

SMI Health Workgroup

Mental Health QUERI

April 2012

Improving Physical Health of Veterans with Serious Mental Illness

Serious mental illnesses (SMI) are prevalent and costly in the 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 is also 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 vulnerable patient population.

SMI Health Workgroup

The purpose of Mental Health-QUERI's 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 EPRP (External Peer Review Process) and SMITREC (Serious Mental Illness Treatment and Evaluation Center) National Psychosis Registry data to assess mutable organization- and patient-level factors that may contribute to differences in quality of physical healthcare for Veterans with SMI; and
- Examination of factors that 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 MIAMI Project (MIRECC Initiative on Antipsychotic Management Improvement) toolkit to improve monitoring and management of metabolic side effects to 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; and
- 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.

Partnerships

MH-QUERI places great value on collaborations with clinical partners and other investigators to advance its implementation research agenda

Continued

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); Amy Kilbourne, Ph.D. (Co-Leader); Mark Bauer, M.D.; Amy Cohen, Ph.D.; Richard Goldberg, Ph.D.; Teresa Hudson, Pharm.D.; Julie Kreyenbuhl, Pharm.D., Stephen Marder, M.D.; Noosha Niv, Ph.D.; Paul Pirraglia, M.D.; Jeffrey Smith, Ph.D. candidate; 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 Executive Committee is co-chaired by a research expert and a clinician. The research expert and Director for MH-QUERI is **JoAnn Kirchner, M.D.** and the co-clinical coordinators are **Stephen Marder, M.D.** and **Lisa Rubenstein, M.D., M.S.P.H.** 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.; Geoffrey Curran, Ph.D.; Nicole Hart, B.A.; Amy Kilbourne, Ph.D., M.P.H.; Daniel Kivlahan, Ph.D.; Miklos Losonczy, M.D., Ph.D.; Kathleen Lysell, Psy.D.; Susan McCutcheon, R.N., Ed.D.; Skye McDougall, Ph.D.; Richard Owen, M.D.; Craig Rosen, Ph.D.; Mary Schohn, Ph.D.; Wendy Tenhula, Ph.D.; John Williams, Jr, M.D., M.H.S.; and Alexander Young, M.D., M.S.H.S.