

FLOW: A DEMONSTRATION PROJECT TO IMPROVE VETERAN MENTAL HEALTH ACCESS

Lead Author: Zenab Yusuf, M.D., M.P.H.

Contributing Authors: Tracey Smith, PhD, Justin Benzer, PhD, Terri Barrera, PhD, Bo Kim, PhD

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Background

In 2015, 1.6 million veterans received mental health (MH) treatment from the Veterans Health Administration (VHA), a 78% increase from 2006. Most VHA MH services have more new than discharged patients which contributes to poor access. FLOW seeks to facilitate the identification and transition of care of stabilized/recovered MH patients to primary care (PC). This ensures that PC patients with acute MH needs can receive timely treatment. Prior research identified several barriers to transitions from MH to PC including: insufficient administrative staffing, excessively large caseloads and/or resource constraints in the proposed transfer clinic, and MH provider concerns that PCPs lack education or the ability to manage MH needs.

Objectives

Identify stable/recovered MH patients in the electronic medical record (EMR) using developed criteria. Improve access to MH services by demonstrating that low acuity MH patients can be safely transitioned and managed in PC.

Methods

The project team collaborated with VA's national and regional mental health leadership to define EMR criteria. Criteria was built into an online FLOW report which included any patient seen in MH clinic in the previous 24 months and excluded those with current suicide risk, recent emergency or inpatient psychiatric visits, and those taking more than 3 psychotropic medications. Participants were veterans attending the general MH clinic at a VA outpatient clinic in south Texas. Transition processes involved MH review of identified patients, engaging patients in shared decision making regarding proposed transition, ensuring care is not fragmented, and establishment of clear protocols for accessing MH if needed following the transition.

Results

Between May 2017 to February 2018, 2,634 Veterans (mean age=53 years) met EMR criteria. Of these, 264 (10%) transitioned to PC. Only 3 (0.01%) of the 264 patients returned to MH due to increased symptoms, or request for a new MH treatment. Over 80% had a scheduled PC appointment within 90 days of transition. Additional 73 MH patients (not identified on the FLOW report) were also transitioned to PC, although 6 returned to MH for similar reasons. Overall rate of returning post transition was 2%.

Discussion

Veterans' access to mental health care is of paramount importance to VHA. FLOW project demonstrates the feasibility and acceptability of using EMR for identifying stable and recovered MH patients whose care coordination can be managed in PC, thus increasing access to MH services for patient with acute or chronic needs. The FLOW project's local success has led to its planned adoption across the VA system.