



RESPECT-Mil

Re-engineering Systems of Primary Care Treatment in the Military

Background

Deployment Health Clinical Center manages RE-SPECT-Mil, a system of care based upon sound empirical evidence, in which military primary care providers screen service members for depression and post-traumatic stress disorder (PTSD) and then offer treatment for these conditions. This collaborative care model employs three types of providers: nurse care facilitators, primary care providers and behavioral health specialists.

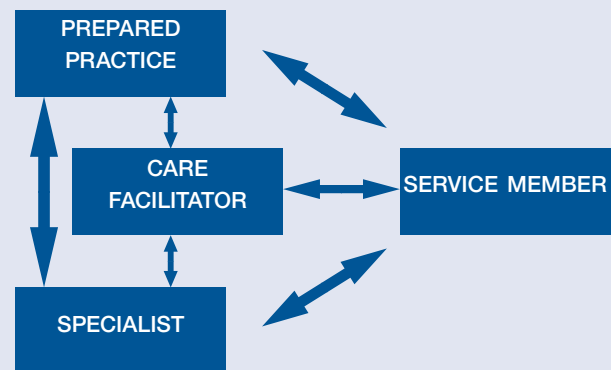
Mission

With nearly 95 percent of service members accessing primary care in the Military Health System each year, this setting affords the best opportunity to screen for depression and PTSD. RESPECT-Mil requires primary care screening for all service members and offers treatment in that setting, which reduces stigma, improves access to high quality behavioral health services and provides a proven “best practice” for treating depression and PTSD. The program provides the opportunity to intervene early by finding service members who are experiencing symptoms and providing appropriate care.

Structure

RESPECT-Mil is unique because it seamlessly integrates behavioral health into the primary care setting, enabling primary health care providers to initiate prompt help for service members.

Three Component Model



The Three Component Model consists of a **prepared primary care practice** where providers are trained to assess patients for depression and PTSD and to communicate about behavioral health issues, effective treatments and follow-up strategies. **Nurse care facilitators** are the core of the RESPECT-Mil model. They coordinate communication between the providers and service members, monitor patient response to treatment and help service members understand and actively follow their treatment plans. The **behavioral health specialist** reviews all cases weekly with the care facilitator, makes recommendations on treatment adjustments and communicates directly with primary care if needed.

“Service members experiencing psychological trauma symptoms may not step forward to seek care because they may be intimidated by the stigma attached to PTSD or because they simply believe they can work through the issues by themselves. We must rely on primary care providers to screen, evaluate and when appropriate, treat service members rather than waiting for them to seek care.”
— Army Colonel (Dr.) Charles Engel, RESPECT-Mil Program Director and Director of the **Deployment Health Clinical Center (DHCC)**, a DCoE component center.

RESPECT-Mil site preparation begins with provider training. Care facilitators receive four to eight hours of specialized training. Primary care providers (physicians, physician assistants or nurse practitioners) receive training on: recognizing depression and PTSD; educating patients; effective treatment strategies; follow-up care and the best ways to coordinate with specialists. Behavioral health specialists receive training on RESPECT-Mil care coordination and the case review process. Manuals delineate procedures to be followed by all providers.

At primary care clinic intake, each service member is screened for depression and PTSD. When the service member is seen, irrespective of the original reason for the clinic visit, if he or she screens positive, the primary care clinician uses the structured and efficient RESPECT-Mil process. This includes a suicide assessment if needed, to determine if the patient is experiencing depression and/or PTSD. If the clinician makes a diagnosis of depression and/or PTSD, they will discuss treatment options that could include medication, psychotherapy or both. The service member is also offered enrollment in RESPECT-Mil.

For service members who choose RESPECT-Mil, the care facilitator will coordinate communication between the providers and the patient, ensuring continuity of care. They will track service members with periodic phone contact, monitoring progress and offering support and suggestions. The care facilitator consults weekly with the behavioral health specialist and then relays information back to the primary care provider. Treatment specified by the behavioral health specialist can be delivered and modified in primary care, an arrangement preferred by many service members. This integrated approach keeps the primary care provider, care facilitator and the behavioral health specialist in constant communication as they manage the service member's recovery.

Results

From program inception through the end of FY 2011, 76 clinics at 31 active RESPECT-Mil sites provided 1,664,793 primary care visits to active duty service members with 1,322,524 of those visits screened for PTSD and depression. This represents an overall 80 percent screening rate for active duty primary care visits to participating clinics since February 2007. Of screened visits, 168,519 (12.7 percent) resulted in a positive screen and 49 percent of positive screens resulted in a primary care diagnosis of depression, possible PTSD or both.

“When I got my first phone call from RESPECT-Mil and I actually spoke to them, they seemed genuinely interested in what was going on with me, and at that moment it felt like I was just able to release months and months and months worth of emotion that I had kept bottled inside because I was so afraid what the repercussions of it would be ... If it were not for RESPECT-Mil providers, I would not be anywhere near where I am today. I honestly feel like I owe some of the happiest moments of my life and the best moments of my career to the RESPECT-Mil program.”

—Army Cpl. Mary Elizabeth McKay

In FY 2011, 604,280 visits were screened (88.4 percent of total visits), 76,928 visits generated positive screens and 37,465 resulted in a diagnosis. Program participation continues to increase with approximately 50,357 visits screened per month in FY 2011. Over the life of the project, more than 13,000 service members have been referred to and followed by RESPECT-Mil and more than 27,700 service members (nearly 11,450 in FY 2011) with previously unmet behavioral health needs were referred for care. To date more than 13,600, or 1 percent of screened visits (approximately 6,900 in the past year) involved suicidality and received mental health intervention.

Future

RESPECT-Mil's electronic case management tracking system, FIRST-STEPS, will provide advanced outcome measurement and metrics reporting. A tri-service effort is underway to pilot Re-Engineering Healthcare Integration Programs (REHIP), a model that blends the Army, Navy and Air Force approaches to behavioral health and primary care. The pilot program at six tri-service military sites began in early 2011.

Deployment Health Clinical Center

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