

Integrating TUC in Routine Outpatient Mental Health Care

Seattle Clinical
Demonstration Project

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Seattle TUC Clinical Demonstration Project

- Goals:
- Use the evidenced based methods employed in the POC program
- Develop a program that could be incorporated into routine out patient MH care
- Change the clinical culture, so that providers accepted this program as part of routine care
- Measure outcomes (provider practice patterns) of the intervention

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- Core concepts (see binder):
 1. Use the 5 A's (Ask, Advise, Assess, Assist, Arrange f/u)
 2. Use the 5 R's (Relevance, Risks, Roadblocks, Rewards, Repetition)
 3. Initiate Pharmacotherapy
 4. Provide education
 5. Follow-up

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- **Addressing barriers to implementation**

- Pharmacy**

- Initially, obtaining approval on prescribing NRT or Bupropion was considered a barrier due to the VA ban of prescribing these agents unless enrolled in an approved TUC program

- Met with local pharmacy leaders and reviewed current program and approval was obtained.

- Recently VA ban was lifted on prescribing these agents

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- **Addressing barriers to implementation**

- Obtaining Department leader support**

- Realized that Department leader support was crucial to gain the support of the already overworked clinical providers who might interpret this program as yet another VA mandated burden

- Met first with all leaders from Chief of Service to individual team leaders

- Reviewed VA priorities on TUC and discussed how this program would help the service meet VA goals and guidelines

- Reviewed the success of the POC program and presented the core concepts of the current program

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- **Addressing barriers to implementation**

- Obtaining Provider level support**

- Developed multiple training sessions that presented the goals, core concepts, and success of the POC program

- Presentations were tailored to meet the individual needs of each clinic (MHC vs. ATC), but were essentially the same

- Presented at local Grand Rounds

- Presented at individual team meetings

- Identified Clinical Champions for each team who would continuously support the TUC program

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- **Changing the clinical environment and patient recruitment**
 - Provide waiting room information (example)
 - Provide office signs (example)
 - Provide flyers patients can bring back to their providers (example)
 - Change Intake template to add a section about tobacco use status and interest in smoking cessation
 - Plan to employ clerks to enquire about smoking status and interest in smoking cessation

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- **Preliminary evidence of success:**

- Provider Survey Data**

- Prior to implementation, all providers were surveyed about their understanding of TUC programs

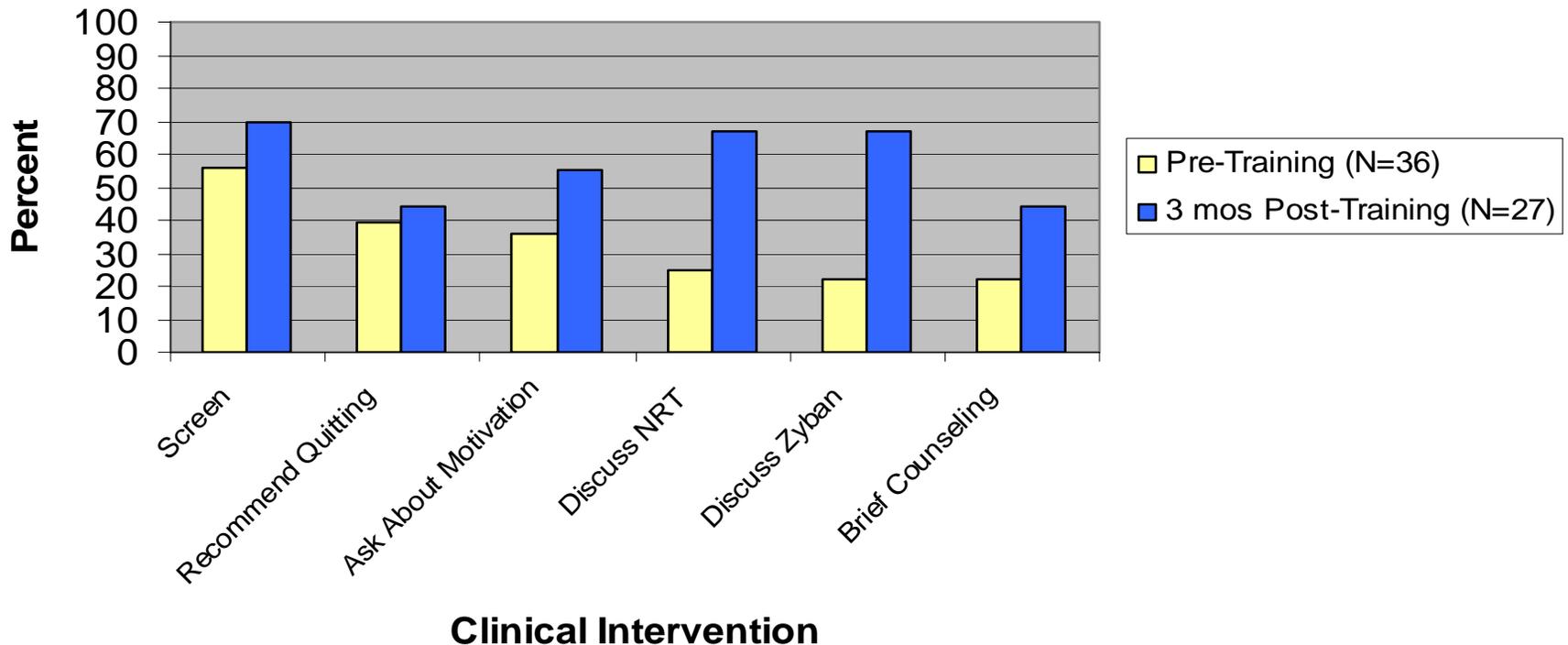
- The survey was repeated 3 months after implementation

- Time limitation prevent a detailed description of the survey

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Preliminary evidence of success: Survey data
All Outpatient Seattle MH/ATC Providers

Seattle Staff Survey Results



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- **Preliminary evidence of success:**

- CHIPS Data**

- Consumer Health Information and Performance Sets

- Large data warehouse that stores VISTA information for each facility in VISN 20

- CHIPS data from January/February 2003 was compared to January/February 2004

- CHIPS data for this same period was also obtained from the American Lake VAMC (ALVA)

- ALVA served as a control for data comparison

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Preliminary evidence of success: CHIPS data

Psychiatry Prescriptions for MH/ATC Patients with Identified Tobacco Use Disorder
Jan/Feb 2003 (Pre-Training) vs. Jan/Feb 2004 (Post-Training)

		Seattle		AMLV	
		Pts w/dx	% Rx	Pts w/dx	% Rx
Bupropion and/or NRT	2003	348	29%	215	29%
	2004	341	35%	257	23%
NRT Only	2003	348	21%	215	20%
	2004	341	26%	257	16%

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Preliminary evidence of success: CHIPS data

Relative Risk Ratios for Psychiatry Prescriptions (all MH/ATC pts)
Jan/Feb 2003 (Pre-Training) vs. Jan/Feb 2004 (Post-Training)

	Seattle Risk Ratio (95% CI)	AMLV Risk Ratio (95% CI)
Bupropion <i>or</i> any form of NRT	1.12 (0.95-1.33)	1.05 (0.89-1.25)
Bupropion only	1.02 (0.85-1.22)	1.03 (0.86-1.22)
Patch only	3.33 (1.79-6.31)	3.13 (1.20-8.68)
Gum only	4.00 (1.78-9.37)	0.63 (0.08-4.56)
Bupropion <i>and</i> any form of NRT	16.50 (3.89-99.07)	2.51 (0.61-11.85)

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- Conclusions:

- Using evidence based methods, a brief TUC program can be designed for patients with mental disorders
- This TUC program can gain department leader and provider level support
- Preliminary evidence suggests that such a program can be incorporated into routine mental health f/u care
- The TUC intervention lead to measurable improvements in provider practice patterns