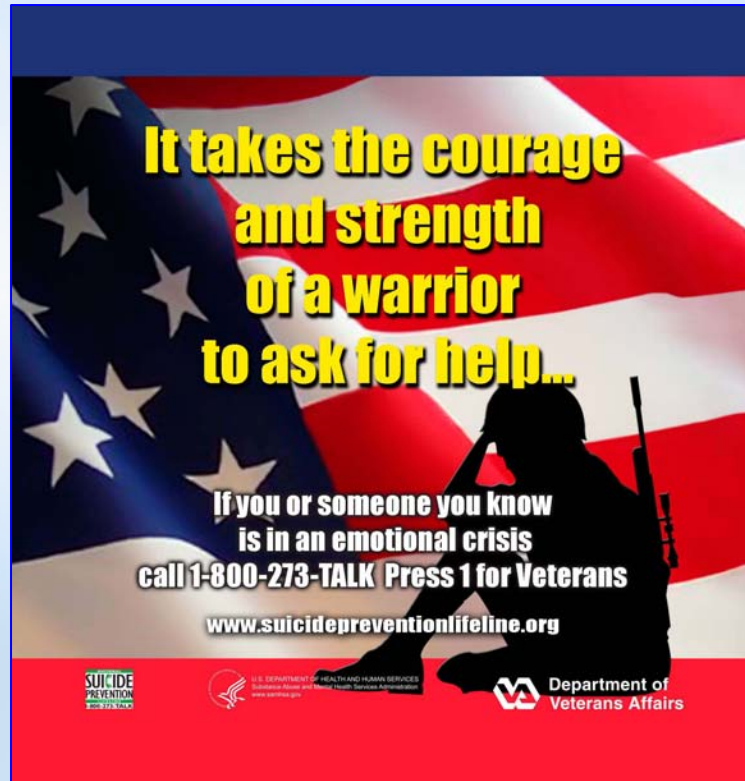
**It takes the courage and strength
of a warrior to ask for help...**

**If you or someone you know is in an emotional crisis
call 1-800-273-TALK Press 1 for Veterans**

SUICIDE PREVENTION
U.S. DEPARTMENT OF HEALTH & HUMAN SERVICES
National Institute of Mental Health
Department of Veterans Affairs

Bus Tail Lights





Metro Car Cards



It takes the courage and strength of a warrior to ask for help
If you or someone you know is in an emotional crisis
call 1-800-273-TALK Press 1 for Veterans

   Department of
Veterans Affairs

Bumper Magnets



**IT
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www.suicidepreventionlifeline.org

  Department of
Veterans Affairs

Patient Poster



It takes the courage and strength of a warrior to ask for help.....

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www.suicidepreventionlifeline.org

 NATIONAL SUICIDE PREVENTION LIFELINE

 Department of Veterans Affairs

Patient Poster



Suicide Prevention is Everyone's Business

Recognize some warning signs:

- Hopelessness
- Anger
- Withdrawal
- Talk about death

www.suicidepreventionlifeline.org

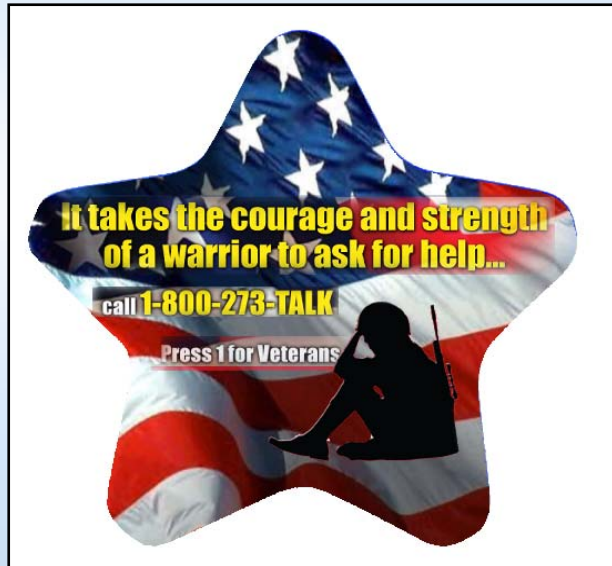
Refer veterans to your facility Suicide Prevention Coordinator - They will help!

Name: _____ Location: _____

SUICIDE PREVENTION

Department of Veterans Affairs

Employee Poster



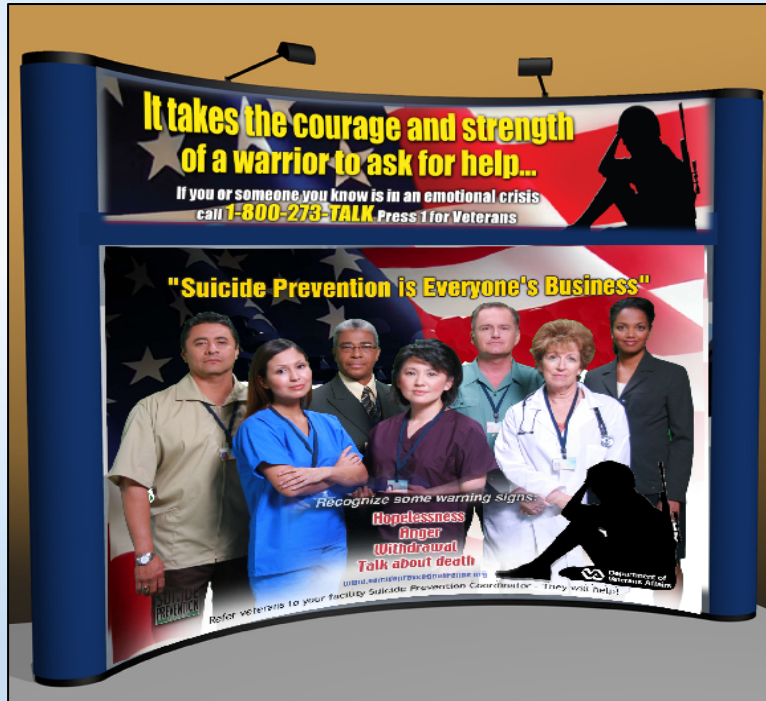
Stress Ball



Key Ring



Sugar-Free Candy



**3-Panel
Exhibit
8' x 10'**



**Vertical
Window
Shade**



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