

# Preemptive Action to Improve Veteran Healthcare.

Kevin Bobeck

USF MCOM- LVHN Campus, kevin.bobeck@lvhn.org

Follow this and additional works at: <http://scholarlyworks.lvhn.org/select-program>



Part of the [Medical Education Commons](#)

---

## Published In/Presented At

Bobeck, K. (2017, March). *Preemptive Action to Improve Veteran Healthcare*. Poster Presented at: 2017 SELECT Capstone Posters and Presentations Day. Kasych Family Pavilion, Lehigh Valley Health Network, Allentown, PA.

This Poster is brought to you for free and open access by LVHN Scholarly Works. It has been accepted for inclusion in LVHN Scholarly Works by an authorized administrator. For more information, please contact [LibraryServices@lvhn.org](mailto:LibraryServices@lvhn.org).



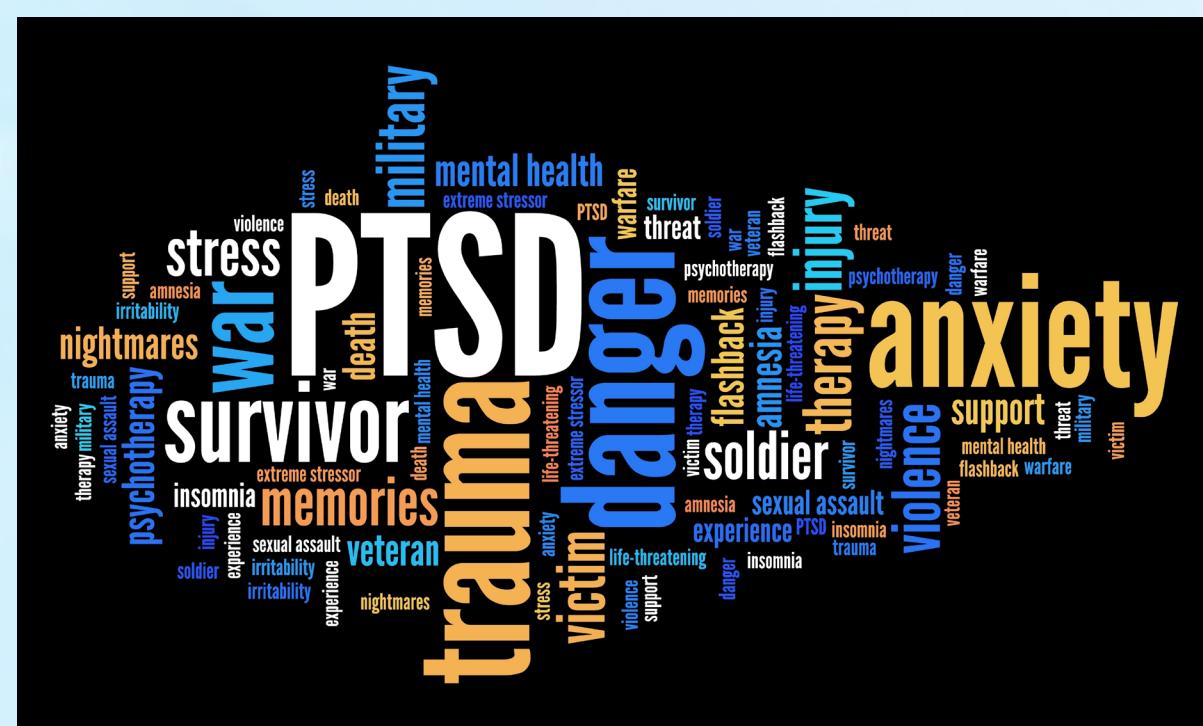
# Preemptive Action to Improve Veteran Healthcare

**Kevin Bobeck**

Lehigh Valley Health Network, Allentown, PA

## Introduction

American Veterans are a unique population in all aspects of life shaped by their unique experiences. They are particularly unique in regards to their health care needs and their prior service while honorable makes them a vulnerable patient population. These healthcare needs are no longer able to be satisfied by the Veterans Administration (VA) health system, alone. Thus, Congress passed the Veteran's Choice Act allowing veterans to seek care in civilian healthcare facilities, such as Lehigh Valley Health Network (LVHN). With the increase in veterans seeking healthcare in the civilian setting, it is vital that LVHN and other health care networks seek to meet the needs of this most deserving population. The goal of the Veteran Health Project is to promote a veteran-centered culture and educate staff on the unique needs of veterans.



## Problem Statement

The purpose of this capstone project is to continue to investigate the needs of the veteran population here at LVHN in order to make primary care providers aware of these needs and thus take preventative action.

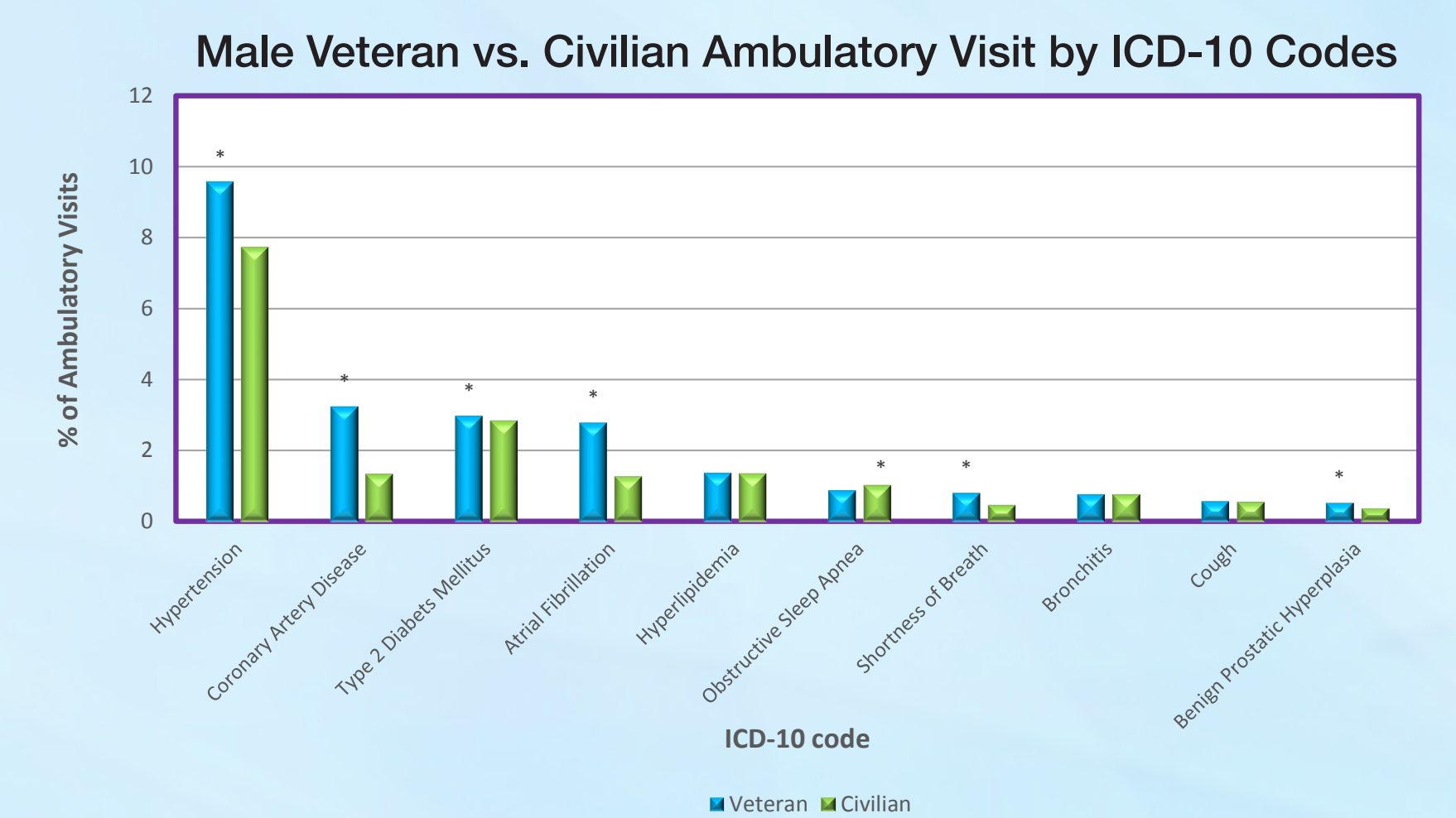
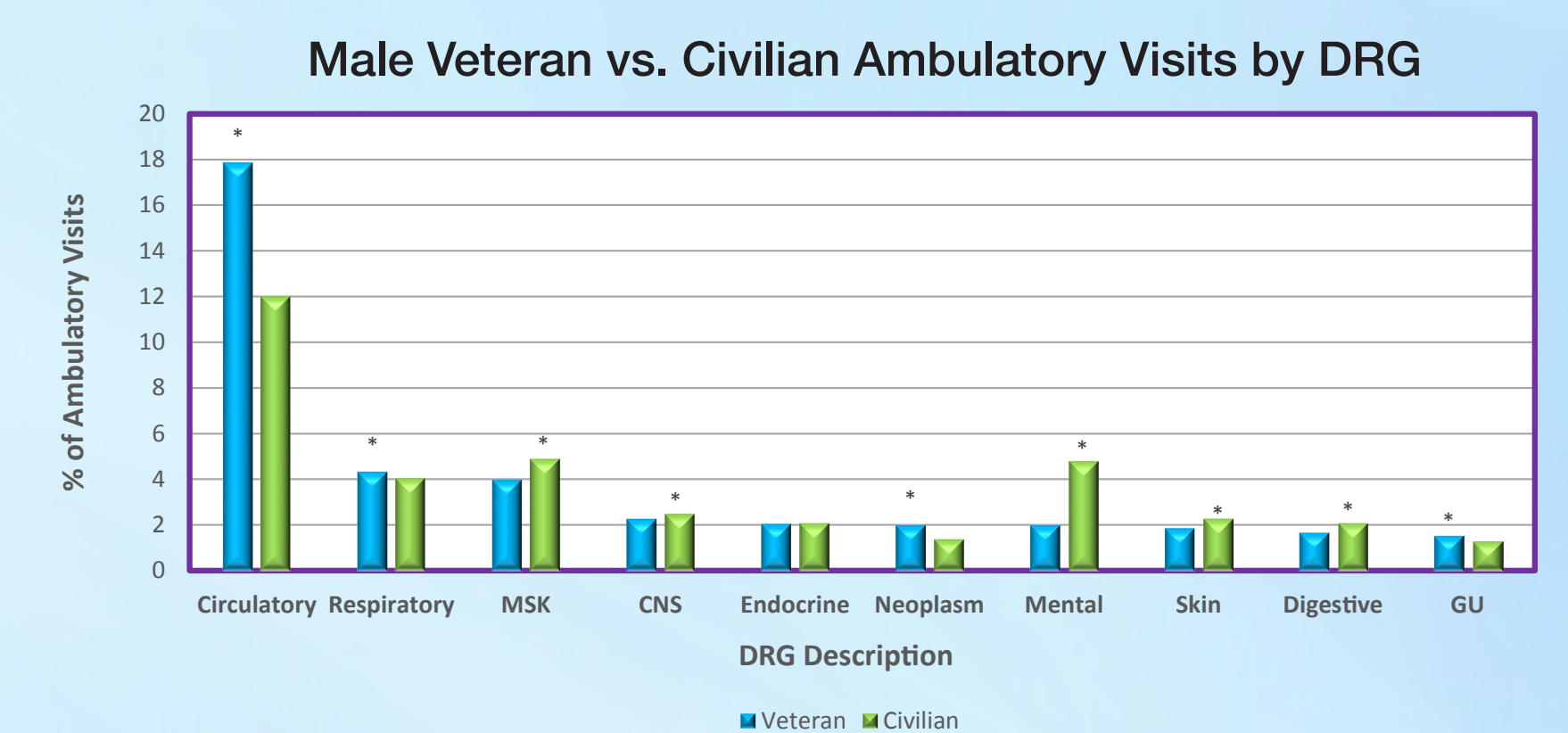


## Methodology

A retrospective analysis based on chart review and a centralized database of the calendar year 2016 ambulatory data was performed in order to compare the veteran patient population to their civilian counterparts. The top ten diagnosis related groups (DRGs) and the top ten ICD-10 codes were collected for both veterans and civilians in the ambulatory setting. The top 10 DRGs and ICD-10 codes were then compared in order to know which diseases veterans are more susceptible to. In addition to the DRGs and ICD-10 codes, data was collected on both veterans and civilians to know their utilization of the health care systems. It became quickly apparent that due to the 93% male predominance within the veteran population that the data must be stratified based on gender. Furthermore, data was stratified into age groups to investigate for the presence of unique effects of different military conflicts. In order to investigate for any significant differences the DRGs, ICD-10 codes, and utilization rates, chi – square analysis was used.

## Results

The veteran data was based on 18,594 unique patients and 75,811 patient visits. It demonstrated a veteran population that is 92.9% male and 7.1% female. The mean age of the veterans was 69.3 years. The average number of visits for each veteran patient was  $4.08 \pm 3.6$ . The civilian data was based on 285,552 unique patients and 971,818 patient visits. It demonstrated a population that was 37.4% male and 62.6% female. The mean number of visits per patient was  $3.4 \pm 3.2$  and mean age was 52 years. Veterans had higher diagnosis rates for disorders of the circulatory system, neoplastic diseases, genitourinary and central nervous system. These differences remained once the data was stratified by gender. Veterans also demonstrated higher rates of combat related illness (PTSD, Musculoskeletal and Neoplastic diseases).



## Conclusions

This analysis confirms that veterans are a vulnerable healthcare population with unique needs. The higher disease rates present in the veteran population can be attributed to the stress caused by military service. It is also apparent that most do not establish care in the network until later in life (mean age =69) and after suffering the consequences of more severe disease processes that may have been treated if caught earlier. Fortunately, many of the diseases can be screened for and if caught early in the disease process can be treated. This demonstrates the need for a Veteran Health Office that is able to reach out and welcome veterans to the network. To assist them in establishing with a primary care provider who is aware of their unique needs and able to screen them for these types of diseases. They can also be assigned a care manager to assist them with their care and ensure them having easy access to care.

© 2017 Lehigh Valley Health Network