

**Pilot Evaluation of  
Medication Continuation  
for Veterans  
Transitioning from the  
Department of Defense  
Health Care System to the  
Department of Veterans  
Affairs Health Care System**

**Department of Veterans Affairs' Pharmacy  
Benefits Management Services**

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## 1. Executive Summary

For Department of Defense (DoD) Servicemembers seeking care for the first time in the Department of Veterans Affairs (VA) healthcare system, continuity of medication therapy is critical to a seamless transition. The DoD and VA have different drug formularies because they were each designed to 1) meet the differing needs of their respective patient populations, 2) be consistent with the uniqueness of the VA and DoD health care delivery systems, and 3) meet differing statutory requirements. External stakeholders have raised concerns that Servicemembers who are newly enrolled in the VA health care system do not remain on the same medications prescribed when they separate from DoD. The stakeholders have also expressed their belief that medication discontinuations and changes by the VA are not the result of clinical decisions and/or changes in patient status, but rather are due to administrative reasons; namely, the DoD medication not being listed on the VA drug formulary. In particular, concerns have been raised about medications used to treat mental health conditions as well as for pain management (e.g., opioid analgesics), which are critically important for the health of many transitioning Servicemembers.

In late 2014, VA conducted an assessment of prescriptions for a random sample of 2,000 DoD Servicemembers entering the VA system for the first time during calendar year 2013 and taking mental health or pain medication. The assessment evaluated the extent to which mental health medications and opioid analgesics active at the time of DoD separation were changed versus continued unchanged upon entering the VA system, as well as the reason for any changes (clinical vs. administrative). To conduct this analysis, a three-phase study design was used. In the first phase, active medications and DoD diagnosis information were merged with VA medication and diagnosis data and additional exclusion criteria were applied to eliminate Veterans with no active mental health or pain prescriptions upon separation from DoD, those with >1 year gap between separating from the DoD and seeking VA care, and those concurrently using both DoD and VA. Large database analysis for the remaining Veterans was then used to determine if the mental health medications or opioids prescribed by DoD were continued unchanged by VA or if there was a potential change in therapy by VA. In the second phase, potential changes underwent a more detailed intermediate database assessment to rule out cases where medications were not actually changed by VA, and to identify Veterans with suspected changes for chart review. In the third phase, the VA team conducted a full chart review on the identified Veterans to confirm the change in treatment and to determine if the change was clinically or administratively driven.

After applying inclusion and exclusion criteria, the VA evaluation team assessed 729 out of the 2,000 Veterans initially identified. The database analysis identified 620 Veterans (85%) with a potential change in therapy and 109 (15%) with no change in therapy (i.e., continued the same therapy). The detailed intermediate assessment of the 620 Veterans identified 270 (43%) requiring a chart review to confirm that a change in therapy occurred. The remaining 350 had no change in therapy by the VA or could not be adequately assessed due to a lag between DoD separation and VA enrollment. Following the chart evaluation of the 270 Veterans, 167 (62%) were considered to have had a change in therapy. Sixty nine Veterans had an immediate change in therapy, including 48 with an immediate switch at the first clinical visit and 21 with an

immediate discontinuation at the first clinical visit. Ninety-eight Veterans had a latent switch secondary to VHA processes in care, defined as a switch based on clinical judgment that occurred after an extended period between the interim VA care visit and initiation for longitudinal care. For the 48 Veterans with an immediate switch, 21 (44%) had an administrative switch and 27 (56%) were switched based on clinical reasons. A total of 21 (3%) of the original evaluable cohort of 729 Veterans had their medication switched due to drug formulary differences. When the entire sample of Veterans is considered, a total of 21 (1%) of the 2,000 Veterans had their medication switched due to differences between the VA and DoD drug formularies.

The analysis described above validates VA's long-standing practice of continuing medications for transitioning Servicemembers. In order to improve performance in this area, VA institutionalized this practice into a policy Directive entitled "*Continuation of Mental Health Medications Initiated by DoD Authorized Providers*" ([http://www.va.gov/vhapublications/ViewPublication.asp?pub\\_ID=3075](http://www.va.gov/vhapublications/ViewPublication.asp?pub_ID=3075)) and will re-educate prescribers, pharmacists and formulary managers about this policy and practice in February 2015.

## **2. Background**

In calendar year 2013, a total of 108,783 recently discharged Department of Defense (DoD) Servicemembers entered the Department of Veterans Affairs (VA) healthcare system for the first time. Approximately 52% of these Servicemembers were subsequently dispensed at least one prescription. For these patients requiring medication to manage chronic conditions, ensuring continuity of medication therapy during the transition from the DoD to the VA health system is critically important. However, in order to meet unique needs of their patient populations and differing statutory requirements, the DoD and VA use different drug formularies. In recent months, external stakeholders have expressed concerns that Servicemembers transitioning to the VA from DoD routinely have their medication treatment changed upon entering the VA. Furthermore, they have expressed the belief that medication changes are driven by administrative reasons due to differences between the DoD and VA formularies rather than valid clinical reasons. In particular, concerns have been raised about medications used to treat mental health conditions as well as for pain management (e.g., opioid analgesics), which are among the most common medications used by transitioning Servicemembers and are critically important to their health.

## **3. Objective**

To address these concerns, the VA conducted a pilot project to assess medication prescribing patterns for Servicemembers newly transferred from the DoD to the VA. The primary objective of the evaluation was to determine the proportion of patients prescribed medications for mental health disorders or opioids for pain management who experience a change in medication treatment versus no change in treatment after separating from the DoD and seeking care in the VA. A secondary objective was to assess the reason (clinical vs. administrative) for a change in therapy when it occurred.

## **4. Methods**

### **4.1 Data Sources**

#### *Prescription Data*

Department of Defense prescription data was obtained through a direct transfer of the DoD administrative Rx file from DoD to VA.

Department of Veterans Affairs prescription data was obtained from the Pharmacy Benefits Management Services (PBM) prescription database.

#### *Diagnosis and Mortality Data*

The Department of Defense provided diagnosis data for the newly transferred Veterans and VA administrative databases were used to capture diagnosis and mortality data for the cohort once in VA. All mental health and pain diagnosis data were obtained for each patient utilizing ICD-9 codes for anxiety disorder, bipolar disorder, depression, pain, post-traumatic stress disorder (PTSD) and schizophrenia. Mortality (including date of death) for VA patients was determined

for all patients using the Vital Status File (VSS). Patient age and gender was determined using the PBM demographic file which is developed from the VSS and the National Patient Care Database.

## **4.2 Patient Cohort**

### *Identification of Pilot Cohort: New Transfers from DoD to VA*

Newly entering Veterans with a first time VA healthcare visit for any reason during calendar year 2013 (1/1/13-12/31/13) were identified through the Operation Enduring Freedom-Operation Iraqi Freedom and Operation New Dawn (OEF/OIF/OND) Roster. The roster identifies Veterans enrolled in VA who served in the aforementioned operations. Patients with at least one VA prescription were then chosen, and from that cohort newly enrolled Veterans in VA receiving medications used to treat mental health disorders or pain were further identified (n=20,349). A random sample of 2,000 patients was then chosen from this cohort of 20,349 for inclusion in the project. The first visit date in VA was considered the index date for the evaluation.

This pilot cohort of 2,000 newly enrolled Veterans using mental health or pain medications in VA was then provided to DoD. The DoD identified and transferred to the VA study team all DoD records for all active prescriptions and diagnosis data for the pilot cohort from January 2002 through June 2014.

A series of translations and validations were conducted to translate the DoD prescription file into the VA file structure to allow DoD prescriptions to be accurately identified and merged with VA data for assessment. Forty-two patients' DoD national drug code (NDC) did not match to a VA product name following the series of translations leaving 1,958 DoD patients available for the initial assessment.

### *Construction of Final Sample: Inclusion and Exclusion Criteria*

To be included in the final sample for analysis, Veterans in the pilot cohort were required to have active DoD mental health or opioid prescriptions at the time of DoD separation. In this step, a prescription was considered to be active if there was at least one day of therapy in the immediate three months prior to separation from DoD (n=1589). Exclusion criteria consisted of the following:

- 1) *Delayed Users of the VA System*: All DoD patients with a delay in entering the VA healthcare system for greater than one year following separation from DoD (i.e., the first VA visit date occurred more than one year after the DoD separation date) were excluded (n=591).
- 2) *Dual System Veterans*: Patients potentially treated or seen in both systems during the evaluation period were excluded. Specifically, patients were considered dual users and excluded if their first VA visit date and first VA prescription date occurred prior to the date of DoD separation (n=269).

The final sample after applying inclusion and exclusion criteria consisted of 729 Veterans.

### 4.3 Identification of Changes in Therapy

Three phases of assessment were conducted to determine prescription patterns of utilization for no change in therapy versus change in therapy. The three phases are described below and summarized in Figure 1.

- 1) Initial Database Assessment – Prescription patterns were evaluated using the prescription database for the first 120 days following the first VA visit date. Patients were classified as having no change in treatment if all DoD active prescriptions were continued in VA; that is, there was no change in the number or names of the DoD prescriptions (N=109). Patients were classified as having a “potential switch or discontinuation” if there was any change in the number and or names of the DoD prescription (N=620).
  
- 2) Intermediate Database Assessment – An extensive review of the 620 patients identified in the Initial Database Assessment as having a “potential switch or discontinuation” was conducted to eliminate cases where a switch did not actually occur and to identify the final group of patients with a suspected switch or discontinuation eligible for further evaluation via chart review (see #3 below). This manual review of the administrative data consisted of evaluating the drugs switched “from” to the potential drugs switched “to”, the days’ supply of the active DoD drug to assess duration of therapy and whether prescriptions were still active on the date of DoD separation (i.e., the dispensed days’ supply of the DoD prescription should not have been exhausted by the date of DoD separation), potential drug discontinuation, time to enter VA system from time of DoD separation, and type of active Rx upon DoD separation (i.e. single Rx only or short-term prescription). A total of 350 patients were eliminated from further evaluation for any of the following reasons:
  - Lag time of greater than 90 days between the patient’s DoD separation date and first VA visit date
  - DoD prescription identified in the Database Assessment was discontinued prior to DoD separation
  - DoD medication that appeared to be switched was a one-time or short-term prescription
  - The potential drug switch identified was not an actual switch upon further assessment of the administrative data.

Of the 620 patients initially identified administratively as having any change in treatment, 270 patients remained after the Intermediate Database Assessment as having a suspected switch or discontinuation and required a full chart review.

- 3) Chart Review – A comprehensive chart review was conducted for each of the 270 patients identified with a suspected change in treatment and for each of their prescriptions identified as a suspected switch or discontinuation.

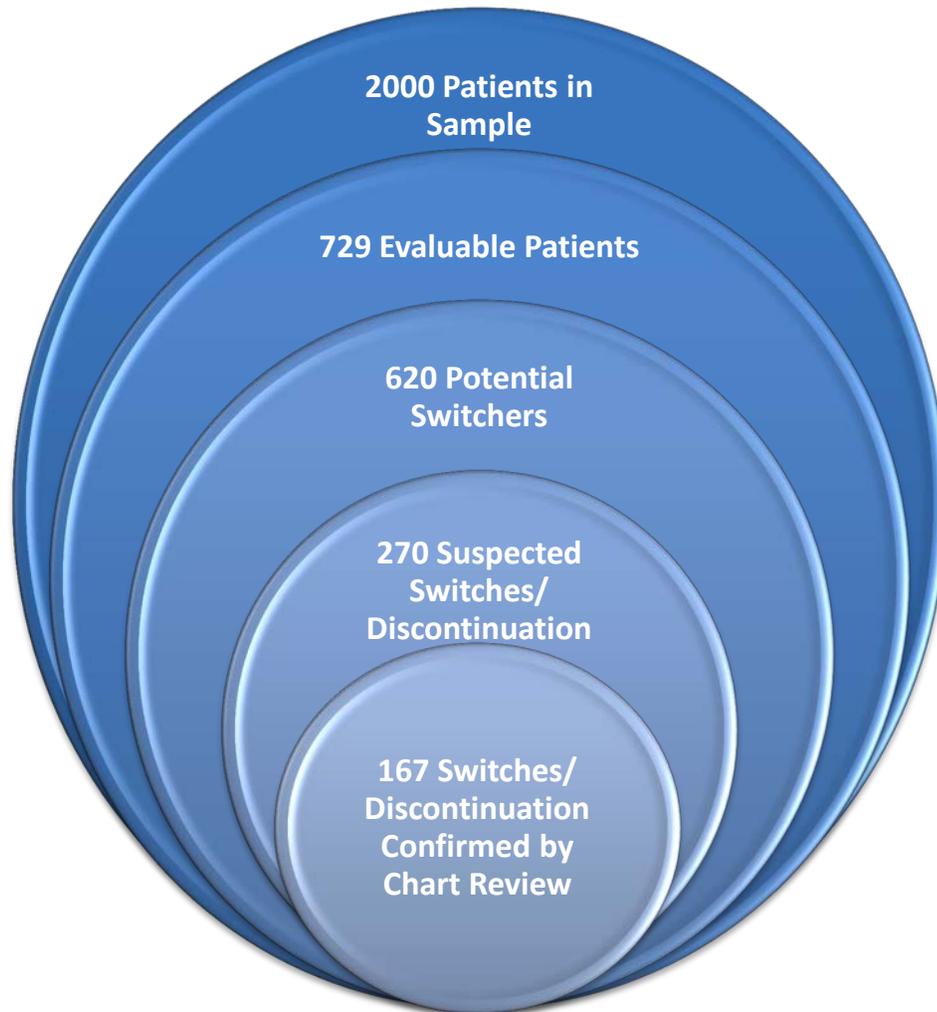
For each suspected switch, the review included confirmation of whether a switch occurred and the VA medication to which the patient was switched, evaluation of whether there was a

subsequent switch after the initial switch, and the reason for confirmed switches. For each suspected discontinuation, the review included confirmation of the discontinuation and evaluation of the associated reason for the discontinuation. The reason for each switch and discontinuation was classified as one of the following: 1) administrative; i.e., a switch from a non-formulary to formulary drug or if the drug was no longer available was on backorder, or had been recalled; 2) clinical; i.e., due to a contraindication, therapy failure/change, unwanted side effect, adverse effect, allergy, or comorbidity, or an effort to follow VA clinical practice guidelines; 3) patient preference; 4) provider preference; 5) no reason documented; or 6) other.

Confirmed switches were then further classified as immediate (i.e., occurring at the initial VA visit) versus latent, defined as a switch based on clinical judgment that occurred after an extended period between the interim VA care visit and initiation for longitudinal care. Latent switches were further evaluated to determine the circumstances leading to the switch.

Finally, for all patients with a change in therapy, the following outcomes were assessed: death and its associated cause (suicide, accidental, or other), hospitalization and the associated primary diagnosis (mental health or other), and emergency department visit and the associated primary diagnosis (mental health or other). For each hospitalization and ED visit, the reviewer also determined whether it may be attributed to the medication switch or discontinuation per provider documentation, it may be attributed to the medication switch or discontinuation per the reviewer's judgment, it was unlikely attributable to the switch or discontinuation, or if it could not be determined due to incomplete information.

**Figure 1. Phases of Assessment**

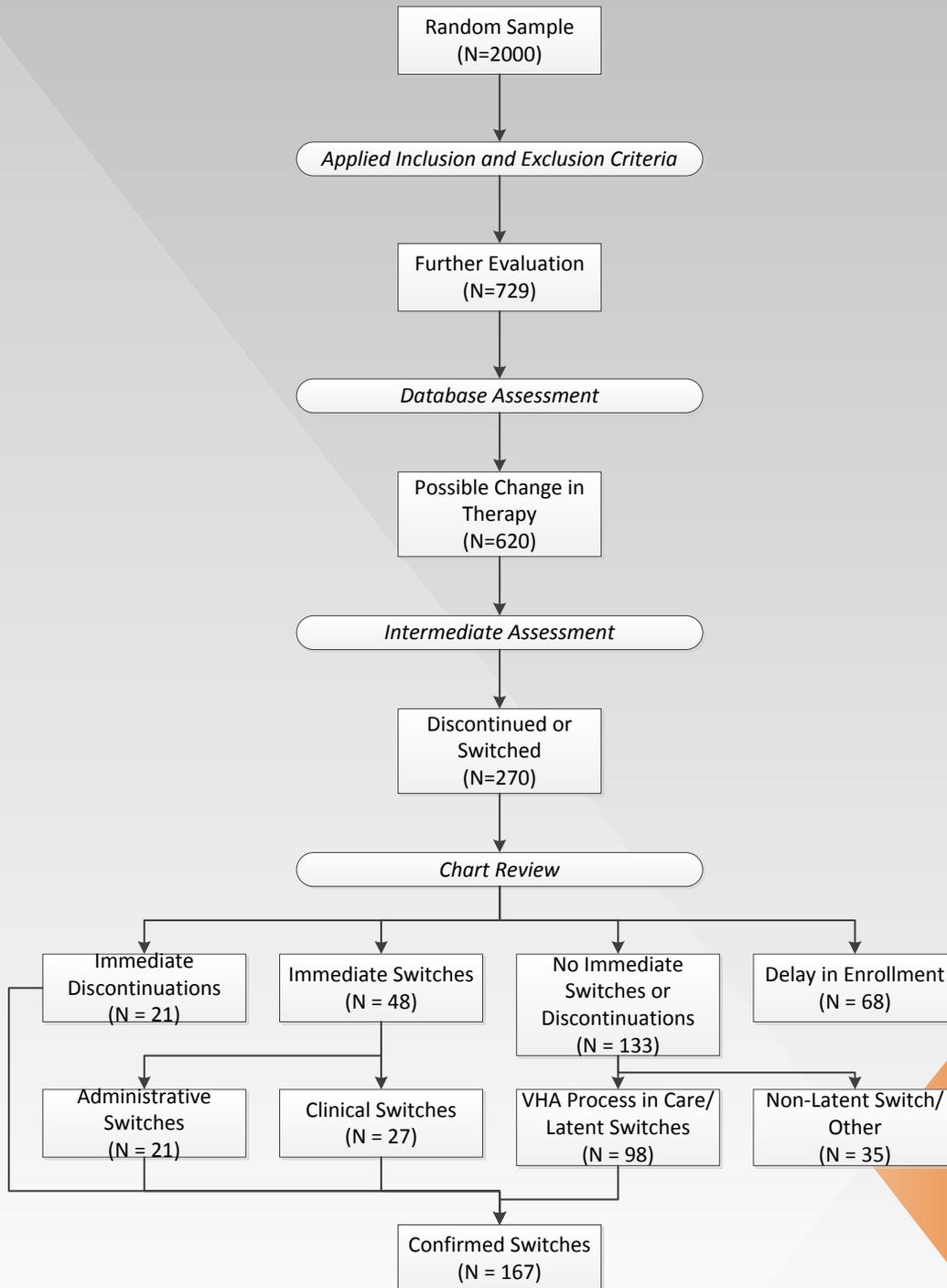


## **5. Results**

### **5.1 Overview of Findings**

Figure 2 provides an overview of each phase of the study, including the number of patients from the initial patient cohort of 2,000 who met inclusion/exclusion criteria and proceeded to the Initial Database Assessment, the Intermediate Database Assessment, and the Chart Review, as well as the number of patients identified with different types of changes in therapy.

**Figure 2. Overview of study phases and results.**



## 5.2 Characteristics of the Final Sample

A total of 729 of the 2000 pilot patients were evaluable based on the inclusion and exclusion criteria and included in the final sample. As shown in Table 1, approximately 85% were male, with a mean age of 30 years (SD=7.2). Approximately 85% and 81% of patients had a diagnosis of a mental health condition or pain, respectively, as identified by DoD and VA data.

The initial database assessment indicated that the majority of patients (N=620; 85.0%) appeared to have a change in therapy and required further evaluation, while 15.0% of patients had no change in therapy.

**Table 1. Characteristics of All Evaluable Patients Included in Final Sample (N=729).**

Characteristics	N (%) or Mean (SD)
Age (years)	30 (7.2)
Gender (Male)	621 (85.2%)
Pertinent diagnosis (N, %)	
Anxiety	300 (41.2%)
Bipolar	131 (18.0%)
Depression	329 (45.1%)
PTSD	438 (60.1%)
Schizophrenia	5 (0.7%)
Any mental health diagnosis	620 (85.1%)
Pain	595 (81.6%)
All-Cause Mortality	3 (0.4%)
Patterns of VA RX utilization	
No Change in Therapy	109 (15.0%)
Potential Change in Therapy	620 (85.0%)

## 5.3 Characteristics of Suspected Switches and Discontinuations

For the 620 patients who initially appeared to have a change in therapy, the detailed intermediate database assessment revealed that 270 (43%) had a suspected switch or discontinuation made by the VA, and 350 (56%) did not.

The chart review was conducted on the 270 patients with a suspected switch or discontinuation in therapy. The chart review revealed that 68 of the 270 patients (25.2%) who had a suspected change in therapy had a lag time between DoD separation and VA enrollment (that was not identified in the database or confirmed in the intermediate assessment) and DoD medications were not active. A total of 69 (25.6%) patients experienced an immediate therapy change at their first VA visit, including 21 (7.8%) with an immediate discontinuation and 48 (17.8%) with an immediate switch. Among the 48 patients with an immediate switch, 21 (43.8%) had their drug switched for administrative reasons and 27 (56.3%) for clinical reasons. A total of 133 of the 270 patients with a suspected change in therapy (49.2%) did not experience an immediate switch or discontinuation at their first VA visit. However, among the 133 patients, 98 patients (73.7%) experienced a “latent” change in their medication subsequent to the initial VA visit that appeared to be secondary to a system-based issue resulting from a lag between the initial VA

visit and their initiation for longitudinal care. Reasons for these latent changes included: 1) provider was unable to make an informed or adequate decision because of insufficient information in the DoD record and in some instances depended on patient for history which frequently entailed gaps; 2) Veteran self- discontinued and was off medication for an extended period; 3) Veteran was treated by outside MD simultaneously while enrolled in VA; 4) Provider was not educated in navigating VA CPRS prescription information. Thus, taken together, a total of 167/270 patients (62%) were confirmed as having a change in therapy when immediate switches, immediate discontinuations, and latent changes were considered (Figure 3).

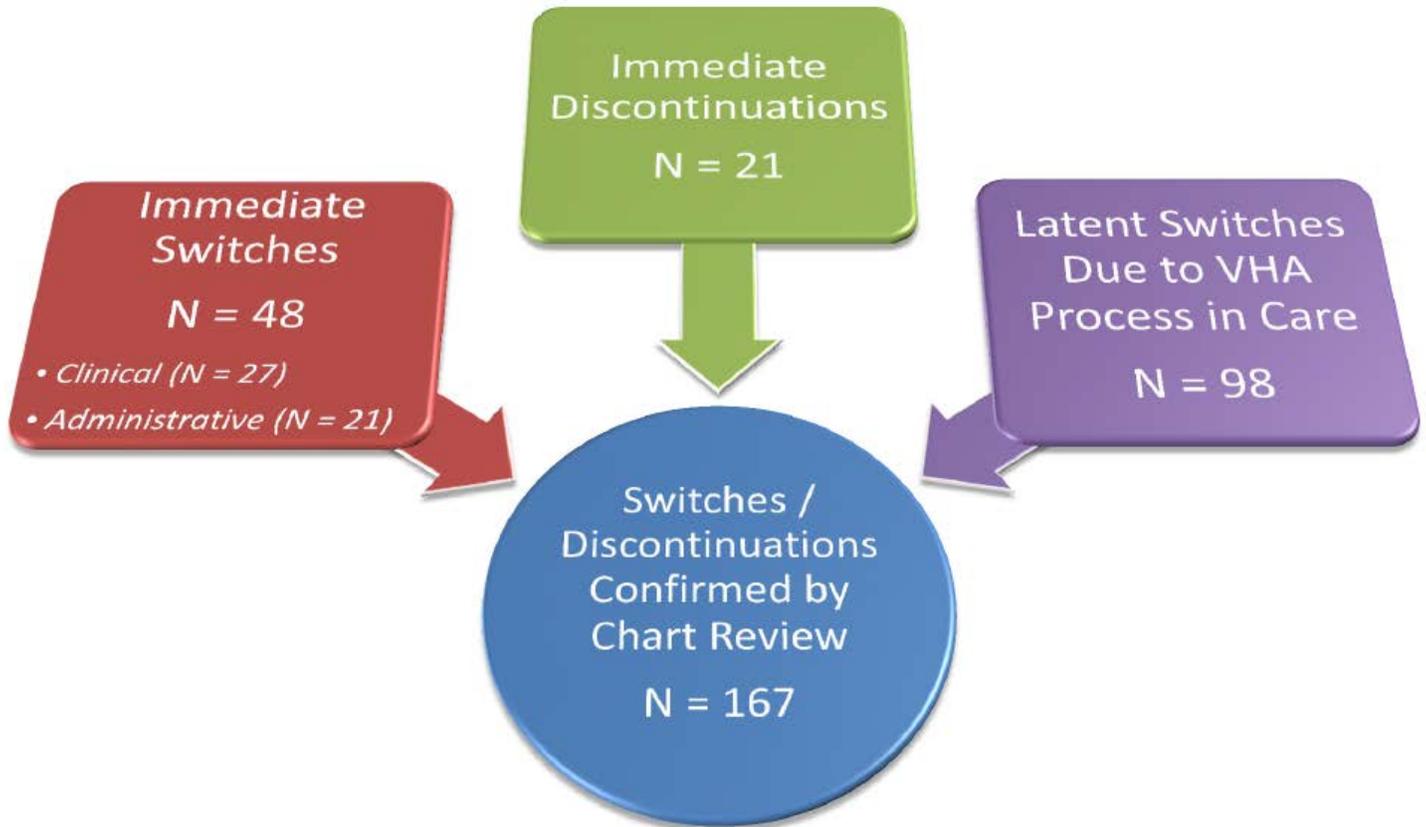
The remaining 35 patients (13%) not experiencing an immediate switch, immediate discontinuation, latent change in therapy or delay in enrollment fell into one or more of the following categories: 1) appeared to have a change but the medication was actually continued; 2) appeared to have a discontinuation in therapy when only VA prescriptions were considered, but were discovered during the chart review to be receiving prescriptions from a non-VA pharmacy, or 3) other circumstances (i.e. therapy not switched but added secondary to a new mental health or pain indication or new therapy was added for an existing condition).

**Table 2. Types of changes in therapy confirmed via chart review, in patients identified in the intermediate database assessment with a suspected change in therapy (N=270)**

	N	%
Immediate Switch	<b>48</b>	<b>17.8%</b>
Administrative	21	7.8%
Clinical	27	10.0%
Immediate Discontinuation	<b>21</b>	<b>7.8%</b>
No immediate switch or immediate discontinuation:	<b>133</b>	<b>49.2%</b>
VHA Process in Care Latent Switchers	98	36.3%
No Latent Switch/Other Circumstances	35	13.0%
Delay in enrollment	<b>68</b>	<b>25.2%</b>

Figure 3. Summary of types of therapy changes confirmed via chart review.

**CHART REVIEW: 167 CONFIRMED SWITCHES/DISCONTINUATIONS**



#### 5.4 Comparison of Patient Characteristics by Therapy Change Status

Table 3 compares characteristics of patients who were identified in the Initial Database Assessment as having no change in therapy (n=109) versus those with any change in therapy confirmed via chart review (N=167), including those with immediate switches, immediate discontinuations, and latent switches secondary to VHA process in care factors. Those patients who had any change in therapy appeared to have a greater disease burden and were taking more mental health medications.

**Table 3. Comparisons of characteristics between patients with no change in therapy vs. patients confirmed in chart review as having any change in therapy.**

Characteristics	No Change in Therapy (Initial Database Assessment; N= 109)	Change in Therapy* (Chart Review Patients; N=167)	P-value
<b>Age (years)</b> Mean (SD)	31.4 (7.9)	29.7 (6.9)	0.06
<b>Gender (n, %)</b> Male	96 (88.1%)	135 (80.8%)	0.11
<b>Pertinent diagnosis (n, %)</b> Anxiety	32 (29.4%)	71 (42.5%)	0.03
Bipolar	12 (11.0%)	35 (21.0%)	0.03
depression	33 (30.3%)	89 (53.3%)	0.0002
PTSD	42 (38.5%)	103 (61.7%)	0.0002
Schizophrenia	1 (0.9%)	3 (1.8%)	0.55
Any mental health condition	73 (67.0%)	150 (89.8%)	<.0001
Pain	73 (67.0%)	137 (82.0%)	0.004
<b>Number of DoD mental health drugs</b> Mean (SD) Median (IQR)	1.5 (0.7) 1 (1,2)	3.5 (2.3) 3 (2,5)	<.0001
<b>Number of DoD opioids</b> Mean (SD), Median (IQR)	1.1 (0.4) 1 (1,1)	1.5 (0.7) 1 (1,2)	0.20
<b>Number of VA mental health drugs within 120 days after first VA clinic visit**</b> Mean (SD) Median (IQR)	1.5 (0.7) 1 (1,2)	2.8 (1.5) 2 (2,4)	<.0001
<b>Number of VA opioids within 120 days after first VA clinic visit**</b> Mean (SD) Median (IQR)	1.1 (0.4) 1 (1,1)	1.3 (0.5) 1 (1,1)	0.58

\*Change in Therapy = Any Change (Immediate Switchers, Immediate Discontinued, and Latent switchers secondary to VHA Process in Care factors)

\*\*Includes VA drugs identified in DoD file

Similar results were observed when patient characteristics between “No Change” and “Immediate Change” in therapy were compared (Table 4).

**Table 4. Comparisons of characteristics between patients with no change in therapy versus an immediate change in therapy.**

<b>Characteristics</b>	<b>No Change in Therapy (Initial Database Assessment; N= 109)</b>	<b>Immediate Change in Therapy* (Chart Review Patients, N=69)</b>	<b>P-value</b>
<b>Age (years)</b> Mean (SD)	31.4 (7.9)	30.4 (7.5)	0.38
<b>Gender (n, %)</b> Male	96 (88.1%)	54 (78.3%)	0.08
<b>Pertinent diagnosis (n, %)</b> Anxiety	32 (29.4%)	31 (44.9%)	0.03
Bipolar	12 (11.0%)	16 (23.2%)	0.03
depression	33 (30.3%)	37 (53.6%)	0.002
PTSD	42 (38.5%)	41 (59.4%)	0.007
Schizophrenia	1 (0.9%)	1 (1.5%)	0.74
Any mental health condition	73 (67.0%)	60 (87.0%)	0.003
Pain	73 (67.0%)	57 (82.6%)	0.02
<b>Number of DoD mental health drugs</b> Mean (SD) Median (IQR)	1.5 (0.7) 1 (1,2)	3.9(2.6) 3 (2,5)	<.0001
<b>Number of DoD opioids</b> Mean (SD), Median (IQR)	1.1 (0.4) 1 (1,1)	1.4 (0.6) 1 (1,2)	0.28
<b>Number of VA mental health drugs within 120 days after first VA clinic visit**</b> Mean (SD) Median (IQR)	1.5 (0.7) 1 (1,2)	3.2 (1.6) 3 (2,4)	<.0001
<b>Number of VA opioids within 120 days after first VA clinic visit**</b> Mean (SD) Median (IQR)	1.1 (0.4) 1 (1,1)	1.3 (0.5) 1 (1,2)	0.43

\* Immediate Switch or Discontinued following first VA clinical assessment

\*\*Includes VA drugs identified in DoD file

No differences in demographics and mental health and opioid drug switches were observed between patients receiving an immediate therapy switch for administrative versus clinical reasons (Table 5).

**Table 5. Comparison of characteristics of patients receiving an immediate therapy switch for administrative versus clinical reasons.**

<b>Characteristics</b>	<b>Administrative (N=21) N (%) or mean (SD)</b>	<b>Clinical (N=27) N (%) or mean (SD)</b>	<b>P-value</b>
Age (years)	30.2 (8.3)	28 (5.6)	0.30
Gender (Male)	17 (89.5%)	18 (78.3%)	0.33
Mental health drugs switched			0.29
Number of patients	21 (100%)	25 (92.5%)	
Number of drugs	1.2 (0.4)	1.1 (0.3)	
Opioid drugs switched			N/A
Number of patients	1 (4.8%)	2 (7.4%)	
Number of drugs	1.0 (N/A)	1.0 (N/A)	

## 5.5 Outcomes after Therapy Changes

Table 3 presents data on hospitalizations and ED visits for patients identified in the Initial Database Assessment as having no change in therapy versus those confirmed in the chart review as having an administrative switch in drug therapy. There was a higher rate of ED visits in the administrative switch group (48% vs 19%); however, through chart review, it was confirmed that the majority of ED visits did not have a primary diagnosis of a mental health condition and therefore were not secondary to the Veterans' change in therapy (see Table 6 and Figure 4a & 4b).

**Table 6. Outcome evaluation for patients with no change in therapy versus those with administrative switches.**

Outcomes	No Change in Therapy (Initial Database Assessment; N=109) N (%) or mean (SD)	Patients with Administrative Switches (N=21) N (%) or mean (SD)	P-value
Hospitalization	1 (0.9%)	0 (0%)	N/A
Primary diagnosis for first hospitalization			
Mental health	1 (100%)	0 (0%)	N/A
Other	0 (0%)	0 (0%)	N/A
Duration to first hospitalization (days)			
Mean (SD)	122 (NA)	N/A	N/A
Median(IQR)	122 (122, 122)		
ED visits	21 (19.3%)	10 (47.6%) **	0.005
Primary diagnoses for 1 <sup>st</sup> ED visit <sup>+</sup>			
Mental health	6 (28.6%)	3 (30%)	0.93
Other	15 (71.4%)	7 (70%)	
Duration to 1 <sup>st</sup> ED visit (days)			
Mean (SD)	45.2 (55.5)	74.2 (70.7)	0.22
Median(IQR)	33 (0,49)	73 (0,141)	

+chart review confirmed 9 of 10 patients had an ED visit; 2 had a primary dx for mental health and 7 had a primary dx for other

**Figure 4a. Hospitalizations and ED visits for patients with no change in therapy versus confirmed administrative switches.**

***DATABASE REVIEW: 729 EVALUABLE PATIENTS***



**Figure 4b. Hospitalizations and ED visits for patients with no change in therapy versus confirmed administrative switches.**

***DATABASE REVIEW: 729 EVALUABLE PATIENTS***



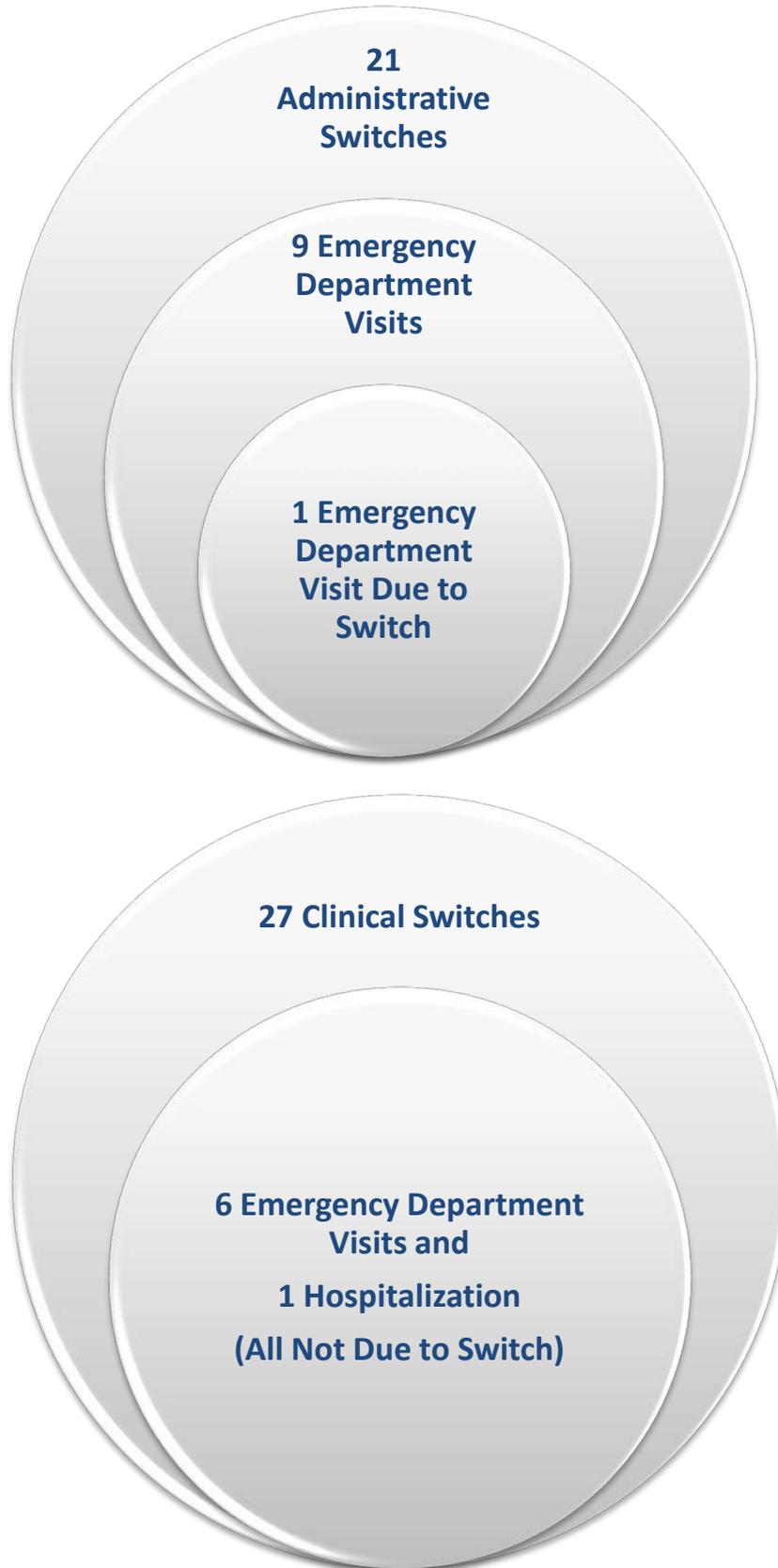
There were no differences in hospitalizations and ED visits for patients with administrative versus clinical switches (see Table 7 and Figure 5). Of note, all-cause mortality was evaluated during the database assessment (Table 1) and 3/729 (0.4%) deaths occurred. A detailed chart review confirmed that the causes of death were not due to mental health disease state or evaluated medications.

**Table 7. Outcome evaluation for patients with administrative versus clinical switches.**

<b>Outcomes</b>	<b>Administrative (n=21)</b>	<b>Clinical (N=27)</b>	<b>P-value</b>
Number of patients with a hospitalization	0	1	N/A
Number due to switch	0	0	
Primary diagnosis for hospitalization			N/A
Mental health	0	0	
Other	0	1	
Number of patients with an ED visit	9 (43%)	6 (22%)	0.13
Number due to switch	1	0	
Primary diagnosis for ED visit			
Mental health	2 (22%)	2 (33%)	
Other	7 (78%)	4 (67%)	

Figure 5. Hospitalizations and ED visits for patients with administrative versus clinical switches.

***CHART REVIEW: 48 IMMEDIATE SWITCHES  
[IDENTIFIED FROM 167 CONFIRMED SWITCHES]***



## 6. Summary and Conclusions

Of an initial sample of 2,000 newly enrolled VA patients transferring from the DoD with mental health or opioid prescriptions, 729 patients (36%) met inclusion and exclusion criteria for having timely and complete transfer of care from DoD as well as having active mental health medications at the time of DoD separation, and thus were eligible for evaluation. Of these 729 patients, approximately 270 (37.0%) had a suspected change in therapy based on the Initial and Intermediate Database Assessments. A chart review conducted on those 270 patients confirmed therapy changes in 167 patients (62%), including 69 patients with an immediate change in therapy (48 immediate switches and 21 immediate discontinuations) and 98 VHA process in care therapy changes (latent switches). Of the 48 patients with an immediate switch in therapy, 21/48 (44%) were due to administrative reasons and 27/48 (56%) were due to clinical reasons. Thus, a total of 3 % (21/729) of the original cohort of evaluable patients actually switched for administrative reasons. Of the entire cohort of DoD patients who transitioned to VA, this represented approximately 1% of patients (21/2,000). Moreover, even though administrative switches occurred, there were no hospitalizations due to an administrative switch, and only 1 of the 9 ED visits was associated with an administrative switch in therapy.

Extrapolating these rates from the pilot analysis, it is estimated that approximately 7,400 patients out of the newly enrolled DoD patients (20,349) would meet inclusion and exclusion criteria for having timely and complete transfer of care from DoD as well as having active mental health medications at the time of DoD separation. Based on the pilot analysis, while 4,600 patients would be identified as having any form of change in therapy, only approximately 600 patients would be expected to have an actual change in mental health and opioid agents due to administrative reasons. The initial database evaluation alone identified a higher number of patients with a potential switch in therapy; however, based on the chart review, immediate switch in therapy due to differences between the VA and DoD drug formularies was relatively low (21/729 [3%] of all studied patients). This pilot evaluation revealed that assessing potential changes in therapy in transitioning service members is a complex issue, complicated by frequent lags in time from discharge from DoD until enrollment in VA, with discontinuation of DoD medications or interim changes in medications made by civilian providers. Thus, while a superficial comparison of medications at time of DoD separation and VA enrollment indicates frequent changes in therapy, actual changes in therapy by VA for mental health and opioid agents due to formulary differences are infrequent and significantly lower than anecdotal reports would indicate.

In order to further reduce the number of switches, VA has taken a number of steps including codifying its long-standing practice of continuing medications for transitioning Veterans into a national policy, providing education to senior clinical executives and eliminating the need for medical justification to continue non-formulary medications.