Dr. Mark Kunik Selected as the SC MIRECC Director

In February, Mark Kunik, M.D., M.P.H. was selected as the new director of the SC MIRECC. Dr. Kunik has served as Acting Director since the departure of Dr. Greer Sullivan in January 2013. Dr. Kunik has a solid background in health services research and VA program administration. His passion is to improve the lives of persons with dementia and their caregivers. He has also served as the Associate Director of the Houston VA Health Services Research & Development (HSR&D) Center for Quality of Care & Utilization Studies and as the SC MIRECC Associate Director for Research. Currently, he is a Professor in the Baylor College of Medicine Department of

Consult Your MIDAS Biostatistician Early and Often: Tips on Getting the Most from a MIDAS Statistical Consultation

By Songthip Ounpraseuth, Ph.D., Nancy J. Petersen, Ph.D., and Shubhada Sansgiry, Ph.D.

MIDAS, the South Central MIRECC Implementation, Design and Analysis Support team, provides short-term methodological support – at no cost – to VISN 16 investigators. The MIDAS team includes biostatisticians, epidemiologists, measurement specialists, qualitative methods experts, data analysts, programmers, primary and secondary data collection experts, and other methodological experts. MIDAS offers design, methods, and analytic support for all phases of project development, implementation, analysis, and dissemination. MIDAS works with pilot awardees, new investigators who are developing proposals for external grant support, senior investigators, and organizational projects consistent with SC MIRECC’s mission.
Psychiatry & Behavioral Sciences. Please welcome Dr. Kunik to his new position.

Q. You served as the SC MIRECC Acting Director for a year before being selected as the new director. What was that year like?

Both exciting and frightening. I was quite satisfied with my current position as a research clinician, Associate Director for Research Training for the SC MIRECC, and Associate Director for the Houston HSR&D Center. All of my time was accounted for! I was not sure where the time would come from. In addition, a SC MIRECC External Advisory Board meeting was impending and we were due for some internal evaluation and strategic planning. Eventually, I was able to bow out of some of my roles at Baylor College of Medicine and at the Houston VA, and delegated a bit more than I had previously. I felt compelled to take on the Acting Director role because of the SC MIRECC’s need and because I appreciated the opportunity to lead at a new level. The role was doable largely because the leadership team and staff of the SC MIRECC are established and eminently capable.

Q. What has changed the most for you in your new job as Director?

I am thinking, meeting, and talking more regionally than locally.

Q. What do you enjoy most about your new job?

I love the opportunity to have a role in improving mental health in VHA across the South Central US.

In particular, I enjoy leading teams of like-minded, ambitious, passionate, and bright mental health leaders. The investigators and staff of the SC MIRECC are wonderful to work with and the center has enriched my professional life for the past 16 years. I look forward to continuing to make the SC MIRECC a great place to work and an asset for all of our stakeholders.

Q. What do you see as priorities for SC MIRECC over the next 2-3 years?

Creating a strong pipeline of investigators and trainees is most important. This has been a theme of our MIRECC since its inception. This is best done through leveraging SC MIRECC support with that of our clinical partners at our VA medical centers and our academic affiliate partners. We need to continue to make sure the majority of our research remains mission-focused and that we are able to make the case that the SC MIRECC adds great value to VHA. Lastly, we need to develop the next generation of SC MIRECC leaders!

Q. Is there anything else you want our readers to know that I haven’t asked?

Please reach out to me with any problems, but more than that, reach out to me with new ideas and suggestions to improve what we do. You can reach me through email (kunik.marke@va.gov or mkunik@bcm.edu) or cell phone (281-236-6452). ♦

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.
Recent SC MIRECC Publications

Diagnostic Specificity and Mental Health Service Utilization Among Veterans With Newly Diagnosed Anxiety Disorders


*General Hospital Psychiatry, 2013, Advance online publication*

This study examined rates of specific anxiety diagnoses (PTSD, generalized anxiety disorder, panic disorder, obsessive-compulsive disorder, social anxiety disorder, and specific phobia) and anxiety disorder not otherwise specified (anxiety NOS) in a national sample of Veterans and assessed their mental health service utilization. This study used administrative data extracted from Veteran Health Administration outpatient records to identify patients with a new anxiety diagnosis in fiscal year 2010 (N = 292,244). Logistic regression analyses examined associations among diagnostic specificity, diagnostic location, and mental health service utilization. Anxiety NOS was diagnosed in 38% of the sample. Patients in specialty mental health were less likely to receive an anxiety NOS diagnosis than patients in primary care (odds ratio [OR] = 0.36). Patients with a specific anxiety diagnosis were more likely to receive mental health services than those with anxiety NOS (OR = 1.65), as were patients diagnosed in specialty mental health compared with those diagnosed in primary care (OR = 16.29). Veterans diagnosed with anxiety NOS are less likely to access mental health services than those with a specific anxiety diagnosis, suggesting the need for enhanced diagnostic and referral practices, particularly in primary care settings.

Development of a Patient-Centered Antipsychotic Medication Adherence Intervention

Pyne, J. M., Fischer, E. P., Gilmore, L., McSweeney, J. C., Stewart, K. E., Mittal, D., Bost, J. E., Valenstein, M.

*Health Education and Behavior, 2013, Advance online publication.*

A substantial gap exists between patients and their mental health providers about patients’ perceived barriers, facilitators, and motivators (BFMs) for taking antipsychotic medications. This article describes how we used an intervention mapping (IM) framework coupled with qualitative and quantitative item-selection methods to develop an intervention to bridge this gap with the goal of improving antipsychotic medication adherence. IM is a stepwise method for developing and implementing health interventions. A previous study conducted in-depth qualitative interviews with patients diagnosed with schizophrenia and identified 477 BFs associated with antipsychotic medication adherence. This article reports the results of using a variety of qualitative and quantitative item reduction and intervention development methods to transform the qualitative BFM data into a viable checklist and intervention. The final BFM checklist included 76 items (28 barriers, 30 facilitators, and 18 motivators). An electronic and hard copy of the adherence progress note included a summary of current adherence, top three patient-identified barriers and top three facilitators and motivators, clarifying questions, and actionable adherence tips to address barriers during a typical clinical encounter. The IM approach supplemented with qualitative and quantitative methods provided a useful framework for developing a practical and potentially sustainable antipsychotic medication adherence intervention. A similar approach to intervention development may be useful in other clinical situations where a substantial gap exists between patients and providers regarding medication adherence or other health behaviors.
MIDAS (continued from page 1)

Because statistical consultations are MIDAS’s most requested service, Communiqué asked MIDAS’s three statistical consultants to answer some frequently asked questions and to offer tips on how to make the most of your next biostatistical consultation.

How Can A MIDAS Biostatistician Help Me?

New investigators often think that biostatistical consultation is synonymous with performing data analysis after the data have already been collected. In fact, biostatisticians can make important contributions at various points throughout the project period, from involvement during grant preparation to involvement in the dissemination of study findings. Along with other MIDAS team members, your biostatistician can help you with activities such as designing the study, calculating sample sizes, developing the analytic plan, developing databases, extracting secondary data, performing statistical and psychometric analyses, or preparing manuscripts.

When Should I Involve a MIDAS Biostatistician in My Project?

The simple answer is “as early as possible!” Ideally, MIDAS biostatisticians should be involved during the development phase of your project. Involving a biostatistician at the beginning will help ensure that your design, data collection plan, and analytic plan are adequate and appropriate to your aims, and that you will have enough statistical power to detect meaningful differences.

You will want to clearly define your expectations at the outset of the consultation. Before your initial meeting, it can be helpful to send the biostatistician copies of your study questions or aims as well as any other pertinent documents you have developed for the project. That will give the biostatistician a sense of what you want to accomplish in your study. It also allows the biostatistician to determine whether the statistical aspects of the project are within his or her area of expertise. Many investigators think that every biostatistician knows everything related to all statistical methods. While we appreciate the illusion of our omniscience, statistics is a very broad field. As in other disciplines, biostatisticians tend to specialize and do not all have extensive training or experience in areas like time series, spatial statistics, or Bayesian methods. MIDAS tries to find the best match between the biostatisticians’ expertise and investigators’ needs. When necessary, MIDAS may refer an investigator to a biostatistician not on the MIDAS team whose expertise is a better fit for the issue.

If your request to MIDAS includes actual data analysis, we recommend that you allow as much lead-time as possible so that your analyses can be completed in the desired time frame. Lead-time is especially critical as we all tend to forget that data analysis encompasses so much more than running the analyses themselves; the data analysis process also encompasses essential and time-consuming activities like obtaining all necessary approvals to access data, cleaning the data and running integrity checks, decision-making around the analyses, creating summary tables and interpreting findings. Data analysis is often an interactive process that takes longer than originally expected because you may identify critical additional analyses to be run to further explore your data once you see the initial results.

Working with a biostatistician in the design phase of a study will help strengthen your study design and save time in the analytic phase. However, since what we are doing is research, even the best-designed studies cannot guarantee that findings will correspond to expectations. Research is full of surprises.

How Long is an Average Consultation?

The length of MIDAS statistical consultation varies widely according to the complexity of the project and the investigator’s needs. In the case of a small, SC MIRECC pilot study, a biostatistician could be involved from the development of the proposal through dissemination of results. When the MIDAS biostatistician is providing ad hoc expertise to investigators on an externally funded project, a couple of 1-2 hour meetings may be sufficient. MIDAS consultations are not a substitute for ongoing biostatistical support on externally funded projects. However, MIDAS biostatisticians (and other methodologists) involved in development of proposals for external funding are often included as co-investigators on the proposed project.

continued on page 5
What is the Best Way to Communicate with My Biostatistician?

When geography permits, it is ideal for the first meeting to be in person. The multiple shorter interactions that usually follow the initial meeting often take place by email or telephone. It is important to have regular communication with your biostatistician while you are working together and, especially, to be certain that he or she knows of any changes that might alter that work.

Will I Communicate with MIDAS After My Consultation?

As a recipient of MIDAS consultation, you will be asked to acknowledge SC MIRECC in all publications and presentations that result from the consultation. You will also be asked to complete an evaluation of your experience and to report products that result from the consultation.

To request MIDAS methodologic support, please contact Dr. Ellen Fischer at FischerEllenP@uams.edu.

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

March 12 & 13, 2014
Harnessing Technology to Improve Care for Patients with PTSD

April 9 & 10, 2014
Behavioral Activation

May 13 & 14, 2014
Early Stage Dementia and Cognitive Loss Group

VA mental health providers are invited to attend the next CBOC Mental Health Rounds session titled “How to Harness Technology to Improve Care for your PTSD Patients” on Wednesday, March 12 at 8:00-9:00 a.m. CT and Thursday, March 13 at 11:00-12:00 p.m. CT. This Microsoft Lync session will be presented by Juliette Mott, Ph.D. and Kathleen Grubbs, Ph.D. At the conclusion of this educational program, learners will be able to:

1. List three barriers to engaging Veterans in evidence-based treatments for PTSD;
2. Locate different web-based resources and web applications available for PTSD patients and providers;
3. Explain the benefits of web-based resources to patients and providers; and
4. Identify patient and provider reactions to Smartphone apps for PTSD.

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

SC MIRECC Pilot Study Program Quarterly Application Deadline is April 1

The Pilot Study Research Program is intended for investigators who want to collect preliminary data on current SC MIRECC emphasis areas, such as integrating mental and physical health services, using technology for distance delivery of mental health services, and evidence-based practices. Pilot study results serve as the foundation for federally-funded research projects designed to improve the delivery of behavioral health services to rural and other Veterans facing barriers to care.

Generally, pilot study grants are less than $75,000. Additional funds may be requested for multi-site studies. Study expenses must be justified and proposals with more modest budgets are welcomed. All SC MIRECC core and affiliate faculty and fellows are eligible to apply. A SC MIRECC core or affiliate faculty investigator must serve as co-principal investigator on trainee proposals (fellow, resident, or intern).

Applications are accepted four times a year: January 1, April 1, July 1, October 1, or the following Monday after a weekend. For more information, contact Dr. John Fortney at FortneyJohnC@uams.edu or (501) 257-1726. Visit http://www.mirecc.va.gov/VISN16/docs/SCMIRECC_Pilot_Study_RFA.docx to download the application.

January 2014 VA Suicide Data Update

In 2012, VA released a comprehensive report on Veterans who die by suicide. VA put into place an intensive, multi-pronged effort to expand its suicide prevention programs and data systems to increase understanding and prevention of suicide among Veterans. The current update identifies that rates of suicide among those who use VHA services have not increased and that outcomes among those at risk for suicide who get care in VA have improved. To download the update, visit http://www.mentalhealth.va.gov/docs/Suicide_Data_Report_Update_January_2014.pdf. For more information about the 2012 report, visit http://www.va.gov/opa/docs/Suicide-Data-Report-2012-final.pdf.

Attention VA mental health providers!
Visit the VISN 16 Mental Health Practice, Research and Education Portal (MH PREP) to interact with other mental health providers about clinical care issues, access educational products and services, and discover the latest continuing education opportunities. The MH PREP is accessible from a VA computer at https://vaww.visn16.portal.va.gov/SiteDirectory/mhp/default.aspx.