



UNDER SECRETARY OF DEFENSE
4000 DEFENSE PENTAGON
WASHINGTON, DC 20301-4000

PERSONNEL AND
READINESS

JAN 29 2013

Chairman
Subcommittee on Defense
Committee on Appropriations
United States Senate
Washington, DC 20510

Dear Mr. Chairman:

The enclosed report responds to section 726 of the National Defense Authorization Act for Fiscal Year 2010 (P.L. 111-84), which required the Secretary of Defense to submit a report in response to Phase 1 of a two-part study completed by the Institute of Medicine (IOM) in July 2012. The medical treatment of our Service members falls under my purview, and I have been asked to respond. The study reviewed Department of Defense (DoD) efforts to address post-traumatic stress disorder (PTSD).

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A similar letter is being sent to the Chairmen of the other congressional defense committees; the Committee on Veterans' Affairs and the Committee on Energy and Commerce of the House of Representatives; and the Committee on Veterans' Affairs and the Committee on Health, Education, Labor, and Pensions of the Senate.

Thank you for your interest in the health and well-being of our Service members, veterans, and their families.

Sincerely,


Jessica L. Wright
Acting

Enclosure:
As stated

cc:
The Honorable Thad Cochran
Vice Chairman



PERSONNEL AND
READINESS

UNDER SECRETARY OF DEFENSE

4000 DEFENSE PENTAGON
WASHINGTON, DC 20301-4000

JAN 29 2013

The Honorable Barbara A. Mikulski
Chairwoman
Committee on Appropriations
United States Senate
Washington, DC 20510

Dear Madam Chairwoman:

The enclosed report responds to section 726 of the National Defense Authorization Act for Fiscal Year 2010 (P.L. 111-84), which required the Secretary of Defense to submit a report in response to Phase 1 of a two-part study completed by the Institute of Medicine (IOM) in July 2012. The medical treatment of our Service members falls under my purview, and I have been asked to respond. The study reviewed Department of Defense (DoD) efforts to address post-traumatic stress disorder (PTSD).

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Sincerely,


Jessica L. Wright
Acting

Enclosure:
As stated

cc:
The Honorable Richard C. Shelby
Vice Chairman



UNDER SECRETARY OF DEFENSE

4000 DEFENSE PENTAGON
WASHINGTON, DC 20301-4000

PERSONNEL AND
READINESS

JAN 29 2013

The Honorable Carl Levin
Chairman
Committee on Armed Services
United States Senate
Washington, DC 20510

Dear Mr. Chairman:

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Sincerely,


Jessica L. Wright
Acting

Enclosure:
As stated

cc:
The Honorable James M. Inhofe
Ranking Member



PERSONNEL AND
READINESS

UNDER SECRETARY OF DEFENSE
4000 DEFENSE PENTAGON
WASHINGTON, DC 20301-4000

JAN 29 2013

The Honorable Howard P. "Buck" McKeon
Chairman
Committee on Armed Services
U.S. House of Representatives
Washington, DC 20515

Dear Mr. Chairman:


The enclosed report responds to section 726 of the National Defense Authorization Act for Fiscal Year 2010 (P.L. 111-84), which required the Secretary of Defense to submit a report in response to Phase 1 of a two-part study completed by the Institute of Medicine (IOM) in July 2012. The medical treatment of our Service members falls under my purview, and I have been asked to respond. The study reviewed Department of Defense (DoD) efforts to address post-traumatic stress disorder (PTSD).

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Sincerely,


Jessica L. Wright
Acting

Enclosure:
As stated

cc:
The Honorable Adam Smith
Ranking Member



UNDER SECRETARY OF DEFENSE
4000 DEFENSE PENTAGON
WASHINGTON, DC 20301-4000

PERSONNEL AND
READINESS

JAN 29 2013

The Honorable Harold Rogers
Chairman
Committee on Appropriations
U.S. House of Representatives
Washington, DC 20515

Dear Mr. Chairman:

The enclosed report responds to section 726 of the National Defense Authorization Act for Fiscal Year 2010 (P.L. 111-84), which required the Secretary of Defense to submit a report in response to Phase 1 of a two-part study completed by the Institute of Medicine (IOM) in July 2012. The medical treatment of our Service members falls under my purview, and I have been asked to respond. The study reviewed Department of Defense (DoD) efforts to address post-traumatic stress disorder (PTSD).

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Thank you for your interest in the health and well-being of our Service members, veterans, and their families.

Sincerely,


Jessica L. Wright
Acting

Enclosure:
As stated

cc:
The Honorable Nita M. Lowey
Ranking Member



PERSONNEL AND
READINESS

UNDER SECRETARY OF DEFENSE

4000 DEFENSE PENTAGON
WASHINGTON, DC 20301-4000

JAN 29 2013

Chairman
Subcommittee on Personnel
Committee on Armed Services
United States Senate
Washington, DC 20510

Dear Mr. Chairman:

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Thank you for your interest in the health and well-being of our Service members, veterans, and their families.

Sincerely,


Jessica L. Wright
Acting

Enclosure:
As stated

cc:
The Honorable Lindsey Graham
Ranking Member



UNDER SECRETARY OF DEFENSE
4000 DEFENSE PENTAGON
WASHINGTON, DC 20301-4000

PERSONNEL AND
READINESS

JAN 29 2013

The Honorable C.W. Bill Young
Chairman
Subcommittee on Defense
Committee on Appropriations
U.S. House of Representatives
Washington, DC 20515

Dear Mr. Chairman:

The enclosed report responds to section 726 of the National Defense Authorization Act for Fiscal Year 2010 (P.L. 111-84), which required the Secretary of Defense to submit a report in response to Phase 1 of a two-part study completed by the Institute of Medicine (IOM) in July 2012. The medical treatment of our Service members falls under my purview, and I have been asked to respond. The study reviewed Department of Defense (DoD) efforts to address post-traumatic stress disorder (PTSD).

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Sincerely,


Jessica N. Wright
Acting

Enclosure:
As stated

cc:
The Honorable Peter J. Visclosky
Ranking Member



UNDER SECRETARY OF DEFENSE
4000 DEFENSE PENTAGON
WASHINGTON, DC 20301-4000

JAN 29 2013

PERSONNEL AND
READINESS

The Honorable Jeff Miller
Chairman
Committee on Veterans' Affairs
U.S. House of Representatives
Washington, DC 20515

Dear Mr. Chairman:

The enclosed report responds to section 726 of the National Defense Authorization Act for Fiscal Year 2010 (P.L. 111-84), which required the Secretary of Defense to submit a report in response to Phase 1 of a two-part study completed by the Institute of Medicine (IOM) in July 2012. The medical treatment of our Service members falls under my purview, and I have been asked to respond. The study reviewed Department of Defense (DoD) efforts to address post-traumatic stress disorder (PTSD).

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Sincerely,


Jessica L. Wright
Acting

Enclosure:
As stated

cc:
The Honorable Michael H. Michaud
Ranking Member



PERSONNEL AND
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UNDER SECRETARY OF DEFENSE
4000 DEFENSE PENTAGON
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JAN 29 2013

The Honorable Fred Upton
Chairman
Committee on Energy and Commerce
U.S. House of Representatives
Washington, DC 20515

Dear Mr. Chairman:

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Sincerely,


Jessica L. Wright
Acting

Enclosure:
As stated

cc:
The Honorable Henry Waxman
Ranking Member



UNDER SECRETARY OF DEFENSE

4000 DEFENSE PENTAGON
WASHINGTON, DC 20301-4000

PERSONNEL AND
READINESS

JAN 29 2013

The Honorable Bernard Sanders
Chairman
Committee on Veterans' Affairs
United States Senate
Washington, DC 20510

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Sincerely,


Jessica L. Wright
Acting

Enclosure:
As stated

cc:
The Honorable Richard Burr
Ranking Member



PERSONNEL AND
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UNDER SECRETARY OF DEFENSE
4000 DEFENSE PENTAGON
WASHINGTON, DC 20301-4000

JAN 29 2013

The Honorable Tom Harkin
Chairman
Committee on Health, Education, Labor, and Pensions
United States Senate
Washington, DC 20510

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Sincerely,


Jessica L. Wright
Acting

Enclosure:
As stated

cc:
The Honorable Michael Enzi
Ranking Member



UNDER SECRETARY OF DEFENSE

4000 DEFENSE PENTAGON
WASHINGTON, DC 20301-4000

PERSONNEL AND
READINESS

JAN 29 2013

The Honorable Joe Wilson
Chairman
Subcommittee on Military Personnel
Committee on Armed Services
U.S. House of Representatives
Washington, DC 20515

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Sincerely,


Jessica L. Wright
Acting

Enclosure:
As stated

cc:
The Honorable Susan A. Davis
Ranking Member



**Report to Congress
On the Institute of Medicine Report
“Treatment for Posttraumatic Stress
Disorder in Military and Veteran
Populations: Initial Assessment”**

**In Accordance with Section 726 of the
National Defense Authorization Act
For Fiscal Year 2010**

Preparation of this report/study cost the
Department of Defense a total of approximately
\$27,000 for the 2012 Fiscal Year.
Generated on 2012Oct24 0742 Ref ID: F-9289DF8

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Executive Summary

KEY MESSAGES:

- The Institute of Medicine (IOM) published the results of the first phase of a two-part study titled “Treatment for Posttraumatic Stress Disorder (PTSD) in Military and Veteran Populations” in July 2012.
- The IOM report indicates that Service members that served in Operation ENDURING FREEDOM (OEF), Operation IRAQI FREEDOM (OIF), and Operation NEW DAWN (OND) appear to have a higher prevalence of PTSD than the general population, which has likely contributed to growing demand for access to Department of Defense (DoD) and Department of Veterans Affairs (VA) PTSD services.
- The DoD appreciates the efforts of the IOM, and concurs with its recommendations for further areas of research and service related to PTSD treatment.

KEY POINTS:

- The IOM report concludes with seven general recommendations, in five major areas, for further areas of research and service.
- In this report, the DoD responds to recommendations in the five major areas: analyze treatment services; implement evidence-based screening and treatment methods; innovate and evaluate new treatments; overcome barriers to care; and integrate treatment for co-occurring conditions into PTSD care. Detailed responses to these recommendations are located in Appendix A, but briefly these efforts include:
 - **Analyze:** The IOM report highlights current DoD research efforts to further understand PTSD. The DoD has multiple existing systems and initiatives to support measurement-based care for PTSD. These Health Insurance Portability and Accountability Act (HIPAA) compliant systems store patient assessments and treatment outcomes in central data repositories, and make patient data available to approved personnel.
 - **Implement:** The IOM report recognizes the DoD’s emphasis on early detection of PTSD, and the extensive efforts underway in the Department to ensure routine screening.
 - **Innovate:** The current DoD research portfolio includes 18 studies of complementary and alternative medicine (CAM), and couples and family therapy. PTSD neurobiology research is a particular focus area for the DoD, with 57 studies funded to develop animal models, validate imaging based biomarkers, and understand medication effects.

- **Overcome:** The DoD continues to expand access to PTSD services through the use of technologic approaches. These efforts include web-based campaigns, web-based self-help tools, smartphone self-help applications, telemental health services, and transportable telehealth units.
- **Integrate:** The DoD places a high priority on provision of evidence-based care for PTSD, especially when comorbid conditions are present, as evident in the development and publication of the VA/DoD Clinical Practice Guideline (CPG) for Management of Post-Traumatic Stress (PTS) and accompanying toolkits. In addition, the DoD has funded a robust portfolio of 30 studies on the treatment of PTSD and comorbid conditions.

DoD POSITION/IMPACT:

- Both the DoD and VA have played an active and pivotal role in the prevention, screening, diagnosis, and treatment of PTSD.
- The DoD has already implemented multiple programs and high-priority strategic initiatives that demonstrate ongoing improvement efforts related to every impact area addressed in the IOM recommendations.

Appendix A – IOM Report Recommendations and DoD Response

INTRODUCTION:

In accordance with Section 726 of the 2010 National Defense Authorization Act, the Secretary of Defense, in consultation with the Secretary of the VA, requested that the IOM of the National Academy of Sciences conduct a study on the treatment of PTSD. The study is composed of two phases. Phase 1 focused on gathering data from the DoD and VA related to PTSD prevention, screening, diagnosis, treatment, and rehabilitation; it also included a site visit to Fort Hood. The IOM fulfilled the requirements of Phase 1 with a publication on its findings in July 2012. In Phase 2 of the study, the IOM will analyze Phase 1 data, and will gather and analyze data from site visits to Fort Campbell, Fort Bliss, and other DoD bases and VA facilities (as their budgeting and time permit). As part of its analysis, the IOM will evaluate the different PTSD services and programs included in its data collection, conduct research on the impact of PTSD on diverse populations (to include ethnic minorities and women), and review current and projected annual DoD and VA expenditures for PTSD treatment and rehabilitation.

IOM REPORT SUMMARY:

The IOM study focuses on PTSD treatment, and its Phase 1 report is based on a review of PTSD literature; data gathered from VA and DoD treatment programs; IOM panel interviews of DoD and VA psychological health leaders; a site visit to Fort Hood; and requests for various statistical information from DoD Services. The DoD appreciates the information gathered and conclusions reported by the IOM that include:

- **History, Diagnostic Criteria, and Epidemiology** – Service members that served in OEF/OIF/OND appear to have a 13-20 percent lifetime prevalence of PTSD. In contrast, the general population lifetime prevalence of PTSD in adults appears to be eight percent.
- **Neurobiology** – Further research is needed to identify biomarkers of PTSD, brain-imaging diagnostic models, and effective pharmacologic agents to enhance therapy-related learning.
- **Programs and Services for PTSD in the DoD and VA** – Both the DoD and VA have played an active and pivotal role in the prevention, screening, diagnosis, and treatment of PTSD; however, further evaluation is needed to identify the effectiveness of these efforts.
- **Prevention** – The DoD supports several PTSD prevention programs that build resiliency and teach Service members to anticipate some of the traumatic events commonly experienced in combat zones.

- **Screening and Diagnosis** – Screening measures for PTSD are essential to the identification of Service members and veterans that need treatment. The DoD currently utilizes screening tools, but needs to ensure that every Service member identified through such screening methods is referred to trained professionals that can provide comprehensive assessments, diagnosis, and treatment.
- **Treatment** – The VA/DoD CPG for Management of PTS makes specific suggestions concerning treatment of PTSD symptoms. The IOM recognizes that the DoD offers numerous treatments for PTSD, and continues to develop additional treatment methods.
- **Co-occurring Psychiatric and Medical Conditions and Psychosocial Complexities** – Given the presence of co-occurring conditions in more than 50 percent of OEF/OIF/OND veterans, the IOM recommends evidence-based PTSD models to ensure the success of PTSD treatment for comorbid conditions.
- **Access to Care** – There is a growing demand for access to PTSD services in the DoD and VA. In Phase 2 of its study, the IOM will analyze barriers to care and ways to improve access to high-quality care for Service members and veterans.

DoD RESPONSE TO IOM RECOMMENDATIONS:

A. “Analyze: The DoD and the VA should collect data on the implementation, delivery, and effectiveness of all prevention, screening, diagnosis, treatment, and rehabilitative services that are currently in use.

A1. To study the efficacy of treatment and to move toward measurement-based PTSD care in the DoD and the VA, assessment data should be collected before, during, and after treatment and should be entered into patients’ medical records. This information should be made accessible to researchers with appropriate safeguards to ensure patient confidentiality.”

Multiple existing programs and initiatives demonstrate the DoD’s ongoing dedication to providing measurement-based PTSD care to Service members through utilization of HIPAA compliant data systems. Development of such systems is vital to supporting DoD efforts related to treatment standardization and research. These systems store patient assessments and treatment outcomes in central data repositories, and make patient data available to approved providers and researchers before, during, and after treatment. As these programs continue to drive the development and collection of data, the DoD will evaluate their impact on PTSD care. In addition, the DoD and VA have formed multiple collaborative teams to improve the standardization of measurement-based care.

The IOM report highlighted the Deployment Health Clinical Center's HIPAA compliant Re-Engineering Systems of Primary Care Treatment in the Military (RESPECT-Mil) program, initiated in 2007, as an example of one well-established DoD program in full compliance with the IOM recommendation to move toward measurement-based care. RESPECT-Mil uses a web-based medical data system called Fast Informative Risk & Safety Tracker and Stepped Treatment Entry & Planning System (FIRST-STEPS) to record patient answers to depression and PTSD screens. Patients receive ongoing assessments to continually inform care. Authorized providers have web-based access to the patient care data through the FIRST-STEPS central data repository. RESPECT-Mil also utilizes FIRST-STEPS to collect data for research. RESPECT-Mil is currently used in more than 81 clinics, and includes data from over 2.5 million visits. Studies to date demonstrate increased provider compliance with PTSD screening over time. Although the Army is currently the major integrator of RESPECT-Mil, it has also expanded to one Marine Corps site. The DoD funds the RESPECT-Mil team to oversee program implementation, reporting, and program expansion.

Other examples of DoD measurement-based PTSD care initiatives include the HIPAA compliant Psychological and Behavioral Health Tools for Evaluation Risk and Management (PBH-TERM), and the Behavioral Health Data Platform (BHDP). These two well-established medical database systems support PTSD-relevant psychological health (PH) programs. Both have centralized aggregate, web-based accessible data repositories that facilitate collection of outcome data before, during, and after treatment. PBH-TERM uses a standardized intake assessment that includes research-based questions to assess safety risks and family needs, and includes an evidence-based PTSD assessment tool. BHDP allows patients to directly enter answers to PTSD assessment measures into a secure web application at each visit. Providers are also required to enter PBH-TERM assessment data into the electronic medical record (EMR). Standard operating Army procedures require more than 200 providers that work within the Family Advocacy Program, Warrior Transition Units, and the Community Based Warrior Transition Unit Social Work Programs to use PBH-TERM for every enrolled soldier. To date, PBH-TERM has been utilized in more than 30,000 patient visits. In addition, the Army is currently in the midst of a rapid implementation of the BHDP application into multiple Army general behavioral health specialty care settings. The BHDP application was built to be Tri-Service compatible, and user friendly for providers to enter BHDP data into the EMR.

The DoD also established the Tri-Service Workflow organization, which has developed Alternative Input Method (AIM) forms to improve standardization of care documentation, and to improve clinical research data collection. Only authorized users can access data for research. AIM forms are directly integrated into the EMR, and prompt providers to deliver evidence-based care.

To increase standardization of the process of care provision for Service members diagnosed with PTSD, the Navy Bureau of Medicine and Surgery, which also provides PH care to Marines, tasked the Naval Center for Combat and Operational Stress Control (NCCOSC) to develop the “Psychological Health Pathways” (PHP). As part of the PHP development, NCCOSC created a central repository medical database that includes outcome measurements for PTSD treatment. The medical database that supports this effort will be web-based accessible to all providers granted access through NCCOSC; consequently, the data can inform clinical decisions throughout care, and ensure appropriate confidentiality. The Navy is preparing to launch a PHP pilot study in multiple Navy behavioral health clinics located at Camp Pendleton and Naval Medical Center San Diego. NCCOSC will use the outcomes data collected from the pilot study to evaluate changes in patient PH status that occur as a result of the PHP.

Standardization of care is a concern not only in the DoD, but also in the transition of Service members to the VA. To ensure continuous collaboration and coordination, the DoD and VA instituted the Integrated Mental Health Strategy (IMHS) in November 2010. The IMHS has 28 strategic actions teams that address PH issues across the DoD and VA, 3 of which are relevant to this IOM recommendation: IMHS 2 is tasked to implement evidence-based PH services in primary care settings; IMHS 10 to determine PH quality measures for evaluation of PTSD care across the VA and DoD; and IMHS 12 to determine VA and DoD PH outcome measures for quality improvement and effectiveness research. These initiatives are ongoing for the next 3 years.

A2. “The DoD and the VA should institute programs of research to evaluate the efficacy, effectiveness, and implementation of all their PTSD screening, treatment, and rehabilitation services, including research in different populations of active-duty personnel and veterans; the effectiveness of DoD prevention services should also be assessed. The DoD and the VA should coordinate, evaluate, and review these efforts continually and routinely and should disseminate the findings widely.”

The DoD PTSD research portfolio is extensive, and includes current and past efficacy, effectiveness, and implementation research studies of PTSD treatment across the continuum of care. These studies demonstrate the Department’s strong commitment to PTSD program evaluation and review, in line with this recommendation. The IOM report highlighted the robust catalog of DoD and VA research efforts to date, and the DoD continues to place high priority on PTSD in its research portfolio.

The DoD regularly coordinates and reviews PTSD research efforts with the VA. For instance, the DoD, in collaboration with the VA, the National Institute of Neurological Disorders and Stroke, and the National Institute on Disability and Rehabilitation Research, developed and published common data elements for PH research, to include program evaluation research in

PTSD. Common data elements allow for improved collaboration and comparison among research studies in both Departments. The current portfolio of DoD and VA PTSD research includes 13 prevention, 19 assessment, 53 treatment, and 15 remission studies across the DoD and VA. The majority of research findings from the portfolio will be accessible in the public domain. To further enhance PTSD research, and in response to this Phase 1 IOM report, the collaborative DoD/VA PH/Traumatic Brain Injury Research Program recently announced the creation of a Consortium to Alleviate PTSD (CAP). This five-year effort supports biomarker-based research projects that advance prevention and treatment strategies for PTSD and comorbid conditions.

The DoD is committed to internal quality assurance. For example, in June 2012, the DoD completed an internal program evaluation of four National Guard PH programs. These programs include components that provide PTSD screening and referral for National Guard Service members. In addition to internal program evaluations, the DoD contracts with external agencies to conduct and publically disseminate PTSD-relevant program evaluations. This current IOM study is one such example. The IOM report acknowledged previous RAND DoD PH studies related to PTSD, to include “Programs Addressing Psychological Health and Traumatic Brain Injury Among U.S. Military Servicemembers and Their Families,” “Invisible Wounds of War: Quantifying the Societal Costs of Psychological and Cognitive Injuries,” and “Promoting Psychological Resilience in the U.S. Military.” In addition, RAND has a current contract to conduct 11 DoD PH program evaluations. Of these 11, there are 7 PTSD-relevant program evaluations to be completed by 2013. A separate RAND contract will examine the effectiveness of PH treatment for geographically distant Service members and their families, when treatment providers receive specialized military culture training.

B. “Implement: Encourage and support the use of evidence-based methods for PTSD screening, treatment, and rehabilitation.

B1. PTSD screening should be conducted at least once a year when primary care providers see Service members at DoD military treatment facilities or at any TRICARE provider locations, as is currently done when veterans are seen in the VA.”

The DoD places high priority on early detection of PTSD. Current PTSD screening methods are extensive, as the IOM highlighted on page 120 of the report. All Active Duty Service members are required to have an annual Periodic Health Assessment, which includes screening for PTSD symptoms. While a routine screening for PTSD is not a defined TRICARE benefit, the TRICARE Policy Manual (TPM, Chapter 7, Section 2.1) indicates that patient education, stress and bereavement counseling, and suicide risk assessment are expected components of good clinical practice, and therefore convey no additional charge. The Code of Federal Regulations (32 C.F.R. §199.4(e)(28)), mandates TRICARE benefits include preventive services and

screenings, but further exploration is needed to determine whether an annual PTSD screening should be required of TRICARE primary care providers that work outside of military treatment facilities.

C. “Innovate: Instigate research providing evidentiary support for the use of emerging prevention methods, treatments, and rehabilitative services.

C1. Specialized intensive PTSD programs and other approaches for the delivery of PTSD care, including combining different treatment approaches and such emerging treatments as complementary and alternative medicine and couple and family therapy, need to be rigorously evaluated throughout DoD facilities (including TRICARE providers) and VA facilities for efficacy, effectiveness, and cost. More rigorous assessment of symptom improvements (for example, such outcome metrics as follow-up rates) and of functional improvements (for example, improvements in physical comorbidities, memory, and return to duty) is needed. The evaluations of these programs should be made publicly available.”

The DoD’s established commitment to the exploration and evaluation of innovative approaches to PTSD care aligns with this recommendation. The current DoD research portfolio of 18 efficacy studies of CAM therapies for PTSD-related symptoms provides evidence of this commitment. The DoD is currently in the third month of a 12-month project to develop a database of existing clinical trials on CAM efficacy for PTSD treatment. The research portfolio also contains studies on couple and family therapy, as well as combined treatment protocols. Research from DoD studies contributes to the overall evidence base that will continue to inform emerging clinical guidelines, and direct further research. The DoD will continue to incorporate emerging treatments into processes of internal review and evaluation, and disseminate best practices into all appropriate service delivery environments.

C2. “The DoD and the VA should support neurobiology research that might help translate current knowledge of the neurobiology of PTSD to screening, diagnosis, and treatment approaches and might increase understanding of the biologic basis of evidence-based therapies.”

The DoD continues to conduct cutting-edge research in the fields of neurobiology and its applicability to PTSD screening, diagnosis, and treatment. The Department has allocated considerable resources to identify and understand the underlying neurobiological mechanisms in Service members, veterans, and civilians. These studies have already led to improvements in how clinicians conceptualize, diagnose, and treat PTSD. The study of medication effects on reversal of hippocampus volume reduction in PTSD patients provides one such example. The current portfolio of all DoD and VA PTSD research contains 57 neurobiology studies. The DoD currently funds 22 animal-model development studies to include genetic, neurotransmitter, tissue

and plasma, identification of imaging-based biomarkers, and comorbid mild traumatic brain injury research. The DoD dedicates additional resources to six studies of animal models for the identification and evaluation of candidate compounds for new PTSD medications. The VA/DoD Consortium to Alleviate PTSD is planned for funding in 2013 with dedicated funds to promote biomarker research to aid in PTSD prevention, diagnosis, and treatment.

Building on this strong base of research, the DoD/VA IMHS 26 is dedicated to enhancing the translation of research findings into clinical practice. This work group will implement strategies to monitor ongoing PH research. They will also make recommendations for adoption of actions, programs, and policies developed from robust PH research to improve screening, diagnosis, and treatment for Service members, veterans, and families.

D. “Overcome: Remove barriers to the delivery of screening, diagnosis, treatments, and rehabilitative services.

D1. The DoD and the VA should support research that investigates emerging technologic approaches (mobile, telemedicine, Internet-based, and virtual reality) that may help to overcome barriers to awareness, accessibility, availability, acceptability, and adherence to evidence-based treatments and disseminate the outcomes to a wide audience.”

The DoD has prioritized the development of emerging technologies to assist with PH care for all beneficiaries through continued product development and research. The DoD’s web-based Real Warriors Campaign promotes resilience, stigma reduction, recovery facilitation, and reintegration support for returning Service members, veterans, and their families. In 2012, RAND completed and published a program evaluation of the Real Warriors Campaign. RAND found that Real Warriors disseminates relevant core messages and adheres to best practices for health communication campaigns

Established in 2008, the National Center for Telehealth and Technology (T2) has made great strides in research and development of technological approaches for PTSD management, to include development of a PTSD Virtual Reality tool. The Research, Observation, Surveillance, and Evaluation division of T2 researches product effectiveness and the role of technology in PH care. Additionally, the VA and T2 jointly developed a web-based PH self-help application (Afterdeployment.org) and a smartphone Prolonged Exposure (PE) Therapy application for PTSD (PE Coach). The PE Coach is currently the focus of three T2 studies to assess provider and patient response: patient adherence to treatment, therapist adherence to treatment guidelines, and clinical outcomes. Finally, T2 is in the last stages of development of transportable telehealth units that will provide access to PH care in previously underserved areas. An ongoing RAND study due for completion in 2013, “Psychological Health Treatment and Services for Geographically Distant Service members and their Families,” explores current mental health

needs and services of rural and remote Service members and their families. This study will include evaluation of telehealth services to address identified mental health needs.

Telehealth efforts in the DoD to support Service members with PTSD are also directed at ensuring continuity of care. The inTransition Program enhances continuity of care via telephone to Service members in transition between treatment facilities or from Active Duty to veteran status. While a telephone is not an “emerging technology,” the use of telephonic programs to allow for long-distance PH treatment and reduction of geographical barriers to care, is innovative. RAND initiated a program evaluation of inTransition in June 2012, to be completed April 2013.

The DoD currently offers telemental health services at the following locations: Walter Reed National Military Medical Center, Bethesda, MD; the Warrior Resiliency Program, San Antonio, TX; and Tripler Army Medical Center, Honolulu, HI. All three of these programs provide telemental health services throughout their regional areas, and include services for deployed Service members. These programs conduct research related to development of standardized telehealth metrics, as well as evaluation and characterization of underserved populations. The Air Force is also heavily invested in the delivery of telemental health services, and is 84 percent complete with expansion of teleconference capabilities to deliver PTSD care to over 85 sites.

Finally, two VA/DoD IMHS strategic actions are dedicated to developing emerging technologies and reducing barriers to care: IMHS 6 is tasked to develop technical, business, and clinical processes for the implementation of Joint telemental health services to bridge gaps between consumers and available providers; and IMHS 20 to develop and promote the use of web-based self-help strategies for mental health concerns. The DoD will conduct research on the efficacy of these programs once they are firmly established.

E. “Integrate: Screen for, assess, and treat for PTSD comorbidities.

E1. Research to create an evidence base to guide the integration of treatment for comorbidities with treatment for PTSD should be encouraged by the DoD and the VA. PTSD treatment trials should incorporate assessment of comorbid conditions and the value of concurrent and sequential care. Effective treatments should be included in updates of the VA/DoD Clinical Practice Guideline for Management of Post-Traumatic Stress.”

The DoD/VA partnership places high importance on the development and dissemination of clinical practice guidelines for PTSD and comorbid disorders. The VA/DoD PTS CPG recommends clinician assessment of comorbid conditions in every PTSD patient, and makes recommendations for treatment and referral decisions when comorbid conditions are identified. The DoD recently developed the “Co-occurring Conditions Toolkit: Mild Traumatic Brain Injury

and Psychological Health” to help primary care providers assess and manage patients with co-occurring conditions. The toolkit synthesizes the best currently available clinical evidence from four VA/DoD CPGs. More than 3,548 of these toolkits have been distributed to date.

As indicated in the IOM report, the current evidence base for interventions for co-occurring disorders is insufficient. To address this gap in the literature, the DoD has allocated extensive resources to 30 ongoing studies of the treatment of PTSD and comorbid conditions, to include traumatic brain injury, sleep disorders, substance use disorders, anxiety, depression, and suicide risk and behavior. Examples include: a study of the effectiveness of a combined treatment for comorbid PTSD and Alcohol Dependence that includes topiramate, alcohol counseling, and standard PTSD therapies; an efficacy study of Cognitive Behavioral Social Rhythm Therapy in Service members and veterans with PTSD, Major Depressive Disorder and sleep problems; and studies funded through the South Texas Research Organizational Network Guiding Studies on Trauma and Resiliency (STRONG STAR), to include the impact of treatment of PTSD on comorbid insomnia and pain.

The VA/DoD PTS CPG work group continually reviews all new research related to treatment, and incorporates new findings into CPG updates. Updates occur every 5 years unless compelling evidence from the scientific literature indicates a need for more immediate changes. Barring a need for a more immediate action, the next update to the VA/DoD PTS CPG will be published in 2015. Research from DoD, VA, and other entities will continue to inform CPGs in all areas of inquiry to further advance quality of care for Service members and veterans with PTSD.

CONCLUSION:

The IOM’s independent review of DoD and VA PTSD treatment provided important insights, highlighted successes of DoD and VA programs, and concluded with seven recommendations for continued success and enhanced treatment. Current DoD programs and strategic initiatives already demonstrate ongoing improvement efforts related to every impact area addressed in the IOM recommendations. These longstanding efforts reflect the DoD’s ongoing dedication to deliver the highest quality care to all Service members and veterans with PTSD. The DoD will respond to additional recommendations when the IOM concludes Phase 2 of its study.