Building a Clinical-Research Partnership to Implement Primary Care Mental Health

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VISN 16
Veterans Health Administration
MH/PC
Mental Health / Primary Care
Clinical Initiative

DEPARTMENT OF VETERANS AFFAIRS
UNITED STATES OF AMERICA

Background

- Partners:
  - VISN 16 Mental Health and Primary Care Leadership
  - Mental Health and Primary Care Leadership at the 10 VAMCs located in VISN 16
- Goal:
  - To develop and implement primary care based mental health programs in at least one primary care clinic in each of the 10 VISN 16 VAMCs

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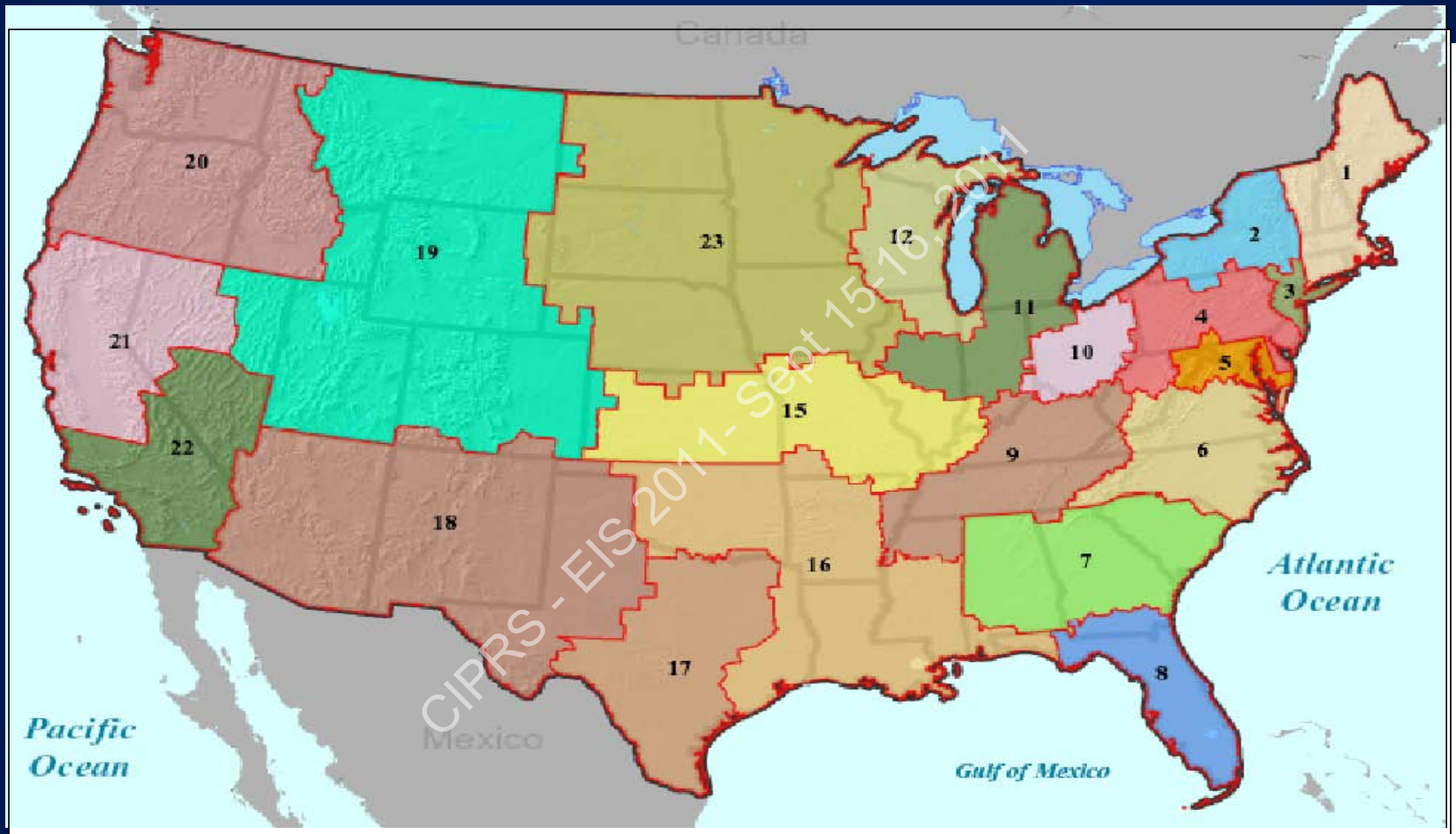

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Background

- A number of scholars have proposed that researchers, managers, and providers work collaboratively when implementing QI programs
- This clinical-research partnership can occur at multiple points across the research and quality improvement continuum
- These collaborations can serve several purposes:
  - Provides the opportunity for clinical input to ensure that interventions address relevant needs
  - Eases the burden associated with QI for clinical providers by pairing them with implementation experts
  - Facilitates the movement of clinically relevant research findings to routine clinical care

Jones L. 2007
Sullivan G. 2005

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Quality Improvement

Evidence Base → Clinical Care

Primary Care based Mental Health

- Collaborative care management for the treatment of depressive disorders in primary care - TIDES
- Evaluation of TIDES implementation - COVES

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Recommendations from the COVES Study

- Essential to involve local site participants in implementation efforts to assure buy-in and customization
- Preparatory work, prior to implementation, is crucial for program success
- Need to develop and recommend a structured sequence for rolling out new programs
- When scaling up implementation of evidence-based practices, there is the need for the allocation of additional organizational resources that directly support the implementation process

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Kirchner J. 2007

Quality Improvement

Evidence Base → Clinical Care

Evidence Base ← Clinical Care

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Clinical Partnership Program
Evidence-based Clinical Initiatives

2006 – VA request for clinical proposals to provide primary care based mental health services

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Using a Clinician-Research Partnership

- Activation of the clinician-research partnership was initiated by network level mental health and primary care leadership
- Researchers provided summaries of literature that documented evidence based practices for provision of mental health in the primary care setting
- Network-wide conference call:
  - Led by network level mental health and primary care leadership
  - Participation by MH and PC leadership at each of the ten VISN 16 VAMCs
  - Review of primary care mental health literature and current MH in PC request for proposal
  - Extended period for questions from VAMC level leadership

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Using a Clinician-Research Partnership

- Optional VAMC level participation
- Administrative data described the current process for MH in PC setting
- Discussed specific site needs and appropriate models to address these needs through site specific conference calls

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Network leadership and researchers co-developed a proposal that would support a VISN-wide primary care mental health program

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BUT……remember the findings from COVES

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Developed an implementation strategy (informed by COVES research findings) using facilitators both internal to the VISN 16 Mental Health Product Line and external implementation scientists

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Timeline for Implementation Start Date January 2007

Timeline: VISN 16 Collaborative Care Initiative	Year 1				Year 2				Year 3			
Quarters	1	2	3	4	1	2	3	4	1	2	3	4
Program Implementation												
Create job descriptions												
Hire program personnel												
Conduct monthly team meetings												
Tailor models to sites (EBQI)												
Develop referral guidelines												
Develop/adapt depression protocol												
Begin staged clinical approach with depression												
Develop protocols and expand to incorporate alcohol												
Expand to incorporate anxiety disorders												
Link OIF/OEF outreach & clinical programs												

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Timeline for Implementation Start Date January 2007

Timeline: VISN 16 Collaborative Care Initiative	Year 1				Year 2				Year 3			
Quarters	1	2	3	4	1	2	3	4	1	2	3	4
Education/Training												
Establish VISN 16 Integrated Care Training Committee												
Initial training conference (Year 1)												
Conduct EBQI meetings at each site												
Conduct PC base CBT training												
Ongoing training with quarterly teleconferenced training programs												
Year 2 face-to-face meeting (may be through televideo conferencing)												

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Timeline for Implementation Start Date January 2007

Timeline: VISN 16 Collaborative Care Initiative	Year 1				Year 2				Year 3			
Quarters	1	2	3	4	1	2	3	4	1	2	3	4
Evaluation												
Formative/Process												
– Status of hiring new personnel												
– Completion of EBQI meetings												
– Completion of training and completion of post test results												
Fidelity Monitoring												
– Develop measures of fidelity for key aspects of integrated care												
– Monitor fidelity												
Impact/Outcome												
– Obtain data from VISN 16 warehouse												
– Analyze data												
– Quarterly outcome reports												
Dissemination												
Spread to additional clinics												

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Lessons Learned

- It is a process not an event
- Based on mutual respect and an understanding of the value of each stakeholder
- Requires a commitment from clinical leadership AND the research community

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Lessons Learned

- Holds the promise of developing the dimensions necessary for QI efforts

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One Year Outcomes

- Percentage of Primary Care Patients identified with a mental health disorder increased from 22% to 24%
- Annual referrals to specialty care decreased from 1,404 to 808
- Though the program receiving facilitation was received only 5.4% of the positions awarded nationally, at 8 months this network had seen 9.4% of the patients under the national initiative

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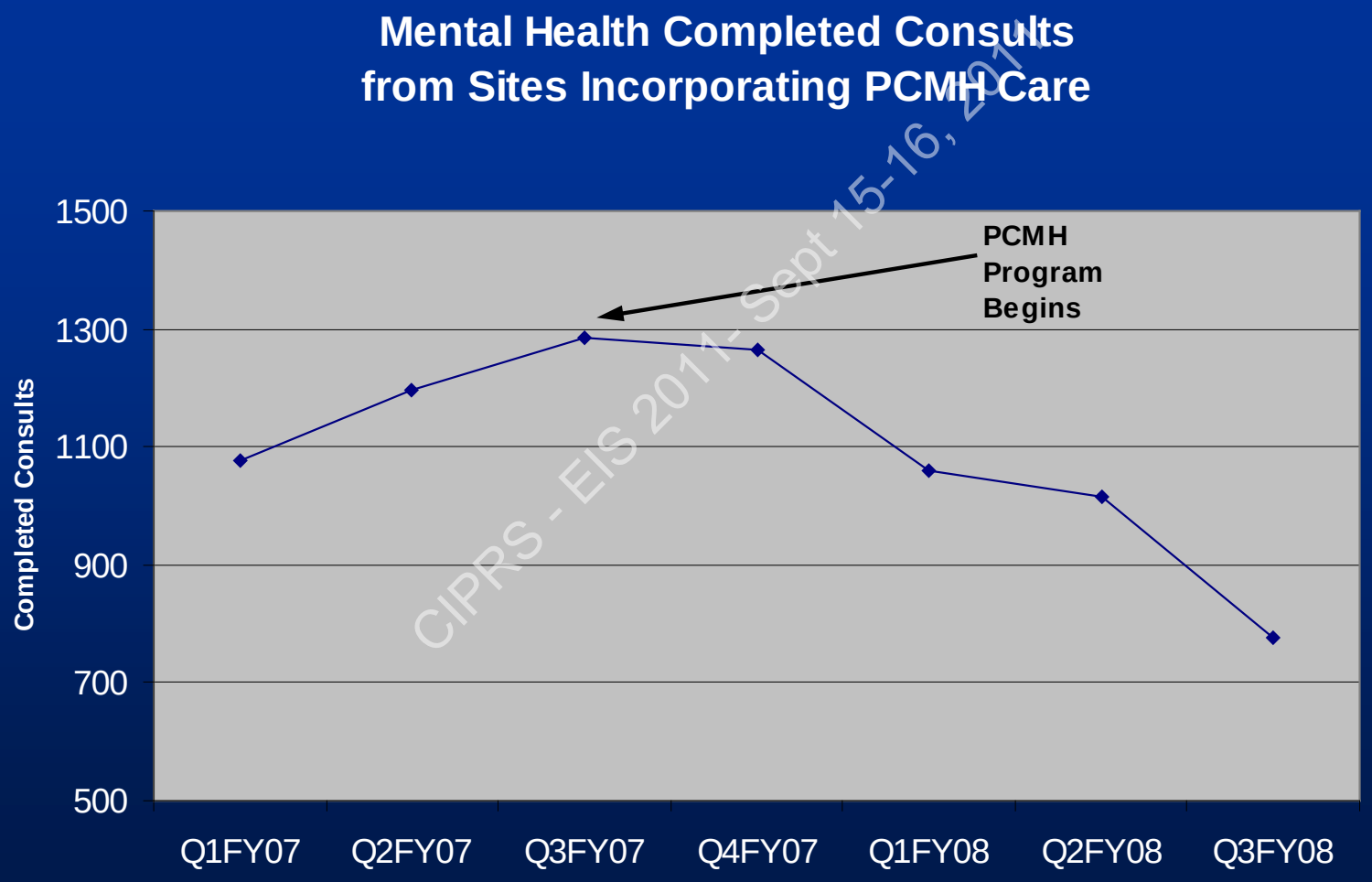
MH Consults per Quarter



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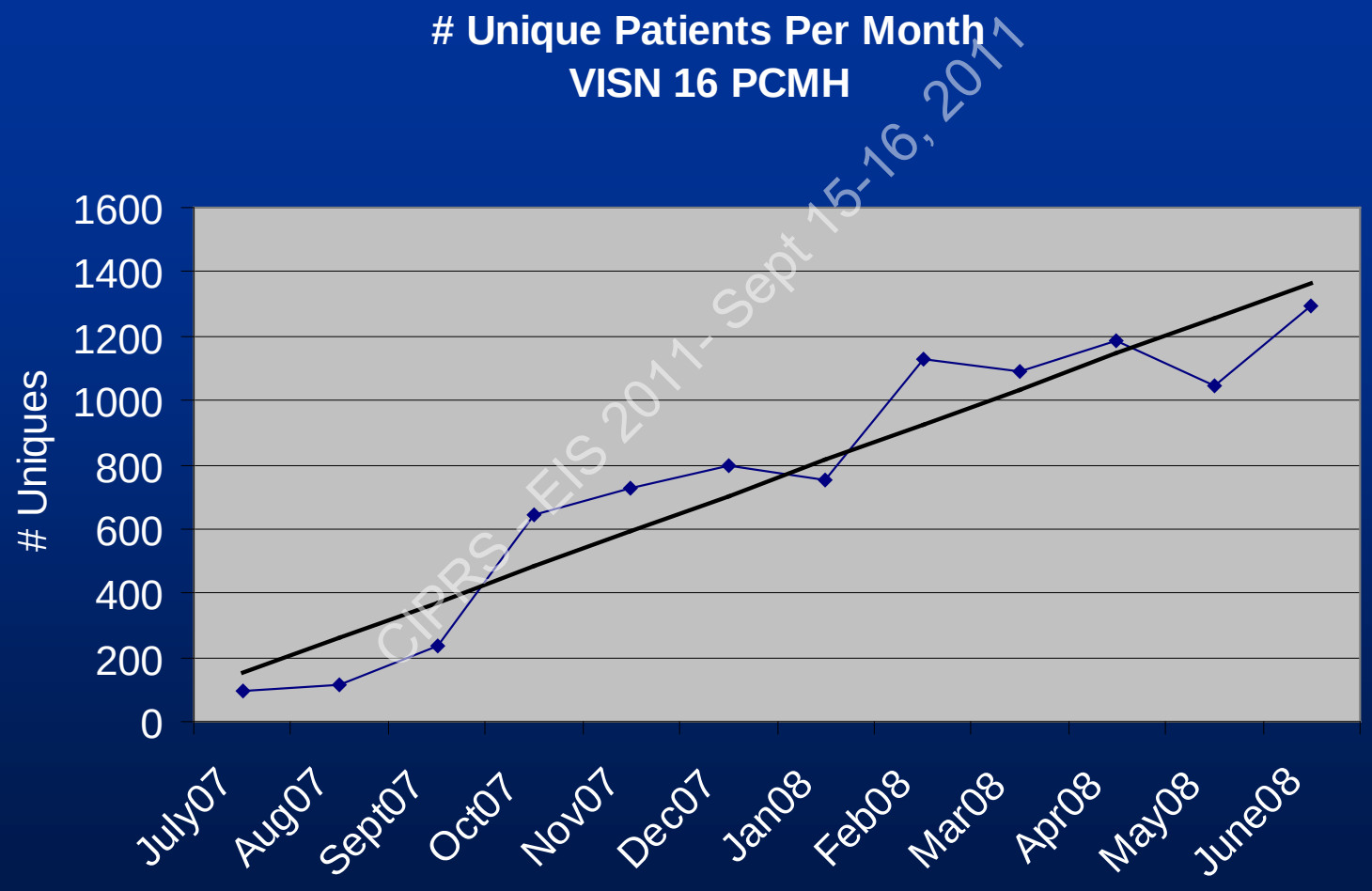
PCMH Uniques Monthly



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