

Mental Healthcare Report



CeMHOR  Arkansas

Center for Mental Healthcare & Outcomes Research

VA HSR&D Center of Excellence

■ Richard R. Owen, MD
Director

■ Marisue Cody, PhD, RN
Associate Director



Photo Album: In March 1952, staff of Building 58—doctors, psychologists, the Chief Nurse, Chief Dietitian, and Chief of Social Services—posed in front of the facility.

(Story on page 2)



Grant to fund research on cost of providing services through VA Community-Based Outpatient Centers

Examining whether cost reduction is possible in VA Community-Based Outpatient Clinics (CBOCs) is the main focus of a newly funded grant involving CeMHOR, with John Fortney, PhD, as co-investigator.

Matthew L. Maciejewski, PhD, of the VA HSR&D Puget Sound (WA) Health Care System, is principal investigator for the project titled "Evaluation of Community-Based Outpatient Clinic Costs Using DSS Data."

The study will evaluate CBOC cost-based performance measures using FY2000 and FY2001 data from the new VA cost accounting system, the Decision Support System. Researchers will compare cost-based performance measures for different types of primary care facilities.

Grant Title: "Evaluation of Community-Based Outpatient Clinic Costs Using DSS Data"

Awardee: HSR&D Puget Sound (WA) Health Care System

Principal Investigator: Matthew L. Maciejewski, PhD, Puget Sound

Co-Investigator: John Fortney, PhD

Collaboration Site: CeMHOR, North Little Rock

Start Date: September 1, 2001

The VA has two types of CBOCs. One is staffed by the VA in a facility directly operated by the VA medical center that operates it and whose budget includes it. The other type is a contract CBOC, a private clinic contracted by VA medical centers to provide primary care services to eligible veterans.

The study will test the hypothesis that CBOC patients will have primary care, specialty care, inpatient and total costs that are different than primary care patients at parent VA medical centers.

CBOCs are expected to reduce costs since they emphasize primary care and to improve access to care since they are generally located closer to the veteran patient's home. The investigators hope to determine the extent to which cost differences are due to patient differences and organizational differences. They also will try to determine which type of CBOC results in lower patient costs.

Dr. Fortney said it is important to know whether CBOCs can provide high quality care to veterans in a cost-effective manner. Therefore, in addition to its primary aim of examining cost differences, the study will examine quality of care differences for patients with ambulatory-care sensitive conditions. 4

LEADERSHIP ROLES

Investigators serve in many capacities

Whether it is to a national or regional research committee, a journal editorial board, a grant review committee or an academic or clinical entity, CeMHOR's research health scientists lend their expertise in numerous leadership roles and service. The FY2001 annual report lists more than 60 such roles active in either 2001 or recently.

"This is an impressive list of leadership activities," said Richard R. Owen, MD, CeMHOR Director. "The visibility of our people regionally and nationally on these committees, in addition to their research, helps us in pursuing grant funding, in recruiting other researchers and fellows,

and in collaborative efforts with researchers and affiliates around the country."

Listed below is just a sampling of the many roles CeMHOR investigators played in 2001 (or recently) outside their research duties here.

VA National/Regional Research

■ Cornelia Beck, PhD, member, HSR&D Subcommittee of the National Research Advisory Council, and editorial board member of seven professional journals.

■ Brenda Booth, PhD, member, Serious Mental Illness Treatment, Research and Evaluation Center (SMITREC) Advisory Committee, and past member of the HSR&D Research Career Scientist Award Review Committee.

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Former hospital, medical facility now houses CeMHOR staff, projects on VA campus

Note: CeMHOR's new logo on the cover features the front entrance of Building 58, from a drawing by artist Richard DeSpain. Since construction in 1931, the VA building has evolved from a hospital to a research facility and home of CeMHOR.

The legacy of Building 58, home of the Center for Mental Healthcare and Outcomes Research, is intricately woven into the history of neuropsychiatric treatment in America and a VA healthcare facility that began as a horse-soldier Army post, Fort Logan H. Roots, in 1894.

Today, this stately red brick building, built in 1931 as a general medical and surgical hospital, overlooks the old post parade ground and the Arkansas River and city of Little Rock. The building's hospital and surgical care of yesteryear have been replaced by research on modern treatment for mental illness.

Fort Roots: The Early Days

Regiments that trained at Fort Roots saw action in the Spanish-American War of 1898



before the post was converted to a VA Hospital in 1921: a "neuropsychiatric institution" opening in time to serve veter-

ans returning from World War I with physical and mental wounds.

Psychiatric Treatment: 30s & 40s

Medical treatment for mental illness at the time consisted of little more than giving medicine and trying to maintain the physical health and comfort of veterans. By the early 30s, other treatments were being

adopted, on the heels of discoveries by psychiatrists in Europe.

Among those treatments were malaria- and typhus-induced fever to treat neurosyphilitic paresis and electroconvulsive therapy (ECT) and coma insulin shock therapy to treat several mental disorders.

In 1945, the VA Hospital was one of the first VA facilities in the country to begin a lobotomy program. Over the next eight years, 245 lobotomies were performed.

CeMHOR investigators

(continued from front page)

■ **Geoff Curran**, PhD, member, Methods Core and Substance Abuse Teams, South Central Mental Illness Research, Education and Clinical Center (MIRECC), and associate editor of *Journal of Drug Issues*.

■ **Ellen Fischer**, PhD, past member, HSR&D Scientific Review and Evaluation Board, and consultant, Nursing Research Grant Writing Workshops for HSR&D and South Central MIRECC Grant Writing Workshop.

■ **John Fortney**, PhD, committee member, HSR&D Management Decision Research Center (MDRC) VERA Analysis, and investigator, MDRC Community-Based Outpatient Clinic Performance Evaluation.

VA Clinical Treatment/Issues

■ **JoAnn Kirchner**, MD, member, South Central VISN MIRECC Substance Use Research Group, and past chair of both the VISN 16 Task Force on Development of Criteria for Treatment of Mental Disorders in Primary Care and VISN 16 Primary Care Mental Health Integration Committee.

■ **Rick Owen**, MD, beginning a new term as member of the National Council for Clinical Practice Guidelines; grant reviewer for HSR&D Career Development Review Committee; editorial board member, *Veterans Health System Journal*; and previous service on guideline development, implementation and evaluation work groups for VHA and VA/Department of Defense mental health guidelines.

Research & Affiliations: 40s & 50s

After World War II, the hospital set out to become a national and international leader in neuropsychiatric treatment, education and research, developing an affiliation with the University of Arkansas for Medical Sciences (UAMS). An Annual Institute in Psychiatry and Neurology began in 1948 and became one of the best known conferences in the nation, attracting prominent physicians, authors and researchers.

The VA Hospital received its first federal grant for research in 1948, and research began on rehabilitating chronic ambula-

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■ **Greer Sullivan**, MD, clinical director, South Central VA Health Care Network Mental Health Product Line, and past member, American Psychiatric Association's Committee on Health Services Research.

Academic/Other Roles

■ **Marisue Cody**, PhD, chair, Human Research Advisory Committee, University of Arkansas for Medical Sciences (UAMS); newly appointed by Gov. Mike Huckabee to a term on the Arkansas Prescription Drug Advisory Commission; and grant reviewer for Alzheimer's Association.

■ **Teresa Hudson**, PharmD, former president, Arkansas Association of Health-System Pharmacists; former member, Arkansas Pharmacists Association Board of Directors; and reviewer for *Medical Care*.

■ **Jeff Pyne**, MD, former American Psychiatric Association representative to the World Health Organization International Task Force on Mental Health, Addictive, Behavioral, Cognitive and Developmental Aspects of the International Classification of Impairments, Disabilities and Handicaps (ICIDH).

■ **Kathy Richards**, PhD, editorial board member, *Journal of Women and Aging*, and present or former member of numerous committees, boards and councils at UAMS.

■ **G. Richard Smith, Jr.**, MD, member, American Psychiatric Association (APA) Committee on Practice Research Network; vice chair, APA Task Force on DSM-IV Handbook of Psychiatric Measures; and former member, APA Task Force on Quality Assurance and Risk Management. 4

Above, a 1948 operation in progress in Building 58 (photo on front page and photo this page from "History of Fort Roots: Old to New, VA Medical Center, North Little Rock Division")

Catching up with: Geoff Curran

How long have you been at CeMHOR and what brought you here? I've been here over four years. When I was a post-doctoral fellow at the University of Michigan, I saw an ad for the VA fellowship program at CeMHOR in the American Sociological Association's *Employment Bulletin*. It was a great opportunity for me to pursue the more applied research career I was after and to move my family to Arkansas. My wife is from England, Arkansas. After a year as a post-doctoral fellow here, I accepted a faculty position.

What is your educational background? PhD in medical sociology from Rutgers University.

What projects are you working on? I plan to resubmit a Career Development Award application this spring. I'm co-investigator on a VA grant project looking at the impact of receiving care for substance use disorders on overall service-use patterns. With three other researchers, I'm writing several papers on emergency room use by persons with psychiatric disorders, and I'm co-author with several researchers on papers generated by projects with the Rural Alcohol Study. I'm also collaborating with colleagues from Michigan on substance use treatment outcomes papers.

How does your background and education in sociology fit with the MH QUERI project? The QUERI Translation Project is really a diffusion of innovation study, and my schooling in this area has been somewhat helpful in implementing the intervention.

As a transplanted Bostonian, do you miss New England winters, particularly the snow? YES. I enjoyed the Boston winters.

What do you do in your spare time? Spend time with my family, and I play in a band as well.

So it's true you're a part-time musician? Guilty. I've played the drums since I was 10, and I've played in bands since about age 12. After college I tried being a full-time musician for a while. Not an easy



Geoff Curran, PhD: full-time research health scientist, part-time drummer and band member

life, really, so I ran to the safe harbor of graduate school!

What kind of music do you like to play? I play drums for a local band called *Mulehead*. We play music sometimes called "Americana," "Roots Rock" or "Alternative Country." We've released three full-length CDs. Our latest is

called "Rocket Surgery." Last summer we also released a six-song CD whose proceeds go to a local organization, Down Syndrome Family and Friends of Little Rock. Our band has a web page located at: www.mulehead.net.

Does your family see you perform? My wife and 6-year-old son come see us play

at our day shows like *Riverfest* in Little Rock. Most shows are late at night. We perform occasionally in surrounding states as well, but we turn down more offers than we accept since we have families, day jobs or attend school.

What does the future hold for you, both musically and as a research health scientist? I'm planning to keep writing and keep playing! 4

Building 58

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tory psychiatric patients, usefulness of new methods to treat patients with schizophrenia, physical effects of ECT, and manic depressive psychoses in Negro patients.

The 90s: Birth of An Organization

The 90s ushered in a concerted, organized effort to pursue funding for mental health research, an effort that would become a field program now known as the *Center*

for Mental Healthcare and Outcomes Research (CeMHOR), a VA HSR&D Center of Excellence. The first annual report, produced after the 1991 fiscal year, showed a budget of \$1.3 million. In that first year, five research health scientists started developing disease-specific outcome measures, prepared proposals for schizophrenia and substance abuse outcome modules and studied VA alcohol treatment costs.

A non-VA funded project brought financial support from the National Institutes of Mental Health to establish at UAMS a new Center for Rural Mental Health Care Research, now known as the NIMH Center for Mental Healthcare Research.

CeMHOR: The Present

In 2001, CeMHOR's 13 core investigators received almost \$5.5 million in funding for 27 projects, and the Center's total budget was \$6.3 million.

CeMHOR researchers and staff in Building 58 pursue research surrounded by more than 70 years of history in treating the psychiatric illnesses of America's veterans. 4

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▶ Reporting on Mental Health QUERI

By Richard R. Owen, MD, Director



THE FIFTH ANNUAL MEETING OF QUALITY Enhancement Research Initiative (QUERI) groups from around the country was held in mid-December. In addition to meeting with the Mental Health QUERI Executive Committee, it was exciting to meet and hear from others engaged in translating research into practice in the VA in order to improve the health and quality of life of our nation's veterans.

Our group focuses on two prevalent and disabling mental disorders, schizophrenia and depression. Other QUERI groups translate research into practice for substance abuse, diabetes, ischemic heart disease, heart failure, colon cancer, HIV and spinal cord injury.

At the meeting, each group reported on the impact of its translation efforts to date. Mental Health QUERI presented preliminary results from our *Translation Project to Improve Antipsychotic Prescribing*. This past summer we began implementing the first phase of this effort, a demonstration project involving four intervention ("translation") sites and four comparison facilities, all in South Central VISN.

Our main goals are to reduce the number of patients receiving antipsychotic medication at doses above those recommended in the VA guidelines, and to promote appropriate switching of patients with schizophrenia to newer antipsychotic agents. Our research suggests that improving antipsychotic prescribing in these ways will improve patient outcomes.

We reported at the meeting that translation site physicians are reducing higher-than-recommended doses of antipsychotic medication. In particular, we saw movement in the right direction in the translation site with the highest initial rate of high-dose prescribing.

After the December meeting, we completed further preliminary analyses that were included in a formal impact report to

the Director of the HSR&D Service, John Demakis, MD.

We found a statistically significant reduction in the proportion of patients whose daily doses were greater than 125% of the upper limit of the recommended range. Thus, it appears that our intervention is having the greatest effect on antipsychotic prescribing that varies the most from guideline recommendations.

A second goal of the translation project is to facilitate the switching of veterans, both outpatients and inpatients, now on conventional antipsychotics to a newer medication. While the number of veterans receiving newer agents continues to increase, there is not clear evidence that our intervention has had any effect on this aspect of prescribing.

In the first half of the project, we made several observations. We found:

- a sizeable number of outpatients receiving high doses of depot medications (injectable doses of conventional antipsychotics used to treat chronic schizophrenia and improve medication compliance);
- multiple barriers to changing medications and doses (for example, infrequent outpatient visits and patient preference); and
- few inpatients being prescribed conventional antipsychotics, resulting in a small pool eligible for switching.

Where do we go from here?

In the second half of the pilot intervention study, before we roll out the translation project and interventions to physicians in other networks, we are considering whether to drop the second intervention measure (switching inpatients to newer medications). Instead, we would adopt an intervention for targeted "outlier" facilities: those deviating the most from guidelines and those with specific at-risk patient groups, including veterans on injectable medications.

We are considering a focus on another medication, clozapine, which is not used in VHA facilities as much as it could be for

▶ CeMHOR PEOPLE

■ **John Fortney**, PhD, and **Jeff Pyne**, MD, have been invited to present at the VA HSR&D 2002 annual meeting February 13-15 in Washington, DC. Dr. Fortney's talk on "Improving the Rate of Depression Treatment in Primary Care Using Electronic Medical Records" is part of a session on assessing quality of care following change. Dr. Pyne's talk on "Sensitivity of Generic Effectiveness Measures to Changes in Schizophrenia Symptom Severity" is on the advances in health outcomes assessment session.

■ **Ralph Suarez**, Administrative Officer, has been selected to chair the Hispanic Special Emphasis Program as part of the SCAVAHN Diversity Advisory Committee, also known as the EEO Committee.

■ Project Staff: **Carol Thrush**, MA, and **Becky Doan**, MSW, LCSW, have been admitted to the Higher Education Leadership EdD program at the University of Arkansas at Little Rock. **Patricia Wright**, BSN, RN, has been admitted to the inaugural class at the College of Public Health, University of Arkansas for Medical Sciences (UAMS), to work toward an MPH degree.

■ CeMHOR welcomes new UAMS Project Staffer **Traci Yates**, who joins the grant project studying stakeholder perspectives on sustaining involvement in schizophrenia care, with Ellen Fischer, PhD, PI. 4

patients with chronic or treatment-resistant schizophrenia who failed trials of other medications.



At this point, we are in the early stages of fine-tuning our intervention and defining roles for participating sites once the project is expanded to other VISNs

later this year or early in 2003. The 2001 annual meeting was an exciting exchange of ideas. We look forward to the December 2002 meeting and reporting again on our progress. 4