

HOT TOPICS

VA Patients Get Better Care

Patients in the Veterans Affairs (VA) health system are more likely to receive better chronic and preventive care than the general population. The general population receives about half of recommended care as measured against established standards. A new study shows that VA patients do better—receiving about two-thirds of recommended care.

RAND researchers, in collaboration with the VA, UCLA, and the University of Michigan, studied the care that VA patients received for 26 acute and chronic conditions (including diabetes, asthma, high blood pressure, and heart disease) and preventive care (including recommended vaccinations and screenings). Compared to a national sample, VA patients fared better in both chronic care (receiving 72% of indicated care vs. 59% in the national sample) and preventive care (64% vs. 44%). The VA performed better across the entire spectrum of care: screening, diagnosis, treatment, and follow-up.

Why did the VA perform better? The study found the greatest differences between the VA and the national sample in areas where the VA had set up performance measures and was actively monitoring compliance. The VA uses a sophisticated electronic medical records system and holds regional managers accountable for meeting care standards.

READ MORE: [VA Patients Get Better Chronic, Preventive Care Than Similar U.S. Adults](#)

Join us Friday, February 4th, at 10:30 am for a briefing on these findings. For more information or to RSVP, contact Kristy Anderson at Kristy_Anderson@rand.org or 703-413-1100 ext. 5196.

Does Practice Make Perfect in Mental Health Care?

In medical care, the link between volume and outcomes is well-established. For example, patients who undergo surgery in a hospital that performs many similar surgeries are more likely to survive and recover. This consistent relationship has led many organizations concerned about quality of care to recommend, for example, that patients who need a complex surgery be referred to a hospital where similar surgeries are performed frequently.

Is there a similar link for mental health care? Mental health outcomes are harder to measure than surgical outcomes. However, a team that included RAND researchers met this challenge by comparing volume and key performance indicators, including whether patients discharged after a psychiatric hospitalization had to be rehospitalized and

whether antidepressant medication management met established standards. The team found a large and consistent association between an HMO's volume of mental health work and its performance. Although more research is needed to understand exactly how volume affects outcomes, it is clear that in mental health, high volume is associated with high-quality care.

READ MORE: [The Relationship Between Volume and Quality in Mental Health Care](#)

Reducing Sexual Risk Among Injection Drug Users

Sexual risks are common among injection drug users (IDUs). For example, IDUs are more likely to engage in heterosexual anal intercourse, which is associated with greater risk for HIV transmission than is vaginal sex. Thus reducing IDUs' sexual risk is an important step in stemming the HIV epidemic.

A research team including staff from RAND Health examined sexual risk among nearly 1,500 male and female IDUs in California. They looked at unprotected anal/vaginal intercourse, multiple recent sexual partnerships that included steady partners, and heterosexual anal intercourse.

The team found high levels of risk behavior. Female IDUs were likely to engage in sex work. About one-fifth reported substantial levels of anal intercourse, which was associated with a generally risky lifestyle that included a history of sexually transmitted diseases, multiple sexual partnerships, syringe sharing, and amphetamine use.

The team also found that IDUs tend to engage in selective risk taking—for example, limiting syringe sharing to personal networks and not using condoms with steady partners. Such strategies work only if both partners have been tested for HIV and remain monogamous and if their injection networks are infection-free and closed to outsiders. But in this group, women with a history of sexually transmitted diseases were twice as likely to have both a steady partner and multiple partners. Programs designed to increase condom use in steady partnerships could substantially reduce sexual risk among IDUs.

READ MORE: [Reducing Sexual Risk Among Injection Drug Users](#)

FORTHCOMING PROJECT

- Reducing DoD pharmacy costs

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