

South Central MIRECC Communiqué

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“Closing the efficacy-effectiveness gap”

VA GULF COAST VETERANS HEALTH CARE SYSTEM – MENTAL HEALTH

Gregory Gillette, M.D., Chief, Mental Health Service

VA Gulf Coast Veterans Health Care System (VAGCVHCS) stretches along the Gulf Coast from the Pearl River border with Louisiana to Panama City, FL, a distance of more than 250 linear miles. Mental health services available at the VAGCVHCS include inpatient psychiatry, outpatient psychiatry and other outpatient mental health services, and consultation to acute inpatient medicine and surgery and to the emergency room.

Inpatient psychiatry beds are all in Gulfport, MS. The 29-bed geriatric intermediate inpatient unit admits veterans 60 years old and older who meet criteria for acute admission, but many of these patients require intermediate lengths of stay. Two additional 30-bed units admit acute psychiatric patients 59 years old or younger. One of these units serves as the admission unit for active duty military patients from Department of Defense (DoD) facilities across the Gulf Coast. VAGCVHCS also has a sharing arrangement with Keesler Air Force Base in Biloxi that provides for a part-time psychiatrist from the Air Force to work on the inpatient units. The Air Force psychiatrist will at times be assigned to attend both active military patients and veteran patients, and the permanent unit psychiatry staff will similarly attend to a case mix of both active military patients and veterans. This arrangement works to the benefit of both patients and providers. Medicine coverage and consultation at Gulfport are provided by nurse practitioners and a full-time internist.

There are nearly 12,000 veterans enrolled in mental health services system-wide. The vast majority of these patients are seen only on an outpatient basis and do not require hospitalization. VAGCVHCS has mental health clinics in Gulfport, MS, and the CBOCs in Mobile, AL, Pensacola, FL, and Panama City, FL. The Gulfport Division campus faces the Gulf of Mexico and is composed of numerous buildings with stucco exteriors with terra cotta tile roofs, interspersed between grounds of grass and spreading live oaks and towering palms. In addition to the general mental health services offered at all sites, the Gulfport Division also offers specialized outpatient Substance Use Disorder services, PTSD services, Women’s Mental Health services, MHICM services, and Day Treatment services.

The Substance Use Disorder Program (SUDP) is based on the Biloxi campus, which faces the peaceful Back Bay. Many SUDP patients reside initially in the Gulfport Division inpatient units and the Biloxi Division Domiciliary, but the program also offers continuous aftercare and consultation and collaboration with primary care clinics.

In addition to general mental health services, specialized Substance Use Disorder and PTSD services are offered at the Mobile and Pensacola CBOCs. The Mobile CBOC is located on the campus of the University of South Alabama School of Medicine, the psychiatric academic affiliate for VAGCVHCS. The Pensacola CBOC is located in the community in two leased facilities located about one mile distant from each other just to the north and south of Interstate 10 on US 29. The south facility is for primary care, and the north facility is for mental health. The Pensacola CBOC includes about one-third of the enrolled patients in our health care system. Plans are steadily progressing for a comprehensive outpatient clinic with all

specialties and subspecialties represented, to be located on the Pensacola Naval base, with shared providers and patients, in FY06 or later, pending Congressional appropriations. This “Super-CBOC” would replace the two current leased facilities. The Panama City CBOC already stands on the Naval base there, but there are tentative plans to move at least some of the mental health services onto Tyndall Air Force base in the near future. A new CBOC at Eglin Air Force base in Okaloosa County, FL, midway between Pensacola and Panama City has been identified as a Priority 1 CARES initiative. This will fill the final geographic gap along the Gulf Coast, such that each CBOC will be nearly exactly one hour’s drive from the next CBOC on the east-west axis, meaning that all patients will be within 30 minutes’ drive of their primary care and mental health care. This will be a significant accomplishment for a health care system whose configuration of CBOCs could be described as “beads on a string” rather than the more typical “hub-and-spoke” configuration. This accomplishment is made possible by progressive, effective negotiation of numerous sharing agreements between the VAGCVHCS leadership and the DoD along the entire Gulf Coast of Mississippi, Alabama, and Florida.

Recent internal analyses by VAGCVHCS Fiscal Service have demonstrated that the MHICM and Day Treatment programs have reduced bed days of care by 92% and 84%, respectively, for patients enrolled in these two programs. Our goal is to replicate these specialized programs in the Pensacola CBOC to further reduce unnecessary lengthy hospitalizations of SMI veterans.

VAGCVHCS mental health services are provided in a traditional discipline-based service structure: Psychiatry, Psychology, Social Work, and Nursing. The Chiefs of these four services meet two or three times weekly to collaboratively design service delivery around the needs of the veterans. Collaboration has been achieved to such an extent that recently Social Work voluntarily relinquished an under utilized FTEE to Psychiatry to hire an addiction therapist in Pensacola. Similarly, Psychiatry recently voluntarily relinquished an FTEE to Psychology to get a vocational rehabilitation specialist properly aligned for improved patient care. This degree of patient-centered resource sharing stands in sharp contrast with “traditional” service-centered territorial and possessive behavior and could actually serve as a best-practice model for interdisciplinary collaboration in VAGCVHCS and beyond.

Three additional physician FTEE were allocated in FY03. These three FTEE, combined with one already unfilled position, enabled VAGCVHCS to hire four new subspecialty trained psychiatrists. Dr. Angelos Vamvakas is a board-certified addiction psychiatrist who comes to the newly designed position of Addiction Section Chief from his immediately previous and similar position at the Menninger Clinic. Dr. Raveendrababu Suryadevara is a board-certified forensic psychiatrist who comes to the newly designed position of Inpatient Section Chief from previous work as a *locum tenens* physician interspersed with a total of 12 years at 5 VAMCs (two separate stints as Chief of Psychiatry). Dr. Danielle Pyevich is a board-eligible geriatric psychiatrist coming to the Panama City CBOC direct from her geriatric psychiatry fellowship at Mt Sinai Medical Center. She has experience and interest in telemedicine and will be our representative to the telepsychiatry group in the VISN 16 MHPL. Dr. Magdy Ragheb is a board-certified forensic psychiatrist with a faculty appointment at University of South Alabama and comes to our Mobile and Pensacola CBOCs with extensive prior experience and current aspirations to conduct drug trials with new psychotropics. These four outstanding psychiatrists constitute living proof that with compelling recruiting strategies, even minimally academically affiliated VA health care systems can attract sophisticated physicians who will substantially improve treatment capabilities for our patients.



Corrections:

Nancy Faulk, RN, Ph.D., (Shreveport) was inadvertently omitted from the list of Review Committee members for FY04 Clinical Education Grants. **Eileen Peterson, RN** (Little Rock) was also not listed as a co-applicant of the funded project, *Changing Nurses’ Attitudes Toward People with Mental Illness*.

Mind the Gap!

Jefferson Parker, Ph.D., MIRECC Substance Abuse Group Leader

No, this is not London. This is the South Central MIRECC, and the gap we are minding is between what is *known* (“research”) and what is *done* (“clinical practice”) in the area of mental health service delivery. Over the past three years the Substance Abuse Group has offered a range of educational initiatives in collaboration with the MIRECC Education Core and the South Central VA Health Care Network Mental Health Product Line. What they have in common is a commitment to promoting awareness and implementation of validated treatments in our Network’s substance use disorder treatment programs. One of the more innovative and well-received educational programs has been the *Ask the Expert* conference call series.

Ask the Expert grew out of a desire to improve upon “conference calls as usual.” The basic concept could hardly be simpler: obtain a commitment from a content expert to join a specific regularly-scheduled call and then use that expert’s commitment to attract participants to the call. Invited experts generally supply citations for suggested readings and sometimes also provide slide shows for distribution ahead of time, thus permitting callers to follow along during a 15-20 minute overview presentation. After the presentation, the remainder of the call is devoted to questions, answers, and discussion.

During Fiscal Year 2003, the Substance Abuse Group sponsored the following *Ask the Expert* calls:

- October: “Chronic Pain and Substance Abuse” by Gabriel Tan, Ph.D., Houston VAMC
- January: “Pharmacotherapy for Substance Abuse” by Donald McMillan, Ph.D., University of Arkansas for Medical Sciences
- February: “Substance Abuse Continuity of Care Performance Measure” by Daniel Kivlahan, Ph.D., Seattle VAMC
- May: “Behavioral Couples Therapy for Substance Abuse” by Rob Rotunda, Ph.D., University of West Florida
- September: “Addiction Therapy in Primary Care: The South Central Network Experience” by Karla Sherman, Jackson VAMC & Toni Ketcher, North Little Rock VAMC

Ask the Expert got off to a terrific start in FY04 with a compelling November presentation by Mark Willenbring, M.D., Minneapolis VAMC. Dr. Willenbring discussed Care Management, the newest and arguably the least known component of the Veterans Affairs / Department of Defense Clinical Practice Guideline for Substance Use Disorders. Because the Clinical Practice Guideline is available on line, participants were able to follow his “walk-through” from their desktops. This call exceeded attendance expectations, attracting 22 to 27 callers representing at least six of the ten South Central Network medical centers.

The next *Ask the Expert* call is scheduled for Tuesday, January 20, 2004, at 1:00 PM CT (1-800-767-1750, access code 23400). Dr. Don McMillan will provide what has become an annual update on pharmacotherapy for substance abuse, this year focusing on pharmacotherapy for tobacco use disorders. Future FY04 topics will include Contingency Management, Substance Abuse and PTSD, Addiction Therapy in Primary Care, Hepatitis C, and Women’s Issues in Substance Abuse. The Substance Abuse Group is always looking for topic ideas and recommendations for excellent *Ask the Expert* presenters. Please feel free to email me (Jefferson.parker@med.va.gov) or call (601-364-1440) at any time with ideas or thoughts.

Please join our next call!



Pilot Research & Established Investigator Awards Announced

The MIRECC is pleased to announce 3 new **Pilot Study Research grants**. The Pilot Study Research Program is designed to assist and encourage MIRECC Core and Affiliate Investigators and Fellows to develop research initiatives that can successfully compete for VA and non-VA peer reviewed funding. The new Pilot Study awardees are –

- Nilgun Giray, M.D. (Houston), *Quetiapine in the treatment of nightmares in combat veterans with PTSD*, \$15,000.
- A. Lynn Snow, Ph.D. (Houston), *Pain management barriers and facilitators in the nursing home*, \$25,000.
- Madeline Uddo, Ph.D. (New Orleans). *Evaluation of a meditation intervention for treatment of PTSD and associated symptoms in war veterans*, \$15,000.

The MIRECC is also pleased to announce two recipients for **Established Investigator Awards**. The new Established Investigator Award Program is directed toward established research investigators at affiliated universities within the VISN 16 geographic area who hold academic appointments at the Associate Professor or Professor level. Program objectives are to (1) recruit and retain productive, established investigators in the MIRECC; (2) integrate established investigators into the MIRECC community in roles such as mentor, consultant, and other functions characteristic of senior investigators; and (3) provide “seed” money to initiate a research program consistent with MIRECC’s theme of translating efficacy into effectiveness. The two awardees are –

- Laurence McCullough, Ph.D. (Baylor College of Medicine). *Enhancing the autonomy of vulnerable subjects of research: A pilot study of experimental consent processes for phase III clinical trials*, \$88,146.
- Jim Zadina, Ph.D. (New Orleans). *Reward properties of a potent analgesic analog of endomorphin-1*, \$81,528.

Congratulations to all!

New Web Site on Best Practices

MIRECC Families Team Co-leader, Michelle Sherman, Ph.D., (Oklahoma City) has developed a new web site on effective family education for serious mental illness. The site can be found at <http://w3.ouhsc.edu/bpfamily/>. The site hosts an extensive list of resources and offers the opportunity to connect with other clinicians interested in family education and support services.

MIRECC Personnel in the News

The Houston VAMC announced that the facility cardiac rehabilitation team has received an *Outstanding Performance Improvement Activity Award*, which includes a \$3,000 cash award to be shared by members of the team. **Paul J. Rowan, Ph.D., MPH, MIRECC Psychology Fellow**, is a member of the cardiac rehabilitation team.

Mark Your Calendar:
MIRECC Retreat & Grant Writing Scholars Program in March

South Central MIRECC administrators, Team Leaders, Theme Leaders, investigators, and Fellows, *mark your calendars*: **The annual MIRECC retreat will be March 30-31, 2004, in Little Rock.** This retreat is co-sponsored by the VA Mental Health Quality Enhancement Research Initiative (QUERI) and is focused on “Creating Effective Educational Interventions.” Speakers include Laura Leviton, Ph.D., from the Robert Wood Johnson Foundation; Lisa Meredith, Ph.D., RAND; and Judith Wolf, Ph.D., at the Trimbos Institute, The Netherlands.

Following the retreat, the MIRECC will conduct the second **Grant Writing Scholars Program, March 31-April 1, in Little Rock.** Watch for more details in January regarding these two meetings.

Jan 15 Web-based Presentation on Data Collection

The South Central MIRECC *Bringing Science to Practice* web-based series presents **Dana Perry, MA, on “Primary Data Collection: Projecting Sampling Flow, Cost & Time,” January 15 from noon to 1:00 PM CT.** Ms. Perry is the MIRECC Primary Data Collection Methodologist. Ms. Perry has had 14 years experience as a primary data collection methodologist, working with RAND for 9 years; the Arkansas Center for Health Resources and Services Administration-funded State Planning Grant Initiative, University of Arkansas for Medical Sciences; and the MIRECC.

The PowerPoint presentation can be downloaded at <http://vaww.visn16.med.va.gov/mirecc.htm> beginning January 14. The live audioconference can be accessed at 1-800-767-1750, access code 45566#. This presentation is accredited for all disciplines.

Feb 19 Presentation on Antipsychotic Side Effect Monitoring

The *Bringing Science to Practice* web-based series presents **Teresa Hudson, PharmD, and Kathy Henderson, M.D., on “Monitoring Side Effects of Antipsychotic Medications,” February 19, noon to 1:00 PM CT.** Dr. Hudson is Co-Director of the MIRECC Psychopharmacology Research and Clinical Enhancement Program (PRECEP). Dr. Henderson is the Manager of the South Central VA Network Mental Health Product Line (MHPL). This presentation provides baseline data regarding side effect monitoring per facility and describes an educational intervention to promote monitoring in VISN 16. This presentation is accredited for all disciplines.



Science News

National Poll on Health Care Inequity

The Harvard Forums on Health, a project of Harvard University's Interfaculty Program for Health Systems Improvement, commissioned a national poll to explore the public's knowledge about disparities in health care and their opinions about various policy options to remedy inequities in the health care system. This national survey of 806 Americans age 18 and older included oversamples of African Americans and Hispanics and was conducted August 19-26, 2003. Oversampled groups were weighted to reflect their true representative proportion. Hispanics were interviewed in their choice of English or Spanish. For more information on this poll, go to www.phsi.harvard.edu.

According to survey results, Americans of different races and ethnicities are divided about the issue of disparities in health care. Most whites (52%) feel that people of different races and ethnicities receive equal health care; however, one in five (22%) whites acknowledge that there are inequities in care. On the other hand, the large majority of African Americans (65%) feel that minority patients receive lower quality care than white patients. Only 22% of African Americans thought that minority patients receive equal care to whites. Hispanics are almost equally divided between those who feel that whites and minorities receive equal care (48%) and those who feel the care minorities receive is not as good (41%).

Americans also differ as to the reasons minorities may be treated differently in the health care arena, although 76% believe that cultural or language barriers impede patient-doctor communication. Hispanics (91%) point to cultural and language barriers. African Americans (81%) are especially likely to feel health care professionals – whether they intend to or not – treat minority patients differently than whites. Both African Americans and Hispanics (74% and 76%,

respectively) also tend to feel that minority patients are more likely than whites to disregard medical advice or forgo treatment because of distrust of the health care system or other cultural reasons.

To correct inequality in health care, Americans of all races and ethnicities support a broad range of potential remedies. Most respondents (90%) suggest that minority communities need to be educated about how best to advocate for themselves in the health care system. Majorities (85%) also support requiring special training for doctors and medical school students about treating minorities and (82%) requiring providers to make interpreters available for non-English speaking patients. A large majority (76%) also supports efforts to increase the number of minorities working in health care; African Americans (92%) and Hispanics (92%) in particular feel strongly about this solution. Large majorities of African Americans (88%), Hispanic (83%), and white (76%) Americans feel it is important to “penalize doctors, hospitals and insurance companies with a track record of treating people differently based on their race or ethnicity.” However, respondents are less likely to endorse giving financial rewards to doctors who have a track record of making an extra effort to provide high quality care to minority patients, although 69% of Hispanics, 61% of African Americans, and 49% of whites feel this is important.

November *Medical Care* on Health Disparities

The November 2003 issue of *Medical Care*, 41(11), was devoted to health disparities research. The Table of Contents lists articles addressing health disparities by race and gender in a number of areas. This issue is available on the web at <http://www.lww-medicalcare.com/>



January Conference Calls
1-800-767-1750

- 5—Education Core, 2:00 PM CT, access code 16821#
- 5—Schizophrenia Team, 3:00 PM CT, access code 20061#
- 12—Disorder Team Leaders, 2:00 PM CT, access code 20143#
- 13—Directors Call, 3:00 PM CT, access code 19356#
- 14—Neuroimaging Group, 9:00 AM CT, access code 24394#
- 20—Substance Abuse Team, General, 1:00 PM CT, access code 23400#
- 21—Program Assistants, 2:00 PM CT, access code 43593#
- 22—Geriatric Liaison Team, 4:00 PM CT, access code 41881#
- 27—Directors Call, 3:00 PM CT, access code 19356#

The next issue of the *South Central MIRECC Communiqué* will be published February 2, 2004. Deadline for submission of items to the February newsletter is January 28. Urgent items may be submitted for publication in the *Communiqué Newsflash* at any time. Email items to the Editor, Michael R. Kauth, Ph.D., at Michael.Kauth@med.va.gov or FAX to (504) 585-2954.

South Central MIRECC intranet site: vaww.visn16.med.va.gov/mirecc.htm

National MIRECC Internet site: www.mirecc.med.va.gov