



NATIONAL COALITION *for* HOMELESS VETERANS

“Health Care Utilization Prior to Loss to Care Among Veterans With Serious Mental Illness”

Abraham, Kristen M., Zongshan Lai, Nicholas W. Bowersox, David E. Goodrich, Stephanie Visnic, Jeffrey P. Burk, and Amy M. Kilbourne / [Full Report](#)

Quick Takeaways:

- Lack of consistent mental health treatment and treatment dropout for veterans with serious mental illness (SMI) are associated with early death, increased hospitalization, and decreased social and vocational outcomes.
- Regular medical and mental health visits were associated with a lower treatment dropout rate, while an increase in medical and mental health hospitalizations was associated with a higher rate of treatment dropout.
- A population management model focusing on risk monitoring and proactive interventions can help to maintain continuous care and improve outcomes.

Study:

Researchers analyzed treatment data from a larger study, SMI Re-Engage. They identified 6,687 veterans who were alive in 2011, diagnosed with schizophrenia or bipolar disorder, and who received care in 2008 or 2009 but no outpatient care or extended hospitalization within the following year. This group were defined as the lost to care group. An equal number of veterans with similar diagnosis but not lost to care formed the control group.

Researchers considered possible risk factors such as antipsychotic prescription receipt, number and length of medical and mental health hospitalizations, and number of non-hospitalization medical and mental health visits. Researchers controlled for a number of variables such as age, gender, race, marital status, history of homelessness, service status, mental health diagnosis, substance use, service-connected disability status, and Charlson Comorbidity Index score.

Findings:

An increase in medical or mental health hospitalizations was associated with a greater likelihood of loss to care. Conversely, an increase in non-hospitalization medical and mental health visits was associated with a lower likelihood of loss to care. The rate of loss to care was more highly associated with medical health interventions than mental health interventions.

Conclusion:

Patients who dropped out of mental health care had higher rates of hospitalization and premature death, as well as reduced social and vocation outcomes. Fewer regular medical and mental health visits and more hospitalizations were associated with a higher rate of dropping out. Researchers recommended more proactive interventions, focusing on monitoring risk factors and reaching out to veterans who may be at risk for becoming lost to care.