A Descriptive Model of the Current PTSD Care System: Identifying Opportunities for Improvement

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1. Background

Post-traumatic stress disorder (PTSD) is a mental disorder that is estimated to impact up to 23 percent of all Veterans returning from the recent wars in Iraq and Afghanistan.

2. Research Aims

Aim 1: Develop a descriptive model of the current PTSD care system
Aim 2: Identify areas of improvement within the current PTSD care system
Aim 3: Generate ideas for potential support systems

3. Methods

Semi-structured subject matter expert (SME) interviews were conducted to solicit views from different types of stakeholders:
- Veterans with PTSD (in progress)
- Healthcare providers (e.g., physicians, psychiatrists, psychologists, and biofeedback specialists)

The interviews are transcribed, coded by at least two coders (with high inter-coder reliability), and analyzed using an interview analysis tool called MAXQDA 12.

4. Results

In the current PTSD care system, veterans go through 6 phases: 1) Quick screening, 2) Screening and diagnoses, 3) Prescription, 4) Treatment, 5) Homework/Self-assessment (during in-between sessions), and 6) Follow-up and diagnostic reassessment.

5. Implications

An end-to-end descriptive model of the current PTSD care system capturing both the healthcare providers’ and patients’ views will impact future studies to investigate PTSD supportive tools.

The finding is expected to provide an unconventional, systematic and user-centered perspective and change the traditional thinking prevalent in PTSD tool designs.

Future studies can more accurately and holistically determine areas for improvement and integration of PTSD tools with treatment.

6. Future Work

- Developing a smarter technology
- Tracking the collection of objective data, allowing the system to gain an end-to-end view of the veteran’s health.
- Continuously evaluating the potential of existing tools and technologies.

Developing a smarter technology

- Providing a sensor-enabled mobile device linked to health apps to remotely collect information pertinent to periods of hyper-arousal and mental state changes.

By enabling the remote collection of objective assessment data (e.g., heart rate, voice recognition) that could complement subjective self-assessment data, this technology will work as a remote monitor/memory-aid/self-assessment tool that can benefit all stakeholders and ultimately improve quality of care for PTSD patients.