Recording: Welcome to the VA HSR&D Investigator Insights Podcast Series. In this episode, Research Content Editor Maria Hecht speaks with Fernanda Rossi, postdoctoral fellow and investigator with the Center for Innovation to Implementation. They’re discussing her work in evaluating experiences of women veterans’ care in seeking mental health treatment in VA.

Dr. Rossi: I'm a postdoctoral fellow at the VA Palo Alto Healthcare System Center for Innovation to Implementation and at the Stanford University Center for Health Policy and Center for Primary Care and Outcomes Research.

Maria Hecht: Well, you’re doing some postdoctoral work right now. What drew you to the health services research area, and specifically to VA?

Dr. Rossi: During my internship at VA Palo Alto, I started to learn more about the research that was happening on intimate partner violence screening in the VA and how important of an issue this was in VA, particularly to women veterans because, as we know, women veterans are at increased risk for intimate partner violence victimization compared to civilian women. I started to really care deeply about making sure that women veterans got proper screening and intervention regarding intimate partner violence, and overall, I became a strong advocate for women’s mental health. And I was already passionate about research in graduate school, but during internship, I just knew that I wanted to take my research skills to VA so that I could have a positive impact on the mental health care that women veterans are receiving, particularly those women who are experiencing intimate partner violence. Also, I was really excited about VA because I saw it as an opportunity to hopefully have an impact on a much larger scale since VA’s the largest health care system in the nation. So, being able to help lots of people at a national level felt especially exciting for me.

Maria Hecht: So, you looked at patient experiences of women veterans and mental health treatment. With regard to making sure that patient experience is part of the mix, what did your work result in? And briefly describe it. And also, I’d love to know how you kind of came to study this particular topic.

Dr. Rossi: Essentially, we conducted this study because we want to be sure that women veterans are getting the best quality mental health care that they can be getting in VA. So, when we talk about quality of mental health care there are various indicators of quality, but we think that one of the more important indicators of quality is dose of mental health treatment because if you’re not getting the appropriate amount of psychotropic medication over a specified period of time, or attend a certain number of psychotherapy sessions, then your symptoms are not going to improve. You’re not going to get better. So, in the study, we focused on dose of mental health treatment.

 Another aspect of quality that we were interested in, in this study, was patient experience, and we were specifically interested in looking at the relationship between patient experience and dose of mental health treatment because if someone who’s having a negative experience within their mental health care, then they’re going to be more likely to drop out of treatment prior to achieving clinical benefit. So, in this project, we looked at whether patient experience predicted getting a potentially therapeutic dose of mental health treatment, but specifically among women veterans. And why women? Well, because women are a minority in VA, so it’s likely that they have unique experiences when seeking mental health treatment in VA. For example, women might experience discomfort if they go to a mental health clinic and they have to sit in a waiting room full of men, especially if they’re seeking mental health treatment for something like military sexual trauma, and the men in the room are a trigger for them. So, this discomfort might keep women from coming back and getting the appropriate dose of treatment… or of mental health treatment, and in the study, other gender-related care experiences that we examined in addition to gender-related discomfort included whether women have access to female providers as often as they wish, and whether women have access to women-only treatment settings as often as they wish.

 We also examined some more global care experiences that are not specific to women, but still important to women, such as whether it was easy to get the care that they wanted whether care met their needs and their overall perceptions of the quality of care. So, to conduct this study, we used a nationally representative sample of 2,480 women veterans who indicated a perceived need for mental health care. So, these were women who said they wanted or needed mental health care in the past year, and these were also women who actually use VA mental health services in that same time frame. So, all of these women, they completed a survey. We then linked the survey to VA administrative data for the year prior to survey administration.

 We used VA administrative data to determine whether women got a potentially therapeutic dose of mental health treatment, which in the study we defined as eight or more psychotherapy sessions with the same provider or 84 or more days of psychotropic medication from sequential fills plus two or more medication management visits, and what we found is that out of all the women in our sample -- so, again, these were women who said they wanted or needed mental health services, and they all used mental health services to a certain extent. So, out of all of these women, 47.5 percent -- that’s less than half -- received a potentially therapeutic dose of mental health treatment. We also found in this study that patient experience was linked to receiving a potentially therapeutic dose of mental health treatment. So specifically, the women who provided positive readings regarding ease of getting care, care meeting their needs, quality of their care, having access to female providers, and experiencing little gender-related discomfort had significantly higher odds of getting a potentially therapeutic dose of treatment. The only variable that was not significant was access to women-only treatment settings.

Maria Hecht: What is it that was sort of the biggest implication of this work that you expect to have on women veterans’ care in VA?

Dr. Rossi: We think our findings suggest that providing gender-sensitive care to women; that is, care that gives them access to female providers and that helps them feel more comfortable in mixed-gender settings can help women have more positive experiences with their mental health care. So, overall, if we can provide more patient-centered care that meets the needs of women, then that may help women get appropriate doses of mental health treatment and essentially improve the quality of their mental health care. Of course, this study is not causational. We can’t necessarily say that more positive patient experience leads to getting a potentially therapeutic dose. It’s possible that getting a therapeutic dose made women develop more positive perceptions about their experiences, but we think this direction is less likely because of the specificity of our questions.

 So, we didn’t just ask how satisfied were you with your care, which is more subjective and can certainly change over time. We asked the more specific questions about what their care was like. So, did you have access to female providers? Did you feel uncomfortable due to being a female? In any case though, regardless of the direction in the association between patient experience and dose of mental health treatment, we know that these two things are linked. We know that they run together. So, if we can work on providing women with more patient-centered, gender-sensitive mental health treatment and work on getting women appropriate doses of mental health treatment, then we know we’ll be doing a good thing for women veterans.

Maria Hecht: So ultimately, if you had a wish list of things that you’d love to see as a… as an outcome of this work, a change of policy or practice guidelines, what would be sort of your ideal long-term goal?

Dr. Rossi: I hope that my work can help improve the quality of the mental health care that women veterans are receiving. I think it’s apparent that there is room for improvement, and VA has already started to offer more gender-sensitive care, but I would love it if we could continue down that pathway. And also, I haven’t talked much here about my work on intimate partner violence, but I'm really hoping to develop some solutions that make it easier for providers to conduct intimate partner violence screening and intervention. So, intimate partner violence is very much a safety issue, so if we can find ways to better identify women who are at high risk for intimate partner violence and to do efficient and effective safety planning with them, then that’s going to go a long way towards keeping women safe and helping them avoid potentially lethal situations.

 And I also… I wanted to mention I recently read a book, called the Moment of Lift by Melinda Gates, that really resonated with me because one of the messages in the book is that when we empower women, we don’t just help women. We help everyone around us because women are significant contributors to society, whether it be through their employment or child care, their housework, et cetera. So, that’s why I’ve become a strong advocate for women’s health because if we can help women have better health care, then we aren’t just helping women, but we’re helping society as a whole.

Maria Hecht: What does working with veterans mean to you, both personally and professionally?

Dr. Rossi: That work, the time that I spent doing more direct work with veterans, I was really touched to be able to work with the men and women who have served for us, so I want to be able to serve them, too. I really want to get them the care that they deserve, so I really hope that I can continue down this career pathway to continue doing research that can benefit them.

Maria Hecht: It’s been an absolute pleasure talking to you and I think VA is really lucky to have someone with your passion and commitment.

Dr. Rossi: Thank you.

Recording: The views and opinions expressed in the preceding podcast are concerned with the scope of recently concluded or ongoing VA HSR&D-funded research and do not necessarily reflect current or to be implemented VA policy. To learn more about this research, visit the VA HSR&D website at www.hsrd.research.va.gov.