

# VETERANS HEALTH ADMINISTRATION

## Psychotherapy AD: An Innovative Adaptation

Sara Tiegreen, Ph.D.

National Evidence-based Psychotherapy Training Programs



Choose **VA**

**VA**



U.S. Department  
of Veterans Affairs

# Contributing Authors

- Mark Bounthavong, Pharm.D., VA PBM ADS
- Sarah Popish, Pharm.D., VA PBM ADS
- Mandy Kumpula, Ph.D., VA National EBP Team
- Kristin Powell, Ph.D., VA National EBP Team
- Marcos Lau, Pharm.D., VA PBM ADS
- Daina Wells, Pharm.D., VA PBM ADS
- Melissa Christopher, Pharm.D., VA PBM ADS
- Chris Crowe, Ph.D., VA OMHSP



# Interactive Poll #1



Choose **VA**

**VA**



U.S. Department  
of Veterans Affairs

# Interactive Poll #2



Choose **VA**

**VA**



U.S. Department  
of Veterans Affairs

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



# 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

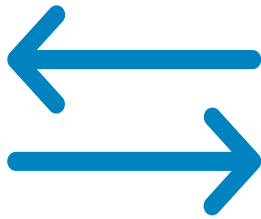
**Interpersonal Psychotherapy  
(IPT)**

Focuses on improving mood by supporting positive relationships

- Depression EBPs are associated with decreases in suicidal ideation
  - Recent findings indicate 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



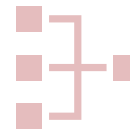
## Local Prioritization of EBPs & alignment of resources facilitate treatment delivery

### Clinician Barriers:



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

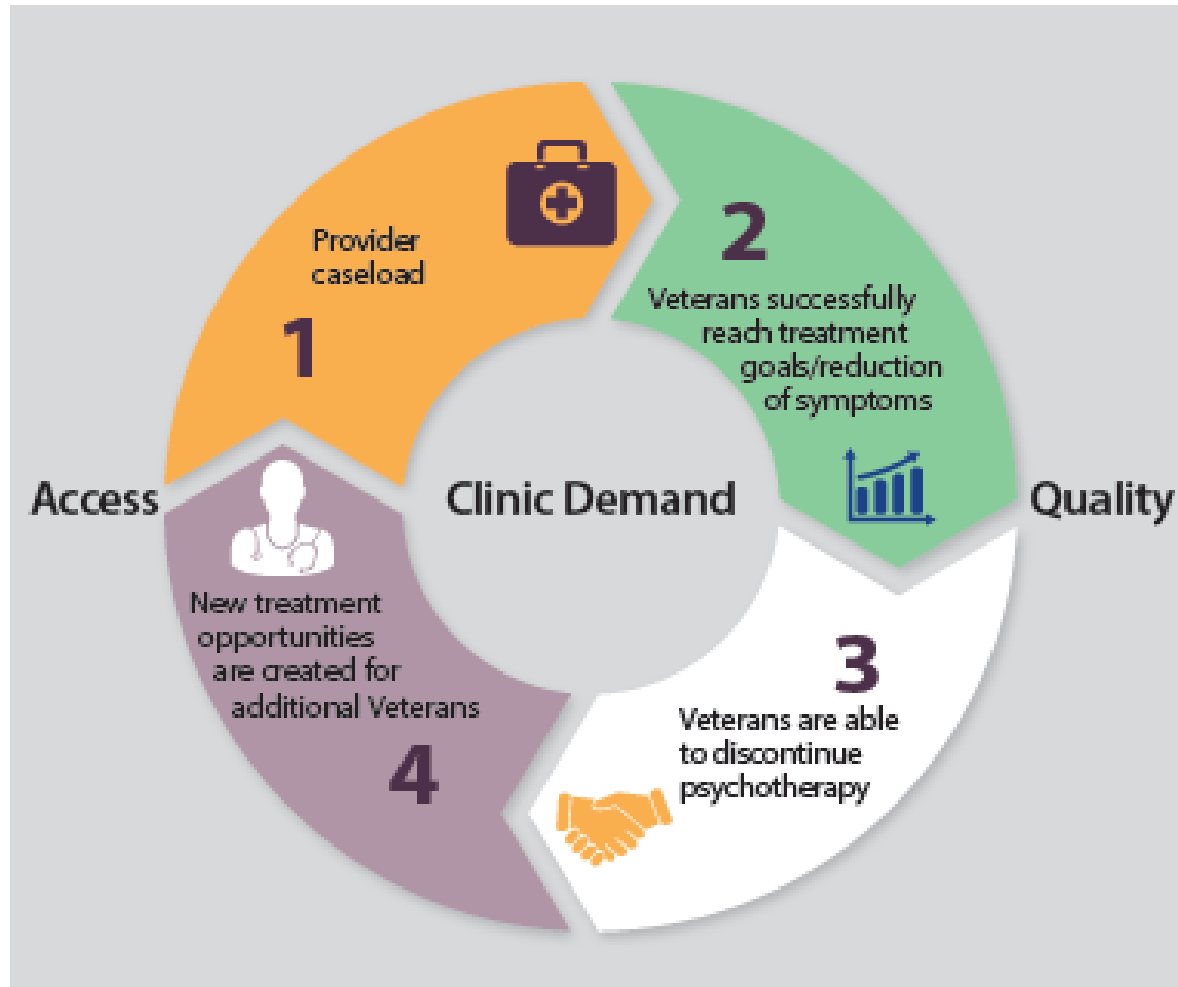
### System Barriers:



- 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



Choose **VA**

**VA**



U.S. Department  
of Veterans Affairs



# PBM Academic Detailing Services



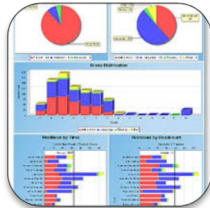
**Training:** Standardized training to assist ADs in conducting their outreach visits to target the practice habits of providers



**Educational Materials:** Create educational materials for both providers and patients



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



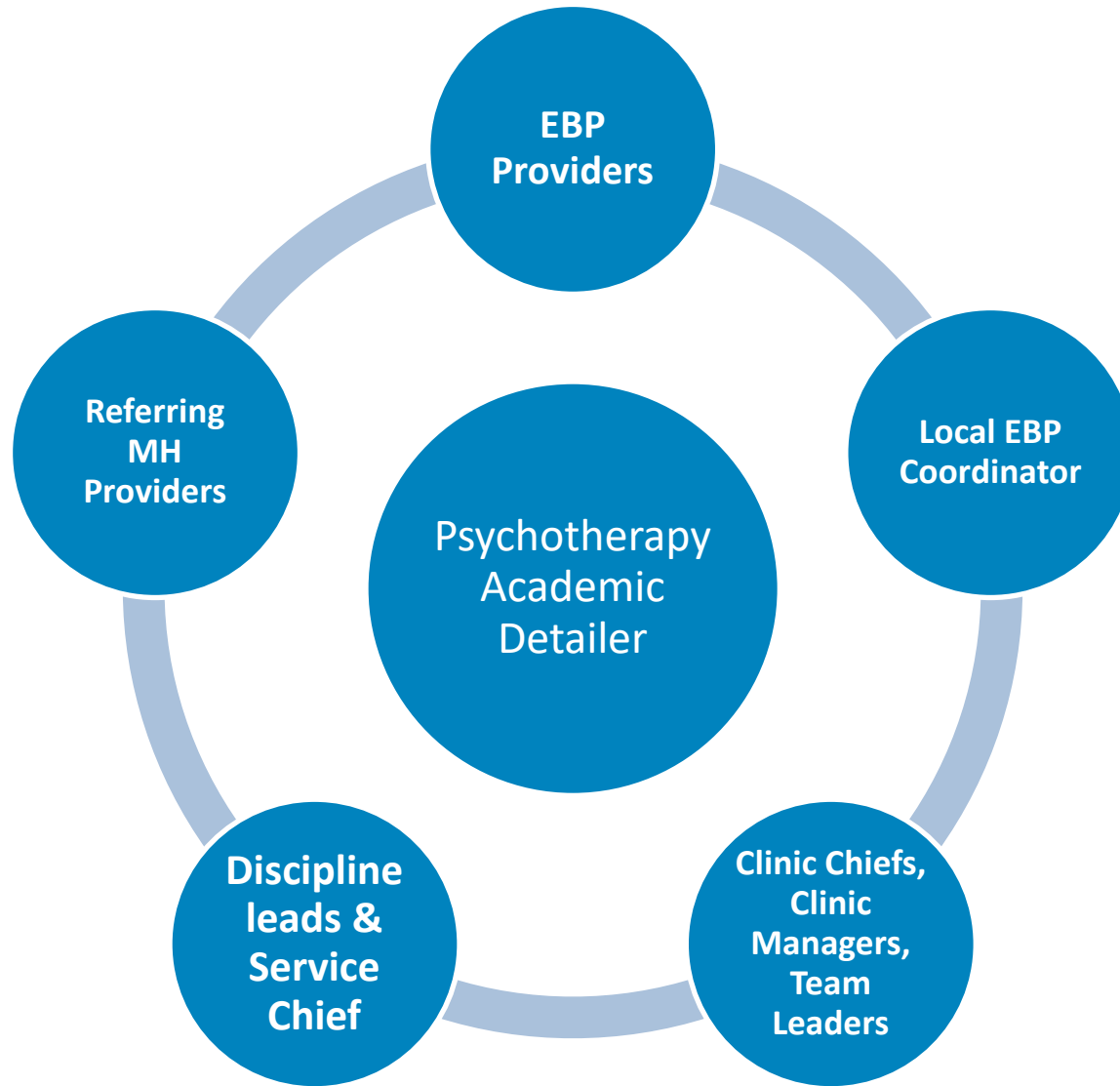
**Workload Recording:** Utilized software to ensure workload was tracked to document topics covered, time, # of providers/visits, etc.



**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



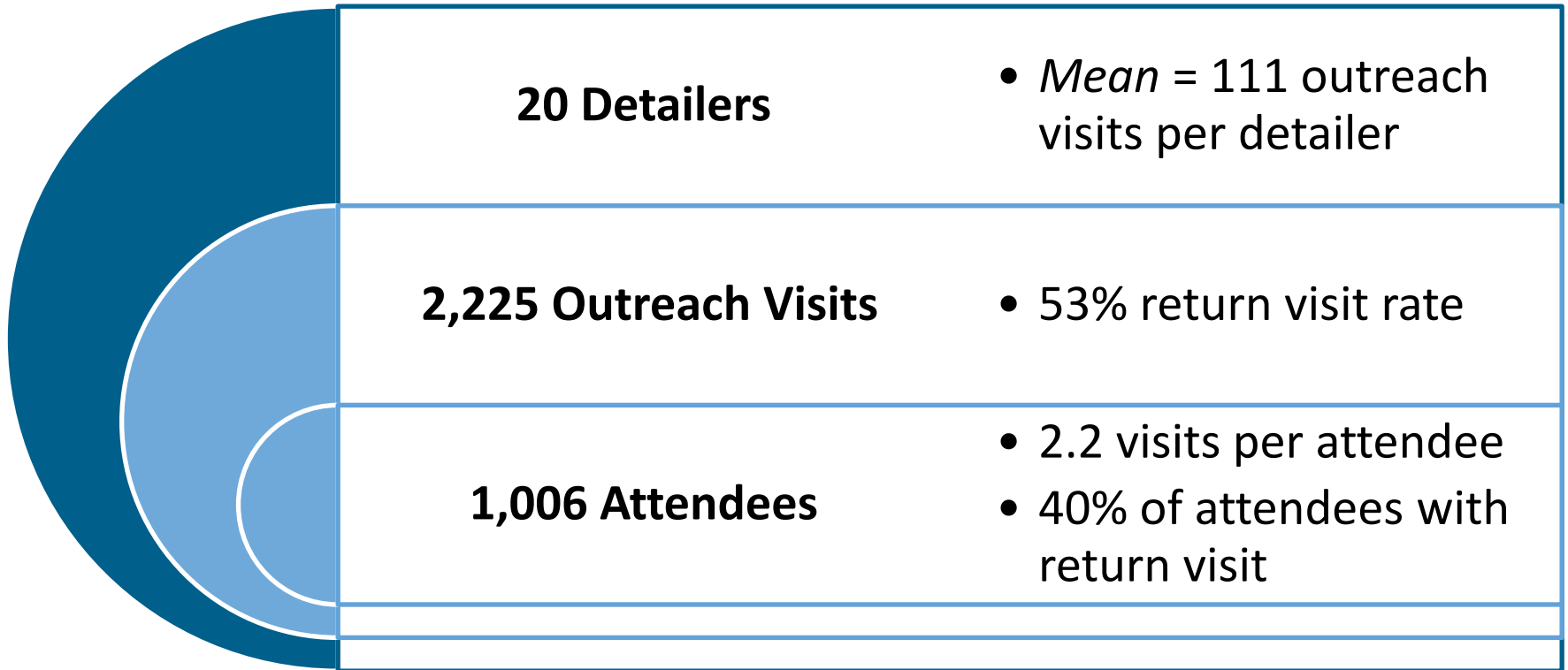
Use measurement-based tools (PHQ-9) to assess and monitor Veteran symptoms



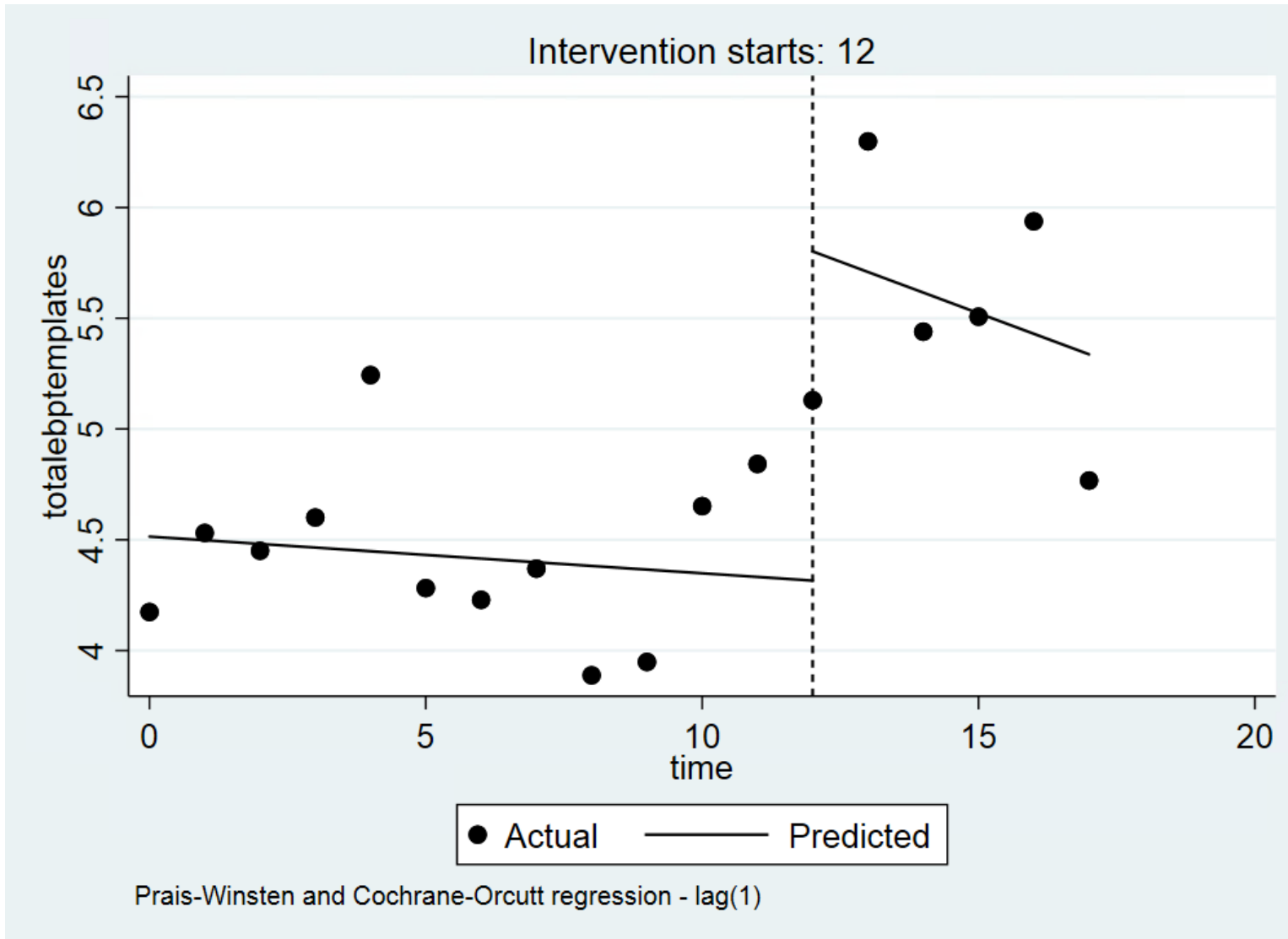
Use EBPs to create new access opportunities (via episodes of care with defined protocols)



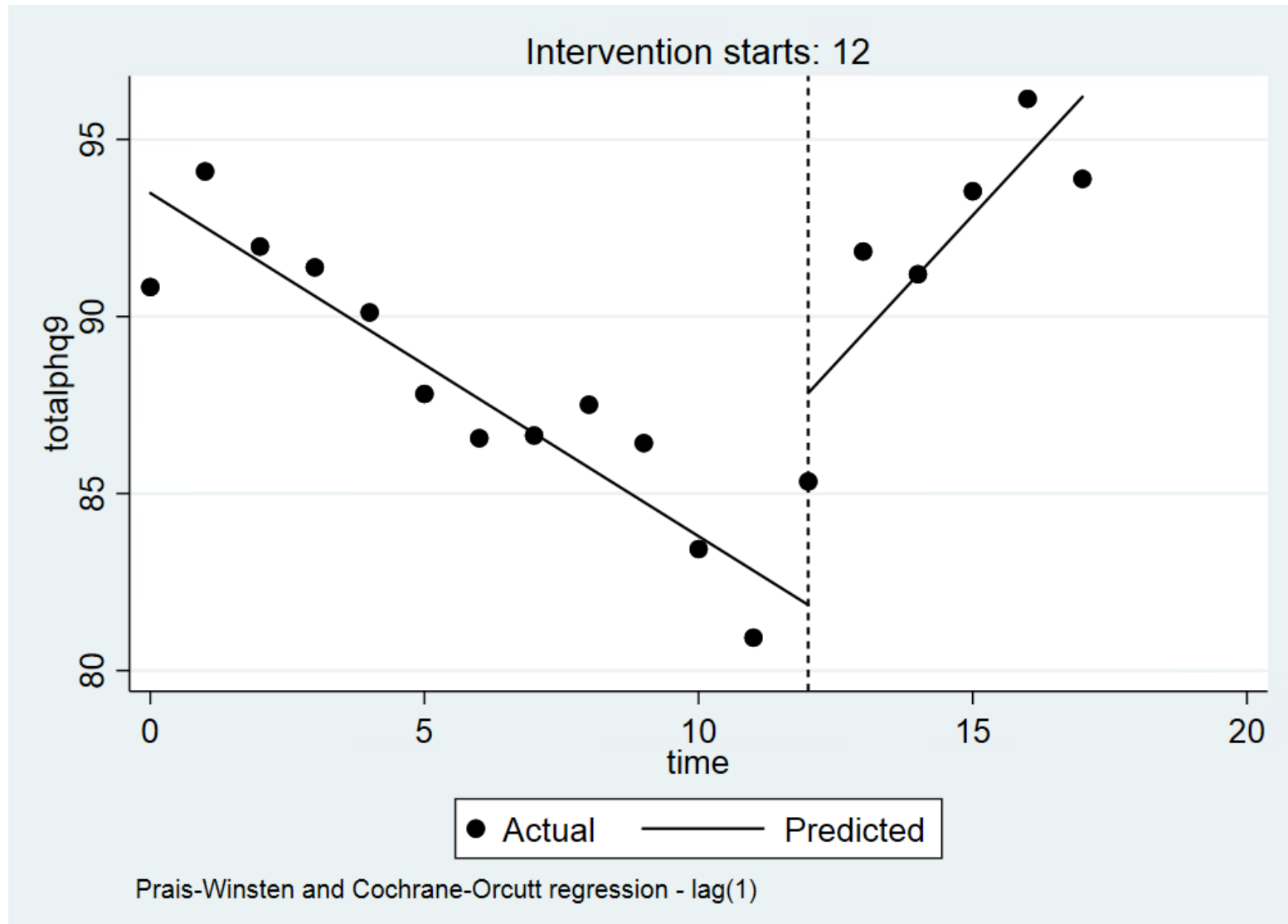
# Detailer Activity Data



# 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

