



WHITE PAPER

SALUTE™: Veterans and Healthcare Providers as Partners in Achieving Equitable Care

A special thank you to the ECRI team members that contributed to this paper by sharing their wisdom and experiences they gained while serving in the Armed Forces.



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Contents

Unique Health Needs of Veterans	3
Consider This Scenario	4
Taking Action to Address Risks of Toxic Exposures	4
Using a Total Systems Approach to Improve the Care of Veterans.	5
SALUTE Program to Foster Connections between Veterans and Providers.....	6
Action Planning to Create Systems Change	8
Summary	8
References	9

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SALUTE™: Veterans and Healthcare Providers as Partners in Achieving Equitable Care

A critical aspect of achieving total systems safety is designing a healthcare delivery system that facilitates equitable care for all patients. A major component of this is building a partnership between patients, families, and healthcare providers that supports the codesign of care. Patients and families should be actively involved in healthcare decision-making and improving healthcare safety, including diagnostic safety. According to one study, diagnostic safety accounts for nearly 60% of all medical errors experienced by patients.¹ Patient and family engagement is one of the four foundational drivers of the National Action Plan to Advance Patient Safety² and is a priority focus of the President's Council of Advisors on Science and Technology Report to the President: A Transformational Effort on Patient Safety.³

Although patient and family engagement is a national healthcare priority, many barriers exist to creating this partnership at the provider-patient level, including lack of resources for healthcare providers. This challenge becomes even more complex when forging partnerships with vulnerable populations who may have risk factors for significant health problems that go unrecognized, such as individuals who have served in the military. While the Veterans Affairs (VA) health system has structures in place to meet the unique health needs of veterans, the civilian healthcare sector largely does not, creating inequities for veterans who seek care outside of the VA health system.

The purpose of this paper is to bring attention and awareness to strategies and tools that healthcare providers can use to advance equitable healthcare for veterans by strengthening the provider-patient partnership. By clearly defining their roles in this partnership and integrating tools to enhance communication and awareness of service-related health risks, providers and patients can achieve a proactive approach to shared decision-making and diagnostic safety.

Unique Health Needs of Veterans

Veterans face complex health issues that can include both physical and emotional injuries resulting from their military service. The environment in which military service personnel live and work can create risks for a wide array of health conditions. Without an effective process to assess these risks, healthcare providers are potentially missing opportunities to properly diagnosis and treat veterans.

According to a 2019 Pew research study,⁴ one in five veterans have been seriously injured during their military service. Among veterans who have been deployed, 23% experienced a negative impact on their physical health, and 23% experienced a negative impact on their mental health. Sixty-one percent of veterans have been deployed at least once, while nearly 30% were deployed three or more times, with post-9/11 veterans having a higher deployment rate compared to those that served prior to 9/11.

Physical injuries that veterans can sustain while in service include noncombat musculoskeletal injuries, exposure to hazardous materials, and combat-related injuries like loss of limbs, hearing and vision loss, burns, and traumatic brain injury.⁵

Military veterans also struggle with service-related emotional injuries, which can manifest as a variety of different mental health conditions. In one study, 28% of OEF/OIF/OND veterans (i.e., veterans who served since September 11, 2001, in Operation Enduring Freedom, Operation Iraqi Freedom, and Operation New Dawn) self-reported that they had received at least one mental health diagnosis in the previous 24 months.⁶ These mental health issues can range from depression and anxiety to posttraumatic stress disorder, self-harm, and suicidal ideation. These conditions can result from exposure to high levels of stress related to multiple deployments, traumatic injuries, and military sexual harassment and/or assault.

It has also been shown that health disparities exist within the veteran population. For example, Black and Hispanic veterans are more likely to be diagnosed with mental health, musculoskeletal, and infectious disease conditions than White veterans; female veterans have higher rates of depression than their male counterparts; and according to an analysis of measures of healthcare access, quality, and disparities, veterans age 65+ experienced better care than veterans ages 18-44 across half of the categories.⁷⁻⁹

Consider This Scenario

Jackie is a 39-year-old woman who has recently moved to a new town. She contacts the local healthcare system and makes an appointment to see a healthcare provider. On the day of her appointment, Jackie completes the check-in process, including the usual intake forms about her physical health, allergies, and medications. Once in the exam room, the provider briefly introduces himself and begins to review Jackie's medical history.

The visit is brief; Jackie appears to be healthy with no medical issues and no significant family history of disease. At the age of 39, a mammogram would not be recommended. The provider does not see the need for any additional follow-up testing and asks Jackie to schedule her annual checkup for the next year.

However, the provider was not aware that Jackie served in the US Army and was deployed to Afghanistan. Jackie was a

mechanic in the Army; during her deployment, she worked every day in a hangar that was downwind from one of the base's burn pits. The base commonly used the burn pit to destroy trash and other waste. Jackie's exposure to the toxic chemicals emitted from the burn pit created a serious and potentially deadly risk for her—a risk that could lead to undiagnosed disease, including cancer, if left unevaluated. Unfortunately, the provider did not know about Jackie's military service because the health system did not have a process to collect that information or a way to alert healthcare providers of patients' veteran status. Additionally, the provider was unaware that women veterans under age 40 who may have been exposed to burn pits and other toxins during their service may be eligible for breast cancer screening and mammograms at a VA medical center.¹⁰

This scenario illustrates a disparity in the standard of care that may affect millions of veterans who seek healthcare outside of the VA health system. According to a National Health Statistics report, in 2021, there were approximately 19 million veterans in the United States, with more than 9 million of them enrolled in VA healthcare.¹¹ A lower percentage of post-9/11 veterans enrolled in VA healthcare than all other veterans, and of those enrolled, post-9/11 veterans used VA healthcare at a lower rate than all other veterans.¹² To complicate matters, there is a lack of adequate training for civilian healthcare providers on how to properly assess the health needs of veterans. A study by the Association of American Medical Colleges¹³ showed that, among over 100 medical schools, only 31% included content about cultural competence for military service members or veterans in their graduate curriculum. Efforts like the White House's [Joining Forces Initiative](#) have increased awareness of the need to bridge the gap between civilian healthcare providers and the unique needs of veterans and their families. However, there continues to be a lack of data demonstrating whether any improvements have been made to increase military cultural competence among civilian healthcare providers.¹⁴

Taking Action to Address Risks of Toxic Exposures

Toxic exposure-related injuries have become a growing concern in the military veteran population. Veterans exposed to burn pits, radiation, Agent Orange, and other toxic materials during their military service are at risk of various health conditions that may affect any system of the body, but most commonly

the skin and the nervous, respiratory, and cardiovascular systems.¹⁵ Conditions that are presumptively associated with service-related toxic exposures include, but are not limited to, various kinds of cancer, asthma, and chronic obstructive pulmonary disease.¹⁶

In August 2022, the Sergeant First Class Heath Robinson Honoring our Promise to Address Comprehensive Toxics (PACT) Act became federal law, expanding VA healthcare and benefits for veterans exposed to burn pits, Agent Orange, and other toxic substances. It is largely regarded as the most significant expansion of VA health coverage for toxic exposures in 30 years. The law expands eligibility for VA healthcare for veterans with toxic exposures from the Vietnam, Gulf War, and post-9/11 eras, and adds additional presumptive conditions for burn pits, Agent Orange, and other toxic exposures.¹⁷

The law requires VA health providers to conduct regular toxic exposure screenings for every veteran enrolled in VA healthcare.¹⁷ While the law will directly impact veterans that seek care through the VA health system and contracted clinics, it does not require civilian healthcare providers to conduct toxic exposure screenings. This variation in the standard of care creates a disparity for many veterans who do not seek healthcare through the VA, placing them at higher potential risk of a delayed diagnosis for a serious illness.

In the first year following the passage of the PACT Act, over 4.6 million toxic exposure screenings have been conducted within the VA health system.¹⁸

Using a Total Systems Approach to Improve the Care of Veterans

Healthcare disparities that lead to missed diagnostic opportunities for veterans cannot be tolerated. By infusing principles of system design, human factors, advanced safety science, and health equity, a total systems approach to safety can create greater efficiency and resilience in clinical and safety operations that directly impact patients. Using this approach, leaders in both civilian and VA healthcare should examine the system factors that contribute to failures in the assessment and management of veterans' unique health needs.

These failures can occur at multiple levels of the healthcare system, including the internal environment (e.g., when providers fail to ask about the patient's military service during the provider-patient interaction) and the external environment (e.g., when educational institutions do not prepare nurses, physicians, and other clinicians to adequately assess and treat veterans' unique health needs). Correcting these failures requires redesigning the physical care environment, evaluating the tasks and processes performed to deliver care, and developing tools and technology that support the organization and the people that make up the work system, including providers, patients, and families.



SALUTE Program to Foster Connections between Veterans and Providers

To assist healthcare providers in the redesign of care provided to veterans, ECRI is launching the SALUTE Program and inviting all healthcare leaders and providers to actively engage military veterans, their families, and caregivers as partners in safety. This partnership is a core component of ECRI's Total Systems Safety approach and is essential to improving diagnostic safety.

By adopting ECRI's SALUTE Program, healthcare organizations can redesign the provider-patient interaction and integrate evidence-based tools to:

- Empower military veterans to become stronger advocates for their own health needs by using the *Be the Expert on You: For Those Who Have Served in the Military* pre-visit preparation tool, and
- Support healthcare providers in making more accurate assessments, diagnoses, and treatment plans for individuals who are at higher risk of service-related injuries with the *60 Seconds of Listening to Improve Diagnostic Safety for Military Veterans* training slides.

Based on the [Toolkit for Engaging Patients To Improve Diagnostic Safety](#), created by the Agency for Healthcare Research and Quality,¹⁹ these easy-to-use tools create an opportunity for veterans and healthcare providers to have important conversations about the patient's military service and potential service-related health risks. They allow the provider to listen to and assess important information through screening questions and discussion. Based on the veteran's health goals, the provider can make recommendations for next steps, including diagnostic testing. For veterans who are interested in learning about potential VA health benefits, they can be directed to the appropriate resources.

ECRI's SALUTE Program

Screen veterans for service-related conditions

Ask veterans about their health goals

Learn how to manage service-related health risks

Understand how to listen and improve the veteran-provider encounter

Talk about how a safe diagnostic process can support early diagnosis and treatment

Engage veterans in using available veteran resources and referral sources

Be the Expert on You

For Those Who Have Served in the Military



You are an important part of the care team. Your healthcare provider wants to be sure that they can safely address your health needs, including those that are a result of your military service. Thank you for taking an active role in your health and thank you for your service.

Preparing for Your Visit

Your provider needs your help to make a safe diagnosis and care plan. Please answer these five questions before your visit.

1. Why are you here today?

- New problem
 Follow-up
 Medicine refill
 Something else

2. Has there been a change in how you are feeling since your last visit?

- No Yes

If yes, When did it start?

- Days Weeks Longer

How does it affect you?

3. Have you seen anyone else about your health?

- No Yes

If yes, whom did you see?

4. Do you have questions about...

- Medicines? Tests? Treatments?
 Something else?

5. What are you worried about?

During Your Visit

During the visit, your healthcare provider will discuss these important questions with you. Your responses will help them understand how they can support your health.

Screening Questions

- ? When did you **serve** in the military?
- _____

- ? What was your **occupation** in the military?
- _____

- ? Do you have any **illnesses** related to your military service?

- New Chronic

- ? Did you **experience** anything while serving that has impacted your health?

- Physical health Mental health

- ? Were you **exposed** to any toxins while serving in the Armed Forces?

- Open burn pits Airborne hazards
 Gulf War-related exposure Agent Orange
 Radiation Contaminated water at Camp Lejeune
 Other

- ? Since your transition from military to civilian life, have you had feelings of **not being valued or respected** by those around you or in your community?

- Yes No

Adapted from the AHRQ Toolkit for Engaging Patients To Improve Diagnostic Safety

Action Planning to Create Systems Change

Healthcare leaders and providers should strive to ensure safe and equitable care for all patients. Organizations can use the following action planning steps to implement the SALUTE Program in order to help achieve equitable care and diagnostic safety for military veterans.


- Step 1** | Executive leaders commit to addressing the needs of the military veteran population by joining the ECRI SALUTE Program.
- Step 2** | Educate healthcare providers on the risks of service-related injuries, including toxic exposures and mental health issues.
- Step 3** | Create a process to identify military veterans within the patient population.
- Step 4** | Provide all military veterans with the *Be the Expert on You: For Those Who Have Served in the Military* pre-visit preparation tool.
- Step 5** | Educate providers on how to effectively take 60 seconds of silence to listen to the veteran's story and needs at the start of the provider-patient encounter with the *60 Seconds of Listening to Improve Diagnostic Safety for Military Veterans* training slides.
- Step 6** | Ensure that healthcare providers have easy access to resources to help veterans seek more information on healthcare and benefits.

Summary

Building a strong partnership between providers and patients who are military veterans can be achieved with tools designed to enhance communication and awareness of service-related health risks, allowing for a proactive approach to improve shared decision-making, diagnostic safety, and health equity. ECRI is honored to contribute to this effort with our Total Systems Safety approach, and sincerely thank all that have served and sacrificed for our nation.

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