

IOM Committee Assesses Current and Long-Term Needs of Returning Service Members and Veterans

More than 2.2 million men and women have served in the wars in Iraq and Afghanistan. Although most have readjusted well to postdeployment life, a large proportion (44%) have reported difficulties resuming home life, reconnecting with family members, finding employment, and returning to school. To better understand and address the needs of these individuals, Congress requested the National Academies to undertake a comprehensive assessment of the physical, psychological, social, and economic effects of deployment on service members and their families and communities and identify gaps in care.

The result—*Returning Home From Iraq and Afghanistan: Assessment of Readjustment Needs of Veterans, Service Members, and Their Families*—was recently published by the Institute of Medicine (IOM). The 794-page report includes several new recommendations for the Department of Defense (DoD) and the Department of Veterans Affairs (VA) and reiterates a 2010 call for the VA to conduct annual forecasts of the types and amounts of resources necessary to meet the needs of veterans and their families over the next 30 years, when demand for health care and disability compensation is likely to peak, according to trends from previous wars.

Other recommendations address key findings of the 29-member committee of experts who conducted the assessment and drafted the report. The assessment found that many individuals return with multiple complex health conditions that will present lifelong challenges and hinder readjustment. Systemwide challenges in the VA and DoD prevent those who need treatment from receiving it. Military families often endure adverse consequences of deployments—health effects, family violence, and economic burdens. Although numerous programs exist to respond to the needs of returning service members and veterans, there is little evidence regarding

their effectiveness. Unemployment and underemployment are acute problems for veterans. DoD, VA, and other federal agencies have data that can help address many current problems, but numerous barriers to data sharing and linking data must be overcome.

The report emphasizes two areas: the need for DoD and VA to address the increasing diversity of this population and the need to eliminate military sexual trauma. Nontraditional families are becoming increasingly common, but support services have largely focused on married, heterosexual couples and their children. The VA and DoD should support programs that address the full range of families, including unmarried partners, same-sex couples, single parents, and stepfamilies. In addition, the DoD should implement a zero-tolerance approach to military sexual trauma; formal performance appraisal and promotion systems should include specific evaluation criteria on how well military leaders address the issue.

The committee found that in many ways DoD and VA clinicians are at the forefront of providing evidence-based care for brain injuries and mental disorders. However, the assessment uncovered shortfalls. The committee voiced serious concerns about inadequate clinical follow-up and low rates of delivery of evidence-based treatments, particularly psychotherapies to treat posttraumatic stress disorder and depression and pharmacotherapies for substance use disorders. In some areas, VA and DoD policies are not aligned with the evidence base, according to the report. Clear evidence is lacking to support the effectiveness of the Automated Neuropsychological Assessment Metrics, an instrument used by DoD to assess cognitive function after a head injury. VA has included “acceptance and commitment therapy” for depression in its national rollout of evidence-based treatments, but there is not sufficient evidence to support its use as a first-line intervention. With respect to suicide

prevention, DoD policy prohibits restricting access to privately owned weapons for individuals at risk, even though research has shown that such restriction prevents suicides.

The report is available on the IOM Web site at www.iom.edu.

NEWS BRIEFS

AHRQ series on PCMH research methods: The patient-centered medical home (PCMH) is a promising model for organizing care to improve quality and accessibility and reduce costs. To refine the PCMH model, evaluators and researchers need methods that yield robust evidence. The PCMH Research Methods Series, funded by the Agency for Healthcare Research and Quality (AHRQ) and developed by Mathematica Policy Research, is designed to “expand the toolbox” of methods used to evaluate PCMH models and other health care interventions. Each of the ten briefs in the series describes a research method, outlines advantages and limitations, and lists resources for researchers to learn more. The topics cover both “evolutionary” ways to improve evaluations—by using traditional research methods—and “revolutionary” approaches that draw on methods from anthropology, organizational analysis, engineering, and political science. The goal is to ensure that evaluations focus not only on “Does it work?” but also on “How does it work?” For example, *Efficient Orthogonal Designs* describes a tool for use at the outset of a study to compare the effectiveness of different ways of deploying each PCMH component, as well as how the effects of individual components interact. The series is available on the AHRQ Web site at pcmh.ahrq.gov.

Bazelon Center speaks out on gun debate: The gun safety debate should not focus on mental health or on people with psychiatric disabilities, according to the Bazelon Center for Mental Health Law, which has released a report highlighting

research that explains why. “Too many advocates, journalists, and politicians have put people with psychiatric disabilities in the center of the gun safety debate,” said Jennifer Mathis, the center’s director of programs. “Studies have shown that mental illness by itself is not statistically related to violence and that people with serious mental illnesses are far more likely to be the victims of violent crimes than the perpetrators.” *Wrong Focus: Mental Health in the Gun Safety Debate*, which summarizes research in this area, is available on the Bazelon site at www.bazelon.org.

NASMHPD bulletin describes “perfect storm”:

A bulletin recently issued to State Mental Health Authorities by the National Association of State Mental Health Program Directors (NASMHPD) describes a “perfect storm of events” that threatens state public mental health systems and people with serious mental illness. Cuts in Medicaid disproportionate share hospital (DSH) payments that will take effect in 2014 with the Affordable Care Act (ACA) will create an unintended risk to the mental health safety net, according to the bulletin. Safety net hospitals could see reductions close to \$22 billion from 2014 to 2021. These concerns are exacerbated by cumulative state cuts in mental health funding over the past five years as a result of the recession. Another factor contributing to the perfect-storm scenario is that the ACA does not eliminate Medicaid’s prohibition on reimbursing institutions for mental disease (IMDs) or state psychiatric hospitals for Medicaid enrollees age 22 to 64. Thus these institutions will also not be able to bill Medicaid for care provided to adult beneficiaries, including the large numbers of persons who will enroll when some states expand Medicaid in 2014 to include low-income adults under age 65. The perfect storm will have its greatest impact on states that choose not to participate in the Medicaid expansion at the same time that DSH funds are

reduced, the IMD exclusion remains in force, and the state makes further cuts in mental health spending. The 13-page bulletin, “The Interplay Between Medicaid DSH Payment Cuts, the IMD Exclusion and the ACA Medicaid Expansion Program: Impacts on State Public Mental Health Services,” is available at www.nasmhpd.org.

Kaiser analysis on cause of recent slowdown in health spending growth:

Government statistics for 2009 to 2011 have shown that health spending grew by 3.9% each year—the slowest growth since the government began tracking such spending in 1960. A Kaiser Family Foundation analysis of spending by individuals, employers, and governments has found that the record slow growth rate stems largely from economic factors beyond the health system. These factors explained 77% of the slowdown. If the economy strengthens as expected, growth will move toward historical levels. New estimates suggest that the slow growth continued into 2012. On average, health spending grew by 4.2% per year from 2008 to 2012, down from a peak of 8.8% from 2001 to 2003. The economy, including factors such as GDP growth and inflation, produced a major but delayed effect on health spending. This effect stretched over six years, indicating that the recession that ended in 2009 will continue to dampen health care spending for several years. The full analysis is available at kff.org/health-costs.

Suicide rates increase among middle-aged U.S. adults:

A report by the Centers for Disease Control and Prevention (CDC) underscores the need to direct suicide prevention efforts, which have traditionally targeted youths and elderly persons, toward middle-aged Americans. The CDC analysis found an increase of 28.4% between 1999 and 2010 in the annual, age-adjusted suicide rate among middle-aged adults (age 35–64), from 13.7 per 100,000 population in 1999 to 17.6 in 2010. Rates among

both men and women in this age group increased substantially. The greatest increases were among American Indian–Alaska Natives (65.2%, from 11.2 to 18.5 per 100,000) and whites (40.4%, from 15.9 to 22.3). The three most common mechanisms were firearms, poisoning (predominantly drug overdose), and suffocation (predominantly hanging), and the greatest increase was observed for suffocation (81.3%, from 2.3 to 4.1), followed by poisoning (24.4%, from 3.0 to 3.8) and firearms (14.4%, from 7.2 to 8.3). The report was published in the May 3 issue of *Morbidity and Mortality Weekly Report* (www.cdc.gov/mmwr/preview/mmwrhtml/mm6217a1.htm?s_cid=mm6217a1_w).

Kaiser resources on consumer assistance related to ACA options:

With open enrollment for the new health insurance exchanges set to begin in less than six months, the Kaiser Family Foundation has released two policy briefs on programs intended to help people navigate the new insurance landscape under the Affordable Care Act (ACA). A recent Kaiser poll showed that two-thirds of the uninsured and a majority of Americans overall say that they have too little information to know how the ACA will affect them. Hands-on consumer assistance will play a key role in helping people understand their insurance choices, and the first Kaiser brief, *Consumer Assistance in Health Reform* (www.kff.org/healthreform/8434.cfm), describes the need for such assistance, the resources available under the ACA to fill this need, and implementation issues that may affect consumer assistance efforts. The second brief, *Navigator and In-Person Assistance Programs: A Snapshot of State Programs* (www.kff.org/healthreform/8437.cfm), describes key policy decisions that states are making as they set up assistance programs and briefly describes programs in a handful of states. States were included in the “snapshot” if they had released a detailed RFP or other policy documents describing how their assistance programs would be structured.