

## APIRE STUDY RESULTS VITAL TO MENTAL HEALTH PARITY LEGISLATION

After decades of effort by the American Psychiatric Association, consumers, mental health advocacy groups, health care providers, employers and insurance providers, on October 3, 2008 the landmark *Paul Wellstone and Pete Dominici Mental Health Parity and Addiction Equity Act of 2008* was signed into law. Effective January 1, 2010, this federal law for the first time requires equal coverage for both mental and physical health benefits in group health plans covering 50 or more people, and offering a mental health or substance abuse benefit. Building on the *Mental Health Parity Act of 1996*, which mandated parity for annual and lifetime limits, this new legislation includes parity for deductibles, co-payments, out-of-pocket expenses, coinsurance, covered hospital days and covered out-patient visits, at both in-network and out-of-network levels. This legislation is expected to affect the coverage of approximately 113 million people, including the 82 million people currently insured through self-funded plans regulated by the Employee Retirement Income Security Act (ERISA), which are not affected by state parity laws.

As part of the APA research effort, APIRE, with support from the American Psychiatric Foundation (APF) used the Federal Employee Health Benefit Program (FEHBP) Parity as a microcosm of a potential national system. APIRE conducted a study in 2001 to evaluate the then-current state of psychiatrist FEHB network participation, clinician availability, fee structure, administrative burden and patient diagnoses associated with in-network versus out-of-network services. In 2005, with APF support, APIRE again conducted a study focusing on these same issues, this time as part of a multidisciplinary team in collaboration with the American Psychological Association and the National Association of Social Workers. APIRE published the findings in December of 2007, at a crucial moment in the legislative debate about parity. The study showed that less than 30% of psychiatrists and social workers and less than 40% of psychologists participated in any FEHB network. These data, combined with the federal evaluation of parity and substantiating workforce data from the *APIRE 2002 National Survey of Psychiatric Practice* (NSPP), demonstrated that because of inadequate in-network resources, parity legislation not requiring any coverage for out-of-network mental health benefits may have the unintended consequence of decreasing access to mental health treatment. These findings directly influenced a Congressional compromise which led to Senate agreement to and improvement on the House out-of-network benefit eventually encompassed by the new legislation.

*“For people affected by mental disorders, this parity legislation is seen much like civil rights legislation—an essential first step in removing legal discrimination against the last large “class” of medically ill patients. The fear, misunderstanding, and stigma associated with mental disorders have begun to yield to research findings and effective treatments—much as public perceptions of cancer have changed over the past 30 years. Obtaining equal rights to treatment for mental disorders, including substance use disorders, will increase access to care and respectful attention during the upcoming healthcare reform process.” Darrel Regier, M.D., M.P.H., APIRE Executive Director*

### MENTAL HEALTH TREATMENT FOR SOLDIERS AND VETERANS

The number of veterans with a diagnosable mental disorder, and PTSD in particular, is expected to increase as a result of the continuing Afghanistan and Iraq wars. There is an urgent need for the military health care system to improve the efficiency and document the outcomes of its approach to providing state-of-the-art treatments for veterans suffering from psychiatric disorders. APIRE received two new government research awards to study and improve mental health treatment for soldiers and veterans. In total, \$444,000 in funding was awarded to APIRE to conduct these studies, which are described in detail on page 3.

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## PRN MEMBER HIGHLIGHT:

### MARIA LLORENTE, M.D.



*Committee on  
Ethnic Minority Elderly  
Chairperson 2006-2009*

Dr. Llorente is a geriatric psychiatrist with a specific clinical interest in models of mental healthcare delivery for older adults. She has been an active PRN member since 1995.

Dr. Llorente's primary research interests include developing models of care to address co-morbid medical and physical disorders, expanding the existing limited databases on treatment of anxiety disorders in older adults and the effects of nutrient therapies in cognitive disorders.

As an indication of her dedication to improving access to mental health services for the elderly, Dr. Llorente has participated in several clinical investigations, including the Primary Care Research in Substance Abuse and Mental Health for the Elderly study (PRISM-E); Unified Psychogeriatric Biopsychosocial Evaluation and Treatment (UPBEAT) Program; and APIRE's *National Depression Management Leadership Initiative (NDMLI)*.

Two teams, headed by Dr. Susana Prieto and Dr. Victoria Urrutia from the Miami VA Medical Center, participated in the NDMLI. In her position as the Chief of Psychiatry and site PI, Dr. Llorente's support of the two VA teams was instrumental in the implementation of the NDMLI and the subsequent adoption of the PHQ-9 for monitoring depression severity in the Miami VA system. See page 7 for information on APIRE's next steps following the NDMLI.

At this year's Annual Meeting, Dr. Llorente and Dr. Khusbro Urwalla will co-chair the Committee on Ethnic Minority Elderly workshop: *Recognition and Treatment of Dementia in a Changing America* (see inset for details).

*Committee Workshop:  
Recognition and Treatment  
of Dementia in a Changing  
America*

Tuesday, May 19th  
9:00am — 10:30am,  
Room 113, Exhibit Level North,  
Moscone Center

# FOCUS

*Performance in Practice:  
Clinical Tools to Improve the Care of Patients  
with Posttraumatic Stress Disorder*

Building on recommendations from the APA and the US Departments of Veterans Affairs and Defense Practice Guidelines, the PRN and the APA's Department of Quality Improvement and Psychiatric Services have worked together to develop the **Performance in Practice: Clinical Tools to Improve the Care of Patients with Posttraumatic Stress Disorder** (Duffy et al, 2009). These tools can be used to facilitate psychiatrist self-assessment related to the treatment of PTSD and serve as a foundation for performance improvement initiatives to enhance outcomes for patients with PTSD. The tools include both a traditional chart review approach to assessing care and a real-time evaluation of practice. FOCUS Performance-in-Practice tools are available online at: <http://focus.psychiatryonline.org/>

**Visit the APIRE or Education booths at this year's  
Annual Meeting for your free copy!**

## AMERICAN PSYCHIATRIC FOUNDATION BARRIERS TO CARE GRANT 2003-2008

In 2003 the American Psychiatric Foundation (APF) awarded the APIRE PRN a 5-year, \$700,000 grant in support of a major research initiative to assess clinical effectiveness of psychiatric treatments and examine barriers to quality mental health care and strategies to overcome those barriers. With APF's generous support, APIRE has successfully completed numerous studies over the past five years to examine barriers, outcomes, and quality of psychiatric treatment. Data from studies such as the FEHBP Parity study, have been actively used by the APA and other advocacy groups to help improve access and quality of care for psychiatric patients. These findings have been especially valuable to the field in shaping federal and state policies in these areas. The APF Barriers to Care grant funding has also been invaluable to APIRE in providing the resources needed to support APIRE staff so a number of successful grant and contract proposals could be developed, leveraging APF resources to raise millions of dollars from external funders for APIRE to conduct and disseminate larger scale studies focusing on improving treatment access and quality of psychiatric care. Key accomplishments include:

*Successful completion of the National Study of Medicare Part D Psychopharmacologic Treatment Access and Continuity Among Dual Eligible Psychiatric Patients and the Ten State Medicaid Psychopharmacologic Treatment Access and Continuity Study.* With support from the APF to develop an initial study proposal, APIRE received \$1.175 million in external funding to conduct these studies. These data are actively being used to advocate for psychiatric patients and influence Medicare Part D and Medicaid policies.

*(Continued on page 7)*

# MENTAL HEALTH TREATMENT FOR SOLDIERS AND VETERANS

The reality of serving during combat has become painfully clear, as sobering statistics underscore the importance of timely detection and treatment of mental health conditions in military personnel and veterans. According to data compiled by the Defense Manpower Data Center and the Military Medical Data Repository, among active duty military personnel serving in Afghanistan and Iraq, the number of individuals diagnosed with PTSD in 2007 increased by nearly 50% from 2006. A recent study from the U.S. Army found that the 2008 suicide rate among soldiers was the highest it has been in almost 30 years, exceeding that in the general U.S. population. Given these circumstances, APIRE's Practice Research Network (PRN) is particularly pleased to be collaborating with the Department of Defense (DoD) and the Walter Reed Army Institute of Research (WRAIR) on the following initiatives.

## WRAIR ROUTINE ARMY BEHAVIORAL HEALTH TREATMENT STUDY

The WRAIR Routine Army Behavioral Health Treatment Study—the first of its kind to gather in-depth data about mental health assessment and treatment practices in military treatment facilities—will obtain information on service members with posttraumatic stress disorder (PTSD), major depression, substance use disorders, panic disorder, and traumatic brain injury who receive treatment through the Army's military treatment facilities and clinics.

### Primary Study Aims:

- ✓ Characterize routine practice in Army behavioral health treatment settings including patient, clinician, setting, and clinical characteristics
- ✓ Assess the degree to which clinical practice in Army behavioral health settings conforms to treatment guideline recommendations, with a focus on PTSD treatment and other conditions associated with attrition from military service, including mild traumatic brain injury, and relationship problems
- ✓ Determine diagnostic practices to identify the accuracy of mental health diagnostic codes in the military
- ✓ Test methodology and practice-level data for tracking of practice patterns in Army behavioral health treatment settings

Aimed at specialty mental health clinicians practicing in the Army's military treatment facilities, a web-based survey will collect clinically detailed data on a systematically selected sample of patients. This information will be compiled into a database for the Army to help track practice patterns over time, with the broad aims of improving service delivery and informing future health services research. This study will also lay the groundwork for performing periodic research into practice patterns by testing web-based methodology to collect basic practice-level data in Army behavioral health treatment settings.

Currently, the PRN is working with collaborators from the Walter Reed Army Institute of Research to finalize the study data collection instrument and begin pre-testing. The study will be fielded in late spring of 2009.

## A COMPREHENSIVE APPROACH TO DISSEMINATE EVIDENCE-BASED CARE FOR PTSD AND DEPRESSION

In September of 2008 APIRE received funding from the DoD to identify and disseminate key evidence-based recommendations to support clinical decision-making in the assessment, diagnosis, and treatment of PTSD. Although traditional CME approaches have not been particularly effective in changing clinicians' practices, there have been reports of successful use of practice collaboratives to enhance the ability of clinicians to plan, test, and implement practice-based improvements. Consequently, APIRE plans to build on the practice collaborative methodology it successfully implemented through the *National Depression Management Leadership Initiative* (Duffy, et al, *Psychiatric Services*, 2008) to promote evidence-based best practices in the treatment of PTSD in the military.

### Primary Study Aims:

- ✓ Identify and disseminate evidence-based recommendations for the assessment and treatment of PTSD and depression
- ✓ Determine the usefulness and feasibility of the PCL-C and PHQ-9 as a routine part of clinical care for PTSD and depression, respectively
- ✓ Pilot-test practice improvement strategies to facilitate management of these conditions in military behavioral health settings

Designed as a year-long longitudinal study, this project will pilot test practice improvement approaches to facilitate management of PTSD in military behavioral health settings. The project will also target evidence-based care for depression, due to high rates of comorbidity with PTSD. It is anticipated that this pilot study will provide the Army with a workable model for implementation and dissemination of evidence-based care for PTSD and other psychiatric disorders, and integration of measurement-based care as a routine component of psychiatric care.

To date, key evidence-based guideline recommendations have been identified and included as a part of practice self-assessment (see FOCUS page 2). Moreover, the PTSD Checklist (PCL) and nine-item Patient Health Questionnaire (PHQ-9) have been selected as screening, diagnosis and monitoring tools for PTSD and depression. Currently, DoD collaborators are working with the APIRE research team to identify implementation sites for the project.

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## PRN 2009 Annual Meeting Events

*This year's Annual Meeting takes place in San Francisco, CA, from May 16th—21st. The PRN is excited to host the following events of interest to both clinicians and researchers. We hope that you will join us!*

### **Debate: Whether Psychiatry Should Embrace Measurement-Based Care**

*Tuesday, May 19<sup>th</sup> from 9:00-10:30 p.m.  
Room 307, Esplanade Level, Moscone Center*

Effectiveness studies of treatment of depression and anxiety disorders have demonstrated improved outcomes with implementation of measurement-based care (MBC) compared to treatment as usual. However, widespread implementation seems to be stymied because of concerns that MBC could decrease psychiatrist's autonomy, would require additional resources that would push many healthcare systems to the breaking point, and fear that collection of patient level outcomes could be arbitrarily used to evaluate psychiatrists' performance. In this debate two teams of experts will argue the pros and cons of embracing MBC and implementing it into routine psychiatric care.

*Moderator: Michelle Riba, M.D., M.S.*

*Affirmative: David Katzelnick, M.D. and Madhukar Trivedi, M.D.*

*Negative: Harold Eist, M.D. and Robert Michels M.D.*

### **Medication Access/Continuity Problems and Suicidal Ideation and Behavior Among Dual Eligible Psychiatric Patients Under Medicare Part D**

*Wednesday, May 20th from 12:00-2:00 p.m.*

*New Research Poster Session 6, Poster Number: NR6-072; Hall D, Exhibit Level, Moscone Center*

PRN Director Eve Mościcki, Sc.D., M.P.H., will present findings from the APIRE *National Study of Medicare Part D Psychopharmacologic Treatment Access and Continuity Among Dual Eligible Psychiatric Patients*. This study examined the relationship between medication access problems and suicidal ideation and behavior among psychiatric patients with Medicare and Medicaid insurance, during the first year of the Part D benefit. See page 2 for updates on the Medicare Part D study.



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## SIGN-UP FOR DSM-V FIELD TRIALS

The fifth edition of the *Diagnostic and Statistical Manual of Mental Disorders* is only three years away from completion. As the 2012 deadline draws nearer, the research and clinical experts working on DSM-V will be finalizing their criteria and testing potential revisions and assessment tools in field trials. These field trials will take place primarily during late summer 2009 and 2010. An options book that lists major diagnostic issues and alternative ways of dealing with them will be available this summer. The options book provides the basis for field testing.

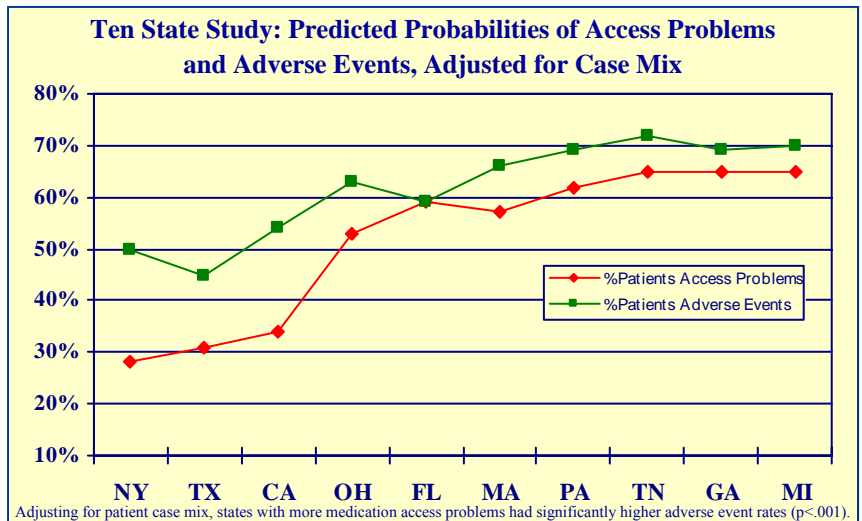
To participate in trials of new psychiatric assessment tools and diagnostic criteria as part of the ongoing DSM-V revision process, please stop by the APIRE booth at this year's annual meeting. You can also sign up by e-mailing your name, address, and phone number to: [aparesearch@psych.org](mailto:aparesearch@psych.org). Please address the subject line as "DSM-V Field Trials"

# TEN STATE MEDICAID PRESCRIPTION DRUG POLICIES AND PSYCHOPHARMACOLOGIC TREATMENT ACCESS AND CONTINUITY STUDY

Medicaid provides the largest source of funding for mental illness treatment in the US, with \$26.4 billion in expenditures in 2003 (1,2). Medicaid is also a major purchaser of prescription drugs (3,4), with antipsychotics, anticonvulsants, and antidepressants accounting for three of the top five therapeutic classes for total Medicaid pharmacy payments (4). Consequently, Medicaid programs increasingly utilize prescription drug prior authorization and other utilization management strategies to contain costs (5). As many states are projected to face significant budget deficits, they will likely seek ways to contain prescription drug costs.

Data from the APIRE 2006 *Ten State Medicaid Psychopharmacologic Treatment Access and Continuity* study showed a strong, consistent pattern in which all the clinician-reported prescription drug utilization management policies and all the medication access problems studied were associated with significant adverse events, including increased emergency room visits, psychiatric hospitalization, suicidal or violent ideation or behavior, homelessness, or being incarcerated or detained in jail or prison. Adjusting for case mix, patients with reported medication access problems were 3.6 times more likely than patients without access problems to experience an adverse event.

Overall, 48.3% of patients were reported to have experienced at least one medication access problem. The most common types of medication access problems included: patients' inability to access clinically indicated medication refills or new prescriptions because they were not covered or approved (34.0% of patients overall); clinically indicated preferred medications clinicians were not prescribed because of prescription drug coverage/approval issues or patient copays (29.4%); discontinuing or temporarily stopping medications as a result of prescription drug coverage or administrative or management issues (25.8%); prescribing a medication not clinically preferred because another clinically indicated and preferred medication was not covered or approved (25.0%); and problems accessing medications because of copayments (13.7%). All five medication access problems studied were strongly associated with increased odds of reported adverse events. Overall, 72.2% of patients with medication access problems were reported to have experienced an adverse event compared to 49.4% for patients with no access problems reported.



Although rates of access problems in this study were generally lower than our previous study of dual eligible psychiatric patients under Medicare Part D (6), the patterns of associations were highly similar. The transition of dual eligibles to Medicare Part D caused significant problems for states, which may have contributed to access problems observed in this study. These patterns of associations suggest state prescription drug policies may have a major impact on outcomes for mentally ill beneficiaries, and highlight the need for more effective prescription drug management strategies and policies to promote medication continuity and more cost-effective treatment.

These findings were recently published in *Psychiatric Services*: West JC, Wilk J, Rae DS, et al: Medicaid Prescription Drug Policies and Psychopharmacologic Treatment Access and Continuity: Findings from Ten States. *Psychiatric Services* 60(5):601-610. <http://psychservices.psychiatryonline.org/>

1. Mark TL, Coffey RM, McKusick DR, et al: National estimates of expenditures for mental health services and substance abuse treatment, 1991–2001. SAMHSA Publication No. SMA 05-3999. Rockville, MD, Substance Abuse and Mental Health Services Administration, 2005
2. Mark TL, Levit K, Buck J, et al: Mental health treatment expenditure trends, 1986–2003. *Psychiatric Services* 58:1041-1048, 2007
3. Medicaid: a primer. The Kaiser Commission on Medicaid and the Uninsured, 2007. Available at <http://www.kff.org/medicaid/upload/Medicaid-A-Primer-pdf.pdf>
4. Catlin A, Cowan C, Heffler S, et al: National health spending in 2005: the slowdown continues. *Health Affairs (Millwood)* 26:142-53, 2007
5. Crowley J, Ashner D, Elam L: State Medicaid outpatient prescription drug policies: findings from a national survey. Kaiser Commission on Medicaid and the Uninsured, 2005. Available at <http://www.kff.org/medicaid/7381.cfm>
6. West JC, Wilk JE, Muszynski JL, et al: Medication access and continuity: the experiences of dual-eligible psychiatric patients during the first 4 months of the Medicare prescription drug benefit. *American Journal of Psychiatry* 164:789-96, 2007

Funded by grants from the American Psychiatric Foundation (APF), the National Institute for Mental Health (NIMH), and the Agency for Healthcare Research and Quality (AHRQ) (U18HS016097) under a subcontract with Rutgers University's Center for Education and Research on Mental Health Therapeutics. Although a consortium of industry supporters, including Astra Zeneca, Bristol Myers Squibb, Eli Lilly, Forest, Janssen, Pfizer and Wyeth, provided financial support to the APF for this research, APIRE had complete discretion and control over the design and conduct of this study and analyses of the resulting database.

## PRN FUTURE DIRECTIONS

PRN's major programs for 2009-2010 include continued studies of the consequences of Medicare and Medicaid prescription drug policies, two follow-up studies to the National Depression Management Leadership Initiative, and two collaborative studies with the Department of Defense. APIRE is seeking funding to support new data collection activities to assess gaps in treatment access and evidence-based best practices, the utility of quality indicators, and a context for practice assessment needs for Board re-certification and performance measurement.

■ **National Study of Psychiatric Patients and Treatments (SPPT).** The SPPT is a clinically detailed national database on the characteristics and treatments of psychiatric patients in public and private treatment settings. Last completed by the PRN in 1999, the SPPT has served as an invaluable resource for assessment and documentation of a range of important clinical, policy, and workforce-related issues in psychiatry. The passage of the landmark parity legislation has created an unprecedented opportunity to establish a baseline of information on psychiatric practice, patients, and treatment. The next SPPT will capture national, policy-relevant data related to parity and several other key topics, including the use of electronic health records, child and adolescent psychiatry and geriatric psychiatry.

■ **Psychiatry Workforce Development Studies.** Key workforce-related topics which APIRE proposes to address include: 1) the critical shortage of psychiatrists, particularly in public health and rural treatment settings and in specialties like child and adolescent psychiatry and geriatric psychiatry; 2) adverse consequences associated with constrained public financing of mental health treatment; 3) workforce challenges faced in treating the nation's returning soldiers and veterans with high rates of mental illnesses and considerable unmet need for treatment; and 4) key factors and issues which need to be addressed to help attract medical students and residents to the field of psychiatry.

### RECENT PRN PUBLICATIONS

- Huskamp H, West JC, Rae DS, Stipek MR, Regier DA and Frank RG: **Part D and Dual Eligibles with Mental Illness: Problems Accessing Medications and Use of Intensive Mental Health Services.** Accepted for publication in *Psychiatric Services*.
- Duffy FF, Craig T, Mościcki EK, West JC, Fochtmann LJ: **Performance in Practice: Sample Tools for the Care of Posttraumatic Stress Disorder.** *FOCUS*; 2009; 7(2):186-203.
- West JC, Wilk JE, Rae DS, Muszynski IL, Stipek MR, Alter CL, Sanders KE, Crystal S, and Regier DA: **Medicaid Prescription Drug Policies and Psychopharmacologic Treatment Access and Continuity: Findings from Ten States.** *Psychiatric Services*; 2009; 60(5):601-610.
- Duffy FF, Chung H, Trivedi M, Rae DS, Regier DA, Katzelnick DJ: **Systemic Use of Patient-Rated Depression Severity Monitoring: Is it helpful and Feasible in Clinical Psychiatry?** *Psychiatric Services*; 2008; 59(10):1148-1154.
- Arbuckle MR, Gameraoff MJ, Marcus SC, West JC, Wilk J, Olfson M: **Psychiatric Opinion and Antipsychotic Selection in the Management of Schizophrenia.** *Psychiatric Services*; 2008; 59(5):561-565.
- Wilk JE, West JC, Rae Ds, Rubio-Stipek M, Chen JJ, Regier DA: **Medicare Part D Prescription Drug Benefits and Administrative Burden in the Care of Dually Eligible Psychiatric Patients.** *Psychiatric Services*; 2008; 59(1):34-39.
- Fochtmann LJ, Duffy FF, West JC, Kunkle R, Plovnick RM: **Performance in Practice: Sample Tools for the Care of Patients with Major Depressive Disorder.** *FOCUS*; 2008; 6(1):22-35.
- Regier DA, Bufka LF, Whitaker T, Duffy FF, Narrow WE, Rae DS, Reed GM, Rehman OF, Rubio-Stipek M, Weismiller T, Wilk JE, West JC: **Parity and the Use of Out-of-Network Mental Health Benefits in the FEHB Program.** *Health Affairs*; 2008; 27(1):w70-w83.
- Wilk JE, West JC, Marcus SC, Countis L, Olfson M, Regier DA: **Family Contact and the Management of Medication Non-Adherence in Schizophrenia.** *Community Mental Health Journal*; 2008; <http://dx.doi.org/10.1007/s10597-008-9139-6>.
- West JC, Marcus SC, Wilk J, Countis L, Regier DA, Olfson M: **Use of Depot Antipsychotic Medications for Medication Non-Adherence in Schizophrenia.** *Schizophrenia Bulletin*; 2008; 34(5):995-1001.



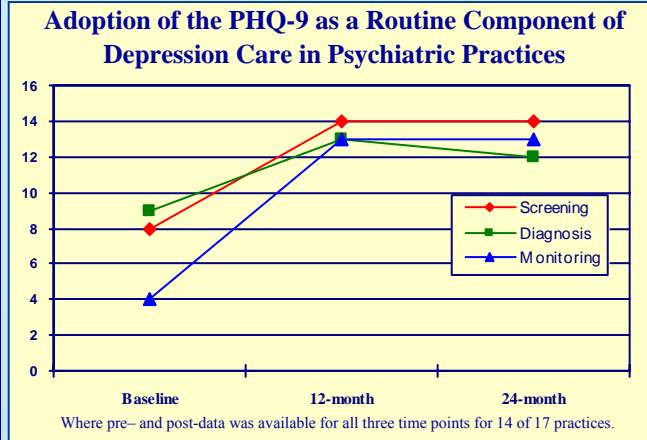
■ **Development and Testing of ABPN Evidence-Based Practice Assessment and Quality Improvement Recertification and Maintenance of Certification Modules.** Maintenance of Certification program requirements established by the American Board of Medical Specialties and the American Board of Psychiatry and Neurology require psychiatrists to demonstrate that they have reviewed and assessed the quality of care provided to patients and have undertaken efforts for improvement. In line with these requirements, APIRE proposes to facilitate practice self-assessments using a variety of tools. In part, this will be accomplished with development of interactive workshops, additional Performance-in-Practice self-assessment tools, and an interactive feedback system prototype focused on assessing and promoting selected evidence-based guideline recommendations.

■ **Public Use Data Sets for Schools of Public Health.** PRN's data sets contain a wealth of detailed information on the nature and scope of psychiatric practice. These data are available to investigators under a variety of collaborative agreements, and have resulted in valuable collaborations with outstanding scholars and publications in peer-reviewed journals. PRN is currently exploring the possibility of expanding this availability to include schools of public health. In addition to the educational benefits that would be derived by the faculty and graduate student users of the data, over time this may also enhance the perception of mental health as an integral part of medicine.

## NDMLI SUSTAINABILITY AND SPREAD FOLLOW-UP STUDY

Many depression management trials aimed at improving treatment outcomes have produced strong, positive results. However, these trials have been either hard to replicate in routine care or were not sustainable once the trial concluded. Replicability and sustainability in routine practice are vital to the success of any intervention.

The *National Depression Management Leadership Initiative*, a joint project of the American Psychiatric Association (APA), the American Academy of Family Physicians and the



American College of Physicians, implemented two parallel collaboratives to improve depression care in primary care and psychiatry. The project was modeled after the *Institute for Healthcare Improvement Breakthrough Series*, a well-established approach toward implementing improvement in health care systems and the dissemination of evidence-based medicine that has gained momentum in recent years. Following the successful completion of the initiative in May 2006, project investigators sought to examine the sustainability of key elements of this project including practices' continued use of the PHQ-9 in routine care of patients with depressive disorders, and dissemination of improvement gains to other clinicians, practices, and across specialties.

At one year following the conclusion of the study, most improvement changes were sustained by the practices. Particularly, practices were successful in integrating use of the PHQ-9 as a routine part of depression care (figure 1). Project sites also reported impressive success in their ability to spread use of the PHQ-9 and measurement-based care approaches to other clinicians within their practice, to other practices, and across specialties. A manuscript highlighting key findings of the follow-up is under development.

*Completion of the APF public education campaign evaluation, "Do Psychiatrists Believe Public Education Campaigns about Mental Illness are Effective?"* At the request of APF staff, in 2005 an electronic survey was developed to assess psychiatrists' general attitudes toward mental health public education campaigns and the credibility of campaigns sponsored by different groups and organizations. A majority of psychiatrists (86%) considered public education campaigns about mental illness helpful. This study will be used to inform further APF public education campaigns.

*Development and Effective Dissemination of Quality of Care Measures for Schizophrenia Treatment Guidelines.* Using APF support, APIRE developed a proposal to the Substance Abuse and Mental Health Services Administration and received \$100,000 in funding to develop and disseminate evidence-based psychosocial and quality of care indicators for the treatment of schizophrenia. The 2004 APA and 2004 Patient Outcomes and Research Team II practice guidelines were used as the primary resources for these indicators, which can be found on the PRN Website (see page 8).

*Development of Longitudinal Clinical Effectiveness Pilot Studies.* APF support was used to develop and conduct three pilot studies: 1) Quality and Outcomes of Psychiatric Care for Adolescent Depression; 2) Clinical Effectiveness of Treatments for Depression; and 3) Patterns and Outcomes of Treatment for Patients with First Episode Schizophrenia and Other Psychotic Disorders. These valuable studies developed and tested innovative, practice-based research methods to collect longitudinal data from clinicians, adult and adolescent patients, and caregivers. The study methods and data collection strategies that were tested have helped to inform and guide the implementation of recent and future studies.

*Development of a Proposal for a Pilot Study to Disseminate Evidence-Based Care for PTSD.* In response to a call for proposals by the Department of Defense, using APF support APIRE submitted a proposal to identify and disseminate key evidence based recommendations to support clinical decision-making in the assessment, diagnosis and treatment of PTSD. APIRE received the award in 2008 and has begun work on this important project (see page 3 for additional details).

*Development and distribution of numerous publications and scientific communications.* Based on data obtained from the previously described studies, a wide range of analyses and publications were produced by APIRE staff over the past 5 years, with more in development. A list of publications and communications is available on the PRN Website (see page 8).

(APF Grant, continued from page 2)

*Collaboration with the American Academy of Family Physicians and the American College of Physicians to implement the National Depression Management Leadership Initiative.* With APF's support to develop a study proposal, \$1.14 million in funding was obtained for this initiative to assess clinical utility and feasibility of implementing the PHQ-9 in routine clinical settings. Two follow-up projects in collaboration with the AAFP are being conducted. See inset for details on the Sustainability and Spread Follow-up study.

*Collaboration with the American Psychological Association and the National Association of Social Workers to analyze and report findings from the Federal Employees Health Benefits Program (FEHBP) Parity Evaluation Follow-Up Study.* In 2007, researchers from APIRE and the two professional organizations completed the FEHBP study and published the results in *Health Affairs*. The paper was released at a critical juncture in the national parity discussion and became a key source of information for successful advocacy efforts aimed at improving out-of-network access to mental health benefits (see page 1 for details).

*Completion of the APF public education campaign evaluation, "Do Psychiatrists Believe Public Education Campaigns about Mental Illness are Effective?"*

## PRN STAFF UPDATE

The PRN is delighted to announce the addition of Dr. Eve Mościcki and Elizabeth Stickman to our staff and exciting new changes for Drs. Joyce West and Farifteh Duffy:

**Eve K. Mościcki, Sc.D., M.P.H., Director, PRN.** Dr. Mościcki joins APA after a long and distinguished career at the National Institute of Mental Health (NIMH), where her responsibilities highlighted her interests in epidemiology and public health. She comes to APIRE from her most recent position as NIMH's Associate Director for Prevention Research. Earlier, Dr. Mościcki served as NIMH's Deputy Associate Director for Child and Adolescent Research and as a senior scientific advisor in the Office of the Surgeon General. Her research interests include the epidemiology of suicide, prevention science, child and adolescent psychopathology, and cross-cultural issues in mental health. Dr. Mościcki's experience in epidemiology, intervention trials, and public health policy will help the PRN maintain its goals of conducting practice-relevant research in policy and clinical and health service delivery. As PRN Director, Dr. Mościcki is responsible for overall planning, initiation, and direction of PRN research programs, and for overseeing the development and conduct of research-related activities in the PRN and APIRE.

**Joyce C. West, Ph.D., M.P.P., Senior Research Scientist.** With a doctorate in mental health services research from John Hopkins University, a Master of Public Policy from Harvard University and over 20 years of research experience, Dr. West has played an integral role in the development of the PRN since 1993. Director of the PRN from 2000-2008, Dr. West has been a guiding force behind its research initiatives, including the recent FEHBP Parity (see page 1 for new legislative success), Medicare Part D, Ten State Medicaid and WRAIR Army Behavioral Health Treatment studies. As Senior Scientist, Dr. West will now focus on developing new research initiatives and grant proposals, analyzing PRN data, and disseminating clinical- and policy-relevant findings.

**Farifteh F. Duffy, Ph.D., Director of Quality of Care Research.** In an exciting new direction for the PRN, Dr. Duffy's promotion to Director of Quality of Care Research will allow the PRN to actively engage in the development and implementation of the APA and APIRE's research agenda addressing critical clinical and policy issues in quality of care research. Dr. Duffy has begun linking with other APA quality efforts, most recently a collaboration with the APA Department of Quality Improvement & Psychiatric Services and the Division of Education and Career Development on quality initiatives (see page 2 for the recent Performance in Practice tool). Moreover, Dr. Duffy is the Principal Investigator for the PTSD Care Dissemination Project detailed on page 3. Coming to the PRN in 2000 with a doctorate in Mental Health Services Research from Johns Hopkins University, Dr. Duffy has over 10 years of experience in mental health services research.

**Elizabeth Stickman, M.S.W., M.P.H., Research Associate.** As a recent graduate from Tulane University earning a M.S.W. and M.P.H. with concentration in International Disaster and a focus on Crisis Management, Elizabeth's recent work experience has been with *Save the Children* in New Orleans, *Family Service Center* in Mumbai, India and *US Fund for UNICEF/Tulane School of Social Work*. Elizabeth's work within the PRN will focus primarily on APIRE's Department of Defense and Walter Reed Army Institute of Research studies (see page 3). Ms. Stickman will also serve as the PRN's representative on the SAMHSA Behavioral Health Workforce Development Initiative which includes collaboration with mental health stakeholders to identify innovative training, recruitment and retention. Ms. Stickman also serves as the staff liaison for the Council on Global Psychiatry and manages the APA Office of International Activities.



Back left: William Narrow, Maritza Rubio-Stipec, Lisa Countis, Emily Kuhl, Don Rae, and Darrel Regier  
Front left: Farifteh F. Duffy, Eve Mościcki, Elizabeth Stickman, Amy Porfiri and Joyce West

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