



# Communiqué

## In This Issue

The VINCI Program	p. 1
Recovery Corner	p. 1
Message from the SC MIRECC Director	p. 3
January SC MIRECC-CBOC Mental Health Rounds	p. 5
New SC MIRECC Clinical Education Products	p. 6

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## The VA Informatics and Computing Infrastructure (VINCI) Program

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The VA Informatics and Computing Infrastructure (VINCI) Program is the analytical arm of the partnership between the VA Office of Information Technology, the VHA Office of Research and Development, and the VHA Corporate Data Warehouse (CDW). VA Health Services Research and Development (HSR&D) initially funded VINCI to address the need for data security and powerful analyses for research by providing computing power, software and support to allow researchers and others to use the wealth of VA data. In May 2010, VINCI became the Transformation for the 21<sup>st</sup> Century Initiative, which is funded by the VA Office of Information Technology. Jonathan Nebeker, M.D. is the VINCI program director.

While VINCI started as a platform for research and informatics, it has evolved to support data needs of VA Program Offices – commonly referred

**See VINCI on page 2**

## RECOVERY CORNER

### Using Information Technology to Bridge the Rural Healthcare Gap

Jennifer Halter, LICSW, DCSW, Local Recovery Coordinator, Oklahoma City VAMC  
Cristy Gamez-Galka, Ph.D., Local Recovery Coordinator, Michael E. DeBakey VAMC

VISN 16 (Oklahoma, Louisiana, Arkansas, and parts of Texas, Mississippi, Missouri, Alabama and Florida) is largely classified into primarily rural healthcare catchment areas, making the provision of specialized health care a challenge. In an effort to better care for Veterans living in rural areas, the VA established community-based outpatient clinics (CBOCs). CBOCs provide an array of primary care, mental health, and pharmacy services. While these services fulfill most of the Veteran's basic healthcare needs, many Veterans require additional medical and mental health services that are only available at the regional medical center. As a result, some Veterans may forego necessary care to avoid travelling to the medical center, which can be up to a 6-hour round

**See IT on page 5**

## VINCI (continued from page 1)

to as Operations. The architecture team designed a system for secure access to data within the VA firewall while a team of software developers wrote workflow and other business applications. To facilitate processing and approval for data use requests nationally, they worked with the VA National Data Systems (ND) and the Veterans Information Resource Center (VIREC) to create the Data Access Request Tracker (DART) workflow application. VINCI software engineers also collaborated with the Consortium for Health Informatics Research (CHIR) to develop tools for natural language processing, annotation, and automated chart reading. These tools will make it easier for researchers to extract information from text documents such as progress notes, radiology reports and other free text fields. Finally, VINCI Central is a SharePoint application that hosts policy and procedure documents and other information for VINCI users, and is a portal for access to the VINCI workspace.

VINCI is open for use and fully supported. Currently, it hosts nearly 200 projects and more than 450 users. While the use of VINCI is not mandatory, the system and service are intended to be of value to researchers and others who want to work in a powerful computing environment and have access to a large variety of software tools that may not be available in local facilities. There are more than 50 commercial software programs available in the VINCI environment (e.g. SAS Base, SAS Grid, Stata MP, and SPSS) plus many custom applications for natural language processing and annotation. The software is comprehensive so that a VINCI user can manage and analyze data, report results, create graphics and complete a manuscript all within the VINCI workspace. The VINCI staff will create a SharePoint Collaboration website for every project. This site is useful for team communications, sharing documents and storing common protocols or procedures. However, no data may be stored on this website.

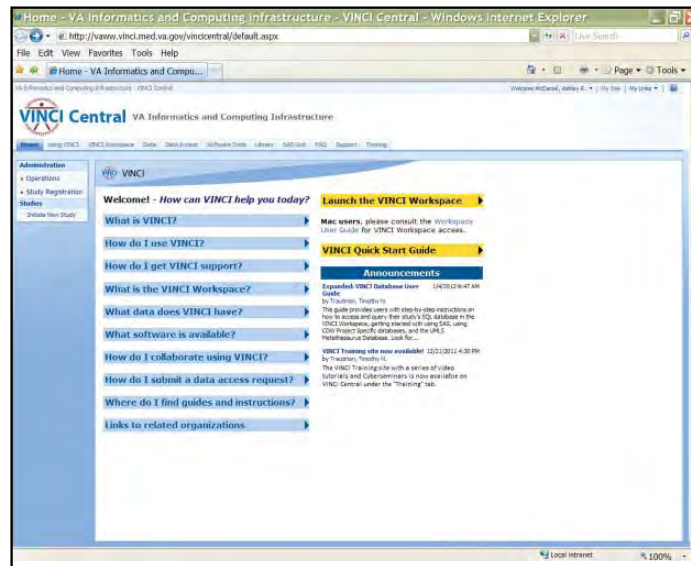
The security behind the VINCI system imposes restrictions on some downloads but aggregate data, reports, results, and documents are all freely transferred.

Files or databases containing personal health/identifying information may not be exported. Therefore, VINCI may not be appropriate for all projects.

We encourage researchers to use VINCI because of the enhanced data security, powerful computing, a data management staff with expertise with VA data, and support services for data access, technical issues and regulatory affairs.

Researchers should note that VINCI is not a data owner or data steward. VINCI is compatible with current protocols for requesting data from VHA health data repositories or regional data warehouses.

DART is used by VINCI customers and others to apply for access to national data. This may be new for some researchers because the process for access to data at the local level is supervised by other offices, such as the Customer User Provisioning System (CUPS). VHA National Data Services is the approving body for the CDW, Vital Status, and MedSAS data. VINCI data managers will assist with the acquisition of data approved for a study whether the study will use VINCI resources or not.



Screenshot of VINCI Central SharePoint Website

Access to the VINCI environment is controlled through the VA active directory so everyone with a VA email can be a VINCI user. However, users and projects must be registered with the VINCI administrator. VINCI staff can create secure groups using the active directory so that only designated members of a project team can access the project workspace.

*For more information or to register a project, visit the VINCI Central SharePoint website from a VA computer at <http://vaww.vinci.med.va.gov/vincicentral/default.aspx> or email [VINCI@va.gov](mailto:VINCI@va.gov). Teresa Hudson, Pharm.D., is one of the first MIRECC investigators to use VINCI and is available to share her experiences with VINCI at [Teresa.Hudson@va.gov](mailto:Teresa.Hudson@va.gov). Policies and regulations that are important to data security as well as user guides, lists of software, descriptions of data and a portal to the workspace are stored on the website. ♦*

## 2012 South Central MIRECC Renewal

In March 2012, the SC MIRECC will be evaluated for a five-year renewal of funding from the VA Office of Mental Health Services (OMHS). Representatives from MIRECC leadership will travel to Washington, DC for a “reverse site visit” to deliver a presentation to OMHS leadership. This will be a very important evaluation as we reflect on our accomplishments and set the future direction of the SC MIRECC. Since our inception in 1998, our most important goal has been to improve mental health care for Veterans. This goal has evolved from “closing the gap between efficacy and effectiveness of mental health treatment” to “improving access to evidence-based practices in rural and other Veteran underserved populations.” Over the past five years, we have advanced this goal in many ways in terms of our research, research training, education for providers, and clinical care.

### Research

The SC MIRECC includes many talented investigators across VISN 16. Since 2002, we have awarded 60 pilot funding grants across our network – funding that has positioned investigators to get their innovative ideas off the ground. We have consistently “leveraged” SC MIRECC funding to obtain extramural research funds. For the past year, for every SC MIRECC dollar spent, we have obtained almost 8 dollars in extramural funding. We created a centralized program, called MIDAS (MIRECC Implementation, Design and Analysis Support), to assist investigators seeking research funding. The MIDAS team has expertise in key research areas such as design and statistics. Through obtaining grant funding from the VA and other sources, SC MIRECC investigators have created innovative interventions related to a number of key clinical issues including, but not limited to, translation and implementation, telemental health, clinical outreach, psychotherapy for geriatric populations, quality improvement for mental health treatment in primary care, family psycho-education, and evidence-based psychotherapy. In addition, SC MIRECC investigators have conducted key observational studies of risk factors for poor outcomes for Veterans suffering from both combat-related PTSD and natural disasters, specifically Hurricane Katrina, which has had a powerful impact in our network. We have collaborated with partners in clinical and academic arenas to host conferences and workshops for our stakeholders, including an implementation methods conference in 2011.

### Research Training

We are also very proud of our record in research training. The Houston SC MIRECC fellowship program was initiated in 2001 and the Little Rock SC MIRECC fellowship program in 2009. We have “graduated” 19 researchers, psychologists and psychiatrists, to date. Approximately half have remained within the VA in some capacity and more than half have gone into academic or research careers. Our Houston fellowship has been especially successful in attracting physicians to research training. These young investigators are now contributing not only in our VISN, but also in various academic and research settings across the US. Through our Training Residents in Psychiatric Scholarship (TRIPS) program, we have continued to partner with six academically affiliated departments of psychiatry in our region to encourage young psychiatrists to enter research. All these efforts have served as “seeds” in strengthening the research capacity in mental health in this geographic area.



*Greer Sullivan, M.D., M.S.P.H.*

### Education

In education, the SC MIRECC has been a leader. Since our inception, we have supported clinician education by providing dozens of continuing education programs on a wide range of topics. We have also offered intensive skills-based clinical training in psychosocial rehabilitation, group therapy, brief cognitive behavioral therapy, dialectical behavior therapy, and mental health disaster response.

As part of our efforts to improve mental health delivered in primary care and to assure implementation of the Uniform Mental Health Services Handbook we have conducted training with primary care providers in every VA medical center in our VISN, and in several community-based outpatient clinics (CBOCs). In 2008, we created an innovative program to train clinicians in skills needed to work with couples. In 2011, we developed a monthly continuing education program targeting CBOC clinicians. To date, the

**continued on page 4**



## continued from page 3

CBOC Mental Health Rounds has featured presentations on suicide safety planning and ethical dilemmas in rural communities. On average, more than 66 clinicians attend the monthly program and receive discipline specific continuing education units.

Further, we have moved from simply providing workshops and clinical training toward testing innovative techniques in implementing newly acquired skills in VA clinical care. In all of these educational efforts, we have partnered with the Mental Health Product Line Advisory Council, which has identified training needs in our VISN. We estimate that we have provided skill-based training in mental health treatments to over 285 clinicians and delivered informational programs to more than 5,000 clinicians in our 14-year history. We have also supported clinicians' creative educational ideas by funding clinical education projects that have produced 45 products to date. These educational products are used widely across the US, both within and external to the VA. Several products are being used in country and overseas on military bases.

### Improving Clinical Care

In 2008, we adopted the mission of improving care for rural and other underserved Veterans. We are using several approaches to better align our program with this mission. Our SC MIRECC-CBOC Partnership Project is ongoing. Our approach involves building a partnership with our now more than 50 network CBOCs. We continue to reduce the geographic, clinical, and academic isolation of CBOC-based mental health clinicians by linking them to each other and to the MIRECC community through distance technology, using a professional networking approach. We also held our first SC MIRECC-CBOC Retreat in June 2011 to discuss continuing education needs and learn providers' views on and experiences with important topics in VA healthcare, including homelessness and implementing evidence-based psychotherapies. Further, we are looking across our VISN to identify additional recently recruited investigators and clinicians who can contribute to the SC MIRECC mission and we are actively recruiting from outside our region.

We partnered with the Mental Health Product Line to provide training in, and implementation of, primary care mental health throughout the network. We will soon share an employee with the VISN who will promote the implementation of evidence-based PTSD psychotherapies in CBOCs.

We have also developed a strong community outreach

program. In 2010, we partnered with key stakeholders (clergy, community colleges, and the criminal justice system) who are in the position to be "first responders" for Veterans in the Assisting Communities to Collaborate for Expanded Soldier Support project. In 2010, we facilitated the creation of the first rural Veterans drug court in the US. The community college and criminal justice arms of this program continue to grow in Central Arkansas, while the clergy project has expanded across the state of Arkansas and to Muskogee, Oklahoma. We will continue to grow these first responder projects across our VISN over the next few years and thereby assure that more Veterans in need will receive mental health care.

### Moving Ahead

We are excited to see what impact the SC MIRECC will make on Veteran healthcare in the next five years. Our success results from a culture that places value on inclusiveness and collaboration; our commitment to work with clinicians and mental health leadership; the support we receive from our network; and our genuine concern for the welfare of Veterans. We have been fortunate to attract so many excellent investigators, educators, and outstanding leaders to the South Central MIRECC. We remain committed to developing and implementing innovative educational, clinical, and research initiatives that improve mental health care for Veterans in VISN 16 and nationally. ♦

*Greer Sullivan, M.D., M.S.P.H.*  
South Central MIRECC Director

## IT continued from page 1

trip drive.

The VA is using information technology to improve rural Veterans' access to specialized health care services provided at the medical center. For example, the VA can provide mental health care to Veterans at their home or CBOC via a telehealth network (e.g., computer and telephone), which reduces travel time and costs to attend appointments. This technology is also cost effective for the VA. Providers can maximize their time by eliminating travel and serving multiple rural sites from one location. While Veterans and providers may be uncomfortable with telehealth initially, with practice they may find it as effective as face-to-face appointments.

As we continue to find innovative ways to interact with patients using telehealth, VA recovery coordinators will partner with primary care services, such as Patient Aligned Care Teams (PACT), which are a recovery-oriented, Veteran-centered approach to healthcare. Recovery focuses on engaging Veterans' expertise about their symptoms so that healthcare professionals can assist Veterans to improve their quality of life. Not only are these teams recovery-oriented in building care around the needs of Veterans, but they are also using information technology to facilitate Veterans communicating with providers from home through avenues like HealthVet secure messaging.

The VA is also using information technology

to deliver education and training to providers nationwide. In November 2011, the South Central MIRECC launched the CBOC Mental Health Rounds, an information technology vehicle for professionals throughout VISN 16 to further their clinical knowledge using a combination of Microsoft Live Meeting internet and telephone conferencing. This technology helps bridge the communication gap between rural providers and the medical centers as they share resources and continuing education opportunities. VISN 16 mental health recovery coordinators will use this vehicle to spread the recovery message to providers in rural areas. The first recovery-oriented training, Recovery in Rural Settings, will be January 11, 2012. The aim is for CBOC providers to learn about engaging in recovery-oriented practice and discuss how resources at the medical center can be leveraged to meet their needs. Recovery coordinators plan to offer future recovery-oriented trainings for primary and mental health care during the next year. It is the VA's expectation that these technological and clinical collaborations will lead to improved training opportunities for providers and improved quality of care and life for Veterans in rural settings. ♦

### **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.

**VISN 16 mental health providers are invited to attend the next SC MIRECC CBOC Mental Health Rounds titled "Recovery in Rural Settings" on Wednesday, January 11, 2012 at 8:00-9:00 a.m. (CST). This session is presented by Halter, LICSW, DCSW & J. Glen White, Ph.D.**

**VISN 16 providers should visit [https://www.tms.va.gov/plateau/user/deeplink\\_redirect.jsp?linkId=REGISTRATION&scheduleID=1256379](https://www.tms.va.gov/plateau/user/deeplink_redirect.jsp?linkId=REGISTRATION&scheduleID=1256379) to register.**

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

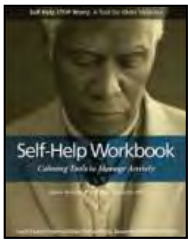
# NEW SC MIRECC CLINICAL EDUCATION PRODUCTS AVAILABLE!

The SC MIRECC supports the development of clinical education products. These products are available to mental health providers and consumers via download or by request at no charge. Download the complete catalog at <http://www.mirecc.va.gov/VISN16/clinicalEducationProducts.asp>.



## After the Dust Settles: Assessing Mild Traumatic Brain Injury in the Combat Veteran

This 55-minute instructional DVD demonstrates basic techniques to help clinicians recognize a history of combat-related mild traumatic brain injury, assess current symptoms, and provide feedback to the Veteran regarding the assessment results. The mock interview is separated into three chapters and punctuated with teaching moments. This program may be especially helpful to clinicians in rural areas or areas where Veterans may have difficult assessing specialty care for mild brain injury. For a copy of the DVD, contact Sophia Williams at [Sophia.Williams@va.gov](mailto:Sophia.Williams@va.gov)



## Self Help STOP Worry Manuals: A Tool for Older Veterans

This clinician guide and self-help workbook provide a user-friendly, guided cognitive behavioral treatment of generalized anxiety disorder for Veterans 60 years of age or older who experience high levels of worry and anxiety. The self-help workbook contains practice exercises and forms to monitor progress. The workbook also includes a CD with instructions for diaphragmatic breathing and progressive muscle relaxation. The workbook may be used independently or as a component of formal treatment. Clinician Guide: [http://www.mirecc.va.gov/VISN16/docs/STOP\\_Worry\\_Clinican\\_Workbook.pdf](http://www.mirecc.va.gov/VISN16/docs/STOP_Worry_Clinican_Workbook.pdf); Self-Help: [http://www.mirecc.va.gov/VISN16/docs/STOP\\_Worry\\_Self-Help\\_Workbook.pdf](http://www.mirecc.va.gov/VISN16/docs/STOP_Worry_Self-Help_Workbook.pdf).



## Team Up to Facilitate Functioning (TUFF) Series: Interactive Brochures for Treatment of Postconcussive Symptoms in Returning Veterans with History of Traumatic Brain Injury

The six online TUFF modules address academic skills, cognitive skills, managing headaches, healthy sleeping, stress management, and mood management. Each brochure contains several 'Team Up' sections designed to encourage clinicians to personalize the administration of each brochure and practice new skills through collaboration with the Veteran. A pre- and post-symptom assessment is paired with each interactive brochure, allowing clinicians to determine the effectiveness of the intervention. Each module includes an evidence based interactive brochure with references for additional community resources, pre- and post-intervention symptom assessment, and a user manual. Available at [www.mirecc.va.gov/VISN16/providers/TUFF.asp](http://www.mirecc.va.gov/VISN16/providers/TUFF.asp).



## Veteran Parenting Toolkit

Five sets of age-specific parenting materials for young Veteran parents and their partners. Available at [www.ouhsc.edu/vetparenting/](http://www.ouhsc.edu/vetparenting/).

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South Central MIRECC Internet Site:  
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