**Title of Program:** Modeling to Learn, Session Three: Care Coordination Part I

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

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

To be specified

**Purpose Statement:**

Over the past decade, Veterans Health Administration has invested in the dissemination of evidence-based psychotherapies and pharmacotherapies (EBPs) in the outpatient mental health system.[[1]](#endnote-1)-3 based on substantial evidence of EBP effectiveness as compared to usual care. 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 the evidence of effectiveness, access to EBPs may not be timely and the reach of EBP for common and costly high risk concerns – PTSD, depression and opioid use disorder – can be low (3%- 28%).10-12 As a result, the Veterans Administration prioritizes high-value quality improvement statements to increase timely Veteran access to effective mental health care.

Participatory systems dynamics modeling can be an effective process for local staff to employ to address these gaps in timely access to mental health care through process adjustments and rapid tests of change. This training program is a series of remotely facilitated workshops with front line clinic teams to develop their systems thinking and systems dynamics modeling skill.

The course provides data visualization and simulation tools that allow participating staff the opportunity to understand the factors that affect EBP reach, develop shared insights to improve team decision-making and implement and test plans to determine which approaches are more likely to achieve desired outcomes related to timely access to mental health services.

The purpose of the course is to enable local clinic staff to use their clinic data to make decisions for optimizing local EBP reach.

**Target Audience:** The *Modeling to Learn* workshop series is designed for teams of multidisciplinary staff in VAHS outpatient mental health, including psychiatrists, psychologists, social workers, nurses, counselors, certified peer-support specialists, other professional disciplines, and trainees (e.g., practicum, intern, resident and fellow).

**Objectives:**

1. Explain how a team’s choice to work more care coordination hours through overbooking can have unintended consequences for scheduling.
2. Describe trade-offs between allocating appointments for new versus existing patients in terms of rates of completion of evidence-based treatments.
3. Articulate two decisions within a team’s control that can help it optimize the reach of evidence-based practices among veterans it serves.

**Pre-Test: No;**

**Post-Test: Yes (see below)**

**Accreditations:** ACCME, APA, ANCC, NBCC, ASWB, NYSED

**Agenda:**

| **Time** | **Topic/Title** | **Faculty** |
| --- | --- | --- |
| 1:00 – 1:10 | Done and Do   * Review accomplishments and preview objectives and agenda for session | Zimmerman |
| 1:10 – 1:30 | Balancing Existing and New Patients   * Modeling experiment to test hypotheses and gain insight into the dynamic relationship between scheduling of new and existing patients | Team Activity, Zimmerman facilitates |
| 1:30 – 1:50 | Effect of Overbook on No-Shows   * Modeling experiment to test hypotheses and gain insight into how team decisions to address patient load through overbooking can influence patient no-shows and need for rescheduling | Team Activity, Zimmerman facilitates |
| 1:50 – 2:00 | Done and Do   * Review accomplishments of session and preview next steps | Zimmerman |
| 2:00 | Adjourn |  |

**Faculty and Planning Committee Listing:**

*Representative for each accreditation to be added.*

Name with Credentials (MA, PhD, MD, RN, ect)

Title

Office/Facility

City, State

Planning Member for \_\_\_\_\_\_\_\_\_\_\_.

**Post-Test:** (minimum 2 of 3 correct answers or 66% required to pass)

1. A team’s decision to meet high care coordination demand through overbooking its staff can increase:
2. The number of care coordination appointment slots available
3. The number of care coordination appointments missed
4. The amount of scheduling effort required for care coordination
5. All of the above

Correct answer: d. All of the above.

Explanation: Overbooking creates additional time slots available for scheduling appointments from staff’s lunch time, break time, charting time, etc. By taking away time for following up with existing patients, sending reminders, etc., however, overbooking can ultimately result in more missed appointments, which increases the scheduling effort required.

1. With a constant demand for services and constant staffing, there are no decisions within a team’s control that affect the number of patients completing services over time.
   1. True
   2. False

Correct answer: b. False.

Explanation: Teams can optimize their balance of new and existing patients – and therefore the number of patients completing services over time – by adjusting their targeted return visit interval.

1. A team can adjust the balance between having care coordination appointments available for new and existing patients by changing its target return visit interval for existing patients.
2. True
3. False

Correct answer: a. True

Explanation: Lengthening the target return visit interval for existing patients makes more appointment slots available for new patients; reducing the return visit interval shifts the balance toward more appointments used by existing patients and less by new patients.

1. 1Karlin 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.

   4Lin 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. [↑](#endnote-ref-1)