

Consumer Council News

January 27, 2004

Volume 7, Issue 8

HealtheVet

My HealtheVet is the VHA Health Portal created for veterans and their families. Access is by internet from anywhere. It now has information about benefits and programs. A target of Summer 2004 is set for including VA prescriptions on-line, view co-pay balances and appointments, and enter blood pressure, temperature, or other measurements that would be helpful to the physician. In 2005 copies of VA health information will be online. For more check: www.myhealthevet.va.gov

Newsletter sponsored by VA Mental Health Consumer Council
FAX comments to Lucia Freedman at 202-273-9069 or call 202-273-8370

Action Agenda

Dr. Fran Murphy, Deputy Undersecretary, for Health Policy Coordination, presented the Action Agenda in "Achieving the Promise: Transforming Mental Health Care in VA" a report to determine the relevance of the President's New Freedom Commission on V A Mental Health programs. The report was well received by Dr. Roswell who described the agenda as an "outstanding plan for mental health" in VA. The action agenda addresses all six goals of the President's New Freedom Commission Report. Goal one establishes that mental health is essential to overall health and a key point was to reduce variability in access to VA mental health services. Goal two requires mental health services that are consumer and family driven and the charge to VA is to de-



We Care About Our Veterans

velop a recovery orientation and become involved with state health care systems. Goal three calls for the elimination of disparities in mental health services and this would include those of race, ethnicity, and geography.

Goal four addresses mental health screening, assessment, and referral and it was recommended that VA primary care should integrate mental health services. Goal five is excellent mental health care and acceleration of research and it was recommended that the VA Research office have a mental health liaison position. Goal six is the use of technology to access mental health and a telemental health assessment by VISN was recommended.

Detecting Substance Use in Primary Care

A report by Keith Humphreys, Ph.D et al from the Program Evaluation and Resource Center VA Palo Alto discusses findings that primary care physicians usually do not detect or treat substance use disorders within the primary care setting. A survey was done of 102 VA Primary Care Practitioners in 2003.

The findings indicated that over eighty percent of primary care providers did not have an existing protocol to treat patients who have a Substance Use Disorder (SUD). The majority of primary care providers (59%) indicated their typical approach to managing patients with current alcohol and/or illegal drug abuse problems is to refer them to a mental health program. The survey also inquired about four medications that can be prescribed for treating patients with substance dependence. Forty per-

cent of respondents indicated that they had never prescribed medications to treat withdrawal symptoms or to promote ongoing abstinence. According to the VA's national pharmacy benefits database of the more than 140,000 VA patient diagnosed with SUD in FY 03 who did not receive specialty substance abuse or psychiatric care less than one quarter of one percent received a prescription in primary care for their alcohol/drug problem. This study points out the importance of having specialty mental health services available in primary care.

Online Newsletter
www.mentalhealth.med.va.gov/cc

CBOC Update

A report done by the V A Serious Mental Illness Treatment and Research Center (SMITREC) on "Mental Health Care Utilization in VHA Community Based Outpatient Clinics (CBOC), FY 98-02 showed a decrease in specialized mental health care. The current VA policy is that the lack of Mental Health Service in CBOCs will be allowed only by documented exception. The 2000 report found that the relative number of mental health stops compared to the total number of stops in CBOCs declined from Fiscal year 1998 to Fiscal year 2000. The 2001 report found that over 25% of Mental Health patients received only non-specialized Mental Health Care. Depression was the diagnosis most likely to be treated in specialty Mental Health clinics within a CBOC, while substance abuse was the least likely. The percent of all mental health stops that occur at CBOCs varies widely across VISNs (from 2.1 to 36.3), with a national average of 11.7%. One speculation is that the growth of Category 7 Veterans in

CBOCs(35%) may indicate a potential move away from Mental Health Care in CBOCs.

The recommendations were to:

- ⇒ Widely distribute the report to people in a position to make decisions regarding the allocation of resources for Mental Health Care
- ⇒ Mandate the implementation of Mental Health access in CBOCs be strengthened.
- ⇒ The goal of CBOCs is to improve care for veterans and it is imperative that as a high priority group veterans with mental illness receive care in an equitable way.

The report continues to point out that the goal of quality mental health care in Community Outpatient Clinics has not been realized and that it will take a focused effort to achieve this goal.

Atypical Study

Dr. Rosenheck presented his findings in a recently published study that he did on "Effectiveness and Cost of Olanzapine and Haloperidol In the Treatment of Schizophrenia" which concluded that Olanzapine does not demonstrate advantages compared with haloperidol (in combination with prophylactic benzotropine) in compliance, symptoms, extra pyramidal symptoms or overall quality of life, and its benefits in reducing akathisia (depressed, withdrawn, immobile) and improving cognition must be balanced with the problems of weight gain and higher cost.

The study raises a policy issue for VA since the use of atypical antipsychotics increases pharmacy costs. The SMI Consumer Liaison Council concerned that cost not be the deciding factor for the medication a veteran is prescribed made the following recommenda-

tions:

- ⇒ The risk to veterans of weight gain and possibly diabetes should be part of any discussion about the adverse effects of Olanzapine as this is protecting our veterans from possible effects of the drug.
- ⇒ The relationship between the physician and the veteran in determining what medications are best should prevail over any policy that would restrict prescribing practices of one drug over another. Physicians should be provided information and education about drugs and their side effects.
- ⇒ The cost savings from cheaper medications historically in the VA have not been reinvested in the program that originated the savings. The budget process is complex and there is no evidence to suggest that savings could be captured to en-

Information and Resources

National Coalition for Homeless Veterans
Annual Conference
May 17-20, 2004
Washington, DC
202-546-1969

April 27-28, 2004

Homelessness and SMI: From the Streets to Recovery-Presented by Mental Illness Research, Education, & Clinical Centers (MIRECCs) from VISNs 3,4, & 5
Atlantic City, NJ
410-642-1195