Investigating Veterans' Experiences with the Posttraumatic Stress Disorder Care

AJM
INDUSTRIAL
& SYSTEMS
ENGINEERING

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1. BACKGROUND

Post-traumatic Stress Disorder (PTSD)

- Occurs after experiencing traumatic event
- Characterized by intrusion of negative thoughts, feelings, avoidance, hyperarousal
- Veterans particularly susceptible (APA, 2013)
- Comorbidities of vets: anxiety, depression, emotional distress, social isolation, physical disabilities (Plach et al., 2013; Yarvis & Schiess, 2008)

PTSD Treatment

- Many veterans seek treatment in Veterans Affair (VA) clinics throughout the USA.
- Pharmacotherapy & psychotherapy
- Aside from shortcomings these treatments may have, patient-centered issues exist

Understanding VA Care

- Previous work focused on quantitative approach but has limitations (Duffy, 1987)
- Recent work shows the benefits of qualitative approach to understanding veteran perspective of care (Bovin et al., 2018)

Study Aims

- (1) Identify and specify the positive features in VA clinics from the veterans' perspectives
- (2) Determine the negative features in VA care from the veteran's perspective
- (3) Recommend modifications to improve care for veterans

2. DATA COLLECTION

Interviews with PTSD veterans

- 50 veterans recruited from a bike-riding program across several states over 3 years
- Questions about experiences living with PTSD, treatment care and quality
- Interviews transcribed and validated
- Participants compensated for participation
- IRB approval obtained

3. ANALYSIS

Code Development

Review protocol and create codes based off themes and topics

Initial CodingCategorize

segments of text into codes

Create new codes as necessary

Focused Coding Review initial

codesCreate more specific subcodes

Code DiscussionDiscuss code

creation and coding process
Discuss
thematic

elements

Createvisualizations

visualizations
based off of
relations
between codes,
quotes and
themes

Report Results

5. FUTURE WORK

- There exist many opportunities for improving veteran's experience of VA care
- Future work may involve
 - Interviewing additional veterans and VA staff to confirm these findings
 - Implementing some of the suggestions in a small-scale study before moving to a largescale implementation

4. RESULTS & IMPLICATIONS

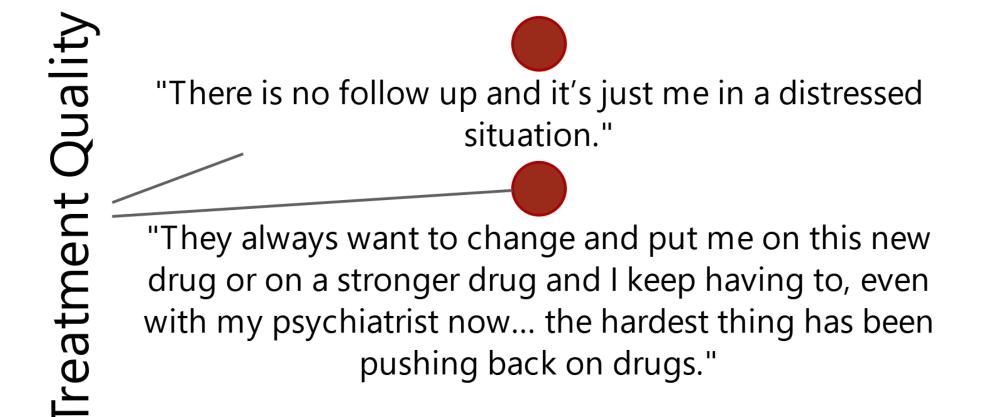
The visualizations presents six themes with examples from the participants.

"So far it seems to be headed in the right direction. I mean at least we're in a direction so that's helpful for me."

"I had a really good doctor who helped me get into the therapy and get into some programs that I

POSITIVITY indicates the positive attitudes and lack of complaints some veterans had concerning VA care **SUGGESTION:** Continue providing excellent care for the veterans

needed'



TREATMENT QUALITY concerns the treatment of health care issues alongside the personal interactions with VA clinic personnel

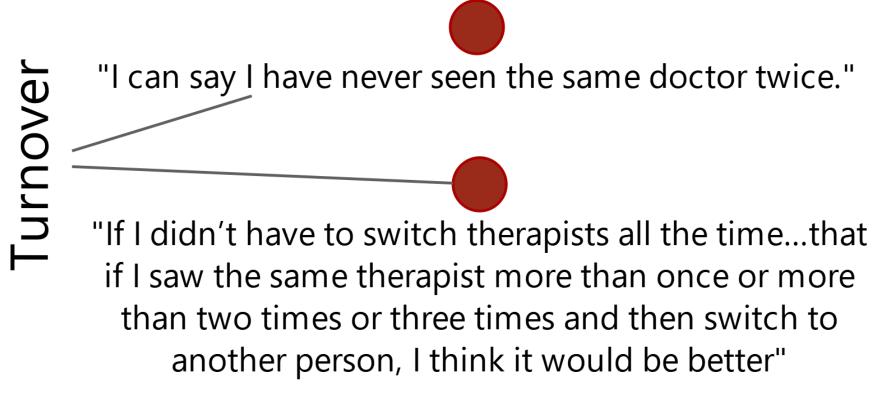
SUGGESTION: Create a unified training program for VA clinic personnel for consistency between clinics

"I have moved around and I have used a lot of different VA's over the years. And getting in is always challenging"

"I have been involved with about seven different VAs... each one handles the, the system is different. So every time I go to a new one... starting all over again and that can bring on new symptoms and new issues and so continuity I would think is the biggest thing that could be improved."

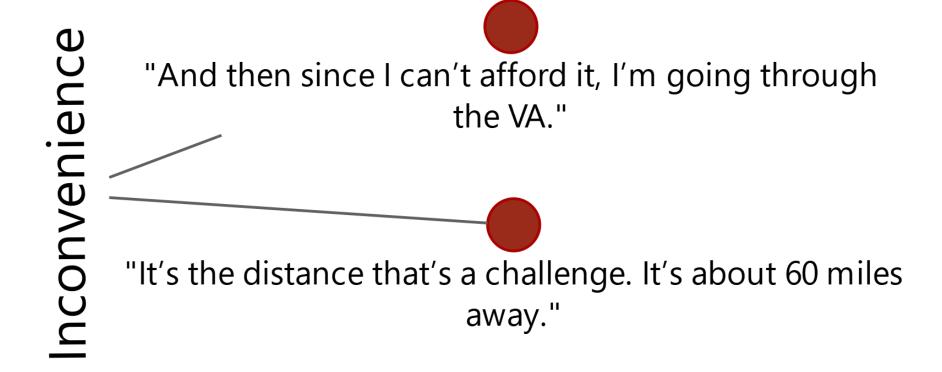
INCONSISTENCY describes the lack of consistent treatment between different VA clinics; many of the veterans move and experience different levels of quality, ranging from poor to good, in their treatment between the clinics in different areas

SUGGESTION: Create a unified training program for VA clinic personnel for consistency between clinics



TURNOVER describes the frequent departure and replacement of VA clinicians

SUGGESTION: Provide incentives for health care personnel to stay at the VA clinics



INCONVENIENCE describes the location and difficulty of access to treatment

SUGGESTION: Expand VA locations or provide remote health care access

"They never follow through on appointments. They were supposed to put me into the program but no one ever called me. And so the program started and I couldn't get in."

"There was supposed to be... a 10-week program where you go in and it's about immersion... They were supposed to coordinate it after my work... It's supposed to be evenings, I'm supposed to go to the VA... no one ever called me to tell me when it was supposed to start or who I was supposed to meet with."

SCHEDULING concerns the issues associated with wait times for first appointments, wait times in between sessions, lack of available clinicians, and cancellations

SUGGESTION: Improving logistics of patient treatment to address scheduling problems through software solutions or additional staff