

# RESPECT-Mil

Spring 2011



## BUSINESS CASE

### DOLLARS, "SENSE" & STAFFING The Bottom Line

The almighty and somewhat elusive Relative Value Unit (RVU) has significant impact on resources in our medical community. This is a time when providers are being asked to do more, in less time, with fewer resources. There has never been more of a need for an RVU "Force Multiplier".

The Business Model I developed during my time at Fort Stewart targets the staffing process of the RESPECT-Mil Behavioral Health Champion (BHC). The model is designed to enhance patient care by a thorough review of the patient records, discussion of the case with the Care Facilitator (Registered Nurse), and a clearly documented summary with recommendations for patient care in both AHLTA and FIRST-STEPS. This process can net up to 2.4 RVUs per staffed patient and can take as little as 10 minutes. The workload generated can be impressive and more than supports the time invested by the Behavioral Health Champion.

Staffing is a critical component of this program and has been enhanced by the addition of the new electronic case tracking system for care facilitation and staffing, known as FIRST-STEPS. This secure system is currently used to track all RESPECT-Mil patients and possess the unique advantage of having the ability to prioritize patient cases based on risk factors. The RESPECT-Mil Implementation Team (R-MIT) is actively training all current and incoming Behavioral Health Champions and Care Facilitators on the use of this system.

*(Continued on page 2)*

## GREETINGS FROM THE DIRECTOR



At the time of this writing the RESPECT-Mil program has expanded to 34 Army installations and more than 90 clinics. The program is steadily growing, maturing and becoming a seamless component of our Service Members' healthcare—a success story that will likely result in the program's eventual extension to all beneficiaries.

The RESPECT-Mil Implementation Team (RMIT), charged by MEDCOM to provide program management, oversight and leadership, continues to train, mentor, assist and perform other functions with the goal of aiding local RESPECT-Mil sites in their efforts to implement new and sustain existing RESPECT-Mil programs. Happily, the RMIT had to increase its ranks this year to accommodate program growth. Please do not hesitate to contact them should you have any questions or concerns regarding the program.

By the close of January 2011, the RESPECT-MIL program's 880,000 screened primary care visits had resulted in the identification of 9,284 Service Members voicing suicidal thinking as well as other behavioral health concerns. The addition of FIRST-STEPS, the program's case management and staffing system, has improved our ability to automate many of the program's reporting requirements and is very helpful to our staff in their efforts to provide high quality care management to enrollees and identify suicidality and other severe behavioral health issues. As we gather data and anecdotes from our existing sites it has become clear that RESPECT-Mil is making a positive difference in the lives of Service Members, their families and friends, and we thank you for your contribution to the well-being and safety.

Because you play an integral role in our RESPECT-Mil community we are requesting you assist the program's leadership and your fellow RESPECT-Mil staffers by sharing your stories with us. We would love to hear about your experiences—your saves, successes, stories of lives touched or improved—so that both the RMIT and your colleagues can benefit from them. We at RESPECT-Mil view everyone who contributes to the program as part of the RESPECT-Mil family and wish to thank each and every one of you on behalf of the RMIT and the Service Members' lives you touch on a daily basis in your service with RESPECT-Mil.



## FIRST-STEPS TIPS

*By Sheila Barry, Associate Director, Program Development & Training/ FIRST-STEPS Subject Matter Expert*

All patients in FIRST-STEPS are uniquely identified using their full personal social security number. Having the social security number appropriately formatted is the key to effectively tracking individuals followed during their time in the RESPECT-Mil program! Appropriately formatted social security numbers must include the hyphens. Do not add any alpha characters or extra digits—this will result in an incorrect patient identification number. Also, prior Episodes are very important for providing Care Facilitators with a full patient history.

If you are creating a New Episode and the system notifies you that the social security number is already in use, then use the alpha-listing option at the top of the screen to select the patient by last name. You will see the screen image shown below. Select the NEW EPISODE button and then continue on with the patient's profile. Please be sure to immediately update all contact information.

Adhering to this process will ensure that all information entered for this patient is tracked to their social security number. When in doubt contact the R-MIT for guidance. Please, do not create your own work-arounds. They interfere with proper FIRST-STEPS documentation and effective patient follow up.



## BUSINESS CASE

(Continued from page 1)

The staffing process works best when scheduled weekly. Having a designated time anchors this activity in the schedules of both the Behavioral Health Champion and Care Facilitators. The Business Model streamlines this process with the Care Facilitator prepping cases for staffing and assisting with documentation.

The Behavioral Health Champions at Several RESPECT-Mil sites report successful implementation of the Business Model with significant RVU productivity. These sites include Fort Stewart, Fort Bragg, Fort Benning, Fort Campbell, Fort Riley, Katterbach and Schofield Barracks. The recent addition of Fort Jackson brings the total number of sites to 8 with several additional sites pending implementation.

This optional staffing resource takes slightly more time than a verbal staffing encounter; however, the time investment is more than offset by the added benefits of improved documentation and education of primary care providers on basic principles of psychiatric care. I believe that this process results in better patient care, which really is our bottom line. The increase in RVU productivity is a bonus.

Please do not hesitate to contact me if you have questions or need assistance coordinating training for FIRST STEPS.

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The RESPECT-Mil program is pleased to announce that Donna Buckmore, RN, Care Facilitator for the RESPECT-Mil program at Madigan Army Medical Center, Fort Lewis, Washington, received the

United States Army's Achievement Medal for Civilian Service for the period June 2009-June 2010. Donna was nominated for the award by her OIC, who felt that Ms. Buckmore had demonstrated exemplary performance of her duties in the program and merited recognition for her efforts. The citation reads as follows:

*The achievement medal for civilian service is being awarded to Donna Buckmore for the period June 2009-June 2010. Ms Buckmore is responsible for setting up the RESPECT-Mil program for Madigan Army Medical Center. Through her efforts Soldiers with behavioral health issues have been discovered at the lowest level of medical care and are on their way to recovery and reintegration into a normal way of life. She is not only an asset to the RESPECT-Mil providers but the active duty soldiers it serves. She is a credit to the RESPECT-Mil program, Madigan Army Medical Center and the United States Army.*



Ms. Buckmore is from Houlton, Maine and has 3 adult children and 5 grandchildren. She began her career with RESPECT-Mil when she was hired as the first Care Facilitator at Fort Polk in October 2007. After helping implement the program there, she transferred to Fort Lewis in June 2009 where she works as a Care Facilitator at the Okubo Clinic. She states there are many things she enjoys about her job: "I enjoy helping the Soldiers. This is a perfect job for me because I love to talk, educate and help people. The RESPECT-Mil team here at Ft. Lewis is fantastic: All the RCFs here are dedicated, hard working and caring individuals. Everyone works well together and it is a pleasure to come to work. I was very pleased and surprised to receive this award. It is such an honor. As I have told my command, I have never worked in a place like this where my supervisors appreciate the work that I do and take the time to recognize that. And my 88-year old father—a WWII Vet—is so proud of me; and that means the world to me. My supervisor and the Okubo staff have made implementing the RESPECT-Mil Program a success. They have worked hard to see that all of the Soldiers are screened and are all very helpful and dedicated. Again, it is a pleasure to work here. We are a TEAM."



Alicia Rickert joined the Fort Riley RESPECT-Mil team in January of 2010 as an Administrative Assistant. Since joining the team she, along with Care Facilitator Susan King-Shoemaker, has been

an instrumental member of a team that has steadily grown despite the challenges of a prolonged Primary Care Champion vacancy and post building projects that have resulted in the opening of new clinics and realignments of others. She is now located in the extraordinary new 52,000 square foot Farrelly Health Center, a clinic which is following the Patient Centered Medical Home concept, a concept she feels works well and into which the RESPECT-Mil program is easily assimilated.

Ms. Rickert, a Northern California native who is the middle of six children and the oldest of triplets, enjoys traveling and loves her two big dogs—a St. Bernard and a Great Pyrenees. She prides herself on being not only a good RESPECT-Mil team member, but strives to excel by constantly seeking to conceive novel ways of contributing to her site and the program as a whole. Such innovations include sending holiday and birthday cards to program enrollees and creating a database that allows for improved information tracking and accessibility. She says she "Has greatly enjoyed her time with the RESPECT-Mil program and her team members. I believe in the program, feel we can make a real difference in soldiers' lives, and am proud to be a part of it."



## ACADEMIC CORNER

### MEDICATION ADHERENCE

By Thomas E. Oxman, MD  
Professor Emeritus, Department of  
Psychiatry, Dartmouth Medical School

One of the key benefits for participating in RESPECT-Mil is the systematic assessment of both primary and secondary non-adherence with problem solving to improve adherence. Medication non-adherence is a serious problem throughout medicine.(1) For patients, it can be discomfoting to tell

your physician that you have not taken the recommended medication. For physicians, non-adherence can cause resentment. Non-adherence is reported to be as high as 50%, particularly in chronic diseases like diabetes, hypertension, and depression.(2) The rates of "primary non-adherence" (i.e. not even filling the first prescription) can be as high as 20%.(3)

(1) Chen PW: When patients don't fill their prescriptions. New York Times May 20, 2010

(2) National Council on Patient Information and Education. Enhancing Prescription Medicine Adherence: A National Action Plan. National Council on Patient Information and Education, Rockville, MD. 2007

(3) Fischer MA, Stedman MR, Lii J, Vogeli C, Shank WH, Brookhart MA, Weissman JS: Primary Medication Non-Adherence: Analysis of 195,930 Electronic Prescriptions. J Gen Int Med 25:284-290, 2010

# FORCE HEALTH PROTECTION CONFERENCE 2010

By Lyn Albrecht, M.S.

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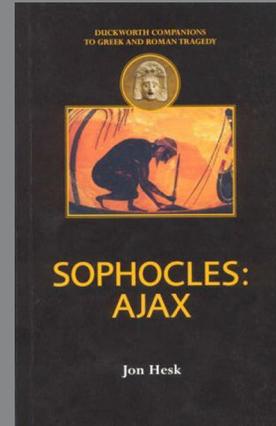
Phoenix, Arizona was the venue for the August 2010 Force Health Protection Conference, where the Deployment Health Clinical Center (DHCC) sponsored its Deployment Healthcare Track for the eighth time. More than 2,300 individuals attended the conference, which featured 11 tracks.

DHCC conducted a pre-conference workshop with representatives from U.S. Army MEDCOM intensive outpatient PTSD programs to kick off an effort to optimize and disseminate best practices from these programs.

The track's plenary session "Theatre of War" was held on Wednesday afternoon August 11, 2010. The focus of this customized version of the play, *Ajax*, was on spouse and family reactions to loss and grief. More than 200 conference attendees viewed the play and participated in the facilitated audience discussion afterwards.

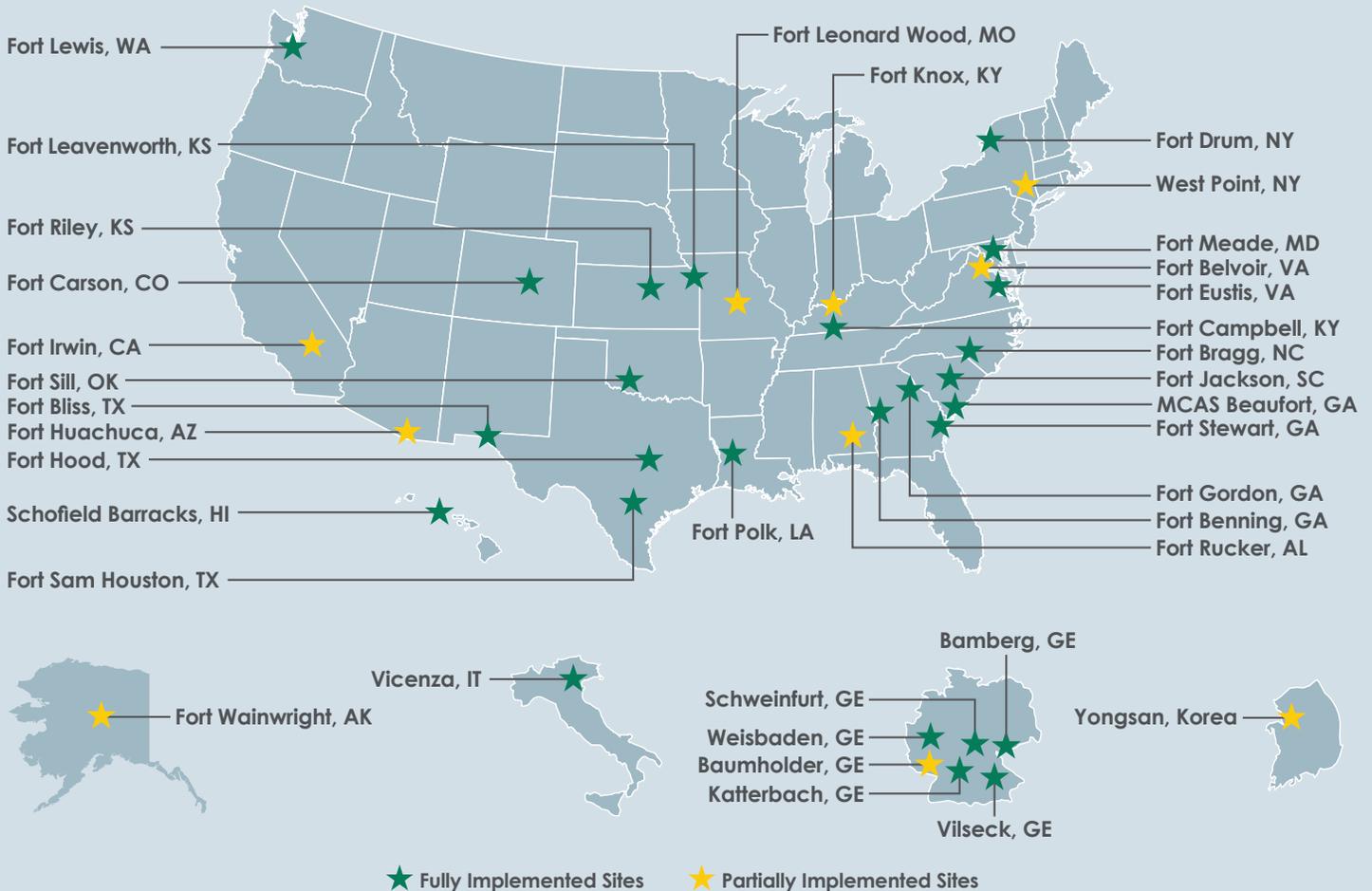
The Deployment Healthcare Track delivered 51 presentations by 71 presenters and represented a collaboration between VA staff, universities and medical schools, volunteer/non-profit initiatives, tri-service active duty personnel, the Substance Abuse and Mental Health Services Administration (SAMHSA), DCoE, and arts organizations. These presentations enjoyed an aggregate attendance of more than 2,300 individuals.

Subjects covered by the track spanned population-based health interventions



— including RESPECT-Mil sessions: "The RESPECT-Mil Program Tri-Service and Growing"; and "The Army Alcohol Pilot, SBIRT, and RESPECT-Mil – A Major Shift in Practice"; reducing stigma/promoting resilience; "They Served Too" — on military families and children; deployment health concerns such as sleep, functional problems, and high risk behaviors; traumatic brain injury; screening, diagnosis, and treatment; and moral conflict and injury.

## RESPECT-MIL WORLDWIDE SITES





## PROGRAM DATA

### Quarterly Progress Reports

The RESPECT-Mil Implementation Team (RMIT) released its first Quarterly Progress Reports (QPRs) in January 2011. The purpose of the QPRs, which will be released on a quarterly basis, is to provide RESPECT-Mil sites and their respective command with a recurring report that tracks the site's progress, identifies possible concerns and site challenges, and provides recommendations to help overcome such issues. In addition, the QPR could be used by command for site performance comparison. The data used to populate the QPRs is obtained from FIRST-STEPS—the RESPECT-Mil patient tracking and documentation system.

The contents of the QPR include a review of the site's force health status and success in meeting RESPECT-Mil objectives. This is followed by a summary review that includes suggestions and potential strategies for improving site performance in implementing and sustaining RESPECT-Mil.

The QPR is a tool designed to benefit many parties: it aids the RMIT in its efforts to identify site-specific concerns; it provides hospital and clinic commanders with a simple, easily comprehensible snapshot of the site's performance during the prior 90-day period; and should help command in its efforts to design or encourage initiatives that may help increase RESPECT-Mil visibility and program success, all of which lead to the improved behavioral health care that is so badly needed by our Soldiers.

The DHCC reports quarterly on individual site performance. It is imperative that hospital and clinic commanders review these reports in order to maintain visibility of this critical MEDCOM initiative and to provide support to participating MTFs as needed to ensure smooth implementation and program success.

### RESPECT-Mil by the Numbers

It's congratulations time for everyone involved with RESPECT-Mil. Thanks to your diligence and hard work you continue to make a valuable impact on a steadily increasing number of Service Members' lives. Every day your efforts result in more Soldiers having their BH concerns identified and treated. Your country thanks you because every Soldier's life or career saved by identifying and properly managing their behavioral health concern is no different than saving a Soldier's life or career under other circumstances. Each and every one of you is a hero. Bravo, well done, and keep up the good work!

Some of the program's success can be appreciated by viewing the following numbers:

- RESPECT-Mil has now been implemented at 23 out of 34 US Army sites
- 43 clinics under OPORD 07-34 are running RESPECT-Mil, while only 4 clinics from this OPORD remain in planning stages.
- 12 clinics under OPORD 10-25 are running RESPECT-Mil, and 27 clinics from this OPORD remain in the process of implementation.
- Through January 2011, 880,238 primary care visits were screened for PTSD and depression (~35,600 per month since February 2010). This is 75% of visits since inception in Feb 07, with steady rises over time (87% in past year, 89% in past month). RESPECT-Mil is soon to screen its millionth Soldier. Way to go, Team!
- Of screened visits, ~111,500 (13%) are positive. Of screen positive visits, 46% are associated with a depression or possible PTSD diagnosis, and 9,284 of screened visits (1%) have involved suicidality. While it is impossible to accurately determine our actual number of

suicide "saves", the RMIT continues to receive regular reports of Soldiers being identified as suicidal by either the screening process or care facilitation which leads to their receiving the BH assistance they so desperately need.

#### RESPECT-Mil: Expands to Navy/Marine Corps!

As this new model is being developed, DHCC has begun a small feasibility effort that involves implementing the RESPECT-Mil program at the Marine Corps Air Station-Beaufort, SC. The Care Facilitator, Teresa (Terry) Watson, came onboard last year, and screening and referral of Marines at the Air Station Clinic began in January 2011. Tai Do, MD is the Primary Care Champion and LCDR George Cowan, MD is the Behavioral Champion. Expansion to Marine Corps Recruiting Depot—Parris Island, SC is being reviewed. We welcome all MCAS Beaufort to the team and look forward to further expansions within the Navy/Marines as well as the Air Force.

#### RESPECT-Mil: The Way Forward

On 5 Feb 2010, MEDCOM OPORD 10-25 directed a 19-site (53 clinics) RESPECT-Mil expansion. The Deployment Health Clinical Center (DHCC) is leading a project called Re-Engineering Healthcare Integration Programs (REHIP) in which Department of Defense (DoD), Army, Air Force, and Navy representatives are developing a "blended model" of primary care-mental health integration (i.e., RESPECT-Mil plus an embedded mental health specialist) that will be demonstrated at two sites in each Service. It is anticipated that this model is close to that which will be used for BH in the Patient Centered Medical Home (PCMH).



## LETTERS TO THE EDITOR

Dear RMIT:

*On rare occasions we will have a Soldier refuse to complete the MEDCOM FORM 774 (blue form). Their reasons for refusal range from simple resistance to feeling badly to severe illness. What should we do in this situation?*

ANSWER:

Good question. While screening refusals (at the RMIT we call them declinations) are rare, it is the Soldier's right to decline. However, for accountability reasons we ask that you have the Soldier (1) complete the identifying information and signature section on the bottom of page 1 and (2) write "I decline to participate" followed by their signature on the central portion of page 1.

Dear RMIT:

*I am a Care Facilitator in the Southeast US. Some of my providers are confused as to whether or not a Respect-Mil enrollee is allowed to see a Behavioral Health Provider for therapy while enrolled in the program. What is the truth?*

Care Facilitator, RN, BSN

ANSWER:

Great question. There are two components to our response. First—psychotherapy (talk therapy) has been demonstrated to be helpful to sufferers of depression, PTSD and other Behavioral Health (BH) concerns, whether the person is prescribed medications for the condition or not. Second—Yes, RESPECT-Mil enrollees may receive any therapy by any Behavioral Health entity and remain in the program with one caveat: if the BH provider is a psychiatrist who chooses to prescribe medications for the issue then the Soldier would need to be dis-enrolled from the program. The reason for this is that we don't want to create a situation where the Soldier would be receiving psychotropic medications for the same condition/s from more than 1 provider at the same time for obvious reasons.

## HAILS AND FAREWELLS!

### HAILS!

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### FAREWELLS!

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## EDUCATION

### MEDICAL EDUCATION: MAJOR DEPRESSION

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The RESPECT-Mil newsletter has many purposes, among which include communication and education. Because the RESPECT-Mil Implementation Team (RMIT) believes it is helpful if Soldiers, local RESPECT-Mil staff and clinicians, local command, and dependents develop a better understanding of the behavioral health (BH) conditions which the RESPECT-Mil program addresses as well as the treatment options for these conditions, we will feature a different BH condition in each newsletter. This newsletter's subject is Major Depression. Depression is one of the two diagnoses that the RESPECT-Mil screening process is designed to help identify. In order to qualify for a diagnosis of major

depression, or "depression" as it is called by most people, the person must experience the following symptoms for the length of time described below.

Five (or more) of the following symptoms most of the day for nearly every day during the same 2-week period and represents a change from previous functioning; one symptom must be either (1) depressed mood or (2) loss of interest or pleasure.

- depressed mood
- markedly diminished interest or pleasure in all, or almost all, activities
- significant weight loss when not dieting or weight gain
- insomnia (trouble sleeping) or hypersomnia (excessive sleeping)
- psychomotor agitation (physically anxious, restless, shaking) or retardation (physically slowed)

- fatigue or loss of energy
- feelings of worthlessness or excessive or inappropriate guilt
- diminished ability to think or concentrate, or indecisiveness
- recurrent thoughts of death (not just fear of dying), recurrent suicidal ideation without a specific plan, or a suicide attempt or a specific plan for committing suicide

In addition, in order for a person to qualify as having major depression the symptoms must cause clinically significant distress or impairment in social, occupational, or other important areas of functioning and cannot be due to the direct effects of a medication, abuse of a substance, or a medical condition.

## QUOTE

*"This nation will remain the land of the free only so long as it is the home of the brave."*

—Elmer Davis