

# PRN Update

Spring 2003

Practice Research Network ■ American Psychiatric Institute for Research and Education ■ 1000 Wilson Blvd, Suite 1825, Arlington, VA 22209

## APF Awards 5-Year, \$700,000 Grant to the APIRE PRN

The American Psychiatric Foundation (APF) has awarded a five-year, \$700,000 grant to the American Psychiatric Institute for Research and Education (APIRE) and its Practice Research Network (PRN) for a major research initiative that will assess clinical effectiveness of psychiatric treatments and examine barriers to quality mental health care and strategies to overcome those barriers. The grant is the largest ever made by the Foundation.

This initiative will include numerous elements. Importantly, it will provide the support needed to realize the PRN's goal of collecting longitudinal clinical effectiveness data from psychiatrists and patients to identify which types and combinations of treatments are most effective for specific patient sub-groups. During the first year of the grant, the focus will be on developing and implementing a pilot study of barriers, outcomes and quality of treatment for adolescent major depression. Data collected from this pilot will inform an NIMH-funded grant application for a full scale study on barriers, outcomes, and quality of treatment of adolescents with major depression.

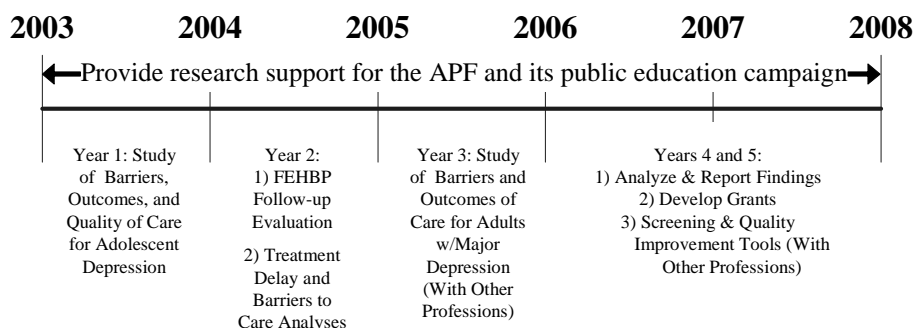
Additionally, the APF grant will examine barriers and outcomes of treatment (as well as cost-effectiveness of treatments) for adults with major depression. This phase of the research program will also generate pivotal data to be used to develop a full scale study of adults with major depression in collaboration with primary care physicians, psychologists and social workers. An important aspect of this work will be to identify efficient data collection technologies that can be used to facilitate longitudinal clinical studies of other mental disorders, including the use of hand-held clinical devices, the internet, and telephone-based interactive voice response systems.

The grant will also support the follow-up evaluation of the impact of parity on FEHBP federal employees. The first part of this evaluation was funded by the Foundation in 2000. This second phase will look at how the management, financing, and pricing of mental health benefits affects treatment provision and access to care. It will focus on the relationship between health plan financing, delivery arrangements, pathways, and barriers to psychiatric treatment.

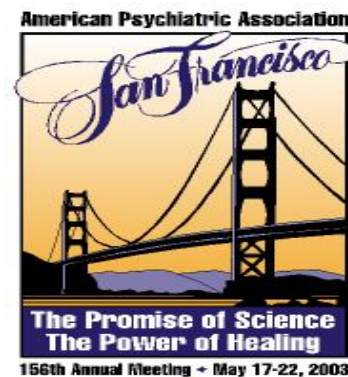
In the latter part of the five-year grant period, data related to the development of depression screening and quality improvement tools will be used to report on patterns and outcomes of treatment and how delays and barriers to treatment affect outcomes of care. Tools developed to assess and track clinical outcomes will be used to feed back clinical information to clinicians to enhance treatment adherence and retention and to collaborating organizations to support depression screening and quality improvement efforts.

"This grant demonstrates our commitment to patients and the imperative need to eliminate barriers to care," says Abram M. Hostetter, M.D., President of the Foundation. He continues, "This project will have a lasting impact on our profession and patients for many years to come. It would not have been possible without the financial support of our donors."

Figure 1. Timeline of APIRE projects



### Inside...



# PRN Implements its First Clinical Outcomes Studies

While positive evidence continues to accumulate from clinical effectiveness and efficacy trials, there are virtually no data on how this research evidence translates to routine clinical practices in psychiatry. For example, how are treatments that are efficacious in clinical trials actually being used in clinical practices? How well do these treatments work in the real world, without the extensive restrictions placed on clinical trial subjects? Which treatments are most effective for specific patients? How cost-effective are these treatments?

Recognizing this critical gap in the research, PRN members and the leadership of APIRE and the APA have identified an exciting new direction for the PRN: to study the outcomes of treatment in clinical practice.

We're currently developing methods to implement two clinical effectiveness studies:

## **Outcomes of Psychiatric Treatment for Adolescent Depression.**

Adolescents are one of the most understudied populations in treatment research. The PRN is now planning a study to examine the treatment outcomes for adolescent Major Depressive Disorder. This study will be different from past PRN studies in a number of innovative ways. First, it will be longitudinal, which will allow us to track patients' treatments over time, and correlate this with their changing clinical status. Second, inspired by practice research in other disciplines, we will obtain information directly from the patients and the patients' caregivers, as well as you, their psychiatrists. Of course, this research will require extra attention to patient confidentiality; consequently, APIRE PRN staff has taken great pains to develop ironclad plans for confidentiality, and to minimize the time requirements of participating. In addition, because we want to study real-world practices, this study

will not interfere with the psychiatrists' treatment plans or give clinical information to their patients.

## **Clinical Effectiveness of Treatments for Adults with Depression Study.**

The APIRE PRN is planning to conduct a study of different methods to measure how treatments relate to outcomes in adult patients with major depression. We will measure outcome with two different approaches; analyzing longitudinal patient data and eliciting PRN members' assessment of the effectiveness of different combinations of treatments. Participating psychiatrists will not be asked to change their practices in any way. This study will inform a larger scale study to provide data to assess the clinical effectiveness of different combinations of treatments for depression. We aim to identify the best methods to gather outcome data to generate national estimates of productivity in the mental health services sector.

## **Advice and Feedback on Study Plans from PRN Members Needed.**

During the PRN meeting on Tuesday, May 20<sup>th</sup> at 7:30 am (see page 3), we'll be providing overviews of these studies and seeking advice and feedback from PRN members and liaisons on how best to implement these studies in routine psychiatric practice settings. Then we'll begin piloting our methods and instruments in June. We hope to see you in San Francisco, and encourage your feedback and questions.

If you have any suggestions or would like to help pilot test the studies you can also contact the PI of the Adolescent Depression Study, William Narrow, M.D., M.P.H. at 703-907-8628 or the Co-PI, Farifteh Duffy, Ph.D. at 703-907-8620. For the Adult Depression Study, please contact Maritza Rubio-Stipec, ScD (PI), Josh Wilk, PhD or Joyce West, PhD at 800-713-7123.

A PRN member since 1995, Dr. Hicks has always had an interest in psychiatric research. He joined the PRN because "our patients deserve the best treatment, and clinical research is essential for improving our knowledge of what works and what doesn't work."

Currently Dr. Hicks is Assistant Professor and Director of Consultation-Liaison in the Department of Psychiatry at Georgetown University Hospital. He was born and raised in Indiana where he received a BS with distinction in psychology from Purdue University, and his MD and psychiatric training at Indiana University. He has worked in community mental health, private practice, inpatient, outpatient, and partial hospitalization as well as consulta-

## PRN Member Highlight

*Daniel W. Hicks, MD*

*"...clinical research is essential for improving our knowledge..."*

tion-liaison psychiatry. Dr. Hicks moved to Washington to work as an HIV psychiatrist at the Walter Reed Army Medical Center HIV Program then became the Medical Director of the Lambda Center, a gay and lesbian treatment program.

In addition to participating in research, and his academic duties, Dr. Hicks is currently a

Distinguished Fellow of the APA. He is chair of the CME Committee and Public Affairs Representative for the Washington Psychiatric Society, a member of the Metropolitan Washington Bioethics Network, Academy of Psychosomatic Medicine, and the APA Committee on Gay, Lesbian and Bisexual Issues. Dr. Hicks is also the founder and past president of the Indiana Physicians for Human Rights and the Capital Area Physicians for Human Rights.

*Dr. Hicks will be participating in a workshop entitled "Daddy and Papa: A Psychosocial Profile of Gay Parenting" at the Annual Meeting on Thursday, May 22nd from 11:00 - 12:30 pm in Golden Gate Hall A, B-2 Level of the Marriott.*

# PRN 2003 Annual Meeting Events

## **PRN Member and Liaison Breakfast Meeting**

*Tuesday, May 20<sup>th</sup> from 7:30 to 9:00 am in Parc Ballroom I, Fourth Floor, Renaissance Parc 55, 55 Cyril Magnin St.*

PRN members and liaisons are invited to a breakfast meeting for an update on PRN research initiatives and findings and to provide feedback on study methods and proposed plans for conducting longitudinal clinical effectiveness studies for adults and adolescents with major depressive disorder. Please RSVP by calling 800-713-7123.

## **Schizophrenia: Current Guidelines, Practices, and Effectiveness Research**

*Monday, May 19, 2003 from 2:00-5:00 pm in Golden Gate Hall A, Level B-2, San Francisco Marriott, 55 Fourth St.*

Darrel A. Regier, MD, MPH and John S. McIntyre, MD will chair this symposium. Anthony F. Lehman, MD will provide an overview of current treatment guideline and protocol recommendations for schizophrenia. Jeffrey A. Lieberman, MD will describe the research gaps and current research initiatives to improve the treatment of schizophrenia. Mark Olfson, MD will discuss factors affecting the effectiveness of clinical decisions in treating schizophrenia, and Joyce C. West, PhD, MPP will present findings from the PRN on the treatment of schizophrenia in routine practice. Wayne Fenton, MD will serve as the discussant.

## **The Relationship of Comorbidity to Disability in Routine Psychiatric Practice**

*Wednesday, May 21, 2003 from 3:00 to 5:00 pm in Hall D, Exhibit Level, Moscone Center.*

New research poster presentation by Josh Wilk, PhD and Joyce West, PhD, MPP using PRN data to show the impact of comorbid alcohol and substance use disorders on work disability and functional impairment.

*This year's Annual Meeting takes place in San Francisco from May 17<sup>th</sup> - 22<sup>nd</sup>. The PRN is excited to host the following events of interest to both clinicians and health services researchers. We hope that you will join us!*



**156th Annual Meeting + May 17-22, 2003**

### *Remember:*

*PRN members receive one hour of Category II CME credit for each hour that is spent attending PRN-related events!*

## **Quality of Care for Children and Adolescents**

*Monday, May 19, 2003 from 2:00-5:00 pm in Room 114, Exhibit Level, Moscone Center.*

Joseph R. MaWhinney, MD and Farifteh F. Duffy, PhD will co-chair this symposium. Regina Bussing, MD will discuss the quality of ADHD treatment in primary care and mental health settings. Dr. Duffy will provide information on quality of psychopharmacological treatment for children and adolescents with ADHD or psychotic disorders. William E. Narrow, MD, MPH will present data on quality of care for children and adolescents with major depressive disorder, and Maritza Rubio-Stipec, ScD will discuss the use of multiple informants in quality of care. Mina K. Dulcan, MD will serve as the discussant.

## **Replenishing Ourselves: Supply of Psychiatrists for the Present and Future**

*Wednesday, May 21, 2003 from 2:00-5:00 pm in Room 123, Exhibit Level, Moscone Center.*

Nayapati R. Rao, MD and Frederick S. Sierles, MD will co-chair this symposium. Darrel A. Regier, MD, MPH and Joshua E. Wilk, PhD will discuss the current status of the U.S. psychiatric workforce using PRN data from the. Larry R. Faulkner, MD will discuss implications of a need-based approach to psychiatric workforce. Wun-Jung Kim, MD will describe the critical shortage of child and adolescent psychiatrists. Frederick S. Sierles will highlight the trends in medical student career choices in psychiatry, and Darlene Shaw, PhD will discuss departments of psychiatry with high recruitment rates and the implications for medical education. Nayapati R. Rao, MD will provide an analysis of recent trends in psychiatric residency training. Richard A. Cooper, M.D. will serve as the discussant.

# New Findings from the PRN Document Limited Access to Psychotherapy and Financing Barriers

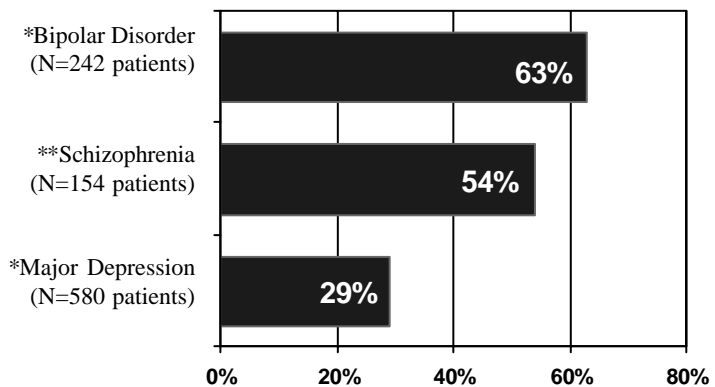
Recent findings from the *APIRE PRN Study of Psychiatric Patients and Treatments (SPPT)* indicate that a significant proportion of psychiatrists' patients do not receive psychotherapy as recommended by evidence-based practice guidelines. 63% of psychiatric patients with bipolar disorder and significant psychosocial problems do not receive psychotherapy (from the psychiatrist or any other provider within the past 30 days) as recommended by the APA's evidence-based treatment guideline recommendations (See figure 1). Similarly, 54% of psychiatric patients with schizophrenia are not receiving individual or group psychotherapy as recommended by APA evidence-based treatment guideline recommendations and 29% of psychiatric patients with major depressive disorder and significant psychosocial problems do not receive psychotherapy as recommended by APA guidelines.

These data indicate the greater time, management, and financial constraints that have been placed on psychiatrists and other mental health providers may be affecting their ability to offer the full range of evidence-based treatments—particularly those involving psychosocial treatment components. A major factor affecting the provision of psychotherapy appears to be the significant financial disincentives for psychotherapy inherent in current fee structures. For example, recent data on average discounted psychiatrists' fees from a large national random sample of 1,189 psychiatrists surveyed through the *APIRE PRN National Survey of Psychiatric Practice*, indicates that psychiatrists can earn approximately 57% more if they provide three medication management (CPT 90862) visits instead of one outpatient individual psychotherapy with medical evaluation and management, 45-50 minutes duration (CPT code 90807).

The overall fee structure in the Medicaid program is considered to provide a major barrier to clinicians interested in providing treatment to this population, particularly since most psychiatrists' patients are treated in solo or group office practice settings in which clinicians need to cover their over-head costs associated with patient care. Although the 2002 *APIRE PRN National Survey of Psychiatric Practice* indicated that the average undiscounted fee psychiatrists charged for 45-50 minutes of individual psychotherapy with medical evaluation and management in 2002 (CPT code 90807) was \$128.43 and the average discounted fee was \$79.40, Medicaid fees for this CPT code are significantly lower, with the MediCal rate currently \$49.22 (figure 2).

New grant funding support from the American Psychiatric Foundation (APF) will be used to conduct follow up studies using the PRN to further investigate the relationship between specific mental health financing and care management practices and delays and barriers in obtaining needed mental health treatment.

**Figure 1. Proportion of Psychiatric Patients with Significant Psychosocial Problems Who Do Not Receive Psychotherapy Consistent with Guideline Recommendations**



\*Data from the 1999 *APIRE PRN Study of Psychiatric Patients and Treatments (SPPT)*  
 \*\*Data from the 1997 *APIRE PRN Study of Psychiatric Patients and Treatments (SPPT)*

**Figure 2. Variations in Fees for Psychotherapy (CPT code 90807)**  
 (N=1,189, Psychiatrists Randomly Sampled from the AMA Masterfile of Physicians)



\*Data from the 2002 *APIRE PRN National Survey of Psychiatric Practice (NSPP)*

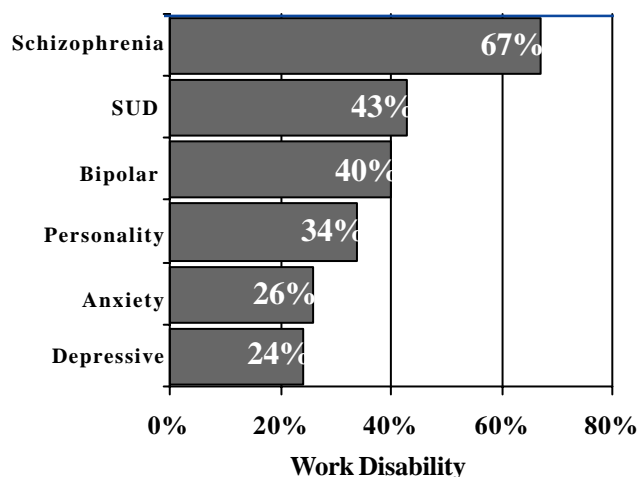
# New Findings from the PRN

## One Third of Psychiatric Patients Currently Disabled and Not Working

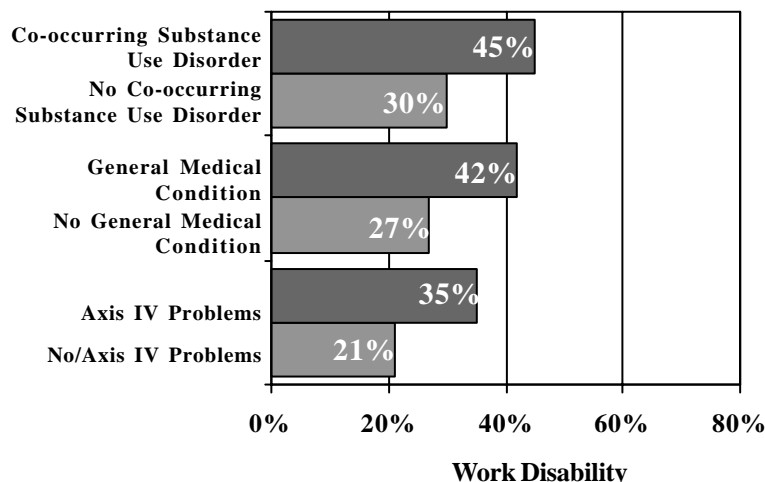
New findings from the *APIRE PRN 1999 Study of Psychiatric Patients and Treatments* indicates that 33% of psychiatric patients are currently not working due to a mental or physical disability. The highest rates of work disability due to a mental or physical conditions were observed among patients with: Schizophrenia (67%), Substance Use Disorders (SUD) (43%), Bipolar Disorders (40%), and Personality Disorders (34%), followed by Anxiety (26%) and Depressive Disorders (24%) (Figure 1).

Significantly higher rates of work disability were observed among patients with co-occurring substance use disorders (45%), comorbid general medical conditions (42%), and Axis IV psychosocial problems (35%) (Figure 2). These findings are currently being used to support APIRE and the APA's public education and advocacy efforts to dispel myths that psychiatrists primarily treat "the worried well" by showing that a significant proportion of psychiatrists' patients are severely ill and functionally disabled – a population for whom access to effective treatments is critically needed.

**Figure 1. Rates of Work Disability Among Patients with Psychiatric Disorders**



**Figure 2. Rates of Work Disability by Co-occurring Conditions**



## PRN Snapshot: Overview of Current Research Initiatives

PRN activities this year have focused on implementing the NIMH-funded Psychiatric Management of Schizophrenia study, finalizing the 2002 National Survey of Psychiatric Practice (NSPP) and developing grant and contract proposals. Much of our efforts have focused on obtaining external grant and contract funding to implement the PRN's strategic research agenda, focusing on issues related to access to psychiatric treatment, patterns and quality of treatment, outcomes of care, systems of care/economic issues and special populations/disparities in care.

**Psychiatric Management of Schizophrenia Study.** (Principal Investigator Mark Olfson, MD, MPH, Columbia University). The PRN is currently working with Mark Olfson, MD, MPH on a three-year, NIMH-funded study of the *Psychiatric Management of Schizo-*

*phrenia*. The study examines influences on clinical decision making in the psychopharmacologic treatment of patients with schizophrenia. When completed, this will be the nation's largest study of psychopharmacologic treatment of schizophrenia in routine practice settings, with an estimated 3,000 psychiatrist participants. It will test a multi-dimensional model of medication management decision making, incorporating the effects of patient, psychiatrist, treatment environment and other key influences on treatment decisions. Fifty-eight PRN members contributed their time (many thanks!) to participate in the initial pilot testing and provide comments to improve the study. Pilot testing of study methods and instruments are now being finalized with implementation of the full study expected in the Fall of 2003. Preliminary findings will be presented at the

2003 APA Annual Meeting (see page 3).

**2002 National Survey of Psychiatric Practice.** Data collection for the 2002 National Survey of Psychiatric Practice (NSPP) concluded in the fall of 2002. The NSPP tracks trends in the psychiatric workforce and studies current policy and clinical issues. Approximately 1,400 psychiatrists, including nearly 75% of PRN members, completed the survey, resulting in a 57% response rate. Analyses of the data are now being undertaken and will be presented at the 2003 APA Annual Meeting. Some initial findings are presented on page 4 of this newsletter. Findings related to the effects of the September 11<sup>th</sup> terrorist attacks on psychiatric practice are also being prepared for submission to *Psychiatric Services* and will be disseminated to PRN members.

...continued from page 5

**New Grants and Grant Applications.** This past year the PRN received funding from the American Psychiatric Foundation (APF) (see story on page 1), the federal Center for Mental Health Services (CMHS), and the Center for Substance Abuse Treatment (CSAT). Grant proposals were submitted to the National Institute of Mental Health, the National Institute of Drug Abuse (NIDA), and the Robert Wood Johnson Foundation (RWJF).

**Analyses of Existing Data Bases/Recent Papers.** PRN papers in development for publication include studies of: split versus integrated psychotherapy and psychopharmacologic treatment; racial and ethnic differences in access and patterns of treatment; quality and patterns of treatment for bipolar disorder, schizophrenia and major depressive disorder; psychiatric comorbidity (patterns and treatment issues); general pharmaco-epidemiology patterns; factors affecting the provision of psychotherapy; and psychiatric treatment for children and adolescents.

**Future PRN Research Initiatives.** The primary research activities and plans for 2003 include the following initiatives:

- Implementing the nation's largest study of *Psychiatric Management of Schizophrenia*.
- Obtaining external grant and contract support for the PRN to conduct longitudinal outcomes of treatment studies.
- Testing methods to implement longitudinal clinical effectiveness studies of the outcomes of different types and combinations of treatment for adults and children with major depression (see page 2).
- Analyzing and reporting data collected from the *2002 National Survey of Psychiatric Practice* and other PRN studies.
- Disseminating information about the PRN databases at scientific meetings and websites encouraging external collaborators and researchers interested in using these unique databases to develop and disseminate findings.

## PRN Contact Information

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## Attention Researchers

Data from the American Psychiatric Practice Research Network (PRN) are available to external investigators. The PRN databases, which include the Study of Psychiatric Patients and Treatments (SPPT) and the National Survey of Psychiatric Practice (NSPP), are clinically detailed and provide information on a large national sample of psychiatrists and patients in the full range of public and private, managed and non-managed practice settings. The data have been effectively used to study a broad range of clinical and policy issues, including patterns of treatment for specific disorders, quality of care, and access and patterns of care in different types of health plans and systems of care.

Researchers interested in using these unique databases to develop and disseminate mental health clinical and services research findings are encouraged to contact the PRN Director, Joyce C. West, Ph.D., MPP, at [jwest@psych.org](mailto:jwest@psych.org) or telephone 1-800-713-7123.