**Title of Program:** Modeling to Learn Session 7: Evaluating our Base Case of No Change

**Client Program Office:** National Center for PTSD, Training and Dissemination Division

**Program Start Date(s) and time(s):** TBD

**Purpose Statement:**

The purpose of this course is to empower local clinic staff to use real-time clinic data and a customized system modeling tool to make decisions that optimize their delivery of timely, evidence-based psychotherapies and pharmacotherapies (EBPs).

Over the past decade, Veterans Health Administration has invested in the dissemination of EBPs in the outpatient mental health system based on substantial evidence of EBP effectiveness as compared to usual care.1-3 EBPs are high-value treatments that meet veterans’ mental health care needs and can reduce chronic impairment and prevent suicide and overdose.4-9 Despite their demonstrated effectiveness, however, access to EBPs is not always timely and the reach of EBPs for common and costly high-risk conditions like PTSD, depression and opioid use disorder often are low (3%- 28%).10-12 For these reasons, the Veterans Administration prioritizes high-value quality improvement initiatives to increase timely Veteran access to effective mental health care.

Modeling to Learn provides tools for visualizing real-time team data and simulating the effects of team decisions on EBP reach. Through a series of remotely facilitated workshops, front line staff use these tools to build systems thinking capacity; increase their understanding of interrelated factors affecting team outcomes – including decisions within their control; conduct virtual experiments to test the effects of various team decisions on multiple desired outcomes; and make team decisions to optimize EBP reach within existing resource constraints.

**Target Audience:**

Multidisciplinary staff teams in VAHS outpatient mental health clinics:

* Psychiatrists
* Psychologists
* Social workers
* Nurses

Secondary audience:

* Counselors
* Certified peer-support specialists
* Other professional disciplines; and
* Trainees (e.g., practicum, intern, resident and fellow)

**Objectives:**

1. Describe the base case of no changes in your team.
2. Test out your thinking about what is likely to cause oscillation in team trends.
3. Apply systems thinking to develop a hypothesis about your team's clinical priority.

**Pre-Test:** No

**Post-Test:** Yes

**Accreditations:**

ACCME

APA

ANCC

NBCC

ASWB

NYSED

**Agenda:**

| 15 Minutes | Done and Do | Facilitator | Interactive |
| --- | --- | --- | --- |
| 30 Minutes | Team Activity on the Base Case Assuming No Change | Facilitator | Interactive |
| 15 Minutes | Done and Do | Facilitator | Interactive |

**Faculty and Planning Committee Listing:**

*Lindsey/Stacey to provide contacts to Elizabeth:*

Name with Credentials (degrees)

Title

Office/Facility

City, State

Planning Member for (discipline)

**References**

1. Karlin BE, & Cross G. From the laboratory to the therapy room: National dissemination and implementation of evidence-based psychotherapies in the U.S. Department of Veterans Affairs Health Care System. Am Psychol. 2014;69:19–33.
2. Karlin BE, Brown GK, Trockel M, et al. National dissemination of cognitive behavioral therapy for depression in the department of veterans affairs health care system: Therapist and patient-level outcomes. J Consult Clin Psychol. 2012;80:707–718.
3. Ruzek JI, Karlin BE, & Zeiss AM. Implementation of Evidence-Based Psychological Treatments in the Veterans Health Administration. In: McHugh RK, Barlow DH, eds. Dissemination of evidence-based psychological treatments. New York, NY: Oxford University Press. , 2012.
4. Lin LA, Bohnert AS, Ilgen MA, et al. Outpatient provider contact prior to unintentional opioid overdose among VHA service users. Psychiatr Serv. 2015.
5. Harris AHS, Bowe T, Del Re AC, et al. Extended Release Naltrexone for Alcohol Use Disorders: Quasi-Experimental Effects on Mortality and Subsequent Detoxification Episodes. Alcohol Clin Exp Res. 2015;39:79–83.
6. Degenhardt L, Bucello C, Mathers B, et al. Mortality among regular or dependent users of heroin and other opioids: A systematic review and meta-analysis of cohort studies. Addiction. 2010;106:32–51.
7. Kaplan MS, Huguet N, McFarland BH, et al. Suicide among male veterans: a prospective population-based study. J Epidemiol Community Health. 2007;61:619–624.
8. Desai RA, Dausey DJ, & Rosenheck RA. Mental health service delivery and suicide risk: The role of individual patient and facility factors. Am J Psychiatry. 2014.
9. Gradus JL, Suvak MK, Wisco BE, et al. Treatment of posttraumatic stress disorder reduces suicidal ideation. Depress Anxiety. 2013;30:1046–1053.
10. Hankin CS, Spiro III A, Miller DR, et al. Mental disorders and mental health treatment among US Department of Veterans Affairs outpatients: The Veterans Health Study. Am J Psychiatry. 2014.
11. Hoggatt KJ, Williams EC, Der-Martirosian C, et al. National prevalence and correlates of alcohol misuse in women Veterans. J Subst Abuse Treat. 2015;52:10–16.
12. Fulton JJ, Calhoun PS, Wagner HR, et al. The prevalence of posttraumatic stress disorder in Operation Enduring Freedom/Operation Iraqi Freedom (OEF/OIF) Veterans: A meta-analysis. J Anxiety Disord. 2015;31:98–107.