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14. ABSTRACT Our objectives are to analyze existing clinical and administrative data in Veterans Integrated Service Network (VISN) 11 to determine: 1) whether the presence of pain affects diagnosis and treatment of PTSD among VA patients who have a positive PTSD screening test; and 2) the effects of PTSD/pain comorbidity on utilization of mental health, primary care, and pain-related health services. The first task outlined in our Statement of Work is to extract data from local VISTA databases into a data warehouse for management, cleaning, and analysis. Unfortunately, this first task was significantly delayed. As of 9/10/2009, we received a one-year no cost extension due to these delays. Since that time, we have experienced additional data management and administrative approval delays; as a result, we did not obtain access to the promised data from all sites until November, 2010. We recently submitted a request for a second no-cost extension to complete data analysis. Now that we have our dataset, we do not anticipate any further delays.					
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INTRODUCTION

Post-traumatic stress disorder (PTSD) and chronic pain commonly co-occur among veterans. The VA has implemented routine PTSD screening because PTSD is both prevalent and under-recognized in VA primary care. For this screening initiative to be effective, primary care providers must act on positive PTSD screening tests by referring patients for further evaluation or therapy.

Previous research has shown that, when depression and pain co-occur, primary care providers are less likely to diagnose and treat depression appropriately. Whether comorbid pain has similar negative effects on the diagnosis and treatment of PTSD is unknown. Our objectives are to analyze existing clinical and administrative data in Veterans Integrated Service Network (VISN) 11 to determine: 1) whether the presence of pain affects diagnosis and treatment of PTSD among VA patients who have a positive PTSD screening test; and 2) the effects of PTSD/pain comorbidity on utilization of mental health, primary care, and pain-related health services.

BODY

The first task outlined in our Statement of Work is to extract data from local VISTA databases into a data warehouse for management, cleaning, and analysis. Unfortunately, this first task was significantly delayed due to problems beyond the control of our research team. Specifically, the data management group at the Indianapolis VA Medical Center (VAMC) experienced turnover in personnel and was overloaded with work. This prevented them from delivering complete and accurate data on schedule.

As of 9/10/2009, we received a one-year no cost extension due to these delays. Since that time, we have experienced additional data management and administrative approval delays; as a result, we did not obtain access to the promised data from all sites until November, 2010. We recently submitted a request for a second no-cost extension to complete data analysis. Now that we have our dataset, we do not anticipate any further delays.

KEY RESEARCH ACCOMPLISHMENTS

None to date.

REPORTABLE OUTCOMES

None to date.

CONCLUSION

Due to delays in data acquisition, we have requested an additional no-cost extension for this study. Our previously submitted budget revision request is attached as an appendix.