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CEDPSGP Awards, continued

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Geraldine Greany-Hudson – Coatesville, PA
Improve Chronic Non-Malignant Back and Muscle Pain in a Substance Abuse Population by Teaching Pacing Skills and Body Mechanics.

Wendy Merrill – Pittsburgh, PA
Clinical Utility of Diagnostic Screens in Predicting Treatment Adherence of Psychiatrically Co-Morbid Populations

Ron Pekala – Coatesville, PA
Increasing Adherence Follow-up in a Study Using Self-Hypnosis for Relapse Prevention: With Reference to Emotional Numbing, Serenity, and Affect Levels

Christine Peterson – Philadelphia, PA
Diabetes Group Visits for Sub-Syndromal Depressed Geriatric Primary Care Clinic Veterans

Scott Shreve – Lebanon, PA
Identifying Challenges and Opportunities in End-of-Life Care: Are We Providing Quality End-of-Life Care Across the Continuum?

Stuart Steinhauer – Pittsburgh, PA
Utility of Structured Checklists in Identifying Co-Morbid Psychiatric Problems in Alcohol-Related Disorders

We look forward to learning the results of these projects, and will report the findings in future newsletters.

Coming Soon...

Motivational Interviewing

July 13, 2004
VISN-wide V-tel presentation
(part I)

August 5, 2004
VISN-wide V-tel presentation
(part II)

Fall/Winter 2004
On-site training at all VISN 4
Medical Centers

Office-Based Treatment of Opioid Dependence Training a Success

Illicit opiate use is associated with significant individual and public health harm. In 1997, the National Household Survey estimated that over 2.5 million Americans had used heroin. The 1996 Drug Abuse Warning Network found that there was a 108% increase in heroin-related emergency department episodes in the 1990s. Major medical and psychiatric illnesses often co-exist with opiate addiction. In some counties in Pennsylvania, it is estimated that 90% of injection drug users are infected with viral hepatitis and 10% with HIV.

Although opiate agonist therapy is the most effective treatment for patients with opioid dependence, it is not readily available to many patients, and often is not coordinated with treatment of comorbid illnesses. In VISN 4, only two medical centers have licensed opioid substitution programs (OSTPs) - Philadelphia and Pittsburgh. The programs require daily visits, on-site counseling, and federally mandated laboratory and social assessments. These regulations create hardships for veterans outside of Pittsburgh and Philadelphia who may have to travel hundreds of miles for treatment of opioid dependence. OSTPs often have long waiting lists for entering into therapy. Finally, the co-morbid psychiatric and



Adam Gordon, M.D., presents

medical illnesses of some patients make OSTP treatment impractical.

The Drug Addiction Treatment Act of 2000 (DATA 2000) revolutionized drug addiction treatment in the United States. Prior to DATA 2000, only licensed OSTPs could prescribe opiates for opioid addiction treatment. DATA 2000 allowed, for the first time, qualified office-based physicians to use approved medications for opioid addiction treatment. The main objective of DATA 2000 was to expand access

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MIRECC Special Fellowships

Currently seeking post-doctoral psychologist for 2-year fellowship position in Philadelphia (contact ruckdesc@mail.med.upenn.edu for more information)

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Upcoming Events

This summer, MIRECC educational activities will focus on a three-part training in **Motivational Interviewing (MI)**, targeted to social workers, counselors, psychologists, nurses, and physicians. On July 13, 2004, we will present phase I, in which three certified MI trainers, Joseph Conigliaro, M.D., Peter Gariti, Ph.D., and Deborah Van Horn, Ph.D., will describe several varieties of MI (e.g., Motivational Enhancement Therapy, Behavior Change Counseling, etc.) via v-tel to all VISN 4 medical centers, and will provide data on its efficacy. The next phase in our training process will be a v-

tel workshop for staff from each medical center, scheduled for August 5. At this v-tel, we will guide the participants in developing a plan for the specific focus of further MI training at their site (e.g., which clinical setting, population to target, etc.), and for how to evaluate the impact of the training on clinical practice. The best evaluation plans will be awarded MIRECC CEDPSGP funds to carry out the evaluation. For the third and final step, the MIRECC will bring on-site, targeted training to each medical center, beginning in the fall.

Recent Grants by MIRECC Faculty (partial listing)

The following grants have been received since 2003:

Belinda Barnett, Ph.D., received VISN 4 Competitive Pilot Project Funds (CPPF) to study "Motivational Interviewing and Clinical Outcome."

Anna Rose Childress, Ph.D., is P.I. On a NIDA grant, "GABA B Agonists in Human Cocaine Dependence."

Joan Cook, Ph.D., is studying the "Use of Benzodiazepines by Older Primary Care Patients" with funding from NIMH.

Joseph Conigliaro, M.D., MPH, received funding from NIAAA to study "Alcohol Associated Outcomes Among HIV+/- Aging Veterans" and also is Co-PI on an NIMH grant entitled, "Improving Quality of Primary Care for Anxiety Disorders."

Jack Cornelius, M.D., is Co-PI on a NIDA grant entitled, "Substance Abuse and the

Dopamine System Genes."

Steve Forman, M.D., was awarded funding from VISN 4 CPPF to answer the question, "Do Smokers Lack Anterior Cingulate Error Response?"

Adam Gordon, M.D., MPH, received a VA HSR&D Career Development award to study "Processes of Care for Substance Abuse Detoxification," and is Co-PI on an NIAAA study of "Patient and Societal Utilities for Alcohol Problems."

Gretchen Haas, Ph.D., received NIMH funding to study "Recruitment of Undergraduates for Mental Health Research."

Vince Kane, LCSW, will head up a VA-funded study of "Housing, Mental Health, and Employment Outcomes for Homeless Veterans: A Follow-up Evaluation of 3 VA-Funded Transitional Residential Treatment Programs."

Ira Katz, M.D., Ph.D., was funded by the Rand Corporation/Robert Wood Johnson Foundation to study "Watchful Waiting in Minor Depression," and by NIMH for a study of "Drug Treatment of Depression in the Nursing Home Aged."

Amy Kilbourne, Ph.D. and **Mujeeb Shad, M.D.**, will study "Process and Outcomes of Care for Veterans with Bipolar Disorder" with funding from a VA HSR&D Merit Award.

Bruce Kinoshian, M.D., received VA funding to study "Aging Veterans Healthcare Policy."

Dave Oslin, M.D., was awarded funding from the VA for a study of "Telephone Disease Management for At-Risk Drinking," and from NIMH to examine "Non-Response to Naltrexone: Next Steps in Managing Alcoholism."

George Woody, M.D., received NIDA funds to study "Outcome of Treatment for Substance Use Disorders and HIV Risk Reduction."

Educational Offerings

It has been a busy Spring, with MIRECC conferences and training activities on such topics as homelessness and serious mental illness, neurodegenerative diseases, and the treatment of opiate addiction.

On April 27 and 28, the VISN 4 MIRECC joined with MIRECCs from VISNs 3 and 5 to present "From the Streets to Recovery: Homelessness and Serious Mental Illness" in Atlantic City, New Jersey. This training drew participants from New York to Washington, D.C., who enjoyed clinically-relevant presentations on topics such as law and public policy, medical comorbidity, and substance abuse treatment. The second day consisted of presentations of "best practices" models for addressing the problems of homelessness by staff

from city, federal, and non-profit organizations.

The MIRECC partnered with the Philadelphia Parkinson's Disease Research, Education, and Clinical Center (PADRECC) for the second year, to present the "2nd Annual PADRECC/MIRECC Symposium on Neurodegenerative Diseases: The Interface of Psychiatry and Neurology." Held in Philadelphia, the full-day conference featured nationally-recognized speakers who presented the latest research on affective and cognitive disturbances in Parkinson's and Alzheimer's diseases.

In May and June, the MIRECC offered a full-day training on **Office-Based Treatment of Opioid Dependence**, described more fully elsewhere in this newsletter.



2004 Clinical and Educational Demonstration Projects Small Grants Program Awardees

The VISN 4 MIRECC began the Clinical and Educational Demonstration Projects Small Grants Program (CEDPSGP) to assist and encourage clinical staff and educators to develop new, innovative clinical and educational interventions, enhance current educational materials or programs that target patients with comorbidity and/or their families, or improve the system of care delivery. The CEDPSGP supports the mission of the MIRECC by funding projects designed to apply empirical knowledge to improve the

clinical care of veterans, or to provide education to providers and trainees to enhance the delivery of high quality healthcare to veterans. These front-line care providers are an important source of ideas regarding clinical and educational services that are underdeveloped or lacking, and creative solutions to remedy these gaps.

Based on a review by a panel of experts, seven projects were selected for funding

for up to \$5,000 each. We are pleased to announce the 2004 awardees of our Clinical and Educational Demonstration Projects Small Grants Program:

Jeanne Cunningham – Philadelphia, PA
A Diabetes Intervention and Education Program for Seriously Mentally Ill Diabetics and Their Caretakers

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Office-Based Treatment of Opioid Dependence Training, continued

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to treatment for opioid dependence by incorporating the management of opioid dependence into mainstream primary and mental health care.

In October 2002, the Federal Food and Drug Administration approved two Schedule III medications under Data 2000: Subutex® and Suboxone® (Reckitt Benckiser). Subutex contains Buprenorphine hydrochloride, an opioid medication, and Suboxone contains Buprenorphine hydrochloride plus Naloxone, an opioid antagonist. Both formulations are administered sublingually and can be used either to detoxify a patient from opiates or to provide opiate maintenance.

DATA 2000 requires that medications used for office-based opiate treatment be prescribed by a "qualifying physician." The most common means for becoming qualified is completing no less than eight hours of authorized training on the treatment or management of opioid-dependent patients through certifying organizations. These organizations include the American Society of Addiction Medicine (ASAM), the American Osteopathic Academy of Addiction Medicine (AOAAM), and American Academy of Addiction Psychiatry (AAAP). Holding a subspecialty board certification in addiction psychiatry from the American Board of Medical Specialties or in addiction medicine from the American Osteopathic Association, or an addiction certification from the American Society of Addiction Medicine, also qualify a physician to treat opiate dependence in office-based settings.

As of February 2004, over 3,722 physicians have been trained to prescribe medications for the office-based treatment of opiate addiction. Unfortunately, only a handful of these are VA physicians. With the high rate of opiate dependence in veteran populations there exists a need for training VA physicians. In 2003, VISN 4 physicians Laura McNicholas, M.D., Ph.D., and Adam Gordon, M.D., MPH, collaborated in developing national guidelines for non-formulary use of Buprenorphine within the VA (<http://www.vapbm.org/criteria/>

[Buprenorphine.pdf](#)).

In the spring of 2003, the VISN 4 Mental Illness Research, Education, and Clinical Center (MIRECC) and the Center for Excellence for Substance Abuse Treatment and Education (CESATE) began discussions with the American Society of Addiction Medicine to coordinate conferences to train VA and community physicians in opioid dependence treatment in office-based settings. Through extensive discussions at the VA network and local levels, within the VISN 4 MIRECC and CESATE, and with the University of Pittsburgh (for Continuing Medical Education credits), we conducted courses in Pittsburgh (May 21, 2004) and Philadelphia (June 4, 2004). An unrestricted educational grant from Reckitt-Benckiser supported the conferences.

Several VISN 4 physicians were important in the development and implementation of these programs. Laura McNicholas served as the Course Director and Adam Gordon as the Associate Course Director at both conferences. Six additional community (Dr. Samuel Rice) and VA (Drs. Scott Golden, George Woody, Steve Forman, and Kyle Kampman of VISN 4 and Joseph Liberto of VISN 5) faculty also participated.

The MIRECC courses were the first nationwide to be located in VA facilities. Across both VA sites, 90 people attended, representing VA facilities from across the VISN. Thirty-eight VA physicians and 16 resident psychiatric physicians attended the courses. All physicians who attended the courses can now apply for a waiver to treat opiate dependence in office-based settings.

The coordination between the VISN 4 MIRECC, CESATE, ASAM, and VISN leadership in developing these trainings serves as a model for other VISNs in developing similar trainings. Drs. McNicholas and Gordon have been identified as mentors for physicians as they begin to prescribe Buprenorphine. In the next few years, the MIRECC and CESATE will continue to 1)

monitor the use of Buprenorphine, 2) work with the VISN to make Buprenorphine products formulary, 3) establish a formal referral and transfer network to allow seamless transfer of patients on Buprenorphine from one provider to another, and 4) work to improve education regarding office-based treatment through v-tel educational programs and future certification conferences.

Opiate addiction is a treatable disease. As addiction services become increasingly mainstream, educational programs such as those provided by the VISN 4 MIRECC are an increasingly important aspect of veterans' medical treatment.



Samuel Rice, M.D. speaks on medical comorbidity