

Laboring in the Shadow of the Media: Care and Perceptions of Care in the VA

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Unbalanced criticism of the VA risks marginalizing the superlative care that many veterans receive and the important research, training, and innovative care that the VA provides.

Just over 2 years ago, I finished a psychiatry residency at the Mayo Clinic, turned down an offer to stay on staff, and topped it off by taking a position at the VA. Not one of my brighter moments—or so one of my friends thought. “Are you off your rocker? Don’t you know that the VA is terrible? Why would you go work there?” he jabbed incredulously. I cringed, knowing that I had passed up an opportunity to stay in arguably the best hospital system in the nation, possibly the world, to work at what some (maybe even a lot) view as a corpulent and recalcitrant bastion of ineptitude bound by the dictates of a fickle Congress.

In the wake of the Phoenix wait-time scandal (and no, it’s not like Disneyland), the suicide by self-immolation of Charles Richard Ingram III outside a VA facility in New Jersey, the new data on veteran suicide showing progress but continued significant concern, and the

ongoing VA privatization discussion, the prevailing discourse about the VA is largely negative.^{1,2} And in a high-voltage election cycle where public outrage can serve as an efficient tool to garner support, the VA risks getting pummeled.

Add to this the shocking research that shows nearly half of VA psychiatrists are considering leaving the VA within the next 2 years, and it’s clear that dissatisfaction within and outside the VA is high.³ This does not bode well for veterans at a time when suicide and mental health care needs are so critically important. But while the bureaucracy of the VA is often the focus of negative press, it also filters down and unfortunately has the potential to directly affect VA practitioners and veterans. When we lose sight of what the VA does well, we risk being caught up in a vortex of negativity and a profound sense of inadequacy and helplessness. More attention to what is already being done well can help us as a nation more realistically chart a path forward rather than being fueled by negative rhetoric and rage.

Despite the challenges, the VA is currently succeeding in a number of areas that deserve recognition:

Medical school and resident education and collaboration with VA. In 2014, > 41,000 medical residents and nearly 23,000 medical students had some or all of their training in a VA setting. More than 95% of allopathic medical schools and nearly 90% of osteopathic medical schools had affiliation agreements with the VA in 2014.⁴ Suffice it to say, if the educational endeavors of the VA were curtailed, there would be an unholy scramble to provide well-trained physicians for our nation. (This does not include the dentists, psychologists, pharmacists, social workers, nurses, and other health care professionals whose training involves the VA in some capacity.) In addition, the VA often provides loan repayment assistance, which is very important given that many young professionals carry substantial school debt after completing training.

Mental health and primary care integration. Medical care overall is changing, and there is an increasing shift away from volume-based,

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fee-for-service care to integrated, team-based models. The VA is one of several successful leaders at a time when most U.S. health care providers are being scrutinized for their use of health care dollars and overall national health outcomes.⁵ In addition to primary care integration, the VA uses home-based primary care and mental health intensive case management teams for vulnerable veterans, adding flexibility, continuity, and access for many.

Overall excellent mental health care. A recent study by Watkins and colleagues found that when comparing quality measures for medication evaluation and management for schizophrenia, bipolar disorder, posttraumatic stress disorder, depression, and substance use disorders, “In every case, VA performance was superior to that of the private sector by more than 30%.”⁶ This is not an aberration and not limited to mental health care. It is a consistent finding about which books have been written.⁷ However, the availability of evidence-based care may not be consistent across all VA facilities nationally, depending on demand and staffing.

Despite the rumors, VA has high customer satisfaction. According to the American Customer Satisfaction Index, the VA has consistently performed well in measures of customer satisfaction compared with those of the private sector health care providers.⁸ Let’s not ignore what veterans have actually said and continue to say about their care.

Once in, you’re in! I recently missed an initial appointment with a private sector pediatrician for one of my sons. I was tersely invited to find another doctor. This seemed scandalous since I have become accustomed in my role as a VA physician to reaching out, sometimes

incessantly, to patients who do not come in for either a new or follow-up appointment. Yes, I call my patients; personally, directly, and often. In many clinics, patients receive reminder letters about upcoming appointments and then phone calls and sometimes letters when appointments are missed. My colleagues and I have jokingly referred to this practice as “benign stalking.”

Further, if a veteran is dissatisfied with care, there is a process to review and make adjustments if necessary, including transfer to a different doctor. Additionally, and sometimes alarmingly, veterans are not “fired” (and actually can’t be) for bad behavior (including direct threats to VA staff). Time, place, and manner of care can be tailored based on assessed risk, and VA police may be involved, but veterans continue to get care. I can assure you that if I made a threat to one of my doctors in private practice, I would very quickly be searching for a new doctor and answering some tough questions from law enforcement. Unlike many patients in private care, veterans have consistent access via phone (though admittedly not always user-friendly), walk-in appointments, after-hours availability in some locations, and secure messaging.

Electronic medical record and telehealth initiatives. The VA Computerized Patient Record System, has been around for some time and provides an excellent (although not perfect) system for documenting patient care. Each VA is linked to other VAs across the nation so patients don’t have to reinvent their story when they move and can actually get down to the business of being treated. Prior interventions, hospitalizations, medication trials, diagnostic impressions, imaging,

lab work, etc, are all available at the touch of a button! And the VA’s telehealth initiative is all about access.

Veteran suicide prevention and opioid prescribing. Suicide is disproportionately high among veterans in the U.S. Recent data show that in 2014, an average of 20 veterans died by suicide per day.¹ This accounted for 18% of all U.S. adult suicide deaths, even though veterans represent only 8.5% of the population. And while these recent statistics represent some improvement over prior research, prevention and care coordination remain major priorities in the VA. Veterans have access to same-day care (at least in Boise, Idaho) and a 24-hour crisis line that gives feedback to the patient’s local VA and can help coordinate follow-up care. The VA has specialized suicide prevention coordinators who attend to the needs of patients assessed to be at high risk for suicide and also disseminate training to providers in a variety of disciplines. All of this as the VA moves to ensure that suicide prevention remains a priority across disciplines and treatment sites.

Additionally, the VA is directly addressing the nationwide crisis of overprescription of opioids, beginning with education for both patients and staff and systemic encouragement of responsible prescribing via the national Opioid Safety Initiative and increased emphasis on providing at-risk veterans with naloxone kits.⁹

Research. VA research endeavors are wide ranging. The VA has been involved in pioneering clinical research in a substantial way since at least the 1920s and has contributed to important innovations in treatment, ranging from prosthetics to imaging, neuromodulation to medication intervention for a broad array of pathology.¹⁰

Drawing in professionals who want to work with veterans. The reason that many health care providers work at the VA is the veterans themselves. Veterans by and large represent a segment of our population who have demonstrated dedication, commitment to a shared goal, and the willingness to sacrifice their health or their lives for a greater good. The veteran identity and sacrifice has drawn many of us to want to serve them. My father's and cousin's service are truly inspirational on a personal level. I am not alone in this.

I recently had a veteran in my office who, once seated, pulled his chair closer to mine than I ordinarily prefer. He then gave me a penetrating stare, moved well within the comfort zone of even the closest of close-talkers, and began to scream about the wrongs he had heard about in the VA system. When he finished screaming (and once the other clinicians in the building realized that I wasn't being physically attacked), he freely acknowledged that he had never actually experienced any of the VA shortcomings personally but, nonetheless, learned how reprehensible the VA is through the media. Our veterans deserve the best care that we as a nation can provide, and they also deserve to know the truth about the quality of VA care. But too often the negative media attention does not tell the whole story that directly impacts the well-being of our veterans.

I sit on the disruptive behavior committee at the Boise VAMC and see firsthand the stress that our veterans and staff are under. We review reports of veterans who disrupt the environment, sometimes

by direct threats to shoot or in some way physically harm those taking care of them. Some of this is over pain medications or other specific health care issues. Some is due to frustration in trying to navigate an increasingly complex and nonintuitive system as the VA scrambles to implement congressional directives that sometimes clash with what is clinically appropriate and evidence-based. Some of the disruptive behavior, however, is fueled by the negative national discourse against the political establishment and its nearest representative—in this case, the VA. And again, this is often fueled, in my opinion, by incomplete media coverage.

The VA has problems. It would be delusional to argue otherwise. It is rightly open to public scrutiny as a tax-funded governmental agency, and lives are literally at stake as we grapple nationally with how best to deliver on Lincoln's promise to "care for those who have borne the battle."

As I reflect on my friend's skepticism at my taking a VA position, I can answer that yes, the VA needs work. It has some major issues. But I no longer feel the need to cringe, because I now know firsthand the kind of care that is being delivered (at least to the veterans in Boise).

Wherever you stand on the quality of VA care, the movement to privatize, or the politicizing inevitable during an election year, to indiscriminately excoriate the VA is to risk marginalizing the superlative care that many currently receive by the thousands of physicians and other health care providers and administrators throughout the VA. Our veterans are a national treasure that deserve excellent care and real

solutions to the problems that exist in the VA, not overwhelming negative rhetoric. ●

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