



# Summary Presentation Report: 2008 NRI Research Conference

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## **Overview**

NRI recently held its 18th Annual Conference on State Mental Health Agency Services Research, Program Evaluation, and Policy. Several research projects presented related to inpatient psychiatric care. Below is an annotated list of these projects; the PowerPoint presentation and presenter contact information can be found on [NRI's web site](#). Some sessions can be viewed in their entirety through [NRI's E-Learning website](#) and CEU's are available. Instructions for NRI's E-Learning website can be found at the end of this report.

## **Pharmacy Presentations**

### [The Use of Antipsychotic Medications with Children: A Comprehensive and Current View](#)

By Robert J Constantine, Ph.D. and Rajiv Tandon, M.D.

This presentation provides a detailed overview of antipsychotic use among children in Florida's fee for service Medicaid program from July 2002 to December 2005, the last month before the implementation of Medicare Part D. The presentation examines antipsychotic usage trends both by class and by brand of atypical antipsychotic over the 42 month period for children 0-5, 6-12 and 13-18. In addition, it examines the changing diagnostic patterns of users in the different age groups. Finally, the presentation answers the questions of who is prescribing antipsychotic medications to children in the different age groups and whether the roles of psychiatrists vs. primary care physicians have changed over time. *The full video presentation is available via NRI's E-Learning website.*

### [Relationship Between Long-Acting Risperidone Adherence and Hospitalization](#)

By R. Dirani, Ph.D., Chris Kozma, Ph.D., Wayne MacFadden, M.D., Susan Vallow, Ph.D. and Lian Mao, Ph.D.

This study evaluated the relationship between adherence to risperidone long-acting injectable (RLAI) and hospitalization. Results showed that adherence to RLAI was high and the percentage of patients hospitalized post initiation was significantly lower. Greater adherence was associated with lower hospitalization rates.

### [High Rates of Reported Allergy to Antipsychotic Agents in a State Hospital](#)

By Jeffrey R. Nurenberg, M.D. and Steven J. Schleifer, M.D.

At Greystone Park Psychiatric Hospital, surprisingly high rates of "allergy" to antipsychotic and other psychotropic agents were listed in patient pharmacy records: 23.6% of all inpatients had an "allergy" reported to one or more antipsychotic agents. These rates appeared quite high considering anticipated rates of true allergy. Based largely on patient interviews, it was discovered that actual allergy to antipsychotics is much lower than the reported rates on the clinical charts, and may often reflect other adverse drug reactions that, at some time, were imprecisely labeled "allergy". Many patients may accordingly be denied access to effective treatments based on an unnecessary assignment of "allergic" status to certain medications. This may result in patients being treated with less effective or more costly medications.

***Pharmacy Presentations Continued***

[Improving the Quality of Psychotherapeutic Prescribing Practices in State Mental Health Programs](#)

By Robert Constantine, Ph.D. and Rajiv Tandon, M.D.

This project describes Florida's efforts to improve the quality of psychotherapeutic prescribing practices focusing on two specific components of the program; the process used for the development of evidence/consensus based guidelines for the state's Medicaid program and the use of "physician reminders" as a strategy for increasing the conformity of prescribing with the guidelines. Many states have implemented similar reminder systems using Comprehensive NeuroScience or similar vendors to review pharmacy claims against a series of guideline related edits and asking physicians to review specific prescriptions in the light of enclosed evidence based literature. This project describes and compares the practices of physicians (as measured by the frequency of edit violation) working in private practice to those working in community mental health settings, and if possible, those working in the same community mental health setting. Strategies for utilizing the data to foster improved prescribing practices and present data related to the effectiveness of the MD reminder intervention and the implications for future policy development are presented.

[First Mailed Educational Intervention to Physicians Reduced Pharmacy, Hospital & Outpatient Costs](#)

By Jeffrey Veach, M.S. and Harold Carmel, M.D.

The Missouri Mental Health Medicaid Pharmacy Partnership Project has implemented a state-wide initiative to improve medication practices, using educational mailings targeted to physicians who trigger quality indicators related to best practices. This study assessed the effect of the first mailed message regarding a patient to physicians about their psychotropic medication prescribing practices ("intervention") on the rate of change of pharmacy, hospital and outpatient costs in a state Medicaid system. The results indicate that mailed interventions to physicians about their psychotropic drug prescribing practices can reinforce best practices, reduce hospitalizations, and help state mental health authorities realize considerable savings in pharmacy, hospital and outpatient costs.

[Prescribing Practices in Inpatient Psychiatric Settings: Using Data to Drive the Use of Evidence Based Care](#)

By Frank A. Ghinassi, Ph.D., Roger Haskett, M.D., Tanya Fabian, Pharm.D., Ph.D., Ken Nash, M.D., and Keith Stowell, M.D.

The presentation outlines, in detail, two specific prescribing practice interventions and also previews the next two planned for this ongoing series of quality improvement projects. The presentation also focuses on the development of a series of data feedback loops which combine information from a variety of sources including electronic pharmacy data, hand flagged chart information, a large UPMC Medical Archival Retrieval System (MARS), and additional smaller electronic databases utilized by WPIC. Collaboration was formed among the physician leadership, pharmacy leadership, Senior Administrative Management, and psychiatric residents resulting in a multi-disciplinary and highly effective quality improvement team.

[Using Administrative Data to Inform Prescribing Practices: Antipsychotic Polypharmacy Indicator](#)

By Emily Leckman-Westin, Ph.D., Quingxian Chen, M.S., Molly Finnerty, Ph.D. and Nitin Gupta

Polypharmacy, the use of two, three or more medications within the same therapeutic class, is a practice with little to no scientific support, and it exposes recipients to increased risk of adverse drug events and decreased medication adherence. New York State Office of Mental Health has begun a 4 year quality improvement initiative to improve psychotropic prescribing practices in the state Medicaid program, focusing initially on psychotropic polypharmacy. This presentation will describe the steps taken to empirically validate antipsychotic polypharmacy indicator(s) that identify intended long-term polypharmacy trials using Medicaid data, and present results on this important measure of quality practice.

### **Physical Health/Mental Health Presentations**

#### [The Impact of Chronic Medical Disorders among Persons with Serious Mental Illness and a Model for Change](#)

By Elsie Freeman, M.D., M.PH; Karen Glew, M.S.P.A.; Nona Tsoeria, M.D., MPPM; Michael Hartman, S.W.; John Pandiani, Ph.D.; Kenneth Thompson, M.D.

According to the literature, 70% of people with mental illnesses have one co-occurring chronic physical illness, 50% have two co-occurring chronic illnesses and 30% have three or more co-occurring chronic physical conditions. There is a need for mental health care systems to monitor health data for people with mental illnesses and develop integrated approaches to effectively address the health care needs of these individuals. Developing integrated treatment approaches is especially important since the life expectancy of this population is, on average, 25 years shorter than individuals who do not have a co-occurring mental illness and the main causes of death are chronic physical illnesses such as heart diseases, cerebro-vascular diseases and diabetes. This presentation presents data from both Maine and Vermont and examines how various elements: data analysis, data dissemination, personal contact, aligning priorities among competing stakeholders, leadership, visioning and collaborative activities are critical to effecting specific changes that will improve outcomes for persons with mental illness. *The full video presentation is available via NRI's e-learning website.*

#### Use of Staff Survey Results to Develop Plans for a Smoke-Free Campus

By Jeanne Steiner, D.O. and Stephanie S. O'Malley, Ph.D.

A survey was conducted to assess the readiness of staff to participate in the development and implementation of a smoke-free policy. Senior management used the data to inform both policy decisions and implementation strategies. The Director and other leadership reviewed the data which confirmed that there was general support among staff to become a smoke-free facility, and delineated the sub-groups of staff who were more resistant to that idea.

### **Additional Inpatient Psychiatric Care Projects Presented**

#### Acute Care Bed Shortages and Use of Emergency Departments: The Effect of Hospital Closure on Neighborhood Hospitals

By Richard Lindrooth, Ph.D. and Christopher Frueh, Ph.D.

This project examines how acute care bed shortages caused by closure of facilities or units affects admissions through the emergency department. Insights into how state policies affect access to care in markets with tight acute-care bed supply were presented, in addition to how other factors including outpatient facilities, the supply of mental health professionals, the nature of private reimbursement, and demographics affect admissions through the emergency department. Qualitative interviews of outpatient mental health and hospital administrators are designed to gather information as to what types of facilities and/or policies help mitigate (or worsen) the effect of reduced acute care bed shortages.

#### PTSD Then and Now, There and Here

By Robert J. Ursano, M.D.

Dr. Ursano shares his research on returning veterans and the numbers with PTSD. He distinguishes between different types of traumatic events both domestic and foreign. Using the Iraq and Afghan wars, data are provided to substantiate the numbers of veterans who are diagnosed with PTSD. Additionally, the different symptoms of PTSD are described and how PTSD may manifest itself in returning veterans differently. Data on families of veterans with PTSD and the effects on functioning are presented. *The full video presentation is available via NRI's E-Learning website.*

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### Enhancing the Clinical Effectiveness of Mental Health Treatments: Research to Improve Practice & Inform Policy By Philip Wang, M.D., Dr.P.H.

Pervasive unmet needs for effective mental health care exist, even though treatments are consumed by many patients and account for large expenditures particularly in public programs. To address this paradox, recent blue ribbon panels have called for new research to increase the effectiveness of mental health treatments, improve practice, and better inform decision makers. Discoveries in the area of genomics and their translation into new more efficacious therapeutics offer one promising approach. Examples of other research advances that can be brought to bear to improve existing treatments will also be covered, including effectiveness trials, clinical epidemiologic studies, quasi-experimental designs, and even simulation studies. *The full video presentation is available via NRI's E-Learning website.*

### National Child Traumatic Stress Network: Evaluating Trauma Informed Care, Product Development, and Product Adoption

By Christine Walrath, Ph.D., MHS, Charles H. Seagle, Ph.D. and Elizabeth Douglas, MSPH

The National Child Traumatic Stress Network (NCTSN) was created by SAMHSA to improve access of children and adolescents to trauma-informed mental health treatments and services and to raise the standard of their care. Since its inception in 2000, over 70 centers, located in academic and community treatment settings, have been funded to develop and implement trauma-informed interventions, to disseminate information about child trauma and effective interventions, and to facilitate collaboration among the centers, and among child serving providers and systems. This presentation summarizes the first year findings from a national evaluation of the NCTSN.

### The Combined Influence of Adult Service Recipients, Clinicians, and Environments Upon Type of Psychiatric Hospitalization

By Christine R. Wydeen LCSW, CAC, CCDP, Ph.D.

The purpose of this project was to investigate the complex process surrounding the voluntary and involuntary community psychiatric hospitalization of adults by identifying the variables of statistical and practical significance that impact the decision. By focusing on the setting where the clinical assessments occur, and the individual characteristics of the adult service recipients and clinicians, the research utilizes complexity theory as an organizing framework that lends order to the decision-making process leading to the psychiatric hospitalization.

### ***Instructions for Accessing NRI's E-Learning Website***

Noted video presentations from NRI's 2008 Research Conference are available online. To access these presentations, visit [NRI's e-learning page at Essential Learning](#). In the left column, under *All Accreditations*, select **Generic Completion**. Under *All Subjects*, **select NRI Courses**. All NRI presentations/courses should be listed. There is a minimal fee per presentation/course to cover CEU certificates and the development of the online content. For further assistance, contact [Vera Hollen](#) (703) 682-9462.