

Transforming PTSD Treatment in Community Health Centers: Early Outcomes of a Pilot Study on

Prolonged Exposure for Primary Care (PE-PC)

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Study Goal

Evaluate the effectiveness and sustainability of Prolonged Exposure for Primary Care (PE-PC), a brief trauma-focused treatment, when delivered via telehealth to patients in Community Health Centers (CHC's) in Michigan.

Background

The diagnosis rate of mental health problems has increased significantly in Michigan CHC's over the last 10 years, with a 273% increase between 2008 and 2015². However, the vast majority of CHC's do not have adequate numbers of psychologists or psychiatrists practicing on site⁴. This leaves a significant need for mental health treatment at CHC's, including a need for treatment of post traumatic stress disorder (PTSD).

Staff at CHC's across Michigan reported a variety of barriers to treating PTSD among their patients, including:

- 70% of clinics had no time to deal with PTSD
- 54% of patients with PTSD could not obtain a specialty mental health appointment
- 45% of patients with PTSD refused to see a mental health specialist
- 30% of clinics had insufficient clinical knowledge about diagnosing PTSD³

Similarly in Veterans Health Administration (VHA), although initial PTSD treatment need is generally detected in the primary care setting, more than 80% of these patients never successfully initiate or engage in the specialty mental health treatment setting, where evidence-based psychotherapy for PTSD is currently offered.

Prolonged Exposure for Primary Care

Prolonged Exposure for Primary Care (PE-PC) is a brief trauma focused intervention. It involves four to six weekly 30 minute sessions in which participants confront memories of their traumatic experience and reduce avoidance of triggers in a safe and therapeutic setting. While PE-PC can be administered in person, the model we are evaluating is completed via tele-health. This model is expected to reduce many of the previously mentioned barriers to PTSD treatment for patients at CHC's because it is shorter than traditional Prolonged Exposure treatment, and because it does not require clinic staff themselves to diagnose or treat PTSD. PE-PC also reduces treatment barriers for patients of rural clinics that may not have psychologists or psychiatrists on site.

In a study of active duty veterans, PE-PC was shown to be effective in reducing symptoms of PTSD and depression¹. The average PCL-M score, a measure of PTSD symptoms, decreased from 53.33 at baseline to 42.4 at the one year follow up. The average PHQ-9 score, a measure of depression symptoms, decreased from 13.04 at baseline to 9.41 at the one year follow up¹.

TRANSFORM Study Methods

The TRANSFORM Study has partnered with three Community Health Centers (CHCs) across Michigan to recruit and enroll 50 participants. Patients are screened with the PCL-5, a measure used to assess for symptoms of PTSD, and those who score a 33 or higher are eligible to participate.

Once an eligible patient has been identified, their participation includes:

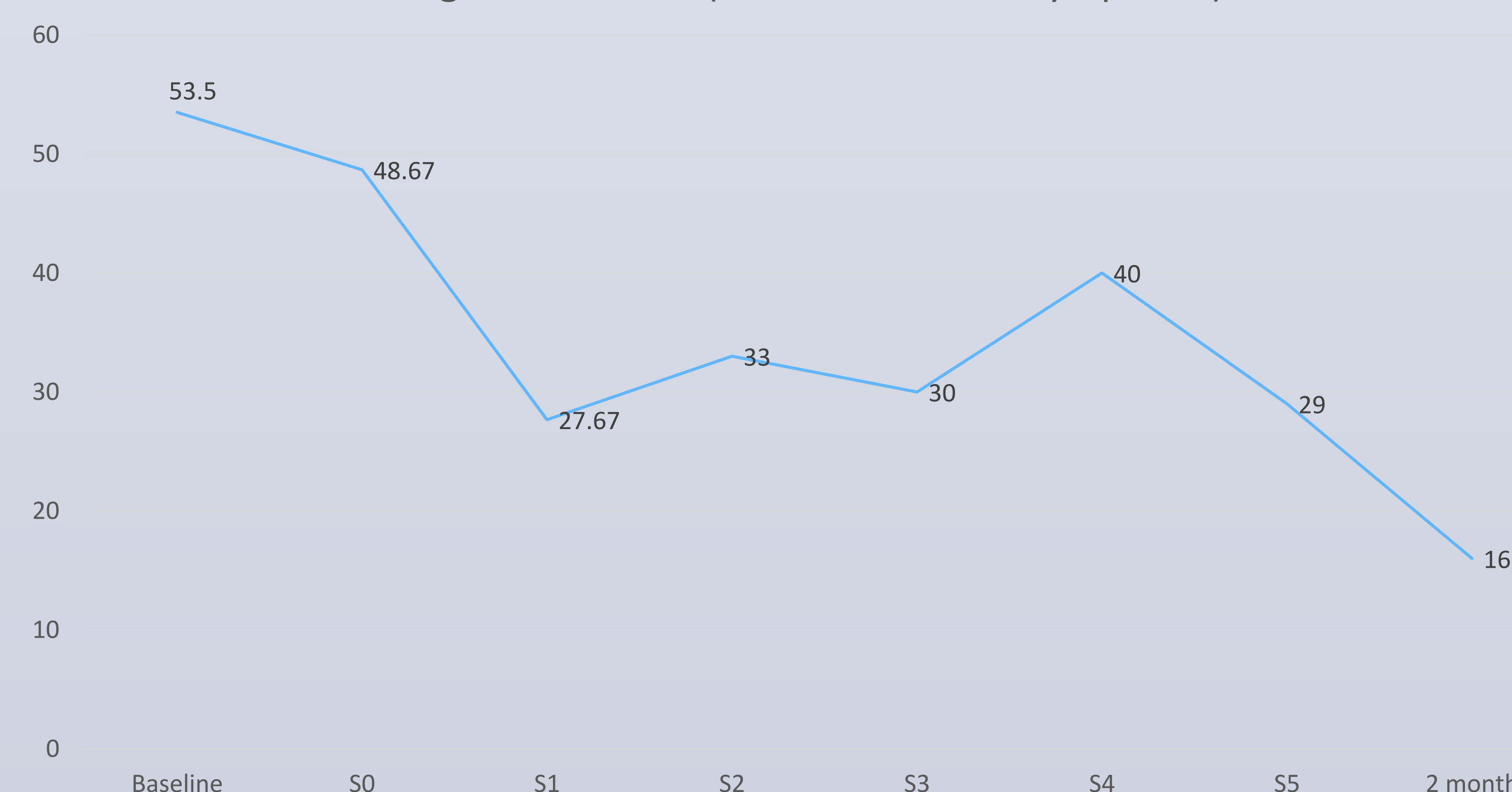
- Completing a baseline survey, including questions about PTSD, depression, recovery goals, drug and alcohol use, and physical and mental health.
- Attending 4-6 PE-PC sessions via telehealth from University of Michigan to the CHC where the patient receives their primary care.
- Completing homework in which the patient practices confronting the memory of the traumatic experience and reducing avoidance of triggering situations.
- Completing follow up surveys two and four months after baseline to assess long term outcomes.

Early Outcomes

The primary outcome for TRANSFORM is a reduction in PTSD symptoms at the two and four month follow up surveys. The secondary outcome is a reduction in depression symptoms at the two and four month surveys.

Limited data are available at this early stage in recruitment, however early outcomes indicate that participants experience a significant reduction in PTSD symptoms at the two-month mark.

Average PCL-5 Score (Measure of PTSD Symptoms)



Preliminary Data

- 29 patients have been referred, and 24 have been screened.
- 12 patients have been enrolled.
- Average PTSD symptom change for patients who completed the protocol is 21 points on the PCL from session 1 to session 4. 10 points is considered clinically significant.
- Of the 12 patients enrolled, 58% have attended at least 1 treatment session.
- The average number of attended sessions for enrolled participants is 1.83.
- The average number for attended sessions for patients who have attended at least 1 session is 3.14.

Conclusions

Patients at CHC's continue to face barriers to effective PTSD treatment. It is essential to improve access to efficacious PTSD treatments, especially following detection in primary care. In particular, there is a need for flexible care delivery models, such as telehealth, improved access for rural veterans, and brief/stepped care treatment. This study aims to test the effectiveness of one such treatment when conducted via telehealth with CHC patients, including veterans and civilians.

Impact

This pilot, if subsequently applied in the VA setting, may potentially satisfy the treatment needs of many veterans and provide an alternative to traditional care models.

References

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