An Introduction to the Joint DoD/VA Data Repository

Robert Bossarte, PhD
Background

• The Joint Strategic Plan (2010-2012) required a Suicide Data Working Group (Objective 2.8.A).
• The Data Working Group initially was tasked with identifying barriers and mechanisms to adopt a common nomenclature.
• The Data Working Group also recommended development of a DoD/VA Suicide Data Repository to resolve some of the current barriers for comparing VA and DoD suicide rates.
• HEC & JEC approval for the Joint Suicide Data Repository was obtained in 2011.
Workgroup Members

**DoD**
- Mark Reger (T2)
- David Luxton (T2)
- Len Litton (OUSD OR&S)
- Jackie Garrick (DSPO)
- Lynne Oetjen-Gerdes (AFMES)
- CAPT Janet Hawkins (SPARRC)

**Also Coordinated with:**
- LTC Keaton Beaumont (J-1, Joint Staff)
- Alison Marshall/Michelle Rudolph (DMDC)
- CAPT Sharon Ludwig (AFHSC)
- Lillian Ingster/Robert Bilgrad (CDC)
- Pamela Schmidt (TMA Privacy)
- Army STARRS

**VA**
- Jan Kemp (VHA MH Service)
- Robert Bossarte (VISN 2 CoE)
- Aaron Schniederman/Tim Bullman (Environ Epi Service)
- John Mccarthy (SMITREC)
- Ira Katz (Office of MH)
- Jonathan Quinn (VHA)
- Lisa Brenner (MIRECC)
- Kenneth Conner (VISN 2 CoE)
Workgroup Findings

- Neither DoD nor VA has a comprehensive system for collecting longitudinal suicide data.
- DoD/VA are limited in abilities to:
  - Report suicides for inactive Guard and Reservists.
  - Report on longitudinal issues related to suicide (e.g., suicides following short service periods; long-term outcomes following a suicide attempt).
  - Reliably report on topics requiring access to information about ALL veterans (e.g., suicide after deployment; risk for suicide following separation from Service).
Consistency With Previous Reviews

Findings were consistent with prior systematic reviews:

- Blue Ribbon Workgroup on Suicide Prevention in the Veteran Population (2008)
- Consistent with the DoD’s Response to Congress on the DoD Suicide Prevention Task Force Report
MEMORANDUM FOR SECRETARY OF THE ARMY
SECRETARY OF THE AIR FORCE

SUBJECT: Standardized Suicide Nomenclature (Self-Directed Violence Classification System) Policy

This memorandum implements the use of the Self-Directed Violence Classification System developed by the Centers for Disease Control and Prevention (CDC) (Attachments 1 and 2) for future data collection, reporting, and/or system-wide comparisons between the Department of Defense (DoD) and the Department of Veterans Affairs (VA). Requests for information on suicides, suicide attempts, and suicide risk factors from the Services, DoD, and VA have historically resulted in a variety of reports that appear inconsistent, or even contradictory. To resolve these inconsistencies, the 2009 DoD/VA Health Executive Council's Joint Strategic Plan required DoD and VA to adopt a standardized system of nomenclature for clinical events related to suicide.

A working group led by the Suicide Prevention and Risk Reduction Committee, in collaboration with the VA National Suicide Prevention Office, the Mortality Surveillance Division of the Armed Forces Medical Examiner, and CDC developed recommendations for common DoD/VA suicide nomenclature, definitions, and comparable suicide data. The working group agreed to use the Self-Directed Violence Classification System developed by CDC.

The Services will report suicide data using this standardized nomenclature within 60 days from the date of this memorandum. The long-term goal is to include this policy as well as the DoD Suicide Event Report in the DoD Instruction that is currently being prepared.

The point of contact is Commander Janet Hawkins, Defense Centers of Excellence for Psychological Health and Traumatic Brain Injury, Resilience and Prevention Directorate. Commander Hawkins may be reached at (301) 295-3551 or Janet.Hawkins@tma.osd.mil.

Attachments:
- As stated

[Signature]
William Schoennard, FACHE

Department of Veterans Affairs

Memorandum

From: Deputy Under Secretary for Health Operations and Management (10N)
SUB: Standardized Suicide Nomenclature (Self-Directed Violence Classification System)

To: Network Directors (10N1-23)

1. The 2009 DoD-VA Health Executive Council's Joint Strategic Plan required VA, as well as DoD, to adopt a standardized system of nomenclature for clinical events related to suicide as soon as it was made available by the Centers for Disease Control and Prevention (CDC). The Self-Directed Violence Classification System and definitions (Attachments A and B) was developed by the CDC to meet the needs of individuals responsible for a broad range of tasks (e.g., surveillance, clinical care, research). It has been extensively reviewed and tested by the CDC. It was very recently approved and is being released this month.

2. A Clinical Tool, using the CDC classification system, has been developed by the VA Veterans Integrated Service Network (VISN) 16 Mental Illness Research Education and Clinical Center (MIRECC)(Attachment C). This will allow for specific recommendations for care at each determined point of classification as well as improved communication concerning risk levels and care interventions among VA providers. The DoD has recommended that a similar clinical tool, be created and adopted by the Services and related health care professionals.

3. Training at the Suicide Prevention Coordinator level will begin on the implementation of the classification system this spring and will continue at the VA Mental Health Conference this summer. Local Suicide Prevention Coordinators will be responsible for the training at each facility.

4. We will begin using the new nomenclature in VISN this summer for reporting purposes and as soon as possible for clinical care documentation. If you have questions about the new system please contact Dr. Janet Kemp, the VA National Suicide Prevention Coordinator via Outlook (jan.kemp@va.gov) or at 565-393-3975.

[Signature]
William Schoennard, FACHE

Attachments:
- Attachment A: CDC/VA/DoD Definitions
- Attachment B: Flowchart for Surveillance Definitions for Self-Directed Violence
- Attachment C: Clinical Worksheet for use of Self-Directed Violence Classification System
History

• The Report of the Blue Ribbon Work Group on Suicide Prevention in the Veteran Population noted that consistent, reliable suicide rate calculation is limited by current barriers to data access and comparability.

• For example, even when death certificates are used as the consistent definition of “suicide,” the data may be biased by underreporting or inconsistencies in data collection across systems.

• There may also be biases associated with the ascertainment of Veteran status on death certificates which are often subsequently used for the purpose of calculating suicide rates.

• These issues are further complicated when attempting to compare suicide data within subgroups of the DoD or across the DoD and VA.
RECOMMENDATION 1: VHA should establish an analysis and research plan in collaboration with other federal agencies to resolve conflicting study results in order to ensure that there is a consistent approach to describing the rates of suicide and suicide attempts in veterans.

- A detailed analysis is needed of how veteran status is ascertained on available sources of data used in rate calculations.
- Studies should clearly delineate the total veteran population and the veteran population eligible for VA benefits.
- Studies may need to link multiple data sets (e.g., VA, Department of Defense [DoD], NVDRS, and NDI data) to accurately compile VHA treatment history, service characteristics, and death circumstances.
Recommendation: The DOD, the VA and HHS should coordinate efforts to analyze veteran suicide data and should conduct these analyses annually.

Recommendation: The DOD, the VA and HHS should share data and information pertaining to suicide. The military services' leaders should meet regularly to discuss issues and approaches pertaining to suicide, and to share lessons learned. The Senate Committee on Veterans Affairs and the House Veterans Affairs Committee should initiate discussions with SASC and HASC, with the intent of developing provisions for the NDAA to address the problem of veteran suicide.
December 2, 2011
Testimony before the House Committee on Veterans’ Affairs Subcommittee on Health

Prepared Statement of Margaret C. Harrell, Ph.D.
Senior Fellow and Director of the Joining Forces Initiative, Center for a New American Security

“There does not currently exist a systematic combined analysis of service member and veteran suicide. Neither the Department of Defense (DOD) nor the Department of Veterans Affairs (VA) fully consider or analyze suicide in one another’s population.”
Barriers to Accessing Population Data

- Within the DoD, the Armed Forces Medical Examiner System (AFMES) has responsibility for reporting on deaths that occur during active duty.
- However, it is very difficult for the DoD to obtain suicide data for other subgroups such as reservists who are not on active duty, as the States have jurisdiction for these deaths.
- Access to data for these other subgroups has previously been managed by linkage with data from the Centers for Disease Control and Prevention’s National Death Index (NDI) mortality file.
Barriers, Continued.

• The VA maintains records of mortality, but information on cause of death is not available from Vital Status records.

• The VA has traditionally partnered with the Centers for Disease Control and Prevention for searches of external data (National Death Index (NDI)) to identify information on cause of death among Veterans who use VA services.

• Population-level data on the rate or characteristics of suicide among those outside of the Armed Forces or those who do not receive VHA services are not currently available.

• Data on non-fatal suicide attempts is currently available on Veterans who receive VHA services and active duty Service. However, data elements have not been standardized or integrated.
VA Suicide Surveillance Activities

• In July 2010, Secretary Shinseki sent a letter to all the States requesting their assistance in helping the VA obtain death certificate data more quickly than the NDI system currently permits. The VA’s VISN 2 Center of Excellence for Suicide Prevention has served as the primary point of contact responsible for organizing responses and collecting data from states.

• The VA’s Environmental Epidemiology Service has routinely obtained NDI data on Veterans to assist in mortality studies, including suicide.

• VA’s Serious Mental Illness Treatment, Resource, and Evaluation Center (SMITREC) has also obtained NDI data annually to determine cause of death among Veterans who receive VHA services.

• The VA developed a suicide event reporting system called SPAN. SPAN data are based on standardized “Suicide behavior Reports” and are collected for suicides and non-fatal suicide behavior known to VHA clinicians or Suicide Prevention Coordinators.
DoD Suicide Surveillance Activities

- The DoDSER program requires all Services to identify suicide attempts that result in a hospitalization or evacuation from theater. A professional collects records about the individual (e.g., medical records, personnel records), and responds to some standardized items about the event and the individual’s history.

- T2 has conducted a grant funded research study in which it is obtaining NDI data on all service members who served in any capacity from 2001 to 2007. The purpose of the study was to examine population-based suicide rates, including some previously unstudied subgroups (e.g., non-active duty Reservists).
Basic Recommendation

Link Data:

- “Gold standard” identifiers of individuals with military service (DMDC & VA).
- Standardized cause of death - National Death Index (National Center for Health Statistics, CDC).
- Administrative data required to interpret suicide rates and risk characteristics e.g., length of military service, rank, clinical characteristics, previous suicide attempts.

Workgroup assumptions:

- A host for the shared solution would be identified.
- The “host” would allow for shared access to comprehensive data.
- Update accessions and deaths once per year.
Reduces Redundancy in NDI Purchases
Other Initial Data Sources

• Defense Casualty Information Processing System (DCIPS) for active duty deaths.
• Beneficiary Identification Records Locator Subsystem (BIRLS) for deaths known to the Department of Veterans Affairs.
• Social Security Administration Death Master file (SSA DMF) for additional vital status data.
Relationship to DoDSER/SPAN

- DoDSER data are used to characterize suicide behaviors in DoD.
- SPAN data are used to characterize suicide events known to VA providers and Suicide Behavior Coordinators.
- Proposed repository does not replicate these data sources.
- DoDSER & SPAN data will be useful for expanding the value (e.g., outcomes for suicide attempts).
- The SDR will incorporate data from DoDSER & SPAN in a common and shared resource.
Phased Implementation

• Phase 1: Initial repository containing only death cases (privacy requirements significantly reduced).

• Phase 2: Purchase NDI data for those who have separated from active duty service from January 1, 1974 forward and those who have used VHA services.

• Phase 3:
  – Finalize hosting option,
  – Establish the Board of Governance,
  – Obtain authorization for Charter,
  – Design front end interface, data storage system.
Data Submission

• Data for those who separated from active duty military service were compiled by DMDC for the years 1974-2011.
• Data for those who used VA services were compiled by the VA’s Serious Mental Illness Treatment, Resource and Evaluation Center (SMITREC) for the years 2000-2011.
• Data from both sources were integrated and de-duplicated to enhance search capacity and eliminate redundancy.
• Information for more than 24 million individuals was linked with NDI data for the years 1979-2011.
Status

• Data from the combined DoD/VA search of the National Death Index were processed and returned by the Centers for Disease Control and Prevention.
• Validation of “confirmed” cases followed an enhanced algorithm incorporating standards developed by the Centers for Disease Control and Prevention, VA’s Information Resource Center (VIReC), and SMITREC.
• Cases falling below a confirmable threshold were matched with data from the SSA master mortality file and BIRLS in an effort to resolve discrepancies.
• Validation of the final mortality file is ongoing – with comparison of case ascertainment using the enhanced process and existing standards.
Status, Continued

• Preliminary review indicates a confirmed match for more than 2 million cases.
• DMDC has begun development of a query tool linking several data sources to provide response to BOG approved data queries and to produce reports.
• The Charter has received OGC approval from the DoD and is being reviewed by the VA.
• A Board of Governance has been proposed to meet requirements of the NDI Data Use Agreement.
• The CDC has requested information on Veteran status that could be added to their public release information.
Summary

- The DoD/VA Joint Suicide Data Repository is a tool with broad applicability and the potential to fill key gaps in knowledge.
- These gaps have been repeatedly identified and no other solution exists.
- This effort will meet needs that cannot be addressed successfully in other ways.
- The DoD/VA Joint Suicide Data Repository will provide data to evaluate trends in suicide among those who use VA services, among the broader population of Veterans following separation from active duty military service, as a resource for program evaluation and ongoing surveillance, and for investigator initiated research.
Contact Information

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