



**CeMHOR**  **Arkansas**

**Center for Mental Healthcare  
& Outcomes Research**

**VA HSR&D Center of Excellence**

- Richard R. Owen, MD  
*Director*
- Marisue Cody, PhD, RN  
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# Mental Healthcare Report

## Schizophrenia and depression studies get VA grant funding

**A** grant to study strategies for improving schizophrenia treatment and two grants focusing on depression recently received VA funding for 2003-05. This Service Directed Project funding will total about \$1.4 million for three CeMHOR principal investigators (PIs). The new projects and their PIs are:

- "A Study of Strategies to Improve Schizophrenia Treatment," Richard R. Owen, MD
- "Value and Cost of Translating Collaborative Care Models for Depression," JoAnn Kirchner, MD
- "Translating Depression Guidelines in Substance Abuse Treatment," Geoffrey Curran, PhD

### Improving Treatment for Schizophrenia

The Mental Health Quality Enhancement Research Initiative (MHQ) learned several lessons from its first

translation project in 2001-2002, according to Dr. Owen. The lessons will help his team undertake a new study to translate research findings about antipsychotic treatment into routine VA care.

"We know from decades of research that certain interventions can improve outcomes for people with schizophrenia. In the VA, managing a patient on antipsychotic medication is the most widely used intervention," Dr. Owen said. Such management poses challenges within the VA, he added.

"First, prescribing of antipsychotics in the VA varies significantly. Data show that many patients diagnosed with schizophrenia are prescribed an antipsychotic at a daily dose outside the range recommended by treatment guidelines."

Second, clozapine, the only antipsychotic agent proven effective for patients who fail trials with two or more other drugs, is not as widely used in the VA as it is in other health care settings. "Significantly

fewer veterans than non-veterans with schizophrenia are prescribed clozapine," Dr. Owen said, "and one reason may be the need for regular blood monitoring and required paperwork."

The new grant will allow Dr. Owen's team to study and implement strategies to impact

both of these challenges in two networks before rollout of a national translation plan.

Dr. Owen's MHQ team will compare the effectiveness of two strategies aimed at increasing guideline-concordant medication management: a team/opinion leader approach and a single opinion leader/coordinator strategy.

Researchers will also determine the impact of a support and consultation program to promote clozapine prescribing for treatment-refractory patients with schizophrenia.

The first year-long MHQ translation project had four

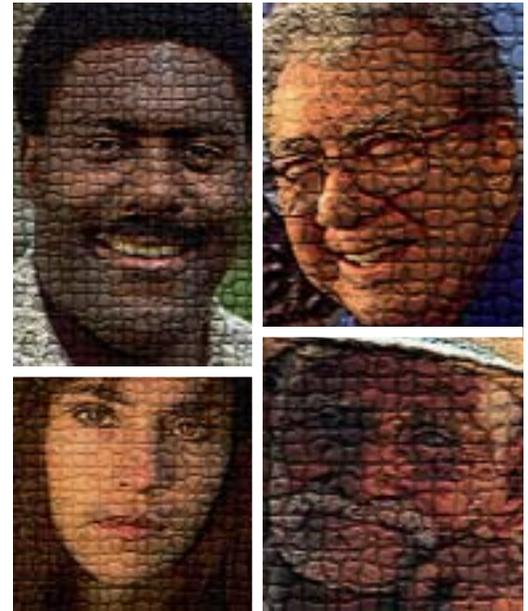
translation sites and four matched control facilities, Dr. Owen said. "Three of the four translation sites substantially reduced the proportion of patients receiving very high antipsychotic doses."

"We determined that how much opinion leaders and providers at the translation sites participated in the project had some correlation to reducing these high doses," he added.

Follow-up interviews indicated site personnel felt that involving more staff—such as a multidisciplinary team—would help future translation efforts. The new study will use the previous peer opinion leader concept, but expand it to a team-based quality improvement (QI) effort.

For the new study, five sites will be selected in VISN 16 and five in other networks. "We plan to add a part-time site coordinator at some sites to help with implementation in hopes this will allow the opinion leader to focus less on administrative tasks and more on QI and in-

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## Research, education keep Hudson and other PRECEP members busy

At one year old, the Psychopharmacology Research and Clinical Enhancement Program (PRECEP) is making its presence felt.

CeMHOR's Teresa Hudson, PharmD, is the motivating force behind the initiative of the South Central Mental Illness Research, Education, and Clinical Center (MIRECC).

Dr. Henry Nasrallah, formerly with South Central MIRECC, and Dr. Hudson spearheaded the program, launched last spring to:

- Conduct trials on use of psychotropic medications in veterans diagnosed with schizophrenia, PTSD and substance abuse disorders
- Educate investigators, mental health clinicians, patients, families and the public about psychopharmacology

- Promote effective application of psychopharmacological interventions

PRECEP participants are investigators, teachers and clinicians at VA facilities in five states.

Monthly newsletters, edited by Project Coordinator Erica DeHart, and conference calls keep members up to date.

Kathy Henderson, MD, Manager of VISN 16's Mental Health Product Line, CeMHOR Director Richard Owen, MD, and Dr. Hudson are developing evidence-based recommendations to help psychiatrists monitor adverse medical complications of atypical antipsychotics.

Dr. Hudson said, "This spring we plan to publish and disseminate a pocket booklet for clinicians with those recommendations."

She has experience producing educational materials. She compiled *A Guide to Psychotropic Drugs in the Elderly* for a project funded by the State of Arkansas. South Central MIRECC provided an educational grant to help publish it.

PRECEP is pursuing funding for a pilot research project to increase side-effect monitoring of antipsychotic medications.

"We hope to design an intervention to test in a larger, VA-funded project," Dr. Hudson said. "The intervention would increase the patient's involvement in monitoring weight gain and serum glucose associated with antipsychotic medication use."

Dr. Hudson said PRECEP has had discussions with a pharmaceutical company about a project aimed at understanding disparities in antipsychotic medication use. 4

## VA funds three grants to study schizophrenia, depression and depression/substance use

(continued from front page)

teraction with other providers," Dr. Owen said.

"We will help other sites form an interdisciplinary team of respected and expert staff who will be able to extend the influence of the clinical opinion leader. It's our belief this will promote diffusion of knowledge from team members to other providers and staff at that participating VA."

The study will unfold in two phases. As part of phase one, researchers will determine the validity of a "clozapine candidate algorithm" to identify treatment-refractory patients.

During this phase, MHQ will also adapt existing translation materials and tools to promote improved monitoring of side effects from clozapine and other newer, or novel, antipsychotic drugs.

"This is important because these medications have been associated with weight gain, diabetes and onset of other medical conditions," Dr. Owen said.

Co-investigator Kathy Henderson, MD, Manager, VISN 16 Mental Health Product Line, has assessed data on side-effect monitoring in this network. Dr. Owen said she looked at 6,467 patients who received at least seven fills of a novel antipsychotic between 1999 and 2001.

"Some 40% did not have weight recorded before and after initiating medication. Only about one-fourth had blood glucose assessed before and after treatment initiation," he added.

As a result, Dr. Henderson assembled a network team to plan a QI program to address the issue of side-effect monitoring. The new MHQ project and implementing the QI program will be a joint effort.

The significance of impacting treatment of schizophrenia within the VA cannot be minimized.

"About 100,000 patients with schizophrenia are treated each year by VA medical centers and clinics," Dr. Owen said, "and there is increasing pressure to reduce health care costs across the board, not just in the VA. The economic burden of schizophrenia in this country exceeds \$30 billion a year. From both a quality of care and an economic perspective, it's important that we improve medication management and overall treatment of patients."

Besides Drs. Owen and Henderson, others working on the project include Geoffrey Curran, PhD; Teresa Hudson, PharmD; Snigdha Mukherjee, PhD; Mona Ritchie, MSW; Lisa Geisselbrecht, BA; Mark Austen, MS; Mike Glenn; and Stephen R. Marder, MD, Director, VISN 22 MIRECC.

### *Translating Depression Guidelines in Substance Abuse Treatment, Geoffrey Curran, PhD, PI:*

This project will develop, implement and test an organizational intervention in VA substance abuse treatment settings to establish guideline-concordant treatment of comorbid depression. The intervention will help programs implement a treatment algorithm to improve recognition of depression. Co-PI is Mark Willenbring, MD, Minneapolis, clinical coordinator of the Substance Use Disorder QUERI. Others locally who will work on the study are Richard R. Owen, MD; Brenda M. Booth, PhD; and Mark Worley, MD, Director of the Central Arkansas Veterans Health-care System dual-diagnosis program.

### *Value and Cost of Translating Collaborative Care Models for Depression, JoAnn Kirchner, MD, PI:*

This project will study perceptions of key stakeholder groups on adoption of collaborative care for depression, and the actual costs of implementation in six large outpatient practices in three VISNs also participating in TIDES/WAVES. TIDES is a QUERI translation project and WAVES an HSR&D evaluation study aimed at implementing collaborative care models for depression. This project is in collaboration with two other HSR&D Centers of Excellence—in Los Angeles and Seattle. CeMHOR co-investigators are John Fortney, PhD, and Jeff Pyne, MD. Others locally who will work on the study are Mona Ritchie, MSW; James Warren, MPA; and Penny White. 4

## Catching up with: Rafael Suarez

*We know your title is Administrative Officer. What does an AO do?* My job responsibilities for CeMHOR and the Mental Health QUERI Coordinating Center are mainly in the areas of personnel, financial and budgeting, purchasing, and facility maintenance and operation. I'm also a liaison between the VA and several entities at the University of Arkansas for Medical Sciences, and between CeMHOR and our national HSR&D offices in Washington, DC. And I help the investigators here in preparing grants.

*How long have you worked for the VA and what did you do before?* I've been with the VA three years and was with the U.S. Forest Service for four years before that. I was a logistics officer in the U.S. Marine Corps. I went into the Corps after graduating from Louisiana Tech with a degree in accounting.

*You played a big role in the recent HSR&D national meeting. What was the biggest responsibility of CeMHOR as host?* The biggest stressor associated with the meeting was getting the web page up and running, in a very short time period. The meeting was very worthwhile and was attended by a record number, with 627 people registering.

*You're active on the Diversity Advisory Executive Council as Chair of the Hispanic Subcommittee. What does this involve?* Our goal is to educate Medical Center employees about the Hispanic culture, and we do this through annual programs like Hispanic Heritage Month and the International Food Festival. Another effort is to increase the number of Hispanic employ-



Rafael Suarez, AO for CeMHOR and Chair of the CAVHS Diversity Advisory Executive Council's Hispanic Subcommittee

ees at CAVHS. Hispanics are significantly underrepresented. Only 32 of some 3,000 employees claim Hispanic descent.

*Do you speak Spanish, or do people assume you do since you have a Hispanic surname?* I can communicate in Spanish, but I understand it better than I speak it. I grew up in a bilingual home. Both of my parents came with their families to the U.S. from Cuba in 1961. Some of their Cuban relatives went to Spain about the same time. I grew up in New Orleans and

Hot Springs, Arkansas, and my parents still live in Hot Springs.

*What would you consider your biggest accomplishment since you've been at CeMHOR?* Probably planning and hosting the HSR&D National Meeting this year. It took a lot of work over and above our usual, day-to-day job responsibilities. Other accomplishments include helping our Center and staff improve our information technology infrastructure and adding state-of-the-art audiovisual equipment and printers.

*We also hear you're an excellent cook, noted for your wonderful flan. What dishes do you like to prepare?* Besides flan, which is a traditional caramel and custard dessert, I like to do the manly thing: grill steaks or fajitas, especially in the summer when we cook outside a lot.

*Who's the better cook, you or your wife?* My wife Holly is the better cook by far. She's an occupational therapist who works part time on contract.

*What do you do in your spare time?* We live in Benton, and my wife and I spend most of our time after work and on weekends watching our three kids (sons, 3 and 5 years old, and a daughter, 11) enjoy the activities they're involved in: soccer and T-ball for the boys and ballet, ice skating and art for my daughter. 4

## ARIA eliminates paper for IRB process

A new, on-line, paperless system is helping expedite submission and review of research projects involving human subjects at the University of Arkansas for Medical Sciences and the VA in Little Rock.

ARIA (Automated Research Information Administrator) is simplifying paperwork of the Institutional Review Board (IRB), its office staff and reviewers, according to CeMHOR Associate Director Marisue Cody, PhD, RN, Assistant Professor of Psychiatry. She chairs the IRB committee and was involved in developing and testing ARIA.

Instead of submitting projects for approval in multiple hard copies, investigators now submit them on-line, Dr. Cody said.

"In IRB's daily work, there's little time to document processes for meeting accreditation standards. This is where CeMHOR staff were incredibly helpful," Dr. Cody said. "I was fortunate to have a talented writing

staff who helped me document our processes to meet National Committee for Quality Assurance standards for our Human Research Protection Program."

She added, "Erica DeHart and Stacy Fortney researched and documented our IRB standard operating procedures (SOPs). Like so many others, we have held to the principles but did not provide sufficient documentation to assure that we met accreditation standards.

"Our team worked hard to provide a framework to address all the little questions so often left open in the broad language of the regulations. We had a fabulous interactive process as Erica and Stacy framed the questions for the IRB chairs and committee members."

Dr. Cody said she is proud of the finished product. "Erica and John Heckler converted the SOPs to an interactive, html-based program so that all reviewers have ready access to an index of issues they may want to review in preparing their remarks for an ethical review procedure." 4

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# Moe Armstrong on “Running for Russell”

By Richard R. Owen, MD, Director



Without doubt, the most inspiring presentation at the 2003 National Meeting of HSR&D was that of Moe Armstrong, Vietnam veteran, VA consumer of services for mental illness, and advocate on behalf of all people with a mental illness. His opening dinner speech praised the VA for its high-quality clinical care and its commitment to research.

He challenged us as researchers to focus on the perspective of veterans, especially those suffering from serious mental illness.

There weren't many dry eyes in the audience as Moe ended with a new poem he wrote. Since we have had many requests for it, we reprint it here with his permission (and with some changes in line length to accommodate our newsletter layout).

## *Running for Russell* by Moe Armstrong

Stuck out on patrol, Vietnam,  
Russell would say to me  
That he was going back to Boston  
Someday  
Listen to James Brown  
Someday

I thought over the years  
That I could live like that  
Someday  
Get to Boston, drive around town,  
Listen to James Brown

I finally got to Boston thirty years later  
Now I'm running for Russell.  
Russell Johnson, same guy I spent those  
nights on patrol with,  
Same guy that I spent nights in tents with,  
He came back to Boston before me

I ended up coming to Boston, 1993.  
First guy who I phoned when I got to  
Boston was Russell Johnson

We used to call him “Big John,”  
He would do anything for anyone  
He looked after the other guys in the  
Recon unit,  
Helped clean their rifles  
Made sure that their bunk area was  
squared away  
He would sit around listen to other soldiers  
Talking about going home after the war  
He carried that damn five-gallon water  
can, on his back,  
Up the side of the mountain in 120-degree  
heat  
So we could have water to drink

He would stay up, take a person's watch  
who was too tired  
Stay up all night so the other Marines could  
rest  
“Don't worry, I can stay awake,” he said.

Then he would say, “I'm going back to  
Boston, someday, and listen to James  
Brown,  
Just take it easy, and have a beer.”  
He retired from the Marine Corps, with  
honors.  
Years later there were too many beers  
The years were too many

So, now I'm running for Russell.

On a March day in Boston there's no music,  
There's sorrow and trying to understand  
How and why did we all end up like this,  
Lost and alone, looking for the path to  
sanity and sobriety,  
Trying to put the pieces back

Looking in the streets for Russell  
On a Saturday in Boston  
Drive to his home,  
Russell is back on the streets,  
His wife doesn't know where.  
I stay at his house, drive back to my house  
I've missed Russell  
Waiting for that phone call  
Finally, when he calls  
Slurring his words with me on the tele-  
phone  
Talking about how we are going to meet  
the next day  
Telling him, Don't fall down and hurt  
yourself  
We agree to meet the next day  
Center Street, Jamaica Plain

We meet on Sunday morning, Boston  
The Boston we talked about over thirty  
years ago

And I'm crying, there are so few of us left  
We have all gone  
Where have we gone? I don't know, since  
the war,  
Third Recon Battalion, scattered all over  
the United States

And I'm here with Russell,  
The same “Big John” from those days in  
Vietnam

He's in bad shape, still drinking,  
In the morning, before noon  
Where is the place for him?  
What is the treatment for him?  
I have tried to save people before,  
Now I'm trying to get “Big John” to safety  
I look over to him, he doesn't know what  
hit him.

## ► CeMHOR PEOPLE

CeMHOR welcomes **Telemedicine Enhanced Antidepressant Management (TEAM) Project** staff members to Building 58. They are David Austin, MBA, *Project Director*; Michael McCarther, BA, *Project Coordinator*; Amanda Davis, BA, *Communications Specialist*; William Raney, RN, *Nurse Care Manager*; full-time *Research Assistants* Teena Reasoner, MS; Troy Jackson, BSA; Lakiesha Hart Mitchell, MA; Regina Stanley, BS; Bryan Thompson, BS; Trent Trice, BA; and Rhonda Willborg, BA; and *part-time Research Assistants* Nancy Burris, MAEd; LaNissa Gilmore, BA; Brad Holmes; Jay Williams, MSW, LCSW; and Silas Williams. Ms. Mitchell, Ms. Willborg and Ms. Davis were already working on projects at CeMHOR or the University of Arkansas for Medical Sciences. 4

If this had been a bullet, we could dig it  
out.  
Alcoholism and Trauma Disorder are not  
the same as taking a bullet

He's hurt, he's wounded, I can see the  
pain,  
I can't see the path that he'll have to take  
I explain to him what to expect

How inpatient is where he will go,  
How to get through the inpatient time  
To get a step-down program  
How to explain his history of combat  
missions.  
Tell them your war history,  
Let them on the wards, assess you for  
Trauma Disorder,  
Get through this with the least disruption  
to your life.

We talk some more  
I'm able to say how much hope  
He gave me during the Vietnam war,  
Thinking that someday I would get to  
Boston  
I would see him  
He would see that I had made it out of  
Vietnam  
Yet, years later, we're still trying to make it  
out of Vietnam

He said, “I'm going home and pack my  
bags. I'm going to treatment.”

We can have another chance,  
We can get free from the war  
We can get free  
We can have peace of mind  
I'm running for Russell.  
I'm really running for me  
ALSO. 4