

Consumer Council News

December 22, 2003

Volume 7, Issue 7

MIRECC

Update

At a national Mental Illness Research, Education and Clinical Centers (MIRECC) conference there was an affirmation that the programs are partnership models where the researcher partners with the clinicians to foster adoption of best clinical practices. They also partner with outside groups such as NAMI. By fostering ongoing dialogue relevant research is promoted. MIRECCs provide feedback to clinicians and the broader clinical community. For info: www.mirecc.med.va.gov

Newsletter sponsored by VA Mental Health Consumer Council
FAX comments to Lucia Freedman at 202-273-9069 or call 202-273-8370

VA -Pharmaceutical Industry Partnership

Dr. Roswell, VA Undersecretary of Health, in U.S. Medicine (November 2003) talked of partnering with the pharmaceutical industry to establish mutual goals. While this is in the formative stages the idea would be to set mutual goals such as lowering the number of coronary events. The partnership is aimed at working with the pharmaceuticals to reach the population to make sure that everyone who's at risk has the appropriate medications. In this way veterans are screened and given appropriate medication and there is a review to see if incidents are reduced by an agreed upon goal. Dr. Roswell stated he wants to align incentives between pharmaceutical manufacturers and health care providers because then you focus on preserving the health of the veteran population. This is a shift to prevention



rather than restoring veterans health when medical problems occur. The financial incentive is to tie consequences to the outcome of a particular course of drug treatment. If the goal is achieved then the investment was worth it but if poor results are achieved there would be consequences as well. It is not so much the cost of the drug which is important but the results of the drug treatment on the veteran. An example would be expensive HIV drugs where it was worth the cost since the veterans had less hospitalizations, less complications and therefore the cost of care went down.

MIRECC looks at Mental Health Screening

Ira Katz, M.D., Ph.D, VISN 4 MIRECC Director with David Oslin, M.D. examined mental health screening practices in primary care clinics and determined that routine screening was not resulting in the numbers of referrals that would be expected based on normative prevalence data. The investigators worked with clinicians to discover what obstacles interfered with screening and referral. When practitioner converged in noting uncertainty in knowing what to do with a positive screen, Dr. Oslin devised the Behavioral Health Laboratory which provides follow-up assessment and referral for patients who screen positive for depression. The Behavioral Health Lab assessment generally is completed over the telephone and provides a diagnosis of current psychiatric disorders and severity ratings. It is being expanded to evalu-

ate alcohol and drug use. For all patients assessed, a written summary, similar to a lab report is sent to the primary care provider to assist in treatment planning. Patients identified as having severe mental health or substance use problems are automatically referred for care in the behavioral health clinic. As they implement this intervention, the investigators have the opportunity to educate primary care practitioners regarding detection and treatment of depression and other psychiatric disorders.

Online Newsletter
www.mentalhealth.med.va.gov/cc

Best Practices for Families

The Schizophrenia Port treatment recommendations give us guidance for best practice. They recommended: Patients who have on-going contact with their families should be offered a family psychosocial intervention which spans at least nine months and which provides a combination of:

- ⇒ Education about the illness
- ⇒ Family Support
- ⇒ Crisis Intervention
- ⇒ Problem solving skills training

In a study done comparing VA and non-VA patients on family relationships it was found that VA and non-VA patients did not differ on:

- ⇒ Extent of family contact
- ⇒ Satisfaction with family relationships
- ⇒ Importance of family relationships

The VA SMI Committee is considering a recommendation that would track family contact as this is not known at this point. The goal ultimately is to develop pro-

grams that will be supportive to families. Some studies have shown that training will be important as to the needs of the family.

There will be a partnership with the person being treated for mental illness as to his/her preference for involving the family. If there is agreement to this being mutually beneficial then contact will be established. While some families have become effective advocates and have found self-help groups there is still a need for the clinical professionals to involve the family in a holistic treatment plan.

It is a minority of families at this time that receive any services and the services they do receive are not state of the art. Families experience considerable subjective burden, e.g., anxiety, worry, grief, sadness and they experience objective burden such as expenditure of time and resources. The recovery movement recognizes the benefits of caregiving.

Contracting Out questioned in CARES Plan

The issues of contracting out services by the VA was questioned by stakeholders in the CARES plan both at Congressional Hearings and Commission local public hearings held around the country. Cathy Wiblemo, deputy directory for health care, The American Legion stated that "We're very concerned about contracting. The VA must use it carefully; The VA is a provider of health care, not a purchaser." Jim Doran, Service Director for American Veterans (AMVETS) said, "Throughout (the draft plan) we have found numerous examples of VISN directors and the Under Secretary of Health recommending contracting out health care as a cost savings method. However, early in the document, the Veterans Health Administration quotes an article in the New England Journal of Medicine that states 'VA care was found to be significantly better than care pro-

vided in the fee-for-service program paid for through Medicare.'" "Why should our veterans be forced to submit to medical care that the New England Journal of Medicine says is of a lower quality than that which they are currently receiving?" Doran asked.

The concern among several Veteran Service Organizations (VSO) is that too much contracting would weaken VA's ability to provide its own services. Along with contracting out a key question among the Service Organizations was with many hospitals slated for closure and redistribution of services, would veterans find themselves facing a window where they would not have access to care?

This process will need to be closely monitored as the process involves all the Veterans Integrated Service Networks (VISNs). The VSOs questioned whether a project of such magnitude could be completed so quickly.

Information and Resources

National Coalition for Homeless Veterans
Annual Conference
May 17-20, 2004
Washington, DC
202-546-1969