



Veterans Transition to Community Project

The Need for Treatment

Altarum Institute integrates independent research and client-centered consulting to deliver comprehensive, systems-based solutions that improve health and health care. A nonprofit, Altarum serves clients in both the public and private sectors.

Altarum Institute's Veterans Transition to Community Project addresses one of the most critical issues affecting the almost 2 million Americans who have directly served or supported Operation Enduring Freedom and Operation Iraqi Freedom: the psychological impact of war. For some, the cause may be blast-related injuries, resulting in mild traumatic brain injury (mTBI). For other service members, the stress, fear, and trauma of conflict leaves them with varied degrees of post-traumatic stress disorder (PTSD).

Unfortunately, the science of treatment for these conditions is too often limited because of an incomplete picture of what is going on in the service members' lives due to short-term memory loss from the condition itself. To complicate things further, a large number of our warriors are Reserve or National Guard members who, because of the nature of their service obligations, did not stay on a post following mobilization but dispersed after their release from duty to every corner of the nation, making follow-up treatment and observation much harder.

Our Approach

Altarum has implemented a novel but elegant solution that has significant potential to dramatically affect the lives of service members suffering from PTSD and mTBI and ease the burden on providers. Our project is exploring methods and technologies to connect service members to the care that they need by using technology that is already owned by virtually all returning service members: a cell phone. Our solution not only facilitates health and wellness for returning service members and their families but leverages the time and resources of existing clinical and treatment staff. This technology also builds on skills and knowledge that warriors already possess,

like emailing, texting, and answering simple questions on a scale of 1–9. This reduces training and implementation time to almost none and reduces participation resistance.

Addressing Treatment in All Phases of Care

Our approach addresses treatment in all phases of care. During the initial treatment phase, we use mobile devices to collect information on mental well-being using what are called multiple ecological momentary assessments (EMAs). EMAs are short, multiple choice questions that document items such as stress, rejection, fear, craving, pain, and coping several times a week over a period of months. Data are collected and analyzed to create a composite picture of the service member or veteran—not at the single instance of treatment, but across time and daily activity. These data can inform the treatment planning process.

Once the service member or veteran begins the transition to their home environment, we implement an innovative application of mobile phone technology to extend treatment and maintain contact with the patient beyond the walls of any facility. EMA data collected from the individual are compared with information gathered during the clinical treatment phases. Data are then used to tailor individualized two-way interactions with the service member or veteran customized to their strengths, needs, and recovery resources. The EMA data, clinical observations, and patient input is used to offset patient-specific triggers while augmenting motivators and support system contacts. Reminders, supportive messages, pictures of pleasurable memories, inspirational music, and an interactive pain-scale support the service members and veterans to avert crises that may affect them in their transition from the therapeutic environment to work and community life.

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The Advantages of Our Method

Our project has demonstrated many significant advantages over traditional treatment. First, in a time of increasingly tight budgets, the incremental cost of maintaining a service member in this program is negligible. Our technique uses the veteran's existing cell phone. Once implemented, the secure Web-based treatment interface can be accessed from anywhere and updated in real-time by existing clinical or support staffs. No servers, computers, hardware, software, or expensive equipment are required.

Second, our technique is flexible and adaptable to the individual needs of each service member and can be adapted to each participant with minimum of effort. Altarum developed the core technology and processes, but the service member works with a treatment team to develop personalized interventions that best suit his or her needs. Our solution even allows each warrior to develop a personal support group which can be automatically prompted to text, email, or call for help in later stages of treatment as the situation dictates.

Third, our method creates a stream of data that can be evaluated against multiple criteria to help inform treatment, diagnoses, and progress. Often the data provide insight into related factors affecting recovery that were not readily apparent and can have tremendous benefits not only to the individual patient but to the wider needs of the research and treatment community. Through our partnerships, we have developed a model that protects human subjects and addresses all areas of federal privacy rights and regulations. Secure, de-identified data can be extracted to isolate potential factors affecting recovery.

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Our Lessons

Altarum has learned many critical lessons while working through the successful implementation of this research study. One size does not fit all. Every part of treatment must be adapted to the context of the person being served. Service members and veterans are more likely to stay involved in their continued treatment when they feel the treatment was made for them and not a generic regimen. We also learned that when the treatment meets the needs of those whom it serves, the clients will monitor and encourage one another. Peer support continues to proportionately increase utilization for every person involved in our research study.

Lastly, we've learned that this technique does work. Although our pilot was small (about 36 patients), it had a larger test group than such projects often have. We have validated the concept; what we need to do now is broaden the scope through new pilot projects to determine the technique's potential for saving money and improving the efficiency of care.

Webcast: The Promise of New Technologies in Providing Behavioral Health Treatment for Service Members

Can a technological revolution transform behavioral health care for veterans and service members and help to meet the rising demand for treatment among those returning from Iraq and Afghanistan? Find out how ubiquitous technologies like cell phones, PDAs, and Internet-ready devices can improve care and treatment, increase access, and possibly even lower the cost of care compared to traditional brick-and-mortar facilities. To learn more, go to our website (www.altarum.org) to watch our latest Health Policy Forum Roundtable on Capitol Hill.