Biography

- Nurse and Health Care Provider 35+ years
- Military Career of 22+ years, Active, Reserve, AGR
  - Flight Nurse & Trauma Nurse
  - Squadron Commander
  - International Health Specialist
  - Director, USAFR Medical Directorate (HAF/REM)
  - Medical Advisor, SAF/MRB
- Academic Educator – 15+ years at 5 Universities
  - BS to PhD Curriculum Development
  - Assistant Dean for Academic Outreach
- Program of Military Research
VA, MHS & Academia – Joining Forces to Prepare Providers to Treat PTSD / TBI

2015 Defense Centers of Excellence for Psychological Health and Traumatic Brain Injury (DCoE) Summit: Continuum of Care and Care Transitions in the Military Health System
September 2015

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Professor and
Specialty Director of Veteran and Military Health Care
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Disclosure

The views expressed in this presentation are my own and do not reflect the official policy of the Department of Defense or the U.S. Government.

- I have the following financial relationship to disclose: Professor and Specialty Director of Veteran and Military Health Care University of Colorado College of Nursing

- I do not intend to discuss off-label/investigative (unapproved) use of commercial products or devices.

- The description of programs in this presentation is for descriptive purposes only and not intended to promote any individual program."
Now that you know a little bit about me – I would like to know a little bit about you! 😊

1. What is your background and connection to the military and veteran population?
   a. I am in the military
   b. I am a veteran and/or I was in the military
   c. I am a civilian leader or provider of services to the military and/or veteran population
   d. Other
Polling Question 2

2. What role do you now occupy? Or which of the descriptions below best characterizes how you relate to the veteran and military population?

a. Clinical Provider (Nurse, Doctor, etc.)
b. Leader/Administrator
c. Educator
d. Policy
e. Other
Explore strategies for joining forces between the VA, MHS, and Academia in preparing health providers to provide psychological health care to veterans and service members.

Articulate the key components of an inter-professional graduate curriculum designed to prepare health care professionals to provide psychological health care for veterans and service members.

Identify the core competencies in preparing health care professionals to treat PTSD and TBI.
Topics for Today

- Joining Forces
- Military and Veteran Population
- Access to care
- Behavioral Health Care Needs
- Elements of a clinical specialty
- Research
- Recommendations
- Academic Degrees and Graduate Certificate
- Potential Future Initiatives
Joining Forces

“Joining Forces is all about coming together to support our nation’s service members, veterans, and their families”

“Joining Forces, a nationwide initiative calling all Americans to rally around service members, veterans, and their families and support them through wellness, education, and employment…”

White House Initiative

“https://www.whitehouse.gov/joiningforces/about”
Elements in Military Culture

- Professional Ethos & Education
- Discipline
- Ceremony & Etiquette
- Cohesion
- Additional subcultures
  - Type of unit (e.g., fighter squadron)
  - Branch (e.g., Infantry)
  - War Fighting community (e.g., aviation, submarine, special operations)
Veteran Identity

“I was a soldier. I am a soldier. I will always be a soldier.”

The veteran “comes home as a soldier and enters the purgatory that is being a veteran”
- No longer a true civilian
- No longer a soldier
- Searching for identity

War time veterans often have shared experience of both military training and trauma

Military & Veteran Health Care in the USA

- Over 30 Million potential Beneficiaries (identified need)
- Over 120,000 licensed health care providers in Military Health System (MHS) and Veterans Health Administration (VHA) (a substantial number of practitioners)
- Two large health care systems – MHS & VHA – government supported and congressionally legislated
  - VHA – >$150 Billion budget, >150 medical centers, >1,400 community clinics, >80 Million outpatient visits/year
  - MHS - >$50 Billion budget, >50 medical centers, >600 clinics
Mission of MHS is to provide medical support to military operations worldwide, including:
- combat medical services
- force readiness
- health care delivery
- public health

Consequences of combat and military service are enduring and affect veterans and their families.
The Veterans Health Administration (VHA) is one of the three major administrations of the Department of Veterans Affairs.
In 1996, VA began the creation of Veterans Integrated Service Networks (VISNs) to transform VA Health Care from a "Hospital System" to a "Health System."

VHA currently has 21 VISNs.

- 152 Medical Centers
- 986 Outpatient Clinics
- 817 Community-Based
- 152 Hospital-Based
- 11 Mobile
- 6 Independent
- 300 Vet Centers
- 70 Mobile Vet Centers
- 98 Domiciliary Residential Rehabilitation Programs
- 133 Community Living Centers

Source: FY 2012 2nd Quarter Pocket Card
VA’s Health Care Expertise

VA is one of the largest civilian employers in the federal government and one of the largest health care employers in the world.

269,000+ Total VHA Employees

83,000+ Veteran Employees

20,000+ Physicians

69,000+ Nurses*

*Includes registered nurses, licensed practical nurses and licensed vocational nurses.
Veterans “Choice Act” of 2014

- Veterans Access, Choice and Accountability Act of 2014. Public Law 113-146
- The purpose is to improve access to care for veterans by non-VA providers.
- This plan is to operate for 3 years or until funding for the program is exhausted.
- Covers veterans enrolled in the VA system as of 8/2014 and/or recently discharged combat veterans.
- This is a separate program from the Non-VA Medical Care program.

# Top 5 Diagnosis for OIF/OEF/OND Veterans

<table>
<thead>
<tr>
<th>Specified Quarter</th>
<th>Qtr1 FY14 Percent (Number)</th>
<th>Qtr2 FY14 Percent (Number)</th>
<th>Qtr3 FY14 Percent (Number)</th>
<th>Qtr4 FY14 Percent (Number)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Total Number Receiving Treatment</strong></td>
<td>1,027,801</td>
<td>1,057,760</td>
<td>1,089,668</td>
<td>1,126,173</td>
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<tr>
<td><strong>Disease Category (ICD-9-CM Categories)</strong></td>
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<tr>
<td>Mental Disorders (290-319)</td>
<td>55.7 (572,569)</td>
<td>56.1 (593,583)</td>
<td>56.5 (615,922)</td>
<td>56.9 (640,537)</td>
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<tr>
<td>Diseases of Nervous System/ Sense Organs (320-389)</td>
<td>48.3 (496,443)</td>
<td>48.7 (515,586)</td>
<td>49.3 (537,074)</td>
<td>49.8 (560,506)</td>
</tr>
<tr>
<td>Diseases of Digestive System (520-579)</td>
<td>36.9 (379,031)</td>
<td>37.1 (392,351)</td>
<td>37.3 (406,640)</td>
<td>37.5 (422,181)</td>
</tr>
<tr>
<td>Diseases of Musculoskeletal System Connective Tissue (710-739)</td>
<td>59.6 (612,112)</td>
<td>60.0 (634,569)</td>
<td>60.5 (659,649)</td>
<td>61.1 (687,723)</td>
</tr>
<tr>
<td>Symptoms, Signs and Ill Defined Conditions (780-799)</td>
<td>55.2 (567,399)</td>
<td>55.8 (590,446)</td>
<td>56.4 (615,064)</td>
<td>57.0 (641,973)</td>
</tr>
</tbody>
</table>
Approximately 61 percent (1,158,359) of all separated OEF/OIF/OND Veterans have used VA health care since October 1, 2001.

Between January 1, 2014 and December 31, 2014, a total of 701,886 of these Veterans accessed VA health care.

The three most common diagnoses were:
- musculoskeletal ailments (711,817 or 61.5 percent)
- symptoms, signs, and ill-defined conditions (665,903 or 57.5 percent)
- mental disorders (662,722 or 57.2 percent)

Behavioral Health Needs of Service Members and Veterans

- The percentage of study subjects who met screening criteria for major depression, generalized anxiety disorder, or PTSD
  - Iraq 15.6%-17.1%
  - Afghanistan 11.2%
- TBI is most common physical injury for combatants in Afghanistan and Iraq
  - Explosion or blast injury is most common cause
Specialization?

Is Veteran and Military Health Care a Unique Specialization?
3. Do you think military and veteran health care is a clinical specialty?

a. Yes
b. No
c. Unsure
Medical Specialization in some form has always existed

- Galen – Greek Physician and Philosopher in Roman Times 129-217 AD noted specialization was common

- Modern medical specialties with legal criteria gradually evolved in 19th Cent.

- Specialties vary between countries and can be somewhat arbitrary
Categories of specialties

- Holistic – e.g. internal medicine, family practice
- Systems or organs – e.g. cardiology, neurology, orthopedics
- Technique – e.g. surgery, anesthesiology
- Diagnostic – e.g. radiology, pathology
- Disease – e.g. diabetes, infectious disease
- Age – e.g. pediatrics, geriatrics
- Environment – e.g. tropical, wilderness, occupational
- Population – e.g. public health, military medicine

Specialty Disciplines may Overlap and Categories are NOT Exclusive
Common Criteria for Recognition as a Clinical Specialty

- Is clearly defined.
- Has a well-derived knowledge base particular to the practice of the specialty.
- Can identify a need and demand for itself.
- Adheres to the overall licensure, certification, and education requirements of the profession.
- Defines competencies for the area of specialty practice.
- Has existing mechanisms for supporting, reviewing, and disseminating research to support its knowledge base and evidence-based practice.
- *Has defined educational criteria for specialty preparation or graduate degree.*
- Has continuing education programs or other mechanisms in the specialty to maintain competence.
- Is practiced nationally or internationally.
- Includes a substantial number of practitioners who devote most of their professional time to the specialty.
- Is organized and represented by a national or international specialty association or branch of a parent organization.

Image has been removed due to copyright laws.
Question

Is Military Medicine and Veteran Health Care its own clinical specialty?
Do we need academic degrees in this as a discipline?
Board Certification?
4. Do you think we should have **graduate academic degrees** at civilian universities in veteran and military health care as a graduate academic degree?

a. Yes
b. No
c. Unsure
5. Do you think we should have **Board Certification** in Veteran and Military Health Care as a clinical specialty?
   a. Yes
   b. No
   c. Unsure
Methodology

Sample
- Medical Professionals from all disciplines
- Military/VA/Civilian
- Leaders and policy makers in health care

Sites
- Washington DC / National Capitol Region
- Colorado

Research Methods
- Focus Groups, Interviews, Informal Group Discussions (Brown Bags), Web Survey
Results Related to Evidence of Specialization

- Identified need and demand
- Discrete body of knowledge related to military medicine and veteran health
- Research supports a specialized knowledge base and evidence-based practice
- Substantial number of licensed health care professionals dedicated to this population
- Practiced Nationally and Internationally
- Represented by National/International Associations
Recommendations

- Overwhelming support for development of clinical specialization
- Identified specialty courses in Military Medicine and Veteran Health Care
- Recommended academic degrees (Master & PhD)
- Recommended board certification
Recommendations for Veteran and Military Health Specialty Courses

- Military and Veterans Healthcare Systems / Policy Development
- Psychological Health for Veterans and Service Members
- Military Medical Readiness & Combat Casualty Care
- Consequences of Environmental Exposure for Service Members
- Telemedicine in the battlefield and for rural veterans
- Epidemiologic Methods for Veteran and Military Populations
- Occupational Health of the Service Member
- Aeromedical Evacuation
- Rehabilitation from Traumatic Injuries
Recommendations for Veteran and Military Health Specialty Courses

- Global Health and Humanitarian Assistance
- Disaster Management and Health Care
- Health Care in Harsh and Austere Environments
- Women and the Military
- Veteran and Military Families / Supporting the Caregivers of Veteran and Service Members
- Disability Evaluation for Service Members
- Aging and chronicity in veteran population
- Integrative Medicine for Service Members & Veterans
- Ethics in Military Medicine
Graduate Education

- Four Courses Approved
  - First course started Jan 2015
  - Graduate Certificate in Veteran and Military Health Care
  - Master of Science in Nursing in
    - Veteran and Military Health Care
    - Veteran and Military Health Care Leadership
Graduate Certificate

- 12 Credits
- Online
- Inter-Professional
  - Health Care Related Disciplines
  - Professionals working with the Veteran and Military Populations
- Post-Baccalaureate, Post-Master, Post-Doctoral
Master of Science in Nursing in Veteran and Military Healthcare

- **MSN Core** – 13 credits
- **Veteran and Military Health Care Core** – 12 credits
- **Practicum tailored to area of clinical practice** – 5 credits
- **Optional Thesis** – 6 Credits

Total Credit Hours = 30 Credits
36 credits with Thesis
Master of Science of Nursing in Veteran and Military Health Care Leadership

- **MSN Core** – 13 credits
- **Veteran and Military Health Care Core** – 12 credits
- **Selected Courses from i-Lead Core** – 6 credits
  - N 6790 Systems and Leadership Theory
  - N 6973 State of the Science: Systems
- **Administrative Practicum tailored to area of clinical practice** – 2 credits

Total Credit Hours = 33 Credits
Core Courses

- Delivered Online
- Inter-professional – open to all health care providers
- Faculty is a collaborative team from
  - Veterans Health Administration
  - Military Health System
  - Academia
  - Community Practitioners
Core Courses for Veteran Military Health Care

- N 6023 - Military and Veterans Health Care Systems
- N 6018 – Home from the Battlefront: Psychological Health Care for Veterans and Service Members
- N 6017 – On the Homefront: Supporting Veteran and Military Families
- N 6019 – Wounds of War: Military and Veteran Disability Evaluation
Sociopolitical, economic, ethical and current national health care issues confronting the veteran and military health care delivery systems. Examination of overall structure, functions, and processes, and influence of these contextual elements on policies guiding/regulating the organization/delivery of services.
Dynamics and attributes of military/veteran families during & after military service. Explores issues of deployment, reintegration, parenting, compassion fatigue, and living with sequelae of combat stress (family violence, suicide, homelessness, PTSD). Evaluates preparation of civilian providers and family care interventions.
Detailed examination of the military/ veteran integrated disability evaluation system including processes, policies, clinical conditions, and complex case studies. Investigate benefits associated with service-connected disabilities, special considerations for Reserve/ Guard members, and assistance in preparing for disability evaluation and appeals.
By the end of this course, the learner will be able to:

- Explore military and veteran culture, its effects on the psyche, and how it is perceived by those in the community.
- Explore historical perspectives of war and how they have impacted psychological health of service members.
- Evaluate assessments, treatments, and considerations for Post Traumatic Stress Disorder (PTSD) and Traumatic Brain Injury (TBI).
- Explore the issues related to suicidality assessment, prevention, and risk management.
- Explore the effects of psychological health of the service member on family dynamics and parenting.
- Examine the ethics and issues related to diversity, reintegration, redeployment, health care navigation, and scope of practice.
- Articulate special considerations related to the psychological health of Guard and Reserve service members and families.


Long list of recommended texts.
Content Outline

Home from the Battlefront: Psychological Health Care for Veterans & Service Members

I. Introduction to Veteran and Military Culture

   Military Culture and the Psyche of the Service Member
   Veteran Culture and the Psyche of the Veteran
   Civilian and Community Understanding of the Military and Veteran Culture

II. Historical Perspectives

   Psychological Responses to War and Conflict Through History
   World War I and II
   Korean War
   Legacies of the Vietnam War
   Iraq and Afghanistan
Content Outline

Home from the Battlefront: Psychological Health Care for Veterans & Service Members

III. Post-Traumatic Stress Disorder (PTSD)
   PTSD Assessment, Diagnostic Criteria and Differential Diagnosis
   Epidemiology
   Neural Underpinnings of PTSD
   Treatment
      Pharmacologic
      Psychotherapy
      Integrative Medicine and Holistic Therapies
      Emerging Evidence-Based Therapies
         i. Prolonged Exposure Therapy
         ii. Cognitive Processing Therapy
         iii. Eye Movement Desensitization and Reprocessing
         iv. Virtual Reality Exposure Therapy
   Comorbid Conditions
      Traumatic Brain Injury
      Substance Abuse
      Polytrauma
   Barriers to Care
      Stigma
      Fitness for Duty
      Criminal Justice Issues
   Prevention/Protective Factors such as Resiliency Training
Content Outline

Home from the Battlefront: Psychological Health Care for Veterans & Service Members

IV. Traumatic Brain Injury (TBI)

- TBI Assessment and Diagnostic Criteria
- Pathophysiology and Outcome in TBI
- Blast Effects
- Polytrauma and Comorbid Conditions Assessment
- Head Injury Rehabilitation

V. Suicidality

- Suicidality Diagnostics and Assessment
- Suicidality Prevention
- Introduction to Suicide and Homicide Risk Management
Content Outline

Home from the Battlefront: Psychological Health Care for Veterans & Service Members

VI. Family and Parenting
   Military and Veteran Family Attributes
   Impact of Deployment on Military Families and Children
   Effects of Service Member/Veteran PTSD/TBI on the Family
   Caregiver Fatigue

VII. Diversity
   Gender Considerations
   Age Considerations
   Racial and Ethnic Considerations

VIII. Reintegration and Discharge from the Military
   Reentry and Redeployment – Fitness for Duty
   Reintegration into Work, Family, and Community
   Reserve and Guard Considerations
   Discharge – Transition from Service Member to Veteran
   Health System Navigation, Referrals and Scope of Practice
   Ethical Considerations
Interactive Look Inside

- Navigation within the course
- Outcomes
- Syllabus
- Texts
- Content
- Assignments
- Discussion Options
- Interactions
- Application to Practice
Educating health care providers and administrators can serve to provide a higher level of health care, focused/targeted leadership for these specific systems, and system innovation and improvement.

If VAMC’s associated with teaching hospitals have better outcomes for their patients …

I would postulate that VAMCs and MHS MTFs associated with academic partnerships would also have better patient outcomes.
Potential Future Initiatives

- Inter-professional Master and PhD programs with Schools of Medicine, Psychology, & Public Health
- Potential Collaborations with Business, Health Care Administration/Leadership, Public Policy, and Law
- Core Curriculum that can be exported and infused into licensed health care providers basic education so that they can be sensitive to the needs of service members and veterans
- Recognition as a Clinical Specialty
- Board Certification
Academic partnerships with the MHS and VA can ultimately provide better outcomes for service members and veterans and strengthen the clinical practice of health care providers.
Thank You
How To Obtain CE Credits

To receive continuing education credit for this activity, please visit:

http://dcoe.cds.pesgce.com to complete the CE evaluation and post-test. You must register by 11:59 p.m. (PT) on Sept. 11, 2015, to qualify for the receipt of CE credit.