

# Consumer Council News

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## Veterans Health Initiative (VHI)

The VHI began in 1999 to better educate health practitioners on the linkage between specific events in military service and subsequent health care needs. Educational modules addressing high priority topics has been developed and is available at each VAMC library and the VHI web site. The modules available include: Agent Orange, Gulf War, Post Traumatic Stress Disorder (PTSD), Prisoner of War (POW). This is a tool for clinicians .

Newsletter sponsored by VA Mental Health Consumer Council  
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## VA Care versus Private Sector Care

The question frequently asked is "how good is Veterans' healthcare compared to the private sector?" We have had limited means to provide answers that were evidence-based to this question. Now VHA health care performance data are compared with similar data from managed care organizations, governmental sources, and population-based surveys. In mental health one measure of VA data is compared to the private sector National Committee for Quality Assurance (NCQA) data for 2001. The measure is Mental Health follow up within 30 days of inpatient discharge was at 84% for VA while the private sector was at 73%. Where external data are not yet available, VA compares its current findings to prior



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performance. Examples of improvement within the VA healthcare system between 2000 and 2001, where comparable, external data are not available, include: Screening for problem alcohol use (74%, up from 66%) and screening patients for depression (81%, up from 70%). This is important information as heavy drinking was reported by over 3% of enrollees in VA which is more than twice the U.S. population. Sixty-eight (68%) of very heavy drinkers with a recent VHA visit reported they were asked about their drinking, and it was found that only 24% were referred for treatment. While 66% of very heavy drinking patients felt they needed services for their drinking, only 17% reported usually receiving the services they needed.

## The VA/DOD Partnership

A goal to bring VA and DOD together in joint planning to maximize the resources of both agencies has been a goal of Mr. Principi, VA Secretary. The objectives were to develop a seamless system of care, improve services delivery and expand access for beneficiaries. The VA/DOD Health Executive Council is Co-Chaired by the VA Under Secretary for Health and the DOD Assistant Secretary for Health Affairs. The goals set for the Council were to:

- \* Improve VA and DOD Beneficiary Health Care
- \* Provide High Quality, Accessible and Affordable Health Care
- \* Reduce Duplication of Benefits
- \* Increase Efficiency
- \* Improve Allocation of Resources

- \* Increase Interagency Coordination at the Local, Regional and National Levels
- \* Continue Information Technology Improvements

To date the Council has accomplished:

1. A Single National Reimbursement Rate
2. Federal Health Information Exchange
3. Patent Care Services Agreements
4. Standardization of Clinical Guidelines
5. Joint Procurement
6. Research Collaboration

This initiative holds promise to streamline services for Veterans. The sharing of information before the veterans is discharged from service has sped up claims request.

## Client Outcomes in Self-Help Agencies

In a recent article "Determinants of Client Outcomes in Self-Help Agencies" in *Psychiatric Service*, March 2002, a study assessed the relationship between the outcomes of clients of client-run self-help agencies and attendance at the agency, satisfaction with the agency psychological disability, and organizationally mediated empowerment (ie: provision of opportunities for clients to meaningfully participate in decisions about their care and the care of others in the agency). The programs studied incorporated four principles:

- \* The people who use the services also run them and make all decisions-the service providers and recipients are one and the same.
- \* These groups strive to share power, responsibility, and skills and endorse a nonhierarchical structure in which people reach across to each other rather than up and down a hierarchy.
- \* Client-run programs are based on choice: they are totally voluntary.

- \* The programs are based on a nonmedical approach to treating disturbing behavior, and they address the economic, social, and cultural needs of clients.

The participants were long-term users of four self-help agencies. There were 310 baseline interviews completed. On average the study participants showed significant improvement in personal empowerment over the six-month study period. The results seem to demonstrate that an outcome-driven self-help agency should establish a structure that promotes the active involvement of clients in the agency's operation. The study did have concern that they did not find a change in independent social functioning. It is through organizational empowerment efforts that self-help agencies seem able to achieve positive outcomes for their members. The opportunity for empowered decision making seemed

## Dialogue for Recovery

A new NMHA Program to be distributed nationwide is aimed at consumers and doctors communicating more effectively. "Dialogue for Recovery" contains a tool kit and video detailing productive two way communication between consumers and their physicians. The role that consumer-physician relationships can play during recovery is examined and practical advice is given about care. Dialogue for Recovery stresses side-effects do not have to be a part of recovery. There is an Antipsychotic Side-Effects Checklist which is designed to help consumers and their doctors easily identify and communicate about medication side-effects, so they can determine which are the most bothersome and whether to modify the treatment. The checklist includes common and distressing medication side-effects such as loss of energy,

sleeping too much, feeling restless or jittery, having memory and concentration problems etc. Consumers are encouraged to discuss other quality-of-life issues with their providers, such as housing, employment and social support.

In addition, the program features a patient brochure and offers a quick-reference wallet card on how to discuss side-effects with physicians. Materials for physicians include a similar fact sheet. A "family and friends" fact sheet details ways they can offer support to a loved one diagnosed with a serious mental illness.

The program will be distributed nationwide to mental health consumers and professionals, physicians, family members and advocates through NMHA's nationwide affiliate network.

## Information and Resources

June 26th-30th  
NAMI Annual Convention  
Cincinnati, Ohio  
703-524-7600 or [www.nami.org](http://www.nami.org)

August 9-11, 2002  
National Depressive Manic Depressive Association  
Annual Conference  
Orlando, Florida  
1-800-826-3632 or [www.ndmda.org](http://www.ndmda.org)