

Promoting equity in engagement, access, and quality of mental health care for Veterans facing barriers to care, especially rural Veterans

South Central MIRECC

# COMMUNIQUE

January 2016

Volume 18 Issue 1

## IN THIS ISSUE

- 1 Research to Practice: Quality of Medication Treatment for Mental Disorders in VA
- 1 Meet the SC MIRECC Researcher: Gala True, PhD
- 3 Announcements
- 6 January CBOC Mental Health Rounds: Dementia and Driving
- 6 Clinical Education Product Highlight: Discontinuing Your Medication for Depression
- 7 SC MIRECC Publications
- 8 By the Numbers

### Research to Practice: Quality of Medication Treatment for Mental Disorders in VA

Summary by Kathy L. Henderson, MD



VA has received a lot of negative press recently regarding difficulties with access and quality of care for Veterans. So it is nice to see an article that clearly highlights VA's superior quality of care compared to the private sector.

This article, published by Katherine Watkins, et al., in *Psychiatric Services in Advance*, November 2015 describes medication treatment results from an

See **PRACTICE** on page 2

### Meet the SC MIRECC Researcher: Gala True, PhD

Investigator, SC MIRECC, Southeast Louisiana Veterans Healthcare System (SLVCHS) and Research Associate Professor, General Internal Medicine and Geriatrics, Tulane University School of Medicine

*Q. Tell us a bit about your educational and career background. In particular, what about research piqued your curiosity and when did you know that a career in this field was right for you?*

See **RESEARCHER** on page 4

**January 2016**

**Ashley McDaniel, MA**  
Editor

**Carrie Edlund, MS, MA**  
Reviewer

[www.mirecc.va.gov/visn16](http://www.mirecc.va.gov/visn16)

## **Leadership**

**Mark E. Kunik, MD, MPH**  
Director  
Houston, TX

**Michael R. Kauth, PhD**  
Co-Director  
Houston, TX

**Ali Asghar-Ali MD**  
Associate Director for Education  
Houston, TX

**Geri Adler, PhD**  
Assistant Director for Education  
Houston, TX

**Jeffrey Pyne, MD**  
Interim Associate Director  
for Research  
Little Rock, AR

**Patricia Dubbert, PhD**  
Associate Director  
for Research Training  
Little Rock, AR

**Kathy L. Henderson, MD**  
Associate Director  
for Improving Clinical Care  
Little Rock, AR

## **PRACTICE (continued from page 1)**



independent mental health evaluation of the quality of VA's mental health and substance abuse care (Veteran cohort). The evaluation compared a cohort of Veterans who had one of five different mental health diagnoses: schizophrenia, bipolar disorder, PTSD, major depressive disorder, and substance use disorder with a cohort of similar patients in private health insurance plans. The private plan cohort was a sample of privately insured individuals from the MarketScan database. Both cohorts included patients from ages 18-64, seen in fiscal year 2007, with at least one inpatient episode or two outpatient encounters with a qualifying primary or secondary diagnosis as listed above. Watkins and her colleagues used seven process-based quality indicators for the comparison in performance of VA versus private-sector care. These performance indicators included medication laboratory testing and screening, antipsychotic and antidepressant medication supply, and maintenance treatment.

Study highlights for clinicians:

- The VA cohort was more likely to be male and older than the private cohort
- In every case, VA's performance was superior to private sector by more than 30%
- 77% of the VA cohort received recommended medication lab tests, compared to 6% of the private sector cohort

(13 times higher)

- Veterans with schizophrenia or major depression were more than twice as likely to receive appropriate initial medication treatment (12-week supply)
- Veterans with depression were more than twice as likely to receive appropriate long-term medication treatment (180 day supply)

These findings are consistent with several previous reports that VA's performance consistently exceeds that of non-VA comparison groups. The authors highlight that VA has certain structures in place to support high-quality care, including colocation of pharmacy and lab services, integrated electronic medical record, access to decision support tools, and performance metrics. But note that this data was collected prior to the Psychotropic Drug Safety Initiative (PDSI). Imagine what the results would be now. Please pass on this article to your front line providers and commend them for a job well done!

This article may be viewed at <http://www.ncbi.nlm.nih.gov/pubmed/26567931>.

Citation: Watkins KE, Smith B, Akincigil A, Sorbero ME, Paddock S, Woodroffe A, Huang C, Crystal S, & Pincus HA (2015). The quality of medication treatment for mental disorders in the Department of Veterans Affairs and in private-sector plans. *Psychiatric Services*. Advance online publication.



*Postscript from Dr. Henderson:* This will be my last Research to Practice column, as I will be retiring in February after 32 years in VA. It has been a pleasure to work with our VISN 16 mental health leaders and front-line clinicians as, together, we have implemented many innovative and significant mental health programs for our Veterans. Continue the good work!

---

---

## Announcement

### MIRECC Implementation, Design and Analysis Support Available for MIRECC Affiliates

MIRECC Implementation, Design and Analysis Support (MIDAS) offers centralized design, methodologic and analytic support to investigators in the South Central VA Health Care Network who are seeking intramural or extramural funding or conducting pilot projects. With expertise in biostatistics, epidemiology, psychometrics, qualitative methods, application of technology to research and education, and project implementation, team members can work with you around such topics as study design, instrument selection or design, recruitment and data collection procedures, analysis of qualitative data, identification of best VA data sources & access procedures, manuscript preparation, and much more! For more information or to request MIDAS services, contact Dr. Ellen Fischer at [fischerellenp@uams.edu](mailto:fischerellenp@uams.edu) or (501) 257-1711.

## RESEARCHER (continued from page 1)

I first became interested in research when I studied medical anthropology as an undergraduate at U.C. Berkeley. While pursuing my PhD in Folklore at the University of Pennsylvania, I conducted field research with Hmong refugees to understand their views on health, illness, and healthcare. Later, I used my research to help create curricula in cultural competency training for medical students and residents-- I loved the discovery that my academic research could translate directly into “practical” products and materials with the potential to improve patients’ healthcare experiences. While writing my dissertation, I worked as a project coordinator on an NIH grant and learned everything about the nuts and bolts of conducting health services research-- from managing the budget to recruiting, conducting interviews, analyzing the data, and writing up findings. I fell in love with all (or at least, most!) aspects of research—the feeling of trying to solve a puzzle from so many different pieces.

**Q.** *You joined the SC MIRECC a few months ago. What attracted you to our center?*

I really resonate with the mission of promoting quality and equity of mental health care for Veterans, especially rural Veterans and others who face barriers to care. I’ve been working with Veterans (and their families) for 8 years now, and I’ve seen the profound difference it makes in their lives when they are able to get the mental health care they need. I’m deeply invested in finding ways to help Veterans engage fully in their mental health care, and in helping to make the VA a place that welcomes and embraces Veterans who are dealing with mental health issues. I also really like how



closely the MIRECC investigators work with each other and with investigators from the VA HSR&D Centers of Excellence in Houston and Little Rock—the sense of collaboration and cooperation in the service of Veterans.

**Q.** *Now that you are on board at the New Orleans anchor site, what are your research priorities going forward?*

In my own research, I use a range of community-engaged research approaches to partner with Veterans, their family members, community-based organizations that serve Veterans, Veterans Service Organizations, and various VA stakeholders. I was recently awarded a VA Health Services Research and Development (HSR&D) Merit grant to use

community-engaged research approaches to improve post-deployment care and promote community reintegration for OEF/OIF/OND Veterans who have a traumatic brain injury. So one area of focus for me is on creating community-VA collaborations in the New Orleans region, and also building VA's capacity for engaging Veterans in health services research overall. I'm also a born collaborator, and there are so many great people at SLVCHS and in the larger healthcare community in New Orleans who are working to improve quality and equity of care for Veterans in a number of different areas. At the same time, New Orleans is a really rich and somewhat underutilized region when it comes to conducting research with different Veteran communities. So another focus for me is on collaborating and partnering with clinicians and other investigators to help build health services research in the New Orleans region.

*Q. What is the highlight of your career at this point?*

I have really loved my 5-year collaboration with a group of OEF/OIF Veterans on a project that we call "From War to Home: Through the Veteran's Lens." With pilot funding from VA HSR&D, I gave cameras

to Veterans and asked them to share their stories of military service, homecoming, and seeking care. Together, we created a traveling exhibit of their photo-narratives. The exhibit has been installed at over 15 different locations across the country. We give talks together on topics such as military cultural competency and patient-centered care to VA and community healthcare providers and staff. Veterans from the project serve on the steering committee of my next project, and some of them are involved in VA HSR&D's initiative to increase Veteran engagement in research. VA staff and others who have seen the exhibit write to me about how much the Veterans' stories have an impact on the way they see their work at the VA and improve their understanding of the Veterans they serve. Other Veterans who've seen the exhibit write to me and tell me that the stories in the exhibit have helped them to feel less alone. That pilot project is the gift that keeps on giving! Information about the exhibit and all of the Veterans' stories is available at [www.va.gov/FromWarToHome](http://www.va.gov/FromWarToHome).

*Q. How can people get in touch with you if they have questions about your work?*

Please email me at [Jennifer.True2@va.gov](mailto:Jennifer.True2@va.gov).

---

## **Attribution: Acknowledgement of MIRECC Research Support/ Employment**

SC MIRECC researchers and educators have a responsibility to ensure 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 SC MIRECC if they receive either direct or indirect SC MIRECC support. 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 SC MIRECC, you should list SC MIRECC as an affiliation.

# CBOC Mental Health Rounds

## Dementia & Driving: Who is Responsible

VA mental health providers are invited to attend the next CBOC Mental Health Rounds session titled "**Dementia & Driving: Who is Responsible**," on Wednesday, January 13 at 8:00-9:00 a.m. CT or Thursday, January 14 at 11:00-12:00 p.m. CT. This Microsoft Lync session will be presented by Germaine L. Odenheimer, MD. At the conclusion of this educational program, learners will be able to:

1. Discuss why the issue of dementia and driving is of growing interest;
2. Identify three driving behaviors that raise concern;
3. List four common conditions that increase risks; and
4. Describe clinical and management approaches.

Call 1-800-767-1750 and use access code 37009# to participate. Email Ashley.McDaniel@va.gov or call (501) 257-1223 for registration and continuing education credit information.

Upcoming CBOC  
Mental Health Rounds  
Second Wednesdays  
(8:00-9:00 am CT)  
and  
Thursdays  
(11:00-12:00 am CT)  
Monthly  
(800) 767-1750;  
37009#

February 10 & 11, 2016  
*Eating Disorders*

March 9 & 10, 2016  
*Geriatric Polypharmacy*

## Clinical Education Product Highlight

### Discontinuing Your Medication for Depression

Developed by JoAnn Kirchner, MD; Kathy Henderson, MD; Maga Jackson-Triche, MD; and VISN 16 Mental Health Product Line

This brief, take-home guide is a tool for providers to offer to patients they are working with to discontinue their use of medication for depression. It details important information that will help patients remain aware of the signs and symptoms of the illness and how to plan to get treatment if they notice symptoms reoccurring, such as withdrawal symptoms and warnings of signs of returning depression. The flyer and brochure are available for free download at <http://www.mirecc.va.gov/visn16/clinicalEducationProducts.asp>.

**Discontinuing your medication for depression:**

*An important message from:*  
Southern MIRECC  
Mental Illness Research, Education and Clinical Center

*Safely monitoring signs and symptoms, now that you are better and have been stable for some time*

*Your doctor has decided to work with you to discontinue your medication for depression.*

*It's important that you remain aware of the signs and symptoms of the illness, and have a plan to get treatment if you notice symptoms re-occurring.*

Discontinuing depression medications may occasionally result in withdrawal symptoms unrelated to depression itself:

- Stomach upset, vomiting, diarrhea
- Sleep disturbances
- Muscle spasms, tremors
- Increase or decrease in energy level
- Irregular heart beat
- Disequilibrium (dizziness and lightheadedness)
- Headaches, irritability
- Slowed thinking
- Mild depression

Tapering off medications over the course of several weeks can minimize the risk of withdrawal. Watch for the following signs and symptoms and report them immediately to your doctor:

- Loss of interest or pleasure
- Irritable or depressed mood
- Change in appetite or weight
- Too much or too little sleep
- Fatigue or loss of energy
- Feelings of worthlessness or inappropriate guilt
- Diminished ability to think or concentrate
- Re-occurring thoughts of death

Symptoms usually occur within 24 to 72 hours after discontinuing the medication. They are more likely to occur if the medication is stopped abruptly. They usually go away quickly once the medication is started again.

Look for these early signs of major depressive disorder and work with your doctor to have a plan... a plan to help you seek treatment if the symptoms return once you discontinue medication.

Administration Offices:  
Central Arkansas Veterans Healthcare System  
2200 Fort Rucker Drive  
(501) 683-1235  
North Little Rock, AR 72114  
[www.mirecc.va.gov/visn16](http://www.mirecc.va.gov/visn16)

VA Clinics: To order more copies of this publication, please do so over the website at [www.mirecc.va.gov/visn16](http://www.mirecc.va.gov/visn16).

### **Variation in Utilization of Health Care Services for Rural VA Enrollees With Mental Health-Related Diagnoses**

Johnson CE, Bush RL, Harman J, Bolin J, **Evans Hudnall G**, Nguyen AM

*Journal of Rural Health, 2015, 31(3), 244-253*

Rural-dwelling VA enrollees are at high risk for a wide variety of mental health-related disorders. The objective of this study is to examine the variation in the types of mental and nonmental health services received by rural VA enrollees who have a mental health-related diagnosis. The Andersen and Aday behavioral model of health services use and the Agency for Healthcare Research and Quality Medical Expenditure Panel Survey (MEPS) data were used to examine how VA enrollees with mental health-related diagnoses accessed places of care from 1999 to 2009. Population survey weights were applied to the MEPS data, and logit regression was conducted to model how predisposing, enabling, and need factors influence rural Veteran health services use (measured by visits to different places of care). Analyses were performed on the subpopulations: rural VA, rural non-VA, urban VA, and urban non-VA enrollees.

For all types of care, both rural and urban VA enrollees received care from inpatient, outpatient, office-based, and emergency room settings at higher odds than urban non-VA enrollees. Rural VA enrollees also received all types of care from inpatient, office-based, and emergency room settings at higher odds than urban VA enrollees. Rural VA enrollees had higher odds of a mental health visit of any kind compared to urban VA and non-VA enrollees. Based on these variations, the VA may want to develop strategies to increase screening efforts in inpatient settings and emergency rooms to further capture rural VA enrollees who have undiagnosed mental health conditions.

**Care utilization and patient characteristics of Veterans who misuse alcohol.**

Halvorson, MA, Ghaus, S, & **Cucciare, MA** (2014). *Journal of Addictive Disorders, 33(4), 332-339.*

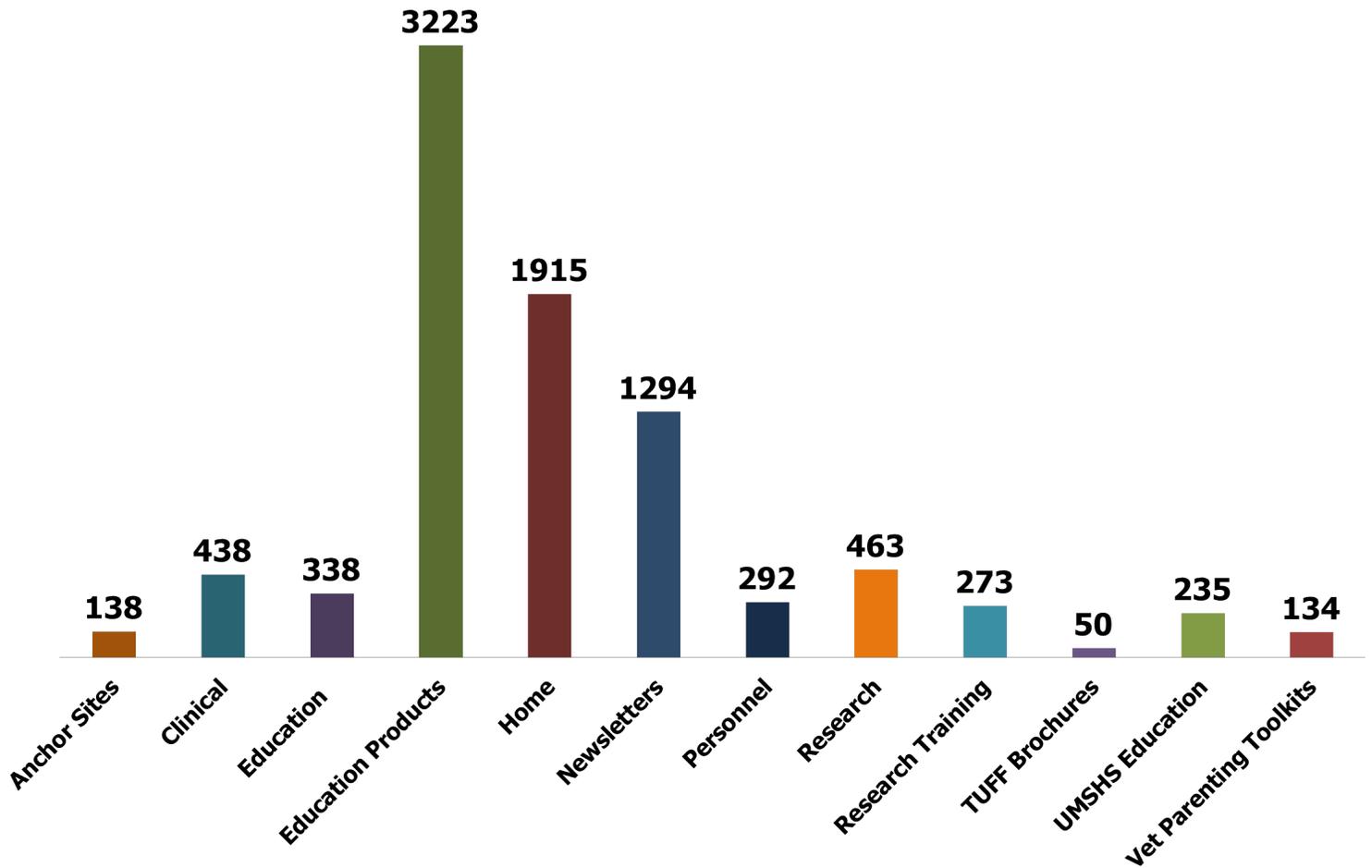
**Mental health diagnoses and health care utilization in persons with dementia, Parkinson's disease, and stroke.** Calleo, J, Amspoker, AB, **Marsh, L, & Kunik, ME.** (2015). *Journal of Neuropsychiatry and Clinical Neuroscience, 27(2), 117-121.*

**Predisposing, enabling, and need factors as predictors of low and high psychotherapy utilization among Veterans.** **Hundt, NE, Barrera, TL, Mott, JM, Mignogna, J, Yu, HJ, Sansgiry, S, Stanley, MA, & Cully, JA** (2014). *Psychological Services, 11(3), 281-289.*

**Utilization of VA mental health and primary care services among Iraq and Afghanistan Veterans with depression: The influence of ethnicity and gender status.** Davis, T, Deen, T, **Fortney, J, Sullivan, G, & Hudson, T** (2014). *Military Medicine, 179(5), 515-520.*

# By the Numbers

## 2015 SC MIRECC Website Visits by Page (8,793 Total Visits)



Learn more about SC MIRECC by visiting [www.mirecc.va.gov/visn16](http://www.mirecc.va.gov/visn16)



**U.S. Department of Veterans Affairs**

Veterans Health Administration  
South Central MIRECC