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Prescriptions for Psychotropic Medications Filled by Service Members in the PTSD and Depression Cohorts Summary; CHAPTER FOUR: Quality of Care for PTSD and Depression; Quality Measure Results for PTSD; Overview of Measures for Service Members in PTSD Cohort; Quality Measure Results for Depression; Summary of Measures for Service Members in the Depression Cohort; CHAPTER FIVE: Variations in Care for PTSD and Depression Based on Patient Characteristics; Performance of PTSD Measures by Age of Service Member; Performance of PTSD Measures by Race/Ethnicity of Service Member
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CHAPTER SIX: Summary and Recommendations Main Findings; Policy Implications; Final Thoughts; APPENDIX ; A. Technical Specifications for Administrative Data Quality Measures for PTSD; B. Technical Specifications for Administrative Data Quality Measures for Depression; C. Rules for Processing Administrative Data for Inpatient Stays and Outpatient Visits; References

Sommario/riassunto

"The U.S. Department of Defense (DoD) strives to maintain a physically and psychologically healthy, mission-ready force, and the care provided by the Military Health System (MHS) is critical to meeting this goal. Given the rates of posttraumatic stress disorder (PTSD) and depression among U.S. service members, attention has been directed to ensuring the quality and availability of programs and services targeting these and other psychological health (PH) conditions. Understanding the current quality of care for PTSD and depression is an important step toward improving care across the MHS. To help determine whether service members with PTSD or depression are receiving evidence-based care and whether there are disparities in care quality by branch of service, geographic region, and service member characteristics (e.g., gender, age, pay grade, race/ethnicity, deployment history), DoD's Defense Centers of Excellence for Psychological Health and Traumatic Brain Injury (DCoE) asked the RAND Corporation to conduct a review of the administrative data of service members diagnosed with PTSD or depression and to recommend areas on which the MHS could focus its efforts to continuously improve the quality of care provided to all service members. This report characterizes care for service members seen by MHS for diagnoses of PTSD and/or depression and finds that while the MHS performs well in ensuring outpatient follow-up following psychiatric hospitalization, providing sufficient psychotherapy and medication management needs to be improved. Further, quality of care for PTSD and depression varied by service branch, TRICARE region, and service member characteristics, suggesting the need to ensure that all service members receive high-quality care"--Publisher's description
