QUERI Fact Sheet   **December 2008**

QUERI currently focuses on nine conditions that are prevalent and high-risk among veterans: Chronic Heart Failure, Diabetes, HIV/Hepatitis, Ischemic Heart Disease, Mental Health, Polytrauma and Blast-Related Injuries, Spinal Cord Injury, Stroke, and Substance Use Disorders.

Major depressive disorder (MDD) is one of the most common and costly of mental disorders. Depression costs the U.S. an estimated $66 billion per year, which includes both direct (i.e., medical care) and indirect (e.g., lost productivity) costs. In FY02, 542,075 veterans were diagnosed with depression, and veterans with depression account for 14.3% of total VA healthcare costs. Schizophrenia, perhaps the most devastating mental disorder, affects more than 2 million Americans and costs exceed $30 billion per year, accounting for more than 25% of total direct costs for mental illness. The VA provides care to approximately 100,000 patients with schizophrenia each year, accounting for 11.7% of VA's total healthcare costs.

While there are effective pharmacologic therapies for MDD and schizophrenia, studies show that depression is under-diagnosed and inadequately treated, and that almost 50% of patients with schizophrenia who are discharged from hospitals do not remain in treatment over time.

Mental Health Quality Enhancement Research Initiative

The Mental Health Quality Enhancement Research Initiative (MH-QUERI) employs the QUERI process (see back page) to improve the quality of care and health outcomes of veterans with schizophrenia and MDD. Schizophrenia and MDD were chosen as targets for MH-QUERI due to their prevalence, significant impact on the lives of patients, and substantial cost to society.

Since its inception in 1998, MH-QUERI has worked to implement evidence-based practices and to develop effective strategies for implementing clinical guidelines. Currently, MH-QUERI efforts target 13 key areas:

- Implementing evidence-based depression care models in primary care, as well as a chronic care model for schizophrenia in specialty care;
- Improving medication management for schizophrenia;
- Developing and implementing evidence-based suicide prevention strategies;
- Improving treatment adherence for depression and schizophrenia;
- Implementing innovative informatics solutions and emerging technologies to support care management;
- Enhancing access to evidence-based psychotherapies;
- Implementing outcomes monitoring for schizophrenia;
- Implementing a recovery-based model for treatment of schizophrenia—including family psycho-education and work restoration programs, as well as developing and testing peer-support programs;
- Developing and testing tools and strategies to support consumer-driven mental health care;
- Improving treatment and outcomes of comorbid substance use disorders and depression or schizophrenia;
- Expanding the evidence base regarding treatment of depression and schizophrenia, in addition to comorbid medical and psychiatric conditions;
- Expanding the evidence base on reducing stigma to seeking care; and
- Examining the evidence for clinical application of genetic testing for individualizing treatment for mental health disorders.

The MH-QUERI Executive Committee

Each QUERI Executive Committee is co-chaired by a research expert and a clinician. The research coordinator for MH-QUERI is **Richard Owen, MD,** and the co-clinical coordinators are **Stephen Marder, MD** and **Lisa Rubenstein, MD, MSPH.** This Executive Committee includes other experts in the field of mental health: Thomas Berger, PhD; Frederic Blow, PhD; Geoffrey Curran, PhD; Michael Davies, MD; Nancy Jo Dunn, PhD; Ellen Fischer, PhD; Martha Gerrity, MD, PhD; Ira Katz, MD, PhD; JoAnn Kirchner, MD; Daniel Kivlahan, PhD; Edward Knight, PhD; Miklos Losonczy, MD, PhD; Kathleen Lysell, PsyD; Susan McCutcheon, RN, EdD; **Jeff Smith, PhD candidate** (Implementation Research Coordinator); William Van Stone, MD; John Williams, Jr, MD, MHS; and Alexander Young, MD, MSHS.

MH-QUERI Projects and Findings

MH-QUERI is focusing its primary efforts in two areas: 1) implementing the collaborative care model for depression in VA primary care, and 2) improving antipsychotic treatment for schizophrenia. MH-QUERI also is pursuing implementation of evidence-based psychosocial rehabilitation, studies of a chronic care model for schizophrenia, and a multi-component strategy for implementing evidence-based antidepressant treatment in substance use treatment settings.

Improving antipsychotic treatment for schizophrenia

MH-QUERI research shows that antipsychotic management practices vary widely, with need for improvement in monitoring for metabolic side-effects and clozapine (an antipsychotic) use. A recent MH-QUERI demonstration project found that a multi-component intervention including opinion leader efforts and computerized feedback substantially increased monitoring for antipsychotic side-effects at two sites, while there was no change in monitoring practices at sites that did not participate in the intervention. In 2007, MH-QUERI convened an expert panel to review literature and develop recommendations concerning management of metabolic side effects; recommendations will be disseminated in 2008. Next steps include further study of implementation strategies to improve antipsychotic side-effect monitoring and management.

Collaborative care model for MDD

MH-QUERI continues to make significant progress toward its highest priority goal—implementing evidence-based care models for depression. MH-QUERI has shown that collaborative care for depression can be successfully implemented in VA treatment settings to improve depression treatment and outcomes. The evidence-based program also has shown that most veterans can be effectively treated in primary care, with only the most severe cases needing to be followed by mental health specialists. Through successful research-clinical partnerships, MH-QUERI leaders and investigators are spreading collaborative care for depression to new VISNs and facilities across the VA—including many new sites implementing collaborative care models through primary care/mental health integration funding from the Office of Mental Health Services.

In 2007, MH-QUERI leaders helped organize and served on a guideline panel to update VHA/DoD clinical practice guidelines for depression in order to integrate evidence on collaborative care, as well as other new findings pertaining to quality depression treatment. MH-QUERI researchers also worked with the Employee Education System (EES) to constitute an advisory board for depression care manager training and hosted a primary care/mental health integration conference that was organized by EES.

These are select examples of how MH-QUERI is partnering with VA leaders to implement evidence-based care for depression, while simultaneously striving to advance the field of implementation science through rigorous research evaluations.

Additional MH-QUERI findings

- In a study to improve depression treatment in Community-Based Outpatient Clinics (CBOCs), patients who received the Telemedicine Enhanced Antidepressant Management intervention were significantly more likely than patients receiving usual care to report taking antidepressants >80% of the time at both 6- and 12-month follow-up, and were more likely to respond to treatment at 6 months, and to experience remission at 12 months.
- Compared to patients with usual care providers, patients receiving the Enhancing Quality of Care in Psychosis (EQUIP) intervention, based on the chronic care model, were significantly more likely to have improvement in care for psychotic symptoms and weight side-effects.
- An intervention designed to increase recognition and treatment of depression in substance use treatment settings increased detection of non-substance-induced depression and guideline-concordant medication initiation.

THE QUERI PROCESS

QUERI utilizes a six-step process to diagnose gaps in performance and identify and implement interventions to address them:

1) Identify high-risk/high volume diseases or problems;
2) Identify best practices;
3) Define existing practice patterns and outcomes across VA and current variation from best practices;
4) Identify and implement interventions to promote best practices;
5) Document that best practices improve outcomes; and
6) Document that outcomes are associated with improved health-related quality of life.

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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

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