

## A Time for Reflection in the MIRECCs: Setting the Standards

by Thomas Horvath M.D., FRACP

October 1<sup>st</sup> marked the (fifth) anniversary of funding for the first three MIRECCs. We had hoped that it also would be the beginning of review for the 9<sup>th</sup>, 10<sup>th</sup> and 11<sup>th</sup> MIRECCs. Now this date will be better remembered as the inauguration of the first of several lean years, necessitated not only by the recent national tragedy, but also by the tax cut and the undigested over expansion of the VA of the last few years. We should not wait for the country, the Congress, and the VA re-examine their priorities. We should take the lead in evaluating the MIRECC's contributions to the health of VHA and the well being of current and future veterans.

As our 3<sup>rd</sup> Congressional Report clearly demonstrated, the MIRECCs have fulfilled their *explicit* promise. We have produced new knowledge, translated it into practice, and begun to impact veterans' lives. We have also begun to address our *implicit* contract with the leadership and the rank and file by attempting to transform our scattered, frequently old fashioned, and often feuding clinical programs into a network of collaborating professionals practicing evidence based medicine.

As we evaluate our collective success, let me review some of our own standards of excellence, many of which I think we have met:

- Our Network leadership values us as a transforming agent of our VISN.
- Our Network clinical manager calls for advice and counsel, and you call to alert her to important and relevant scientific advances.
- We are active with our Network Mental Health Service Line Committee.
- We contribute to our local medical center.
- Our facility receives the VERA research dollars that our investigators have generated.
- We generate a significant proportion of grant dollars for each MIRECC dollar. *Note: the National Center for PTSD has a 4:1 ratio.*
- We sponsor many educational events *and* measure their impact.
- Our educational events demonstrate the direct applicability of science to practical clinical problems.
- We listen to our advisory boards and to our consumer/advocate adviser.
- We collaborate with our GRECC, PADRECC, Rehab Research Center, or HSR&D Center of Excellence.
- Our Department chair and the VA Chief of Staff take pride and ownership in the MIRECC.

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Together we are setting new standards for patient care in the VA. ?

## South Central MIRECC Focuses on Improving Services

by Michael Kauth, Ph.D.

The South Central (VISN 16) MIRECC is devoted to "closing the gap" between what research demonstrates is possible and what actually happens in typical clinical practice. The MIRECC attempts to improve mental health treatments through the integration of clinical education and innovative research and through a close partnership with the Mental Health Product Line (MHPL).

A major challenge to improving patient care is the large size of the Network, which includes all or parts of 8 states, 10 medical centers, 23 community-based outpatient clinics, and 8 nursing homes. In addition, the Network serves a predominantly rural and poor patient population with the third-worst disease burden (mental and physical) in the country.

### Research Programs

Several key projects highlight the MIRECC theme of improving treatment efficacy and effectiveness. The Quality Enhancement Research Initiative (QUERI) - MIRECC study, directed by Richard Owen, M.D., attempts to improve medication

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## Desert Pacific Healthcare Network MIRECC Works To Improve Outcome

by Louise Mahoney, M.S.

The research focus of the Desert Pacific Healthcare Network (VISN 22) MIRECC, an integrated network of researchers, clinicians and educators, is to understand the nature of poor outcomes of schizophrenia and to develop effective interventions to improve the functioning of veterans with psychotic disorders. What follows is a sample of how this collaborative effort helps veterans.

When a healthy individual is exposed to a loud noise he/she will be startled, which can be measured using advanced neuropsychophysiological methods. When the loud noise is preceded by a softer noise, a *pre-pulse*, the individual will be startled, but the response will be significantly reduced. This phenomenon is termed Pre-Pulse Inhibition (PPI) of the startle response and may be a reflection of our brain modulating sensory stimuli. When the same experiment is conducted with individuals with schizophrenia, researchers find that the startle response remains large even after exposure to the pre-pulse. This failure to inhibit the full startle is thought to be caused by deficits in sensory

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## South Central MIRECC *(Continued from page 1)*

management for schizophrenia by giving clinical providers individualized feedback about prescribing practices. The NIMH multi-site Comparison of Antipsychotic Treatment Intervention Effectiveness (CATIE) study (site coordinator, Henry Nasrallah, M. D.) compares the efficacy, tolerability, and effectiveness of the novel atypical antipsychotics to perphenazine, an older conventional antipsychotic medication. This hybrid psychopharmacological trial uses broad inclusion criteria to better represent actual patients. A third MIRECC-funded project attempts to identify family and relationship variables associated with treatment noncompliance and increased PTSD symptoms among families of veterans diagnosed with PTSD. Investigators Frederick Sautter, Ph.D., and Judith Lyons, Ph.D. will use these data to develop psychosocial family interventions to overcome barriers to change in patients with PTSD.

Delivery of effective mental health services within primary care is the goal of an innovative multi-site VA-SAMHSA funded study, directed by JoAnn Kirchner, Ph.D. This study compares the integration of mental health and substance abuse services for elderly veterans by a clinical nurse specialist in primary care to non-integrated care where services are provided by either the primary care providers or through referral to specialty mental health clinics. Ours is the only site that examines this question in community-based outpatient clinics and among non-elderly veterans, allowing for comparison across age groups.

Basic scientists are exploring the potential of neuroimaging and neurocognitive techniques to aid clinical diagnosis and treatment choice. Our MIRECC is ideally situated to include large numbers of patients for neurocognitive and neuroimaging studies of diagnosis and treatment matching. In the first essential step of this process, neuroimaging centers in Houston, Little Rock, and New Orleans have demonstrated high measurement reliability across sites.

The South Central MIRECC also fosters new research through  
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## VISN 22 MIRECC *(Continued from page 1)*

gating. These deficits can be measured in the laboratory and are correlated with clinical measurements of symptoms, distractibility and disordered thoughts. These PPI deficits also appear to be



*Control subject with Electromyographic (EMG) device during PPI experiment.*

modified by anti-psychotic drugs, potentially providing an objective quantification of the effectiveness of therapeutic treatments.

Mice also exhibit the startle response when exposed to noise stimuli. Normal mice exhibit a gating effect similar to the PPI described in humans. The Basic Neuroscience Unit (BNU) has taken advantage of this similarity to explore the neural circuitry involved in gating. Using a specifically designed startle chamber, strains of mice that exhibit PPI deficits can be utilized to test the ability of new medication to correct PPI abnormalities. Preliminary results have shown that the newer anti-psychotic medications do restore some of the PPI deficits. Some of the strains of mice being studied have been genetically engineered such that specific proteins involved in communication between nerve cells are absent bringing the power of the recent mappings of the mouse and human genomes to bear upon the challenge of developing new medications for schizophrenia and related psychoses.

Taking this line of investigation further, the Clinical Neuroscience Unit (CNU) has developed a group of neuropsychophysiological assessments useful in identifying cognitive deficits in our patient population, determining how they are affected by anti-psychotic medications, and how these treatment effects correlate with PPI deficits. The Treatment Unit is utilizing these assessments in a three-site study of the effects of Risperidone

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## MIRECC Directors and Education Associate Directors Meet in New York

by John Fotiades, M.D., MPH

Six MIRECCs collaboratively planned a June 2001 conference entitled "The Impact of Mental Health on Medical Illness and the Aging Veteran." This conference, hosted in New York City by VISN 3, focused on issues integrating the disciplines of Mental Health, Geriatrics, and Primary Care. The conference provided a venue for the Directors of all eight MIRECCs as well as the National MIRECC Education Group to meet for the first time. The Directors and Associate Directors discussed common interests and future collaborative efforts, including a National MIRECC Conference in 2003. Conference participants overwhelmingly supported this idea.



**National MIRECC Education Group from left to right: Seated:** Katy Ruckdeschel, Josef Ruzek, Joan Cook, Ruth Ann Tsukuda, Chris Reist, Sonia Ancoli-Israel, Louise Mahoney, Laurie Lindamer;  
**Standing:** John Fotiades, Paul Ruskin, Bruce Levine, Michael Kauth



## EDUCATION ACTIVITIES

<b>VISN 3</b> 12/01 to 2/02 2/02	<b>Culturally Competent Assessment:</b> 10 Sessions with Juan Mezzich M.D. <b>Motivation Enhancement Therapy Workshop</b> with Jon Morgenstern, Ph.D. <b>Contact:</b> Bruce.Levine@med.va.gov
<b>VISN 4</b> Spring 2002	<b>Pain Management</b> Pittsburgh and Philadelphia <b>Contact:</b> Ruckdesc@mail.med.upenn.edu
<b>VISN 5</b> April 15, 2002	<b>Women and Schizophrenia</b> Baltimore, MD <b>Contact:</b> Jean.Gearon@med.va.gov
<b>VISN 16</b> March 14-15, 2002	<b>Research Advances and Community Rehabilitation in Schizophrenia</b> Houston, TX <b>Contact:</b> Michael.Kauth@med.va.gov
<b>VISN 20</b> September 12-13, 2002	<b>Clinical Management of PTSD Conference</b> Portland, OR Bimonthly videoconferences on mental health topics <b>Contact:</b> lenny.hunt@med.va.gov
<b>VISN 21</b> November 14, 2001  TBA	<b>Pain and Behavior Management in the Extended Care Setting</b> Menlo Park, CA <b>Post Traumatic Stress Disorder Conference: Updates in Clinical Intervention II</b> Palo Alto Health Care System <b>Contact:</b> Jdandrea@stanford.edu
<b>VISN 22</b> April 12-13, 2002	<b>Third Annual Conference: Functional Outcome</b> Radisson Resort & Spa Scottsdale, AZ <b>Contact:</b> kathy.Arndt@med.va.gov

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the Pilot Study and Grant Writing Scholars Program. The Pilot Program provides investigator support to test innovative methods and novel research questions, whereas the Scholars Program teaches emerging investigators how to translate their ideas into successful proposals. Together, these programs develop leverage for external funding.

### Education and Services Programs

Annual conferences on PTSD and psychopharmacology provide frontline clinicians with high-quality, low-cost research and treatment updates. The New Orleans PTSD conference, now in its third year, attracts clinicians from across the Network, neighboring Networks, and the community. Past PTSD conferences have focused on assessment of chronic and acute stress disorders, ethical issues, treatment of sexual trauma, and family and couples therapy. Our first conference on schizophrenia (Houston, March 2002), co-sponsored by NAMI Texas and the Greater Houston Mental Health Association, will include a half-day meeting with community leaders about destigmatizing mental illness and enhancing community rehabilitation. During 2001-2003, programs have emphasized involving families of veterans in treatment.

The Clinical Education Grants Program supports frontline clinicians through small awards (up to \$5,000) to develop innovative educational or treatment materials to improve mental health services. Several exemplary tools have emerged and have been distributed throughout the Network and to neighboring Networks and other MIRECCs. Three of these include the *Support and Family Education (SAFE)* manual (Dr. Sherman) which targets caregivers of the seriously mentally ill, the award-winning *PTSD Families Matter* video (Ms. Abrams and Dr. Freeman) which depicts the effect of

## NATIONWIDE MIRECCs

<b>VISN 1</b>	
<b>Bruce Rounsaville, M.D., Director</b>	(203) 932-5711 x7401 West Haven, Connecticut <a href="http://www.mirecc.org/other-mireccs/visn1/visn1.html">http://www.mirecc.org/other-mireccs/visn1/visn1.html</a> <b>Improve care for veterans with mental illness and substance dependence</b>
<b>VISN 3</b>	
<b>Larry Siever, M.D., Director</b>	(718) 584-9000 x3704 Bronx, New York <a href="http://www.va.gov/visns/visn03/mirecc.asp">http://www.va.gov/visns/visn03/mirecc.asp</a> <b>Investigate causes and treatments of serious mental illness</b>
<b>VISN 4</b>	
<b>Ira Katz, M.D., Ph.D., Director</b>	(215) 349-8226 Philadelphia, Pennsylvania <a href="http://www.mirecc.org/other-mireccs/visn4/index.html">http://www.mirecc.org/other-mireccs/visn4/index.html</a> <b>Advance care for veterans with concurrent physical, mental and/or substance use disorder</b>
<b>VISN 5</b>	
<b>Alan S. Bellack, Ph.D., ABPP, Director</b>	(410) 605-7451 Baltimore, Maryland <a href="http://www.va.gov/visn5mirecc">http://www.va.gov/visn5mirecc</a> <b>Improve care for veterans with schizophrenia and for their families</b>
<b>VISN 16</b>	
<b>Greer Sullivan, M.D., M.S.P.H., Director</b>	(501) 257-1712 North Little Rock, Arkansas <a href="http://www.mirecc.org/other-mireccs/Visn16/visn-16.html">http://www.mirecc.org/other-mireccs/Visn16/visn-16.html</a> <b>Close the gap between mental health research and clinical practice</b>
<b>VISN 20</b>	
<b>Murray A. Raskind, M.D., Director</b>	(206) 768-5375 Seattle, Washington <a href="http://www.mirecc.org/other-mireccs/Visn20/visn-20.html">http://www.mirecc.org/other-mireccs/Visn20/visn-20.html</a> <b>Investigate the genetics and neurobiology of schizophrenia, PTSD and dementia</b>
<b>VISN 21</b>	
<b>Jerome Yesavage, M.D., Director</b>	(650) 852-3287 Palo Alto, California <a href="http://mirecc.stanford.edu">http://mirecc.stanford.edu</a> MIRECC Fellowship Hub Site <b>Individualize treatments for veterans with PTSD or with Alzheimer's Disease</b>
<b>VISN 22</b>	
<b>Stephen R. Marder, M.D., Director</b>	(310) 268-3647 Los Angeles, California <a href="http://www.mirecc.org">http://www.mirecc.org</a> <b>Improve functional outcomes of veterans with psychotic disorders</b>

PTSD on a couple and encourages treatment, and the *Helping Dementia Caregivers Cope* (Dr. Teasdale), an interactive CD-ROM that demonstrates effective behavioral management skills. The success of this program in quickly producing quality treatment materials and promoting collaboration across sites has led to its adoption by other MIRECCs.

Upcoming educational programs will provide training in group psychotherapy, intensive case management, and tailoring treatment by using the Stages of Change model.

Given the inherent challenges to patient care within our Network and this MIRECC's focus on improving services, we are confident that interventions that prove effective here will benefit the entire VA health care system. ♦



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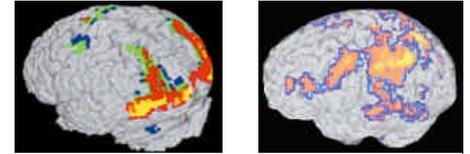
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and Olanzapine, on cognitive deficits. Subjects will also participate in functional Magnetic Resonance Imaging (fMRI) studies to determine whether antipsychotic medications can normalize the abnormal pattern of brain response seen in patients with schizophrenia. The Functional Neuroimaging Core (FNC) generates pictures of brain activity while individuals perform controlled psychological tasks, allowing us to identify regions of brain activity involved with particular tasks and emotional states. FNC investigators have observed marked differences in the pattern of brain responses between individuals with and without schizophrenia and it will be interesting to see what effect the anti-psychotic medications have on these patterns of brain activity.



Two fMRIs showing areas of activity during a visual memory task (left) and a spatial working memory task (right). Reds and yellows indicate areas of increased activity.

Improving outcome for our patients does not end in the research center. Once treatment innovations are developed, we face the challenge of getting them adopted into practice. This is one goal of the Health Services Unit (HSU), which is concerned with the quality and effectiveness of care received by our veterans. The HSU identifies factors that influence behavior of mental healthcare providers and look at ways to change these behaviors to follow guidelines developed from research. A collaborative care model for schizophrenia has been developed by the HSU that focuses on increased attention to patients' needs, caregiver education and support, and standardized assessment with feedback to clinicians. A new study is underway to implement and evaluate this model at two large VA mental health clinics which will provide policy makers with needed information to guide their planning for efficient and effective care for patients with schizophrenia.

The Educational and Dissemination Unit focuses on reaching both consumers and professionals with up to date information and links to useful resources. This is done through conferences, the VISN 22 web site, [www.mirecc.org](http://www.mirecc.org), and our printed *MindView* newsletter.

These combined efforts enhance our dedicated effort to improve the long-term functional outcome of our veterans and others with psychotic disorders.?

