

VETERANS HEALTH ADMINISTRATION

Psychotherapy AD: An Innovative Adaptation

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National Evidence-based Psychotherapy Training Programs



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Disclosures

- No conflicts of interest
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Does your program detail non-medical staff (professions other than MD, PharmD, RN, APP, NP, etc.)?

Yes

No

N/A



Are the detailers in your program non-medical healthcare professionals (those other than PharmD, MD, APP, RN, NP, etc.)?

Yes

No

N/A

Mental Health and Veterans

- **Depression symptoms are one of the most prevalent mental health conditions in the general population *and* Veteran population**
 - Military personnel report large ranges of prevalence
 - Some as much as **5x the rate** of civilian populations
 - **19.8%** of all unique Veterans seen in VHA system = *depression dx*
- **Suicide is a national focus**
 - Veteran rates **1.5x** the rate for non-Veteran adults
- **Suicide Prevention**
 - VA/DoD Clinical Practice Guidelines for Assessment and Management of Patients at Risk for Suicide (2013) recommend:

“...patients receive optimal evidence-based treatment for any mental health and medical conditions that may be related to the risk of suicide”



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VA Priorities in Mental Healthcare: Quality and Quantity

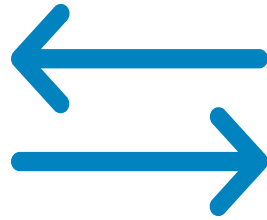
- VA’s National Evidence-Based Psychotherapy (EBP) Program offers robust training in 3 EBP protocols for Depression:

Cognitive Behavioral Therapy (CBT)	Focuses on changing thoughts and behaviors in order to improve mood
Acceptance and Commitment Therapy (ACT)	Focuses on overcoming struggles with emotional pain and committing to what matters most for the person
Interpersonal Psychotherapy (IPT)	Focuses on improving mood by supporting positive relationships

- **Depression EBPs are associated with decreases in suicidal ideation**
 - Recent findings indicate suicidal ideation (SI) reductions early in treatment regardless of initial depressive symptom severity



Barriers to EBP Adoption and Post-Training Implementation



Variability across Local Systems Create Challenges

Despite their effectiveness, **Veteran access to EBPs is low**
Low rates of notation in computerized records suggests low use

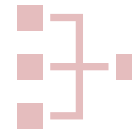


Local Prioritization of EBPs & alignment of resources facilitate treatment delivery



Clinician Barriers:

- heterogenous training/standards
- misperception of EBP utility and effectiveness



System Barriers:

- scheduling practices
- care/flow models
- local treatment culture (Recovery vs. Maintenance)



EBPs Help Improve Overall Healthcare



Access to EBPs = decreased mental health care costs & increased recovery for more Veterans



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PBM Academic Detailing Services



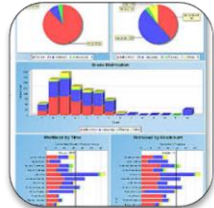
Training: Standardized training to assist ADs in conducting their outreach visits to target the practice habits of providers



Educational Materials: Create educational materials for both providers and patients



Data Tools: Created suite of data tools to assist in identifying high risk patients



Workload Recording: Utilized software to ensure workload was tracked to document topics covered, time, # of providers/visits, etc.



Evaluation: Evaluation of workload and outcomes



Key People



Training and Support

- **20 Psychotherapy Academic Detailers across 19 sites:**
 - Attended a 3-day training workshop sponsored by PBM
 - Monthly small group (~ 3 *detailers*) consultation calls
 - Ongoing support and consultation regarding resources and local barriers, communication strategies, targets
 - Dedicated quarter time (~10 *hours weekly*) with salary support
 - Log workload efforts (*outreach visits, support activities*)
 - Employed half-time coordinator role for the project



Key Messages to Providers and Leadership



Provide or refer Veterans to EBPs for depression



Use EBP standardized note templates to ensure quality EBP is provided and recorded



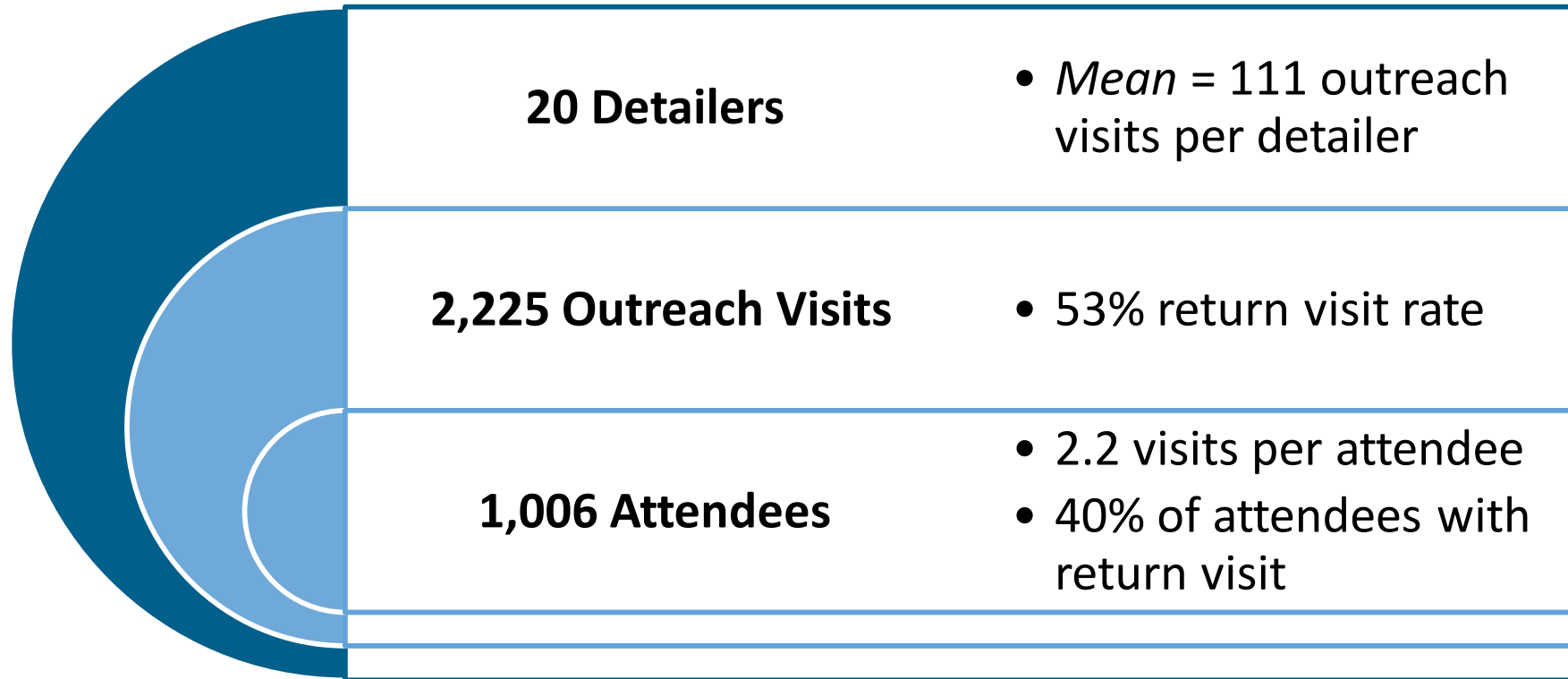
Use measurement-based tools (PHQ-9) to assess and monitor Veteran symptoms



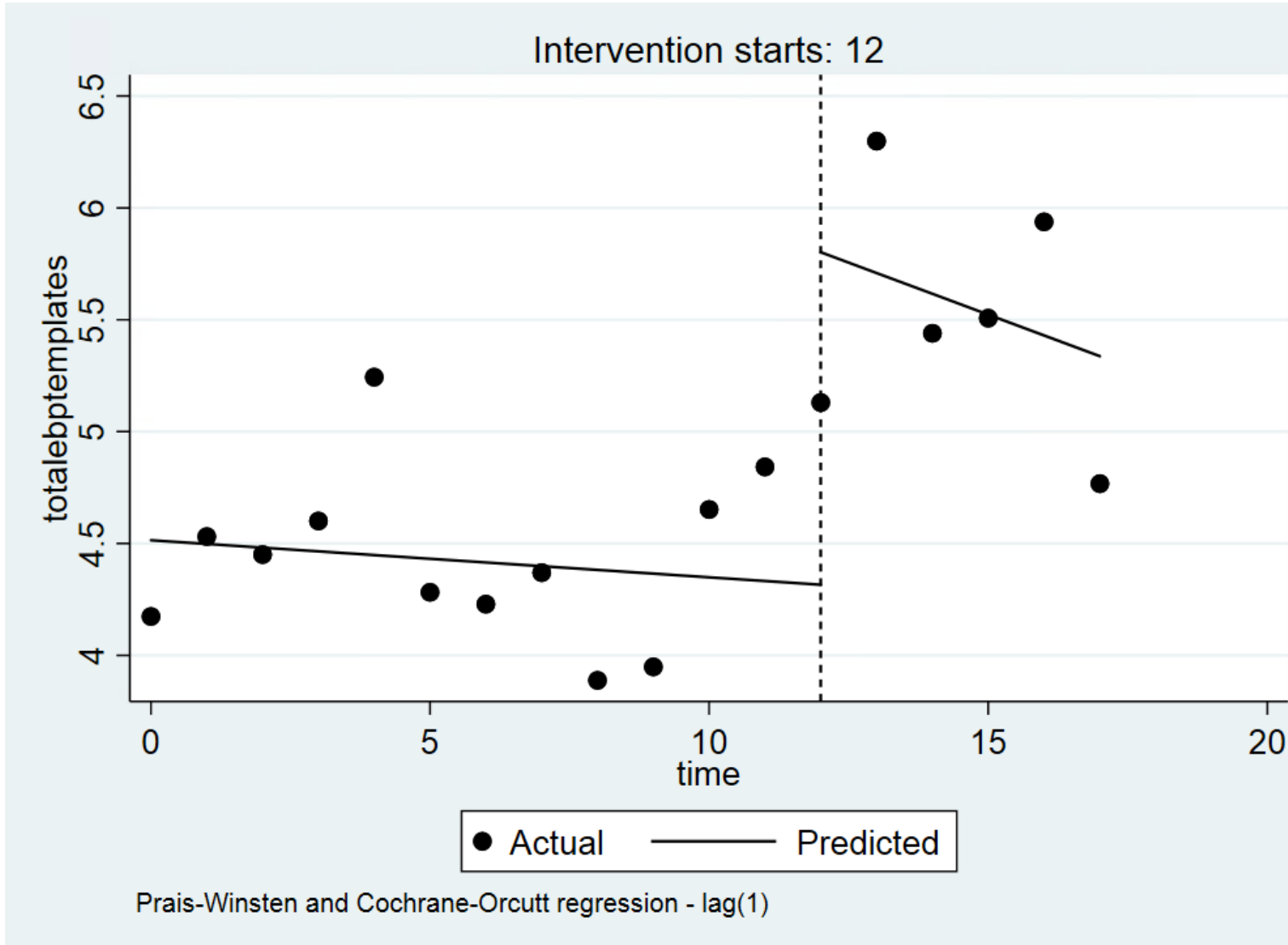
Use EBPs to create new access opportunities (via episodes of care with defined protocols)



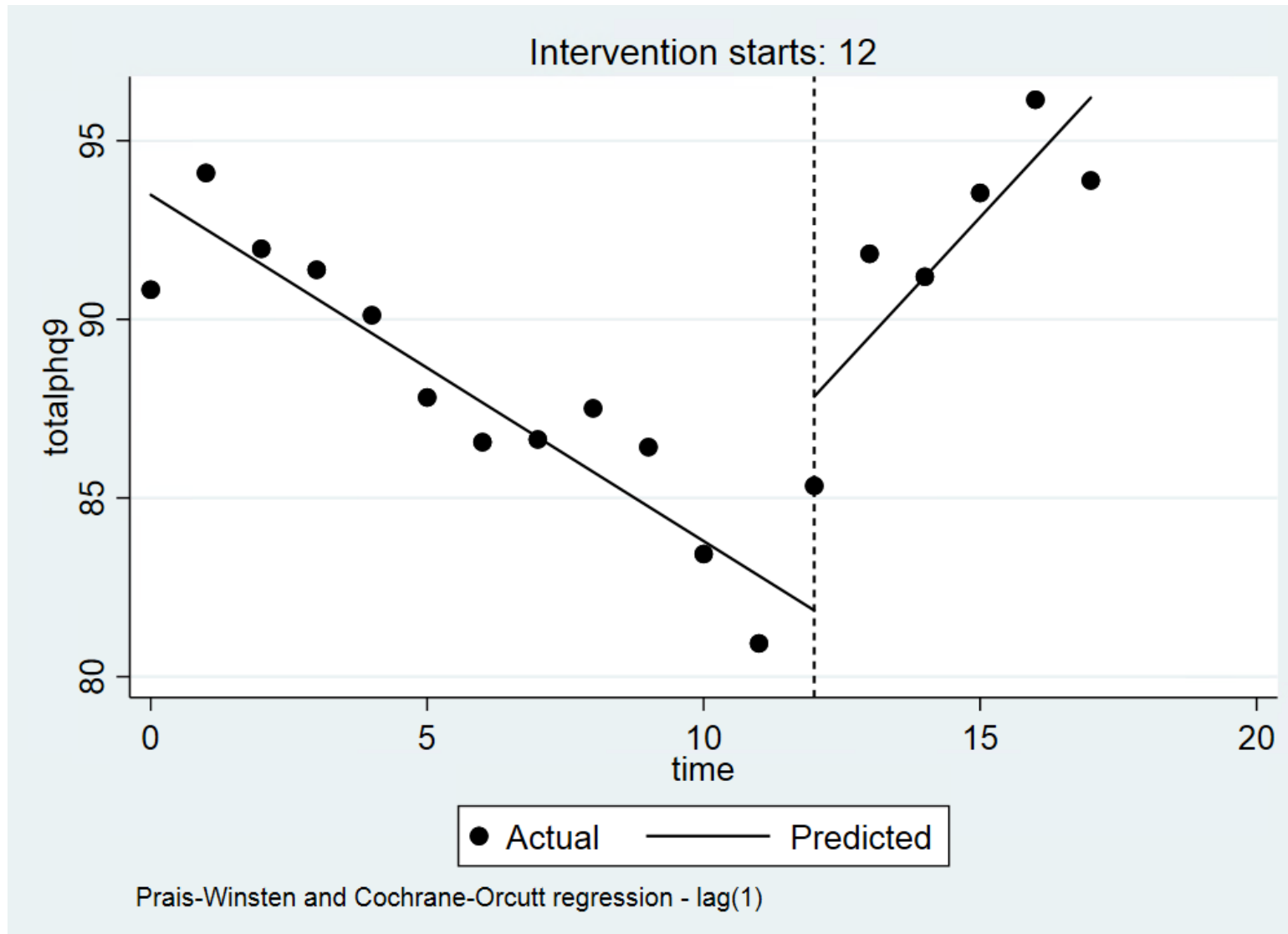
Detailer Activity Data



Results – EBP Documentation Templates



Results – PHQ-9 Administration



Conclusions & Lessons Learned

- **Psychotherapy Academic Detailing appears to be effective in supporting measurement-based care practices & EBP documentation among providers treating Veterans with depression**
 - Caveat: “in some contexts for some barriers”
 - Psychotherapy AD had the most robust impact on measurement-based care
 - Questions about the long-term sustainability of impact on EBP delivery
- **Unique challenges for detailing psychotherapy providers**
 - Variability in clinician training and competence
 - Clinician time & resources
 - Referral structures
 - Scheduling practices



Key Takeaways

- **Psychotherapy services less regulated across VA**
 - Heterogeneous practice models and standards more common across providers and sites
 - Systems barriers common and systems redesign takes **time** and high levels of **effort locally**
 - May require broader facilitation model (*incorporating AD*) to address systems redesign needs
- **Implications for AD Adaptiveness**
 - Therapists can have a natural fit for the role!
 - Natural variation in who “takes” to the role and who makes a good detailer
- **Implications for EBP Training Programs**
 - Marketing, availability, application process, documentation

