

Recent Findings in Primary Care Mental Health



December 2016



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The VA Center for Integrated Healthcare periodically highlights three recent publications in the area of primary care-mental health integration (PC-MHI). The articles below exemplify how research can be used to help monitor and improve the quality of clinical services provided. I am proud to work in a system where evidence-based quality improvement is always a high priority. One example directly linked to the first article, is the VA's Measurement Based Care (MBC) in Mental Health Initiative. If you want to find out more the MBC Initiative, please visit their site in VA Pulse .

I wish you all a healthy, happy and productive New Year.
Laura O. Wray, PhD, VHA/CM, Executive Director
Laura.Wray@va.gov, 716-862-8598, [CIH Website](#)

1. Measurement of common mental health conditions in VHA co-located, collaborative care. ([Link to abstract*](#)). Published in: *Journal of Clinical Psychology in Medical Settings*, 23 (4), 378-388. Beehler, G.P., King, P.R., Vair, C.L., Gass, J., & Funderburk, J.S. (2016).

Dr. Beehler and colleagues at the VA Center for Integrated Healthcare conducted a retrospective review of VA electronic medical records of 8,403 Veterans diagnosed with depression, PTSD, or anxiety disorder to examine the prevalence and predictors of co-located collaborative care (CCC) provider utilization of brief validated mental health assessments. Twenty-three percent of records contained documentation of a brief, validated mental health assessment entered into Mental Health Assistant by a CCC provider suggesting low overall rates of adherence to the recommended the use of brief, repeatable symptom measures. The authors note that these results may not capture all measurement being conducted by a CCC provider. These findings suggest the importance of exploring ways to improve the use of measurement in clinical practice, such as leveraging technology and system redesign.

2. Predictors of mental health care utilization in Veterans with post-traumatic stress disorder symptoms and hazardous drinking. ([Link to abstract*](#)). Published in: *Military Medicine*, 181 (10), 1200-1206. Johnson, E.M., Barrie, K.A., Possemato, K., Wade, M., Eaker, A., & Ouimette, P.C. (2016).

Dr. Johnson and colleagues at the VA Center for Integrated Healthcare found about 58% of 126 recent combat Veterans with PTSD symptoms and hazardous alcohol use utilized mental health services over a 12-month period. Unemployment, less negative mental health care beliefs, and poorer social-leisure functioning were associated with increased mental health care utilization. The authors conclude that it is important to consider other aspects of Veterans' lives beyond their symptoms, such as work and social functioning, during treatment planning. They also point out that some clinical interventions (i.e., cognitive behavioral therapy for treatment seeking and motivational interviewing) have been shown to be effective in addressing mental health care beliefs and these may be useful when working with individuals who are deciding to engage in care.

3. Development and validation of a measure of primary care behavioral health integration. ([Link to abstract*](#)). Published in: *Families, Systems, & Health*, 34 (4), 342-356. Kessler, R.S., Auxier, A., Hitt, J.R., Macchi, C.R., Mullin, D., van Eeghen, C., & Littenberg, B. (2016).

This study describes the development and initial validation of the Practice Integration Profile (PIP)-a self-administered, web-based questionnaire that allows providers, staff, and managers to assess their clinics' progress toward fully integrated behavioral health services. The PIP is organized into six domains: practice workflow, workspace arrangement and infrastructure, integration methods (shared care), case identification, and patient engagement. For practices interested in conducting quality improvement at an organizational level, the PIP may provide useful information that identifies areas where clinic-level improvements can lead to greater integration.

Laura O. Wray, PhD, VHA/CM
Executive Director
VA Center for Integrated Healthcare
716-862-8598 (office)
716-341-1617 (mobile)
<http://www.mentalhealth.va.gov/coe/cih-visn2/>

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The VA Center for Integrated Healthcare periodically highlights key findings from three recent publications in the area of primary care-mental health integration (PC-MHI). The articles below point to the importance of education and training efforts for developing high functioning integrated care providers as well as the potential that well-integrated care teams can have on healthcare outcomes. We hope you find these articles informative and useful for your work in PC-MHI.

Laura O. Wray, PhD, VHA/CM, Executive Director
Laura.Wray@va.gov, 716-862-8598, [CIH Website](#)

1. Association of integrated team-based care with health care quality, utilization, and cost. ([Link to abstract*](#)). Published in: *JAMA*, 316 (8), 826-834. Reiss-Brennan, B., Brunisholz, K.D., Dredge, C., Briot, P., Grazier, K., Wilcox, A.,...James, B. (2016).

This large observational study compared outcomes among adult patients receiving primary care services at practices utilizing either integrated team-based care (TBC) or usual care. Compared to usual care, TBC is a proactive, highly-integrated team approach to care that includes physicians, mental health clinicians, and care managers. During an extensive observation period, results indicated that receipt of primary care in TBC practices compared with usual care practices was associated with significantly higher rates of some quality of care measures (e.g., depression screening; multiple diabetes care indicators; documentation of chronic disease self-care plans) and reductions in some measures of acute care utilization (e.g., emergency department visits; hospital admissions).

2. Primary care behavioral health provider training: Systematic development and implementation in a large medical system. ([Link to abstract*](#)). Published in: *Journal of Clinical Psychology in Medical Settings*, 23 (3), 207-224. Dobbmeyer, A.C., Hunter, C.L., Corso, M.L., Nielsen, M.K., Corso, K.A., Polizzi, N.C., & Earles, J.E. (2016).

This article provides a comprehensive overview of the Department of Defense's (DoD) experiences in developing and implementing a Behavioral Health Consultant (BHC) training program. (The BHC program is similar in nature to the VA's co-located, collaborative care approach in PC-MHI.) The authors note that training in integrated care services is not typically afforded to mental health providers in their graduate training programs. This article provides a summary of strong recommendations on how to appropriately train all MH providers in the required competencies necessary for successful integrated primary care practice and may be helpful to VA providers in creating their own training experiences for new providers practicing in the primary care setting.

3. Staff perceptions of substance use disorder treatment in VA primary care-mental health integrated clinics. ([Link to abstract*](#)). Published in: *Journal of Substance Abuse Treatment*, 70, 44-49. Zubkoff, L., Shiner, B., & Watts, B.V. (2016).

This study explored barriers to and facilitators of substance use disorder (SUD) treatment within PC-MHI settings. Results from qualitative interviews revealed that PC-MHI providers do not currently view SUD treatment as a primary focus of their work. This finding is noteworthy given that problem drinking is identified as an area for treatment by PC-MHI as outlined in the Uniform Mental Health Services Handbook. Providers were nonetheless open to offering SUD treatments for those with mild to moderate presentations. However, lack of SUD training was identified as a barrier to providing these services. PC-MHI providers reported being receptive to structured training approaches that included active, facilitated learning and use of telephone-based consultation.

Laura O. Wray, PhD, VHA/CM
Executive Director
VA Center for Integrated Healthcare
716-862-8598 (office)
716-341-1617 (mobile)
<http://www.mentalhealth.va.gov/coe/cih-visn2/>

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August 2016



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The VA Center for Integrated Healthcare periodically highlights key findings from three recent publications in the area of primary care-mental health integration. Each study featured in this issue took a different methodological approach. The first study surveyed primary care Veterans in order to describe their anxiety treatment preferences. The second tested the addition of stepped up integrated services for patients with PTSD and depression. The third examined administrative data to better understand factors that predict PC-MHI utilization patterns. Taken together, these studies all provide important information that can help guide continued program improvements and inform treatment innovations efforts.

Laura O. Wray, PhD, VHA/CM, Executive Director
Laura.Wray@va.gov, 716-862-8598, [CIH Website](#)

1. Likelihood of attending treatment for anxiety among Veteran primary care patients: patient preferences for treatment attributes ([Link to abstract*](#)). Published in: *Journal of Clinical Psychology in Medical Settings* (Epub Ahead of Print). Shepardson, R.L. & Funderburk, J.S. (2016).

Drs. Shepardson and Funderburk at the VA Center for Integrated Healthcare examined anxiety treatment preferences among non-treatment seeking Veteran primary care patients reporting anxiety symptoms. Veterans indicated that they would be more likely to attend treatment that was individual, face-to-face, in primary care, at least 3 sessions in length, using a stress management orientation and addressing insomnia/fatigue. They sited preference for appointments to occur once per month and to be at least 30 minutes long. Attending to patient preferences for the format and focus of treatment is one way behavioral health providers can further improve the patient-centeredness of integrated care.

2. Mental health utilization patterns during a stepped, collaborative care effectiveness trial for PTSD and depression in the military health system. ([Link to abstract*](#)). Published in: *Medical Care*, 54 (7), 706-713. Belsher, B.E., Jaycox, L.H., Freed, M.C., Evatt, D.P., Liu, X., Novak, L.A.,...Engel, C.C. (2016).

This study tested whether adding an emphasis on stepped-care to the existing collaborative care model can improve the utilization of services for PTSD and depression in military primary care clinics. The trial compared usual collaborative care (i.e., RESPECT-MIL) to enhanced collaborative care (i.e., STEPS-UP). STEPS-UP offered additional support to nurse care managers and more treatment options based on patients' individual symptom profiles, including evidenced-based psychotherapy for PTSD. STEPS-UP participants used significantly more mental health services than RESPECT-MIL participants. Greater patient clinical complexity was associated with greater service use only among STEPS-UP participants, indicating that this stepped-care approach was effective in matching patient need to clinical services.

3. Predisposing characteristics, enabling factors, and need as predictors of integrated behavioral health utilization. ([Link to full text*](#)). Published in: *Journal of Behavioral Health Services & Research* (Epub Ahead of Print). Lilienthal, K., Possemato, K., Funderburk, J., Wade, M., Eaker, A., & Beehler, G. (2016).

Investigators at the VA Center for Integrated Healthcare examined predisposing (e.g., demographic), enabling (e.g., service-connected status), and need (e.g., primary diagnosis) factors as predictors of Primary Care-Mental Health Integration (PC-MHI) utilization within VHA. Psychological need was found to be a particularly strong predictor of PC-MHI utilization; specifically, depression and PTSD were associated with increased likelihood for high utilization, while substance use predicted the lowest level of use. The authors suggest that PC-MHI leaders may wish to consider their highest utilizers first when attempting to improve outcomes and reduce costs by allocating treatment and training resources toward screening, assessment, and brief intervention for depression and PTSD.

Laura O. Wray, PhD, VHA/CM
Executive Director
VA Center for Integrated Healthcare
716-862-8598 (office)
716-341-1617 (mobile)

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June 2016



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The VA Center for Integrated Healthcare periodically highlights key findings from three recent publications in the area of primary care-mental health integration. In this issue, we present several articles addressing interventions to treat conditions commonly seen by behavioral health providers working in primary care settings. The first article is from our center and provides clinical resources for behavioral health providers who are treating patients with anxiety disorders. The second article describes the use of a novel, automated, telephone-based brief intervention that may help to spur conversations between patients and providers about alcohol use. The last article highlights the longitudinal benefits of depression care management for older patients with multiple medical conditions and comorbid depression.

Laura O. Wray, PhD, VHA/CM, Executive Director,
Laura.Wray@va.gov, 716-862-8598, [CIH Website](#)

1. Adapting evidence-based, cognitive-behavioral interventions for anxiety for use with adults in integrated primary care settings. ([Link to abstract](#)*). Published in: *Families, Systems, & Health*, 34 (2), 114-127. Shepardson, R.L., Funderburk, J.S., & Weisberg, R.B. (2016).

Dr. Shepardson and colleagues at the [VA Center for Integrated Healthcare](#) and Dr. Weisberg at the VA Boston Healthcare System reviewed the rationale and procedure for six evidence-based CBT intervention techniques (i.e., psychoeducation, mindfulness and acceptance-based techniques, relaxation training, exposure, cognitive restructuring, and behavioral activation) for treating anxiety that can be adapted for use in brief formats typical of integrated primary care (IPC) settings. The authors provide helpful tips (Table 1) for using interventions for adults with anxiety disorders in IPC settings, hyperlinked resources (e.g., handouts, worksheets), and case examples (Table 2) that illustrate the application of these techniques.

2. A randomized controlled trial of IVR-based alcohol brief intervention to promote patient-provider communication in primary care. ([Link to abstract](#)*). Published in: *Journal of General Internal Medicine* (Epub Ahead of Print). Rose, G.L., Badger, G.J., Skelly, J.M., Ferraro, T.A., MacLean, C.D., & Helzer, J.E. (2016).

This study examined the effect of an interactive voice response- delivered brief alcohol intervention (IVR-BI; a system consisting of several technologies working together to schedule, make, receive, and record automated phone calls) administered before a physician office visit. Patients in the IVR-BI condition were more likely to discuss drinking with their provider at the visit, bring up the topic of drinking themselves, and receive a recommendation from their provider about their drinking. These findings suggest that providing a brief intervention prior to an office visit may facilitate patient-provider discussions of alcohol use, and recommendations regarding how patients can change their drinking behavior.

3. Multimorbidity, depression, and mortality in primary care: randomized clinical trial of an evidence-based depression care management program on mortality risk. ([Link to abstract](#)*). Published in: *Journal of General Internal Medicine*, 31 (4), 380-386. Gallo, J.J., Hwang, S., Joo, J.H., Bogner, H.R., Morales, K.H., Bruce, M.L., & Reynolds, C.F. (2016).

This study used data from the PROSPECT depression care management (DCM) trial to evaluate whether evidence-based DCM in primary care would decrease the risk of mortality among older adults with multiple medical conditions and depression. As expected, at two-year follow-up, patients in both DCM and usual care practices with the highest levels of medical comorbidity and depression were at greater risk of mortality. However, the risk of mortality was reduced in patients with the highest levels of medical comorbidity and depression in the DCM intervention group. The PROSPECT study had already demonstrated a reduction of mortality risk for patients with depression. This study demonstrates that DCM over 2 years can reduce mortality risk even when patients have multiple chronic illnesses.

Laura O. Wray, PhD, VHA/CM
Executive Director
VA Center for Integrated Healthcare
716-862-8598 (office)
716-341-1617 (mobile)

<http://www.mentalhealth.va.gov/coe/cih-visn2/>

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The VA Center for Integrated Healthcare periodically highlights key findings from three recent publications in the area of primary care-mental health integration. We hope you will find each to be interesting and useful. In this issue, we are happy to highlight an article from our center about primary care mental health provider practice patterns. Additional articles contain recommendations about how to employ measurement-based care practices in primary-care mental health settings and describe the positive impact of same day primary care mental health services for individuals screening positive for PTSD.

Laura O. Wray, PhD, VHA/CM, Executive Director,
Laura.Wray@va.gov, 716-862-8598, [CIH Website](#)

1. Using the Primary Care Behavioral Health Provider Adherence Questionnaire (PPAQ) to identify practice patterns. ([Link to abstract*](#)). Published in *Translational Behavioral Medicine*, 5 (4), 384-392. Beehler, G.P., Funderburk, J.S., King, P.R., Wade, M.S., & Possemato, K. (2015).

Dr. Gregory Beehler and his colleagues at the [VA Center for Integrated Healthcare](#) examined responses to the Primary Care Behavioral Health Provider Adherence Questionnaire (PPAQ), a measure of mental health provider adherence to the Collocated Collaborative Care model of Primary Care Mental Health Integration (PC-MHI), to identify PC-MHI provider practice patterns. They found that integrated providers can benefit from additional training and quality improvement efforts that target interdisciplinary collaboration and adherence to a brief, time-limited treatment model.

2. Establishing measurement-based care in integrated primary care: monitoring clinical outcomes over time. ([Link to abstract*](#)). Published in *Journal of Clinical Psychology in Medical Settings*, 22, 213-227. Kearney, L.K., Wray, L.O., Dollar, K.M., & King, P.R. (2015).

This article by Dr. Lisa Kearney of the VA Office of Mental Health Operations and experts from the [VA Center for Integrated Healthcare](#), provides recommendations on how to implement measurement-based care (MBC) within integrated primary care teams. The suggestions include assistance to integrated primary care teams in developing standard operating procedures for screening and follow-up evaluations to lay the foundation for MBC. Step-by-step guidance includes: 1) identifying target conditions with stakeholder input; 2) identifying the best measures validated for the respective setting; 3) creating methods to improve ease of administration of instruments and data extraction; 4) establishing and implementing standard operating procedures for screening MBC; and 5) engaging in continuous quality improvement processes to evaluate program implementation.

3. Same-day integrated mental health care and PTSD diagnosis and treatment among VHA primary care patients with positive PTSD screens. ([Link to abstract*](#)). Published in *Psychiatric Services*, 67 (1), 94-100. Bohnert, K.M., Sripada, R.K., Mach, J., & McCarthy, J.F. (2016).

Dr. Bohnert and colleagues found that receipt of same-day primary care-mental health integration (PC-MHI) services was associated with greater odds of PTSD diagnosis after screening positive compared with primary care-only services. Furthermore, for those receiving a same day diagnosis, same-day PC-MHI services was associated with increased odds of initiating PTSD treatment within 12-weeks of diagnosis relative to individuals receiving only primary care services. This study emphasizes that same-day integrated mental health services may help facilitate PTSD diagnosis and treatment initiation after a positive screen.

Laura O. Wray, PhD, VHA/CM
Executive Director
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