

IIR 16-096: Online and Shared Decision-Making Interventions to Engage Service Men and Women in Post-Deployment Mental Health Care

Anne G. Sadler, PhD, RN

Iowa City VA Health Care System, Iowa City, IA

Funding Period: June 2018 - May 2022

Background / Rationale:

OEF/OIF/OND war Veterans have unique post-deployment care needs that the VA is striving to understand and address. Unfortunately, there is a significant disparity in recent war Veterans' utilization of mental health (MH) care and VA access as most don't seek needed care. Online health interventions have been shown to be preferred by OEF/OIF combat Veterans and have the potential to promote access to VA and engagement in MH care. The research team has developed a web-based interface (WEB-ED) evolved by feedback from Veterans that screens for common post-deployment MH and readjustment concerns, provides tailored education about positive screens, and facilitates linkage to VA resources. Data from the investigators' prior studies demonstrate WEB-ED can be successfully implemented within VA and activate Veterans to seek needed care.

Objective(s):

The objectives of this study are: Objective 1 (phase 1) to gather qualitative information from key VA and Veteran informants to create an enhanced version (WEB-ED+) of the investigators' Current WEB-ED that includes an eHealth (MyHealthVet (MHV) and enhanced shared decision-making interface (SDM). Objective 2 (phase 2) to test WEB-ED+ vs. Current WEB-ED in promoting VA MH care engagement in Veterans with positive MH screens through a randomized clinical trial (RCT). Objective 3 (phase 3) elicit feedback from key stakeholders in both arms of the RCT to: a) assess the usefulness of an eHealth interface and the perceptions of how the interventions influenced patient access to and efficiency of VA patient-centered care delivery; b) assess Veteran and provider satisfaction with SDM educational materials, chart template and clinical interface; and c) document the processes study Veterans used to enroll in VA and engage in MH care.

Methods:

Participants will be recruited from a community sample of male and female Veterans returning from Iraq/Afghanistan deployment(s) in the preceding 4 years. In phase one, key Veteran, provider, and other VA informants at five VA sites (one in each MyVA geographic region) will be engaged and interviewed with on-site semi-structured interviews. Clinical workflow process mapping will also be completed with regard to how to integrate WEB-ED+ into existing care delivery. In phase two, a RCT will be performed to compare MH care engagement differences between WEB-ED and WEB-ED+ study groups at the 5 phase one sites and at 5 additional sites within the MyVA regions. Sites were selected from Women's Practice-Based Research Network (PBRN) sites and in consideration of rural/urban differences and war Veteran density. A VA chart review will be performed 6 months following initial WEB-ED screening. Phase 3 will consist of a telephone interview assessing the post-intervention process evaluation of Veterans and their providers who participated in the RCT. The Consolidated Framework of Implementation Research will guide phases 1 and 3 interviews.

Findings / Results:

None

Status:
Start-up

Impact:

This research will provide vital information to evaluate the processes needed to integrate WEB-ED+ into current VHA systems to support efficient care delivery, facilitate patient-centered care, and address unmet need for MH care while also resolving disparities in VA and VA MH care access and engagement for war Veterans. WEB-ED+'s use of shared decision making by both Veterans and providers is a key component for promoting these benefits. WEB-ED+ represents a readily implementable and cost-effective intervention that, with partner collaboration, can be integrated into VA systems through MHV.