RESPECT-Mil: Early Intervention & Outcomes of PTSD & Depression in Primary Care

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**RESPECT-Mil: Early Intervention & Outcomes Of PTSD & Depression In Primary Care**

Presented Mar 21 at the 1st Annual Armed Forces Public Health Conference 2011
Why Primary Care?
A Gap Between Needs & Services

Among the 20% of Soldiers with moderate to severe disorder after OIF deployment...

Potential for Offset: Service Use & Missed Work

2,863 Iraq War returnees one-year post-deployment


Twice as many sick call visits & missed work days
Primary Care...
Where Soldiers Get Their Care

★ Mean primary care use is 3.4 visits per year
★ 88-94% have one or more visits per year
★ Primary care approach to mental health is an opportunity to...
  ★ Reduce stigma & barriers
  ★ Intervene early
  ★ Reduce unmet needs
  ★ Reduce unnecessary service use
Primary Care Intervention is Evidence-Based

Randomized trials offer sound evidence that systems-level approaches benefit...

- **Depression** (e.g., IMPACT Trial BMJ 2006)
- **Suicidal ideation & depression** (Bruce et al, JAMA 2004)
- **Depression and physical illness** (e.g., Lin et al, JAMA, 2003)
- **PTSD and physical injury** (Zatzick, AGP, 2004)
- **Panic disorder** (e.g., Roy-Byrne et al, AGP 2005)
- **Somatic symptoms** (e.g., Smith et al, AGP 1995)
- **Health anxiety** (e.g., Barsky et al, JAMA 2004)
- **Substance dependence** (e.g., O’Connor et al. Am J Med. 1998)
- **Dementia** (e.g., Callahan et al, JAMA 2006)
RESPECT-Mil
Re-Engineering Systems of Primary Care Treatment in the Military

Defense Centers of Excellence for Psychological Health & TBI
Office of The Surgeon General, Army
Deployment Health Clinical Center
Uniformed Services University
3CM®

COLORADO SPRINGS, CO           5-7 OCTOBER 2010
3 Component Model
systems-based care

PREPARED PRACTICE

CARE MANAGER

BH SPECIALIST

PATIENT

an extra resource that links patient, provider & specialist

Oxman et al, Psychosomatics, 2002;43:441-450
Encourage Adherence
Problem Solve Barriers

Measure Treatment Response

Monitor Remission

Communicate with Clinicians
Levels of Implementation

- Micro: Clinic level implementation
- Meso: Site level implementation (R-SIT)
- Macro: Program level implementation (R-MIT)
RESPECT-Mil Implementation

Micro- or Clinic-level

- Brief PTSD & depression screening (all visits)
- Pre-clinician diagnostic aid
- Patient education materials
- Psychosocial options
- Care Facilitator assisted follow-up option
- Aggressive facilitator outreach & monitoring
- Web-based care facilitation system
- “Just-in-time” treatment adjustment
- Weekly BH Champion review of facilitator caseload
RESPECT-Mil Implementation

Micro- or Clinic-level

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The Army Surgeon General mandates that all Soldiers routinely receive the following primary health care screen. Please check the best answer to each of the questions on this page. Enter your personal information at the bottom and return this page to the medic or nurse.

**PATIENT HEALTH QUESTIONNAIRE**

### SECTION I (Check all that apply):

Over the LAST 2 WEEKS, have you been bothered by any of the following problems?

1. Feeling down, depressed, or hopeless.  
   - [ ] Yes  
   - [ ] No

2. Little interest or pleasure in doing things.  
   - [ ] Yes  
   - [ ] No

### SECTION II (Check all that apply):

Have you had any experience that was so frightening, horrible, or upsetting that IN THE PAST MONTH, you...

3. Had any nightmares about it or thought about it when you did not want to?  
   - [ ] Yes  
   - [ ] No

4. Tried hard not to think about it or went out of your way to avoid situations that remind you of it?  
   - [ ] Yes  
   - [ ] No

5. Were constantly on guard, watchful, or easily startled?  
   - [ ] Yes  
   - [ ] No

6. Felt numb or detached from others, activities, or your surroundings?  
   - [ ] Yes  
   - [ ] No

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**FOR OFFICIAL USE ONLY**

**PATIENT'S HEALTH QUESTIONNAIRE (Additional Comments):**

Provider please reference section and question number when entering additional comments from patient. Please sign and date entry.
RESPECT-Mil Implementation
Micro- or Clinic-level

- Brief PTSD & depression screening (all visits)
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### PTSD Instrument (PCL-C)

Below is a list of problems and complaints that persons sometimes have in response to stressful life experiences. Please read each question carefully circle the number in the box which indicates how much you have been bothered by that problem in the last month. Please answer all 19 questions.

<table>
<thead>
<tr>
<th>No.</th>
<th>Response</th>
<th>Not at all</th>
<th>A little bit</th>
<th>Moderately</th>
<th>Quite a bit</th>
<th>Extremely</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Repeated, disturbing memories, thoughts, or images of a stressful experience from the past?</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>2</td>
<td>Repeated, disturbing dreams of a stressful experience from the past?</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>3</td>
<td>Suddenly acting or feeling as if a stressful experience were happening again (as if you were reliving it)?</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>4</td>
<td>Feeling very upset when something reminded you of a stressful experience from the past?</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>5</td>
<td>Having physical reactions (e.g., heart pounding, trouble breathing, or sweating) when something reminded you of a stressful experience from the past?</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>6</td>
<td>Avoid thinking about or talking about a stressful experience from the past or avoid having feelings related to it?</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>7</td>
<td>Avoid activities or situations because they remind you of a stressful experience from the past?</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>8</td>
<td>Trouble remembering important parts of a stressful experience from the past?</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>9</td>
<td>Loss of interest in things that you used to enjoy?</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>10</td>
<td>Feeling distant or cut off from other people?</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>11</td>
<td>Feeling emotionally numb or being unable to have loving feelings for those close to you?</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>12</td>
<td>Feeling as if your future will somehow be cut short?</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>13</td>
<td>Trouble falling or staying asleep?</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>14</td>
<td>Feeling irritable or having angry outbursts?</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>15</td>
<td>Having difficulty concentrating?</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>16</td>
<td>Being “super alert” or watchful on guard?</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>17</td>
<td>Feeling jumpy or easily startled?</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>

For Primary Care Provider - Subtotal: 0 + + + + + + + + + + + + + + + + + + +

Total =

18. If you checked off any of the above problems, how difficult have these problems made it for you to do your work, take care of things at home, or get along with other people?

Not difficult __Somewhat difficult ____Very difficult ____Extremely difficult

19. During the last 2 weeks have you had thoughts that you would be better off dead, or of hurting yourself in some way?

Yes No

If Yes, how often? __Several days ____More than half the days ____Almost everyday
RESPECT-Mil Implementation

Micro- or Clinic-level

- Brief PTSD & depression screening (all visits)
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DESTRESS-PC - Web-based, nurse assisted, PTSD self-training

**DELIVERY OF SELF-TRAINING & EDUCATION FOR STRESSFUL SITUATIONS – PRIMARY CARE VERSION**

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**Article**

A Randomized, Controlled Proof-of-Concept Trial of an Internet-Based, Therapist-Assisted Self-Management Treatment for Posttraumatic Stress Disorder

Brett T. Litz, Ph.D.
Charles C. Engel, M.D., M.P.H.
Richard Bryant, Ph.D.
Anthony Papa, Ph.D.

Objective: The authors report an 8-week, randomized, controlled proof-of-concept trial of a new therapist-assisted, Internet-based, self-management cognitive behavior therapy versus Internet-based supportive counseling for posttraumatic stress disorder (PTSD).

Methods: Service members with PTSD from the attack on the Pentagon on September 11th or the Iraq War were randomly assigned to self-management cognitive behavior therapy (N=24) or supportive counseling (N=23).

Results: The dropout rate was similar to regular cognitive behavior therapy (30%) and unrelated to treatment arm. In the intent-to-treat group, self-management cognitive behavior therapy led to sharper declines in daily log-on ratings of PTSD symptoms and global depression. In the completer group, self-management cognitive behavior therapy led to greater reductions in PTSD, depression, and anxiety scores at 6 months. One third of those who completed self-management cognitive behavior therapy achieved high-end state functioning at 6 months.

Conclusions: Self-management cognitive behavior therapy may be a way of delivering effective treatment to large numbers with unmet needs and barriers to care.

[Am J Psychiatry 2007; 164:3–8]
RESPECT-Mil Implementation

Micro- or Clinic-level

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FIRST-STEPS – Web-based Care-Manager Support & Reporting System
RESPECT-Mil Implementation

Micro- or Clinic-level

- Brief PTSD & depression screening (all visits)
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**FIRST-STEPS** – Improves Efficiency, Accountability & Effectiveness of Staffing

![Image of Acuity software interface]

### Acuity / Case Management System

<table>
<thead>
<tr>
<th>Unit</th>
<th>Name</th>
<th>Suicide Staffing</th>
<th>Facilitator Concern</th>
<th>Deployers</th>
<th>Tx Non-Response</th>
<th>Last Staffing Date</th>
<th>Last Contact</th>
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</thead>
<tbody>
<tr>
<td>Fort Hood</td>
<td>April, Tom</td>
<td>Unknown</td>
<td>Moderate</td>
<td>30-60 Days</td>
<td>No</td>
<td>25 Apr 08</td>
<td></td>
</tr>
<tr>
<td>Germany 1</td>
<td>Braxton, Bruce</td>
<td>Emergency</td>
<td>High</td>
<td>30-60 Days</td>
<td>No</td>
<td>12 Aug 08</td>
<td></td>
</tr>
<tr>
<td>Beta Fort Stewart</td>
<td>Frankie, Bill</td>
<td>A Duty Day</td>
<td>High</td>
<td>60-90 Days</td>
<td>No</td>
<td>2 Oct 08</td>
<td>2 Oct 08</td>
</tr>
<tr>
<td>Beta Fort Bliss</td>
<td>Harry, Dirty</td>
<td>A Duty Day</td>
<td>High</td>
<td>Not Deploying</td>
<td>No</td>
<td>20 Oct 08</td>
<td></td>
</tr>
<tr>
<td>Fort Drum</td>
<td>New, Tom</td>
<td>A Duty Day</td>
<td>Unknown</td>
<td></td>
<td>No</td>
<td>24 Apr 07</td>
<td></td>
</tr>
<tr>
<td>Fort Carson</td>
<td>Turner, Bill</td>
<td>A Duty Day</td>
<td>Unknown</td>
<td></td>
<td>No</td>
<td>20 Apr 07</td>
<td></td>
</tr>
<tr>
<td>Vicenza</td>
<td>Violet, Eric</td>
<td>A Duty Day</td>
<td>Unknown</td>
<td></td>
<td>No</td>
<td>19 Apr 07</td>
<td></td>
</tr>
<tr>
<td>Fort Lewis</td>
<td>Wilking, Sarah</td>
<td>A Duty Day</td>
<td>Unknown</td>
<td></td>
<td>No</td>
<td>19 Apr 07</td>
<td></td>
</tr>
</tbody>
</table>
RESPECT-Mil Implementation
Macro- or Program-level

RESPECT-Mil Implementation Team (R-MIT):

★ Monitors program implementation, fidelity, outcomes
★ Trains & consults with R-SiTs
★ Develops & disseminates education modules and tools
★ Pilots & evaluates new components
★ Performs site visits & site calls
RESPECT-Mil Implementation
Meso- or Site-level

RESPECT-Mil Site Team (R-SIT)

- **Primary Care Champion**
  - Monitors local program & process

- **Behavioral Health Champion**
  - Monitors facilitator caseloads

- **Facilitator**
  - RN, 1 per 6K in eligible population

- **Administrative assistant**
  - 1 per 10K in eligible population
Web-Based PTSD & Depression Training for Primary Care Providers*

* Includes suicide assessment training
3 Component Model
systems-based care

PREPARED PRACTICE

CARE MANAGER

BH SPECIALIST

PATIENT

an extra resource that links patient, provider & specialist

Oxman et al, Psychosomatics, 2002;43:441-450
RESPECT-Mil

Implementation Results

★ 61 of 95 primary care clinics at 34 sites are implementing, with the remainder expected on line by July 2011.

★ 86% of visits at implementing clinics screened in last 12 months (75% since January 2007; 2-5% at non-RESPECT-Mil clinics)

★ 13% of all screened visits are positive (PTS or depression)

★ 48% of positive screens result in a primary care diagnosis of ‘depression’ or ‘possible PTSD’

★ 26% of positive screens receive other BH diagnoses (e.g., adjustment disorder)

* Data through November 2010
RESPECT-Mil Screening Visits

*Steadily Rising Rate of Routine Screening*

Data through November 2010
Referrals for Enhanced BH Services

*Referrals for Facilitation Nearly as High as to Specialist*

*Data through November 2010*
Care Facilitation & PTSD Severity (PCL-C)

*Number of facilitator visits associated with improvement*

Scores significantly decrease over time, model chi-square = 1403.81, p < 0.01

* Data from RESPECT-Mil enrolled cases from 01 Feb 2007 to 31 Aug 2009 (N = 2,548)
Care Facilitation & Depression Severity (PHQ-9)
*Number of facilitator visits associated with improvement*

Scores significantly decrease over time, model chi-square = 1588.10, p < 0.01

* Data from RESPECT-Mil enrolled cases from 01 Feb 2007 to 31 Aug 2009 (N = 2,548)
Visits associated with any suicidal ideation

- **1%** of screened visits (**8.6%** of screen positive visits)
- **25%** of visits involving suicidal ideation are rated by provider as intermediate or high risk ("non-low risk")
- **8,771** visits involved suicidal ideation
- Frequent "save" anecdotes

*Data through November 2010*
Visits associated with any suicidal ideation

- Appropriate risk assessment - **99.4%** of screened positive visits
- Appropriate risk assessment - **99.9%** of screened visits

* Data through May 2010
66% assistance rate
accept/[accept + decline]

4% of all visits
involve recognition & assistance for previously unrecognized mental health needs

* Data through November 2010
**Remission is defined as the count of individuals who have an open episode in FIRST STEPS, have been in the system 8 weeks or more, and have a PCL score of 27 or less.**
**Remission is defined as the count of individuals who have an open episode in FIRST STEPS, have been in the system 8 weeks or more, and have a PCL score of 27 or less.**
Real-time Aggregate Data Reports
PTSD Remission Trends by Region
Quarterly Progress Report: Fort Alpha

Example of a High Performance Site

February 28, 2011
Point of Contact: Austin Curry, PhD

Objective: This performance report provides summary findings of your RESPECT-Mil program from October 1, 2010 – December 31, 2010. These findings are designed both to inform and guide you and your staff regarding:

- The force health status at Ft. Alpha;
- Ft. Alpha’s success in meeting RESPECT-Mil’s objectives;
- RESPECT-Mil’s financial performance; and
- Potential strategies to improve or sustain Ft. Alpha’s performance.

Performance Ranking System: Green arrows (↑) signify high performance, yellow arrows (☆) average performance, and red arrows (↓) low performance. Rankings are provided to help you identify strengths and weaknesses relative to other RESPECT-Mil sites.

Summary: In general, Ft. Alpha shows average rates for Service Members meeting criteria for a positive screening result (PTSD/Depression/both) and average rates for a presumptive primary care diagnosis of PTSD or depression. Approximately 45% of those Service Members with positive screens are already engaged in enhanced behavioral health care (EBHC). A greater number than expected of Service Members at Ft. Alpha report suicidal ideation (3.5%).

Procedurally, Ft. Alpha is performing well relative to other implementation sites in the RESPECT-Mil system. During this reporting period, RESPECT-Mil clinics at Ft. Alpha conducted 16,373 primary care visits, down 3% from last quarter. Performance against standards for implementing initial screening protocols is high (96%). However, rates for follow-up contacts should be improved. Roughly 26% of Service Members are declining referrals, indicating a need for improvement in this area. All Service Members with a positive PHQ5/PHQ19 should have a further risk assessment conducted by a clinician. At Ft. Alpha, 100% of screens with a positive PHQ5/PHQ19 received further assessment reflecting positive performance against this indicator.

During this reporting period, Ft. Alpha was implementing RESPECT-Mil at 2 clinics with 493 open cases in the RESPECT-Mil program. Staffing appears to be sufficient to handle this case load with 7 care facilitators (CFs) managing approximately 71 cases each.

Table 1: Force Health Status at Ft. Alpha...

Table 2: R-Mil: Procedural Performance (Screening & Follow-Up) at Ft. Alpha...

Table 3: R-Mil: Procedural Performance (Referral & Risk Assessment) at Ft. Alpha...

Table 4: Human Resources Data for Ft. Alpha...

Comments on Data: Given the high proportion of open cases with no contact from CFs, the reported caseload is likely to overestimate actual workload. Analysis of data from Ft. Alpha reveals very little between-clinic variation. Consequently, findings from overall site performance presented in this report can safely be interpreted at the clinic level. The only exception to this is in regards to suicidal ideation (SI). One clinic at Ft. Alpha did not report any positive screens for SI.

Impressions:
1. Generally excellent overall performance continues.
2. In the past 2 consecutive quarters Ft Alpha’s only consistently poor performance has been in the area of Behavioral Health referral acceptance.
3. 25% of open cases had no contact during the reporting period. This could be due to completed patient contacts not being entered into FIRST-STEPS or due to open cases not being closed on patients discharged from the program. These issues should be addressed as soon as possible so that it accurately reflects caseload and contact data.

Recommended Actions: The following bullet points reflect recommendations from the RESPECT-Mil Implementation Team to assist R-Mil staff and stakeholders at Ft. Alpha sustain or improve program performance:
- Fort Alpha successfully implemented previous recommendations to increase efforts in the area of suicide risk evaluation and documentation. Congratulations your providers on achieving the program standard of 100% on this performance indicator and encourage them to continue performing at this level.
- Encourage CFs to review caseloads with BHC to appropriately disposition cases and to ensure that cases that are no longer in active care facilitation are closed in the FIRST-STEPS system.

1 EBHC includes the RESPECT-Mil program or any behavioral health care service outside the scope of primary care practice.
2 Program standard is 100%.

3 Cases open in FIRST-STEPS Care Facilitation Management System during the reporting period.

4 Open cases with at least one contact recorded in FIRST-STEPS during the reporting period.
RESPECT-Mil

Findings to Date

★ Often concerns about getting started
★ Once started, approach is acceptable and feasible for both Soldiers and providers
★ Enrolled soldiers show clinical improvement
★ Identifying & referring Soldiers with previously unrecognized and unmet needs
★ Enhanced safety and risk assessment capabilities
RESPECT-Mil

Challenges & Road Ahead

- Provider training and retraining
- Expansion site training
- Web-based training ongoing
- FIRST-STEPS performance reporting
- Alcohol SBIRT demonstration in preparation
- REHIP: triservice demonstration of a “blended” model
- Intercalation with Patient Centered Medical Home
- STEPS-UP: 5-year, 18-clinic controlled trial – intervention is blended + centralized care management + stepped psychosocial modalities
RESPECT-Mil Central

Implementation Team

**COL Charles Engel, MC**
Director

**Tim McCarthy**
Deputy Director

**Sheila Barry, BA**
Associate Director,
Program Development & Training

**Mark Weis, MD**
Primary Care Health Proponent

**David Dobson, MD**
Behavioral Health Proponent

**Kelly Williams, RN**
Nurse Proponent & Educator

**Lee Baliton**
Program Evaluation/IT Specialist

**James Harris**
Program Manager

**Justin Curry, PhD**
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**Barbara Charles**
Administrative Assistant

**Phyllis Hardy**
Administrative Assistant

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**Thomas Oxman, MD**
Emeritus Professor of Psychiatry, Dartmouth Medical School

**John Williams, MD, MSPH**
Professor of Medicine, Duke University & Durham VA

**Kurt Kroenke, MD**
Professor of Medicine, Indiana University & Regenstrief Institute
Can We Prevent a Second ‘Gulf War Syndrome’? Implementation-Based Healthcare for Chronic Idiopathic Pain and Fatigue after War

Charles C. Engel, Ambreen Jaffer, Joyce Adkins, James R. Riddle, Roger Gibson.

Population-based health care: A model for restoring community health and productivity following terrorist attack


Terrorism and Disaster

Robert J. Ursano, Carol S. Fullerton, Ann E. Norwood

Population and Need-Based Prevention of Unexplained Physical Symptoms in the Community

Charles C. Engel, and Wayne J. Katon.

Questions?

Philosophical Transactions of the Royal Society B

Managing future Gulf War Syndromes: international lessons on new models of care


Advances in Psychosomatic Medicine

Population and Need-Based Prevention of Unexplained Physical Symptoms in the Community

Charles C. Engel, and Wayne J. Katon.
RESPECT-Mil

Patient Flow & Clinic Process

**screen**
- all visits
  - positive
    - **diagnostic aid**
      - 13.4% of visits
        - negative
          - **episode complete**
            - 7.6% of visits
            - Negative PHQ & PCL 72%
            - No PCC Diagnosis 28%
        - positive
          - **episode complete**
            - 86.6% of visits
          - no diagnosis
            - **enhanced BH care declined**
              - 1.4% of visits
  - negative
    - **BH care enhanced**
      - 7.6% of visits
        - “Possible PTSD” and/or “Depression”
          - Already in BH/RESPECT-Mil 63%
          - New referral to BH care 16%
          - New referral to RESPECT-Mil 15%
          - New referral out to BH care 7%
          - New referral to RESPECT-Mil 15%
## RESPECT-Mil

**Time & Workload**

<table>
<thead>
<tr>
<th>Component</th>
<th>% Visits</th>
<th>Estimated Time / Visit</th>
</tr>
</thead>
<tbody>
<tr>
<td>All clinic patients</td>
<td>100.0%</td>
<td>2 minutes medic time</td>
</tr>
<tr>
<td>Screen positive</td>
<td>13.4%</td>
<td>3 minutes medic time</td>
</tr>
<tr>
<td>Diagnosis</td>
<td>10.2%</td>
<td>10 minutes clinician time</td>
</tr>
<tr>
<td>Suicidality</td>
<td>0.7%</td>
<td>25 minutes clinician time</td>
</tr>
</tbody>
</table>

**Total Estimated Time Per Visit**

- **Medic** = \(2 + (0.134 \times 3)\) = 2.4 min
- **Provider** = \((0.102 \times 10) + (0.007 \times 25)\) = 1.2 min
RESPECT-Mil
Creating Efficiencies

~ 90% of visits require NO added provider time
~ 84% of added clinician time is for the 0.7% of visits at highest risk

- **Screen+, dx+, suicide+**
  - ~5 min medic
  - ~25 min provider time

- **Screen+, dx+, suicide-**
  - ~5 min medic
  - ~10 min provider time

- **Screen+, dx-**
  - ~5 min medic time
  - NO provider time

- **Screen -**
  - ~2 min medic time
  - NO provider time

~0.7%
~9.5%
~3.2%
~86.6%
RESPECT-Mil Facilitator Use

*Only 20.6% have four or more facilitator contacts*

* Data from RESPECT-Mil enrolled cases from 01 Feb 2007 to 31 Aug 2009 (N = 2,548)
Quarterly Progress Report: Fort Bravo
Example of an Average Performance Site

February 28, 2011

Point of Contact: Austin Curry, PhD

Austin.curry@gendall.army.mil

Objective: This performance report provides summary findings of your RESPECT-MII program from October 1, 2010 to December 31, 2010. These findings are designed both to inform and guide you and your staff regarding:

- The force health status at Ft. Bravo;
- Ft. Bravo’s success in meeting RESPECT-MII’s objectives;
- Ft. Bravo’s RESPECT-MII workforce; and
- Potential strategies to improve or sustain Ft. Bravo’s performance.

Performance Ranking System: Green arrows (↑) signify high performance, yellow arrows (→) average performance, and red arrows (↓) low performance. Rankings are provided to help you identify strengths and weaknesses relative to other RESPECT-MII sites.

Summary: In general, Ft. Bravo showed average rates for Service Members meeting criteria for a positive screening result (PTSD/Depression/Both) and average rates for a presumptive primary care diagnosis of PTSD or depression. Approximately 35% of these Service Members with positive screens are engaged in enhanced behavioral health care (EBHC). Few Service Members at Ft. Bravo report suicidal ideation (0.3%).

Procedurally, Ft. Bravo is performing on par with other implementation sites in the RESPECT-MII system. During this reporting period, RESPECT-MII clinics at Ft. Bravo conducted 7,096 primary care visits (up 21.5% from last quarter). Performance against standards for implementing initial training protocols is average (89%). However, rates for follow-up contacts should be improved. Roughly 34% of Service Members are declining referrals, indicating a need for improvement in this area. All Service Members with a positive PHQ-2/PCL-35 should have a further risk assessment conducted by a clinician. At Ft. Bravo, the reporting of suicide risk assessment data to the DHCC R-MII Implementation Team was not carried out to standard. Consequently, it is not possible to report performance against this key program standard for Ft. Bravo at this time.

During this reporting period, Ft. Bravo was implementing RESPECT-MII at 3 clinics with 497 open cases in the RESPECT-MII program. Staffing appears to be insufficient to handle this case load with 4 care facilitators (RFCs) managing approximately 124 cases each.

Table 1: Force Health Status at Ft. Bravo...

<table>
<thead>
<tr>
<th>Performance Parameter</th>
<th>Q4 FY2010</th>
<th>Q1 FY2011</th>
<th>Change (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Percentage screened positive for PTSD or Depression</td>
<td>1140 (23.38%)</td>
<td>1136 (23.62%)</td>
<td>-0.1%</td>
</tr>
<tr>
<td>Positive percentage of primary care cases screened for PTSD or Depression</td>
<td>567 (9.7%)</td>
<td>524 (7.3%)</td>
<td>-2.2%</td>
</tr>
<tr>
<td>Positive percentage of service members screened for PTSD or Depression</td>
<td>24 (0.43%)</td>
<td>33 (0.76%)</td>
<td>-0.04%</td>
</tr>
<tr>
<td>Positive percentage of service members screened for an enhanced behavioral health care</td>
<td>108 (1.89%)</td>
<td>64 (1.14%)</td>
<td>+5.2%</td>
</tr>
</tbody>
</table>

Comments on Data: Given the high proportion of open cases with no contact from RFCs, the reported caseload is likely to overestimate actual workload. However, the average caseload at Ft. Bravo is lower than before the implementation of the RESPECT-MII program. The caseload remains relatively consistent across time.

Impressions:

- 10% of open cases had no contact during the reporting period. This could be due to completed patient contacts not being entered into FIRST-STEPS or due to open cases not being closed on patients discharged from the program. These issues should be addressed as soon as possible so that it accurately reflects caseload and contact data.
- Irregular site-call attendance by one or more of the champions has been observed. Champions are reminded that their attendance at site calls is critically important in program implementation and for the success of the project.
- The RESPECT-MII program acknowledges that high average RFC caseload has the potential to affect RFC performance. This should be kept in mind when considering the Recommended Actions below.

Recommended Actions: The following bullet points reflect recommendations from the RESPECT-MII Implementation Team to assist RFC staff and stakeholders at Ft. Bravo sustain or improve program performance:

- Continue to work with RFCs to ensure that all required components of the RESPECT-MII program are being implemented to support patient safety. This issue should be addressed immediately.
- Encourage RFCs to contact discharged patients on a regular basis to ensure that they are being followed up.
- Encourage RFCs to contact discharged patients to ensure that they are being followed up.
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- Encourage RFCs to contact discharged patients to ensure that they are being followed up.

1 EBHC includes the RESPECT-MII program or any behavioral health care service outside the scope of primary care practice.
First Quarter, FY 2011

Quarterly Progress Report: Fort Charlie

Example of a Low Performance Site

February 28, 2011

Point of Contact: Austin Curry, PhD
austin.curry@osd.mil

Objective: This performance report provides summary findings of your RESPECT-Mil program from October 1, 2010, through December 31, 2010. These findings are designed both to inform and guide you and your staff regarding:

- The mental health status at Ft. Charlie;
- Ft. Charlie’s success in meeting RESPECT-Mil’s objectives;
- Ft. Charlie’s RESPECT-Mil workforce; and
- Potential strategies to improve or sustain Ft. Charlie’s performance.

Performance Ranking System: Green arrows (↑) signify high performance, yellow arrows (→) average performance, and red arrows (↓) low performance. Rankings are provided to help you identify strengths and weaknesses relative to other RESPECT-Mil sites.

Summary: In general, Ft. Charlie shows average rates for Service Members meeting criteria for a positive screening result (PTSD/Depression/both) and below average rates for a presumptive primary care diagnosis of PTSD or depression. Approximately 38% of those Service Members with positive screens are already engaged in enhanced behavioral health care (EBHC). A greater number than expected of Service Members at Ft. Charlie report suicidal ideation (4%).

Procedurally, Ft. Charlie is performing on par with other implementation sites in the RESPECT-Mil system. During this reporting period, RESPECT-Mil clinics at Ft. Charlie conducted 456 primary care visits (down 33% from last quarter). Performance against standards for implementing initial screening protocols warrants greater attention and improvement (42%). Moreover, rates for follow-up contacts should be improved. Roughly 23% of Service Members are declining referrals, indicating positive performance against this indicator. All Service Members with a positive PHQ5/PC19 should have a further risk assessment conducted by a clinician. At Ft. Charlie, the reporting of suicide risk assessment data to the BHCC-R-Mi Implementation Team was not carried out to standard. Consequently, it is not possible to report performance against this key program standard for Ft. Charlie at this time.

During this reporting period, Ft. Charlie was implementing RESPECT-Mi at 1 clinic with 25 open cases in the RESPECT-Mi program. Staffing appears to be sufficient to handle this case load with a care facilitator (RCF) managing approximately 25 cases.

Table 1: Force Health Status at Ft. Charlie...

<table>
<thead>
<tr>
<th>Performance Parameter</th>
<th>Q2 FY2010 (%)</th>
<th>Q2 FY2011 (%)</th>
<th>Change (%)</th>
<th>50%</th>
<th>75%</th>
<th>90%</th>
<th>95%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Percentage of Service Members meeting criteria for a positive screening result</td>
<td>23 (23%)</td>
<td>21 (18.9%)</td>
<td>-10.9%</td>
<td>7.9% - 20.6%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Percentage of Service Members meeting criteria for a presumptive primary care diagnosis of PTSD or depression</td>
<td>1.1%</td>
<td>3.1%</td>
<td>+20.2%</td>
<td>1.6% - 10.6%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Percentage of Service Members meeting criteria for suicide risk</td>
<td>0 (0%)</td>
<td>7 (3.6%)</td>
<td>+3.6%</td>
<td>0% - 5.5%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Positive screens already receiving enhanced behavioral health care</td>
<td>4 (17.4%)</td>
<td>8 (18.1%)</td>
<td>+20.7%</td>
<td>18% - 59.8%</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Table 3: R-Mi Procedure: Procedural Performance (Initial & Follow-Up) at Ft. Charlie...

<table>
<thead>
<tr>
<th>Performance Parameter</th>
<th>Q2 FY2010 (%)</th>
<th>Q2 FY2011 (%)</th>
<th>Change (%)</th>
<th>50%</th>
<th>75%</th>
<th>90%</th>
<th>95%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Percentage of primary care visits screened with MECDM 774</td>
<td>16.1%</td>
<td>42.5%</td>
<td>+26.5%</td>
<td>17.9% - 100%</td>
<td>14% of 15</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Percentage of patients referred to RESPECT-Mil contacted within 14 days</td>
<td>66.7%</td>
<td>75%</td>
<td>+8.3%</td>
<td>37% - 100%</td>
<td>19% of 15</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Percentage of open R-Mi cases with at least one RCF contact during the reporting period</td>
<td>58.8%</td>
<td>72%</td>
<td>+13.2%</td>
<td>36.6% - 100%</td>
<td>12% of 15</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Table 4: Human Resource Data for Ft. Charlie...

<table>
<thead>
<tr>
<th>Staff</th>
<th># Authorized</th>
<th># Authorized</th>
<th>Open Cases</th>
<th>Active Cases</th>
<th>Average Caseload</th>
<th>R-Mi Caseload Range</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total</td>
<td>2</td>
<td>2</td>
<td>--</td>
<td>--</td>
<td>25</td>
<td>12 - 188</td>
</tr>
<tr>
<td>Care Facilitators</td>
<td>1</td>
<td>1</td>
<td>--</td>
<td>--</td>
<td>1</td>
<td>--</td>
</tr>
<tr>
<td>Administrative Assistants</td>
<td>1</td>
<td>1</td>
<td>--</td>
<td>--</td>
<td>--</td>
<td>--</td>
</tr>
</tbody>
</table>

Comments on Data: Ft. Charlie reports that no cases were referred to the RESPECT-Mil program during the reporting period. Consequently, the percentage of R-Mi referrals accepted is not reported. Reported performance against time to initial contact standards reflects referrals made in the last days of the previous reporting period.

Impressions:

1) 28% of open cases had no contact during the reporting period. This could be due to completed patient contacts not being entered into FIRST-STEPs or due to open cases not being closed on patients discharged from the program. These issues should be addressed as soon as possible so that it accurately reflects caseload and contact data.

2) Ft. Charlie appears to be resolving some of its original implementation concerns but will require persistent effort to achieve overall performance consistent with program standards.

3) RESPECT-Mil screening rate at Ft. Charlie remains low at 42.5% and has increased by 26.5% since the previous reporting period.

4) Overall, Ft. Charlie exhibits significant improvement over last quarter on several critical indicators of program performance.

Recommended Actions: The following bullet points reflect recommendations from the RESPECT-Mil Implementation Team to assist R-Mil staff and stakeholders at Ft. Charlie sustain or improve program performance:

- Suicide evaluation and reporting is not only an essential component of RESPECT-Mil but is paramount for patient safety. This issue should be addressed immediately.
- While screening performance did improve from last quarter, Ft. Charlie maintains a screening rate well below both program average and program standards. Through investigation of the screening process it is necessary to rectify this significant deficiency.
- Encourage RCFs to review caseloads with BHCC to appropriately disposition cases and to ensure that cases that are no longer in active care are closed in the FIRST-STEPs system.
- RCFs should review processes to identify and overcome barriers to timely contact of new RESPECT-Mil referrals.

1 EBHC includes the RESPECT-Mil program or any behavioral health care service outside the scope of primary care practice.

2 EscPeD is assessed using the first 3 screening tools.
**DoD STEPS-UP**

<table>
<thead>
<tr>
<th>Stepped</th>
<th>A 6-site (18 clinic) RCT comparing 12-months of collaborative PTSD &amp; depression care vs usual primary care.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Treatment</td>
<td><strong>Intensified intervention</strong>…</td>
</tr>
<tr>
<td>Enhanced</td>
<td>• aggressive case management <em>(behavioral activation, motivation enhancement, centralized tracking)</em></td>
</tr>
<tr>
<td>PTSD</td>
<td>• stepped psychosocial care</td>
</tr>
<tr>
<td>Services</td>
<td></td>
</tr>
<tr>
<td>Using</td>
<td></td>
</tr>
<tr>
<td>Primary Care</td>
<td></td>
</tr>
</tbody>
</table>

Supported by a DoD grant (DR080409) from the Congressionally-Directed Medical Research Program (CDMRP)
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