

SMI Health Workgroup

Mental Health QUERI

June 2014

Improving Physical Health of Veterans with Serious Mental Illness

Serious mental illnesses (SMI) are prevalent and costly in VHA with significant impacts on patient safety, morbidity, and mortality. Patients with SMI experience a number of barriers to optimal outcomes, notably poor health behaviors, medication side effects, and fragmentation of physical and mental healthcare, leading to diminished function and a greater risk of premature death than the general population. There also is evidence that patients with SMI have higher rates of medical comorbidities and have higher mortality rates, especially from cardiovascular disease (CVD), and that there are large numbers who do not receive adequate medical care. For example, medical conditions are under-recognized in patients with SMI, and only half of providers discuss diet and/or exercise with these patients. In a recent analysis of national VA data, inadequate physical activity led to a 66% increased risk of CVD-related mortality in VA patients with SMI, controlling for body mass index (BMI) and CVD risk factors. Quality of medical care also is suboptimal, particularly for care that requires coordination across different provider types (e.g., lab monitoring) and often does not adhere to evidence- or expert consensus-based recommendations. Failure to address multi-level system, treatment, and individual barriers and risk factors can lead to increased risk of mortality due to CVD and diabetes among patients with SMI. Clearly, implementation strategies and tools are needed to support the use of evidence-based recommendations and practices that reduce morbidity, promote wellness, and address patient safety concerns in this patient population.

influence cardiometabolic side-effect monitoring and management for Veterans taking antipsychotics across six VISNs.

SMI Health Workgroup projects also are developing and testing strategies to implement evidence-based practices to improve physical healthcare for Veterans with SMI. Examples include:

- Integration of implementation tools and resources from past MH-QUERI research into a 'MIRECC Initiative on Antipsychotic Management Improvement' (MIAMI) Project toolkit to improve monitoring and management of metabolic side effects of antipsychotics. The MIAMI Project is sponsored by VA's Office of Mental Health Services.
- Testing evidence-based quality improvement and external facilitation strategies to enhance adoption and sustained implementation of MIAMI Project tools and resources.
- Extending the reach and impact of the Life Goals Collaborative Care psychosocial intervention (developed for patients with bipolar disorder) by adapting and testing its feasibility for a broader SMI patient population to reduce risk factors for CVD.
- Testing a chronic care model intervention for schizophrenia to increase the use of wellness services by patients with SMI.
- Implementation of patient-facing kiosks to improve mental healthcare by facilitating routine outcomes assessment, patient self-assessment, clinician and patient education, clinician feedback, and measurement-based care.

SMI Health Workgroup

The purpose of the Mental Health Quality Enhancement Research Initiative (MH-QUERI) SMI Health Workgroup is to identify and implement evidence-based programs and practices that promote wellness and improve physical health treatment and outcomes for Veterans with SMI. To accomplish this purpose, the Workgroup has chosen to conduct projects and other partnership activities in two areas of emphasis: 1) preventive care and wellness, and 2) disease and medication management. SMI Health

Workgroup projects are identifying gaps in care and determinants of current practice that influence the use of evidence-based practices in these areas. Examples include:

- Analysis of VA's External Peer Review Process (EPRP) and Serious Mental Illness Treatment and Evaluation Center (SMITREC) National Psychosis Registry data to assess organization- and patient-level factors that may contribute to differences in quality of physical healthcare for Veterans with SMI; and
- Examination of factors that

Continued

Partnerships

MH-QUERI places great value on collaborations with clinical partners and other investigators to advance its implementation research agenda and achieve mutually desired goals. If you have an interest in implementing evidence-based practices to improve physical healthcare for Veterans with SMI, please see contact information provided below.

Mental Health-QUERI SMI Health Workgroup

Members of the Workgroup include: Richard Owen, M.D. (Co-Leader); Richard Goldberg, Ph.D. (Co-Leader); Mark Bauer, M.D.; Amy Cohen, Ph.D.; Kathy Henderson, M.D.; Teresa Hudson, Pharm.D.; David Goodrich, B.S.; Amy Kilbourne, Ph.D.; Elizabeth Klingaman, Ph.D.; Julie Kreyenbuhl, Pharm.D., Stephen Marder, M.D.; John McCarthy, M.P.H., Ph.D.; Noosha Niv, Ph.D.; Paul Pirraglia, M.D.; Jeffrey Smith, Ph.D. candidate; Kristen Viverito, Psy.D.; Loren Wilkenfeld, Ph.D.; John Williams, M.D.; and Alexander Young, M.D.

How Do I Learn More?

For more information about the SMI Health Workgroup, visit our website

www.queri.research.va.gov/mh/default.cfm
and/or contact:

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Web Resources

For more information about the QUERI program in general, and to link to all of the individual QUERI Centers, please go to

www.queri.research.va.gov

The Mental Health-QUERI Executive Committee

Each QUERI Center is led by a research expert and a clinician. The research expert and Director for MH-QUERI is **JoAnn Kirchner, M.D.** and the Clinical Coordinator is **Kathy Henderson, M.D.** The Implementation Research Coordinators are **Jeff Smith** and **Mona Ritchie, Ph.D. candidates**, and **Monica Matthieu, Ph.D.** The Executive Committee includes other experts in the field of mental health: Thomas Berger, Ph.D.; Robert Bossarte, Ph.D.; David Chambers, D.Phil.; Kenneth Conner, Psy.D., M.P.H.; Geoffrey Curran, Ph.D.; Nicole Hart, B.A.; Maga Jackson-Triche, M.D., M.S.H.S.; Daniel Kivlahan, Ph.D.; Dean Krahn, M.D.; Kathleen Lysell, Psy.D.; Stephen Marder, M.D.; Susan McCutcheon, R.N., Ed.D.; Skye McDougall, Ph.D.; Richard Owen, M.D.; Craig Rosen, Ph.D.; Lisa Rubenstein, M.D., M.S.P.H.; Annapurni Teague, M.D.; Wendy Tenhula, Ph.D.; John Williams, Jr, M.D., M.H.S.; Laura Wray, Ph.D.; and Alexander Young, M.D., M.S.H.S.