

Mental Health

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 major depressive disorder (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.

MDD is one of the most common and costly of mental disorders. Depression costs the US an estimated \$44 billion per year, which includes both direct (i.e., medical care) and indirect (e.g., lost productivity) 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. In FY01, VHA provided care to more than 98,500 patients with a schizophrenia diagnosis, and 15% of the VA's budget for health care was spent on the health care needs of patients with psychotic disorders (including bipolar disorder).

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.

MH-QUERI's mission encompasses improving the quality of care for veterans with schizophrenia or MDD through the implementation of research findings and recommendations into routine clinical practice. Since its

inception in 1998, MH-QUERI has worked to implement evidence-based treatment practices and to develop effective strategies for implementing clinical guidelines. Today, MH-QUERI efforts center on two initiatives (described in the next section) and other projects in five key areas:

- Development and testing of streamlined outcomes measures (including health-related quality of life) for schizophrenia and depression treatment, in coordination with the National Mental Health Improvement Program and several VA Mental Illness Research, Education, and Clinical Centers (MIRECCs);
- Variation in psychotropic prescribing practices and the impact of barriers to prescribing newer psychotropic medications, including clozapine;
- Development and testing of guideline-based clinical reminders;
- Resource toolkit development and dissemination to support implementation of best practices for schizophrenia and MDD; and
- Internet and VA Intranet websites maintenance to accelerate and complement dissemination of practice improvement resources.

MH-QUERI Projects and Findings

MH-QUERI is focusing its primary efforts in two areas: improving antipsychotic treatment for schizophrenia and implementing the collaborative care model for the treatment of depression in primary care into routine VA practice settings. A new demonstration project that will test a multi-component strategy for implementing evidence-based anti-depressant treatment in substance use treatment settings will add another area.

Improving Antipsychotic Treatment for Schizophrenia

MH-QUERI research shows that prescribing rates for the newer antipsychotic agents vary widely, and agents are often prescribed at doses outside of guideline recommended ranges. MH-QUERI's goals are to increase the guideline-concordant use of antipsychotics, including appropriate switching of refractory patients to newer agents (including clozapine) and reducing the frequency of antipsychotic prescribing outside guideline-recommended dose ranges, and to improve monitoring for antipsychotic side effects. MH-QUERI's initial demonstration project in Veterans Integrated Service Network (VISN) 16 targeted reduction in excessive antipsychotic doses and increasing

The MH-QUERI Executive Committee

Each QUERI Executive Committee is co-chaired by a research expert and a clinician. MH-QUERI's Research Coordinator is **Richard Owen, MD**, and the Clinical Coordinator is **Stephen Marder, MD**. The MH-QUERI Executive Committee includes other experts in the field of mental health: Frederic Blow, PhD; Dale Cannon, PhD; **Geoffrey Curran, PhD** (Co-Implementation Research Coordinator); Nancy Jo Dunn, PhD; Susan M. Essock, PhD; Ellen Fischer, PhD; Martha Gerrity, MD, PhD; JoAnn Kirchner, MD; Miklos Losonczy, MD, PhD; Susan McCutcheon, RN, EdD; Lisa Rubenstein, MD, MSPH; **Jeff Smith, PhD candidate**, (Co-Implementation Research Coordinator); William Van Stone, MD; and John Williams, Jr, MD, MHS.

switching of patients from conventional antipsychotic agents to the newer antipsychotics through an intensive implementation strategy. Informed by promising results from this project, MH-QUERI developed a second project that will maintain the focus on reducing excessive antipsychotic doses, while adding interventions to improve side-effect monitoring and appropriate clozapine use.

Collaborative Care Model for MDD

Dr. Lisa Rubenstein, MH-QUERI Executive Committee member, is leading a project to implement a previously tested collaborative care model for improving the quality of depression care across multiple VISNs. This project has resulted in an evidence-based quality improvement (EBQI) program for major depressive disorder that can serve as the basis for the next steps of spreading improved depression care system wide. This program includes a web-based depression toolkit, group learning features that bring together participants at multiple sites, and an interactive website for communication and rapid evaluation. A related project, led by Dr. JoAnn Kirchner, another MH-QUERI Executive Committee member, will utilize the existing framework for this project to study stakeholder values relevant to the adoption of collaborative care and the costs of implementation.

Additional MH-QUERI findings

Here are a few of the significant findings from MH-QUERI research:

- *Depression treatment in primary care settings:* The collaborative model employed in the MH-QUERI depression project showed that most patients can be effectively treated in primary care, with only the most severe cases needing to be followed in mental health. Patients' medication compliance (85%) and follow-up appointment attendance (95%) was outstanding. Depression severity scores and functional status scores showed substantial sustained improvement after 12 weeks.
- *Variation in antipsychotic prescribing:* Antipsychotic medication prescribing continues to vary across VA sites, both in terms of medications used and dose range.
- *Reducing costs and high-dose prescribing of antipsychotics:* MH-QUERI's initial schizophrenia project stimulated reduction in rates of very high-dose prescribing (25% above the high end of the recommended ranges) in participating intervention sites. This project also reduced annual antipsychotic costs by an average of 9.3% at intervention sites.
- *Diagnoses vary among primary care clinics:* The frequency of diagnosis of depressive disorders, including MDD, varies substantially in VA primary care clinics.
- *Gaps in antidepressant therapy for depression:* Although most patients treated with antidepressants in one study were prescribed guideline-recommended doses, only 45% had adequate duration of therapy.

Quality Enhancement Research Initiative

QUERI currently focuses on nine conditions that are prevalent and high-risk among veteran patients: Chronic Heart Failure, Colorectal Cancer, Diabetes, HIV/AIDS, Ischemic Heart Disease, Mental Health, Spinal Cord Injury, Stroke, and Substance Use Disorders.

The QUERI Process

The QUERI process includes six steps:

- 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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