



## FYXX Clinical Educator Grant Program Application - SAMPLE 1

**Instructions.** Use our helpful instructions and samples to fill out this application. Email your complete application to [VISN16SCMIRECCEducation@va.gov](mailto:VISN16SCMIRECCEducation@va.gov) by 4:00 pm CT on [Date]. Copy your Mental Health or Service Line Chief for concurrence on the email. If you work at a CBOC, also include your Clinic Director. If your Service Chief or Director is not included on the email, we cannot accept your application. Enter references or additional budget information on the last page. Attach supporting documents to your email, including text that you cannot fit into this application.

**Questions?** Dr. Ali Abbas Asghar-Ali at [Ali.Asghar-Ali@va.gov](mailto:Ali.Asghar-Ali@va.gov) / [asgharal@bcm.edu](mailto:asgharal@bcm.edu) and Dr. Jennifer Bryan at [Jennifer.Bryan1@va.gov](mailto:Jennifer.Bryan1@va.gov) or (713) 440-4673.

1. Submission date: 05/23/2019

2. Principal applicant:

Inness T. Gator, MD

3. Co-applicant(s):

Eya Luvrisirch, PhD,, Vee A. Clanischian, MD

4. Principal applicant's Care/Service Line Chief (and Clinic Director if appropriate):

Cheef O'Staff, MD

5. Address:

a. VA Facility Name: Anytown VAMC

b. Address: 123 City Street

c. Mail Code / Suite#: 116/VA

d. City: Anytown City

e. State: Bigstate

f. Zip: 12345

g. Phone: (123) 456-7890

6. Title of the product:

Pocket Pharmacological Card for Primary Care Providers working in Remote VA Clinics for Management of PTSD with comorbid TBI

7. Brief description of the product:

Easy-to-use pocket card for providers not trained in psychiatry to improve safety of pharmacological management of PTSD with comorbid TBI in remote CBOCs that do not have Primary Care Mental Health Integration (PCMH) and Polytrauma System of Care (PSC) services available.

8. Target Audience (check all that apply):

- a. Veterans
- b. Family/Caregivers
- c. VA Mental Health Providers
- d. VA Primary Care Providers
- e. Public
- f. Other:

9. Estimated Project Duration:

- a. Start Date: 10/01/2019
- b. End Date: 09/30/2020

10. List 3 objectives your project aims to achieve.

- a. Objective 1:  
To conduct a review of literature and current guidelines on the pharmacological management of PTSD with TBI.
- b. Objective 2:  
To develop a product content and layout in partnership with stakeholders in primary care, physical & rehabilitation medicine, neurology, pain management, and psychiatry.
- c. Objective 3:  
To conduct focus group of clinicians working in rural settings to explore their experiences and suggestions about pharmacological management practices in the rural settings.

11. Is this a product that can be easily disseminated for use at other VAMCs?

- a. Yes
- b. No

12. What clinical issue does your product address?

PTSD with comorbid TBI is considered a signature injury among Veterans who served during OEF/OIF/OND.[1] These comorbid conditions have long term physical, psychological and cognitive consequences. Other psychological disorders such as depression, anxiety, insomnia, substance use disorder are highly prevalent in Veterans with PTSD and TBI [2, 3] Management of TBI requires a complicated pharmacological approach [8] including serotonergic, opioid and anti-epileptic agents for broad list of indications like pain, post-traumatic headache, insomnia, seizure prophylaxis and neuropsychiatric manifestations. VA has established Polytrauma System of Care (PSC) for the rehabilitation of Veterans with TBI where multidisciplinary team including a psychiatrist provide collaborative and comprehensive care. Unfortunately, rural Veterans face several barriers like mental health stigma and [4] distance to travel and unavailability of services.[2, 5] As a result, they suffer from poorer physical and mental health status.[6] OEF/ OIF/OND Veterans are more likely (40%) to come from rural areas [6] and they are significantly less willing to travel long distances for the treatment of mental health and substance abuse disorders.[7] Primary care providers (PCP) working in the rural settings face the burden of management of complicated comorbid conditions. Many PCPs do not feel equipped to provide complicated pharmacological management. Therefore, there is a need for a comprehensive yet concise guide for the pharmacological management of comorbid TBI and PTSD.

13. What resources exist to address this issue and explain how your product is different (such as there are no resources, they are outdated, not user-friendly, or don't apply to Veterans). At a minimum, search online for examples, including the National MIRECC website at <https://www.mirecc.va.gov/apps/activities/products/products.asp>.

After a thorough literature search, we believe there are products from VA Academic Detailing Services like "Clinical Pearls for PTSD Management- A Quick Reference Guide (2014)" and "A VA Clinician's Guide to Managing Posttraumatic Stress Disorder-Improving Quality of Life Through the Use of Evidence-Based Medicine" or the product from National Center for PTSD titled "Effective Treatments for PTSD". There are also couple of guides providing general information about TBI are available. Therefore, we propose that there is need for a easy to carry pocket card for the pharmacological management of PTSD with co morbid TBI.

14. How will your product improve this issue?

Our pocket card will be: 1) an easy to carry and use clinical decision making tool for clinicians without a background in psychiatry; 2) based on current guidelines: We will review literature and current guidelines, conduct focus group sessions in partnership with stakeholders in primary care, physical and rehabilitation medicine, neurology, pain management, and psychiatry; and 3) emphasize safety by avoiding/minimizing polypharmacy and related complications. No card currently exists within the VHA for this purpose. The product will be formatted and available for download so that it can be printed on a 4" x 5.5" sheet of plastic card to be easily carried in a pocket. As a next step, we will submit another application for further funding to evaluate the use of the guide in the desired settings to assess any need for update or revision.

15. How does your product improve mental health care for rural and other underserved Veterans?

About 40% of VISN XX patients live in rural areas and about 35% of rural Veterans suffer from TBI and PTSD. This product aims to equip primary care physicians to initiate standard of care pharmacological treatment early in the course of illness and prescribe complicated medication regimen safely to Veterans residing in the rural areas where collaborative specialty rehabilitation services are not available. Our product is significant and innovative. Our product will facilitate the provision of pharmacological management of comorbid PTSD and TBI to Veterans living in rural areas. It will minimize patient morbidity by minimizing polypharmacy-related complications. It will indirectly help VA by reducing the cost of care for polypharmacy-related complications.

16. How will you evaluate the final product? (Check all that apply):

- a. Pretest
- b. Posttest
- c. Follow-up Survey
- d. Individual Interviews
- e. Focus Group Interviews
- f. Other:

17. Please describe the evaluation process.

We will evaluate the content and design of the draft pocket guide by conducting follow up surveys and focus group sessions from clinicians working in rural settings, and other stakeholders (primary care, physical & rehabilitation medicine, neurology, pain management, and psychiatry).

18. Budget Table (list additional items on page 6 if needed):

Item with justification	Quantity	Cost per item	Total Cost
Resource book (list on page 6)	5	\$ 150.00	\$ 750.00
Graphic design services	1	\$ 1,000.00	\$ 1,000.00
Non-VA participation payment: Canteen Books	30	\$ 10.00	\$ 300.00
Transcription (10 hours of recording)	10	\$ 100.00	\$ 1,000.00
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<b>Grand Total:</b>			\$ 3,050.00

19. Enter additional text and references below (if text is too long for this space, put it in a Word document and attach to your email submission).

1. Swanson TM, et al., Traumatic Brain Injury Incidence, Clinical Overview, and Policies in the US Military Health System Since 2000. *Public Health Rep*, 2017. 132(2): p. 251-259.
2. Cohen BE, et al., Mental health diagnoses and utilization of VA non-mental health medical services among returning Iraq and Afghanistan veterans. *J Gen Intern Med*, 2010. 25(1): p. 18-24.
3. Tsan JY, et al., Primary care-mental health integration and treatment retention among Iraq and Afghanistan war veterans. *Psychol Serv*, 2012. 9(4): p. 336-48.
4. Corrigan PW & Wassel A, Understanding and influencing the stigma of mental illness. *J Psychosoc Nurs Ment Health Serv*, 2008. 46(1): p. 42-8.
5. Seal KH, et al., VA mental health services utilization in Iraq and Afghanistan veterans in the first year of receiving new mental health diagnoses. *J Trauma Stress*, 2010. 23(1): p. 5-16.
6. Weeks WB, et al., Differences in health-related quality of life in rural and urban veterans. *Am J Public Health*, 2004. 94(10): p. 1762-7.
7. Fortney JC, Owen R, & Clothier J, Impact of travel distance on the disposition of patients presenting for emergency psychiatric care. *J Behav Health Serv Res*, 1999. 26(1): p. 104-8.
8. Morgan M, et al., Pharmacotherapy regimens among patients with posttraumatic stress disorder and mild traumatic brain injury. *Psychiatr Serv*, 2012. 63(2): p. 182-5.
9. Mark TL, Levit KR, & Buck JA, Datapoints: psychotropic drug prescriptions by medical specialty. *Psychiatr Serv*, 2009. 60(9): p. 1167.
10. Collett GA, et al., Prevalence of Central Nervous System Polypharmacy and Associations with Overdose and Suicide-Related Behaviors in Iraq and Afghanistan War Veterans in VA Care 2010-2011. *Drugs Real World Outcomes*, 2016. 3(1): p. 45-52.
11. Boyer EW & Shannon M, The serotonin syndrome. *N Engl J Med*, 2005. 352(11): p. 1112-20.
12. Bromley RL, et al., Cognition in school-age children exposed to levetiracetam, topiramate, or sodium valproate. *Neurology*, 2016. 87(18): p. 1943-1953.

20. Enter additional budget information below (if text is too long for this space, put it in a Word document and attach to your email submission).

**Resource books list:**

1. Schatzbert/Nemeroff (4th edition). *Textbook of Psychopharmacology*
2. Zasler/Katz/Zafonte (2nd edition). *Brain Injury Medicine*
3. Koubeissi/Alshekhlee (2015). *Seizures in Cerebrovascular Disorders*
4. Benzon/Rathmell (2013). *Practical Management of Pain, 5e*
5. Crosby/Wendel (1st edition). *Rural Populations and Health: Determinants, Disparities, and Solutions*

MIRECC (in-kind support)

Copy editing