

Quality of care for PTSD and depression in the military health system

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Note sur le contenu : Introduction. Overview ; Background and Rationale ; PTSD and Depression Among Service Members ; Care Provided to Service Members with PTSD and Depression ; Measuring the Quality of Health Care ; Previous RAND Projects on Assessing Quality of PH Care ; PTSD and Depression Quality of Care ; Organization of This Report Methods. Overview ; Administrative Data ; Administrative Data Quality Measures ; Medical Record Review Data ; Symptom Questionnaire Data ; Analyses Characteristics of Service Members in PTSD and Depression Cohorts, and Their Care Settings and Treatments. Demographic Characteristics of the PTSD and Depression Cohorts ; Military Service Characteristics of the PTSD and Depression Cohorts ; Sources of Care for PTSD and Depression ; Comorbid Psychological Health Conditions ; Treatment Setting, Encounter Characteristics, and Types of Providers Seen by PTSD and Depression Patients ; Behavioral Assessment Services Delivered to Service Members in the PTSD and Depression Cohorts ; Behavioral Interventions Delivered to Service Members in the PTSD and Depression Cohorts ; Prescriptions for Psychotropic Medications Filled by Service Members in the PTSD and Depression Cohorts ; Summary Quality of Care for PTSD. PTSD Quality Measure Scores, 2013-2014 ; Assessment: Symptom Severity and Comorbidity ; Treatment: Follow-up for Suicidal Ideation ; Treatment: Medication Management ; Treatment: Psychotherapy ; Treatment: Receipt of Care in First Eight Weeks ; Treatment: Symptom Assessment and Response to Treatment ; Treatment: Psychiatric Discharge Follow-up ; Quality of Care for PTSD over Time and by Service Branch, TRICARE Region, and Service Member Characteristics, Based on Administrative Data ; Summary Quality of Care for Depression. Depression Quality Measure Scores, 2013-2014 ; Assessment: Symptom Severity and Comorbidity ; Treatment: Follow-up for Suicidal Ideation ; Treatment: Medication Management ; Treatment: Psychotherapy ; Treatment: Receipt of Care in First Eight Weeks ; Treatment: Symptom Assessment and Response to Treatment ; Treatment: Psychiatric Discharge Follow-up ; Quality of Care for Depression over Time and by Service Branch, TRICARE Region, and Service Member Characteristics, Based on Administrative Data ; Summary Use of Symptom Questionnaires and Relationship between Evidence-Based Care and Symptom Scores. Completion of Symptom Questionnaires by Army Personnel ; Comparing Army Personnel Who Completed Two or More Symptom Questionnaires with Those Who Completed One or None ; Examining Change in Symptom Scores Between Initial Score and Six Months Later ; Examining the Relationship Between Guideline-Concordant Care and Improved Outcomes ; Change Over Time in Completion of PCL and PHQ-9 ; Summary Summary and Recommendations. Strengths of the Analyses ; Limitations of the Analyses ; Main findings ; Policy Implications ; Directions for Future Research ; Summary

Résumé ou extrait : "The U.S. Department of Defense (DoD) strives to maintain a physically and psychologically healthy, mission-ready force, and the care provided by the Military Health System (MHS) is critical to meeting this goal. Attention has been directed to ensuring the quality and availability of programs and services for posttraumatic stress disorder (PTSD) and depression. This report is a comprehensive assessment of the quality of care delivered by the MHS in 2013-2014 for over 38,000 active-component service members with PTSD or depression. The assessment includes performance on 30 quality measures to evaluate the receipt of recommended assessments and treatments. These measures

draw on multiple data sources including administrative encounter data, medical record review data, and patient self-reported outcome monitoring data. The assessment identified strengths and areas for improvement for the MHS. In particular, the MHS excels at screening for suicide risk and substance use, but rates of appropriate follow-up for service members with suicide risk are lower. Most service members received at least some psychotherapy, but less than half of psychotherapy delivered was evidence-based. In analyses focused on Army soldiers, outcome monitoring increased notably over time, yet preliminary analyses suggest that more work is needed to ensure that services are effective in reducing symptoms. When comparing performance between 2012-2013 and 2013-2014, most measures demonstrated slight improvement, but targeted efforts will be needed to support further improvements. RAND provides recommendations for strategies to improve the quality of care delivered for these conditions." (4e de couv.)

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Soldats -- Santé mentale -- États-Unis

Forces armées américaines -- Soins médicaux -- Évaluation