

CRE 12-039

Web and Shared Decision Making for Reserve/National Guard Women's PTSD Care

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Funding Period: May 2013-September 2016

Background/Rationale:

Women and OEF/OIF/OND Reserve/National Guard (RNG) war Veterans are among the fastest growing groups of new VA users. Although PTSD is highly prevalent in this group of Veterans, most choose not to seek care for a variety of reasons. Facilitating access to mental health (MH) services for RNG OEF/OIF/OND female Veterans with PTSD is challenging and requires new approaches to outreach. Such approaches are urgently needed to mediate the severity of post-deployment MH conditions, alleviate concerns over MH diagnoses, and interrupt the cycle of chronicity found in many with PTSD. This gap between need for and use of VA PTSD services suggests that further research is needed to understand specific barriers to VA MH care and VA PTSD evidence-based psychotherapy (EBP).

Objectives:

- 1) To identify perceptions, preferences, barriers and facilitators to accessing VHA MH services and EBP for PTSD (including cognitive processing therapies and prolonged exposure therapy) of both non-VA users and VA enrolled OEF/OIF/OND RNG female war Veterans with PTSD.
- 2) To evaluate the study participants' perceptions of and satisfaction with a web-based interface (developed in a QUERI funded proof of concept study) that screens for post-deployment readjustment and mental health concerns and provides immediate tailored education.
- 3) To evaluate and test differences in VHA initiation and use, for those who screen positive for PTSD on the web-based interface, by randomly assigned route: A) Study concierge nurse case manager (NCM) or B) existing outreach.

Methods:

Our study population of OEF/OIF/OND female Veterans recently returning from Iraq/Afghanistan will be identified by VA/DoD Identity Repository. Participants will be selected from the states of the Women's Practice Based Research Network founder sites (California, North Carolina, Iowa) and the Evidence Based Therapy for PTSD CREATE leadership site (Minnesota). In Phase 1 of the project, we will identify non-VA and VA enrolled OEF/OIF/OND RNG female war Veterans' who screen PTSD positive perceptions and use qualitative methods to assess their preferences and barriers and facilitators to accessing VA MH services and EBP for PTSD. This information will be used to refine this team's existing web-based interface to better address these issues. Satisfaction with the revised interface will then be assessed. Phase 2 will use a randomized clinical trial to compare the efficacy of two approaches to promoting VHA MH initiation. Participants who screen positive for PTSD on the web interface will be randomly assigned to: 1) study concierge nurse case manager (NCM) facilitated shared decision making to assist with VA MH evaluation and treatment; or 2) existing outreach (current standard of care). Follow-up assessments will be conducted at 6 and 12 months to determine whether and where participants sought MH care (from both VA and non-VA resources).

Findings/Results:

No findings to report as of 4/1/2014

Status:

We are currently conducting data collection.

Impact:

Data collection is underway; findings of this study will provide valuable insights about this population's perceptions of VHA MH services and of PTSD EBP, as well as evolving use of VA and other community resources to address PTSD and other post-deployment MH needs. Furthermore, it will provide important information regarding the efficacy of relatively inexpensive and resource-sparing interventions that can be readily implemented within existing and emerging (e.g., Patient Alight Care Teams [PACT]) models of VA care delivery. While the proposed web interface and shared decision-making intervention are currently directed at RNG women Veterans post-deployment, there are clear implications for expansion to other populations and health/MH concerns, as well. Findings have important policy implications for several operational partners heavily invested in the improved access and delivery of evidence-based mental health care for Veterans with PTSD.

Citations

There are no citations to date.