

The following are excerpts from the Institute of Medicine report released June 20, 2014:

The lack of time to deliver psychotherapy with fidelity is reflected in the fact that in 2013 only 53% of OEF [Operating Enduring Freedom, the war in Afghanistan] and OIF [Operation Iraqi Freedom, the war in Iraq] veterans who had a primary diagnosis of PTSD and sought care in the VA received the recommended eight sessions within 14 weeks.

Today, 54% of OEF and OIF veterans use VA health care services compared with the overall rate of 27.9% for all veterans. A recent survey of active-duty service members found that 60% intend to use VA health care services.

In 2011, 99,610 veterans—24.4% of all OEF and OIF veterans who used VA health care—had a diagnosis of PTSD. It is likely that these numbers do not capture the full extent of PTSD among veterans. The vast majority of eligible veterans receive their health care at facilities other than VA (such as community or private providers) or receive no health care at all. VA data show that 47% of veterans who entered specialized outpatient PTSD programs in 2012 were of the OEF and OIF era, 20% were of the 1990–1991 Gulf War era, and 34% were of the Vietnam era.

The prevalence and incidence of PTSD in female users of VA health services are rising: In 2008, 24,157 female veterans had PTSD (7% of all veterans who had PTSD in VA), and 7,773 of the cases were new (8% of all new PTSD cases); in 2012, the corresponding figures had risen to 42,514 (8.5%), and 12,023 (10%).

In 2003, 196,641 OEF and OIF veterans had service-connected PTSD; however, as of 2013, 653,249 veterans had service-connected PTSD, or 17.5% of all veterans who were receiving compensation for service-connected health conditions in 2013. Of those, about 451,500 were adjudicated to be at least 50% disabled...and another 165,500 were at least 30% disabled but less

than 50%...PTSD is the third most common major service-connected disability, after hearing loss and tinnitus.

Total [Pentagon] expenditures for PTSD care increased substantially over the 8-year period, from \$29.6 million in 2004 to \$294.1 million in 2012. The increase was driven primarily by the increase in the number of service members who had PTSD, but there was also an increase in the average cost per treated service member; total cost per treated service member increased by 32.0% and inpatient cost increased by 36.5%.

It is important to note that those costs include only services for which PTSD was the primary or secondary diagnosis. If costs of other services, such as comorbidities, are included, total health care costs increased from \$9,693 per PTSD patient in 2004 to \$18,259 in 2012, an increase of 88.4%. That is a much larger increase than the one seen in non-PTSD patients.

For a non-PTSD patient who had a mental health disorder, inflation-adjusted total health care costs increased from \$3,020 in 2004 to \$4,278 in 2012 (41.7%), but the costs per non-PTSD patient who did not have a mental health disorder actually decreased from \$2,250 to \$1,951 (-13.3%).

An increasing proportion of PTSD care for service members is being provided through TRICARE as purchased care. The percentage of total cost that is spent on TRICARE services increased from 19% in 2004 to 40% in 2012. Total costs for PTSD care delivered by purchased care providers increased dramatically from 2007 to 2012, from \$22.4 million to \$131 million.

Data collected by the Armed Forces Health Surveillance Center show that from 2006 to 2012 the number of hospitalizations of service members for PTSD increased by 192% (numbers not given). The mean length of stay for PTSD hospitalization increased from 10 days in 2000 to 17 days in 2012.

The total annual cost for health care for a veteran who had PTSD was estimated to be \$11,342, which was more than double the annual VA health care cost of a veteran without PTSD.

The cost of treating veterans who have PTSD was at least three times greater than the cost of treating veterans who do not have PTSD or TBI [traumatic brain injury].

The number of veterans who have PTSD and sought care in VA increased by 249%, from 143,791 in 2002 to 502,546 in 2012, driven by an influx of OEF and OIF veterans.

Data from the Veterans Benefits Administration on service-connected compensation for PTSD, including compensation for many veterans who did not seek health care in VA, show that from 2003 to 2013 the number of veterans from all eras evaluated and adjudicated to have service-connected PTSD increased from 196,641 to 653,249; the latter figure includes 205,309 OEF and OIF veterans.