

Honoring Those Who Have Served: How Can Health Professionals Provide Optimal Care for Members of the Military, Veterans, and Their Families?

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Abstract

With over one million service members separating from the military over the next several years, it seems prudent to ask whether U.S. health care professionals and systems of care are prepared to evaluate and treat the obvious and more subtle injuries ascribed to military deployment and combat. The authors suggest that several systemic

interventions—adding military health history sections to electronic health records, history and physical diagnosis textbooks, and licensing exams while also ensuring that this content is adequately covered in undergraduate and graduate health professional training—will enable all health care professionals to provide service members

and veterans with the high-quality care that they deserve. The authors also highlight the U.S. Department of Veterans Affairs' recent innovations in education and care delivery, which are enhancing the education of thousands of students and residents, who will be better prepared to care for veterans after receiving this training.

Since 2001, about 2.5 million U.S. troops have been deployed to Iraq or Afghanistan. More than 6,600 men and women have given their lives, and over 48,000 have been injured. However, these numbers do not reflect the long-term physical, psychological, social, and economic effects of deployment on service members and their families. With over one million service members separating from the military over the next several years, it seems prudent to ask whether our country's

health care professionals and systems of care are prepared to evaluate and treat the obvious and more subtle injuries ascribed to military deployment and combat.

Of the approximately 22 million U.S. veterans, less than half (about 9 million) are cared for by the U.S. Department of Veterans Affairs (VA) health care system. Veterans who qualify for VA care have access to a robust and comprehensive package of services, including primary and specialty care, mental health care, substance abuse treatment, pharmacy services, physical therapy, vision care, home care, family respite care, and, if necessary, ready access to VA's integrated polytrauma system of care as well. Despite this impressive array of services, VA alone cannot ensure the health and wellness of all veterans. In fact, by itself, it cannot even ensure the health of the 40% of veterans enrolled in VA health care. Some three-quarters of those enrolled in VA health care also have alternate sources of health coverage, such as Medicare, Medicaid, or private insurance, and many of these veterans receive at least some portion of their health care outside the VA system. Ensuring veterans' well-being is a duty for the entire health professions community.

Unfortunately, all too often when veterans are cared for in the community, they are not identified as veterans. Health care providers lose the opportunity to address important health and wellness

implications of military service if they fail to ask, "Have you ever served in the military?"¹ Asking this simple yet essential question can ensure that veterans receive optimal care for their unique needs, from the sequelae of toxic exposures to indications of posttraumatic stress disorder, traumatic brain injury, and suicide risk, or the psychosocial and economic impact of multiple deployments on spouses and families.

Too few physicians screen their patients for current or prior military experience. Even when patients are known veterans, however, very few receive screening for depression and anxiety because physicians often lack the referral resources to provide veterans with necessary screening and treatment. According to a VA study, less than 30% of community providers felt knowledgeable about how to refer a veteran to VA for physical or mental health services.²

In a 2012 survey conducted by the Association of American Medical Colleges (AAMC),³ all 110 U.S. medical schools educated their students about posttraumatic stress disorder and traumatic brain injury, but only about half addressed these conditions as they pertain to service members and veterans. Only 20% of the schools provided training in military cultural competency. In the authors' words, these results "suggest that there is a critical need to enhance training with respect to understanding military service as an aspect of providing culturally

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competent care—an essential component of providing effective care.”³

Preparing Health Professionals to Care for Those Who Have Served

How can we close these gaps? We must begin by raising awareness among providers and training institutions of the special needs of the military, veterans, and their families. The First Lady’s Joining Forces Initiative⁴ has helped by drawing attention to these needs and by engaging schools and professional societies to reexamine how they are educating future health professionals about these needs. Currently, 135 medical schools, 150 nursing organizations, and 650 nursing schools have committed to educating future physicians and nurses about common military health issues and the best practices for caring for this population.⁵ Similarly, more than 100 major health professional societies representing many different disciplines have committed to developing and disseminating educational material on veterans’ health issues. In addition, AAMC has developed a Joining Forces collection⁶ through MedEdPORTAL’s iCollaborative for sharing curricular resources related to military health.

Health professions educators who want to do more should consider leveraging the clinical expertise at their local VA Medical Center. The VA health care system has active affiliation agreements with more than 1,800 colleges and universities across more than 40 health professional disciplines, including about 80% of the nation’s medical schools. Many of these partnerships have been in place for decades—the first medical school affiliation was established in 1946—so channels of communication are generally already well established. The Military Health System has similar expertise to VA and an equal interest in partnering with the private sector to enhance the care of its service members, present and past.

VA clinical training experiences are a powerful demonstration for young health professionals of the importance of military health issues. Over 100,000 health professional students and residents rotate through VA each year. In addition to extensive workplace learning and professional socialization with veterans and faculty, all incoming trainees are provided with a military health history pocket card⁷ which is also distributed

broadly within the academic and health care communities and to veterans service organizations. VA trainees also take a short online course called Mandatory Training for Trainees. This orientation course is being enhanced to include two vital general principles: that many veterans receive care entirely or in part outside of VA, and that every patient’s social history, regardless of setting, should include the question “Have you ever served in the military?”

VA trainees also have the opportunity to participate in innovative educational programs that emphasize quality and patient safety, interprofessional team-based care, and the integration of mental health with primary care. VA’s Quality Scholars program⁸ is a long-standing leadership development program that promotes health care quality and value. The newer Chief Residents in Quality and Patient Safety program⁹ engages chief residents to develop local quality improvement activities.

VA’s Centers of Excellence in Primary Care Education¹⁰ were established to examine how best to align health professions education with new models of practice based on patient-centered medical homes, or patient-aligned care teams, as they are known in the VA. Shared decision making between patients and providers and among learners and supervisors; sustained relationships with patients and teachers; interprofessional team-based care and learning; and individual and team performance improvement are the core domains around which these centers are organized. The lessons emerging for workplace learning will be incorporated broadly across VA’s primary care teaching practices.

VA’s expertise in rehabilitation and mental health is well known; training experiences in VA’s polytrauma centers educate learners about posttraumatic stress disorder, traumatic brain injury, blast injuries, and other signature sequelae of recent combat experiences. Polytrauma centers feature broad, interprofessional teams and allow trainees access to current knowledge and state-of-the-art treatment regimens. In addition, VA has been at the forefront of mental health treatment and has recently embarked on a five-year expansion of the mental health training pipeline, including disciplines such as psychiatry, psychology, social work, nursing, and chaplaincy.

Recommendations for All Health Professionals

VA’s commitment to those who have served will endure, but it alone cannot shoulder the burden of educating our nation’s providers on how to best care for veterans and their families. The academic health professions community as a whole must ensure that the next generation of providers is better prepared than the existing workforce. And current providers must be proactive in learning how to care for returning veterans as well. We offer some suggestions for ways to begin pursuing these goals now.

Ask the question

The first and easiest step that *all* health care professionals can take is to ask each and every patient about military service during an initial health interview. To identify veterans, all patients (including women) should be asked, “Have you or a family member ever served in the military?” Health professions students should practice asking this question as part of their earliest clinical activities. In addition, history and physical diagnosis texts should be revised to include an explicit military history as a standard component.

Use the power of electronic health records

As more health systems move to electronic health records, special attention should be given to ensuring that prompts and fields to code military service information are included and, just as important, are readily accessible. VA’s new Integrated Electronic Health Record will have a defined military history section, making this information readily available and more easily retrieved. History and physical note templates that include a required military history section could also serve as an important reminder to all providers to “ask the question.” AAMC’s efforts to engage with electronic health record vendors more broadly are to be applauded.

Use the power of licensing exams

VA is working with the National Board of Medical Examiners to add questions related to veterans’ health to the U.S. Medical Licensing Examination and to develop a military health subject exam. This alone will drive major curricular change on military health issues in U.S. medical schools, and we encourage other

health professions licensing bodies to consider similar action.

Collaborate with VA

VA and academic health professions community have an established history of working well together on numerous issues. Recently, VA has expressed interest in exploring new or innovative public–private partnerships that benefit veterans and their families. Multiple efforts are under way to facilitate partnerships, including the establishment of an Office of Community Engagement in the Veterans Health Administration.

Summary

Caring for veterans does not belong to the VA alone. We must and should share responsibility for honoring our veterans' service to the nation by providing them with exemplary care wherever they seek it. The academic health professions community has a unique opportunity to partner with VA and the Department of Defense in this effort by ensuring that our future doctors, nurses, and other health professionals are proficient in matters of military health.

For our part, we invite our affiliated schools and training programs, especially those schools that have signed the Joining Forces pledge, to seek support from their local VA hospital administrators and subject matter experts on how to incorporate veterans' health information into their teaching programs. Those schools not affiliated with a VA medical

center should still reach out to their local VA medical center, the VA Central Office, or their health professional associations to learn more about how they can ensure that their trainees know how to care for service members, veterans, and their families.

As the conflict in Afghanistan winds down in 2014, the nation's attention will inevitably turn away from the war and its costly human toll. But for the many service members who will return to civilian life in the next few years, the aftermath of the war will linger for decades. Health care providers must be prepared to care for veterans through all phases of their lives. The leadership of the academic community is critical to ensuring the nation's capacity and readiness to provide quality care over the course of an entire lifetime. Our veterans and their families have sacrificed much in service to our nation. They deserve nothing less than the best care we can provide in return.

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