

## ORGANIZATION NEWS

### Information/Education Page

#### Treating Military Service Members and Veterans in the Private Sector: Information and Resources for Clinicians



Since the onset of military action in Iraq and Afghanistan, more than 2 million service members have deployed in support of Operation Enduring Freedom/Operation Iraqi Freedom/Operation New Dawn. These veterans join the more than 18.4 million veterans living in communities across the United States who have served in conflicts dating back to World War II. Many veterans have paid the price for their service. While the veteran population is resilient, it is also considered a vulnerable and underserved population.<sup>1,2</sup>

Only about 30% of the nation's veterans used Veterans Health Affairs services in 2016, which means that more than 70% received health care only in the civilian sector.<sup>3</sup> In addition, the Veterans Access, Choice, and Accountability Act (Veterans Choice Program) was signed into law in 2014. This act allows veterans to receive care outside the Veterans Health Administration should they have to wait more than 30 days for care, live greater than 40 miles from a Veterans Health Administration health care facility, or have excessive travel burdens.<sup>4</sup> While increased access to health care for veterans is a national priority, it is important to remember that access does not necessarily equate with quality due to the complexity of care that veterans may require. Therefore, with the establishment of the Veterans Choice Program, it is vital that health professional educational programs incorporate education on culturally competent care for veterans and their families.

Critical to caring for veterans in the civilian sector is identifying these patients as veterans and ensuring providers have the knowledge and comfort level to optimally care for this population. Yet, there is a demonstrated knowledge deficit regarding the military, its culture, and the effect of military service on the mental and physical health of veterans that leaves the veteran community at a significant disadvantage in regard to optimizing their health care needs. A 2015 study concluded that more than half of 141 physician respondents surveyed were not comfortable discussing health-related exposures and risks experienced by veterans from their service.<sup>5</sup> More than half were unfamiliar with medical referral/consultation services available to veterans. Furthermore, a Rand study conducted with health care providers in New York State found that only 2.3% of respondents met all 7 study criteria for effectively caring for veterans, which included screening patients for military service, screening for common military comorbidities, familiarity with military culture, and preparedness to care for common veteran conditions.<sup>6</sup>

Therefore, we wish to bring a call to action for all health care providers to (1) identify veteran patients; (2) become better informed in regard to the military culture, service-connected risk

factors and comorbidities, and referral and resources available to support veterans in the civilian sector.

#### How can you identify if your patient is a military veteran?

For a variety of reasons, many veterans being cared for by civilian health care providers do not self-disclose their military service. Often, civilian health care providers are their primary source of health care. By simply asking all patients "Have you ever served in the military?" patients with a history of military service would more routinely be identified, to the advantage of both the veteran and the health care provider.<sup>7</sup>

#### What kinds of veterans may I see in practice?

Most active duty service members receive health care services within the military health system. You may occasionally see active duty members who have been referred out for services. However, the majority of Veterans and members of the National Guard and Reserves receive their care in the private sector. They may have important and relevant health histories related to their military service.

#### Why is it important to identify individuals who have served in the military and their family members?

Service in the military has created varied and significant health risks that require special screening and monitoring, such as repeated concussive injury from explosions or Agent Orange toxic exposure. Prompt identification and treatment is crucial to minimize deleterious health consequences, facilitate improved

rehabilitation treatment, and improve outcomes. Once identified, veterans could receive the physical and psychological health care, referrals, and resources needed to diagnose and treat occupational health exposures secondary to military service.

## Service-related conditions and exposures

Clinical conditions frequently associated with military service can further complicate transition to the community. Injuries may stem from combat, training accidents, or other incidents and may include physical impairments or chronic pain from neuropathy, amputation, or blunt trauma; toxic exposure; scarring from soft tissue—penetrating injuries; cognitive impairments from mild to moderate traumatic brain injury from repeated concussive explosive injuries; and chronic health problems such as from toxin exposure. Impaired thinking and memory, depression, post-traumatic stress disorder, addiction, and homelessness are seen as complications arising from these injuries and disabilities.

## Resiliency

Although veterans and their families may face emotional conflicts and stress during community re-entry, it must be emphasized that the majority of them demonstrate noteworthy resilience and flexibility as they navigate these stressors. Most service members are neither victims nor heroes but routinely do the best job they can. Community re-entry for them may be as complicated as their induction to the military because the skills they were taught to survive combat can become barriers to successful community re-entry (table 1).<sup>8-10</sup>

Most health care providers understand their patients can present with conditions or behaviors unfamiliar or difficult to manage, especially if their frequency is low. Only infrequently should these challenges be responded to with discharge. The care of veterans and their families should be considered within the realm of competent practice if the readily available online and printed resources are accessed and integrated into treatment. Civilian health care and social service providers should consider that veteran or family behavior that appears secretive or passive-aggressive may not be resistance to care but simply another side effect of possible post-traumatic stress disorder, traumatic brain injury, and community re-entry.<sup>11,12</sup>

**Table 1** Military combat skills that can be maladaptative in the community<sup>8</sup>

Adaptive in Military Service	Maladaptive in the Community
Buddy cohesion	Withdrawal
Accountability	Controlling
Targeted aggression	Inappropriate aggression
Tactical awareness	Hypervigilance
Lethally armed	Locked and loaded at home
Emotional control	Anger and detachment
Mission operational security	Secretiveness
Individual responsibility	Guilt
Non-defensive driving (in combat)	Aggressive driving
Discipline and ordering	Conflict

## How to be a veteran advocate

Military service, regardless of when or where the veteran served, can have a profound effect on the health of a veteran. A few things you can do to manage those effects include the following:

- First, educate yourself about the unique health risks and health care issues of those who have served, as well as how military service can affect their families.
- Second, ask the question “Have you ever served in the military?”
- Carefully listen to the answer. You may be the first health care professional with whom the veteran has shared this information.
- Incorporate physical and psychological health issues into your history and physical exam. Consider using the Veterans Affairs (VA) Military Health History Pocket Card for Health Professions Trainees and Clinicians (<https://www.va.gov/OAA/archive/Military-Health-History-Card-for-print.pdf>). It provides a template for identifying potential health risks, ways to mitigate those risks, and resources in the VA and the community to address them.
- Document what the veteran tells you. Your records may be used to support claims for compensation and benefits within the VA.
- Identify referral agencies and options in the community and at the local VA.
- Support your veteran patients by acknowledging their service. Displaying even limited knowledge of the unique aspects of military life and providing a safe environment that is patient-focused allows them to discuss the effect of military service on their physical and psychological health. Providing well-targeted referrals when needed demonstrates thoughtful advocacy.

## Resources for health care providers

### Connecting veterans with VA health care

- For emergencies, use the Veterans Crisis Line: <https://www.veteranscrisisline.net/> and 1-800-273-TALK (8255) option 1; text **838255**.
- Use the Resource Locator to find the contact information for VA locations in your community: <https://www.veteranscrisisline.net/GetHelp/ResourceLocator.aspx>
- To help a veteran apply for VA health benefits: [https://www.va.gov/HEALTHBENEFITS/apply/application\\_process.asp](https://www.va.gov/HEALTHBENEFITS/apply/application_process.asp)
- VA Benefits Assistance Service: 1-800-827-1000.

### VA resources

- VA Military Health History Pocket Card for Health Professions Trainees and Clinicians: <https://www.va.gov/OAA/archive/Military-Health-History-Card-for-print.pdf>
- VA Mental Health Resources: <https://www.mentalhealth.va.gov/>
- National Center for PTSD: <https://www.ptsd.va.gov/index.asp>

### Additional resources

- Training resources on military culture: <http://deploymentpsych.org/military-culture>
- Taking a military history: <http://www.haveyoueverserved.com/intake-questions.html>
- Defense and Veterans Brain Injury Center: <http://dvbic.dcoe.mil/>
- Support for caregivers: <https://veterancaregiver.com>

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## References

1. Newport F. In U.S., 24% of men, 2% of women are veterans. Available at: <http://www.gallup.com/poll/158729/men-women-veterans.aspx>. Accessed January 26, 2018.
2. Rossiter AG, Morrison-Beedy D, Capper T, D'Aoust RF. Meeting the needs of the 21st century veteran: development of an evidence-based online veteran health care course. *J Prof Nursing*; in press.
3. National Center for Veterans Analysis and Statistics. VA utilization report 2016. Available at: [https://www.va.gov/vetdata/docs/Quickfacts/VA\\_Utilization\\_Profile.pdf](https://www.va.gov/vetdata/docs/Quickfacts/VA_Utilization_Profile.pdf). Accessed January 26, 2018.
4. Harper DC, Moore RL, Cleveland C, et al. Transforming veterans health care through academic-practice partnerships. *Nurs Outlook* 2016;64:424-30.
5. Fredricks TR, Nakazawa M. Perceptions of physicians in civilian medical practice on veterans' issues related to health care. *J Am Osteopath Assoc* 2015;115:360-8.
6. Tanielian T, Farmer CM, Burns RM, Duffy EL, Setodji CM. Ready or not? Assessing the capacity of New York State health care providers to meet the needs of veterans. Santa Monica: Rand Corporation; 2018.
7. Brown JL. A piece of my mind: the unasked question. *JAMA* 2012; 308:1869-70.
8. Castro CA, Hoge CW, Cox AL. BATTLEMIND training: building soldier resiliency. Available at: <http://www.dtic.mil/dtic/tr/fulltext/u2/a472734.pdf>. Accessed February 1, 2018.
9. Institute of Medicine. Returning home from Iraq and Afghanistan: readjustment needs of veterans, service members, and their families. Available at: <http://nationalacademies.org/hmd/reports/2013/returning-home-from-iraq-and-afghanistan.aspx>. Accessed February 8, 2018.
10. Shay J. *Odysseus in America: combat trauma and the trials of homecoming*. New York: Scribner Press; 2003.
11. Basham K. Couple therapy with post-deployed couples. In: Coll J, Rubin A, Weiss E, editors. *Handbook of military social workers*. Hoboken: John Wiley & Sons; 2012. p 443-66.
12. Institute of Medicine. *Ongoing review of treatment of PTSD among veterans: a final assessment*. Washington, D.C.: National Academies of Science Press; 2014.