Department of Veterans Affairs

# National MIRECC Education Group

Mental Illness Research, Education and Clinical Centers

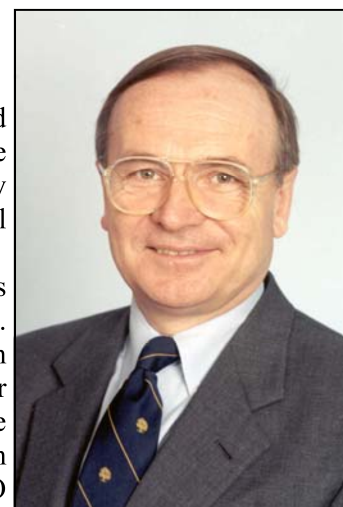
Volume 7 Issue 1

## MIRECC Initiatives Support VA Mental Health Strategic Plan

A previous issue of this newsletter (Volume 5, Issue 2) introduced the six goals identified by the President's New Freedom Commission on Mental Health, which were incorporated by the VA in its Strategic Plan and Action Agenda. This issue of the newsletter will explore the role of the MIRECCs in accomplishing the Commission's goals by presenting two initiatives that are improving care for veterans: MyHealth*e*Vet and the Center for Integrated Healthcare. MIRECCs in VISNs 3, 4, and 21 have contributed directly to the goal of developing and implementing integrated electronic health record and personal health information systems by their active role in advancing the MyHealth*e*Vet project. The MIRECCs have also contributed indirectly to achieving the Commission's goals by supporting the work of other Centers, such as VISN 2's Center for Integrated Healthcare (CIH). The CIH, whose mission is to improve the healthcare of veterans by integrating evidence-based behavioral health services into primary care, addresses the Commission's goal to screen for mental disorders in primary health care and to connect screening to treatment and support. This issue of the newsletter also includes an article describing the process of administrative review of the MIRECCs and the results for the first six MIRECCs that have successfully undergone review. Together, these pieces illustrate how the MIRECCs are enhancing the infrastructure for the delivery of mental health services to veterans and helping the VA to provide exceptional care and achieve superior patient satisfaction ratings. These VA accomplishments have caught the attention of the popular press (e.g., *U.S. News & World Report*, July 18, 2005: Military might: Today's VA hospitals are models of top-notch care). ♦

## Ten Years of Achievement

by Thomas Horvath, MD



**Thomas Horvath, MD**

For their first five years, the initial eight MIRECCs kept VA Central Office (VACO) and Congress informed as to their progress by submitting annual Congressional reports. The scientific productivity, dollar leverage, and educational impact of these MIRECCs rapidly became so obvious that successive Undersecretaries of Health were willing to fund two additional MIRECCs, bringing the total number to ten, with an annual core funding of $18M.

At the sunset of the Congressional report requirement, VACO decided to put the MIRECCs on a five-year review and approval cycle, similar to that of the HSR&D Centers of Excellence. The process of review would be similar to the process of initial MIRECC approval: experts in scientific, educational, clinical, and administrative areas would read the submissions, then gather for a half-day reverse site visit for each site to question the Centers' leaders. The first of these reviews took place in December 2003, for MIRECCs in VISNs 1, 20, and 22, and the second in June 2005, for MIRECCs in VISNs 3, 16, and 21. In 2004, in an unrelated move, the VACO Budget office decided to visit and review centers funded from "special purpose" medical care dollars, including the MIRECCs, to assure adherence to fiscal standards and "to show value."

Both types of reviews have been going well and the results are encouraging for the future of the MIRECCs. Each MIRECC was recommended for renewal with high or very high enthusiasm, and each met the Congressional intent and its own high aspirations. The MIRECCs demonstrated high scientific merit, publishing hundreds of peer-reviewed papers and attracting competitive grants worth four to six times their core funding. They did good work in education, organizing scores of high impact meetings, publishing dozens of enduring educational materials, and training fellows and junior faculty members. The MIRECCs not only introduced clinical innovations, but also reached out beyond their associate investigators to clinicians and developed networks of collaborators, generating a national scientific and clinical agenda. The MIRECCs met stringent requirements of fiscal responsibility and, overall, were seen to successfully fulfill the general legislative intent for the MIRECC program: to bring new knowledge and research findings into clinical practice settings in mental health care.

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The scientific reviewers occasionally pointed to a need to make some research approaches more relevant to veterans, or to broaden and deepen some educational efforts, or to streamline and strengthen some leadership processes. There were some internal debates about the respective importance of basic science and services research, and about the relative importance of

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## Upstate New York Center for Integrated Healthcare: Integrating Primary Care

by Laura Wray, PhD

The VISN 2 (Upstate New York) Center for Integrated Healthcare (CIH), directed by Steven Batki, MD, is dedicated to improving the quality of health care for veterans by integrating behavioral health services into the primary care setting. In the CIH model of care, behavioral health providers work directly with the primary care team to provide evidence-based behavioral health services in the medical clinics.

### The Role of the Behavioral Health Provider

Integrated primary care models allow veterans to access mental health services for a wide variety of physical problems. For example, if a veteran is trying to lose weight, the primary care provider will advise him or her to get more exercise and watch his or her diet but most people need more support to change lifestyle habits. In VISN 2, a behavioral health provider is located in the primary care clinics to assist veterans in modifying health habits. Services provided include smoking cessation, stress reduction, and insomnia intervention. These lifestyle changes can significantly improve health and quality of life and decrease the cost of care for primary care patients.

Behavioral health providers in primary care also assist in the management of mental illness. They can aid with assessment and diagnosis of mental illness and the monitoring of medication efficacy and side effects. Behavioral health providers also make referrals to specialty mental health services when necessary. For some psychiatric disorders, such as substance abuse, PTSD, and schizophrenia, that require more intensive mental health services, behavioral health providers can serve in a triage and liaison role with specialty mental health clinics. Because the behavioral health provider meets the patient in the familiar territory of the primary care clinic, he or she can help the patient to overcome the stigma of mental illness and ease the transition to a mental health treatment program. In addition to working directly on specific care planning and coordination issues, the behavioral expert provides consultation and support for the medical staff by managing angry or difficult persons, promoting treatment adherence and facilitating conversations about complicated topics such as end of life issues or substance abuse.

### CIH's Clinical Mission

CIH's clinical activities, directed by Mary Schohn, PhD, include training for all health providers in VISN 2 primary care clinics. The CIH also provides a full-time clinical researcher who trains and supervises the clinical behavioral health staff. To provide more support to the integrated primary care teams, CIH is collaborating with the VISN 4 MIRECC in Philadelphia to implement the highly successful Behavioral Health Lab (developed by David Oslin, MD). The "Lab" provides screening, liaison services, and brief mental health interventions over the telephone for primary care patients with depression or substance abuse disorders.

### CIH's Research Efforts

The CIH's research component, under the direction of Stephen Maisto, PhD, tests models of care and interventions that can be applied in the primary care setting. Current projects include screening and treatment of PTSD, alcohol dependence, somatization, suicide prevention and health care for geriatric patients with mild cognitive impairment. The CIH is currently conducting a study of VISN 2 primary care settings. We are assessing the level of integration in our clinics across the network, evaluating primary care providers' perceptions of the model and the use of clinical guidelines for important mental health diagnoses, and sampling patient satisfaction with behavioral health services. Results of this study will help guide future research, education, and clinical projects. For example, using administrative clinical data, we can evaluate the relationship between integration and client outcomes, one of the VA's strategic goals.

### CIH's Educational Goals

The goal of the CIH education division, directed by Laura Wray, PhD, is to promote the use of evidence-based, integrated care models by providing training to current and future staff working in integrated care teams. In a collaborative effort with VISNs 1 and 2, the CIH will be hosting the first annual integrated primary care conference on September 26-27, 2006 in Albany, New York. The conference will offer sessions for administrators interested in implementing integrated primary care, as well as clinicians seeking to acquire additional skills in the integrated model. In February 2006, we held the first annual summit meeting with CIH leadership, Behavioral Health Careline management, and Medical Careline management to promote understanding between researchers and administrators and to improve collaboration between the CIH and VISN 2's clinical programs. This dialogue has already resulted in several projects that will support VA and VISN 2 strategic plans. In September of this year, the CIH will initiate a collaboration with the three psychology internship sites in VISN 2 to offer a practicum in primary care for graduate students in psychology. Graduate students in Albany, Buffalo, and Syracuse will meet regularly via video conference to learn more about integrated primary care and empirically supported brief treatments. The CIH will collaborate with VA staff and academic partners at all three sites to provide curricula for the practicum that will be open to all staff and healthcare trainees.

### CIH's Collaborations

Many CIH research projects are collaborative efforts. Paige Ouimette, PhD, is collaborating with the NY State National Guard and the VISN 6 MIRECC on a project to screen and identify returning veterans who could benefit from mental health services. Drs. Steven Batki and Stephen Maisto are collaborating with Dr. David Oslin of the VISN 4 MIRECC on a project related to improving psychopharmacological interventions for alcohol problems in primary care. Dr. Laura Wray is collaborating with Ronald Toseland, PhD of SUNY Albany, and Thomas Tomcho, PhD and of the VISN 4 MIRECC on a project aimed at improving glycemic control in geriatric veter-

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## My HealtheVet: A Mental Health Expansion

By Bruce Levine, MD

The Veterans Health Administration's implementation of My-Health*e*Vet, an Internet-based personal health record and website, is well underway. The website allows any veteran to store personal health information on a secure site that is accessible from anywhere the veteran can log in. This system is uniquely flexible and provides a valuable tool for improving communication and the exchange of health information. For instance, a veteran can enter information from multiple providers, including those outside the VA, and allow or deny access to the health record as appropriate. Development of this website demonstrates the VHA's longstanding dedication to the technological cutting edge. Importantly, MyHealth*e*Vet reinforces the VA's commitment to empowering veterans with respect to their health care by partnering with veterans, implementing veteran driven care, and enabling early access to care.

The VA's expansion of the MyHealth*e*Vet project to include mental health needs of veterans provided unique opportunities to further modify the website, with the ultimate goal of improving healthcare. The VA formed a Mental Health Executive Committee for MyHealth*e*Vet, currently under the leadership of Antonette Zeiss, PhD and Ken Weingardt, PhD, which is developing the mental health content of the website. Having been involved since the inception of the Mental Health Executive Committee, the MIRECCs were invited to develop the needs assessment coordinated by Bruce Levine, MD (VISN 3 MIRECC) and Gretchen Haas, PhD (VISN 4 MIRECC).

This became a collaborative project of the National Education Group. The National MIRECC Education Group was particularly well positioned for this project, because of its long history of collaboration nationally, regionally, and MIRECC to MIRECC in the development of educational programs and implementation of best practices. Several MIRECC health services researchers and affiliated investigators, and our organizational affiliates, the National Center for PTSD and the VISN 2 Center for Integrated Healthcare (CIH), also participated. The team conducted eighteen focus groups. These focus groups took place all across the country and targeted specific populations to ensure that the views of multiple constituent groups were represented. The groups included veterans with various psychiatric diagnoses, women veterans, Operation Enduring Freedom (OEF) and Operation Iraqi Freedom (OIF) returnees, veterans in primary care who might have mental health questions, and unenrolled veterans. In addition, a subgroup of the MIRECCs and the CIH developed a questionnaire that was administered to veterans participating in the focus groups to get supplementary information. Drs. Haas and Levine presented a full report to the MyHealth*e*Vet Executive Committee who responded by immediately implementing many of the suggestions from the focus groups and are planning to incorporate others in the future.

In addition to the National Education Group, several other MIRECC members have assisted in the design and implementation of MyHealth*e*Vet. For example, MIRECC investigators have contributed their expertise in developing subject matter for the educational webpages of MyHealth*e*Vet and a number of MIRECC personnel have taken an active role in the collection and development of tools for the Mental Health Screening and Continuous Recovery Self Management domains of the website.

We are pleased to report on the MIRECCs' role in the expansion and implementation of the mental health portion of MyHealth*e*Vet. This is an exciting tool for promotion of recovery, access, empowerment, and technology. The National MIRECC Education Group, specifically the members of the Needs Assessment Workgroup, are currently exploring ways to help further the evaluation and content of this important healthcare tool to make it the best site possible for the veteran.♦

**MyHealtheVet**
**http://www.myhealth.va.gov/**

### *Ten Years of Achievement* *(Continued from page 1)*

central direction and local autonomy. The MIRECCs paid careful attention to the feedback and discussed it with their External Advisory Boards.

The recent appointment of the VISN 4 MIRECC Director, Ira Katz, MD, PhD, as the Deputy Chief Patient Care Services Officer for Mental Health, is a validation of the MIRECC concept, as well as a tribute to Dr. Katz's leadership and vision. In his last conference call as MIRECC Director, Dr. Katz challenged his peers to list their specific alignments with the main goals of the Mental Health Strategic Plan designed to implement the recommendations of the New Freedom Commission. The Directors agreed with Dr. Katz that, although our peer and administrative reviews are encouraging, we ultimately demonstrate the worth of the MIRECCs by implementing the specific promises made to veterans. ♦

### *CIH* *(Continued from page 2)*

ans with mild cognitive impairment by involving family caregivers using telephone education, support groups, and care management calls.

The VISN 2 Center for Integrated Healthcare will meet its goal of improving mental and physical care of veterans by promoting research and education, and advancing clinical practice in integrated primary care. Its resources are being leveraged through its collaborations with the MIRECCs and other centers. The CIH will serve as a national resource for integrated primary care models and will advance the strategic mental health agenda of the VHA. ♦

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http://www.veteranrecovery.med.va.gov/
**Improve care for veterans with mental illness and substance dependence**

**VISN 3**

**Larry Siever, MD, 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**

**David Oslin, MD, Acting Director**
**(215) 349-8226**
Philadelphia, Pennsylvania
http://www.va.gov/visn4mirecc
**Advance care for veterans with concurrent physical, mental and/or substance use disorder**

**VISN 5**

**Alan S. Bellack, PhD, ABPP, Director**
**(410) 605-7451**
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http://www.va.gov/visn5mirecc
**Improve care for veterans with schizophrenia and for their families**

**VISN 6**

**Gregory McCarthy, PhD, Director**
**(919) 681-9803**
Durham, North Carolina
**Create a translational medicine center for the clinical assessment and treatment of post-deployment mental illness**

**National MIRECC Education Group**
**www.mirecc.va.gov**

**VISN 16**

**Greer Sullivan, MD, MSPH, Director**
**(501) 257-1712**
North Little Rock, Arkansas
http://www.va.gov/scmirecc/
**Close the gap between mental health research and clinical practice**

**VISN 19**

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**(303) 303-8020 x2832**
Denver, Colorado
**Improve care for suicidal veterans through integration of research, education and clinical practice**

**VISN 20**

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**(206) 768-5375**
Seattle, Washington
http://www.mirecc.va.gov/visn20/visn-20.html
**Investigate the genetics, neurobiology and treatment of schizophrenia, PTSD and dementia**

**VISN 21**

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**(650) 852-3287**
Palo Alto, California
http://www.palo-alto.med.va.gov/show.asp?durki=866&site=51&return=759
MIRECC Fellowship Hub Site
**Individualize treatments for veterans with PTSD or with Alzheimer's Disease**

**VISN 22**

**Stephen R. Marder, MD, Director**
**(310) 268-3647**
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http://desertpacific.mirecc.va.gov
**Improve functional outcomes of veterans with psychotic disorders**

**VISN 2 Center for Integrated Care**

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**(315) 425-6749**
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**Dedicated to improving the quality of health care for veterans by integrating behavioral health services into the primary care setting**