Evaluation of Implementing FLOW in VISN 19

Transitioning Stabilized Mental Health Patients to Management in Primary Care

This evaluation examines the implementation of the FLOW program in VISN 19, which is intended to increase access to mental health services by assisting facilities in identifying and transitioning appropriate mental health patients to primary care.

Improving Veteran access to mental health care

Adequate access to mental health is one of the most important problems facing the VA. VA uses a 'stepped care' model in which care starts with the least resource-intensive, yet likely to be effective, treatments, only 'stepping up' to more intensive/specialist services as clinically indicated and 'stepping down' once maximum clinical benefit has been obtained from the higher level of care. VA has laid out pathways and guidelines for stepping up the intensity of mental health care for Veterans who need more frequent or intensive treatment. However, little guidance exists for helping providers make decisions about which Veterans should be stepped-down from intensive mental health treatment settings. Because of these factors, few recovered or stabilized patients ‘graduate’ mental health, leading to access challenges for new or acute mental health patients.

To address this problem, the FLOW program provides a process to identify patients who are potentially appropriate for transition to a lower intensity care setting, providing a user-friendly online report to communicate this information to providers, materials to explain this process to Veterans and providers, and methods to document the transition and facilitate communication among a Veteran’s providers.
Implementation strategies, tools, methods

We are partnering with VISN 19 to evaluate the FLOW program in 9 VA hospitals and clinics. Sites will receive an evidence-based facilitation approach including both internal and external facilitation. We will also provide audit and feedback, including monitoring the rate of patient transition, successful vs. unsuccessful transitions, and patient and provider perceptions of the program. A stepped wedge design will allocate the nine sites to three different waves, with each wave beginning implementation three months after the prior wave.

<table>
<thead>
<tr>
<th>Timeline</th>
<th>Year 1</th>
<th>Year 2</th>
<th>Year 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cohort 1 (3 sites)</td>
<td>Implementation</td>
<td>Maintenance</td>
<td></td>
</tr>
<tr>
<td>Cohort 2 (3 sites)</td>
<td>Implementation</td>
<td>Maintenance</td>
<td></td>
</tr>
<tr>
<td>Cohort 3 (3 sites)</td>
<td>Implementation</td>
<td>Maintenance</td>
<td></td>
</tr>
<tr>
<td>Assessment timepoints</td>
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<td>● ● ● ●</td>
<td>● ● ● ●</td>
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Outcomes assessed will include:

- **Reach**: % of patients transitioned
- **Effectiveness**: Success of transitions and patient and provider satisfaction with program
- **Adoption**: % of providers engaged
- **Implementation**: Fidelity to the FLOW model
- **Maintenance**: Continued success transitioning patients over the maintenance period

FLOW Key impacts and future directions

Based upon previous sites in which FLOW was implemented, we anticipate that 6-7% of specialty mental health patients will be able to be transitioned successfully to primary care. This frees up a substantial portion of the time of specialty mental health providers, which translates into dramatic increases in timely access for new mental health patients and increased appointment frequency for Veterans in crisis.

For more information, check out:
https://vaww.fre.cdw.va.gov/sites/D04_VISN17/OMHSPFLOW/Pages/OMHSPFLOW.aspx

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