BG John Cho, MC, USA (Ret)
AMSUS Executive Director and Chief Executive Officer
Federal Healthcare Innovation Sharing and Collaboration Framework

**Sharing Institution**
- Strategy
- Culture
- Governance
- Decision Rights
- KPIs
- Talent
- Org Structure
- Funding
- Ways of Working and Location

**Innovation Sharing & Collaboration**

**Strategic: “Why” the Innovation**
Problem to be Solved, Quality Improvement Sought, or Outcome Desired and Your Results to Date

**Operational: “What” Changes Your Operating Model Were Required to Achieve Innovation Success**
As applicable, describe key changes to funding, ways and where the work to be done was accomplished, decision rights, organizational re-alignment, training required, and program management oversight.

- Describe techniques used to gain buy-in to overcome cultural resistance.
- Describe what key performance indicators were measured to assess for innovation success.

**Tactical: “How” Did You Deliver the Innovation**
Describe your innovation process, technology utilized, vendor support/partnerships and where applicable, use of lean/agile processes for application (app) development, DevSecOps, key changes in platform architecture.

Describe data ingested and how it was organized, analyzed and integrated into your existing business intelligence tools.

**Gaining Institution**
- Strategy
- Culture
- Governance
- Decision Rights
- KPIs
- Talent
- Org Structure
- Funding
- Ways of Working and Location
- Platform Architecture and Data Integration
Interagency Innovation Sharing and Collaboration Maturity Model

**Innovation Attributes**

**Level 1**
- Where and When Does Collaboration Occur
  - During Innovation Symposia

**Level 2**
- Preparing for and During Innovation Symposia

**Level 3**
- Before, During and After Innovation Symposia
  - "EEAAO"

**Level 4***
- HHS and DHS Join

**Symposia Sharing Format**

**Level 1**
- Predominantly Unidirectional

**Level 2**
- Bidirectional

**Level 3**
- Bidirectional with Longitudinal Updates

**Impact on the Organization Mission**

**Level 1**
- Enhanced Awareness of Where Innovation Occurs

**Level 2**
- Accelerated Innovation Ideation Opportunities

**Level 3**
- Collaboration Delivers Accelerated Innovation and Mission Success

**Level 4***
- VHA and DHA lead the nation in advancing health through innovation!

*Level 4 is the Highest Level*
LTG Telita Crosland, MC, USA
Director, Defense Health Agency
Carolyn Clancy, MD
Assistant Secretary for Health for Discovery, Education and Affiliate Networks
US Department of Veterans Affairs
VA Innovation Project Sharing

Behavioral Health Projects

Dr. Joseph Geraci
Director, Transitioning Servicemember/Veteran and Suicide Prevention Center (TASC), VHA

LTC Chris Paine, PhD
Central Texas Market Lead, Behavioral Health Fort Cavazos, DHA
III Armored Corps Innovation to Address Suicide Risk

Joe Geraci, PhD\(^1,2\), Chris Paine, PhD\(^3\), Madhavi Reddy, PhD\(^4\), Erin Finley\(^2,5\), Marianne Goodman, MD\(^1,2\), Richard Seim, PhD\(^2\), Ronald Kessler, PhD\(^6\)

POCs: joseph.geraci@va.gov and christopher.m.paine.mil@health.mil

1 VA Transitioning Servicemember/Veteran And Suicide Prevention Center (TASC), VISN 2 Mental Illness Research, Education and Clinical Center, Bronx, NY
2 VA Center of Excellence for Research on Returning War Veterans, VISN 17, Doris Miller VA Medical Center, Waco, TX
3 Carl R Darnall Army Medical Center, Fort Cavazos, TX
4 Walter Reed Army Institute of Research, Silver Spring, MD
5 Center for the Study of Healthcare Innovation, Implementation, and Policy (CSHIIP), VA Greater Los Angeles Healthcare System
6 Department of Health Care Policy, Harvard Medical School, Cambridge, MA
The investigators have adhered to the policies for protection of human subjects as prescribed in AR 70–25 and VA Office of Research & Development Program Guide (1200.21, VHA Operations Activities That May Constitute Research, 2019)

The opinions or assertions contained herein are the private views of the authors, and are not to be construed as official, or as reflecting true views of the Department of the Army, the Department of Defense or the Department of Veterans Affairs.
Joe Geraci, PhD has no relevant financial interests to disclose.

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Disclosure will be made when a product is discussed for an unapproved use.

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All relevant financial relationships have been mitigated prior to the commencement of the activity.

Commercial support was not received for this activity.
Learning Objectives

1. Explain how the recently developed DoD STARRS practical risk calculator for suicidal behavior is being utilized to categorize transitioning Veterans based on risk-level
2. Summarize how a DHA and VA partnership is leveraging predictive analytic tools (DoD STARRS calculator) to provide stepped-care interventions for transitioning Servicemembers
OPERATIONAL MODEL: Harmful Behavior Prevention

Installation (Micro) Level: Identify Harmful Behaviors

-What, when, and where are the harmful behaviors, as identified by local metrics, that can be targeted with evidence-based, preventive interventions?

Sources:
- Commanders' Risk Reduction Toolkit (CRRT)
- DHA Medical/Behavioral Health Records
- Drug and Alcohol Management Information System (DAMIS)
- Defense Sexual Assault Incident Database (DSAID)
- Army Criminal Investigation Division
- Defense Organizational Climate Survey (DEOCS)
OPERATIONAL MODEL: Harmful Behavior Prevention

External Stakeholders (Macro) Level: Predict Harmful Behaviors & Identify Evidence-based, preventive Interventions for high-risk Soldiers

- What can we learn from external stakeholders to better understand & predict harmful behaviors as well as identify evidence-based interventions to address installation gaps?

Sources:
- Peer-reviewed journal articles
- Academia, Subject Matter Experts, and Federal Partners

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OPERATIONAL MODEL: Harmful Behavior Prevention

Installation (Micro) Level: Identification of Harmful Behaviors

- What, when, and where are the harmful behaviors, as identified by local metrics, that can be targeted with evidence-based, preventive interventions?

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- DHA Medical/Behavioral Health Records
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- Army Criminal Investigation Division
- Defense Organizational Climate Survey (DEOCS)

Installation (Micro) Level: Effectiveness of Preventive Interventions

- Did it work?

Sources:
- Rigorous evaluation studies with comparison groups

External Stakeholders (Macro) Level: Predict Harmful Behaviors & Identify Evidence-based, Preventive Interventions

- What can we learn from external stakeholders to better understand & predict harmful behaviors as well as identify evidence-based interventions to address installation gaps?

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- Army Criminal Investigation Division
- Defense Organizational Climate Survey (DEOCS)

Installation (Micro) Level: Is the preventive intervention effective in reducing harmful behaviors at the installation (micro) level for high-risk Soldiers?
- Did it work?

Sources:
- Rigorous evaluation studies with comparison groups

External Stakeholders (Macro) Level: Predict Harmful Behaviors & Identify Evidence-based, preventive Interventions for high-risk Soldiers
- What can we learn from external stakeholders to better understand & predict harmful behaviors as well as identify evidence-based interventions to address installation gaps?

Sources:
- Peer-reviewed journal articles
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Obstacles (authorities, resources, processes) submitted to FORSCOM
OPERATIONAL MODEL: Harmful Behavior Prevention

Installation (Micro) Level: Is the preventive intervention effective in reducing harmful behaviors at the installation (micro) level for high-risk Soldiers?
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- Defense Organizational Climate Survey (DEOCS)
OPERATIONAL MODEL: Firearms Leadership

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Sources:
- Peer-reviewed journal articles
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Did it work?
A $20 million grand challenge to reduce Veteran suicides

The U.S. Department of Veterans Affairs called on innovators to develop suicide prevention solutions that meet the diverse needs of Veterans.
FIREARMS & SUICIDE
The Overwatch Project empowers service members & veterans with new ways to save lives.

We built the equivalent of the “Friends Don’t Let Friends Drive Drunk” campaign for service members and veterans, only instead of talking about alcohol and vehicles, we’re talking about firearms and suicide.
#JUSTFKNASK
ABOUT

THE OVERWATCH PROJECT GOAL:

Transformational norm change on firearms and suicide that leads to significant and sustained reductions in service member and veteran suicide.
PEER-INTERVENTION TRAINING

Peer intervention training that is solely focused on firearms and suicide prevention.

[+] Build Knowledge & Shift Beliefs
[+] Create Ability & Inspire Action
[+] Change Behaviors
Installation (Micro) Level: Is the preventive intervention effective in reducing harmful behaviors at the installation (micro) level for high-risk Soldiers?

-Did it work?

Sources:
- Rigorous evaluation studies with comparison groups

External Stakeholders (Macro) Level: Predict Harmful Behaviors & Identify Evidence-based, preventive Interventions for high-risk Soldiers

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- Defense Organizational Climate Survey (DEOCS)
EVALUATION OF OVERWATCH PROJECT FIREARMS/LETHAL MEANS SAFETY TRAINING

Initial findings from training evaluation at the Fort Cavazos People First Center

ELISA BORAH, PHD (UT-AUSTIN)
JOE GERACI, PHD (US DEPT OF VETERANS AFFAIRS)
### Knowledge

#### Knowledge Quiz (Pre-Training vs. Post-Training)

- **Time 1: Baseline (Pre-Training)**: 33.87%
- **Time 2: Post-Training**: 74.24%

### Confidence

- **β11 = 0.43, p < .001, d = .47**

#### How confident are you that you will create a proactive plan for yourself to secure your firearms (or to create time and distance from your firearms) in case you are at risk of suicide in the future?

- **Pretest**: 7.40
- **PostTest**: 8.40
- **Two month Followup**: 9.40

### Behaviors

- **Proactively talked to someone about securing firearms (or creating time and distance) between their firearms**

- **Time 1: Baseline (Pre-Training)**: 26.02%
- **Time 3: 2 Month Followup**: 58.74%
OPERATIONAL MODEL: Firearms Leadership

**Installation (Micro) Level: Identify Harmful Behaviors**
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**Installation (Micro) Level: Is the preventive intervention effective in reducing harmful behaviors at the installation (micro) level for high-risk Soldiers?**
- Did it work?

**Sources:**
- Rigorous evaluation studies with comparison groups

**External Stakeholders (Macro) Level: Predict Harmful Behaviors & Identify Evidence-based, preventive Interventions for high-risk Soldiers**
- What can we learn from external stakeholders to better understand & predict harmful behaviors as well as identify evidence-based interventions to address installation gaps?

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**Did the intervention reduce targeted harmful behaviors?**
OPERATIONAL MODEL: Firearms Leadership

**Installation (Micro) Level: Is the preventive intervention effective in reducing harmful behaviors at the installation (micro) level for high-risk Soldiers?**

*Did it work?*

**Sources:**
- Rigorous evaluation studies with comparison groups

**External Stakeholders (Macro) Level: Predict Harmful Behaviors & Identify Evidence-based, preventive Interventions for high-risk Soldiers**

*What can we learn from external stakeholders to better understand & predict harmful behaviors as well as identify evidence-based interventions to address installation gaps?*

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**Installation (Micro) Level: Identify Harmful Behaviors**

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- Defense Sexual Assault Incident Database (DSAID)
- Army Criminal Investigation Division
- Defense Organizational Climate Survey (DEOCS)
Bridging the Deadly Gap with a Precision Medicine Approach: VA Veteran Sponsorship Initiative+
Installation (Micro) Level: Identify Harmful Behaviors

-What, when, and where are the harmful behaviors, as identified by local metrics, that can be targeted with evidence-based, preventive interventions?

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- Drug and Alcohol Management Information System (DAMIS)
- Defense Sexual Assault Incident Database (DSAID)
- Army Criminal Investigation Division
- Defense Organizational Climate Survey (DEOCS)
Suicide Among Veterans (18 to 34 years old)

- **Suicide rate**: Veterans aged 18 to 34 years old (VA, 2021)
  - Almost **doubled** since 2001 (24/100k to 44/100k)
  - **1.65 times higher** than older veterans (35+ yo)
  - **2.73 times higher** than non-veterans of the same age

- **Deadly Gap** (Sokol et al., 2021; Geraci et al., 2020)
  - Highest Risk: 3x risk first 1 year post-discharge (Shen et al., 2016; Ravindran et al., 2020)

- **Not using VA care**
  - Only **24% of active-duty Servicemembers (SMs) enroll in VA care** during 1st year after the military (Hannon Act, 2021)

- **VA’s Response**
  - Public health approach:
    
    “The goal is to implement more *universal and preventive interventions* that are upstream to address social determinants of health and risk factors for suicide (e.g., lack of connectedness, financial concerns/ unemployment, relationship distress)” (Carroll et al. 2020).
Comparing Two Veteran Transitions

Transition as Usual

**Veteran:** 30s y/o Asian-American, woman, single, 10 years of military service

**Military Discharge:** September 2022

**Prescribed DoD psychotropic meds** & attended **7 mental health appts** in last year of military service

**Jul 2022 - DoD Psychiatrist Note:**

“The SM will *try to get her medication from the VA after she gets out of the Army*…The SM is *anxious about what the future holds for her*, but she is excited as well. I will write for an 8w supply of her medication today…”

**Sep 2022 - Veteran calls local VAMC:**

VA call center/admin enters note from her call, “*This is my first appointment after getting out of active duty and need to continue getting medication…Please have someone call me to make my first appointment.*”

**No follow-up from local VAMC**
DoD STARRS analysis shows that about **1% of TSMVs** will have a suicide attempt within the first-year post-military discharge (Kearns et al., 2023)

Every two weeks, VSI enrolls about 300 TSMVs; Prior to April 2023, we did not have an ability to identify those who have the highest risk for suicide attempt.
Problem- The Deadly Gap

Military Post#1
1. Employment
2. Housing
3. Family
   - Spouse Employment
   - Child schooling
4. Social/Physical Activities
5. Medical Tx

Military Post#2
1. Employment
2. Housing
3. Family
   - Spouse Employment
   - Child schooling
4. Social/Physical Activities
5. Medical Tx

PCS (Post to Post) Transition Priorities of Work

ETS (Post to Civilian) Transition Priorities of Work

Sponsorship & Unit Leaders
“Leaders manage transitions” (GEN Clarke, SOCOM CDR)

Civilian Transition
1. Employment
2. Housing
3. Family
   - Spouse Employment
   - Child schooling
4. Social/Physical Activities
5. Medical Tx

Deadly Gap (Sokol et al., 2021)

Veteran Suicide Rates (18-34 yo)
2001= 24 per 100k
2019= 44 per 100k
75%= 18-34 yo

“DoD did not screen for suicide risk” (DoD IG, 2021)

43% SMs not career-ready to transition (DoD IG, 2021)

*Reintegration difficulties persist for over 6 years (Sayer, 2014) & increase suicide ideation (Kline et al., 2011)
OPERATIONAL MODEL: Deadly Gap

Installation (Micro) Level: Identify Harmful Behaviors
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Sources:
- Peer-reviewed journal articles
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-Did it work?
The Veteran Sponsorship Initiative (VSI) is an innovative, evidence-based program (reintegration difficulties and social support) designed to reduce suicide risk factors of Servicemembers going through the military-to-civilian transition.

Under VSI, Servicemembers are paired 1:1 with VA-trained, volunteer, community-based peers (through ETS Sponsorship and community partners) who support them during the transition.

VSI connects Servicemembers to community services, including VA healthcare and benefits.

Jointly funded by:
- VISN 17 Heart of Texas Network
- VISN 17 Center of Excellence
- VISN 2 MIRECC
- Bronx VAMC
- VA Office of Healthcare Advancements & Partnerships (HAP)
- HSRD/QUERI Grant
- Suicide Prevention Research Impact Network (VA HSRD/CSRD)
A practical risk calculator for suicidal behavior among transitioning U.S. Army soldiers: results from the Study to Assess Risk and Resilience in Servicemembers-Longitudinal Study (STARRS-LS)

Jacklyn C. Kearns1,2, Emily R. Edwards1,2, Erin P. Fleisch1,2, Joseph C. Geraci3,5,6,7, Sarah M. Gildea8, Marianne Goodman1,3, Irving Huang9, Chris J. Kennedy8, Andrew J. King8, Alex Luettel10,11, Brian P. Mars12, Martha V. Petukhova1, Nancy A. Sampson1, Richard W. Steim1, Ian H. Stanley1,12, Murray B. Stein1,12,13, Robert J. Ursano12 and Ronald C. Kessler* ©

Table 3. Predictor importance in the final lasso model1,2,3

<table>
<thead>
<tr>
<th>Predictor</th>
<th>Multivariable RR (95% CI)</th>
<th>Univariable RR (95% CI)</th>
</tr>
</thead>
<tbody>
<tr>
<td>I. Self-injurious thoughts and behaviors</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lifetime active suicidal ideation</td>
<td>1.58 (0.97–2.57)</td>
<td>2.05 (1.94–4.19)</td>
</tr>
<tr>
<td>Lifetime passive suicidal ideation</td>
<td>1.43 (0.94–2.19)</td>
<td>2.81 (1.99–3.78)</td>
</tr>
<tr>
<td>Lifetime suicide attempt</td>
<td>1.24 (1.06–1.45)</td>
<td>1.60 (1.51–1.56)</td>
</tr>
<tr>
<td>Suicidal ideation (active or passive) 2 years before leaving active service</td>
<td>1.21 (0.98–1.49)</td>
<td>1.59 (1.32–1.93)</td>
</tr>
<tr>
<td>Lifetime suicide plan</td>
<td>1.02 (0.75–1.39)</td>
<td>2.22 (1.62–3.03)</td>
</tr>
<tr>
<td>II. Externalizing disorders</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Frequency of substance use-related interpersonal problems (worst lifetime)</td>
<td>1.34 (1.12–1.61)</td>
<td>1.45 (1.19–1.77)</td>
</tr>
<tr>
<td>Frequency of substance use-related interpersonal problems (worst lifetime)</td>
<td>1.26 (0.58–1.61)</td>
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</tr>
<tr>
<td>Frequency of running away from home in childhood</td>
<td>1.25 (1.03–1.52)</td>
<td>1.56 (1.26–1.89)</td>
</tr>
<tr>
<td>Antisocial personality traits: Physical assault others</td>
<td>1.11 (0.93–1.33)</td>
<td>1.32 (1.09–1.60)</td>
</tr>
<tr>
<td>Childhood conduct: How often bullied or threatened kids</td>
<td>1.11 (0.89–1.38)</td>
<td>1.48 (1.22–1.79)</td>
</tr>
<tr>
<td>III. Stressor exposure</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Victim of any criminal offense 4 years before leaving active service</td>
<td>1.36 (1.15–1.61)</td>
<td>1.60 (1.37–1.87)</td>
</tr>
<tr>
<td>Any lifetime life-threatening accident or other risky/liminal death experience6</td>
<td>0.55 (0.39–0.78)</td>
<td>0.66 (0.45–0.95)</td>
</tr>
<tr>
<td>IV. Socio-demographic and Army career predictors</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1st dependent, age 6–15 years old</td>
<td>1.63 (1.31–1.99)</td>
<td>1.45 (1.24–1.70)</td>
</tr>
<tr>
<td>Discharged Honorably or Under Honorable Conditions</td>
<td>1.46 (1.15–1.86)</td>
<td>1.38 (1.05–1.80)</td>
</tr>
<tr>
<td>Identify as gay, lesbian, or bisexual</td>
<td>1.20 (1.02–1.42)</td>
<td>1.36 (1.15–1.61)</td>
</tr>
<tr>
<td>34+ years old at the time of leaving active service</td>
<td>0.64 (0.42–0.97)</td>
<td>0.57 (0.39–0.83)</td>
</tr>
<tr>
<td>2nd Global War on Terror deployments</td>
<td>0.54 (0.36–0.83)</td>
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</tr>
</tbody>
</table>
With the DoD STARRS practical risk calculator for suicide behavior, we can now categorize based on risk level.

- 30% of TSMVs with highest predicted risk account for 93% of medically serious suicide attempts within first year post-military discharge.
Comparing Two Veteran Transitions

**Transition as Usual**

**Veteran**: 30s y/o Asian-American, woman, single, 10 years of military service

**Military Discharge**: September 2022

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“The SM will try to get her medication from the VA after she gets out of the Army…The SM is anxious about what the future holds for her, but she is excited as well. I will write for an 8w supply of her medication today…”

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No follow-up from local VAMC

---

**Veteran Sponsorship Initiative**

**Veteran**: 20s y/o African-American, man, married, one child (newborn); 5 years of military service, two deployments

**Military Discharge**: December 2022

**Prescribed DoD psychotropic meds** & attended 10 mental health appts in last year of military service

**Early-Dec 2022 - VA VSI Psych Clinical Intake:** “We were able to get him VA enrolled...SM very concerned about not having psych med refills, which have stabilized him since April 2022. Currently negative for depression/suicide…starting new job.”

**Virtual VA PC consult submitted**

**Mid-Dec - Virtual Bronx VA Transitioning Veteran PC Clinic:**

Initial VA PC visit & mailed medication.

**Traveling Veteran Consult submitted to Veteran’s local VAMC (PC/MH follow-up confirmed)**

With VSI, Veteran is enrolled and seen by VA PCP < 90 days from military discharge

- Proactive Approach
- Earlier than first Solid Start Call
- Earlier than VA receives electronic DD 214
Bridging the Gap: Veteran Sponsorship Initiative

**Permanent Change of Station (PCS)**
- Post to Post Transition
- Priorities of Work

**Expiration Term of Service (ETS)**
- Post to Civilian Transition
- Priorities of Work

**Military Post#1**
1. Employment
2. Housing
3. Family
   - Spouse Employment
   - Child schooling
4. Social/Physical Activities
5. Medical Tx

** PCS Sponsor & Unit Leaders**
"Leaders manage transitions" (GEN Clarke, SOCOM CDR)

**Military Post#2**
1. Employment
2. Housing
3. Family
   - Spouse Employment
   - Child schooling
4. Social/Physical Activities
5. Medical Tx

**Civilian Transition**
1. Employment
2. Housing
3. Family
   - Spouse Employment
   - Child schooling
4. Social/Physical Activities
5. Medical Tx

**Veteran Sponsorship Initiative**
- VA + Sponsor + Community + Dashboard

**证据-based VSI (Study/Journal)**
- RCT results (2014-18)/Psych Services
  *Added value of sponsorship

- VSI feasibility (2020-22)/Psych Services
  *Increase in VA regist & VA Pri Care  
  *Reduction in suicide risk & depression

- VISN 17 & HSRD/QUERI Merit Partnered Evaluation Initiative (2021-24)/Implement Science
  *Phased rollout across Texas

- VSI+ planning award (VA SPRINT)  
  *Add precision medicine approach

- Bronx VAMC Transitioning Veteran Clinic Pilot (2022)/General Internal Medicine

- VA/DoD Joint Incentive Fund and/or VHA OMHSP Grant (2024-2026)
  *Proposals: VSI+ expansion

1 Under review
OPERATIONAL MODEL: Deadly Gap

**Installation (Micro) Level: Identify Harmful Behaviors**
- **What, when, and where** are the harmful behaviors, as identified by local metrics, that can be targeted with evidence-based, preventive interventions?

**Sources:**
- Commanders' Risk Reduction Toolkit (CRRT)
- DHA Medical/Behavioral Health Records
- Drug and Alcohol Management Information System (DAMIS)
- Defense Sexual Assault Incident Database (DASAID)
- Army Criminal Investigation Division
- Defense Organizational Climate Survey (DEOCS)

**Installation (Micro) Level: Is the preventive intervention effective in reducing harmful behaviors at the installation (micro) level for high-risk Soldiers?**
- **Did it work?**

**Sources:**
- Rigorous evaluation studies with comparison groups

**External Stakeholders (Macro) Level: Predict Harmful Behaviors & Identify Evidence-based, preventive Interventions for high-risk Soldiers**
- **What can we learn from external stakeholders to better understand & predict harmful behaviors as well as identify evidence-based interventions to address installation gaps?**

**Sources:**
- Peer-reviewed journal articles
- Academia, Subject Matter Experts, and Federal Partners

**Did the intervention reduce targeted harmful behaviors?**
Supporting Servicemembers and Veterans During Their Transition to Civilian Life: Using Certified Sponsors: A Three-Arm Randomized Controlled Trial

Joseph C. Geraci1,a, Arishna Dickets1, Ashley Greens1, Molly Gromowy2,3, Eoin Finlayy3,3, Daniel Kitts1,1, Sheila Franklin2,3, Emily R. Edwards2,3, A. Solomon Kuzn2,3, Yosef Soker2,3, Sandi R. Sullivan4, Margaret Mobb5, Richard W. Scarr2, and Marianne Goodma2,3

ETS-SP & TM RWB

Results

Baseline (BL) Survey (n=200)

Arm1: ETS-SP & TM RWB

Arm2: Team Red, White, Blue

Arm3: Waitlist

3 Months Post BL

6 Months Post BL

12 Months Post BL

ETS Sponsorship vs. Waitlist
Reintegration Difficulties
(Sayer et al., 2011)

ETS Sponsorship vs. Waitlist
Social Support Survey (MOS SSS)

Klonsky and May’s 3-Step Theory of suicide (3ST; 2015)

Step 1= Psychological Pain (e.g., reintegration difficulties)

Step 2= Connectedness

Step 3= Capability for Suicide (sensitivity, habituation, access to lethal means)
Program Results

50% increase in VA registration
65% increase in VA primary care
Increased VERA reimbursement

“I got into a really dark place. If it wasn’t for your help especially with VA medical I don’t think I would’ve climbed out successfully. Know you made a difference in this combat veteran’s life as well as his family”

VSI vs. Transition as Usual (TAU)
VA Registration and VA Primary Care (encounter & consult)

VA Registration
(Still serving & military discharged)

<table>
<thead>
<tr>
<th></th>
<th>VSI</th>
<th>TAU</th>
<th>χ² (1)</th>
<th>p</th>
</tr>
</thead>
<tbody>
<tr>
<td>VA Registration</td>
<td>51%</td>
<td>34%</td>
<td>22.38</td>
<td>&lt;.001</td>
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</tbody>
</table>

n=1,386 | n=235

VA Primary Care
(Only military discharged)

<table>
<thead>
<tr>
<th></th>
<th>VSI</th>
<th>TAU</th>
<th>χ² (1)</th>
<th>p</th>
</tr>
</thead>
<tbody>
<tr>
<td>VA Primary Care</td>
<td>43%</td>
<td>26%</td>
<td>17.07</td>
<td>&lt;.001</td>
</tr>
</tbody>
</table>

n=1,051 | n=155
Evidence Based Act (2018)

OPERATIONAL MODEL: Deadly Gap

**Installation (Micro) Level: Identify Harmful Behaviors**

- **What, when, and where** are the harmful behaviors, as identified by local metrics, that can be targeted with evidence-based, preventive interventions?

**Sources:**
- Commanders' Risk Reduction Toolkit (CRRT)
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**Installation (Micro) Level: Is the preventive intervention effective in reducing harmful behaviors at the installation (micro) level for high-risk Soldiers?**

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- **What can we learn from external stakeholders to better understand & predict harmful behaviors as well as identify evidence-based interventions to address installation gaps?**

**Sources:**
- Peer-reviewed journal articles
- Academia, Subject Matter Experts, and Federal Partners

Obstacles (authorities, resources, processes) submitted to FORSCOM

**Did the intervention reduce targeted harmful behaviors?**
**Goal:** Successfully transition Servicemembers from their military installation to their new post-military community in the domains of *employment/education, housing, family, social connection and medical.*

**US Army Soldier for Life/ETS Sponsorship**
- Enroll Servicemembers on DoD bases
- Administer VSI+/Harvard Screener for Risk
- Data sharing agreement with VA VSI & CICs

**VA Veteran Sponsorship Initiative (VSI)**
- VA Regional Community Coordinators (Social Workers)
  - Liaison w/ DoD base leaders
  - Leverage existing VA programs (VA TAP, Post 9/11 M2VA, CEPCs, Governor’s Challenge)
  - VA Case Management/Connect to VA Primary Care
  - Regional Community Engagement/Facilitate VA MOAs
  - Sponsor TNG & assistance
- VA Virtual Primary Care or In-Person Primary Care (Traveling Veteran Consults)

**Community Integration Coordinators (CICs)**
- VSOs/Local entities w/ VA MOA as part of VA Veteran Sponsorship Network & ETS Sponsorship
- Recruit & ensure volunteer sponsors attend VA training
- Manage Servicemember & Sponsor relationship
- Provide local resources pre, during and post-transition from the military

**Projected Enrollment of Servicemembers**

<table>
<thead>
<tr>
<th></th>
<th>FY2023</th>
<th>FY2024</th>
<th>FY2025</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>US Army</td>
<td>8,000</td>
<td>16,526</td>
<td>22,000</td>
<td>46,526</td>
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<tr>
<td>US Navy</td>
<td>700</td>
<td>2,400</td>
<td>2,400</td>
<td>5,500</td>
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<tr>
<td>Total</td>
<td>8,700</td>
<td>18,926</td>
<td>24,400</td>
<td>52,026</td>
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</tbody>
</table>
Questions
VA Innovation Project Sharing

Mission Daybreak Projects

Dr. Amanda Lienau
Director, Data Analytics Innovation
Office of Healthcare Innovation and Learning, VHA
Are you a Veteran having thoughts of suicide or concerned about one?
Contact the Veterans Crisis Line for confidential 24/7 support:
Call 1-800-273-8255 and press 1, or text 838255.
Learning Objections

▪ By the end of this session participants will be able to:
  ▪ Understand the core problem for the challenge
  ▪ Describe the history of the challenge
  ▪ Understand the current state of the work
Table of Contents

- Executive Summary
- Problem Statement
- White House / VA Strategic Priorities and Solutions
- VA Partnerships
- Company One Pagers
- Veteran Journey Maps
- Mission Daybreak Solver Roadmap
- Spotlight of the Month: Communication
Executive Summary

There is no single solution to suicide, and we are casting a wide net.

By bringing fresh thinking, outside perspectives, and innovative concepts to suicide prevention, we can serve those who have served and provide meaningful support.

By The Numbers

$20 million total awarded
Over 450 VA Reviewers/Judges/Mentors
Duration: May 2022-February 2023
Phase 1: $8.5m / 40 Finalists
  ▪ 30 teams at $250k
  ▪ 10 teams at $100k
Phase 2: $11.5 m awarded / 10 Teams
Phase 3: Current Efforts
  ▪ Two: CRADA in Place
  ▪ Three: HCD / Development Assistance
  ▪ Four: Eligible for Contracting
Problem Statement

Suicide is a serious public health crisis

- In 2020, more than 45,000 American adults died from suicide — including 6,146 U.S. Veterans.
- While the Veteran suicide rate has decreased, the rate is still 57.3% higher than for non-Veteran U.S. adults.
- In 2020, suicide was the 13th leading cause of death among Veterans overall, and it was the second leading cause of death among Veterans under age 45
- The unique nature of the Veteran experience can often make Veterans particularly vulnerable.
- Suicide is preventable, and we all have a part to play.
White House / VA Strategic Priorities and Solutions

White House Priority Goals

1. Improve Lethal Means Safety
2. Enhance Crisis Care and Facilitate Transitions
3. Increase Access to and Delivery of Effective Care
4. Address Upstream Risk and Protective Factors
5. Increase Research Coordination, Data Sharing, and Evaluation Efforts

Intervention Outcome

- Firearm and lethal means safety
- Therapeutic approaches and modalities
- Mobile/community-based service provision
- Clinical decision/Health provider training support
- Peer and social support
- Faith based interventions
- Advocacy and Destigmatization
- Telemedicine and virtual assistants
- Extended reality (XR)
- Predictive analytics and risk stratification
The challenge is fostering solutions across a broad spectrum of focus areas and creating an entire ecosystem of support for innovators and their solutions.
Company One Pagers: Illustrative

ReflexAI
Direct Veteran Call Experience

**Project Overview**
ReflexAI is an artificial intelligence (AI) powered tool that can help the veteran population track and maintain a plan of activities that can meet the needs of every veteran who reaches out.

**White House / VA Suicide Prevention Strategic Alignment**
- Address veterans’ risk and protective factors
- Increases access to effective clinical care
- Enhance care and facilitate care transition

**Development Phase and Timeline - Next Steps**
Next 24 weeks: Development of new quality assurance and feedback mechanisms using two of the largest veteran treatment facilities.
Next 90 days: Deployment of first veteran-focused tool with written instructions for the mental health peer support training tool.

**Cooperation & Communication**
- Our current resources are focused on partner impact

**Spotlight Monthly News**
- We are working closely with 5-10 universities across the nation to support mission success.
- Partnering with other cities and mental health organizations to support emotional care needs.

---

BehaVR
Virtual Reality Clinical Setting Experience

**Project Overview**
BehaVR is a virtual reality (VR) platform that provides a range of clinical interventions and experiences.

**Development Phase and Timeline - Next Steps**
Next 24 weeks: Development of new quality assurance and feedback mechanisms using two of the largest veteran treatment facilities.
Next 90 days: Deployment of first veteran-focused tool with written instructions for the mental health peer support training tool.

**Cooperation & Communication**
- Our significant event success is due to the merger of BehaVR and Cortix.
- The company now has the largest set of institutions for digital behavioral health in our pipeline and we are excited.

**Spotlight Monthly News**
- News to launch 5-VA Sites (CRHC) of treatment for veterans with PTSD & comorbidities.

---

Televeda
Community Experience

**Project Overview**
Televeda is designed to prevent suicide among high-risk veterans by promoting social connectedness and community by delivering traditional healing practices.

**Development Phase and Timeline - Next Steps**
Next 24 weeks: Development of new quality assurance and feedback mechanisms using two of the largest veteran treatment facilities.
Next 90 days: Deployment of first veteran-focused tool with written instructions for the mental health peer support training tool.

**Cooperation & Communication**
- Our significant event success is due to the merger of Televeda and Cortix.
- The company now has the largest set of institutions for digital behavioral health in our pipeline and we are excited.

**Spotlight Monthly News**
- News to launch 5-VA Sites (CRHC) of treatment for veterans with PTSD & comorbidities.

---

*The mission is to support the veterans who need it most.*
Journey of a Veteran in transition

These maps illustrate how Veterans could encounter relevant Mission Daybreak solutions as part of their journey to accessing mental health care, as well as how these prioritized solutions may contribute to positive experiences and outcomes.

**JOURNEY PHASE**

**TURNING POINT**

Decides to seek treatment for mental health conditions, from VA or non-VA providers.

**SEEKING CARE**

Goes through intake, enrollment, diagnosis, and scheduling before getting care.

**GETTING CARE**

Receives care from VA medical center providers, a Vet Center, or a community-based provider.

---

**Alyssa**

**IN TRANSITION**

Just ended military service and has not started the VA intake process. Likes to feel a part of a larger community, and relies heavily on Veteran peers. Considering a law enforcement career and fears that seeking mental healthcare will bar her from carrying a firearm.

---

**OVERWATCH**

A friend who participated in Overwatch Project recognizes warning signs and may reach out to talk about firearm storage.

**NEUROFLOW**

A VCL responder may suggest signing up for NeuroFlow, which provides a digital front door for all VA behavioral health services and digital health content.

**SENTINEL**

A care manager may recommend the Sentinel mobile app for peer-to-peer support on firearm access and safety.

**BEHAVR**

A VA clinician may suggest BehaVR as an immersive digital therapeutic treatment option during a check-in.

---

**DSS**

Machine Learning, Natural Language Processing for VCL triage

---

**POTENTIAL FOR IMPACT**

By integrating promising solutions from Mission Daybreak across the Veteran ecosystem, Veterans will have increased access to high-quality, tailored services across the continuum of care. These innovative solutions better equip Veterans, their support systems, and their care providers to proactively address their specific needs.

Note: These Veteran journeys are for illustrative purposes only. Journey stages and mental health personas have been adapted from *Veteran Access to Mental Health Services*, 2016.
GETTING CARE
SEEKING CARE
ACCESSING MENTAL HEALTH CARE

Journey of a Veteran in transition

These maps illustrate how Veterans could encounter relevant Mission Daybreak solutions as part of their journey to accessing mental health care, as well as how these prioritized solutions may contribute to positive experiences and outcomes.

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Decides to seek treatment for mental health conditions, from VA or non-VA providers.

SEEKING CARE
- Goes through intake, enrollment, diagnosis, and scheduling before getting care.

GETTING CARE
- Receives care from VA medical center providers, a Vet Center, or a community-based provider.

TEAM GUIDEHOUSE
EMR, SDoH, Social Media, Device Data

POTENTIAL FOR IMPACT
By integrating promising solutions from Mission Daybreak across the Veteran ecosystem, Veterans will have increased access to high-quality, tailored services across the continuum of care. These innovative solutions better equip Veterans, their support systems, and their care providers to proactively address their specific needs.

Note: These Veteran journeys are for illustrative purposes only. Journey stages and mental health personas have been adapted from Veteran Access to Mental Health Services, 2016.
**Mission Daybreak Solver Roadmap**

Summary of anticipated team milestones and deliverables on a 30-, 60-, and 90-day timeframe. Stage 1 solutions have been prioritized for technology pilots, while Stage 2 solutions are in development and carrying out additional HCD.

<table>
<thead>
<tr>
<th><strong>Solution</strong></th>
<th><strong>July</strong></th>
<th><strong>August</strong></th>
<th><strong>September</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>BehaVR</td>
<td>Aligning on how to dovetail our 6 site CRADA with clinical leaders (attended VA Immersive Summit)</td>
<td></td>
<td>CRADA underway-near completion</td>
</tr>
<tr>
<td>ReflexAI</td>
<td>Contracting process complete/initial implementation of ReflexAI training tools at Veterans Crisis Line (in final stages) and complete kickoff with VA stakeholders</td>
<td>Ongoing simulations and feedback gathering from VCL stakeholders/Tech implementation</td>
<td></td>
</tr>
<tr>
<td>NeuroFlow</td>
<td>BHL acquisition/expansion of BHL’s capabilities at existing VA customer sites by using NeuroFlow’s core product</td>
<td>Ongoing technical integration between BHL and NeuroFlow</td>
<td></td>
</tr>
<tr>
<td>Team Guidehouse</td>
<td>Platform iteration and readiness for pilot integration with VAMC EHR</td>
<td>Anticipate collaboration stakeholders on clinical pathways</td>
<td></td>
</tr>
<tr>
<td>Overwatch</td>
<td>Ongoing training of user base/new 2-3 campaign concept for engagement in TX market</td>
<td>Proposed plan to launch TX market campaign w/agency in high population of Veterans</td>
<td></td>
</tr>
<tr>
<td>Televeda</td>
<td>Design narrative intervention IRB with Lakota Tribe in progress</td>
<td>Begin Lakota research study recruitment and program planning, led by BHCAIH</td>
<td></td>
</tr>
<tr>
<td>Sentinel</td>
<td>Complete app beta testing and user feedback and incorporate into product</td>
<td>Anticipate roll out and launch of Sentinel</td>
<td></td>
</tr>
<tr>
<td>BraveMind</td>
<td>Prototype repeatable, interactive virtual-human content and start human-centered design to gather feedback on content.</td>
<td>Create safety planning content and continue human-centered design testing</td>
<td></td>
</tr>
</tbody>
</table>
Thank You for Your Time Today

Amanda Lienau, Ph.D.
Director of Data and Analytics Innovation
Office of Healthcare Innovation and Learning
Amanda.Lienau@va.gov
Mobile: 314-224-9885

Link to Mission Daybreak Resources
VA Innovation Project Sharing

Virtual Reality Projects

Dr. Anne Lord Bailey, PharmD
Director, Clinical Tech Innovation and VA Immersive Lead
Office of Healthcare Innovation and Learning, VHA
VA Innovation: Virtual Reality

September 18, 2023
Disclaimer: No VA endorsement is intended by this presentation
LEARNING OBJECTIVES

- **Define** immersive technology and other relevant terms
- **Share** the current state of Immersive Technology use in VA
- **Discuss** the rationale for leveraging Immersive Technology in health care

Please note, I have no conflicts of interest to disclose.
Butch Phillips Video
Immersive Technology

Extended Reality (XR)

Virtual Reality (VR)

Augmented Reality (AR)

How does it work?
- Positive distraction
- Education, learned behavior
- Engagement and adherence
Roger Miller Video
CURRENT STATE OF IMMERSIVE TECHNOLOGY IN VA
CLINICAL IMPLEMENTATION: EARLY ADOPTION, 2017

Clinical uses: Post Traumatic Stress Disorder, Pain, Anxiety, Exposure Therapy, Staff Education/Training
CLINICAL IMPLEMENTATION: EXPANSIVE GROWTH, 2023
ENGAGEMENT

- Over 2,040 frontline staff and leaders representing more than 170 VA sites of care
- 40+ use cases
- 18 pilots in 120 unique Medical Centers in 44 States
ACTIVE USE CASES

- Suicide prevention
- Spinal cord injury and disease
- Anxiety
- Depression
- Social isolation
- Substance Use Disorder
- Addiction recovery
- PTSD
- Phantom limb pain
- Pain management (acute, chronic, acute on chronic)

- Physical, occupational, recreation therapy
- Procedural use
- Low vision rehabilitation
- Falls risk assessment
- Neurological assessment
- Palliative care
- Creative Arts therapy
- Facilities management
- New employee orientation
- Pre-surgical planning

- Empathy training
- Employee wellness
- Employee education
- Firearms safety
- Stress Reduction, Relaxation, and Positive Distraction
- Women’s Health

*This is not an all-inclusive list*
STAFF TRAINING AND EDUCATION

Prevention of Sexual Harassment
• Assault and Harassment Prevention Office
• 14 sites

Inpatient Discharge Experience
• Veterans Experience Office
• 10 sites

Firearms Safety Training
• Office of Mental Health and Suicide Prevention
• 4 sites
Rationale for Use

• Evidence exists to support use
  • Decades of academic research
  • Growing body of implementation evidence
• Engagement and adherence
• Increasingly native technology
Evidence to Support

Benefits:
- User engagement
- Cost savings
- Access to care
- Improvement in outcomes
- Scalability of remote technology
- Data collection
- Standardization of care

Barriers:
- Access to technology
- Limited training and education available
- Ease of design

Literature Review, Updated July 2023
- Health Care
- Physical Rehabilitation
- Mental Health
- Peer Support
- Pain Management
- Pulmonary Rehabilitation
- Training and Education
Engagement and Adherence

- Veteran eXpeRience (VXR) Demo Days: Orlando, FL and Sheridan, WY
- 65 Veteran participants
- 63% had never used VR before
- Average experience rating: 8.0, with 10 being life-changing
- 94% said it was easy to use or very easy to use
- 91% said they’d like more VR incorporated into care at the hospital/clinic and into care at home
FORT BELVOIR, Va. — The Army’s mixed reality goggle is headed to soldiers in a three-step process in which developers expect two early versions released next year will help with redesigns for a third version to roll out across the Army.

The Integrated Visual Augmentation System, or IVAS, is a nearly $22 billion program that the Army is developing to bring night vision, thermal vision, tactical edge computing and the situational awareness of a fighter pilot down to the lowest-level infantry soldier. The device will likely be the most advanced single technology ever fielded exclusively to the close-combat, squad-level soldier in military history.
*Playbook and Intro Guide is available in a public version
Welcome to VA Immersive

Changing the way Veterans receive care using Extended Reality (XR)
VA Immersive
Defining a New Reality in Health Care
QUESTIONS?

VAImmersive@va.gov
DHA Innovation Project Sharing

Mr. Terry Dover
Assistant Program Manager, Product Support, DOD Healthcare Management System Modernization (DHMSM) PMO, DHA

Ms. Naomi Escoffery
Acting Deputy DAD, Acquisition and Sustainment/DHA Chief Accelerator Officer/DHA Innovation PM/Lead Category Manager and DoD Medical Co-Lead, and Assistant Director, Support, DHA
DHA Innovation Project Sharing: Digital First

Mr. Terry Dover & Ms. Naomi Escoffery

September 18, 2023
Learning Objective Slide

1. Understanding of Digital Front Door efforts to include seeking resources, tools, and community engagement in activities to build health (Physical, Mental, Emotional, Spiritual, Social, Environment/Occupation, Nutrition, and Medical Care and Prevention).

2. Bring together leaders and health professionals to share insights on the latest data innovation trends and technologies that have been adopted by Defense Health Agency (DHA).

3. Foster collaboration and partnerships between Veterans Affairs (VA)/DHA stakeholders and network or military medical treatment facilities (MTF) leaders.

4. Identify areas in healthcare where additional data innovation is needed to drive positive change.
Improving Health and Building Readiness. Anytime, Anywhere — Always
THE EVOLUTION OF HEALTH CARE

WAVE 0
LEGACY HEALTH SYSTEM

WAVE 1
DIGITIZE

WAVE 2
DIGITALIZATION

DHA Accelerator

WAVE 3
CONVERGED ECOSYSTEMS
## DHA Innovation Strategy – Director’s Priorities

<table>
<thead>
<tr>
<th>Director’s Priorities</th>
<th>Enabling combat support to the Joint Force in competition, crisis, or conflict</th>
<th>Building a modernized, integrated, and resilient health delivery system</th>
<th>Dedicated and inspired teams of professionals driving military health’s next evolution</th>
</tr>
</thead>
<tbody>
<tr>
<td>Identify, Evaluate, and Scale Innovation Projects</td>
<td>Identify &amp; evaluate Innovation Project submissions for DHA Director</td>
<td>Pilot and Evaluate Innovation Projects</td>
<td>Scale selected projects using appropriate acquisition pathways</td>
</tr>
<tr>
<td>Develop Next Generation of Innovators</td>
<td>Training and Certification programs for Innovators</td>
<td>Innovation Ambassadors across DHA</td>
<td>Innovation Incubators at the MTFs and Markets</td>
</tr>
<tr>
<td>Establish partnerships in Industry and Academia</td>
<td>Present at external speaking engagements and industry events</td>
<td>Identify potential Industry and Academic partners</td>
<td>Identify opportunities for Joint Ventures between DHA, Industry, and Academia</td>
</tr>
<tr>
<td>Develop Artificial Intelligence Approach</td>
<td>Publish an AI Administrative Instruction</td>
<td>Build an AI Team</td>
<td>Operationalize AI for DHA</td>
</tr>
</tbody>
</table>

*Improving Health and Building Readiness…Anytime, Anywhere – Always!*
Chairman of the Joint Chiefs of Staff notes “there is a significant risk that the United States will ‘lose without fighting,’” continuing, “Adversary institutions are outpacing U. S. force development, design, and modernization efforts, which are too slow and too costly to reverse this [“losing without fighting”] trend by 2030.” Joint Concept for Competing Joint Chiefs of Staff, Joint Concept for Competing (Washington, DC: Joint Chiefs of Staff, 2023), via Joint Concepts for Competing

DHA’s Innovation Alignment to Joint Concept for Competing

- **Willingness to expend effort.** A willingness to engage in deeper, more thorough thinking is important for critical thinking, even when the effort may not initially seem useful. *(Develop Next Generation of Innovators)*

- **Active fair-mindedness.** Making special effort to find out whether one’s ideas will work by imagining what is wrong with them is a good way to be fair-minded. Using the same standards, regardless of the issue or who supports a position is another fair-mindedness quality. *(Establish Partnerships with Industry and Academia)*

- **Ego detachment.** Keeping reasoning separate from self-esteem helps guard against being caught up in being on the right side of an argument or rationalizing why failure was out of one’s control. *(Develop Next Generation of Innovators)*

- **Uncertainty tolerance.** Believing it is fine not to know something is a positive characteristic. Yet, motivation to resolve uncertainty, once recognized, is even more important. Thinking through problems, instead of using minimal cues to interpret a situation incorrectly, is an advantage. *(Establish Partnerships with Industry and Academia)*

- **Persistence.** If one line of thought or action is not working, then finding another line may work. *(Develop Next Generation of Innovators)*

- **Openness.** Being open to different and multiple possibilities leads to better decisions. *(Establish Partnerships with Industry and Academia)*

- **Commitment retraction.** Willing to change beliefs about a preferred solution or a problem viewpoint is an attitude that has positive effects. *(Identify, Evaluate, and Scale Innovation Projects)*

- **Process flexibility.** Realize that standard processes will not work for novel, ill-defined, or complex problems. Adapting or discovering a new way to think may help reach a solution. *(Identify, Evaluate, and Scale Innovation Projects)*

- **Willingness to learn.** It is natural for leaders to feel an expectation to have the knowledge and experience to perform well. Being willing to engage in learning is adaptive. One expert characteristic is that they understand what they know and what they need to learn. *(Develop Next Generation of Innovators)*

*A common competitive disadvantage for highly advanced nations is bureaucratic sclerosis—a loss of characteristics such as creativity, innovation, learning, adaptability, and shared opportunity due to the crippling constraint of a mass of rules, laws, procedures, requirements, forms, and other hallmarks of a hyper-bureaucratized context.* Report submitted to the DOD Office of Net Assessment: Michael J. Mazaar, *The Societal Foundations of National Competitiveness*, (Santa Monica, CA: RAND, 2022), 205.
Sharing insights on the latest data innovation trends and technologies

01 DHA DIRECTOR
- Approves final list of projects for pilot or full implementation
- Provides strategic guidance and oversight over DHA Innovation
- Holds team accountable for external communications to vendors/industry

02 CORPORATE EXECUTIVE BOARD
- Provides feedback on Innovation Projects

03 INNOVATION COUNCIL
- Prioritizes Projects from 1-n
- Provides strategic guidance and oversight over DHA Innovation

04 INNOVATION CELL PM
- Oversees all Innovation projects
- Facilitates Innovation Projects through evaluation and approval process
- Manages internal comms within the DHA and external comms with vendors/industry

05 INNOVATION CELL IPT
- Reviews projects collaboratively to determine feasibility
- Assigns Innovation projects to Program Offices/Technical Leads

06 CLINICAL FUNCTIONAL LEAD
- Translates clinical requirements into functional requirements
- Identifies gaps and pain points in delivery of health care throughout the enterprise

07 PROGRAM OFFICES
- Receives formal innovation project assignments from IPT
- Provides regular updates on project status
- Informs DHA Innovation Cell of project risks or delays that arise

08 INNOVATORS
- Submits innovation ideas
- Works with DHA Innovation Stakeholders throughout evaluation and approval process

Improving Health and Building Readiness. Anytime, Anywhere — Always
The Next Wave of Healthcare

Digital First

- Utilizing technology that “meets the patients where they are”
- Improving patient care and experience
- Providing flexible health care options
- Ensuring real-time information exchange
- Increasing patient satisfaction through ready, reliable care

People Centered

- Treating the whole person with case management techniques
- Focusing on tailored treatment plans
- Streamlining patient portals and user experiences
- Keeping the patient experience at the forefront
- Empowering patients to take charge of their healthcare

Integrated System of Care

- Allowing patients to easily access their records
- Creating simplified patient experiences
- Enhancing collaboration between clinicians
- Developing multi-faceted approaches to treatments
- Delivering more comprehensive healthcare options for patients
What Innovation means for DHA

- **Technology** that will bring **value**, that we can **implement quickly**, and that we can **scale across our system**.

- **Innovative Technology** in support of **enterprise performance** that significantly **improves** the **performance** of the organization.

- The **DHA Innovation Cell** is identifying **transformative ideas and technologies** to apply to our entire health care enterprise.

Digital First  Primary Care  Behavioral Health
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DHA Building World-Class Innovation

1. Director's priorities and enterprise strategic focus

2. External Partners
   - Industry best practices
   - VA/HHS/ARPHA
   - Conferences
   - Market research

3. Market/MTFs
   - Clinician ideas
   - Patient Experience
   - Local Pain Points/Gaps
   - Medical Trends

4. Innovation Cell (Enterprise Support):
   - Integrating priorities, challenges, and solutions to create innovation projects

4a. Prioritized Innovation Projects Recommendations

4b. Innovation Council recommends final priority to Director

5. Director approves annual projects

6. Stakeholder engagement
   - Outcome and decision to Stop or Scale

- Innovation idea management process

DHA Innovation Website
(front door – health.mil)
DHA Innovation Ecosystem Realized

**Innovation Suite**
Evolving to a networked, automated ecosystem where data is cloud-based, and any event can be seen and acted on by everyone simultaneously

**Data Integration**
Requires a single, real-time, integrated view of data across all sources, geographies, and offices to connect data with the questions people are trying to ask

**Financial Mgmt. (Budget & Execution)**
Optimize taxpayer dollars and make fiscally-informed decisions to enable readiness

**Acquisition**
Acquire goods/services to meet mission needs and in compliance with the controls of the Federal Acquisition Regulation (FAR)

**Policy**
Guidelines and mandates implemented by governance bodies through protocol that impacts decision-making

**Information Technology**
Application of technology to operate the organization on a broad scale in adherence to security and privacy protocols

**Personnel**
A structured, competency-based human capital planning approach to the civilian workforce’s readiness

Successfully embedding digital technology to innovate the DHA starts with creating increased visibility and transparency across the end-to-end organization
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Clinically-Intelligent Program Library

- Covering use cases across spectrum of patient needs.
- Services to create new programs to meet MHS specific requirements

**Chronic Care**
- Asthma
- Behavioral Health
- CHF
- COPD
- Diabetes 2
- Heart Disease
- Hyperlipidemia
- Hypertension
- Kidney Disease

**Post Acute and Oncology**
- ED Discharge
- Acute MI
- CHF
- COPD
- Generic Discharge
- Pneumonia
- Stroke
- Head & Neck Cancer
- Prostate Cancer
- Breast Cancer

**Pre and Post Procedure**
- Post-CABG
- Pre-Knee CJR
- Post-Knee CJR
- Pre-Hip CJR
- Post-Hip CJR
- Bariatric
- Colorectal
- Colonoscopy

**Prevention, Wellness & Patient Education**
- Gaps in Care (Preventive Reminders)
- Lifestyle Management
- Pediatrics
- OB/GYN
- Sleep
- Weight
- Nutrition & Fitness
- Text & Email Programs
- Personalized Educational Content System (PECS)

**COVID-19**
- Employee Screening
- Lab Results
- Pre-Visit Screening
- Quarantine Monitoring
- Visitor Screening
- Vaccine Monitoring
Awareness, access, and engagement with healthcare teams will be central to patient experience that increases health and readiness throughout the military community. A hybrid enablement platform ensures:

- Access to automated, intelligent, chat-based check-ins that are engaging, scalable, and can screen service members at scale.
- Identification of medical and behavioral health needs pre- and post-visits with escalations to on-demand access to healthcare teams when needed.
- Efficient healthcare teams operations with EHR integration.
- Proactive care models
Automated Care Programs

Meeting beneficiaries where they are through automated care programs and intelligent chat, allows for engagement of populations or cohorts at scale and enables programmatic escalations to higher levels of care when needed. This reduces the burdens on the care team and improves patient connectedness and outcomes. Results have included:

48% drop in colonoscopy appointment cancellations & no-shows due to automated chat engagements

3 Virtual Automated Care
helped replace In-person clinic + lab visits
With Home Spirometry and Video Visits

3.4% drop in A1Cs representing 0.33
Decrease on average A1C values from patients that engaged with at least 5 chats

69% Consumers closed one gap in care

A library of 21 clinically intelligent automated care programs that will be standardized for DHA and allow for additional market specific configurations to maximize utilization of available resources.
Digital Behavioral Health & Wellness Programs

Clinically validated digital behavioral health programs deliver self guided and coached cognitive behavioral therapy (iCBT). Designed for those expressing mild to moderate signs or symptoms of stress, depression or anxiety, these programs help build resilience and skills for users across the spectrum of acuity.

The opportunity for the MHS is to close the behavioral health resource gap by getting patients into self guided programs.

- **Up to 80%** Show improvements in symptoms
- **56%** Diagnosis-free at 3 months, among members with a clinical diagnosis of depression or anxiety
- **93%** User satisfaction

Portfolio of clinically validated digital behavioral health programs. These include self guided and coached cognitive behavioral health programs across Wellbeing Programs, Family Programs, Mental Health Programs and Chronic condition programs which address the comorbidity of mental health needs associated with chronic disease.

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Authentication

- Patients and Providers connecting will need separate authentication approaches
- Intent is to utilize existing MHS-G and Enterprise solutions, meeting DoD/DHA policy, while also simplifying access to support patient access to care
- Test capability will be offered for Patients/Guests to ensure successful authentication (DS Logon) and subsequently perform a technical Audio/Video validation prior to their appointment
- Smart Link supports current MHS VC notification workflows and is required for the Digital First functionality
Creating the Culture of Innovation

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Ms. Naomi Escoffery
Acting Deputy DAD, Acquisition and Sustainment /DHA Chief Accelerator Officer/DHA Innovation PM/Lead Category Manager and DoD Medical Co-Lead, and Assistant Director, Support, DHA
Closing – Takeaways and Next Symposium Topics

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