

Department of Veterans Affairs Center for Integrated Healthcare

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Since October 2004, the VA Center for Integrated Healthcare has pursued its mission to enhance the integration of mental health services into primary care.



Mounting evidence from observational studies and randomized trials has led to the VA's adoption of the Primary Care-Mental Health Integration (PC-MHI) programs as a standard practice at the VA.^{1,2} The goals of PC-MHI are: (1) to improve veterans' access to mental health services; (2) more effectively triage referrals to specialty mental health care; and (3) to promote a high-quality, collaborative, and coordinated approach to holistic veteran-centered primary care.¹⁻³ The PC-MHI programs are an essential part of the continuum of mental health services for veterans and support the care of all veterans in primary care (Figure).⁴

All medical centers and larger community-based outpatient clinics are required to have PC-MHI programs with 2 components: co-located collaborative care and mental health care management.² The first component, co-located collaborative care, embeds mental health providers into primary care clinics through integrated members of patient-centered primary care teams, referred to as Patient Aligned Care Teams (PACTs) in VA. These PACTs sup-

port the care of all veterans in the primary care population through brief assessment and intervention, triage, and referral.^{2,5} The second component, mental health care management, provides measurement-based, algorithm-driven support to ensure mental health interventions delivered in primary care are of high quality.^{2,6,7} These PC-MHI programs are primarily designed to address high-frequency mental health conditions, such as mild-to-moderate depression and problem drinking.²

The implementation of PC-MHI programs has resulted in multiple positive outcomes, such as improved access to mental health services for a broader array of patients, reductions in new appointment wait times and missed appointments, enhanced detection of mental health disorders, improved patient and provider satisfaction, and increased guideline-concordant care for depression with improved patient outcomes.^{5,7-16} As with any new program, however, further work is needed to maximize its benefits; CIH's research efforts are focused on this need.

CIH RESEARCH

The CIH research portfolio includes

3 primary research goals focused on the integration and delivery of mental health services in PACT.

Goal 1: Develop and evaluate the efficacy or effectiveness of interventions for mental and behavioral health symptoms and diagnoses that are highly prevalent among veterans in PACT. Because PC-MHI is relatively new, the development of additional, brief, evidence-based treatments that can be feasibly delivered in PACT is still very much needed. To address this need, CIH investigators are testing the efficacy and effectiveness of innovative primary care-based interventions for mental and behavioral health concerns such as depression, alcohol misuse, and posttraumatic stress disorder (PTSD). For example, CIH investigators have demonstrated the efficacy of a primary care-based treatment for alcohol dependence.¹⁷ Two CIH current projects are evaluating interventions that include a total of 4 sessions, which would be feasible in PACT; one project is testing a mindfulness stress reduction intervention for veterans with PTSD; the other is piloting a behavioral activation intervention for veterans with depression.

With an eye toward the future, a number of current research projects use novel media and technologies for the delivery of mental health assessments and interventions.^{18,19} For example, a CIH study is currently

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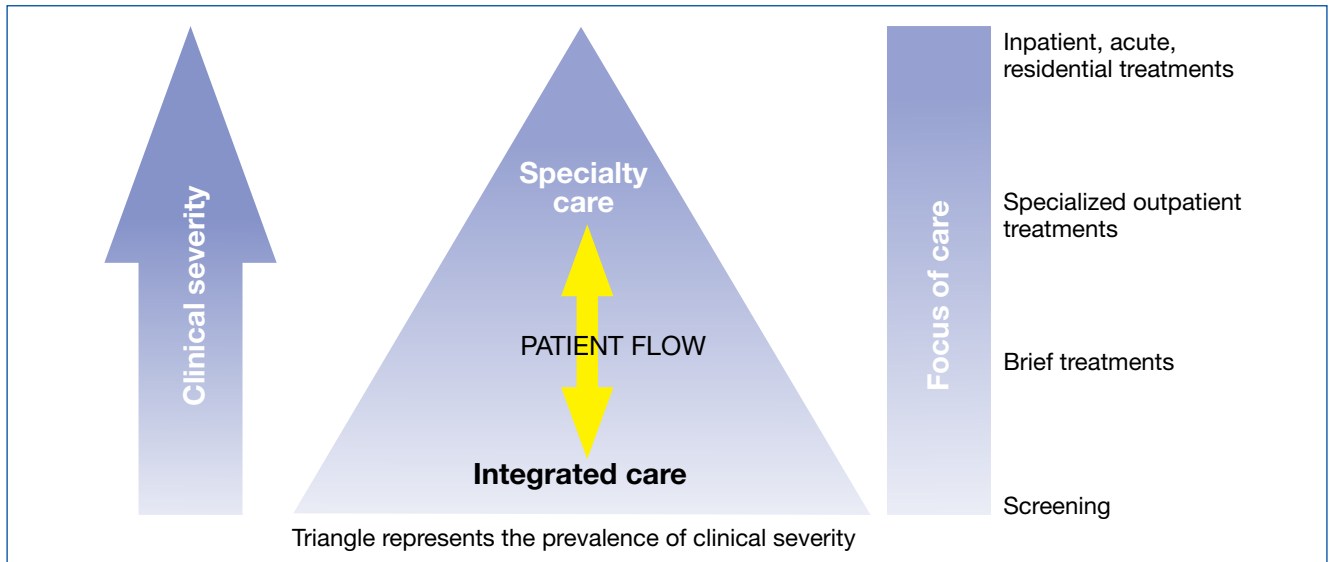


Figure. The Continuum of Mental Health Care in VA.⁴

testing a web-based self-management intervention for returning veterans with symptoms of PTSD and alcohol misuse.

Goal 2: *Advance the understanding of the process of delivery of integrated mental and behavioral health treatment and prevention services in VA PACT.* Processes of care in integrated settings are actively being developed and refined as VA advances the implementation of this service delivery strategy. The CIH investigators study these innovations to identify successful care delivery practices that can be implemented across the system. These studies help identify system, provider, and patient barriers and potential facilitators for the effective implementation of PC-MHI.^{9,13,20-24} This knowledge is essential for enhancing the successful implementation of PC-MHI programs across the system.

Goal 3: *Identify and evaluate effective strategies to promote the implementation of evidence-based PC-MHI practice.* A crucial component of every Mental Health Center of Excellence is to accelerate the transla-

tion of science into practice. Only recently has the field begun to appreciate the importance of studying implementation practices as a method to speeding the translation of evidence-based practices into real-world adoption.²⁵ The CIH investigators have begun to study strategies to enhance PC-MHI implementation, and these studies have the potential to improve the uptake of research findings. These projects are funded primarily through the VA Quality Enhancement Research Initiative (QUERI), specifically the Mental Health QUERI and Substance Use Disorders QUERI, both of which have major initiatives focused on PC-MHI research.²⁶

CIH EDUCATION AND CLINICAL ACTIVITIES

The CIH Education/Clinical Core fosters dissemination of CIH research products while supporting the implementation of the *Uniform Mental Health Services Handbook* and VA's larger mission of providing excellent care for veterans by serving as a national resource for PC-MHI

and PACT providers. Education and clinical activities include supporting VA-wide dissemination of evidence-based PC-MHI interventions, providing clinical and programmatic consultation to promote high-quality collaborative and team-based care, developing and disseminating clinical resource materials, and participating in clinical demonstration projects that enhance PC-MHI service delivery.

Over the years, CIH has supported numerous national and web-based training events and disseminated training materials; developed and disseminated PC-MHI intervention and operations manuals, as well as patient and provider educational handouts; and consulted on numerous PC-MHI program evaluations. The CIH has been highly successful in these endeavors because of its collaboration with local, network, and national VA programs and program offices.

The CIH researchers contribute to scholarly publications designed to educate others and serve on regional and national work groups whose

missions support the implementation of PC-MHI in the VA.^{4,27-30} One example is the VA Mental and Behavioral Health in PACT Education and Training Workgroup, which is currently chaired by the CIH director of the Education/Clinical Core. The CIH also manages a listserv dedicated to building a VA community of practice network where those interested in integrating mental and behavioral health services into PACT can share resources and learn from each other.

In addition to these activities, the center is home to a VA Advanced Fellowship in Mental Illness Research and Treatment; this CIH fellowship is designed to prepare postdoctoral trainees to become outstanding clinical researchers in the area of PC-MHI.

The CIH research efforts are producing feasible, brief mental health treatments for PACT, a greater understanding of the processes of PC-MHI programs as they develop and mature, and essential knowledge that will further aid in the full implementation of PC-MHI best practices.

SUMMARY

The CIH PC-MHI is at the forefront of VA research and clinical education efforts as a new model of mental health service delivery. The CIH research efforts are producing feasible, brief mental health treatments for PACT, a greater understanding of the processes of PC-MHI programs as they develop and mature, and essential knowledge that will further aid in the full implementation of PC-MHI best practices. These CIH education and clinical efforts have greatly enhanced the implementation of PC-MHI programs across VA.

Going forward, the CIH will continue to serve as a national resource for improving the quality of primary care-based mental health services for veterans.

More information on CIH’s mission, background, research, faculty, and training materials is available at <http://www.mentalhealth.va.gov/coe/cih-visn2>. ●

Author disclosures

The authors report no actual or potential conflicts of interest with regard to this article.

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REFERENCES

1. Zeiss AM, Karlin BE. Integrating mental health and primary care services in the Department of Veterans Affairs health care system. *J Clin Psychol Med Settings*. 2008;15(1):73-78.
2. Veterans Health Administration. *Uniform Mental Health Services in VA Medical Centers and Clinics*. VHA Handbook 1160.01. Washington, DC: De-

- partment of Veterans Affairs; 2008.
3. Post EP, Metzger M, Dumas P, Lehmann L. Integrating mental health into primary care within the Veterans Health Administration. *Fam Syst Health*. 2010;28(2):83-90.
4. Oslin DW, Klaus J, Ingram E, et al. *Foundations for Integrated Care: Behavioral Health Solutions for Primary Care*. Vols 1-6. <http://www.mentalhealth.va.gov/coe/cih-visn2/foundations.asp>. Accessed December 31, 2013.
5. Pomerantz AS, Shiner B, Watts BV, et al. The White River model of colocated collaborative care: A platform for mental and behavioral health care in the medical home. *Fam Syst Health*. 2010;28(2):114-129.
6. Felker BL, Chaney E, Rubenstein LV, et al. Developing effective collaboration between primary care and mental health providers. *Prim Care Companion J Clin Psychiatry*. 2006;8(1):12-16.
7. Oslin DW, Ross J, Sayers S, Murphy J, Kane V, Katz IR. Screening, assessment, and management of depression in VA primary care clinics. The Behavioral Health Laboratory. *J Gen Intern Med*. 2006;21(1):46-50.
8. Johnson-Lawrence V, Zivin K, Szymanski BR, Pfeiffer PN, McCarthy JF. VA primary care-mental health integration: Patient characteristics and receipt of mental health services, 2008-2010. *Psychiatr Serv*. 2012;63(11):1137-1141.
9. Wray LO, Szymanski BR, Kearney LK, McCarthy JF. Implementation of primary care-mental health integration services in the Veterans Health Administration: Program activity and associations with engagement in specialty mental health services. *J Clin Psychol Med Settings*. 2012;19(1):105-116.
10. Brawer PA, Martielli R, Pye PL, Manwaring J, Tierney A. St. Louis Initiative for Integrated Care Excellence (SLI(2)CE): Integrated-collaborative care on a large scale model. *Fam Syst Health*. 2010;28(2):175-187.
11. Szymanski BR, Bohnert KM, Zivin K, McCarthy JF. Integrated care: Treatment initiation following positive depression screens. *J Gen Intern Med*. 2013;28(3):346-352.
12. Zivin K, Pfeiffer PN, Szymanski BR, et al. Initiation of primary care-mental health integration programs in the VA health system: Associations with psychiatric diagnoses in primary care. *Med Care*. 2010;48(9):843-851.
13. Funderburk JS, Sugarman DE, Maisto SA, et al. The description and evaluation of the implementation of an integrated healthcare model. *Fam Syst Health*. 2010;28(2):146-160.
14. Hedrick SC, Chaney EF, Felker B, et al. Effectiveness of collaborative care depression treatment in Veterans’ Affairs primary care. *J Gen Intern Med*. 2003;18(1):9-16.
15. Butler M, Kane RL, McAlpine D, et al. *Integration of Mental Health/Substance Abuse and Primary Care*. Rockville, MD: Agency for Healthcare Research and Quality; 2008. Evidence Report/Technology Assessment 173.
16. Watts BV, Shiner B, Pomerantz A, Stender P, Weeks WB. Outcomes of a quality improvement project integrating mental health into primary care. *Qual Saf Health Care*. 2007;16(5):378-381.
17. Oslin DW, Lynch KG, Maisto SA, et al. A randomized clinical trial of alcohol care management delivered in Department of Veterans Affairs primary care clinics versus specialty addiction treatment. *J Gen Intern Med*. 2014;29(1):162-168.
18. Possemato K, Ouimette P, Knowlton P. A brief self-guided telehealth intervention for post-traumatic stress disorder in combat veterans: A pilot

- study. *J Telemed Telecare*. 2011;17(5):245-250.
19. Wray LO, Wade M, Beehler GP, Hershey LA, Vair CL. A program to improve detection of undiagnosed dementia in primary care and its association with health care utilization. *Am J Geriatr Psychiatry*. 2013 (Epub ahead of print)
 20. Beehler GP, Wray LO. Behavioral health providers' perspectives of delivering behavioral health services in primary care: A qualitative analysis. *BMC Health Serv Res*. 2012;12:337.
 21. Beehler GP, Funderburk JS, Possemato K, Dollar KM. Psychometric assessment of the Primary Care Behavioral Health Provider Adherence Questionnaire (PPAQ). *Transl Behav Med*. 2013;3(4):379-391.
 22. Beehler GP, Funderburk JS, Possemato K, Vair CL. Developing a measure of provider adherence to improve the implementation of behavioral health services in primary care: A Delphi study. *Implement Sci*. 2013;8:19.
 23. Funderburk JS, Dobmeyer AC, Hunter CL, Walsh CO, Maisto SA. Provider practices in the primary care behavioral health (PCBH) model: An initial examination in the Veterans Health Administration and United States Air Force. *Fam Syst Health*. 2013;31(4):341-353.
 24. Funderburk JS, Sugarman DE, Labbe AK, Rodrigues A, Maisto SA, Nelson B. Behavioral health interventions being implemented in a VA primary care system. *J Clin Psychol Med Settings*. 2011;18(1):22-29.
 25. Eccles MP, Mittman BS. Welcome to Implementation Science. *Implement Sci*. 2006;1:1.
 26. Stetler CB, Mittman BS, Francis J. Overview of the VA Quality Enhancement Research Initiative (QUERI) and QUERI theme articles: QUERI Series. *Implement Sci*. 2008;3:8.
 27. Possemato K. The current state of intervention research for posttraumatic stress disorder within the primary care setting. *J Clin Psychol Med Settings*. 2011;18(3):268-280.
 28. King PR, Wray LO. Managing behavioral health needs of veterans with traumatic brain injury (TBI) in primary care. *J Clin Psychol Med Settings*. 2012;19(4):376-392.
 29. Possemato K, Marsch LA, Bishop TM. Technology-based assessment and treatment approaches for posttraumatic stress disorder and substance use disorders. In: P Ouimette, J Read, eds. *Trauma and Substance Abuse: Causes, Consequences, and Treatment of Comorbid Disorders*. 2nd ed. Washington, DC: American Psychological Association; 2013.
 30. Kearney LK, Wray LO, Dollar KM, King PR, Vair C. Primary care-mental health integration psychological assessment of veterans. In: Bush SS, ed. *Psychological Assessment of Veterans*. New York, NY: Oxford University Press. In press.