VETERANS HEALTH ADMINISTRATION

Psychotherapy AD: An Innovative Adaptation

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• 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

<table>
<thead>
<tr>
<th>Therapy</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cognitive Behavioral Therapy (CBT)</td>
<td>Focuses on changing thoughts and behaviors in order to improve mood</td>
</tr>
<tr>
<td>Acceptance and Commitment Therapy (ACT)</td>
<td>Focuses on overcoming struggles with emotional pain and committing to what matters most for the person</td>
</tr>
<tr>
<td>Interpersonal Psychotherapy (IPT)</td>
<td>Focuses on improving mood by supporting positive relationships</td>
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- 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

Clinician Barriers:
- heterogenous training/standards
- misperception of EBP utility and effectiveness

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

Local Prioritization of EBPs & alignment of resources facilitate treatment delivery
EBPs Help Improve Overall Healthcare

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

- Psychotherapy Academic Detailer
- EBP Providers
- Local EBP Coordinator
- Clinic Chiefs, Clinic Managers, Team Leaders
- Discipline leads & Service Chief
- Referring MH Providers

Choose VA

U.S. Department of Veterans Affairs
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

<table>
<thead>
<tr>
<th>Details</th>
<th>Description</th>
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<tbody>
<tr>
<td><strong>20 Detailers</strong></td>
<td>• Mean = 111 outreach visits per detailer</td>
</tr>
<tr>
<td><strong>2,225 Outreach Visits</strong></td>
<td>• 53% return visit rate</td>
</tr>
</tbody>
</table>
| **1,006 Attendees** | • 2.2 visits per attendee  
• 40% of attendees with return visit |
Results – EBP Documentation Templates

Intervention starts: 12

- Actual
- Predicted

Prais-Winsten and Cochrane-Orcutt regression - lag(1)
Results – PHQ-9 Administration

Intervention starts: 12

Prais-Winsten and Cochrane-Orcutt regression - lag(1)
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