

# Consumer Council News

August 26, 2003

Volume 7, Issue 3

## Iraq Soldiers

**Soldiers are beginning to return to the US and the VA is receiving increasing numbers. The veterans are enrolled in the VA health care system before they are discharged from the military hospital. Follow-up is being arranged at the local VA where the veteran lives. In order to make the transition go smoothly "Points of Contact" have been appointed at the VA Medical Facilities. Along with the physical rehabilitation and treatment needed the coordination for benefits has been essential.**

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

## CARES PLAN

On August 20, 2003 the "Draft National Capital Asset Realignment for Enhanced Services" (CARES) Plan was published in the Federal Register. The comment period is open until October 20, 2003. The plan is based on a systematic, national assessment of the future needs of veterans and present location and condition of the physical plant that delivers their health care. The draft identifies gaps where there is an imbalance between current infrastructure and future needs. It then makes recommendations to solve these imbalances and assure that VA is best positioned to meet veterans health care needs into the future.

Each Network has their market plans attached to the CARES plan. These were



prepared for VA's Under Secretary for Health after review of present and projected user data, as well as input from a wide range of sources and stakeholders. In Table 9.1 Campus Realignment Proposals were outlined and this was an initiative that was complementary to the CARES plans and submitted after the market plans were done. This outlines closure of some facilities and realignment of services.

The plan has proposed new community-based clinics, expansion of numerous existing outpatient clinics and the addition of two new hospitals.

Veterans, families and advocates have now an opportunity to submit written comments.

Veterans, families and advocates have now an opportunity to submit written comments.

## Cultural Competence

Cultural Competence is now considered a central tenet in any behavioral health service delivery system. The characteristics of the veteran population overall shows 8.6% African American and 3.1% Hispanic.\* The demographic characteristics of veterans in the VA Homeless Program are 45.9% African American and 5.8% Hispanic. In order to effectively serve our veteran population the clinical staff need to :

- ⇒ Have expert knowledge of the veterans presenting problem/culture interface and how to minimize entry barriers
- ⇒ Have knowledge of the native language of the client, cultural nuances of the veteran
- ⇒ Know treatment modalities that reflect the cultural values and treatment of the

client population

- ⇒ Incorporate culture of the veterans into decision making and policy implementation

Designing services with the needs of identified cultural groups have proven to have a more significant impact on admission and service retention. Cultural competence in agencies invites a far more proactive ambiance and effective utilization of resources with a particular community. Cultural sensitivity is adjunct to providing best practices.

\*NEPEC Reports:2002 Homeless Veterans Programs; Mental Health Program Performance.

Online Newsletter  
[www.mentalhealth.med.va.gov/cc](http://www.mentalhealth.med.va.gov/cc)

## VA & DOD Partnership

The "President's Task Force To Improve Health Care Delivery For Our Nation's Veterans" has been published. Collaboration and sharing has been a goal which has been difficult to implement between DOD and VA. The goal is to improve access to quality health care and reduce the cost of furnishing services. Once an individual separates from military service, the process for determining eligibility for veterans' benefits, assessing health status, and receiving care through the VA health care system should be seamless, timely, and accurate. It is being recommended that by fiscal year 2005 electronic medical records should be developed with easy accessing of the DD214 (Military Separation), in addition a mandatory single separation physical will be done prior to discharge from the service.

In order for VA and DOD to provide one-stop shopping it is recommended the following be done: (1) a standard discharge examination suitable to document

conditions that might indicate a compensable condition; (2) full outreach; (3) claimant counseling; and (4) when appropriate referral for a VA Compensation and Pension examination and follow-up claims adjudication and rating.

One reason that DOD and VA have organizational challenges is that VA has 21 Veterans Integrated Services Networks (VISNs) while DOD's TRICARE system delivers health care services through a network of three Health Services Regions. One of the recommendations is that the health care organizational structures of VA and DOD be revised to provide more effective and coordinated management of individual health care systems and improve the structural congruence between the two Departments. A national joint core formulary of pharmacy is being recommended which would have a common clinical data screening tool to provide complete pharmaceutical profiles for VA/DOD dual users.

## Racial Disparity in the Use of Atypical Antipsychotic Medications with Veterans

In a recently published article "Racial Disparity in the Use of Atypical Antipsychotic Medications Among Veterans" American Journal of Psychiatry, October 2003, the prescribing of antipsychotics was reviewed for veterans of different races.

Pharmacy records over a 12 month period were reviewed for all veterans with schizophrenia. The sample 69,787 veterans with schizophrenia was 61.3% white, 30.1% African American, and 8.5% Hispanic. Among them, 39% had prescriptions for conventional antipsychotics, 37% for atypical antipsychotics and 23% for both atypical and conventional antipsychotics.

Use of any atypical agent during the year was less likely for Hispanic veterans (55%) than for two other groups (both 61%). When examining specific medi-

cations in a multivariate model, it was found that African American and Hispanic veterans were much less likely to receive clozapine than were white veterans. African American and Hispanic veteran are not given prescriptions for certain atypical medications to treat their schizophrenia with equal frequency, in comparison with white patients. The reasons need to be explored. The authors of the study gave possibilities for the disparity which included patient preference, concern about diabetes and that the study did not have data on medications given by injection. Independent of race veterans diagnosed with substance use disorders were less likely to be given clozapine. Although overall use of atypical antipsychotics appears to be about the same for veterans of different races disparity with certain drugs persist and need to be evaluated.

## Information and Resources

The VHA Clinical Practice Guideline Web Site  
[www.ogp.med.va.gov/cpg/cpg.htm](http://www.ogp.med.va.gov/cpg/cpg.htm)  
[Depression Booklet](#)