



RESPECT-Mil

March 2010 Quarterly

BUSINESS CASE

DOLLARS and "SENSE" & the Bottom Line

The almighty and somewhat elusive Relative Value Unit (RVU) has significant impact on resources in our medical community. At a time when providers are being asked to do more with less, there has never been more of a need for an RVU "Force Multiplier."

The Business Model developed at Fort Stewart targets the Behavioral Health Consultant role for RESPECT-Mil. The model is designed to enhance patient care by a thorough review of the patient records, discussion of the case with the Care Facilitator (Registered Nurse), and a clearly documented Electronic Health Records (AHLTA) summary with recommendations for patient care. This process can net 2.4 RVU's per staffed patient and can take as little as 10 minutes per patient. If you staff 100-200 patients a month the work load generated can be impressive.

This optional staffing resource admittedly takes slightly more time than a verbal staffing encounter. However, it has the added benefit of educating primary care providers on some basic principles of psychiatric care. I believe that this process results in better patient care, which really is our bottom line. Finally, I challenge primary care champions to develop a similar RVU business model for primary care and share your idea with the group. If you have questions please do not hesitate to contact me:

David Dobson, MD, Psychiatrist
RESPECT-Mil, Behavioral Health Proponent

david.l.dobson@us.army.mil



GREETINGS FROM THE DIRECTOR



Our RESPECT-Mil community continues to grow and mature as we develop into a cohesive team of providers, and we are honored to have you as part of the team.

We intend for this newsletter to be a source of information, a communication instrument and a place to celebrate our providers. This newsletter also provides the opportunity for members of the RESPECT-Mil team to learn from one another.

During the first two years of RESPECT-Mil, you have collectively screened over 300,000 primary care visits at nearly 40 clinics around the world. Nearly 2,500 visits involve the identification of suicidal thoughts. We routinely hear stories from the field regarding important "saves" (i.e., suicide screens resulting in essential acute changes to a Soldier's treatment plan). YOU are an essential member of this life-sustaining program.

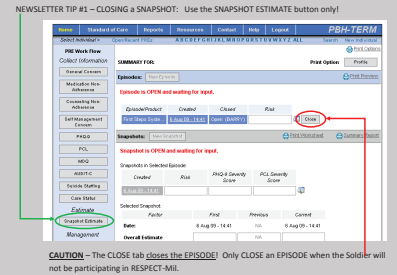
Our geographic distance from each other means that, up until now, we regularly interact as colleagues primarily during our site calls or in site visits. You are an integral part of the RESPECT-Mil community, and we would like to assist you in expanding communications among you and your colleagues and between you and the Implementation team. This newsletter allows you to join us for updates and information at your convenience.

We promise that each newsletter will deliver up-to-date information about RESPECT-Mil, inform you about program developments, and offer essential program facts and figures. We will use the newsletter to announce and review key decisions, actions and revisions in program procedures. The newsletter will help to build new relationships between people, sites, teams and disciplines. It will offer success stories, ultra-brief literature reviews, and helpful program hints from the field. To print those stories we must first hear them from you, so I ask you and your local team to examine your RESPECT-Mil experiences for material of interest to your colleagues worldwide. Each newsletter will also recognize teams and individuals making noteworthy program efforts and contributions.

This month we spotlight a Care Facilitator at Fort Bragg, Kim Cruse, who has served the program since its initia-

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FIRST-STEPS TO PAPERLESS CARE FACILITATION



Our new electronic case tracking system for care facilitation documentation is known as FIRST-STEPS. Care Facilitators have begun entering newly referred cases as of September 2009 in version 2.0 of FIRST-STEPS. This change results in an essentially paperless system for our busy Care Facilitators!

FIRST-STEPS Version 2.1 is anticipated for release in about four months. Version 2.1 will have many automated features such as scheduling and automatic creation of staffing agenda with cases prioritized based on risk and lack of progress toward remission.

The FIRST-STEPS corner of this newsletter will contain tips for use by Care Facilitators and Behavioral Health Champions as they staff cases. This edition's tip is included below:

#1 To close a SNAPSHOT – use the "SNAPSHOT ESTIMATE" button on the left navigation bar. If you select the black "CLOSE" button on the summary page you will close the EPISODE! Please use caution and close only Snapshots as soon as possible after the contact. If you accidentally close an EPISODE, call Sheila for instructions.

#2 Since FIRST-STEPS resides on a server rather than being a down-

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AHLTA TIPS

by Maj. Roger Duda, MD

Behavioral Health
Proponent-Military

With the update of Armed Forces Health Longitudinal Technology Application (AHLTA) to version 3.3 now rolling throughout the Department of Defense (DoD), users may feel that they are not taking full advantage of what AHLTA Build 3.3 has to offer. For our inaugural newsletter issue, we have gathered three websites that have great resources for AHLTA. Hopefully, you will find what you are looking for as well as learn something new at these sites.

AHLTA 3.3 Information, How To's and FAQs, can be found at http://www.usafp.org/AHLTA-3_3-Information-FAQs.htm. This site is a huge source of information from the Uniformed Services Association of Family Physicians. It is a useful starting point for both general and specific issues you may have.

The Navy offers training at this website: www.navyahlta.com. You can get familiar with the site at <http://www.navyahlta.com/provider/managing-tcons.asp?mtf=0&clinic=&s=913781864&r=1>. This site also offers a training overview on telephone consults.

Finally, U.S. Army Medical Command (MEDCOM) created a website to support its clinical information systems. You can find information on AHLTA, DRAGON and As-u-type at <https://vmc.amedd.army.mil/>.

User-generated questions can be answered in the forums here, as well.

Please email any specific questions so we can discuss them in our next newsletter to roger.duda@amedd.army.mil.



PERSONNEL SPOTLIGHT



My name is Dr. Melissa Molina and I am the Primary Care Champion for the RESPECT-Mil program at Fort Bliss, TX. I was introduced to the RESPECT-Mil community at Fort Bragg, NC where, in a structured meeting, I

learned about a new Army program designed to identify Soldiers with PTSD and depression and get them the help they need and deserve within the Primary Care setting.

The R-MIT team listened as I gave a mock presentation (with slides) about Behavioral Health issues in the Army and how RESPECT-Mil could be incorporated into clinics. I remember thinking, "What have I gotten myself into? Just one more thing I have to do in my clinic." Over time, I became more interested in how this program could help Soldiers and how easily providers could do this while they were seeing the Soldiers for their Primary Care visits. I brainstormed with my admin officer about incorporating this into my clinic by getting the providers to do a good job of screening. I knew that at Fort Bliss, TX we were in dire need of behavioral health evaluations at the primary care level. We had very few psychiatrists or other mental health providers. The unique program concept focused on bringing mental health to the primary care practice, where it could be part of a clinical visit. I knew that Soldiers would feel more open telling their PCMs about their issues rather than wait for a consult and have to tell their "shrink" and risk experiencing stigma and retaliation from their units. I came away with eagerness to start the RESPECT-Mil program at Fort Bliss. Now, I had to get my command and my providers to "buy in."

Lt. Col. Mark Brown, the first Behavioral Health Champion, and I briefed our command and the providers to explain the overall program. The impetus to start the program on May 18, 2008 was when, 3 weeks prior, we experienced a suicide of a 19-year-old AIT Soldier here. He shot himself in the head and had not sought help with any provider. It was indeed a sad incident but like most unfortunate incidents, it served as the catalyst for the start of the RESPECT-Mil program here.

We decided that to screen all active duty Soldiers we would give the MEDCOM 774s to all active duty Soldiers who presented to the front desk to check-in. This worked out well and has continued to give us success in reaching large numbers of Soldiers. We had two Nurse Care Facilitators and no Administrative Assistants, but we couldn't wait. Ms. Cordova and Ms. Rosales started seeing patients, while sharing an office, phones and supplies. Our AA, Ms. Almager, arrived in October and everyone stepped up to help. Now our program was running full-speed and providers and patients felt comfortable talking about their behavioral health issues and receiving help.

We have screened over 42,000 Soldiers and there have been no suicides among the Soldiers that have been in the program. Our success is due to the teamwork that our program has developed. Teamwork is the key! It is of utmost importance for the success of any program. I thank my team often and know that they could survive on their own without me because of the relationships they have forged with each other, the providers, and the patients. I know that the RESPECT-Mil program has saved many lives and has made a huge contribution to military medicine and to overall patient care!



COMMUNITY NEWS



Johnnie Mae Alridge, our Administrative Assistant at Fort Benning, GA, graduated September 12, 2009, with a Bachelor of Science in Business Management. She began the MBA program October 5, 2009 at the

University of Phoenix.

Ms. Alridge has one 16 year old son, and two daughters, who are 24 and 23 years old. Both

daughters are attending Georgia State in Atlanta, GA and will graduate in May with accounting degrees. Her youngest daughter will pursue a law degree. Her son, a junior in high school, is currently completing courses at Columbus State University.

She and her children created a challenge to see who could have the highest GPA in college. Currently, they all are holding a 3.4 GPA!! Congratulations to Ms. Alridge and her family.

QUOTE

It is our duty to embrace, care for and help heal those wounded warriors returning from battle.

It is our solemn obligation to honor those who have given the ultimate sacrifice...

And it is part of our oath to never leave a fallen comrade behind.



PERSONNEL SPOTLIGHT *(Continued from page 2)*



Kim Cruse feels blessed to have been part of the program as it grew from its original test site status to the program it is today. Kim, a registered nurse, has served as a RESPECT-Mil Care Facilitator at Fort Bragg

for over two years. She is grateful to have the required tools and knowledge to meet the needs of our military men and women.

Over the course of her work with the RESPECT-Mil program at Fort Bragg, Kim's professional skills have resulted in frequent opportunities to support service members through very difficult times. With her exceptional commitment to the program, Kim has improved the quality of the lives of many Soldiers, their families and their community. "I feel this is the ultimate gift any one person can give to another – to make a difference in someone's life." We thank you, Kim Cruse.



Sweena Florian has worked for the Carl R. Darnall Army Medical Center at Fort Hood, TX (CRDAMC) for over ten years, two of which have been as an administrator for the RESPECT-Mil Program.

She enjoys working with Soldiers and considers RESPECT-Mil an important and much-

needed program for all service members. Her support and keen community awareness have been invaluable to the RESPECT-Mil Implementation Team. Ms. Florian is a single mother and is currently working on her Bachelor's degree in Business from Texas A&M. She is a mom, maintains a full-time job, attends school full-time and exercises regularly. Sweena says she misses watching TV, and asks "What's going on with Grey's Anatomy anyhow? "



GREETINGS FROM THE DIRECTOR *(Continued from page 1)*

tion in 2007. Dr. Melissa Molina, the long-serving primary care champion at Fort Bliss, offers us key lessons learned around primary care screening. We also honor Fort Hood administrative assistant Sweena Florian. Perhaps more than any other member of our extended RESPECT-Mil family, Sweena has faced and overcome program implementation adversity. She has transcended that adversity and in so doing has earned my complete admiration. Each of these people embodies the "RESPECT-Mil total team spirit."

Other sections of our inaugural newsletter address FIRST-STEPS, our brand-new web-based care facilitation tool, AHLTA tips, a behavioral health business model developed by the Fort Stewart team, and other issues. As always, the RESPECT-Mil Implementation Team, affectionately referred to around here as the R-MIT, appreciates everything you are doing on behalf of men and women in uniform and their families. There is no greater reward or honor.



ACADEMIC CORNER

Optimized Antidepressant Therapy and Pain Self-management in Primary Care. Patients With Depression and Musculoskeletal Pain.

A Randomized Controlled Trial

Kurt Kroenke, MD; Matthew J. Bair, MD, MS; Teresa M. Damush, PhD; Jingwei Wu, MS; Shawn Hoke, BA; Jason Sutherland, PhD; Wanzhu Tu, PhD

JAMA. 2009;301(20):2099-2110.

Kroenke and colleagues completed a multisite randomized controlled trial of collaborative care. They found clinically significant improvements of collaborative care over usual primary care in both depression and musculoskeletal pain. The complete article is available upon R-MIT request.



FIRST-STEPS TO PAPERLESS CARE FACILITATION

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loadable program, navigate within the blue box only. If you get lost in the system, select HOME in the upper left corner to return to the home page of the system. (If you get lost, go to Home.)

If you have questions or problems with the system, contact: Sheila Barry, Assistant Director, Program Development & Training

Office 603-763-2910
or Blackberry 202-731-9242

sheila.barry1@us.army.mil



LETTERS TO THE EDITOR

Greetings,

I am a Care Facilitator in the west of the country. We have a number of patients here who are requesting alternative therapy along with their medications. In particular, they are asking about the use of an OMEGA-A dietary supplement for relief from depression. We want them to be comfortable but we don't want to confirm this since we aren't sure about it. Can you help us with this?

Contributor, RN, BSN

ANSWER:

"We were unaware of the answer to this question so we polled experts and searched PubMed (www.pubmed.gov). We identified the following citation: This meta-analysis suggested modest efficacy in individuals taking Omega-three fatty acids for depression. We believe Omega-three fatty acids are perhaps best used as a therapeutic adjunct for mild or moderate depression. The literature in this area, while promising, remains nascent. Existing studies were noted to have several limitations, perhaps most importantly short periods of follow-up."

NAME THE NEWSLETTER

The R-MIT team is soliciting your ideas to name our newsletter! This is your newsletter and what better way to own it than to name it! You named your pet, you named your child, and let's face it, you named

your car! This is a contest and there WILL be a winner. What's the prize? The winner can attend up to three days of Continuing Education Sessions in their field. Send us your ideas! There is no limit on the number

of names you submit. The winner and the new name will be announced in the next newsletter. Send your ideas to monica.valdiviezwiley@us.army.mil.

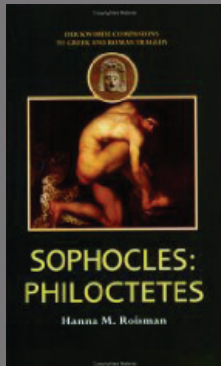
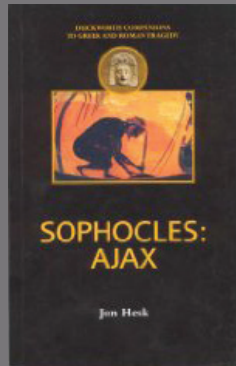
FORCE HEALTH PROTECTION CONFERENCE 2009

By Victoria Bruner, LCSW, RN, BCETS
Associate Director for Clinical Education
Deployment Health Clinical Center



The Deployment Health Clinical Center (DHCC) sponsored its seventh successful conference track at the annual Force Health Protection Conference August 11-15, 2009 in Albuquerque, New Mexico. Nearly 2,500 attendees from all health professions participated in the conference.

The Deployment Healthcare Track hosted 50 attendees during a two-day RESPECT-Mil workshop. The workshop "Building Resilience: Rebounding from and Preventing Compassion Fatigue" hosted 82 attendees.



Additionally, the conference provided a half-day workshop for RESPECT-Mil Champions.

During the track's plenary session, over 200 attendees viewed the "Theater of War," performed by The Philoctetes Project. This project presents readings of "Sophocles'" "Ajax" and "Philoctetes" to military communities across the United States. These ancient plays timelessly and universally depict the psychological and physical wounds inflicted upon warriors by war.

The goal of the presentations is to destigmatize psychological injury and open a safe space for dialogue about the challenges faced by service members, veterans, and their caregivers and families.

The "Lioness Team", an 82-minute documentary gives an up-close look at the evolving role of women in the U.S. military -- not just in traditional roles as nurses and support personnel but as weapon-toting frontline troops. This performance drew 210 attendees.

Three sub-tracks were offered on: Military Women's Health Issues, The Millennium Cohort Study, and Traumatic Brain Injury, presented in collaboration with Defense and Veterans Brain Injury Center.

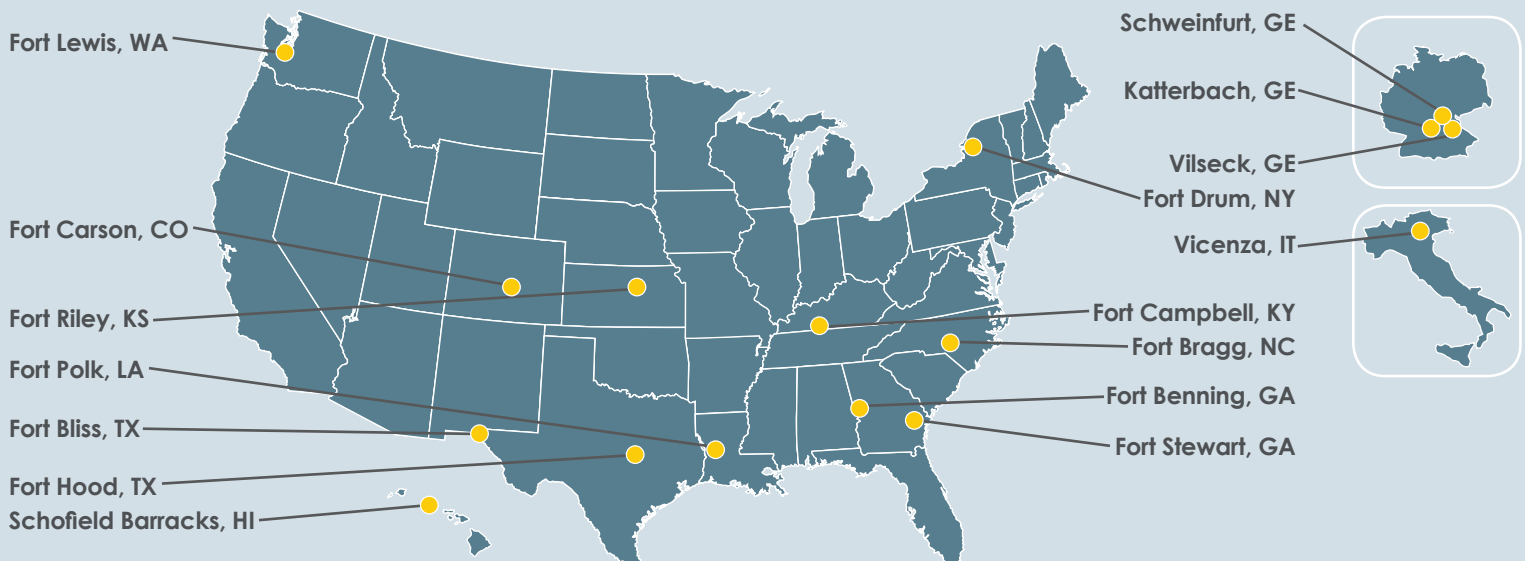
Overall, the Deployment Healthcare Track delivered a total of 80 presenters, 71 presentations and represented a collaboration with VA staff; universities; volunteer/non-profit initiatives; Navy, Air Force and

Army active duty personnel; the American Pain Foundation; the Vet Art Project; the Substance Abuse and Mental Health Services Administration (SAMHSA); the Naval Research Center; the Uniformed Services University of the Health Sciences; theater/documentary arts organizations; medical schools; and eight other DoD agencies.

The DHCC played a significant role in support and planning of the Force Health Protection Conference forum, The Soldier at Risk. Big Gen. Loree Sutton was the keynote speaker for this program, which was a joint effort by the Army Substance Abuse Program, the Behavioral Health Track, the Deployment Healthcare Track, and the Health Promotion for Readiness Track. The three hour symposium featured four graduates of DHCC's Specialized Care Program Track II for PTSD, who provided insight into the experience of Soldiers and family members seeking Behavioral Health services after deployment. More than 200 persons attended the forum.



R-MIT OFFICE LOCATIONS





busy Troop Medical Clinic (TMC) serving the medical needs of 82nd Airborne Division Soldiers and families.

Of the Soldiers screening positive for PTSD or depression that enrolled in RESPECT-Mil, two-thirds to three-fourths reported clinically important improvements in status. RESPECT-Mil disseminated using an interdisciplinary implementation team, the RESPECT-Mil Implementation Team or R-MIT, operating at Fort Bragg and Walter Reed Army Medical Center, involves a codified, structured, and highly accountable primary care strategy with written “how to” manuals and multimodal training and universal Army provider web-training in PTSD/depression care (<http://www.pdhealth.mil/respect-mil/index.asp>).

RESPECT-Mil is a program to improve the primary care (PC) of Army Soldiers returning from deployment. Nearly 20% of recently deployed Soldiers screen positive for a major mental disorder. Of these Soldiers, 78% acknowledge a need for help, but less than a fourth pursue mental health specialty care.

Soldiers screening positive for post-deployment depression or anxiety are highly likely to perceive barriers to specialty care such as stigma, poor access, mistrust and/or possible harm to their military career.

Systems-level, or “collaborative” primary care approaches to mental health service delivery, such as “Re-Engineering Systems of Primary Care Treatment for Depression,” are more effective than usual primary care in several large, multisite, randomized controlled scientific trials.

RESPECT-Mil uses this model to incorporate management of PTSD and depression using applicable DoD/VA practice guidelines.

With 90-95% of Soldiers accessing primary care in the Military Health System each year, primary care affords opportunities to reduce mental health stigma, improve access to high quality mental health services, increase the dispersal of “best practices” in PTSD and depression care, and assist Soldiers earlier using a more preventive focus.

A 2005-2006 demonstration project revealed high primary care provider satisfaction and acceptance of RESPECT-Mil at a

- Routine initial screening for depression and PTSD, and military appropriate patient education materials. Validated, primary care relevant diagnostic and severity aids for use in patients with positive initial screen.
- Routine suicide screen for patients with positive initial screen and routine semi-structured suicide risk assessment when suicide screen is positive or as otherwise clinically appropriate. Option of specialist guided, nurse care management and primary care support for those with PTSD or depression.
- Timely treatment adjustment for partial response in accordance with optimal evidence-based guidelines.
- Ongoing mental health specialist review and reinforced primary care-mental health specialist collaboration. Shared mental health referral decisions when clinically indicated or the patient prefers.

RESPECT-Mil Care Facilitators, registered nurses, are essential to program success. These Care Facilitators monitor symptom severity, treatment adherence, and clinical risk using a State-Of-The-Science web-based care management technology, “FIRST-STEPS.”

They assist patients with problem solving, goal setting, and active coping during regular scheduled phone contacts. They strengthen and enhance specialist-patient-primary care contact, communication, and treatment planning.

This inaugural issue of the RESPECT-Mil newsletter is dedicated to Beverly Coleman-Miller, MD. Beverly was the first Medical Director of The RESPECT-Mil Program. She started with us on December 22, 2008 and passed away at her home in Philadelphia, PA with her family at her side December 8, 2009.

Beverly was a warm and wonderful human being with a genuine gift of focusing on the strengths of each person she met. The creation of this newsletter was one of her many contributions. She will most certainly be missed.

The U.S. Army Surgeon General issued Operational Order (OPORD 07-34) on January 3, 2007 directing (1) establishment of the implementation team; (2) universal primary care provider training in PTSD, depression, and RESPECT-Mil; and (3) the 24 month roll-out of RESPECT-Mil to 15 sites. This included four overseas, and 11 state-side sites, which also involved 39 primary care clinics.

All 15 sites, and 36 of the 39 clinics, now run RESPECT-Mil and have designated Behavioral Health and Primary Care “Champions.” Three additional sites in Europe have started at ERMIC request and two other sites have requested support for startup.

Through the end of April 2009, 242,795 Primary Care “Champions” visits were screened for PTSD and depression. This represents 62% of Primary Care visits to participating clinics since program inception. These figures are rising steadily each month. Of screened visits, 9.2% result in a primary care diagnosis of depression, possible PTSD, or both.

Two-thirds of visits associated with previously unrecognized, unmet needs (7,286 visits to date, 3% of screened visits) are linked to enhanced mental health services, and only 11% of screen positive visits decline enhanced mental health services.

1,856 visits (0.7%) involve identified suicidality with no suicide completions to date. The DoD National Quality Management Program independently assessed RESPECT-Mil versus control care, concluding that RESPECT-Mil is “effective...for screening, evaluation, referral and treatment for mental illness in primary care... [and] warrants expansion...”

A 17-site Army expansion and DoD development of triservice demonstration sites is planned for Fiscal Year 2010. The DoD Deployment-Related Medical Research Program competitively awarded a \$15M, five-year, six-site randomized controlled trial (n=1500) of an enhanced RESPECT-Mil protocol that involves centralized care management and preference-based stepped care (“STEPS-UP”, or Stepped Treatment Enhancements to PTSD Services Using Primary care). The Deployment Health Clinical Center/USU and the Henry M. Jackson Foundation for the Advancement of Military Medicine are initiating principals, RAND and RTI are partnering principals, and the University of WA (Seattle) and Boston University are collaborators. Funding started September 1, 2010.



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HAILS AND FAREWELLS!

HAILS!

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