



Promoting equity in engagement, access, and quality of mental health care for Veterans facing barriers to care, especially rural Veterans

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Communiqué

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RESEARCH TO PRACTICE

Prescribing Trends in Veterans with Posttraumatic Stress Disorder

Summary by Kathy L. Henderson, M.D.

This month's Research to Practice summary is on a series of articles published by Bernardy and Lund, et al., documenting prescribing trends in Veterans with PTSD. The VA/DoD Clinical Practice Guideline for Management of PTSD (2010) cautions against the use of some medications (e. g. benzodiazepines) to manage core symptoms of PTSD (hyperarousal, avoidance, numbing, re-experiencing) because of lack of efficacy in treating PTSD and the risk of adverse outcomes. The Guideline also provides pharmacotherapy treatment recommendations for other medications that have demonstrated efficacy in the management of PTSD based on the level of evidence. To review the guideline, visit http://www.healthquality.va.gov/Post_Traumatic_Stress_Disorder_PTSD.asp.



See PRACTICE on page 2

EYE ON A SC MIRECC INVESTIGATOR

Research on Antipsychotic Monitoring and Management

By: Rick Owen, M.D.

Director, HSR&D Center for Mental Healthcare and Outcomes Research
Acting Associate Chief of Staff for Research, Central Arkansas Veterans
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Professor, University of Arkansas for Medical Sciences

Second-generation antipsychotics (SGAs) are prescribed to over 80% of Veterans with psychotic disorders (Blow et al, 2007). Unfortunately, treatment with many SGAs is associated with metabolic side effects such as overweight or obesity, diabetes, and hyperlipidemia. While evidence-based and consensus-based recommendations for monitoring and managing these effects have been outlined in VA clinical practice guidelines, research has found low rates of metabolic monitoring and significant delays in management of metabolic abnormalities among patients treated with antipsychotics.

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PRACTICE (continued from page 1)

Bernardy's study looked at VA pharmacy utilization data, outpatient encounters and inpatient discharges, from 1999 through 2009. Pharmacy data was examined for patients who had either a primary or secondary diagnosis of PTSD. Medication use was defined as having at least 1 prescription filled of any quantity, days' supply, or dosage from selected drug classes.

Study highlights for clinicians:

- A nearly 3-fold increase in Veterans receiving care for PTSD over the last decade
- Benzodiazepine use decreased to 30.6%, but there is room for improvement
- First-line agents (SSRI, SNRI) use increased to 58.9%
- Frequency of antipsychotic use decreased to 13.9%, but the use of low-dose quetiapine has increased substantially to 10.4%
- Zolpidem (placed on formulary in 2008) use tripled in just 2 years
- Prazosin prescribing increased nearly 7-fold. This increase in the last few years appears related to decrease in benzodiazepine usage

There are many other interesting findings in the citations listed below. The February 2013 Psychiatric Services article describes patient and facility characteristics associated with benzodiazepine prescribing. Females with PTSD receive a benzodiazepine prescription more frequently as well as Veterans > 30 years of age (especially Vietnam era) and Veterans living in rural areas. The bottom line is that the VA is making progress in implementing guideline-concordant care for PTSD, but there is room for improvement in medication prescribing.

To read these three articles, visit <http://www.ncbi.nlm.nih.gov/pubmed/>.

Citations

Bernardy, N. C., Lund, B. C., Alexander, B., & Friedman, M. J. (2012). Prescribing trends in Veterans with posttraumatic stress disorder. *Journal of Clinical Psychiatry, 73*(3), 297-303.

Lund, B. C., Bernardy, N. C., Alexander, B., & Friedman, M. J. (2012). Declining benzodiazepine use in Veterans with posttraumatic stress disorder. *Journal of Clinical Psychiatry, 73*(3), 292-296.

Lund, B. C., Bernardy, N. C., Vaughan-Sarrazin, M., Alexander, B. & Friedman, M. J. (2013). Patient and facility characteristics associated with benzodiazepine prescribing for Veterans with PTSD. *Psychiatric Services, 64*(2), 149-155. ♦



CBOC Mental Health Rounds 2nd Wednesdays Monthly
8:00-9:00 AM CT
1-800-767-1750; 26461#
Sponsored by the South Central MIRECC

VISN 3, 6, 7, 8, 9, 11, 16, 17, and 23 mental health providers are invited to attend the next SC MIRECC CBOC Mental Health Rounds session titled "Dialectical Behavior Therapy (DBT): Ideas for Developing Consultation Teams & Adapting Skills Groups for CBOCs" on Wednesday, May 8, 2013 at 8:00-9:00 a.m. (CT). This LiveMeeting session will be presented by Stephen McCandless, Psy.D. and Laura Meyers, Ph.D. At the conclusion of this educational program, learners will be able to:

1. List three diagnostic criteria for Borderline Personality Disorder as organized by DBT;
2. Distinguish the differences between DBT and Cognitive Behavioral Therapy (CBT);
3. List criteria of patients to refer to DBT;
4. Identify the four modules of DBT and the symptoms targeted in each; and
5. Explain how a coping skills group might be beneficial to Veterans served in a CBOC setting.

Call 1-800-767-1750 and use access code 26461# to participate. Contact Ashley McDaniel at Ashley.McDaniel@va.gov or (501) 257-1223 for registration and continuing education credit information.

New SC MIRECC Clinical Education Product Available Living with Purpose: A Guide for Getting More Out of Each Day

Natalie Hundt, Ph.D., Maria Armento, Ph.D., and Jeffrey Cully, Ph.D.

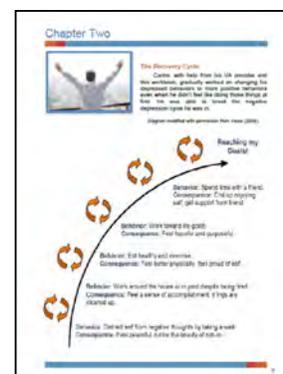
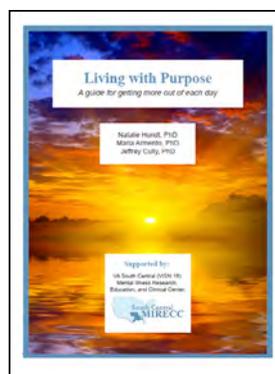
Many Veterans with depression do not engage in psychotherapy because of barriers like busy work schedules, chronic health conditions, or lack of transportation. The SC MIRECC's new guided self-help workbook provides an alternative that may fit better into Veterans' busy lives. This workbook provides Veterans with information and skills to self-manage mild to moderate depression using the evidence-based approach Behavioral Activation. It comes with a brief provider guide to support traditional or non-traditional mental health providers in their use of this workbook with Veterans. Veterans who may benefit from this workbook:

- Have mild to moderate depression;
- Are interested in self-management of depression;
- May have mild comorbid disorders such as anxiety or PTSD;
- Have a mental health provider or case manager at VA; and
- Can meet with the provider monthly so the provider can encourage the Veteran's progress and answer questions.

This workbook is appropriate for providers who work with depressed Veterans, including case managers, social workers, nurse practitioners, psychiatrists, and psychologists. Providers do not need prior training in psychotherapy to use the workbook.

The developers would like to thank Jonathan Kanter, Ph.D., Joseph Mignogna, Ph.D., Jessica Calleo, Ph.D., and Jessica Breland, M.S. for their thorough and helpful feedback on the content of this manual. They would also like to thank Derek Hopko, Ph.D. and Carl Lejuez, Ph.D. for their permission to reprint forms from their behavioral activation treatment manual, and David Veale, M.D., for permission to modify and reprint diagrams.

To download the provider brochure, visit http://www.mirecc.va.gov/VISN16/docs/Living_With_Purpose_Provider_Brochure.pdf. To download the workbook, visit http://www.mirecc.va.gov/VISN16/docs/Living_With_Purpose.pdf.



Pictured: Excerpts from the Living with Purpose Workbook

Upcoming CBOC Mental Health Rounds Second Wednesdays Monthly 8:00-9:00 am CT 1 (800) 767-1750; 26461#

May 8, 2013

Dialectical Behavioral Therapy

June 12, 2013

*Competency & Decision Making
in Health Care*

July 10, 2013

Caregiver Support

August 14, 2013

Safety Planning App

SC MIRECC ACKNOWLEDGMENTS

Dr. Michael Kauth Promoted to Professor at Baylor College of Medicine

The SC MIRECC would like to congratulate Dr. Michael Kauth on his promotion to Professor in the Baylor College of Medicine Menninger Department of Psychiatry & Behavioral Sciences. Dr. Kauth, a clinical psychologist, is the SC MIRECC Co-Director and Associate Director for Education and the National LGBT Program Coordinator for Patient Care Services, where he designs and delivers training to VA clinical staff on lesbian, gay, bisexual, and transgender Veteran health care issues and advises on policy.

FY2014 Clinical Educator Grants Call for Applications

Don't miss your chance to submit a proposal for the FY2014 SC MIRECC Clinical Educator Grant program. These small grants (up to \$10,000 for multi-site projects) are designed to help clinicians develop innovative clinical education tools that benefit the mental health care of rural and other under-served Veterans. The SC MIRECC is especially interested in funding projects that involve collaborations between medical centers and community-based clinics.

Examples of past projects include a CD-ROM compendium of pain management information and tools for clinicians who treat Veterans with substance abuse, a manual to conduct psychoeducational workshops for returning Iraq and Afghanistan Veterans and their families about readjustment issues, and a DVD of ex-POWs telling their stories about internment and their struggle with PTSD symptoms and how they have managed to survive and thrive in their lives. The Clinical Educator Grants program has produced more than 30 excellent clinical education products that the SC MIRECC makes available to clinicians free of charge. Additional products can be found at <http://www.mirecc.va.gov/VISN16/clinicalEducationProducts.asp>.

If you have a great idea for an educational tool to improve care delivery, this may be the opportunity that you are looking for! **The deadline for submitting a proposal is August 1, 2013.** For more information about the Clinical Educator Grants, contact Dr. Geri Adler at Geri.Adler@va.gov or Dr. Michael Kauth at Michael.Kauth@va.gov.

- Download Application at http://www.mirecc.va.gov/VISN16/docs/CEG_Application.pdf.
- Download Example Application 1 at http://www.mirecc.va.gov/VISN16/docs/Sample_application_I.pdf.
- Download Example Application 2 at http://www.mirecc.va.gov/VISN16/docs/Sample_application_II.pdf.

ATTRIBUTION: ACKNOWLEDGEMENT OF MIRECC RESEARCH SUPPORT/EMPLOYMENT

SC MIRECC researchers and educators have a responsibility to ensure that the SC MIRECC receives proper credit for SC MIRECC-supported studies or projects in articles, presentations, interviews, and other professional activities in which the results of those projects are publicized or recognized. All investigators should credit the SC MIRECC if they receive either direct or indirect support from the SC MIRECC. For example, "This work was supported in part by the VA South Central (VISN 16) Mental Illness Research, Education, and Clinical Center." If you receive salary support from the SC MIRECC, you should list the SC MIRECC as an affiliation.

ANTIPSYCHOTICS (continued from page 1)

Over the past decade, I have engaged in research to explore monitoring and management practices of VA providers who prescribe antipsychotics. This work grew from several VA initiatives that have taken place in VISN 16 and nationally in VA Mental Health Services.

Antipsychotic Monitoring and Management Efforts in VISN 16

In 2003, the VA Mental Health Quality Enhancement Research Initiative (MH QUERI) collaborated with the VISN 16 Mental Health Product Line (MHPL) to develop VISN-level performance measures for metabolic monitoring at the time of a new antipsychotic prescription. Dr. Teresa Hudson led this project, working with Dr. Kathy Henderson, the VISN 16 MHPL Manager. Dr. Henderson initiated this effort after noticing some sentinel events in VISN 16 patients prescribed antipsychotics, such as developing diabetic ketoacidosis with no record of ever being screened for diabetes. With funding from the SC MIRECC, Drs. Hudson and Henderson developed a pocket booklet for VISN 16 providers with guideline recommendations for antipsychotic dosing and side-effect monitoring.

From 2004-2006, I led a QUERI Service Directed Project, “A Study of Strategies for Improving Antipsychotic Treatment,” which used the evidence-based quality improvement approach combined with external facilitation to promote metabolic monitoring, as well as other guideline-recommended antipsychotic management practices. The impetus for this project was largely due to Dr. Henderson’s interest (as well as the interest of other clinical leaders around the country) in this topic. For this project, the study team helped intervention site participants come up with their own plan for quality improvement in this area. Intervention sites in VISN 16 improved their monitoring rates substantially, one by implementing service-wide innovations and another by implementing a monitoring clinic for patients starting a new antipsychotic agent.

Antipsychotic Monitoring and Management Efforts in VA Mental Health Services

In 2007, a VA Office of the Inspector General (OIG) report on atypical antipsychotics and diabetes screening and management found that some patients treated with antipsychotics who were overweight or obese did not

have documented weight management interventions, and about half of patients with elevated glucose did not have documentation of appropriate interventions, suggesting that better management of these conditions was needed. In response to the OIG report, VA Mental Health Services created the Atypical Antipsychotic Workgroup to develop recommendations for a national implementation strategy to enhance metabolic side-effect monitoring and documentation of appropriate management of these effects. The workgroup was led by Dr. Stephen Marder, MH QUERI’s Clinical Coordinator for Schizophrenia and the VISN 22 MIRECC Director. This group reviewed literature, guideline recommendations, and VA research findings, and provided recommendations to VA Mental Health Services about dissemination of research findings, quality improvement tools, and information about successful implementation strategies.

Following recommendations from the workgroup, Dr. Marder led the MIRECC Initiative on Antipsychotic Management Improvement (MIAMI Project) to disseminate its findings and strategies. MIAMI activities included:

- Establishing and publicizing an intranet site where VISNs and VAMCs can access educational materials and implementation tools
- Organizing a national meeting to provide training for representatives from each VISN’s primary care and mental health services
- Providing clinical consultation and technical assistance
- Using existing VA databases to monitor the impact of the dissemination strategy on clinical practice

Management of Metabolic Side Effects of Antipsychotics in Six VISNs Grant

In 2008, I was funded by HSR&D to study monitoring and management rates for patients prescribed antipsychotics, using data from VISNs 16 and 18-22. This study reviewed data from outpatients who received a new antipsychotic prescription from April 2008 through March 2009 (N=12,009). National and regional VA data were used to examine the extent to which weight, glucose, and low-density lipoprotein (LDL) cholesterol were monitored within 30 days of the new prescription (baseline) and then during the following 60–120 days. Data analysis is ongoing, but our team’s preliminary findings show that there is room

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for improvement in monitoring rates for patients starting a new episode of antipsychotic treatment (Mittal et al., 2013).

Monitoring and Management for Metabolic Effects of Antipsychotics Grant

My current grant, “Monitoring and Management for Metabolic Effects of Antipsychotics,” is a multi-site study testing whether evidence-based quality improvement and facilitation can increase use of MIAMI Project tools and strategies to improve antipsychotic side effect monitoring and management. This is a 12-site study (6 intervention and 6 control sites across the country).

We have collected and analyzed data from a pre-implementation phase we completed at all sites that consisted of: (1) provider interviews to identify barriers, facilitators, and key site context factors related to metabolic monitoring and management, and (2) survey of current monitoring/management quality improvement efforts. We have also visited each site to discuss evidence for strategies to improve monitoring and develop site-specific implementation plans. We have begun the implementation phase at intervention sites.

For more information about my work, contact me at Richard.Owen2@va.gov. For more information about the MIAMI Project, visit <http://vawww.mirecc.va.gov/miamiproject/> or contact the MIAMI Project Technical Assistance Center (based at CAVHS and led by Dr. Teresa Hudson) at 1-888-357-1978 or vhalitMiamiProject@va.gov.

References

- Blow, F. C., McCarthy, J. F., Valenstein, M., Visnic, S., and Gillon, L. (2007). Care for Veterans with psychosis in the Veterans Health Administration, FY06. 8th Annual National Psychosis Registry. 2007. Serious Mental Illness Treatment Research and Evaluation Center (SMITREC), Health Services Research and Development Center of Excellence.
- Department of Veterans Affairs Office of the Inspector General (2007) Healthcare inspection: Atypical antipsychotic medications and diabetes screening and management. 05-00680-37.
- Mittal, D., Li, C., Williams, J. S., Viverito, K., Landes, R. D., & Owen, R. R. (2013). Monitoring Veterans for metabolic side effects when prescribing antipsychotics. *Psychiatric Services*, 64, 28-35. ♦

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