



Highlights of [GAO-13-26](#), a report to the Ranking Member, Committee on Veterans' Affairs, House of Representatives

Why GAO Did This Study

Medication management is critical to effective continuity of care for servicemembers transitioning out of the military. Psychiatric and pain medications may be of particular concern because of potential adverse health effects if not taken as intended.

GAO was asked to provide information on the process used by DOD and VA to help servicemembers manage their psychiatric and pain medications during transitions. In this report, GAO examined (1) the extent to which servicemembers transitioned out of the DOD health care system with psychiatric or pain medications and subsequently received care from VA and (2) efforts DOD and VA have in place to help ensure servicemembers' psychiatric and pain medication needs are met during transitions of care. GAO focused on active duty servicemembers, Reservists, and National Guard members who discharged from military service and Reservists and National Guard members who demobilized in fiscal years 2009 through 2011. GAO also reviewed DOD and VA documents, including transition policies, and interviewed DOD and VA officials from headquarters and six DOD and VA facilities, selected on the basis of size, geographic location, patient characteristics, and other factors.

What GAO Recommends

GAO recommends that DOD develop a transition policy for medications that applies to all servicemembers and that DOD and VA identify and apply best practices for managing servicemembers' medication needs during transitions of care. DOD and VA concurred with the recommendations.

View [GAO-13-26](#). For more information, contact Debra A. Draper at (202) 512-7114 or draperd@gao.gov.

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DOD AND VA HEALTH CARE

Medication Needs during Transitions May Not Be Managed for All Servicemembers

What GAO Found

About 1 in 12 (approximately 94,000) servicemembers discharged from military service and Reservists and National Guard members demobilized in fiscal years 2009 through 2011 had a psychiatric or pain medication, and almost half of these servicemembers subsequently received care from the Department of Veterans Affairs (VA) within 9 months. The percentage of servicemembers discharged or demobilized with psychiatric or pain medications increased slightly across the 3 fiscal years, from about 7 percent in fiscal year 2009 to about 9 percent in fiscal year 2011. The most common psychiatric medications for servicemembers discharged or demobilized from fiscal years 2009 through 2011 included antidepressants, while the most common pain medications included nonsteroidal anti-inflammatories, such as prescription-strength ibuprofen, and an opioid—oxycodone acetaminophen. Although not all discharged or demobilized servicemembers receive care from VA, GAO found that almost half of servicemembers with psychiatric or pain medications in fiscal years 2009 through 2011 subsequently received care from VA within 9 months.

The Department of Defense's (DOD) and VA's efforts may not help all servicemembers manage their medication needs during transitions of care. DOD does not have a formal policy for transitioning medication needs for all servicemembers, and the efforts available to all servicemembers are limited. For example, DOD officials identified the medical assessment as the effort DOD has in place to help all servicemembers transition their medical needs prior to discharge. This assessment is a key opportunity for assisting all servicemembers with managing medications; however, DOD cannot ensure that certain best practices, such as developing a plan for how to obtain medications during the transition and providing current medication lists at the point of discharge, are included during these assessments. In addition to efforts that may assist all servicemembers, DOD and VA provide specific servicemember groups with more thorough and direct assistance in transitioning their health care, including medications. For example, servicemembers with complex health care needs may receive additional assistance through military case management services. Finally, some DOD military treatment facilities and VA medical centers have efforts that can help manage servicemembers' medication needs, but these may not be available at all facilities. Many of the programs available only to specific groups or to servicemembers accessing certain DOD or VA facilities incorporate identified best practices for transitions of care, such as sharing medical information between providers, scheduling VA appointments and providing servicemembers with medication lists prior to discharge. Identifying best practices and implementing them across the departments could better ensure overall continuity of care, including medication management, for servicemembers transitioning between health care providers, and could reduce their potential for adverse health effects from misusing or discontinuing psychiatric or pain medications.