



From Bench to Battlefield: The Psychological Health Center of Excellence's (PHCoE's) Knowledge Translation Activities

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Background

Seventeen years may pass before health research findings become part of routine clinical practice.^{1,2}

Behavioral Health clinicians in the DoD face challenges like heavy and complex caseloads; regulatory demands for evaluations, charting and reports; evolving and multiplying technologies; and increased emphasis on provider productivity. Studies frequently cite lack of provider time as a barrier to providing evidenced-based care or improving practice through implementation activities.^{3,4}

Dissemination describes "the targeted distribution of information and intervention materials to a specific public health or clinical practice audience. The intent is to spread knowledge and the associated evidence-based interventions."⁵

Implementation describes "the use of strategies to adopt and integrate evidence-based health interventions and change practice patterns within specific settings."⁵

The Psychological Health Center of Excellence (PHCoE), a component center of the Defense Health Agency, uses both active dissemination (Evidence Briefs and Clinical Support Tools (CSTs)) and implementation (Practice-Based Implementation (PBI) Network and the Primary Care Behavioral Health Program) activities to shrink the gap between research and clinical practice.

Objectives

1. Describe the challenge of closing the near 20-year research/practice gap and barriers to improving practice in the Military Health System (MHS).
2. Explain the difference between dissemination activities and implementation activities and give examples of each available through the PHCoE.
3. Access readily available resources (psychological health evidence briefs, clinical support tools, and the Practice-Based Implementation online community) designed to assist clinicians in integrating psychological health research into clinical practice..

Ways to Get Involved

Visit <http://www.pdhealth.mil/>

- Review Evidence Briefs to stay current on the literature
- Provide feedback or suggest topics for Evidence Briefs. Vote for the topics that will be most useful to you!
- Download Clinical Support Tools
- Submit a PBI Network implementation pilot proposal or suggest an intervention needed to improve care in your clinic

Order clinical support tools (Army, Navy, and Air Force personnel) via www.qmo.amedd.army.mil

Dissemination

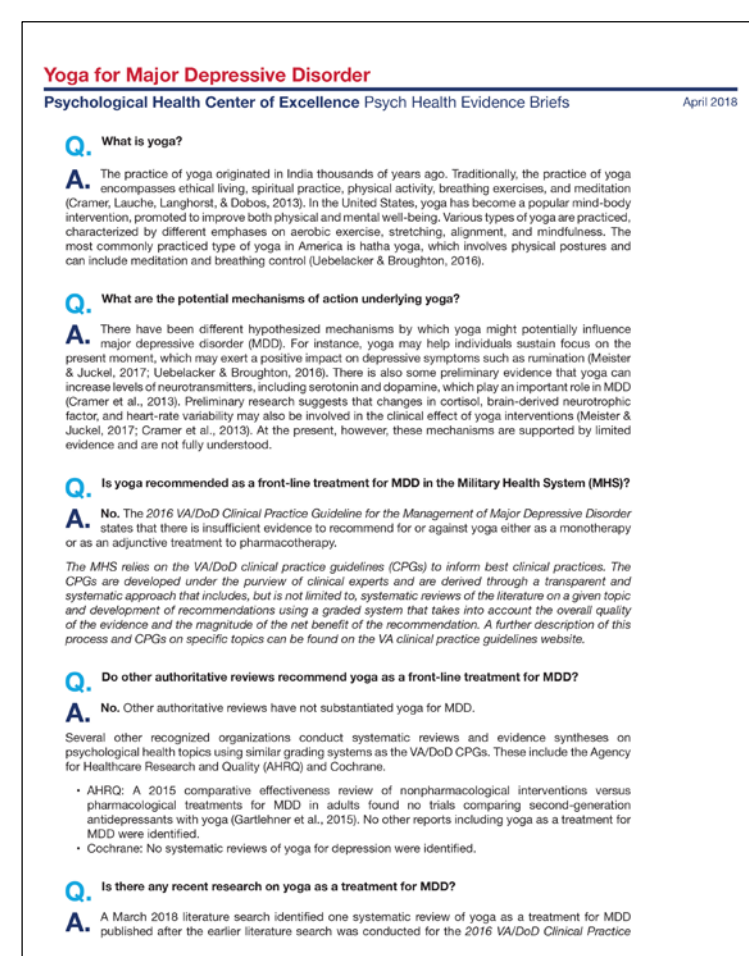
Evidence Briefs

PHCoE produces Evidence Briefs, 1-2 page digestible summaries of evidence regarding psychological health topics.

Currently, 33 downloadable Evidence Briefs are freely available on the PHCoE website.

Each Evidence Brief includes

- An overview of the intervention, treatment model, and proposed mechanisms of action
- A review of the VA/DoD Clinical Practice Guideline (CPG) recommendation
- A review of other systematic reviews from recognized organizations
- A review of any recent research on the intervention
- Conclusions



Current topic areas include

- Posttraumatic Stress Disorder (PTSD; e.g. Accelerated Resolution Therapy for PTSD, Prolonged Exposure for PTSD, and Canine Assisted Therapy for PTSD)
- Major Depressive Disorder (MDD; e.g. Exercise for MDD, Short term dynamic psychotherapy for MDD, and Mindfulness-Based Cognitive Therapy for MDD)
- Alcohol Use Disorder (AUD) or Substance Use Disorder (SUD; e.g. Acamprosate for AUD, Brief interventions for unhealthy alcohol use, and Acupuncture for SUD)

Clinical Support Tools (CSTs)⁶

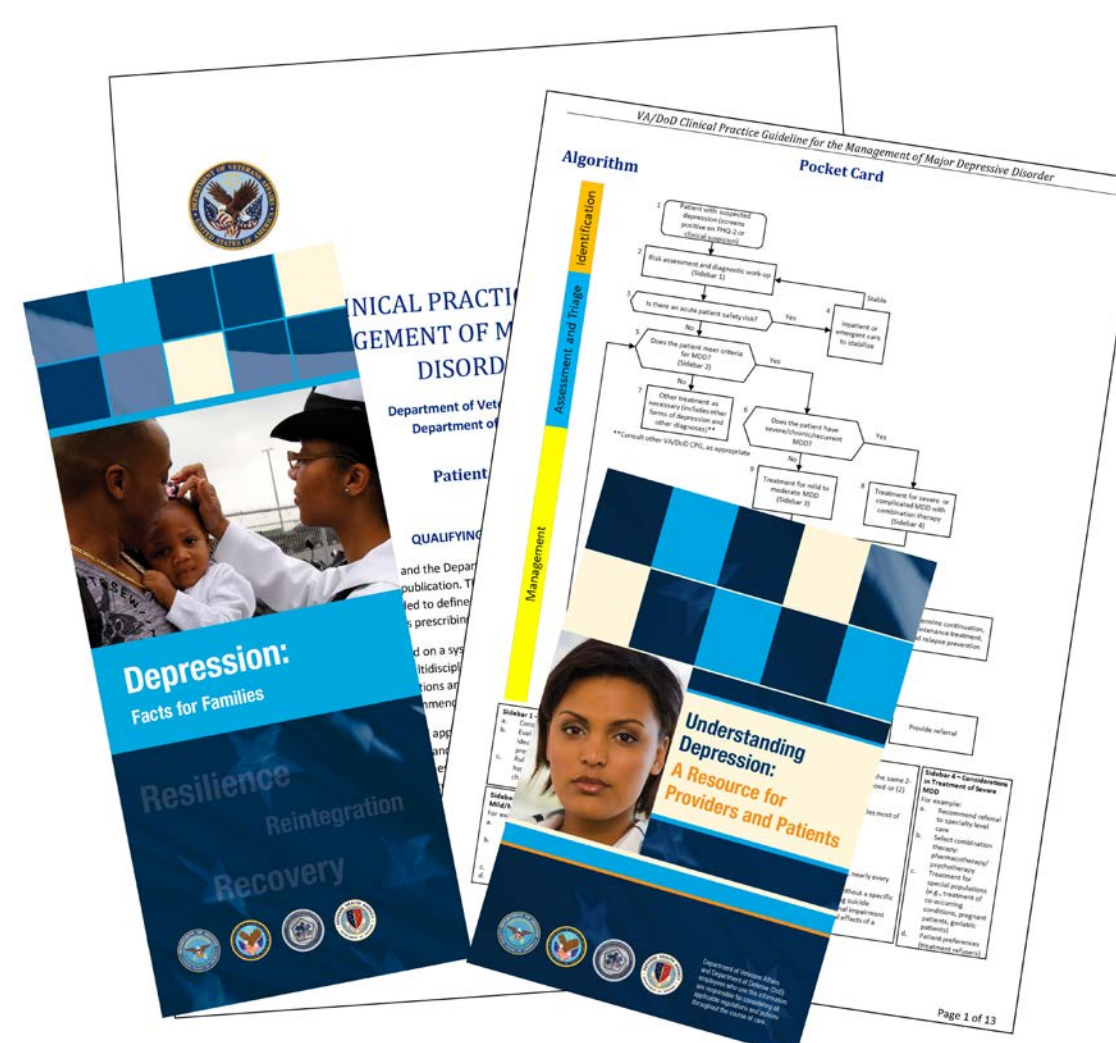
CSTs are education and decision aid materials. They translate and condense information from VA/DoD CPGs for primary care providers, specialty care providers, patients, and family members.

CSTs provide convenient synopses of CPG-recommended assessment, diagnosis, and treatment protocols for clinicians.

The tools provide well-researched and professionally-developed information about mental health conditions, treatment options, coping strategies, and medications for clients and family members.

PHCoE develops CSTs in an iterative process in partnership with the VA and the US Army Medical Command. CSTs are reviewed by the expert VA/DoD work group responsible for CPG development.

Currently CSTs have been produced for the following CPGs: Suicide Risk, Substance Use Disorder, Major Depressive Disorder, Posttraumatic Stress Disorder and Acute Stress Disorder, and Opioid Therapy for Chronic Pain.



Implementation

Practice-Based Implementation Network

DoD and the VA developed the enduring collaborative PBI Network from 2013 – 2015 in order to:

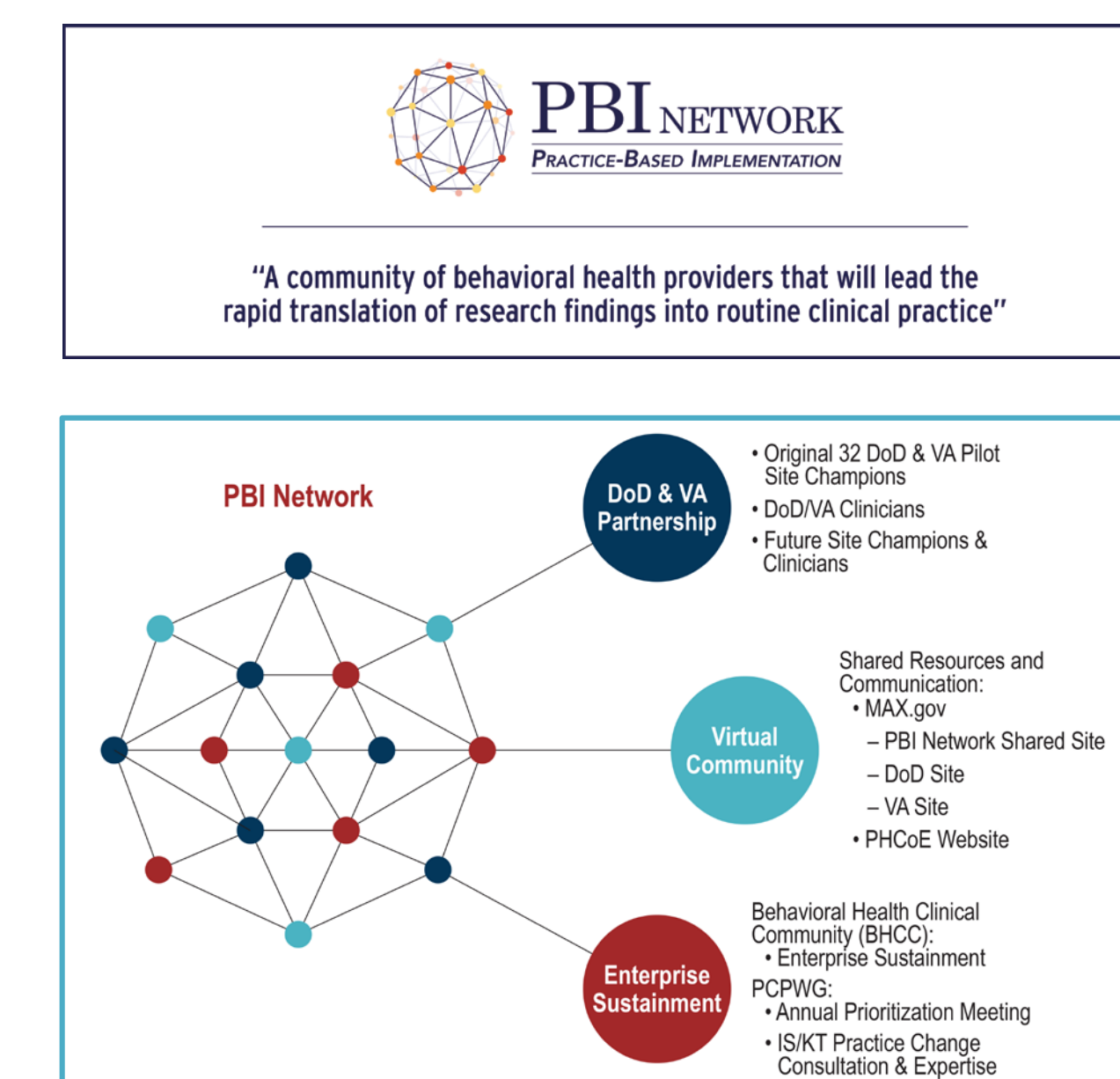
- Improve dissemination, implementation and evaluation of evidence-based treatments
- Facilitate effective clinical practice changes across the enterprise and between Departments

The PBI Network has completed three implementation pilots:

- Clinical outcomes monitoring in PTSD care
- Substance abuse screening in primary care
- Integrating technology (app and web-based interventions) in behavioral health settings

General lessons learned across pilots:

- Providers need both protected time for implementation activities and temporary reductions in RVU generation requirements
- The MHS does not have coding practices that capture the use of technology and implementation activities in behavioral healthcare
- Time constraints continue to impede providers' participation in implementation activities and negatively impact adoption of practice changes
- Objectively tracking changes in providers' behavior throughout implementation is critical but challenging

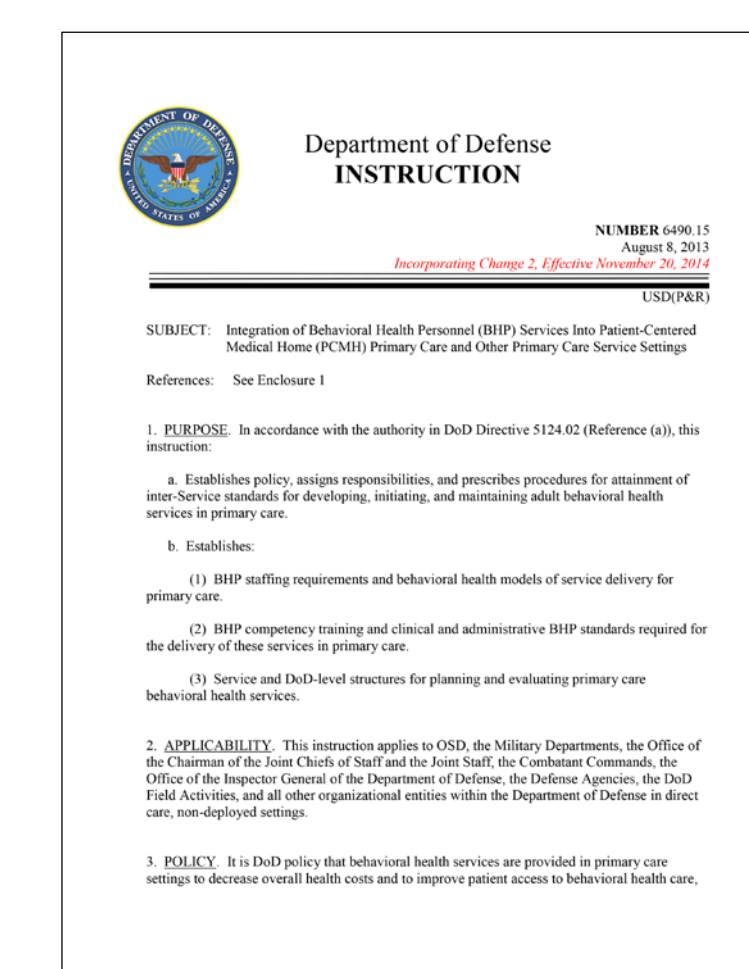


Primary Care Behavioral Health Program

Primary Care Behavioral Health (PCBH) in the Department of Defense (DoD) aims to better address mental/physical health of Service members, family members, and retirees by:

- Increasing access to behavioral health services
- Identifying behavioral health problems early
- Reducing barriers associated with seeking behavioral health treatment/support

Example PHCoE activities in support of PCBH include training and mentoring for psychologists and social workers integrated into primary care as Internal Behavioral Health Consultants (IBHCs) and training for nurses working as Behavioral Health Care Facilitators (BHCfs).



From 2016-2017 the Primary Care Behavioral Health branch at PHCoE provided:

- Initial training for 103 BHCfs
- Initial training for 116 IBHCs
- 432 mentorship calls and 64 site visits in support of IBHCs

References

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Conclusions/Next Steps

MHS behavioral health clinicians provide care in an environment shaped by organizational and regulatory complexity, demanding caseloads, and evolving technology, leaving little time in day to day practice to stay abreast of new research developments. PHCoE's knowledge translation activities assist busy clinicians using methods that range from evidence synthesis and dissemination to comprehensive training and evaluation programs. These efforts impact behavioral healthcare of Service Members and beneficiaries from primary to tertiary care settings.