



Communiqué

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Patricia Dubbert, Ph.D.
Associate Director for Improving Clinical Care

RECOVERY CORNER

Re-Engagement as a Tool to Reduce Mortality Among Veterans

Cristy Gamez-Galka, Ph.D., Local Recovery Coordinator, Houston VAMC
Jennifer Halter, MSW, Local Recovery Coordinator, Oklahoma City VAMC
Amy M. Kilbourne, Ph.D., MPH, Associate Director Serious Mental Illness Treatment Research and Evaluation Center, Ann Arbor VAMC,
Jeff Burk, Ph.D., National Director Psychosocial Rehabilitation and Recovery Services

The VA has started a new initiative to re-engage Veterans with serious mental illness in treatment. On one hand, this is an effort to assess certain Veterans who have received care in VA previously about their needs for continued physical and mental health care. On the other hand, this endeavor is a wonderful example of the translation of research to practice.

Saving Lives

In 2009, Davis et al. (2012) conducted a quality improvement project with Veterans diagnosed with schizophrenia or bipolar disorder and listed on the VA's National Psychosis Registry in Fiscal Year 2005-2006 who had not received care for at least a year. Most of the 4,900 Veterans on this list had not been seen for over two years in a VA facility (Davis, et al, 2012). Project staff was able to reduce this list to 3,306 after comparing names and other identifiers with death records and excluding Veterans who were hospitalized, incarcerated, had scheduled appointments, or were ineligible for VA services. Points of Contact at each VA Medical Center were then asked to contact the remaining Veterans and ask them about returning to care. By the end of the project, 72% returned to VA care by accessing either physical or mental health treatment. The majority of the Veterans who did return to care did so within seven months of the project's implementation. In essence, outreach efforts returned to VA health care 7 out of 10 Veterans with these diagnoses who had been lost to care. Moreover, the mortality rate for Veterans who returned to care "was almost six times lower than that for patients who did not return to care" (Davis et al., 2012, p. e4), which is striking. These figures are impressive and provide a transition to more exciting numbers in the second part of this story.

Translating Research or Quality Improvement to Practice

While the project described above was not technically "research," it represents a groundbreaking "research-to-practice" translation involving VA

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researchers and VA Central Office leadership that is already leading to practice changes. In a little more than three years, the following milestones were completed:

- The quality improvement project was completed in 2009. Veterans sampled for the project were on the VA National Psychosis Registry less than a decade ago.
- The VA Office of the Medical Inspector released the final report on the quality improvement project with recommendations for field implementation in December 2010. At the same time, the Under Secretary of Health issued a memorandum authorizing the implementation of the findings.
- Research findings published in the American Journal of Public Health in 2012, allowing for more widespread awareness of the potential for quality improvement and, potentially, more rapid and widespread translation of findings to clinical practice.
- VHA Directive (2012-002) to implement the Serious Mental Illness Re-Engagement Program, was approved in January 2012.
- Lists of Veterans targeted for this expanded nationwide outreach effort were sent to Local Recovery Coordinators in the field in March 2012.

The rapid translation of this project into practice contrasts with more typical delays of almost two decades before research findings are implemented into clinical practice (Morris, Wooding, & Grant, 2011).

VA's Initiative

In early March 2012, Local Recovery Coordinators (LRCs) across the country received the names of Veterans with diagnoses of schizophrenia and bipolar disorder who had not received VA care in at least the previous 12 months. Currently, the LRCs are in the process of contacting these Veterans and attempting to re-engage them in care. The LRCs are expected to use various means to contact Veterans, including phone calls, letters, and in person meetings with the Veterans to determine their needs for physical, mental health, or psychosocial services. If the Veteran requests physical or mental health care, the LRC works with the appropriate service to schedule an appointment(s) within five working days of the contact, or later if the Veteran prefers.

As with other re-engagement efforts, the LRC continues to provide support beyond these initial contacts to ensure



Veterans receive the care they need and, hopefully, live longer. The LRC monitors whether the Veteran attends the appointment and, if not, works with the Veteran and the service to arrange the next step. All the efforts taken to contact each Veteran are confidentially documented in the Veteran's electronic health record as well as a Serious Mental Illness Treatment Resource and Evaluation Center (SMITREC) tracking form. A summary report completed by the LRC will be sent to the SMITREC so a report containing aggregated data about the project can be communicated to facility, VISN, and national leaders.

Your Role

Veterans with diagnoses consistent with serious mental health concerns can and do get better. While many experience barriers to treatment resulting in poor outcomes, these individuals can be re-engaged into care. We hope that with your help they can ultimately lead quality lives full of joy. Believe recovery happens.

References

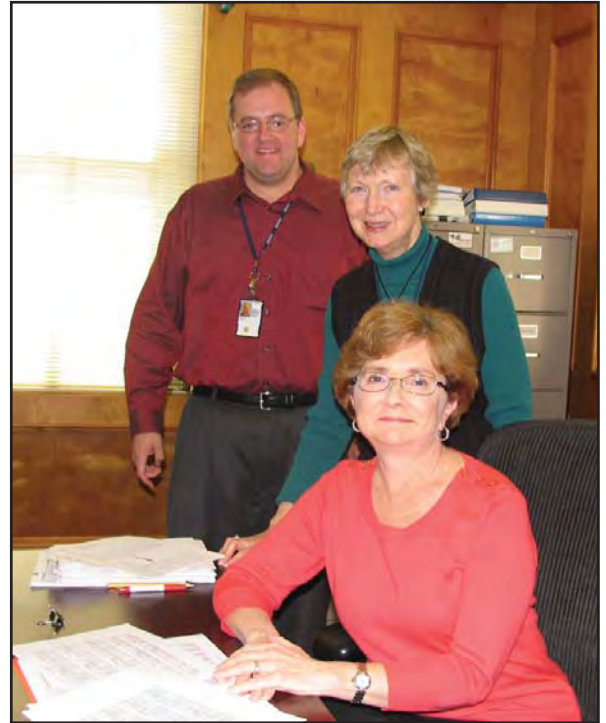
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MESSAGE FROM THE SC MIRECC ASSOCIATE DIRECTOR FOR IMPROVING CLINICAL CARE

In fall 2010, Dr. Patricia Dubbert joined the SC MIRECC as the new Associate Director for Improving Clinical Care. This month, Dr. Dubbert shares her work with the Clinical Care core of the SC MIRECC and other activities over the past year.

Q Tell us about some of your work with the VISN 16 Mental Health Product Line.

The SC MIRECC Associate Director for Improving Clinical Care has traditionally worked on one or more special projects with Dr. Kathy Henderson, the VISN 16 Mental Health Product Line Manager. Dr. Henderson observed that we have received substantial funding for telemedicine services for rural Veterans, but to date there has been no national report available to provide feedback about implementation of telemedicine services. With help from Dr. Dean Robinson at the New Orleans VA Medical Center, Silas Williams, a programmer with the VA Health Services Research and Development Center for Mental Health Outcomes Research (CeMHOR), and others, Dr. Henderson and I are looking at changes in visits, encounter codes, and diagnostic groups associated with telemedicine in the past 4 years. This information will help us understand how the use of telemedicine is changing over time, what kinds of services are being provided by telemedicine, and what kinds of patients are receiving these services at VA facilities and especially at smaller community-based outpatient clinics. We hope to have results to share soon.



Pictured from left: Silas Williams, B.S., Patricia Dubbert, Ph.D., and Kathy Henderson, M.D.

I also participate in the Mental Health Product Line Advisory Council (MH PLAC) calls and meetings to stay informed about current issues for our mental health leadership. One of the most rewarding roles I have with the MH PLAC is to coordinate the selection of the recipients of the SC MIRECC clinical care award, which is given to a clinician and mental health leader who contributes to the SC MIRECC's mission to improve mental health care for rural and underserved Veterans. I hope the clinical staff readers of this article will start thinking about whom they would like to nominate for the 2012 awards!

Lastly, I chair the SC MIRECC/Mental Health Product Line Consumer Advisory Board (CAB). Our CAB met in person during the summer of 2011 and meets monthly by teleconference. We have a diverse and dedicated group of consumers and leaders who volunteer their time to provide feedback to us about Veterans' mental health care. For more information about the CAB, or to get CAB feedback about new or ongoing projects and education or research products, contact the CAB coordinator, LaKiesha Mitchell at LaKiesha.Mitchell@va.gov or me at Patricia.Dubbert@va.gov (see page 4 for a complete list of CAB members). The CAB can provide helpful perspectives and suggestions on research projects, educational materials, and clinical initiatives.

Q What other activities are you involved in as part of the SC MIRECC and Little Rock clinical, research, and training communities?

One of the busiest roles I have right now is as the Psychology Co-Director of our SC MIRECC and CeMHOR postdoctoral research fellowships. We currently have six fellows and recently selected two new fellows who will begin their training later this year. In addition to mentoring postdoctoral fellows, I participate in the mentoring teams for junior investigators at the Geriatric Research Education, and Clinical Center in Little Rock and at other VA facilities in our VISN, including Houston and Jackson.

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Q. Have you adjusted to life in Arkansas?

Yes, Arkansas has a lot of natural beauty and plenty of Southern hospitality. I enjoyed the fall colors and opportunities to hike in the mountains, local culture activities and festivals, and especially being geographically closer to my family in Missouri.

The SC MIRECC/VISN 16 Mental Health Product Line Consumer Advisory Board

The SC MIRECC and the VISN 16 Mental Health Product Line rely on a network-wide Consumer Advisory Board (CAB) that has been invaluable in helping ensure that we remain in touch with the perspectives and needs of VISN 16 Veterans. The CAB has 16 members and includes Veterans, family members, VA clinicians, and other stakeholder representatives from across VISN 16. The CAB advises us on several issues of Veterans, including the development of educational programs, improvement of clinical services to benefit Veterans, and educating Veterans, consumers, and their families about SC MIRECC and Mental Health Product Line accomplishments.

Name and Representation

Kim Arnold (National Alliance for Mental Illness-Arkansas)
Janelle Bollman (Consumer)
Patricia Dubbert (SC MIRECC; Chair)
Robert Gravley (Consumer)
Kathy Henderson (VA VISN Mental Health Leader)
Dick Hills (Consumer)
LaKiesha Mitchell (CAB Coordinator)
Estella Morris (VA Medical Center Program Manager)
Kellen C. Eco Palmer (VA Medical Center; American Indian Program)
Deloris Quattlebaum (Consumer)
Wanda Schull (VA Medical Center; Local Recovery Coordinator)
Steve Sullivan (VA Medical Center; Chaplain)
Karen Valentin (Consumer)
Terry Williams (Consumer; Arkansas Veterans Coalition)
Ray Wodynski (Consumer; Houston VA Medical Center CAB)
Ken Woods (Consumer)

ATTRIBUTION: ACKNOWLEDGEMENT OF MIRECC RESEARCH SUPPORT/EMPLOYMENT

SC MIRECC researchers and educators have a responsibility to ensure that the SC MIRECC receives proper credit for SC MIRECC-supported studies or projects in articles, presentations, interviews, and other professional activities in which the results of those projects are publicized or recognized. All investigators should credit the SC MIRECC if they receive either direct or indirect support from the SC MIRECC. For example, "This work was supported in part by the VA South Central (VISN 16) Mental Illness Research, Education, and Clinical Center." If you receive salary support from the SC MIRECC, you should list the SC MIRECC as an affiliation.

SC MIRECC ACKNOWLEDGEMENTS

Congratulations to Dr. Mark Kunik's Partners in Dementia Care study, which received national attention in the Agency for Healthcare Research and Quality Health Care Innovations Exchange.

Visit <http://www.innovations.ahrq.gov/content.aspx?id=3345> to view the profile and to participate in the discussion about this innovative work.



CBOC MENTAL HEALTH ROUNDS: SPONSORED BY THE SC MIRECC

UPCOMING SESSIONS

May 9, 2012

Traumatic Brain Injury
Nicholas Pastorek, M.D.

June 13, 2012

Spirituality and Mental Health
Steve Sullivan, M.Div,
Th.M.

Ethical Issues for Rural Multidisciplinary Teams in a Multimedia World

Presenters: Beth Jeffries, PhD, Vania Revell, DO, John E. McBride, LCSW, BACS
& Virginia (Ginny) Jones, RN, APN

VISN 16 clinicians are invited to attend the next SC MIRECC CBOC Mental Health Rounds on Wednesday, **April 11, 2012 from 8:00-9:00 a.m. (CST)**.

VISN 16 clinicians should visit
https://www.tms.va.gov/plateau/user/deeplink_redirect.jsp?linkId=REGISTRATION&scheduleID=1761383
to register.

VANTS: 1-800-767-1750; Access code: 26461#

Use your computer workstation with telephone capability or local site for viewing. You will need to access Live Meeting and dial into the VANTS call for this presentation. The presentation is limited to 100 participants on a first come, first served basis

For more information, contact Geri Adler, Ph.D. at (713) 794-8660 or Geri.Adler@va.gov

The CBOC Mental Health Rounds: Sponsored by the SC MIRECC is held the second Wednesday of each month from 8:00-9:00 AM (CST). Only VISN 16 clinicians can register for CE credit.

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