1. Record Nr. UNINA9910632489603321 Clinical health psychology in military and veteran settings: innovations Titolo for the future / / edited by Larry C. James, William O'Donohue, and Jeanne Wendel Cham, Switzerland: ,: Springer, , [2023] Pubbl/distr/stampa ©2023 **ISBN** 3-031-12063-9 Descrizione fisica 1 online resource (319 pages) Disciplina 616.89 Soggetti Clinical health psychology Psychotherapy Clinical psychology Psiquiatria militar Veterans Salut mental Assistència psiquiàtrica Llibres electrònics Lingua di pubblicazione Inglese **Formato** Materiale a stampa Livello bibliografico Monografia Includes bibliographical references and index. Nota di bibliografia Nota di contenuto Intro -- Contents -- About the Editors -- Chapter 1: Introduction --References -- Part I: Health Economic Challenges Facing the Civilian Healthcare Industry -- Chapter 2: The US Healthcare System: Components and Functional Areas -- 1 Introduction -- 2 The US Healthcare System Includes Public Sector and Private Sector Entities Working in Three Functional Areas: Funding, Administering, and Providing Care -- 2.1 Funding Healthcare -- 2.1.1 Percentages

of Personal Healthcare Expenditures Insured by Public and Private Sources -- 2.1.2 Percentages of Individuals Covered by Public Sector

Administering Healthcare -- 2.4 Strategies for Performing the Tasks in the Three Functional Areas -- 2.5 Evolution of Public Sector and Private Sector Healthcare Responsibilities: Concurrent and Complementary -- 2.5.1 1700-1850 -- 2.5.2 1850-1950 -- 2.5.3 1950-Present -- 2.5.4

and Private Sector Funders -- 2.2 Delivering Healthcare -- 2.3

Current System -- 2.5.5 Contrast with European Systems -- 3 Payment Systems -- 3.1 Fee-for-Service Payment Structure -- 3.1.1 Implementing FFS: Tasks and Issues -- 3.1.2 CMS Method to Set Rates -- 3.2 Capitated Payment and Managed Care -- 3.2.1 Implications of Payment System Design -- 4 Conclusion -- References -- Chapter 3: Clinical Practice and Financial Management -- 1 Introduction to Clinical Financial Management in Public Systems -- 2 Public Budget Concepts and Characteristics -- 3 Strategic Planning and the Budget -- 4 The Basic Components of Financial Strategy in Clinical Applications -- 5 Budgetary Management in Clinical Programs -- 6 Cost Classification and Fund Accounting -- 7 Cost Allocation -- 8 Monitoring Spending: Principles of Budget Variance Analysis -- 9 Stakeholder Analysis in Financial Program Planning and Evaluation -- References. Chapter 4: Social Circumstances and Behavioral Patterns: Impacts on Health and Initiatives to Mitigate These Impacts -- 1 Introduction --2 Factors That Affect Health -- 2.1 Health as an Adult -- 2.1.1 Housing Security and Quality -- 2.1.2 Food Security -- 2.1.3 Education -- 2.1.4 Income -- 2.2 Childhood Health -- 2.2.1 Family Income -- 2.2.2 Food Security -- 2.3 Health at Birth -- 2.3.1 Family Income -- 2.3.2 Mother's Education -- 2.3.3 Maternal Health During Pregnancy -- 3 Initiatives to Mitigate the Impacts of Social Circumstances and Behavioral Patterns -- 3.1 Initiatives in Health Services -- 3.2 Initiatives to Address Gaps in Education, Food Security, and Housing Security -- 3.3 Initiatives to Adjust Provider Quality Metrics -- 4 Conclusion -- References --Chapter 5: Using Computer Technology to Support Clinical Decision-Making -- 1 Introduction -- 1.1 Example 1: Predicting and Preventing Suicide -- 1.2 Example 2: Predicting and Preventing Human Trafficking -- 1.3 Defining Data and Information -- 1.4 Integrated Care Requires Integrated Data -- 2 Collecting Data: The Electronic Health Record (EHR) -- 2.1 Evolution of EHR Affected the Type of Data Stored -- 2.1.1 Structured Data Are Used for Practice Management -- 2.1.2 New Data Added for Medical Records -- 2.2 Moving from Unstructured to Structured Medical Data -- 2.2.1 Challenges Moving Clinical Notes to EHR -- 2.2.2 Incorporating Behavioral Health Data into the EHR --2.2.3 Challenges Incorporating Behavioral Health Data into the EHR --2.2.4 Integrating Data About the Social Determinants of Health in the EHR -- 2.2.5 Challenges Integrating Data About the Social Determinants of Health into the EHR -- 2.2.6 Integrating Patient-Generated Health Data into the EHR -- 3 Exchanging Data to Coordinate Care -- 3.1 Sharing Data Through a Patient Portal. 3.2 Sharing Data Through a Health Information Exchange -- 3.2.1 Barriers to Sharing Data Through a Health Information Exchange --3.2.2 Addressing the Barriers to Health Information Exchange Through Legislation -- 4 Using the Data -- 5 Conclusion -- References --Chapter 6: How Will You Know Whether Your Efforts to Strengthen Patient Health Are Effective and Efficient? How Will You Convince Others? -- 1 Introduction to Health Program Evaluation -- 2 Tasks Required to Conduct a CER or CEA Study -- 2.1 Task # 1: Specify the Study Questions and the Date for Reporting Results to the Study Stakeholders -- 2.2 Task # 2: Specify the Study Sample -- 2.3 Task # 3: Specify Data Sources and Variables -- 2.4 Task # 4: Specify the Analytical Strategy -- 2.5 Task # 5: Specify the Types of Reports to Inform the Stakeholders About the Study Results -- 3 Additional Tasks Required for CEA Studies -- 3.1 Additional Steps Required to Specify the Study Goal in Task 1 -- 4 Additional Steps Required to Specify the Reporting Format in Task 5 -- 4.1 What Types of Agencies Compare the Cost-Effectiveness Ratio to a Threshold? -- 5 Conclusion -- References -- Chapter 7: Business Strategies

and Disruption in Vision Care -- 1 Introduction -- 2 Disruptive Innovation -- 2.1 Examples of Disruptive Innovation -- 2.2 Impacts of Disruption on Skilled Individuals Working in the Incumbent Firms -- 2.3 Regulatory Issues Raised by Disruptive Innovations -- 3 Case Study: EyeQue -- 3.1 The EyeQue Innovation -- 3.2 Steps to Analyze Potential Impacts of a Disruptive Innovation (Illustrated for the EyeQue Case) -- 3.2.1 Components of the Vision Care Industry and Relationships Among Those Components -- Vision Care -- Eyeglass Manufacturers and Distributors -- Payment Structures: Vision Care Plan and Health Savings Accounts -- 3.2.2 Regulatory Environment for Consumer Protection.

3.2.3 Strategic Responses by the Incumbent Providers -- 3.2.4 EyeQue Market Experience -- 4 Other Examples of Disruptive Innovation in Health Care -- 5 Conclusions -- References -- Chapter 8: Advancements in Health Care Communication -- 1 Introduction -- 2 Types of Technology -- 2.1 Self-Diagnostic Tools -- 2.2 Mobile Health -- 2.3 Telehealth and Virtual Health Care -- 3 Communication Channels -- 3.1 Scenario 1: Traditional Health Care Model -- 3.2 Scenario 2: Health Care Providers Utilizing EHR Systems -- 3.2.1 Channel 2: Providers and the Database -- 3.2.2 Channel 3: Patients and the Provider Database -- 3.3 Scenario 3: Health Care Providers Utilize EHR Systems and Patients Communicate with Providers via Telehealth -- 3.4 Scenario 4: Health Care Providers Utilize EHR Systems and Patients Utilize Mobile Apps, Self-Diagnostic Tools, and Monitoring Devices: Provider Organization Does Not Integrate the New Types of Information into the EHR System -- 3.4.1 How Channel 1 Is Affected by Technology -- 3.4.2 Channel 4: Patients and Their Devices -- 3.5 Criteria for Evaluating Mobile Health Applications -- 3.6 Scenario 5: Health Care Providers Utilize EHR Systems and Patients Utilize Mobile Apps, Self-Diagnostic Tools and Monitoring Devices: Provider Organization Integrates the New Types of Information into the EHR System -- 3.6.1 Channel 5: Patient Device and the Provider Database --3.6.2 Channel 2: Using the App Data to Generate Useful Information for Clinicians -- 4 Conclusion -- References -- Part II: Innovative Clinical Applications in the Military & Deteran Health Clinics --Chapter 9: Assessment and Treatment of Chronic Pain in the Military: Current Practices and Future Directions for Clinical Health Psychologists -- 1 Introduction -- 1.1 Chronic Pain Problem in the US Military -- 1.2 Paradigm Shift in Pain Treatment in the Military. 2 Pain Assessment and Treatment Approaches -- 2.1 Biopsychosocial Assessment -- 2.1.1 Clinical Interview -- 2.1.2 Self-Report Instruments -- 2.2 Behavioral Treatment Approaches -- 2.2.1 Motivational Interviewing -- 2.2.2 Cognitive-Behavioral Therapy for Chronic Pain --2.2.3 Contextual Cognitive Behavioral Therapy Approaches -- 3 Future

Interviewing -- 2.2.2 Cognitive-Behavioral Therapy for Chronic Pain -- 2.2.3 Contextual Cognitive Behavioral Therapy Approaches -- 3 Future Directions -- 3.1 Assessment -- 3.2 Treatment Programs -- 4 Case Study -- 4.1 Biopsychosocial Assessment -- 4.1.1 Treatment -- 4.1.2 Discussion -- 5 Discussion -- References -- Chapter 10: Post-traumatic Stress Disorder and Chronic Pain Among Military Members and Veterans -- 1 Definitions of PTSD and Chronic Pain -- 2 Prevalence of PTSD and Chronic Pain -- 3 Comorbidity Between PTSD and Chronic Pain -- 4 Risk Factors for PTSD and Chronic Pain -- 5 Treatment for PTSD -- 6 Treatment for Chronic Pain -- 7 Treatment of Comorbid PTSD and Chronic Pain -- 8 Case Study 1 -- 9 Case Study 2 -- 10 Conclusion and Future Directions -- References -- Chapter 11: Clinical Health Psychologists' Role in the COVID-19 Response in Veteran and Military Hospitals -- 1 Impact of COVID-19 on Military and Veterans -- 1.1 Caregiver and Provider Stress -- 2 Veteran Health Administration's Response to Service Provision During COVID-19 -- 2.1

VHA's Expansion of Virtual Care -- 2.2 Telemental Health -- 2.3 Adjustment to Teletherapy During COVID-19 -- 3 Post-pandemic Challenges and Future Directions for Health Psychologists in Military and Veteran Hospitals -- 3.1 Maintaining Frontline Providers' Wellbeing -- 3.2 Implementing and Improving Teletherapy Technology -- References -- Chapter 12: Telehealth Applications in Military and Veteran Healthcare Settings -- 1 Some Telehealth Applications -- 1.1 Before-COVID CMS Telehealth Policies -- 1.2 Interstate Medical Licensure Compact Relevant to Telehealth -- 1.3 After-COVID CMS Telehealth Policies. 2 Discussion.