

Present and Future MIRECCs

by Laurent S. Lehmann, M.D.

The MIRECCs developed from the awareness, both within and outside of the Veterans Health Administration, that in order to maintain and enhance the quality of mental health care for veteran patients, an enduring infrastructure of Centers of Excellence in research and education would be needed. This awareness took 8-10 years to mature but the results have been exceptional.

The term "MIRECC" literally spells out the role of these centers: Mental Illness Research, Education and Clinical Centers. MIRECCs are consummately practical entities. It may be amazing to some, but each and every MIRECC (and the close cousin of the MIRECCs, the National Center for PTSD) fulfills all of these essential roles. Excellent basic science research; health services delivery research; application of basic research findings into actual clinical care; and education about research and innovative clinical applications are features of *all* eight MIRECCs. The educational approaches employed by the MIRECCs are broad and state of the art. They include face-to-face meetings at the local, regional and national levels; extensive use of the Internet and other forms of electronic telecommunications, and print materials (e.g. this Newsletter). Finally, by carrying out these tasks, MIRECCs serve not only their home facilities, but also their Network, neighboring Networks that may not have a MIRECC, the VA system, and by virtue of the science and clinical innovations they engender, the nation as a whole.

What then, is the future of the MIRECCs? More of the same! MIRECCs must remain on the cutting edge of mental health science and education. They will forge alliances with non-VA scientific and educational organizations to the benefit of all partners. They will build the basis for a new generation of mental health researchers and clinicians who will promote and advance knowledge of the biological, psychological, psychotherapeutic and psychosocial rehabilitative aspects of clinical care that are the driving force of VA mental health services. They will be multidisciplinary and will promote diversity in research and clinical leadership as befits those whose mission it is to care for the men and women who serve in our nation's armed forces.

There will hopefully be more MIRECCs to help carry on this work. We look to the future with pride in the accomplishments of the MIRECCs and with anticipation of achievements that are to come.

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Dual Diagnosis Focus Improves Outcomes in VISN 1

by Bruce Rounsaville, M.D.

The New England (VISN 1) MIRECC works to improve health services for patients with "dual diagnosis;" that is, the focus on intervention, education and research is designed specially to help veterans suffering from major mental illness and addiction problems. Having two types of illness makes it more difficult to recover from either one. Specifically, our



Primary care at the Mental Health Clinic

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VISN 20 Northwest Network MIRECC Develops Innovative Research and Education

by Jim Boehnlein, M.D., and Ruth Ann Tsukuda, M.P.H.

The Northwest Network (VISN 20) MIRECC strives to discover and disseminate new knowledge about the causes and treatments of major mental disorders afflicting veterans in four major areas: schizophrenia; posttraumatic stress disorder (PTSD); agitation and psychosis in Alzheimer's disease (AD); and mental illness complicating chronic medical illness (including post-Gulf War related disorders). Research efforts seek causes of these disorders at the genetic, biochemical and neuroendocrine levels in the hope that understanding the causes will lead to rational treatments. Research also investigates obstacles to effective delivery of health services for veterans with these disorders. Concurrently, education efforts utilize modern communications technology to bring the highest quality continuing education and expert clinical consultation to all VA

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Dual Diagnosis *(Continued from page 1)*

MIRECC is developing innovative treatments, devising more effective ways to deliver existing treatments, and creating better programs to train VA providers in therapies with scientifically proven efficacy. These goals are being achieved through ambitious multidisciplinary research.

VISN1 MIRECC research focuses on three areas. Health services research investigates clinical practice patterns, costs, and outcomes of the care of dually diagnosed veterans in VA and non-VA health care systems. Clinical efficacy studies evaluate innovative treatments including new medications, integrated medical and mental health care, work therapy, and new approaches for money management. Finally, human neurobiological studies of genetic factors use brain imaging technology to understand changes in the central nervous system of dually diagnosed veterans. One of the exciting aspects of these activities is the collaborative work between different VAs. Our MIRECC collaborates with researchers and clinicians from VA medical centers in West Haven, CT, Northampton, MA, and Bedford, MA.

The emphasis on dual diagnosis is based on the idea that integrated attention to a patient's multiple disorders produces better outcomes. A recent randomized, controlled clinical trial by health services researchers demonstrated the value of an Integrated Care Clinic (ICC) by providing both primary care and mental health services for patients with serious psychiatric illness. The ICC introduced a primary care team into a traditional VA mental health clinic to provide on-site medical services and to collaborate actively with mental health clinicians.

For patients with mental illness, specialty mental health clinics are likely to be the first and often the only point of contact with the health care system. In the study mentioned above, psychiatric patients with no current primary care provider were assigned to an ICC or referred to a traditional medical primary care clinic at a separate location. After one year, veterans who participated in on-site medical care (ICC condition) received substantially more primary care visits, more preventive care in 15 out of 17 areas assessed, and had significantly greater improvement in health status. Costs of the two systems were similar, but the ICC utilized clinician time in different ways, emphasizing outreach, extra time for clinic visits, attention to compliance with medical regimens and flexibility in scheduling appointments. Use of a common chart, joint meetings, email and enhanced in-person contact improved coordination between mental health and primary care providers.

Principal ICC researchers, Benjamin Druss, M.D., Robert Rohrbaugh, M.D., Carolyn Levinson, MPH, and Robert Rosenheck, M.D., noted that patient satisfaction was markedly improved. The new ICC system avoided complaints about access to care, courtesy, attention to patient preferences, continuity of care, and coordination of care. Focus groups of ICC patients revealed important data about how the new system is working.

One neurologically impaired veteran appreciated the extra attention, "Marilyn (the ICC case manager) makes all kinds of appointments for me with the clinicians. She always calls me to remind me about appointments. If you don't know where you are going, she'll hand walk you there. Last year was the first time I ever had a flu shot." A substance abuse patient noticed a change in the mental health workers attitudes, "There is a communication

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VISN 20 MIRECC *(Continued from page 1)*

facilities in this large and geographically dispersed network, serving four states in the Pacific Northwest across three time zones.

Research Efforts

MIRECC investigators are working to identify abnormal genes that contribute to schizophrenia. The Northwest Network competed successfully to become the genotyping center for VA Cooperative Study #336: Genetic Linkage of Schizophrenia, under the leadership of Gerard Schellenberg, M.D., and Debby Tsuang, M.D. Finding genetic factors for schizophrenia will enhance development of more effective therapeutic agents. An additional research focus, under the leadership of Daniel Casey, M.D., is the study of blood alterations in glucose and lipid control caused by atypical antipsychotic drugs used to treat schizophrenia, which will help in the understanding of medication-induced diabetes and obesity.

In PTSD research, our MIRECC is conducting studies that are focused on the role of neurochemistry and endocrinology in posttraumatic symptoms, including the hormonal connections between the brain and adrenal gland.

MIRECC investigators in dementia, Murray Raskind, M.D., and Elaine Peskind, M.D., have demonstrated the presence of increased amounts of certain neurochemical factors in cerebrospinal fluid of elderly persons with Alzheimer's disease during the stages of illness when disruptive agitation and psychosis commonly precipitate institutionalization. MIRECC Clinical Director Elaine Peskind was awarded a grant from the National Institute on Aging to support a large outcome trial of propranolol to reduce agitation in patients residing in long-term care settings.

Educational Efforts

The twice-monthly teleconference series, "MIRECC Presents," initiated in 1999, has been one of our most successful MIRECC educational programs. Interactive conferences in both grand rounds and case study formats reached over 1000 attendees last year across many disciplines at eleven VA sites. Presentations and discussions led by MIRECC and non-MIRECC investigators and clinicians include a wide range of basic science and clinical topics, such as genetics of schizophrenia, spirituality in the treatment of PTSD, and assessment of dementia in long-term care settings. Teleconferencing as an alternative to traditional education formats has proven to be a cost-effective mechanism for delivering accredited clinical and research updates to VA staff in areas distant from academic medical centers. Larry Dewey, M.D., Chief of Psychiatry at the Boise VAMC notes, "...the outstanding quality of these presentations are very pertinent to our work with veterans. We appreciate that the presentations are on topics that have multidisciplinary appeal and give us an opportunity to interact directly with the presenters."

In response to clinical needs of VA mental health professionals throughout the Network, our MIRECC recently initiated the Mental Illness Consultation Program (MIcon). In this program, clinicians may contact MIRECC consultants with questions about unusual, complex, or difficult patient problems or about mental health topics of academic or intellectual interest. A MIRECC investigator returns their call or email within 48 hours.

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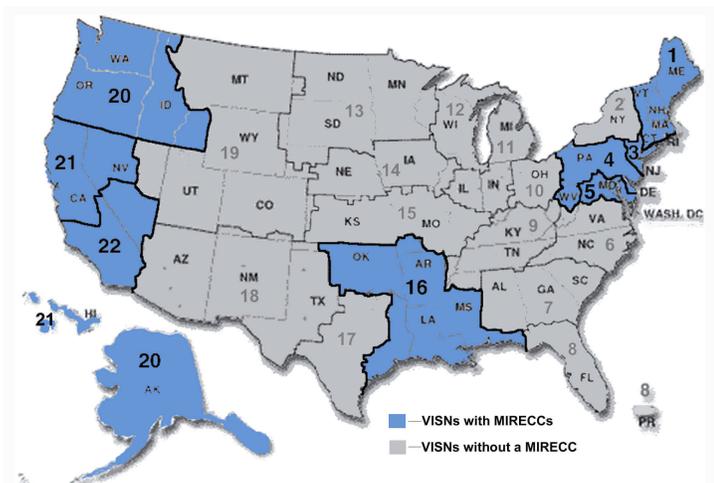


EDUCATION ACTIVITIES

VISN 3 5/31 to 6/02	MIRECC/GRECC Conference: The Impact of Mental Health on Medical Illness in the Aging Veteran The Marriot Marquis, Times Square, New York Contact John.Fotiades@med.va.gov
6/19 11:30 am ET	VTEL Presentation, Treatment Algorithms: What are they? Are they Useful? John Rush, M.D. Contact Bruce.Levine@med.va.gov
VISN 4 September	Advances in the Treatment of Substance Use Disorders Pittsburgh and Philadelphia Contact: Ruckdesc@mail.med.upenn.edu
VISN 5 9/17	Speaking the Unspoken: Racial Disparities in Mental Health Services for African Americans with Schizophrenia The Maritime Institute of Technology Linthicum, Maryland. Contact Gwen.Kergides@lrn.va.gov
VISN 16 7/30 to 7/31	Third Annual PTSD Summit/Training Conference Hotel Inter-Continental New Orleans, LA
9/13 to 9/14	Schizophrenia: Research Advances in Etiology, Treatment and Effective Rehabilitation San Luis Hotel Galveston, TX. Contact Michael.Kauth@med.va.gov.
VISN 21 March 2001	Videostreaming of Third Annual Updates on Dementia Conference (available now) Featuring Dr. Leon Phal http://mirecc.stanford.edu
May	Science-Into-Practice Journal summarizing clinical research in PTSD Contact Robyn.Walser@med.va.gov
VISN 22 Winter 2002	Third Annual Conference on Psychotic Disorders Las Vegas, NV Contact kathy.Arndt@med.va.gov

NATIONWIDE MIRECCs

VISN 1	
Bruce Rounsaville, M.D., Director	(203) 932-5711 x7401
West Haven, Connecticut http://www.mirecc.org/other-mireccs/visn1/visn1.html Improve care for veterans with mental illness and substance dependence	
VISN 3	
Larry Siever, M.D., Director	(718) 584-9000 x3704
Bronx, New York http://www.va.gov/visns/visn03/mirecc.asp Investigate causes and treatments of serious mental illness	
VISN 4	
Ira Katz, M.D., Ph.D., Director	(215) 349-8226
Philadelphia, Pennsylvania http://www.mirecc.org/other-mireccs/visn4/index.html Advance care for veterans with concurrent physical, mental and/or substance abuse disorder	
VISN 5	
Alan S. Bellack, Ph.D., ABPP, Director	(410) 605-7451
Baltimore, Maryland http://www.va.gov/visn5mirecc Improve care for veterans with schizophrenia and for their families	
VISN 16	
Greer Sullivan, M.D., M.S.P.H., Director	(501) 257-1713
North Little Rock, Arkansas http://www.mirecc.org/other-mireccs/Visn16/visn-16.html Close the gap between mental health research and clinical practice	
VISN 20	
Murray A. Raskind, M.D., Director	(206) 768-5375
Seattle, Washington http://www.mirecc.org/other-mireccs/Visn20/visn-20.html Investigate the genetics and neurobiology of schizophrenia, PTSD and dementia	
VISN 21	
Jerome Yesavage, M.D., Director	(650) 852-3287
Palo Alto, California http://mirecc.stanford.edu MIRECC Fellowship Hub Site Individualize treatments for veterans with PTSD or with Alzheimer's Disease	
VISN 22	
Stephen R. Marder, M.D., Director	(310) 268-3647
Los Angeles, California http://www.mirecc.org Improve functional outcomes of veterans with psychotic disorders	



Map of the Veterans Integrated Service Networks (VISNs)



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Letter from the Senior Editor

by Michael R. Kauth, Ph.D.

This national MIRECC newsletter is produced by Education leaders in the eight MIRECCs and is the first inclusive, collaborative MIRECC effort. This issue describes the research and educational activities of MIRECCs in VISN 1 and 20. Subsequent issues will each feature two additional MIRECCs. Contact information about all MIRECCs and a list of upcoming educational activities will accompany each issue. You may also track new MIRECC developments through the various web sites cited on page 3.

A new, exciting MIRECC educational program debuts soon. The Special Fellowship in Advanced Psychiatry and Psychology is a national MIRECC training program, funded through the MIRECCs by the VA Office of Academic Affiliations. In July, two fellows from each discipline will begin a two-year training program at six of eight MIRECCs. This program provides new psychiatrists and psychologists with opportunities to receive intensive training with senior investigators in areas of critical mental health care and to expand funded VA research efforts. Thus, the Fellowship Program furthers the MIRECC mission to bring research innovations into clinical practice and improve mental health care for veterans and others who experience mental illness. The Sierra-Pacific MIRECC serves as the Hub site for the Fellowship program. Further information can be accessed on their website (<http://mirecc.stanford.edu>).

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there... my (mental health) treater talks about my physical problems more than she used to.” And a final example, a patient with PTSD appreciated greater staff flexibility, “If my doctor wasn’t there, there was a nurse there to help... they have good partnerships. You are treated like a person. I think that every hospital should have the medical in cahoots with the psych.”

The research data and veteran feedback are very encouraging. We are looking forward to continued work with our colleagues across the VISN in service of veterans.

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Finally, a collaborative project with the National Center for PTSD and VA Employee Education Service (EES) to develop a CD-Rom for clinician training using the Clinician Administered PTSD Scale (CAPS) is nearing completion and ready for piloting.

These and other projects of the Northwest Network MIRECC bring together innovative researchers, educators, and clinicians to enhance the quality of care for veterans.

