

# VETERANS



HEALTH AND WELL-BEING



2019

[BUSHCENTER.ORG](http://BUSHCENTER.ORG)

# WHAT'S NEXT

POLICY RECOMMENDATIONS FROM THE BUSH INSTITUTE



GEORGE W. BUSH  
INSTITUTE

# SUPPORTING VETERANS' HEALTH AND WELL-BEING IS IN AMERICA'S BEST INTEREST

---

*by Kacie Kelly and Colonel Matthew Amidon (USMCR)*

## *Our recommendations:*

- THE DEPARTMENT OF VETERANS AFFAIRS (VA) SHOULD SET CONSISTENT QUALITY STANDARDS AND APPLY THEM ACROSS ALL CARE DELIVERED AND FURNISHED BY THE VA AND IN THE COMMUNITY
- THE VA SHOULD USE EXISTING DATA AND INNOVATION TO DEVELOP A CONSUMER-DRIVEN APPROACH TO MENTAL HEALTH CARE TO INCREASE ENGAGEMENT IN TREATMENT AND IMPROVE VETERAN OUTCOMES
- THE VA SHOULD REVISE EXISTING POLICIES THAT RESTRICT MEANINGFUL PUBLIC-PRIVATE PARTNERSHIPS TO ADDRESS THE MOST CRITICAL CHALLENGES VETERANS FACE

Since September 11, 2001, almost 3 million men and women from the United States have deployed in support of operations in Iraq and Afghanistan. While the majority return home and transition successfully, some struggle.

Despite the significant resources devoted to understanding the impact of the invisible wounds of war, numerous challenges in the delivery of effective mental health care remain, leading to the enduring and steady rates of mental health issues such as post-traumatic stress (PTS), depression, and suicide. Our country will feel the negative social and financial impacts for generations if these challenges are not effectively addressed.

We propose the following immediate actions for the VA and other influencers in Congress and the Administration to positively change the trajectory for veterans living with the invisible wounds of war.

## THE VA SHOULD SET CONSISTENT QUALITY STANDARDS AND APPLY THEM ACROSS ALL CARE DELIVERED AND FURNISHED BY THE VA AND IN THE COMMUNITY

President Donald Trump signed the VA Maintaining Internal Systems and Strengthening Integrated Outside Networks (VA MISSION) Act directing the VA to consolidate all previously disparate health care programs into one, enabling the VA to reset eligibility

criteria so as not to be focused solely on distance/wait times. While a positive step, the Administration should increase their support of effective mental health care within the VA and in the community where the majority of veterans receive [care](#)<sup>1</sup>.

Research indicates that community providers were not prepared to deliver effective mental health care to veterans. Large percentages of providers did not meet criteria for [competency in military culture](#)<sup>2</sup> nor were they familiar with [conditions common among veterans](#)<sup>3</sup>. Similarly, many did not report behaviors consistent with the delivery of high-quality care, casting doubts on their ability to effectively address health conditions common among veterans.

In order to ensure the delivery of effective mental health care, the VA should implement consistent quality measures across the department and community care programs. The VA should also continue to support programs that increase the number of clinicians in the community who can provide effective mental health care. Education and training resources, funded by the VA, Department of Defense, and the philanthropic sectors, are available to community providers, but are not frequently used or referenced. Incentive programs encouraging community providers to take advantage of these available training resources could help to improve the workforce capacity to deliver high-quality services to veterans with mental health problems.

While executing the MISSION Act, the VA should promote the adoption and exportation of outcome-based care to community programs to reinforce a focus on improving quality of care. This can produce a more cost-effective mental health delivery system that impacts the entire landscape of health care. [Data](#)<sup>4</sup> indicate that veterans who received outcome-based care for the invisible wounds decrease their overall utilization of health care visits during the following year, demonstrating greater health and increased cost savings to the government.

## THE VA SHOULD USE EXISTING DATA AND INNOVATION TO DEVELOP A CONSUMER-DRIVEN APPROACH TO MENTAL HEALTH CARE TO INCREASE ENGAGEMENT IN TREATMENT AND IMPROVE VETERAN OUTCOMES

Fifty percent of veterans do not seek care for the invisible wounds of war for many reasons, including eligibility, affordability, availability, values, attitudes, and culture. While there have been significant advancements in the delivery of “patient-centered” care, there are numerous opportunities to identify data-driven solutions outside the traditional clinical setting. Historically, the VA has led innovative solutions for some of our country’s most complex health care challenges, and this should continue. The Administration needs to leverage existing data sources to precisely match the range of veterans needs

---

1 <https://www.rand.org/pubs/periodicals/health-quarterly/issues/v6/n1/12.html>

2 [https://www.rand.org/pubs/research\\_reports/RR806.html](https://www.rand.org/pubs/research_reports/RR806.html)

3 [https://www.rand.org/pubs/research\\_reports/RR2298.html](https://www.rand.org/pubs/research_reports/RR2298.html)

4 <https://www.ncbi.nlm.nih.gov/pubmed/23148769>

through innovative solutions inside and outside traditional mental health settings.

Sophisticated data analytics expertise could drive smarter, more efficient strategies for mental health screening and care delivery. Advances such as [social media analysis](#)<sup>5</sup> to assess mental health and suicide risk — such as the George W. Bush Institute’s Warrior Wellness Alliance’s [Warriors Connect](#)<sup>6</sup> research project, or voice tone analyzer to [diagnose PTSD](#)<sup>7</sup> or depression — are proving to have greater predictive accuracy than clinical assessments. Furthermore, based on promising results in the private sector, the VA should explore the integration of artificial intelligence [chatbots](#)<sup>8</sup> to offer peer support and care management navigation. This can provide leaders with greater data-driven resources to meet the immediate needs of veterans. These tools may be more cost-effective and deliver more accurate results.

## THE VA SHOULD REVISE EXISTING POLICIES THAT RESTRICT MEANINGFUL PUBLIC-PRIVATE PARTNERSHIPS TO ADDRESS THE MOST CRITICAL CHALLENGES VETERANS FACE

Although the VA is the largest integrated health care system in the country and has worked to establish meaningful public-private partnerships, it does not have the [capacity to effectively meet the demand](#)<sup>9</sup> of its customers. Current policies and regulations limit the depth and breadth of effective partnerships delivering effective mental health care to more veterans.

For example, most veterans who are eligible for VA health care almost always seek out some of their care in the community. Regulations guiding partnerships with external care organizations limit the coordination and quality of care that veterans receive, ultimately preventing comprehensive and integrated delivery. The Administration should consider refining existing policies that restrict collaboration.

Eliminating the legal and bureaucratic barriers could lead to a more efficient use of resources, especially in communities where access to services might be limited. More meaningful partnerships would also position the VA to have greater capacity to fulfill its mission of providing care to all who have served. Currently, the VA is only able to provide care to some veterans determined eligible by time in service and characterization of discharge. Although the VA recently publicized efforts to address certain veteran subpopulations, broadly speaking the capacity to deliver services is not uniform across the system.

In the short term, ensuring the delivery of high-quality mental health care for veterans is a proven mechanism for preventing and reducing suicide. Thus, any strategy to reduce veteran suicide must include a comprehensive, integrated approach. To this end, the

---

5 <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6111391/>

6 <https://warriorsconnect.ourdatahelps.org>

7 <https://www.sri.com/blog/using-speech-assess-post-traumatic-stress-disorder-veterans>

8 <https://healthitanalytics.com/news/chatbots-may-be-healthcares-artificial-intelligence-entry-point>

9 <https://www.oversight.gov/report/va/oig-determination-veterans-health-administration%E2%80%99s-occupational-staffing-shortages-fy-2018>

Administration should consider more effective partnerships with government and non-government partners. The Bush Institute's [Warrior Wellness Alliance](#)<sup>10</sup> is an example of such a partnership legislators can look to.

---

The enduring health of our veterans is a national security issue, and we can do a better job addressing the invisible wounds of war by working together more effectively. We recommend the Administration, Congress, and the VA focus the full weight of the federal government by enforcing consistent quality standards, and partnering with private, nonprofit, and philanthropic sectors to identify thorough solutions for providing effective mental health care.

Focusing on the above actions will lead to positive outcomes for veterans and their families. Most importantly, it will improve our warriors' quality of life and enable them to lead our businesses, communities, and country for decades to come.

*Kacie Kelly serves as the Program Director, Health and Well-being, of the Military Service Initiative at the George W. Bush Institute*

*Colonel Matthew Amidon, USMCR, serves as the Director of the Military Service Initiative at the George W. Bush Institute*

---

10 <https://www.bushcenter.org/publications/resources-reports/reports/invisible-wounds.html>



GEORGE W. BUSH  
INSTITUTE

BUSHCENTER.ORG

---

2943 SMU BOULEVARD | DALLAS, TEXAS 75205

Cover: U.S. Army paratroopers with the 4th Infantry Brigade Combat Team (Airborne), 25th Infantry Division.  
(U.S. Air Force photo by Alejandro Peña / U.S. Department of Defense)