

Michigan's health and mental health care providers need more training, support to serve the state's older veterans

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Ann Arbor, Michigan. November 11, 2020. Only 6.7 percent of Michigan health and mental health providers are fully prepared to serve the needs of Michigan's aging veteran population according to a new report by the [Center for Health and Research Transformation](#) (CHRT) at the University of Michigan.

This finding is based on a statewide assessment of the readiness and capacity of Michigan health care providers to serve older Veterans. The assessment surveyed 6,360 Michigan health care providers to ascertain if they are 1) accepting new patients, 2) prepared to treat conditions common among patients, 3) screen for conditions common among veterans, 4) accommodate patients with disabilities, 5) are familiar with military culture, 6) screen patients for current service or veteran status, and 7) are trained to treat common conditions associated with aging and older populations. These criteria are based on the definition of readiness developed by the RAND Corporation and on the Institute of Medicine's definition of "high quality care." In addition, criteria related to caring for older and aging adults were added.

One of the key findings of the assessment was that only about one in five (19 percent) of the health and mental health providers surveyed by CHRT reported formal training in military culture or the specific health needs of veterans.

"For several years, the Veterans Health Administration (VHA) has been working to expand access to community-based health and mental health care for veterans who live far from a VA facility or who experience significant wait times," says [Melissa Riba](#), director of program evaluation for CHRT.

"The findings from this assessment give Michigan's medical and behavioral health providers and state policymakers a starting point to discuss what standard of care makes sense for Michigan's older veterans," says Riba. "And this discussion is even more important during the COVID-19 pandemic because aging veterans are more likely than the general population to have comorbidities that could exacerbate conditions associated with an infection."

About half of the providers surveyed (49 percent) reported that they would be interested in receiving training in military culture and the health needs of veterans. Roughly one-third (32 percent) indicated no such interest.

"I think the fact that so many providers are interested in receiving training is a really important finding," says study advisor [Dr. Megan Adams](#), assistant professor at Michigan Medicine and a staff physician at the VA Ann Arbor Health System.

"When providers see a new patient, they ask about the patient's social history--drug and alcohol use, employment, family situation, safety in the home," says Adams. "Understanding if someone is a veteran, and what that could mean in terms of their health care, is equally important."

Providers who know that they are treating veterans can ask about conditions that are associated with military service, including PTSD, exposure to chemical agents, chronic back pain, traumatic brain injury, and military sexual trauma.



“One of the reasons that veterans report satisfaction with VA care is that we understand their unique needs,” says Adams. “Certainly we can translate that understanding to community-based providers, provided there’s a desire on their part to explore those factors.”

Other key findings from the study include:

- About one in three providers surveyed (38 percent) reported that they screened patients for current service or veteran status;
- About one in four providers surveyed (19 percent) reported that they are familiar with military culture;
- More than one-third of the mental health providers surveyed (36 percent) reported having formal training in military culture and the specific behavioral health needs of veterans.
- There was significant variation between the preparedness of mental health professionals, physicians, physical and occupational therapists, physician assistants and nurse practitioners, licensed nurses, and dentists.
- Only one in five of the healthcare providers surveyed (22 percent) were aware of the Veterans Community Care Program (VCCP) that seeks to expand community access to community-based healthcare providers.
- Six in ten of providers surveyed (61 percent) were not registered to participate in any of the VA Community Care Programs.

“Expecting 100 percent of providers to be “ready” to serve aging veterans probably isn’t a reasonable target,” says Riba. “But health care professionals, policymakers, and other stakeholders can use this assessment as a baseline and conversation starter as they set goals and objectives around improving veteran care.”

The authors suggest that provider organizations, licensing organizations, and professional associations discuss ways to implement and support the following recommendations for their members:

- Screening patients for current or past military service;
- Screening veterans and active service members for service-related conditions;
- Improving provider familiarity with military culture; and
- Learning about VA benefits for long-term services and supports, over-the-counter medicines, and treatments for service-related conditions including hearing loss.

“These are all very sensible and reasonable recommendations,” says study advisor [Dr. Sameer Saini](#), an associate professor at Michigan Medicine and director of the Center for Clinical Management Research.

Saini believes that the economic strains COVID-19 has placed on the private health system, as well as the deferred care that has resulted from social isolation practices, may encourage more Michigan practices to expand veteran services.

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