

**Written Testimony**

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**Hearing of the House Committee on Veterans Affairs**

**September 27, 2018**

***Introduction***

Chairman Roe, Ranking Member Walz and Members of the Committee, I deeply respect you for holding this hearing on the critically important issue of preventing Veterans' suicides. As long as there is even one Veteran suicide in any community anywhere in our country, we should not rest. We should treat the loss of even one Veteran to suicide as a national tragedy and the loss of 20 Veterans a day as a national crisis.

This topic is very personal to us at TriWest Healthcare Alliance; we have several employees who have lost family members to suicide, including some on our leadership team. Helping Veterans in crisis is the most privileged, sacred work we do. For us, it is not a business, but a mission. A mission to find and serve those in need, to ensure they have access to the right service with the right provider.

Veteran suicide is a heart-breaking issue, a complex issue that defies simple solutions. If the solutions were simple, Congress and the Department of Veterans Affairs (VA) already would have implemented those solutions. VA and the Department of Defense (DoD) deserve credit for having invested untold efforts and resources into solving the suicide crisis, but the crisis continues because each case can be different from every other.

While we might not ever be able to prevent every suicide, it should nevertheless be our goal. Striving for it should be our mission, together.

I wish I could offer you today a guaranteed solution to this crisis, but no one can do that. What I am grateful and humbled to have the privilege to do is to share with you some of the lessons learned by TriWest as we have worked for 22 years in partnership with DoD and VA to reduce suicides by those who wear or have worn our nation's uniform. If sharing our experiences with you can help save the life of even one Veteran, I will forever be grateful to you for holding this important hearing.

Mr. Chairman, I will share with you some background on TriWest Healthcare Alliance for one and only one purpose today: to help you understand the nature of our work and the lessons learned regarding suicide prevention.

If I could summarize the most important lessons learned from TriWest's many years of working in support of VA's and DoD's suicide prevention efforts, it would be these:

1. First, when a Veteran or Service member is at the cliff's edge, it is critical that there is a clear, simple and quick way for them to reach out for help.
2. Second, it is crucial that a Veteran on the verge of committing suicide can talk to a peer who can relate to their service and situation. The insight of an Army General might explain this when he once said, "Before the soldiers care about what I say to them, they have to know I care about them." In short, the Veteran needs empathy from a fellow comrade, not sympathy from a well-intentioned civilian.
3. Third, the most effective way to prevent Veteran suicide is to intervene with accessible, timely and quality mental health care services long before the Veteran is seriously considering suicide. No health care system in our nation is better equipped to provide that expert care than our VA health care system. Its expertise in dealing with Post Traumatic Stress Disorder (PTSD), Traumatic Brain Injury (TBI), military sexual trauma and war-related combat wounds is second to none. However, until the day when VA has enough mental health care providers within its system to handle all mental health care patients' needs on a timely basis, VA community care must be used, expanded and improved to prevent the tragedy of Veteran suicide.

Ensuring our nation's Veterans have access to the full range of timely, high-quality mental health services they have earned and deserve must be our collective mission. Meeting our Veterans' ever-growing demand for mental health services is an urgent, life-saving priority. We owe it to those who have sacrificed so much for us to provide them with the best care humanly possible. We should strive to not only prevent tragedy from striking, but also afford our Veterans an opportunity to live a healthy, full life.

### ***History***

Twenty-two years ago, TriWest Healthcare Alliance was formed by a group of non-profit health plans and university hospital systems. For the leadership team of TriWest and our 3,000 employees, most of whom are Veterans or family members of Veterans, what we do is more than a job; it is an honor to which we are steadfastly and passionately committed. Our first 18 years were spent helping DoD stand-up and operate the TRICARE program in a 21-state area.

Today, as you know, TriWest serves as a partner to VA, administering Patient-Centered Community Care (PC3) and the Veterans Choice Program in our geographic area of responsibility, which includes 28 states and three U.S. territories. Through these programs, TriWest serves as a relief valve to VA when it is unable to provide needed care to Veterans

within a VA facility. TriWest now has over 210,000 community health care providers in our network, and we have helped over 1.2 million Veterans receive more than 9.2 million total medical appointments since the start of the programs we administer on behalf of VA.

While VA initially was reluctant to use PC3 and the Veterans Choice Program for mental health services out of concern that community providers were not familiar with, or fully qualified to address, the mental health challenges of Veterans, today every VA Medical Center in our area of responsibility is sending us authorizations for mental health services. Our network of 22,500 behavioral health providers now has delivered over 119,000 behavioral health care appointments to Veterans in their community when they cannot be seen by VA.

Of particular focus to TriWest over the past 22 years has been serving the mental health needs of our nation's Veterans, active duty Service members and their families. During our 18-year engagement with TRICARE, we learned a great deal and built an extensive mental health network around military bases in the 21 states we served. We continue to leverage much of that network today in support of the Veterans Choice Program and every VA Medical Center in our region.

### ***Key Mental Health Initiatives***

Through our 22 years of operation, we have developed substantial experience in providing quality, accessible mental health care services and administering suicide prevention programs. We offer the following initiatives for your consideration as VA and Congress continue their work together to improve mental health care services and to prevent suicides for at-risk service members and Veterans.

1. **Expand peer-to-peer support programs.** In 2010, the U.S. Marine Corps asked TriWest for help in designing a pilot to increase access to mental health support for Marine Corps personnel returning from deployment(s). We were privileged to help create the "DSTRESS Line" pilot providing 24/7/365, Marine-to-Marine Peer-to-Peer Call Center access to stress/suicide prevention support, staffed by Veteran Marines, Fleet Marine Force Navy Corpsmen who were previously attached to the Marine Corps, Marine spouses and family members, and licensed behavioral health counselors trained in Marine Corps culture. Under the program, we provided phone, chat and videoconference capability for non-medical, short-term, solution-focused counseling and briefings for circumstances amenable to brief intervention, including but not limited to stress and anger management, grief and loss, the deployment cycle, parent-child relationships, couples' communication, marital issues, relationships, and relocations based on the needs of the community being served.

The Marine Corps leadership believes the program has been hugely successful as an efficient, effective and innovative peer support program for Marines to access mental health support by talking with a fellow Marine they can trust. TriWest provides the

staffing resources for these critical programs aimed at serving the U.S. Marine Corps. The highly-effective service saved the lives of many. We are proud to share that no military member who sought support through the DSTRESS line was lost to suicide. On average, there are over 6,000 total program interactions each year through calls, chats, and Skype. We believe there are some valuable best practices learned in this program that could serve VA well as it continues to expand and enhance behavioral health services for Veterans.

Due to the success of the DSTRESS line, DoD's Defense Suicide Prevention Office (DSPO) chose TriWest to construct and implement a 24/7, global peer-to-peer support suicide prevention program to serve all military Service members, National Guard and Reservists, and their families through telephone, chat, text and email. Launched in October 2016, the BeThere Peer Support Call and Outreach Center was designed to recognize the risks of suicide within the military community and provide solutions for breaking through barriers when it comes to seeking help. This program, staffed by Veterans of all the Service branches and military spouses, builds on the success of the DSTRESS program providing confidential support from peers who understand military life. Calls to the peer assistance line have increased steadily since the program launched, with an average of 250 to 300 interactions per week.

2. **Expand mental health training for community providers serving Veterans.** With a desire to expand access to needed behavioral health services to give VA the critical services it needs, TriWest is moving beyond simply appointing to our substantial mental health network of 22,500 providers. We have invested in and are training our community mental health providers in evidenced-based therapies that are known to be maximally effective in meeting the needs of Veterans. In 2016, TriWest partnered with PsychArmor Institute, in collaboration with VA, to help prepare community primary care and behavioral health providers to most effectively serve Veterans who have so valiantly served our country. Together, we created a school – a suite of free online courses taught by nationally-recognized experts – to educate community health care providers on military culture and the unique experiences and challenges Veterans face.

Known today as “*Veteran Ready*” (formerly known as “Operation Treat a Veteran”), this collaboration between TriWest, VA, the Center for Deployment Psychology, and PsychArmor Institute offers evidence-based training to all community-based network providers in the 28-state TriWest Healthcare Alliance regions of care. Training covers two broad topics: Military Lifestyle and Culture; and Evidence-based Psychotherapy. The three learning paths have four levels of training. Each level of completion corresponds to a level of patient acuity. With the completion of each level, TriWest will refer Veterans who require primary or specialty care, or the treatment of PTSD with either Cognitive Processing or Prolonged Exposure Therapy. And, the *Veteran Ready* digital certificate

and badge can be earned by providers who understand the value of military and Veteran cultural awareness in their practices.

3. **Expand community-based tele-mental health care services serving Veterans.** TriWest has designed and deployed a tele-behavioral health platform to connect community behavioral health providers with Veterans in need of counseling, who desire the use of this tested modality of care delivery. The initial rollout of this initiative was in Phoenix, San Diego and South Texas, and now we are expanding these services across all the regions we serve. Our telehealth initiative broadens and strengthens VA's current telehealth footprint aiding Choice Program Veterans for medication management and psychotherapy. Under this prototype, we now have approximately 1,500 unique Veterans appointed to tele-mental health services.

Telehealth increases access to care by increasing size and reach of each provider because it provides greater flexibility on timing and location, which lowers travel time and expenses for Veterans. TriWest continues to focus on expanding the network by assessing locations with high necessity and high returns, where we are collaborating with mental health leaders to educate providers and conduct outreach. As long as there is a shortage of mental health care providers in many parts of our country, tele-mental health can truly be a life saver for Veterans who would otherwise not receive timely mental health care services.

4. **Expand community mental health options for urgent care.** To ensure that those who are presenting themselves in VA Medical Center Emergency Rooms, where there is a lack of inpatient mental health beds to meet the needs of Veterans, VA and TriWest designed and deployed a pilot program in Wichita, Kansas, that would enable us to place the Veteran in an inpatient bed with one of our nearby behavioral health network providers rather than letting him or her wander out the front door without receiving potentially life-saving services. This pilot builds on a successful, similar one we conducted in Phoenix. We have developed the prototype, and VA is using this valuable tool in Kansas today.
5. **Increase VA and DoD collaboration to create a seamless transition for Veterans.** There is not one simple way to achieve success, and it will take a concerted joint effort of many to do so. That is why we highly encourage VA and DoD to streamline their efforts, as they are doing on Electronic Health Records (EHR), to create a seamless transition for Service members becoming Veterans. During our work with TRICARE we learned Service members often become disconnected once their physical wounds are healed. That is why VA and DoD absolutely need to collaborate to solidify continuity during the transition to ensure no Veteran is left behind. We are glad the Administration is

spearheading efforts to consolidate suicide prevention initiatives by uniting multiple departments and leaders in this space. The Executive Order will provide a strong framework to create a public-private partnership from the community to federal level that will help bring resources and expertise forward to help combat and lower the number of Veterans committing suicide.

### ***Conclusion***

Mr. Chairman, I salute you and this committee for placing a high priority on the critical issue of preventing Veterans' suicide. Our Veterans risk their lives to protect American values and society, so when their lives are at risk here at home, it is our moral obligation to protect them. They have had our back, so now we should have theirs. Collectively, we must seize the opportunity to enhance access and make the health care delivery model more efficient and effective. I believe doing so will necessitate leveraging the best of both the public and private sectors. No private health care system in the country has more expertise than VA in addressing the mental health care issues that put Veterans' lives at risk. The work ahead should not be to replace the VA system, but to learn from it and to supplement that VA care in the community, when necessary.

We look forward to doing our part to support VA Secretary Robert Wilkie and his team in many areas going forward, including in the critical space of supporting VA in delivering on the mental health care need.

As TriWest has done for 22 years, we stand ready today to do whatever it takes to work with Congress and VA to help protect the lives of our nation's heroes. Together, we can succeed and we must succeed in this mission, because our Veterans and their families deserve no less.