Session 2: Introducing Measurement Based Stepped Care for Suicide Prevention

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**Georgia Health Policy Center**
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**Takouba LLC**
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Team
Participatory System Dynamics

Facilitators

Key Partners

Workgroup Leads

Co-Investigators

mtl.how/team
This is session 2 of a four part series.

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<thead>
<tr>
<th>Date</th>
<th>Title</th>
<th>Focus</th>
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</thead>
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<tr>
<td>May 2, 2019</td>
<td>Introducing <em>Modeling to Learn</em> Helping Teams Find Local Improvements to Meet Veterans’ Needs</td>
<td>mtl mtl.how</td>
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<tr>
<td>May 9, 2019</td>
<td>Introducing Measurement Based Stepped Care for Suicide Prevention</td>
<td>mtl session 6 systems story</td>
</tr>
<tr>
<td></td>
<td></td>
<td>mtl session 7 base case</td>
</tr>
<tr>
<td>May 16, 2019</td>
<td>Comparing Measurement Based Care and Stepped Care for Suicide Prevention</td>
<td>mtl session 8 dynamic hypothesis</td>
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<td>mtl session 9 compare alternatives</td>
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<tr>
<td>May 22, 2019</td>
<td>Putting it Together: Combining Measurement Based Stepped Care for Suicide Prevention</td>
<td>mtl session 10 systems thinking</td>
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</tbody>
</table>
Modeling to Learn
Test. Don’t guess.

mtl.how/quick_overview
Modeling to Learn
Test. Don’t guess.

1. Equitable access to resources.
3. Shared decision-making.
Poll 1: Which is likely most useful for team learning?

Please select all that apply.

A. Facilitation
B. Team data
C. Simulation
D. All of the above
E. None of the above
This is session 2 of a four part series.

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<td>Introducing Measurement Based Stepped Care for Suicide</td>
<td></td>
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<tr>
<td>12noon Pacific/3PM Eastern</td>
<td>Prevention</td>
<td>mtl session 6</td>
</tr>
<tr>
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<td>systems story</td>
</tr>
</tbody>
</table>

Session 2 **Systems Story** Learning Objectives

1. Describe the systems story of this team's suicide prevention priority.
2. Test out your thinking about causes of this team's challenges using the model diagram.
3. Apply clinical expertise to develop a question for team learning using simulation.

Registration

https://www.hsrdrresearch.va.gov/cyberseminars/catalog-upcoming.cfm
Session 2 Base Case Learning Objectives

4. Describe the base case of no new decisions in this team.
5. Test out your thinking about what is likely to cause oscillation in team trends.
6. Apply systems thinking to develop a hypothesis about this team's suicide prevention priority.

Registration

https://www.hsrdrresearch.va.gov/cyberseminars/catalog-upcoming.cfm
This team has is managing care across general and specialty mental health settings.
This team has is managing care across general and specialty mental health settings.

<table>
<thead>
<tr>
<th>Stepped Care</th>
<th>Time from Flag to Step up/down</th>
<th>Engagement Time before Step up/down (median)(wks)</th>
<th>Wait Times (median)(wks)</th>
</tr>
</thead>
<tbody>
<tr>
<td>GMH to PC/PCMHI</td>
<td>N/A</td>
<td>58.43</td>
<td>34.86</td>
</tr>
<tr>
<td>GMH to SMH</td>
<td>N/A</td>
<td>113</td>
<td>45.57</td>
</tr>
<tr>
<td>GMH to Residential</td>
<td>12</td>
<td>43</td>
<td>N/A</td>
</tr>
<tr>
<td>PC/PCMHI to SMH</td>
<td>N/A</td>
<td>43</td>
<td>21.43</td>
</tr>
<tr>
<td>PC/PCMHI to GMH</td>
<td>85.71</td>
<td>32</td>
<td>17.14</td>
</tr>
<tr>
<td>PC/PCMHI to Residential</td>
<td>34</td>
<td>64</td>
<td>N/A</td>
</tr>
<tr>
<td>SMH to GMH</td>
<td>0</td>
<td>33</td>
<td>71.29</td>
</tr>
<tr>
<td>SMH to PC/PCMHI</td>
<td>N/A</td>
<td>132</td>
<td>42.14</td>
</tr>
<tr>
<td>SMH to Residential</td>
<td>64.29</td>
<td>67</td>
<td>N/A</td>
</tr>
</tbody>
</table>
Team data estimation. Click on the "i"
Team challenges related to suicide prevention.
Team Question: How can we get our high symptom patients to the right care at the right time?

Measurement Based Stepped Care for Suicide Prevention
This model shows the effects of measurement based stepped care on patients’ symptoms and risk. It allows you to explore the impacts of implementing measurement based care to reduce delays in detecting patients at high risk for suicide, and to improve the quality of care by making better team decisions about when to step patients up to a higher level of care, or step them down to a lower level of care. It is also possible to experiment with team decisions related to how patient wait-times and access, the use of community care, and the impacts of provider overwork and burnout on the quality of care.

Our Question
Briefly describe what your team wants to learn from this experiment.

How can we get our high symptom patients into the right care at the right time? Specifically, stepping more of our high symptom patients up to PTSD clinical team and Addiction Treatment Services team?

Our Hypothesis
Outline the systems story your team believes will cause the outcomes your team expects to observe.

Our Findings
Describe your team’s findings, insights and conclusions from this experiment.

Our Decisions
Based on what was learned in this experiment, what changes is the team ready to make in their practice?
Poll 2: We have struggled with…

Please select all that apply.

A. Patients waiting to start care
B. Detecting changes in patients’ symptoms
C. Wait times to transfer patients’ care across settings
D. Managing our patient load
E. Care for patients at high risk for suicide
Systems Story: Higher care quality improves recovery (zoomed in)
General Mental Health Stepped Care: Higher care quality improves recovery (zoomed out)
MTL resources help teams look back two years and look ahead two years.
Poll 3:
If we make no new decisions, then…
Please select all that apply.

A. Care quality will stay the same
B. Care quality will get worse
C. Care quality will get better
D. Some care will get better and some worse
E. I don’t know
Hypothesis: If we make no new decisions in our team, then...

1. we won’t get our patients to specialty care they need
2. our patient load will increase
3. we won’t help as many patients toward recovery.

Measurement Based Stepped Care for Suicide Prevention
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Our Hypothesis
Outline the systems story your team believes will cause the outcomes your team expects to observe.

If we make no new decisions in our team, then we won’t be able to get our patients in the specialty programs they need, our patient load will increase, and we won’t move as many patients into recovery as we would like.

Our Question
Briefly describe what your team wants to learn from this experiment.

How can we get our high symptom patients into the right care at the right time? Specifically, stepping more of our high symptom patients up to PTSD clinical team and Addiction Treatment Services team?

Our Findings
Describe your team's findings, insights and conclusions from this experiment.

Our Decisions
Based on what was learned in this experiment, what changes is the team ready to make in their practice?
What if we made no new decisions?

Basecase
Findings: If we make no new decisions, then...
1. care quality doesn’t improve
2. wait times to transition patients to specialty care stay the same
3. we won’t help as many patients toward recovery.

Measurement Based Stepped Care for Suicide Prevention
This model shows the effects of measurement based stepped care on patients' symptoms and risk. It allows you to explore the impacts of implementing measurement based care to reduce delays in detecting patients at high risk for suicide, and to improve the quality of care by making better team decisions about when to step patients up to a higher level of care, or step them down to a lower level of care. It is also possible to experiment with team decisions related to new patient wait-times and access, the use of community care, and the impacts of provider overwork and burnout on the quality of care.

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Our Hypothesis
Outline the systems story your team believes will cause the outcomes your team expects to observe.

If we make no new decisions in our team, then we won't be able to get our patients in the specialty programs they need, our patient load will increase, and we won't move as many patients into recovery as we would like.

Our Findings
Describe your team's findings, insights and conclusions from this experiment.

Care quality does not improve (wait time to step up changes by -1%). However, if our manageable patient load stays the same over the next two years as the past two years, we shouldn't expect things to get worse, either.

Our Decisions
Based on what was learned in this experiment, what changes is the team ready to make in their practice?
**Decisions:**

We will experiment to see if implementing measurement based care produces a virtuous cycle of moving more of our veterans into recovery.

---

**Measurement Based Stepped Care for Suicide Prevention**

This model shows the effects of measurement based stepped care on patients' symptoms and risk. It allows you to explore the impacts of implementing measurement based care to reduce delays in detecting patients at high risk for suicide, and to improve the quality of care by making better team decisions about when to step patients up to a higher level of care, or step them down to a lower level of care. It is also possible to experiment with team decisions related to new patient wait-times and access, the use of community care, and the impacts of provider overwork and burnout on the quality of care.

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**Our Question**

Briefly describe what your team wants to learn from this experiment.

How can we get our high symptom patients into the right care at the right time? Specifically, stepping more of our high symptom patients up to PTSD clinical team and Addiction Treatment Services team?

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**Our Hypothesis**

Outline the systems story your team believes will cause the outcomes your team expects to observe.

If we make no new decisions in our team, then we won't be able to get our patients in the specialty programs they need, our patient load will increase, and we won't move as many patients into recovery as we would like.

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**Our Findings**

Describe your team's findings, insights and conclusions from this experiment.

Care quality does not improve (wait time to step up changes by ~1%). However, if our manageable patient load stays the same over the next two years as the past two years, we shouldn't expect things to get worse, either.

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**Our Decisions**

Based on what was learned in this experiment, what changes is the team ready to make in their practice?

We will next experiment to see if implementing Measurement Based Care will produce a virtuous cycle of moving more of our Veterans into recovery.
Team challenges related to care quality.

1. What if we implemented measurement-based care in our team?

2. What if we implemented stepped care between our clinic and PC/PCMHI?
Next week for session 3:

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We compare two questions for our teams:

1. What if we implemented **measurement-based care** in our team?

2. What if we implemented **stepped care** between our clinic and PC/PCMH&I?

Registration

https://www.hsrd.research.va.gov/cyberseminars/catalog-upcoming.cfm
Modeling to Learn

You can review data at within VA at mtl.how/data.
You can review data within VA at [mtl.how/data](http://mtl.how/data).
You can review data at _within_ VA at mtl.how/data.
You can review *Modeling to Learn* session guides at [mtl.how](mtl.how)

Session guides, links, and cheatsheets.
You can self-register and use the demonstration simulation to explore the suicide prevention module.

Self-register

Course Code: cybersem

Once registered go to:

mtl.how/demo_login
Help is available in top navigation bar.

<table>
<thead>
<tr>
<th>Model Diagram</th>
<th>Experiment Timeline</th>
<th>Outputs</th>
<th>Experiment</th>
</tr>
</thead>
<tbody>
<tr>
<td>The blue header at the top shows the module and data file chosen. The rates (circles) and stocks (rectangles) update dynamically with changes in the experiment variables. Throughout the model diagram, there are “!” icons to explain how the variable is calculated.</td>
<td>Use reveal complexities to look at balancing and reinforcing feedback systems stories. In the systems stories, there are two kinds of arrows. Plus signs mean trends move in the same direction. Minus signs mean trends move in the opposite direction.</td>
<td>View trends over time for ≤6 variables</td>
<td>Select Experiment Select previous experiments to cue up experiment values and q/h/f/d text from previous experiments.</td>
</tr>
<tr>
<td></td>
<td></td>
<td><strong>Text or Q/H/F/D</strong> Enter Question, Hypothesis, Findings, and Decisions text for each experiment.</td>
<td><strong>Team Data Table</strong> Shows initial starting values of experimental variables based on team data.</td>
</tr>
<tr>
<td></td>
<td></td>
<td><strong>Expanded Outputs</strong> View Q/H/F/D Text and Results Dashboard at once Expand Results Dashboard View trends over time for ≤6 variables. Compare ≤2 experiments against current run.</td>
<td><strong>Experiment</strong> Adjust experiment sliders to test different values in the sim by dragging the slider.</td>
</tr>
</tbody>
</table>

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**mtl**

**Lindsey Zimmerman**

**PLAY**

**HOME**

**PLAY**

**CHAT**

**HELP**

**LOGOFF**

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33
Start a new Suicide Prevention Session.

1. Review the team data and “i” information.
2. Zoom in/out to review system stories and complexity reveals for each care setting.
3. Run, examine the output, and save a base case of no new decisions.
*Once registered go to: mtl.how/demo_login
Five ways to improve $MTL$ usefulness.

Email: mtl.info@va.gov

Subject line: Learning

1. $MTL$ Live Team/Clinic
2. Pilot Review EES materials (e.g., Video, Guides)

Design

3. Data User Interface (mtl.how/data)
4. Simulation User Interface (mtl.how/demo)

Research

5. Advisory Board and other opportunities
MTL Resources and Help

Session guides, links, and cheatsheets.

Self-registration for simulation demo. Course code: cybersem

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Session 2 Bibliography


Additional Suicide Prevention Resources

https://www.mentalhealth.va.gov/suicide_prevention/resources.asp

Twenty helpful resources are available at the link for:

• Veterans and their Loved Ones
• Community Providers and Community Members
• VA Providers and Teams