



# Federal Health Matters

## Quality-of-Care Study Brings Out the Best in VHA

In a September report for the VA's Health Services Research and Development Service (HSR&D), investigators of the Evidence-Based Synthesis Program Center at the West Los Angeles VA Medical Center compared studies that assessed the quality of care administered by the VA vs non-VA for surgical, nonsurgical, and other medical conditions. Some of their findings were published online ahead of print on October 18 in the national publication *Medical Care*. Their conclusion: The VHA generally outperforms the private sector in following recommended processes for patient care.

The research team consisted of investigators from the VA, the RAND Corporation (a nonprofit research institution), and 2 universities. They reviewed 36 studies published between 1990 and 2009. While the review published in *Medical Care* excluded surgical care, it did cover a range of studies of diseases common among veterans, including diabetes, heart disease, and depression.

Possible reasons for the VA's positive rating included integration of health care settings, use of performance measures with an accountability framework, disease-management practices, and electronic medical record or health information technology.

Some specific findings of the report showed 9 studies comparing VA and non-VA care in general depicted greater adherence to accepted processes of care—or better health outcomes—in the VA, 5 studies of mortality following an acute coronary event found comparable survival rates in VA and non-VA settings, 3 studies of care after

an acute myocardial infarction found increased rates of evidence-based drug therapy in the VA; 1 found lower use of clinically appropriate angiography in the VA, and 3 studies of diabetes care showed the VA to have better adherence to guidelines.

In the HSR&D report, the investigators noted that, overall, the studies examining risk-adjusted outcomes (mostly studies about surgical conditions) generally found no differences between VA and non-VA care. The studies examining process of care measures (mostly studies about medical conditions) almost always found the VA performed better than non-VA institutions.

## Vietnam Veterans Encouraged to File Benefits Claims Regarding Agent Orange

Beginning November 1, the VA has begun distributing disability benefits to Vietnam veterans who qualify for compensation under recently liberalized rules for Agent Orange exposure.

"The joint efforts of Congress and VA demonstrate a commitment to provide Vietnam veterans with treatment and compensation for the long-term health effects of herbicide exposure," said VA Secretary Eric K. Shinseki. He added that the VA has begun a variety of initiatives—both technological and involving better business practices—to tackle an anticipated increase in Agent Orange-related claims.

Nearly 200,000 Vietnam veterans are potentially eligible to receive VA disability compensation for medical conditions associated with Agent Orange. The expansion of coverage involves beta-cell (or hairy-cell) leu-

kemia, Parkinson disease, and ischemic heart disease.

Providing initial payments—or increases to existing payments—to the 200,000 veterans who now qualify for disability compensation for these 3 conditions is expected to take several months, but VA officials encourage all Vietnam veterans who were exposed to Agent Orange and have 1 of the 3 diseases to make sure their applications have been submitted.

Veterans seeking to apply for disability compensation under 1 of the 3 new Agent Orange presumptives should go to <http://www.fasttrack.va.gov> or call 1-800-827-1000.

## New Provider Questionnaires Aim to Ease Veterans Disability Claims Process

A major reform of the providers' guides and automated routines that aim to streamline the claims process for injured or ill veterans was recently announced by the VA, including 3 new disability benefits questionnaires for providers of veterans applying for VA disability compensation benefits.

These new questionnaires are the first of 79 disability benefits questionnaires developed with the goal of assisting veterans' personal providers, as well as VA providers, in the evaluation of the most frequent medical conditions affecting veterans.

The VA's hope is that directly involving a veteran's treating provider to give detailed information needed to evaluate the veteran's claims will lead to completeness in the examination and faster compensation decisions. It is the goal of the VA to process all claims in less than 125 days, with a decision quality rate no lower than

98%—a mark VA Secretary Eric K. Shinseki has mandated by 2015. The provider questionnaire project is 1 of more than 3 dozen initiatives actively underway at the VA, including a major technology modernization that will lead to paperless claims processing.

## HHS and Department of Justice Summit Focuses on Health Care Fraud

In November, HHS Secretary Kathleen Sebelius and U.S. Attorney General Eric Holder participated in the third regional health care fraud prevention summit in New York. The summit brought together a wide array of federal, state, and local partners; beneficiaries; providers; and other interested parties to discuss innovative ways to eliminate fraud within the U.S. health care system.

“Today, we continue to work with patients to protect their information, with providers to strengthen screening standards, and with private insurers to share strategies about how to prevent fraud,” said Sebelius. “The Affordable Care Act gives us new resources to eliminate waste and kick criminals out of the health care system. As long as we continue to aggressively put these tools to work preventing and prosecuting fraud, we can continue to protect and strengthen Medicare’s future.”

In addition to remarks by the Secretary and the Attorney General, the summit included 4 educational panels designed to identify best practices for providers, law enforcement, and beneficiaries in preventing health care fraud. The HHS Office of the Inspector General also introduced a new tool for medical students, called “A Roadmap for New Physicians: Avoiding Medicare and Medicaid Fraud Abuse.” The new booklet will go out to medical schools across the country and it explains the laws that

apply to providers so they can comply with federal law, avoid liability, and spot signs of potential fraud.

The Roadmap is available at <http://oig.hhs.gov/fraud/PhysicianEducation/>.

## High Suicide Risk in Veterans Linked to Bipolar Disorder

According to a new study that appears in the November issue of the journal *Archives of General Psychiatry*, military veterans with psychiatric illnesses are at increased risk for suicide. The increased risk is most notably among men with bipolar disorder and women with substance abuse disorders, according to the researchers, from the Ann Arbor VA Healthcare System in Michigan, and the University of Michigan.

Overall, bipolar disorder (the least common diagnosis at 9%) was more strongly associated with suicide than any other psychiatric condition. The researchers examined the psychiatric records of more than 3 million veterans who received any type of care at a VA facility in 1999 and were still alive at the beginning of 2000. The patients were tracked for the next 7 years.

During that time, 7,684 of the veterans committed suicide. Slightly half of them had at least 1 psychiatric diagnosis. All of the psychiatric conditions included in the study—depression, schizophrenia, bipolar disorder, substance abuse disorders, posttraumatic stress disorder (PTSD) and other anxiety disorders—were associated with a greater risk of suicide.

“In men, the risk of suicide was greatest for those with bipolar disorder, followed by depression, substance abuse disorders, schizophrenia, other anxiety disorders, and PTSD,” the researchers wrote. “In women, the greatest risk of suicide was found in those with substance abuse disorders,

followed by bipolar disorder, schizophrenia, depression, PTSD, and other anxiety disorders.”

Since bipolar illness was most likely to be associated with suicide, “this makes bipolar disorder particularly appropriate for targeted intervention efforts or attempts to improve medication adherence,” the researchers wrote.

## War Zone Veterans Returning to Treatment

According to an article in the October edition of the *Journal of Nervous and Mental Disease*, patients with mental illness frequently return for additional treatment after an initial episode of care.

The study suggested that 2 processes that may contribute to the return for further treatment are the severity of the patients’ initial social and clinical status; or deterioration in their status over time, regardless of their initial status. The study reviewed these processes in an administrative database of war zone veterans who had received outpatient treatment from a VA specialized posttraumatic stress disorder (PTSD) program.

The results suggest that both initial severity and deterioration of status contribute to the return to treatment and involve changes in both social functioning and psychopathology. These results point to the importance of emphasizing interventions that address social dysfunction, as well as psychopathology, from the beginning of treatment as a way of maximizing the benefits and minimizing the need for recurrent care. ●