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Stakeholder Experiences in a Stepped Collaborative Care Study Within U.S. Army Clinics

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Objective: *This article examines stakeholder experiences with integrating treatment for posttraumatic stress disorder (PTSD) and depression within primary care clinics in the U.S. Army, the use-of-care facilitation to improve treatment, and the specific therapeutic tools used within the Stepped Treatment Enhanced PTSD Services Using Primary Care study.* **Methods:** *We conducted a series of qualitative interviews with health care providers, care facilitators, and patients within the context of a large randomized controlled trial being conducted across 18 Army primary care clinics at 6 military installations.* **Results:** *Most of stakeholders' concerns clustered around the need to improve collaborative care tools and care facilitators and providers' comfort and abilities to treat behavioral health issues in the primary care setting.* **Conclusions:** *Although stakeholders generally recognize the value of collaborative care in overcoming barriers to care, their perspectives about the utility of different tools varied. The extent to which collaborative care mechanisms are well understood, navigated, and implemented by providers, care facilitators, and patients is critical to the success of the model. Improving the design of the web-based therapy tools, increasing the frequency of team meetings and case presentations, and expanding training for primary care providers on screening and treatment for PTSD and depression and the collaborative care model's structure, processes, and offerings may improve stakeholder perceptions and usage of collaborative care.*

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Key words: collaborative care, mental health, primary care, posttraumatic stress, depression.

INTRODUCTION

Collaborative care models generally include an interdisciplinary team of providers working with patients within primary care settings to offer regular behavioral health screening, monitoring, and treatment for both behavioral and physical issues, care coordination, and referrals for patients needing alternative or specialty care treatment. More than 70 randomized control trials (RCTs) have demonstrated that collaborative care models are more effective and cost-effective than usual care approaches for treating common mental illnesses,[1] and research shows that compared with usual care, collaborative care offers significant improvement in depression and anxiety outcomes for adults.[2]

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Although the evidence base indicating the effectiveness of collaborative care for treating depression developed over the past 20 years,[3] research on the effectiveness of treating posttraumatic stress disorder (PTSD) through collaborative care is still developing.[4] A total of 2 RCTs of collaborative care for PTSD showed no differences in symptoms or functioning between patients in usual care and those who were treated through collaborative care,[5,6] whereas another study showed positive effects because of increased psychotherapy uptake and completion.[7]

In 2007, interest in collaborative care approaches led the U.S. Army to launch the Re-Engineering Systems of Primary Care for PTSD and Depression in the Military (RESPECT-Mil) program at 15 Army military treatment facilities.[8] RESPECT-Mil leveraged the effective components of collaborative care models, such as enhanced access to mental health specialists, care management, and integration with mental health services.[9] The program employs the 4 main elements of collaborative care; it is team-driven, population-focused, measurement-guided, and evidence based.[10] Based upon early positive feedback, the Army extended RESPECT-Mil to 37 Army installations and more than 90 clinics.[8,11] Preliminary studies of RESPECT-Mil found that patients in the program had significantly reduced PTSD symptoms during their participation.[12]

In recent years, much has been documented about the rising mental health needs of US service members and the concerns over the barriers to care they face.[13,14] Owing to concerns over structural and organizational/cultural barriers to care, integrating behavioral health care into primary care and line unit settings in the military health system was thought to help improve access to behavioral health care and minimize barriers to soldiers' care seeking, including stigma related to mental health care and diagnosis and negative effects on promotion or other professional opportunities.[15] Primary care settings are especially relevant in the military, as service members have an average of 3 primary care encounters per year.[16]

In recognition of continued interest in expanding access to high-quality care for military personnel, the Stepped Treatment Enhanced PTSD Services Using Primary Care (STEPS UP) model extended the RESPECT-Mil design by offering enhanced, centralized clinical supervision for care facilitators who were also trained in behavioral activation (BA) techniques. The STEPS UP model sought to minimize PTSD and depression through the use of patient care teams, which are made up of a primary care clinician and practice, a care facilitator, a mental health specialist, and a centralized management team.[8] The patient care teams offered consistent care facilitation and patient engagement as well as implementation of evidence-based psychotherapy and pharmacotherapy provided by either primary care providers or behavioral health specialists.[9] STEPS UP also offered additional therapeutic options, including 2 web-based therapy tools and telephone-based psychotherapy. A total of 666 soldiers with PTSD or depression or both were randomized to the enhanced stepped collaborative care model (STEPS UP) or to the standard version of collaborative care offered by the Army health system (RESPECT-Mil). After 12 months, the STEPS UP patients reported significantly larger decreases in PTSD and depressive symptoms and significantly more had clinically significant (50%) improvements in PTSD (25% vs 17%) and depression (30% vs 21%),[17] with the patterns of care differing for those with more clinical complexity.[18] Thus, central implementation assistance of collaborative primary care for PTSD and depression can modestly improve outcomes in military personnel and may offer an effective approach for other groups of people with PTSD.[17]

As policymakers seek to integrate the principles of collaborative care into various health care settings in an effort to improve patient outcomes, we believe that understanding stakeholder experiences and perceptions about the model may help to improve acceptability and success of the approach. Insights regarding mental health and primary care providers' comfort with collaborative care treatment for depression and PTSD can enhance training. Furthermore, perceptions of telephone care facilitation and web-based therapy tools used in collaborative care can inform the development and use of such tools, and ultimately, their effectiveness.

Our Study

We conducted a qualitative study to understand stakeholder experiences with integrating treatment for PTSD and depression within primary care clinics in the U.S. Army.[9] We specifically wanted to understand their personal experiences with and opinions of the collaborative care approach.