Challenges to Building a Mental Health System of Care in the US Army

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PTSI: Analyzing and Architecting the DoD Mental Health System of Care

- Develop models of the current Military Psychological Health (MPH) system to characterize and improve the delivery of care to Service Members and Families

- Determine the forces and levers of change in the MPH enterprise

- Create future system designs that better meet the quadruple aims of readiness, per capita cost, quality of care, and population health

- Prioritize and guide actions to achieve the desired future system
What problem are we trying to solve?

How does the Army Currently Deliver Behavioral Health Services to Soldiers and their Families?

- Who are the key stakeholders in the Army behavioral health system of care?
- How is behavioral health care structured at the Army installation level?
- Is behavioral health care effective?

How can the Army build a mental health system of care that meets the needs of its beneficiary population?
Why do we care about mental health in the Army?

- Over a decade of continuous war
- Mental health conditions being highlighted as ‘signature wounds\(^1\).’
- Dramatic increase in demand for mental health since 2002\(^2\)
  - Mental disorders second largest disease burden on ambulatory care
- Large number of active duty soldiers transitioning to civilian life and will potentially seek care in other health care systems
Van de Ven defines* Engaged Scholarship as a participative form of research for obtaining the different perspectives of key stakeholders in studying complex problems.

Iterative process involving:
- Problem formulation – to situate, ground, diagnose and infer the research problem
- Theory building – to create, elaborate, and justify a theory
- Research design – develop a variance or process model for empirically examining alternative theories
- Problem solving – communicate, interpret and apply empirical findings

Research Framework: Combining Field Research and Quantitative Data Analysis

Ongoing Field Research to Define the Army Mental Health System of Care in Power Project Platforms

- Telemental Care Delivery
- Analyzing Care Seeking Behavior
- Baseline Performance Measurement
- Mental Health System of Care Governance
- Company Level Leadership & Soldier Risk Management
- Assessing and Improving Embedded Behavioral Health
- Command Provider Relationships in EBH
KEY STAKEHOLDERS
Who are the key stakeholders?

- Need to understand who receives care
  - Active duty soldiers
  - Family Members/Retirees
  - Activated Guard and Reserve

- Need to understand who provides care
  - Core Clinical care
  - Enabling Non-Clinical Care
  - Leadership impact on occupational environment

Complex network of interdependent actors spread across multiple organizations working as a public network

Source: Ippolita A, Srinivasan J. Stakeholder Approach to Better Understand the Psychological Health Services in the Military, INCOSE Annual Conference, 2011
Understanding the Active Duty Population

- Brigade Combat Teams
  - Seen as key to effective force projection
  - Varied

- Other operational units
  - For eg: MPs, Sustainment
  - Limited medical assets

- Warrior Transition units
  - Established after Walter Reed
  - Eliminated medical holds

Source: Srinivasan and Ivany, 2013
Challenges faced by Providers

- **Unique occupational communities**
  - Providers: Psychiatry, Psychology, Social Work, Psychiatric Nurse Practitioners
  - Para professionals: Social Service Assistants, Nurse Case Managers, Behavioral Health Technicians

- **Multiple Agency and Multiple incentives**

Source: Srinivasan and Ivany, 2013
Company Leadership Not Incentivized to Focus on Soldier Wellness

- External Requirements
  - Training
  - Taskings
  - Emergencies

- Operational/Data Driven Incentives
  - Demonstrate operational excellence in theater
  - Demonstrate operational readiness in garrison
  - Quantitative OER (# patrols, rounds fired safely)
  - “Check the Block” mentality

Source: Sapol and Srinivasan, 2013
MAPPING THE SYSTEM OF CARE
How does a Soldier Enter the Mental Health System of Care?

- Critical touch points to get the soldier into care or provide command situational awareness on their soldier
  - Permanent Change of Station (In-Processing)
  - Soldier Readiness Processing (SRP)
  - On-Post and Off-Post Inpatient Care/Partial Hospitalization
  - Other Serious Incident Reports (SIR)

Source: Srinivasan and Ivany, 2013
How is Care Structured at the Installation Level?

- Emergency Room
- Other Specialty Care
- Primary Care
- Routine Screening
- Central Specialty Care Clinic
- WTU Social Work
- Out Patient Care Clinic(s)
- In-Patient Care
- Intensive Outpatient Care
- Substance Dependence
- Financial Services
- Family Services
- Military Family Life Consultants
- Army One Source
- Spiritual Services
- Master Resiliency Trainers

FORSCOM  MEDCOM  ICOM  TRICARE
# Need to Manage Transitions Across Multiple Models of Care

<table>
<thead>
<tr>
<th>Location</th>
<th>RESPECT-MIL</th>
<th>Soldier Centered Medical Home</th>
<th>Embedded Behavioral Health</th>
<th>Intensive Outpatient</th>
<th>In Patient</th>
</tr>
</thead>
<tbody>
<tr>
<td>Primary Care</td>
<td>Primary Care</td>
<td>Outpatient Clinic in Brigade Footprint</td>
<td>Specialty Care</td>
<td>Specialty Care</td>
<td></td>
</tr>
<tr>
<td>Staffing</td>
<td>Primary Care Physician + Nurse + Consulting Psychiatrist</td>
<td>Primary Care Physician + Behavioral Health Consultant</td>
<td>6 Psychotherapists + 1 Prescriber</td>
<td>Varies by installation</td>
<td>Varies by Installation</td>
</tr>
<tr>
<td>Care Provided</td>
<td>Medication based management of mild to moderate depression and anxiety</td>
<td>Triage + selected counseling</td>
<td>Full spectrum of outpatient care</td>
<td>Multiple Tracks with Small Cohorts</td>
<td>In Patient Care</td>
</tr>
</tbody>
</table>
Variations in the Architecture of Care

- Three architectures
  - Centralized
  - Triage
  - Distributed Clinic

Source: Scott, 2012
Mapping the System of Care at Site Alpha

Documented Services
- Emergency Room
- Other Specialty Care
- Primary Care
- SRP Screening Tele-Behavioral Health
- Central BH Clinic (CAFAC + Tenant Units)
- WTU Social Work
- Embedded Behavioral Health (BCT Outpatient Services)
- Substance Dependence
- Financial Services
- Family Services
- Military Family Life Consultants
- Spiritual Services

Undocumented Services
- Master Resiliency Trainers
- Financial Services
- Family Services
- Military Family Life Consultants
- Spiritual Services

Exemplar System of Care @ Site Alpha

Note: Not all Patient Pathways are Shown

Source: Srinivasan and Ivany, 2013
Site Alpha Principal Findings

- Staffing Challenge – “from a shell game to chess”
  - Understaffing of EBH Teams
  
  “We have a CAB coming, and we do not have enough providers to support them – we have to send 3500 soldiers to the network”
  - Care provision for the tenant units
  - Utilization of MTF 68X (FORSCOM 68X @ 50% in clinics)
  - BHO reporting structure needs to be clarified

- Training
  - Rear detachment staffing and training
  - Junior leader training on assessing risks

- Metrics are not reflective of care provision or readiness
Site Alpha Principal Findings

- **Care Provision Challenges**
  - Provider turnover leading to disconnects in care
  
  "of all the people you trained, I am on the only one left"

  - Providers having to act as Nurse Case Managers when soldiers are sent into the network
  - Having to split prescribers between network and installation

- **Funding support for EBH**
  - PBAM went away – hence resource allocation for EBH has to come from the core.
EBH Provider Onboarding/Training

Developing shared situational awareness
- Multi-Disciplinary Treatment Planning Meetings
  “I would feel lost if I was not at these meetings”
- Connect Care Meetings
- ASAP alignment to BH
- Templates to support provider tracking of ARFORGEN
- High Risk Team Meetings

Innovative Care
- Intensive Outpatient Program
Connecting Qualitative and Quantitative Data

Out Patient Encounter Characterization

- Data fidelity is poor
- Encounter data limited to actual care deliveryed
UNDERSTANDING THE EFFICACY OF BEHAVIORAL HEALTH CARE
# Current State Army BH Metrics

## How is the Army Measuring BH Performance?

<table>
<thead>
<tr>
<th>Access</th>
<th>Care Seeking</th>
<th>Follow Up</th>
<th>Care</th>
<th>CPG Compliance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Initial access to care</td>
<td>PDHA/ PDHRA referrals</td>
<td>Post Hospitalization BH follow up</td>
<td>PTSD/ Depression Improvement in Primary Care</td>
<td>PTSD treatment</td>
</tr>
<tr>
<td>Wait time for established appointments</td>
<td>High Risk PDHA/ PDHRA referrals</td>
<td>BH Readmit Rate</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Appointment Status (No-Shows)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Appointment Status (Walk-Ins)</td>
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</tbody>
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## Satisfaction

<table>
<thead>
<tr>
<th>EBH Staffing</th>
<th>IDES BH Training</th>
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<tbody>
<tr>
<td>Overall Patient Satisfaction, Satisfaction with Provider, Satisfaction with Access</td>
<td></td>
</tr>
</tbody>
</table>

Source: Srinivasan, Ivany and Dineen, 2013
Challenges in Integrating Information from Multiple Sources

- Data tends to flow horizontally and not vertically in this model
- Individuals tend to move vertically between care levels
- Organization of data is by program and owner, not by individual receiving care
- Individual privacy increases at higher levels of care
- Vertical transmission of data often occurs in less secure ways

Source: Brown and Srinivasan, 2013
Desired Information Flow

PATIENT ACTION
- FORSCOM Medical Care
- MEDCOM Medical Care

Data Owner: MEDCOM

SOLDIER/ FAMILY SUPPORT
- Army Community Services
- Military One Source

Data Owner: IMCOM

EMPLOYEE ACTION
- Deployment Readiness
- ASAP/FAP Programs

Data Owner: FORSCOM/IMCOM

Source: Brown and Srinivasan, 2013
Next Steps

- Continue select installation assessments to inform Army and major command level leaders about key disconnects behavioral health system of care
- Continue participatory action research with Army BH Leadership team to enhance effectiveness of EBH rollout
- Work with Health Affairs/Army on developing and rolling out mental health performance measures.