

News from the federal health sector

More Peer Specialists Hired

The VA's Peer-to-Peer Program helps veterans make the transition to civilian life while also recovering from personal mental health challenges. Peer specialists and peer support apprentices are veterans who are "actively engaged in their own recovery" and in an ideal position to help others navigate their recovery. The role of these specialists and apprentices is to share their personal recovery stories and teach goal setting, problem solving, symptom management skills, and other recovery tools. They also help others identify their strengths, supports, resources, and skills and work to eliminate the stigma of mental illness.

Peer specialists are trained and certified; apprentices are undergoing training and certification to become peer specialists. Apprentices' certification is paid for by the VA during their first year of employment.

Specialists and apprentices are working at every VAMC in the country, as well as at Community-Based Outpatient Clinics with more than 10,000 enrollees. The VA recently announced in a November 5, 2013, press release that 815 peer specialists and peer apprentices have been hired, exceeding the goal set on August 31, 2012, by President Obama's Executive Order. The order also mandated that all training for peer counselors be completed by the end of 2013; the VA states it remains on track to meet that requirement.

In June 2013, the VA reported that it had hired 1,600 additional mental health professionals. And earlier this year, the VA announced a 50% increase in staffing for the Veterans Crisis Line, which the VA says has rescued more than 26,000 suicidal veterans.

To learn more about the VA Peer-to-Peer program, visit http://www

.vacareers.va.gov/peer-to-peer/ or http://www.mentalhealth.va.gov.

○ Computers Can Help With Decision Making

Computers can help health care providers (HCPs) put into practice guideline recommendations on screening and other preventive care, says the Community Preventive Services Task Force (CPSTF) of the Centers for Disease Control and Prevention. That's why the CPSTF is recommending using clinical decision-support systems (CDSS) to help prevent cardiovascular disease (CVD). The CDSS use patient data to provide tailored patient assessments and evidence-based treatment recommendations for HCPs to consider.

The CPSTF is an independent, unpaid panel of public health and prevention experts, which provides evidence-based findings and recommendations about community preventive services, programs, and policies to improve health. The recent CDSS recommendation is based on findings from 45 studies that included computerbased information systems in interventions to prevent CVD. The studies found, among other things: Compared with usual care, CDSS led to improvements in screening and preventive care services completed or ordered (median increase, 3.8 percentage points); clinical tests completed or ordered (median increase, 4 percentage points); and treatments prescribed (median increase, 2 percentage points).

Eight studies implemented CDSS in combination with other approaches, such as team-based care and patient reminders, and compared the CDSS approaches with usual care. Those studies also found improvements in screening, preventive care, and clinical tests ordered.

A broad systematic review, which

examined the effectiveness of CDSS across a variety of conditions and risk factors, found CDSS improved CVD prevention, cancer screening, and immunization

The CPSTF emphasized some considerations; for instance, that barriers to efficient health care delivery exist at multiple levels, including patient- and provider-related and organizational barriers. The CDSS, the CPSTF advises, can help address provider-related barriers, such as clinical inertia, which is the failure to modify treatment when necessary. However, the CPSTF adds, to address all barriers, CDSS might need to be combined with other effective strategies, such as culturally competent health care, team-based care, or other infrastructural improvements.

The systematic review highlighted some features of a successful CDSS:

- Provides patient assessments and treatment recommendations automatically:
- Delivers assessments and recommendations at the time and location of decision making;
- Gives a recommendation, not just an assessment;
- Automatically incorporates patient data from electronic health records:
- Links with electronic patient charts to support workflow integration;
- Promotes action rather than inaction:
- Provides research evidence to justify assessments and recommendations;
- Engages local users during system development; and
- Gives decision-support results to patients as well as providers.

The CDSS guidelines are available at http://www.thecommunityguide.org/cvd/CDSS.html.