NEPEC and PTSD Program Evaluation

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Overview

• A bit of history—where we came from and what we do
• What we are doing the same
• What we have been doing differently
• What we will be doing that is completely new (in the coming months/year)
History

- Even before NVVRS results were being released (1988) Congress and VHA dedicated funds to establish specialized PTSD treatment programs in VA
- A 1986 survey conducted by the Chief Medical Director’s Special Committee on PTSD indicated that over 19% of Veterans seen in outpatient mental health settings were diagnosed with PTSD
- The same committee recommended that specialized programs be established at every medical center
PTSD Treatment Teams (PTT)

• In 1987 funds were provided for 15 PTSD Treatment Teams

• Recommendations were also made to:
  – Establish a reporting system capable of tracking service utilization through all aspects of care
  – Expand reporting to include outcomes
  – Establish reliable and valid risk assessments and diagnostic evaluations
  – Develop reliable and valid measures of symptoms and combat exposure

• Monitoring of these programs indicated that there were substantial deficiencies
PTSD Clinical Teams

- In December of 1988 the Mental Health and Behavioral Sciences Service announced competitive selection for PTSD Clinical Teams.
- The teams were constructed under specific staffing model and target population guidelines.
- Program evaluation was conducted through NEPEC.
- There were 24 PCT’s in 1990.
Specialized PTSD programs

- Inpatient
- Residential
- Outpatient

PTSD specialists

Population programs that treat PTSD

- SeRV-MH programs
- Post-deployment treatment teams
- Mental Health clinics (BHIP)
- MST “treatment”

Other treatment of Veterans with PTSD

- Primary care
- Other VA outpatient clinics
Specialized PTSD programs

Inpatient
- SIPU—Specialized Inpatient PTSD Unit N=4
- WTRP—Women's Trauma Recovery Program N=6
- EBTPU—Evaluation and Brief Treatment PTSD Unit N=1
- PTSD Day Hospital N=2

Residential
- PTSD Domiciliary N=16
- PTSD RRTP (PRRP) N=20

Outpatient
- PCT—PTSD Clinical Team N=122
- SUPT—Substance Abuse PTSD Program N=4
- WSDTT—Women's Stress Disorder Treatment Team N=3
Goals of NEPEC program evaluation

• Historically largely limited to specialized services
• Concentrated on the ability to understand:
  – How services are structured (e.g. staffing, budget)
  – How many Veterans are being seen, and how often (uniques, visits per veteran, length of stay)
  – Differences across programs in the demographic profiles and war zone stress of treated Veterans
  – Adjusting for case-mix (demographics, war zone exposure, and symptoms), comparisons across programs in symptoms, employment, violence, and satisfaction with care
Sources of Data

• Program evaluation forms collected at the Veteran level in the specialized programs
• Annual program level data from specialized programs
• VA administrative data
  – All inpatient, outpatient, and residential services within VA are recorded and rolled up nationally
  – Data include demographics, diagnoses, services rendered, procedures, locations of service, and disability
Primary Data Collection

• Inpatient and residential
  – Admission forms
    • Demographics, military history, symptoms, functioning, comorbidity (e.g. SA)
  – 4-month follow-up forms
    • Symptoms, functioning, comorbidity (e.g. SA)
    • Follow-up rates of at least 50% required

• Outpatient
  – Admission forms only
  – Collected electronically

• Annually about 6,000 admissions to inpatient/residential and 18,000 outpatient treatment episodes tracked
Administrative data

• Used to track
  – Workload for SeRV-MH teams
  – Workload for PTSD specialists
  – Treatment of PTSD in non-specialized programs
  – Treatment of PTSD in non-mental health programs
  – Treatment of PTSD for particular patient populations such as women, older Veterans, and OEF/OIF veterans
Products

• Annual report to VACO, VISN mental health leads and specialized program sites
• Toolkits that sites can use to create site-specific reports for CARF etc. are in production
• PTSD Fact Sheets
• Ad hoc data requests from OMHO and others
• Also as the Evaluation Division of the National Center for PTSD we provide support to the PTSD Mentoring Program and other NCPTSD initiatives
Monitoring of PTSD care delivered in non-specialized settings

- Only about one third of Veterans with a diagnosis will be seen in a specialty program.
- Almost two thirds are seen in general mental health.
  - A significant portion are seen by PTSD Specialists.
- We track access to care and outpatient visits, and are moving to track symptoms and psychotherapy.
  - PCL data are still incomplete.
  - Psychotherapy template data will be available soon.
Other NEPEC activities

• Participation in the PTSD Mentoring Program and Consultation Program
  – We use staffing and utilization data to spot problem areas (e.g. programs closing, staff being detailed away from specialized programs, teams that are not structured in an ideal way)

• NEPEC in collaboration with the NCPTSD provide technical assistance to programs trying to structure or restructure services in an ideal way

• Generating data for Ad Hoc requests
  – OMHS, press, Congressional staff, GAO, etc.
Recent changes/developments

- All clinical reporting for the program evaluation has gone to electronic formats.
- New reporting requirements assess outcomes including housing and employment in addition to symptoms and violence after PTSD residential treatment.
- The PTSD Fact Sheet has been developed to report “official” PTSD numbers through VHA, with standardized business rules.
- The Mental Health Information System (MHIS), a “dashboard” of measures of mental health care, includes a domain dedicated to PTSD.
- The PTSD Registry has been developed.
Total number of Veterans in VHA with a diagnosis of PTSD, by year
Total number of OEF/OIF/OND Veterans in VHA with a diagnosis of PTSD, by year
Percentage of Veterans in VHA with a diagnosis of PTSD, by year
Percentage of OEF/OIF/OND Veterans in VHA with a diagnosis of PTSD, by year
<table>
<thead>
<tr>
<th>Total Veterans served</th>
<th>N with PTSD</th>
<th>% of VA users</th>
<th>N with any VA MH care</th>
<th>% of veterans with PTSD</th>
<th>N with any inpatient or residential days</th>
<th>% of veterans with PTSD</th>
<th>N with any OP MH care</th>
<th>% of veterans with PTSD</th>
<th>Average stops for PTSD when visits &gt;=1</th>
<th>Average SA stops when visits &gt;=1</th>
<th>Average total mental health stops when visits &gt;=1</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total VA users</td>
<td>5566415</td>
<td>535506</td>
<td>9.62%</td>
<td>498490</td>
<td>93.09%</td>
<td>35707</td>
<td>93.07%</td>
<td>498398</td>
<td>11.07</td>
<td>25.94</td>
<td>15.24</td>
</tr>
<tr>
<td>Male VA users</td>
<td>5188864</td>
<td>485917</td>
<td>9.36%</td>
<td>450711</td>
<td>92.75%</td>
<td>31607</td>
<td>92.74%</td>
<td>450624</td>
<td>10.83</td>
<td>26.04</td>
<td>14.84</td>
</tr>
<tr>
<td>Female VA users</td>
<td>377551</td>
<td>49589</td>
<td>13.13%</td>
<td>47779</td>
<td>96.35%</td>
<td>4100</td>
<td>96.34%</td>
<td>47774</td>
<td>13.38</td>
<td>24.95</td>
<td>19.00</td>
</tr>
<tr>
<td>OEF/OIF VA users</td>
<td>591268</td>
<td>141885</td>
<td>24.00%</td>
<td>134441</td>
<td>94.75%</td>
<td>11539</td>
<td>94.73%</td>
<td>134411</td>
<td>11.45</td>
<td>22.80</td>
<td>14.26</td>
</tr>
<tr>
<td>OEF/OIF Male VA users</td>
<td>514992</td>
<td>127024</td>
<td>24.67%</td>
<td>120173</td>
<td>94.61%</td>
<td>10652</td>
<td>94.58%</td>
<td>120144</td>
<td>11.46</td>
<td>22.88</td>
<td>14.26</td>
</tr>
<tr>
<td>OEF/OIF Female VA users</td>
<td>76276</td>
<td>14861</td>
<td>19.48%</td>
<td>14268</td>
<td>96.01%</td>
<td>887</td>
<td>5.97%</td>
<td>14267</td>
<td>11.42</td>
<td>21.67</td>
<td>14.25</td>
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</table>
PTSD Dashboard Metrics
Defining PTSD Metrics

- Meets VAMC specialty PTSD requirement by handbook survey
- SUD provider in PTSD Specialty Care by survey
- Benchmark- Specialty care for PTSD
- Benchmark-outpatient specialty care for Veterans with PTSD: Female/Male ratio
- Benchmark-residential specialty care for Veterans with PTSD
- Benchmark-residential specialty care for Veterans with PTSD: Female/Male ratio
- Proportion of patients with PTSD receiving a benzodiazepine
- Proportion of patients with PTSD and no psychosis diagnosis, who received an antipsychotic medication
<table>
<thead>
<tr>
<th>Question #</th>
<th>Text</th>
</tr>
</thead>
<tbody>
<tr>
<td>134</td>
<td>Are the following services being provided in a timely manner to eligible Veterans when required or clinically appropriate: <strong>A specialized outpatient PTSD program</strong> with the ability to provide care and support for Veterans with PTSD (either a PTSD Clinical Team (PCT) or PTSD specialists, based on locally-determined patient population needs)</td>
</tr>
<tr>
<td>135</td>
<td>Are the following services being provided in a timely manner to eligible Veterans when required or clinically appropriate: <strong>SUD specialty services provided by a SUD Specialist associated with the specialized outpatient PTSD Program (PCT or equivalent)</strong></td>
</tr>
<tr>
<td>136</td>
<td>Are the following services being provided in a timely manner to eligible Veterans when required or clinically appropriate: <strong>A PTSD Day Hospital or PTSD track in a PRRC, or an equivalent program</strong></td>
</tr>
<tr>
<td>139</td>
<td>Are the following services being provided in a timely manner to eligible Veterans when required or clinically appropriate: <strong>OEF/OIF mental health services provided by staff with training and expertise to serve the population either through an OEF/OIF Team, Serving Returning Veterans-Mental Health (SeRV-MH) Team, or PTSD program staff</strong></td>
</tr>
<tr>
<td>142</td>
<td>Are the following services being provided in a timely manner to eligible Veterans when required or clinically appropriate: The identified range of mental health services to Veterans diagnosed with mental health conditions related to military sexual trauma, utilizing clinicians with particular expertise in sexual trauma treatment</td>
</tr>
<tr>
<td>143</td>
<td>Are the following services being provided in a timely manner to eligible Veterans when required or clinically appropriate: <strong>The option of being assigned a same-sex MH provider, or opposite-sex provider if the trauma involved a same-sex perpetrator for patients (women and men) being treated for MH conditions related to MST</strong></td>
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Metric 1: Handbook Implementation

<table>
<thead>
<tr>
<th>Metric 1: Handbook Implementation</th>
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<tbody>
<tr>
<td>Mean</td>
</tr>
<tr>
<td>Standard Deviation</td>
</tr>
<tr>
<td>Threshold</td>
</tr>
<tr>
<td>Number of Facilities Flagged</td>
</tr>
</tbody>
</table>

The bar chart illustrates the number of facilities that did not meet the metric (Not Met) versus those that did (Met). The threshold for flagged facilities is 1.00.
Metric 3: Proportion of patients with PTSD who get specialty care

<table>
<thead>
<tr>
<th>Metric 3: Patients with PTSD who get specialty care</th>
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<tbody>
<tr>
<td>Mean</td>
</tr>
<tr>
<td>Standard Deviation</td>
</tr>
<tr>
<td>Threshold</td>
</tr>
<tr>
<td>Number of Facilities Flagged</td>
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</tbody>
</table>
Metric 7: Proportion receiving a Benzodiazepine

<table>
<thead>
<tr>
<th>Metric 7: Proportion receiving a Benzodiazepine</th>
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</thead>
<tbody>
<tr>
<td>Mean</td>
</tr>
<tr>
<td>Standard Deviation</td>
</tr>
<tr>
<td>Threshold</td>
</tr>
<tr>
<td>Number of Facilities Flagged</td>
</tr>
</tbody>
</table>

The bar chart shows the distribution of metric scores. The x-axis represents the metric score, and the y-axis shows the number of facilities. The chart indicates that most facilities have a metric score close to the mean of .128, with a standard deviation of .032. The threshold for flagging is .183, and 6 facilities were flagged based on this metric.
Metric 8: Proportion receiving an antipsychotic medication

<table>
<thead>
<tr>
<th>Metric Score</th>
<th># of Facilities</th>
</tr>
</thead>
<tbody>
<tr>
<td>0.026</td>
<td>1</td>
</tr>
<tr>
<td>0.041</td>
<td>1</td>
</tr>
<tr>
<td>0.056</td>
<td>1</td>
</tr>
<tr>
<td>0.071</td>
<td>1</td>
</tr>
<tr>
<td>0.086</td>
<td>10</td>
</tr>
<tr>
<td>0.100</td>
<td>1</td>
</tr>
<tr>
<td>0.115</td>
<td>1</td>
</tr>
<tr>
<td>0.130</td>
<td>1</td>
</tr>
<tr>
<td>0.145</td>
<td>1</td>
</tr>
<tr>
<td>0.160</td>
<td>1</td>
</tr>
<tr>
<td>0.175</td>
<td>1</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Metric 8: Proportion receiving an antipsychotic medication</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mean: 0.081</td>
</tr>
<tr>
<td>Standard Deviation: 0.025</td>
</tr>
<tr>
<td>Threshold: 0.13</td>
</tr>
<tr>
<td>Number of Facilities Flagged: 6</td>
</tr>
</tbody>
</table>
Future Directions

• Outcomes monitoring through an outgoing call center
  – Regardless of treatment engagement or dropout
  – PTSD will be one sub-group tracked
  – Outcomes include a wide variety of symptoms and functioning
  – Three month follow-up from baseline when they start mental health treatment
Future Directions

• Tracking psychotherapy
• Once templates have been deployed, data will be extracted to assess what proportion of PTSD patients receive CPT or PE, as well as dose
• Ideally, this would get mapped onto outcomes
Encouraging Measurement Based Care

- There are issues with the use of the PCL
- However we collect the PCL on Veterans in the specialized programs and encourage its widespread use to track outcome
- Further support for this is needed
Contact info

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• 203-937-3850