



Mental Healthcare Report

Summer 2002
Vol. VIII, No. 4

TEAM intervention planned for CBOCs

Telemedicine grants focus on CBOCs' mental health care

Opening primary care clinics that are more accessible to rural veterans is a priority of the VA. By last August, more than 670 Community-based Outpatient Clinics (CBOCs) were open, making it possible for 87% of veterans enrolling for VA health care to be seen by a provider no farther than 30 minutes from home.

While the clinics are set up to handle a range of illnesses and medical problems, few of the smaller, rural CBOCs have specialty staff or resources to treat mental disorders such as major depression, according to John Fortney, PhD.

Dr. Fortney, a medical geographer, and Jeffrey Pyne, MD, a psychiatrist, both CeMHOR investigators, are principal investigators for two new grants totaling \$1,550,841.

The two grants are funding the implementation and evaluation of a state-of-the-art, telemedicine-based intervention for veterans with depression who are seen in small, rural CBOCs. The project launches at a time when the VA is placing high

priority on offering substantial mental health services in all CBOCs.

A first in VISN 16

The project marks a first in VISN 16 as six CBOCs involved in the project will be the first in this network to receive interactive video equipment for use in delivering mental health services. The clinics are at Mountain Home and El Dorado (AR), Monroe (LA), Longview (TX) and Hattiesburg and Meridian (MS).

Funding for the study is coming from HSR&D and the New Clinical Program Initiative. Initiative funds will cover cost of clinical care. VISN 16 is purchasing the video equipment for the clinics.

Dr. Fortney is PI on the HSR&D-funded grant, while Dr. Pyne is PI for the New Clinical Program Initiative grant. Both men are also investigators affiliated with the South Central Mental Illness Research, Education and Clinical Center headquartered at the Central Arkansas Veterans Healthcare System.

"Telemedicine," as defined for this study, refers to use of telephone and electronic patient medical records, as well as interactive video.

Plans are to randomly assign 200 CBOC patients participating in the study to a Telemedicine Enhanced Antidepressant Management (TEAM) intervention for depression. It was adapted from a previously tested collaborative care model designed for urban settings.

Dr. Fortney said, "I wanted to incorporate those components of care, particularly the team approach, into an intervention that could be applied to treatment in rural settings."

Another 200 CBOC veterans will be assigned to usual care that involves interactive video only. And 200 patients at primary care clinics in three VA medical centers—Little Rock, Jackson and Shreveport—will participate in the project to compare quality, outcomes and costs.

Depression among veterans

Major depression is a prevalent disease, in both society at large and among veterans. "In any given year about 10% of the population in our country meet diagnostic criteria for major depressive disorder. Fewer than half of them get professional help, and when they do, it is usually from their primary care doctor," Dr. Fortney said.

As the VA adds clinics in small, outlying communities, treating veterans with depression presents a staffing problem. Dr. Fortney pointed out, "In small towns where many CBOCs are located, it is not financially feasible to hire an on-site mental health specialist—a psychiatrist, psychologist, social worker or nurse case manager."

Will telemedicine be the solution? TEAM researchers hope to compare quality, outcomes and costs among the three different categories of interventions to answer that question and others, including:

- Does using the TEAM intervention produce the same quality and outcomes of care as those of a primary care clinic at a VA medical center?
- Does using interactive video alone in treating depression at a CBOC generate the same quality and outcomes of care as those of a primary care clinic at a VA medical center? Or those of a clinic using the TEAM intervention?

(continued on page 2)

CeMHOR  Arkansas

Center for Mental Healthcare
& Outcomes Research

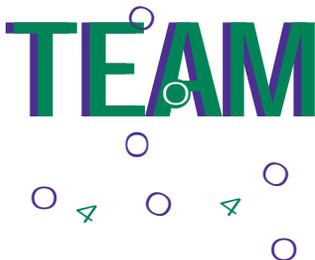
VA HSR&D Center of Excellence

■ Richard R. Owen, MD
Director

■ Marisue Cody, PhD, RN
Associate Director



Jeffrey Pyne, MD, whose image appears on the television monitor, and John Fortney, PhD, check out video equipment that will be used by CBOCs participating in the TEAM study.



Telemedicine study in CBOCs *(continued from front page)*

■ Is the TEAM intervention cost-effective in a routine practice setting?

Staff will screen patients with upcoming appointments at the project clinics to determine their eligibility for the study. Those patients scoring high on a depression-screening questionnaire will be considered eligible. Each will have a note placed in his/her electronic medical record to be co-signed by the on-site provider, usually either a physician or nurse.

Provider to receive electronic info

The provider will receive electronic information about guideline-recommended medication regimens to treat depression. In the TEAM clinics, a nurse case manager (located at one of the three participating VA medical centers) will telephone the patient and provide education about depression.

After the appointment, the nurse will follow up every two weeks by phone to monitor symptoms and check for medication adherence and side effects. If problems arise, these will be documented in an electronic progress note for the provider to review and co-sign.

"The patient may have stopped taking the medication or not be taking the full dosage. Or there might be side effects of the drug," Dr. Fortney said.

If a patient doesn't improve, a pharmacist will consult, do a medication history and make medication recommendations for the health care provider.

After a second trial, if the patient doesn't improve, the veteran will be asked to return to the clinic. At this point, interactive video will link the patient with a consulting psychiatrist in North Little Rock, Jackson or Shreveport who will assess previous treatment, comorbidity and other factors before suggesting another medication regimen.

TEAM recognizes the role of the on-site primary care provider as the one who is ultimately in charge of the veteran's treatment, Dr. Fortney said.

Working with clinic doctors

"We want to work with clinic providers and give them the resources and information they need to identify and treat depression in a primary care setting," he explained. "It's not enough to send providers a copy of guidelines for treating depression. They have such large caseloads they probably wouldn't have time to read them."

He hopes that specific recommendations for treating depression, in a progress note in the individual patient's chart, will be more effective than mailed-out

Title of Grants: "Telemedicine Intervention to Improve Depression Care in Rural CBOCs"

3-Year HSR&D-funded Grant: John Fortney, PhD, Principal Investigator; Jeffrey Pyne, MD, Co-PI

2-Year New Clinical Program Initiative-funded Grant: Jeffrey Pyne, MD, Principal Investigator; John Fortney, PhD, Co-PI

HSR&D Funding: \$1,316,602

New Clinical Program Initiative Funding: \$234,239

Co-Investigators: CeMHOR—Richard Owen, MD; JoAnn Kirchner, MD; and Teresa Hudson, PharmD; MIRECC—Greer Sullivan, MD; VISN 16 Mental Health Product Line—Kathy Henderson, MD; Jackson VAMC—Dinesh Mital, MD; Shreveport VAMC—Dean Robinson, MD; Puget Sound Health Care System—Matt Maciejewski, PhD; University of Arkansas for Medical Sciences—Keith Williams, PhD.

Collaboration Sites: VA Medical Centers in Little Rock, Shreveport and Jackson; CBOCs in Mountain Home and El Dorado, AR; Longview, TX; Monroe, LA; and Hattiesburg and Meridian, MS

Start Date: July 1, 2002

guidelines in getting clinicians/providers to initiate and monitor a course of effective pharmacotherapy to treat depression. 4

Pre-telemedicine grant project pilot studies resolve technical procedures

TWO PILOT STUDIES ARE identifying and resolving problems with technical procedures before the TEAM project begins.

Patients with upcoming clinic appointments at primary care clinics of the Central Arkansas Veterans Healthcare System (CAVHS) were screened and 1,322 identified as positive for depression. Of the 696 not currently receiving treatment, 9.3% (31) met diagnostic criteria for depression, and 29 consented to participate in a pilot study that assigned them to one of three groups.

The first group received usual care. Patients in the second group

had a progress note placed in their chart before their clinic visit, with the note to be reviewed and co-signed by their doctor, documenting depression screen results. In the third group, patients had a note put in their charts with their depression screen responses and best practice recommendations for antidepressant treatment.

The pilot study found that 43% of the usual care patients had depression addressed during their clinic visit. In contrast, 80% and 66.7% in the second and third groups, respectively, had depression addressed during their visits, suggesting that electronic medical records can be used effectively to

improve detection and treatment of major depression in a primary care clinic.

A pilot study underway is identifying patients at CAVHS primary care clinics who are prescribed an antidepressant. A research assistant (RA) follows up with these patients by telephone.

During phone contact every two weeks, the RA asks about issues such as medication adherence, side effects and symptom severity. Any problems are documented for the doctor's information in an electronic progress note. 4

Catching up with: Marisue Cody

Marisue Cody, PhD, RN, faces many challenges daily as CeMHOR Associate Director and Research Health Scientist. Perhaps none is as difficult as that faced by her and other career women/wives/mothers: balancing work and family. Now that her twins (a 16-year-old son and daughter) are teens, she said, "It's getting easier."

Although she wears many hats during the day, investigating issues critical to quality of life for older adults with a psychiatric disorder, Dr. Cody cherishes the time spent with family.

"It's interesting how one's career as a working mother changes over time. When the children were young, they required so much time and attention. Teenagers aren't like that. They don't need or want constant attention. When they do need me, I take off and go be there for them. I feel blessed because they treasure my company and are not embarrassed to still go places and do things with me. . .introduce me to their friends."

The busy researcher and administrator has a calendar full of weekly responsibilities—research projects, committee meetings, conference calls, writing articles and grant applications—that demand her time. Some of her recent schedule demands include:

- Developing and testing an outcomes module for dementia as part of a project funded by HSR&D. She is now analyzing data on 210 patient participants from three sites: a VA clinic, a University of Arkansas for Medical Sciences (UAMS) clinic and a private practice.
- Serving on a Prescription Drug Advisory Commission established by the Arkansas Legislature to study the feasibility of a bulk purchasing system for prescription drugs.
- Wrapping up a project for Arkansas Medicaid after reviewing use of psychotropic medications by nursing home patients.



Marisue Cody, PhD, RN, gets ready to meet with representatives of local and statewide agencies.

- Serving as chair of the UAMS Human Research Advisory Committee, which must approve all research involving human subjects.

Her path to a career as a researcher/academician in Arkansas began in California, where she grew up and went to college. Dr. Cody chose a nursing career after enjoying science courses in school. "I also think I had a caretaker personality: I liked taking care of people and was a Candy Striper hospital volunteer."

After earning two degrees in nursing fields, she became a family nurse practitioner but found she enjoyed university teaching more. She also became interested in systems issues, motivating her to

pursue a master's degree and a doctorate in Public Policy and Health Services Administration at the University of Southern California in Los Angeles.

"I was working in public hospital systems and saw how the system made a big difference in care. I was also fascinated by people we saw with dementia. We served a population, many of whom were picked up off the street, homeless, and brought to us—they had no one to take care of them, no place to go. The system needed to find a way to help care for them."

Dr. Cody, her husband (a UAMS physician assistant) and the twins moved to Arkansas in 1996. Besides her VA duties, she is a UAMS assistant professor in both the Department of Psychiatry and the College of Nursing. 4

Personality Profile

The most interesting book I've read lately: Primal Leadership: Realizing the Power of Emotional Intelligence by Daniel Goleman et al.

A trait I can't tolerate in others: Making excuses for why processes that don't work can't be fixed.

My role model as a young woman: I strived to be like several of my college professors who were intelligent, inquisitive and nurturing.

How my friends describe me: They can't believe how many things I can juggle at a time.

What drives me to succeed: I have a strong desire to persevere and finish things I start.

The biggest challenge facing a working mother of teenagers: To be there for them when they need it. It sometimes means dropping everything I'm doing to be attentive to their needs.

If there were more hours in a day, I would: Play more. 4

Mental Healthcare Report

published quarterly by the

HSR&D Center for Mental Healthcare & Outcomes Research
Central Arkansas Veterans Healthcare System

Editor: Marty Curtis

2200 Fort Roots Dr., Bldg. 58 (152/NLR)
North Little Rock, AR 72114
Phone: (501) 257-1727
Fax: (501) 257-1707
E-mail: Martha.Curtis@med.va.gov

► Telemedicine and primary care

By Richard R. Owen, MD, Director

It makes sense that CeMHOR staff will pioneer the use of telemedicine in treating veterans with psychiatric disorders in primary care clinics (see other articles in this issue on the new project).



Since 1998, our Mental Health QUERI researchers have focused on improving quality of care and outcomes for veterans with depression and schizophrenia.

QUERI Executive Committee member Dr. Lisa Rubenstein in California has a study in progress implementing a model of collaborative care for depression. CeMHOR investigators JoAnn Kirchner, MD, and John Fortney, PhD, are collaborating on this QUERI-funded project. In addition, Dr. Kirchner has led a study on integrating mental health services into Community-Based Outpatient Clinics (CBOCs).

CeMHOR research health scientists and other staff have extensive experience investigating issues such as guideline implementation, access to care, outcomes measurement, and clinical and cost effectiveness of various service delivery models.

As a new VA directive mandates access to mental health care in CBOCs, we face many challenges in achieving this ambitious initiative. There are staffing and cost factors to consider, prompting us to be creative and innovative in our approach to service delivery so that veterans in rural areas will not have to travel far from home to receive quality care for depression and other psychiatric problems.

Depression is a prevalent illness; when it is undetected and untreated, it can interfere with one's ability to function and even lead to suicide. Research shows that antidepressant medications and certain forms of psychotherapy are effective in treating this illness.

Because of telemedicine's success in treating some medical illnesses and conditions, we are just beginning to explore its application in psychiatry. The electronic medical record provides new opportunities for communicating about courses of treatment. Interactive video also promises a range of applications to enhance patient care, to educate providers and to improve access to care.

If the TEAM intervention is successful, a feasibility study will assess whether it should be implemented in other VA community clinics. CeMHOR researcher

More Telemedicine... Components of the TEAM intervention

- Academic detailing
- Screening for depression
- Patient education/activities
- Outcomes monitoring and feedback
- Medication management
- Psychiatric consultation
- Treatment recommendations

All components but academic detailing will use telemedicine technology. Consulting psychiatrists and pharmacists will meet face-to-face with the 19 primary care physicians at the participating CBOCs to cover information on detecting and treating major depression as a mental illness, the project protocol, the VA Major Depressive Disorder Clinical Practice Guidelines, and a manual on which the intervention is based. 4

Kathy Henderson, MD, VISN 16 Mental Health Product Line Manager, will be the one to lead this assessment, including whether interactive video equipment should be routinely implemented throughout our regional network. 4

► CeMHOR PEOPLE

■ **Drs. Richard R. Owen, JoAnn Kirchner** and **Greer Sullivan** were among only nine psychiatrists in the state named as Arkansas's Best Doctors in 2002. The list was published in the March 29 issue of the *Arkansas Times*. Names listed in the issue were provided to the Little Rock newspaper by Best Doctors Inc., a national polling firm that provides information on how to find and access the best possible care. Each year Best Doctors surveys tens of thousands of leading specialists worldwide and asks them what doctors they themselves would go to for treatment in their spe-

cialty. Only 30,000 doctors in the United States, about 4% of all U.S. practitioners, are selected as outstanding doctors by Best Doctors.

■ **Jeffrey Pyne, MD**, has received an Advanced Career Research Development Award from HSR&D. The new funding will allow him to continue research on applying standardized outcome assessment to real-world clinical settings to improve the clinical care and outcomes for patients with schizophrenia. Watch for a story on Dr. Pyne's research in the next issue of the *Mental Healthcare Report*.

■ **Carla Gene Rapp, PhD, RN**, postdoctoral fellow, has accepted a position as assistant professor in the College of Nursing and Senior Fellow in the Center on Aging and Human Development at Duke University, effective August 8.

■ **Puru Thapa, MD**, postdoctoral fellow, has accepted a position with the Division of Mental Health Services and the Arkansas State Hospital. He will continue to participate in some CeMHOR projects and will hold a faculty position in the Department of Psychiatry, University of Arkansas for Medical Sciences. 4