Community Clinicians' Readiness to Care for Military Families: Educational Assessment and Curriculum

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INTRODUCTION

In 2011, the White House announced its Joining Forces initiative to encourage communities, businesses and other institutions to create employment, education and wellness resources for military servicemembers and their families. WebMD and Medscape LLC became early supporters of Joining Forces. Medscape is an open-access education portal with membership of more than 600,000 active U.S. physicians and 900,000 nurses. Medscape launched a Military Families website in June 2011 with a CME/CE-accredited clinical practice assessment that measured clinicians' familiarity with screening, diagnosis, treatment and referral strategies for mental health issues most often reported in servicemembers and their families. In total, 7776 U.S. clinicians completed the assessment for credit, including 251 primary care physicians working in a private practice setting. Analysis of this subgroup showed variation in awareness of military status among their patient population, lack of consistent strategy for identifying military servicemembers and veterans, and variable familiarity with physical, psychological and psychosocial issues relevant to military personnel, veterans and their families. To address the gaps identified through this assessment, Medscape developed a 12-part series of continuing medical education activities. More than 142,000 U.S. clinicians have taken part in these activities to date.

METHODS

Initial Assessments

In June 2011, Medscape launched Improving Medicare Care for Military Personnel and Their Families, a collection of CME/CE activities and resources for community clinicians (http://www.medscape.org/sites/advances/military-families) intended to support the health and wellness goals of the White House's Joining Forces initiative.[1] The first CME/CE activity posted, *Caring For Military Families: How Does Your Practice Measure Up?*, was launched on June 17, 2011 and followed a clinical practice assessment format. Participants were asked 24 questions related to mental health conditions and screening, diagnosis and treatment in relation to military servicemembers and their families. Didactic education sections following each set of questions offered explanations of right and wrong answers. The activity was available for credit on Medscape for 1 year; more than 39,000 clinicians participated in the activity, with 7648 earning CME or CE credit.

Medscape collected data from 7776 individuals who completed the intra-activity questions, although not all chose to complete the CME/CE post-test to earn education credit. To evaluate the population of physicians most likely to interact with veterans, servicemembers and their families, Medscape segmented the data to select primary care physicians (PCPs) in private practice settings only – 251 physicians in total. **(Table 1)** PCPs who selected other practice settings, such as hospital-based practice or managed care organizations, were excluded from the analysis.

TABLE 1 Segmentation of Participants

All Professionals	7776
All MDs	1877
All PCPs	1649
All PCPs in private practice	251

Curriculum Development

Data presented here reflect 12 months of participation by clinicians; however, the Medscape editorial team developed the subsequent curriculum based on preliminary data evaluation in the months following the launch of this activity, as well as literature searches and input from an advisory board.

RESULTS

Results from the 251 PCPs in private practice reveal variation in preparedness to appropriately identify servicemembers and veterans and to screen for or treat conditions seen in this population. Approximately half of PCPs reported routinely gathering information about military status as part of intake, and 25.5% did not ask about it routinely. **(Table 2)** Forty-five percent of PCPs estimated that fewer than 10% of their patients had any military experience.

Questions about screening for common health conditions revealed variability in general screening practices for common physical and psychiatric conditions, as well as variation in how PCPs choose to evaluate military patients compared with how they evaluate their families. More than 56% of PCPs reported screening military patients for post-traumatic stress disorder (PTSD), compared with about 10% who screen for PTSD in parents and children of servicemembers. Only 22% of PCPs report screening military patients for traumatic brain injury; 7.57% report routinely screening all patients for this condition. PCPs were most likely to report routine screening for anxiety and major depressive disorder (44.22% said they routinely screen all patients for each). **(Table 3)**

Self-reported information about knowledge of medical and psychosocial issues reflected the screening data. Eighty percent of PCPs reported that they were very knowledgeable or somewhat knowledgeable about depression, compared with 52% about traumatic brain injury and 50.6% about homelessness. **(Figure 1)**

More than 40% of PCPs reported that they were very familiar with signs and symptoms of depression, compared with 34% for anxiety, 24% for substance use/abuse, 21% for suicidality, 17.5% for PTSD and 14% for traumatic brain injury. **(Figure 2)**

PCPs reported little familiarity with government or community resources for clinicians who care for military personnel and veterans, with fewer than 20% reporting that they were very familiar with Veterans Affairs (VA) and fewer than 10% reporting that they were very familiar with community groups, private resources or military support networks. **(Table 4)**

Limited access to resources was reflected in PCPs' reports of barriers to screening and treating returning servicemembers: 26% reported limited linkage to referrals as a barrier, and 7.5% reported not knowing where to refer patients for treatment. Nearly 9% reported that they were not knowledgeable about mental health screening, testing or treatment. Insufficient time (44%) was cited most commonly as a barrier to screening and treating returning servicemembers. **(Figure 3)**

TABLE 2 How do you ascertain whether a patient or family member has current/prior military experience?

Part of my initial intake forms/paperwork	32.67%
I routinely ask about it during the initial consultation	18.73%
I do not routinely ask about military experience	25.50%
I only ask about it if the patient/family member addresses it	18.30%
Other	02.39%
No answer	02.39%

TABLE 3 How do you ascertain whether a patient or family member has current/prior military experience?

	PTSD	Traumatic Brain Injury	Substance Use Disorder	Anxiety	Major Depressive Disorder
Patients who have served on active duty	56.68%	22.71%	42.63%	47.81%	46.22%
Spouses whose partners serve/have served on active duty	14.34%	04.78%	29.08%	52.99%	51.00%
Adults whose children serve/have served on active duty	09.96%	03.19%	23.90%	47.01%	35.46%
Adults whose children serve/have served on active duty	10.76%	04.78%	20.72%	53.78%	38.65%
I routinely screen all patients for this	15.94%	07.57%	38.25%	44.22%	44.22%
I do not routinely screen for this	39.84%	53.39%	17.93%	13.94%	14.74%
I screen only when symptoms are present	37.85%	37.45%	22.31%	22.31%	24.30%
I screen only when patients/family members report a problem	31.87%	33.07%	19.92%	18.73%	21.12%
I screen only if it appears to be part of the differential diagnosis	32.67%	31.07%	21.51%	19.52%	15.54%

TABLE 4 How familiar are you with clinician resources available in your community to assist military personnel and their families?

	Very familiar	Somewhat familiar	Minimally familiar	Not familiar
Government/VA	19.52%	37.05%	13.15%	30.28%
Community groups	08.96%	33.86%	21.12%	35.06%
Private resources	09.56%	30.68%	23.51%	36.26%
Military support networks	08.76%	30.68%	21.91%	38.65%

FIGURE 1 How knowledgeable are you about the following mental health reintegration concerns for American servicemembers and their families?

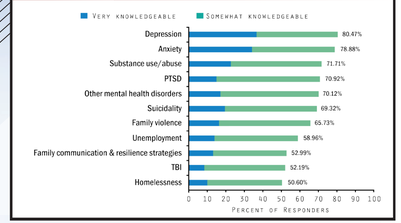


FIGURE 2 How confident are you in your ability to recognize signs and symptoms of:

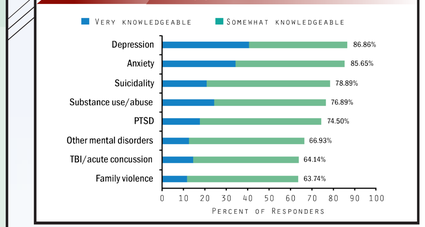
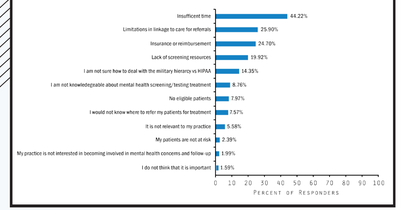


FIGURE 3 Which of the following are significant barriers to screening and treating returning military or National Guard and Reserve members in your practice? (Please select all that apply)



DISCUSSION

Limitations

Data presented here reflect a self-selected group of U.S. PCPs in private practice who chose to participate in a CME activity on Medscape about wellness needs of military families. Therefore, the data do not reflect a random sample of this specialty or practice setting, although participants might be assumed to be interested enough in military healthcare to engage with the activity. Further, the data here are self-reported and may not accurately reflect actual medical knowledge or screening habits. Finally, these data represent only physician participants; in private practice settings, nurses, nurse practitioners and physician assistants may be equally likely to perform intake evaluations and screening for common medical, psychiatric and psychosocial conditions or to make referrals for specialized follow-up.

Evidence of practice gaps and educational need

These self-reported data suggest that community-based PCPs do not routinely take steps to identify patients' military status; once identified, they do not routinely screen for common conditions and may lack the medical knowledge and clinical practice or referral resources to treat effectively or refer for treatment. The need for effective screening, treatment, and/or referral, however, is substantial. A survey of more than 18,000 soldiers and National Guard infantry found that up to 31% experience some impairment from PTSD or depression in the year following their return from combat, approximately half suffer from alcohol abuse or aggression, and many receive care in community settings as they return home and pursue education or employment.[Thomas 2010]

Educational intervention

In response to results from the baseline activity, Medscape has published an additional 12 CME/CE activities to date, addressing topics ranging from military culture to diagnosis and treatment of PTSD and common comorbidities, as well as issues related to coordination of care between civilian and military or VA providers:

- Military Culture: A Guide for Community HCPs
- Improving Healthcare for America's Military Families
- Suicide, Homicide and Other Violence in Army Soldiers
- Children & Families of Combat Veterans
- Traumatic Brain Injury & PTSD: Diagnosis & Treatment Issues
- Screening for Mental Health Disorders in Military Families
- Coordinating Care for Military Families: A Guide for Community Clinicians
- The Trimorbidity: Substance Abuse, PTSD & Traumatic Brain Injury
- PTSD: Principles of Diagnosis & Treatment
- Addressing the Health Needs of Female Servicemembers: Tips for Community Clinicians
- Assessing & Treating Mental Health Symptoms in Combat Veterans
- Sleep Disturbances in Military Veterans and Servicemembers: An Overview for the Community Clinician

To date, more than 142,000 physicians and nurses have participated in these activities, and more than 70,000 have earned CME/CE credit.

CONCLUSION

More than 3 million men and women have served in Iraq or Afghanistan in recent conflicts, and this population has high documented rates of conditions such as PTSD, traumatic brain injury, depression, substance use, and heightened risk for suicide. A sample of community-based PCPs suggests limited readiness to identify these patients and screen for and treat their particular needs. Medical education is one method to raise clinicians' awareness of these needs and their ability to identify and treat such patients appropriately. Further research is needed on the effects of such educational intervention, including changes in knowledge or practice behavior.

References

1 The White House. Joining Forces. http://www.whitehouse.gov/joiningforces. Accessed July 5, 2013

2 Thomas JL, Wilk JE, Riviere LA, et al. Prevalence of mental health problems and functional impairment among active component and National Guard soldiers 3 and 12 months following combat in Iraq. Arch Gen Psychiatry. 2010;67:614-623.

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