## NATIONAL CENTER FOR PTSD

# **PTSD** Provider Service Delivery AssessmentTool

he PTSD Provider Self-Assessment Tool is an opportunity to examine care and services provided to people with Posttraumatic Stress Disorder (PTSD) and to gain useful insight into areas in need of improvement. The tool can be completed by one independent provider or by a treatment team that either stands independently or is nested within a full-service health care system.

# **Providers + PTSD Team + Facility**

The tool systematically evaluates psychological and pharmacological services and provides opportunities to change treatment programming to best align with the Veterans Affairs and Department of Defense Clinical Practice Guideline (VA/DoD CPG) for PTSD. (See the full VA/DoD CPG for PTSD: <u>https://www.healthquality.va.gov/</u> <u>guidelines/MH/ptsd/</u>.

#### Figure 1





The National Center for PTSD has resources available to help you synthesize the clinical practice guideline into your practice: <u>https://www.ptsd.va.gov/professional/treat/</u> <u>txessentials/cpg\_ptsd\_management.asp</u>.

Other organizations have developed PTSD Clinical Practice guidelines, for a comparison of those guidelines we suggest you review: <u>https://www.ptsd.va.gov/professional/articles/article-pdf/id52066.pdf</u>.

A process schematic for iterative use of the PTSD Provider Service Delivery Assessment Tool is Figure 1.

Using resources offered at the end of the assessment can help improve your professional practice and satisfaction, as well as your community of care. If the tool and resources are applied in a coordinated way as a team, group practice or health care system, the beneficial effects are multiplied.

The ultimate beneficiaries of the process are people with PTSD, their friends, families and caregivers, and the communities we all share.

## Mission

A mission focuses the values and service provided for both employees and patients. It serves as a framework, giving everyone involved a launching point to build from when establishing the administrative policies and clinical frameworks. For patients, it sets the healthcare system apart from other organizations without limiting its purpose.

Prior to utilizing the assessment tool, please answer the questions below as they apply to your individual practice and, if applicable, to your team practice.

#### INDIVIDUAL MISSION

- 1. What is your clinical mission as a PTSD provider?
- 2. What are some ways in which you are fulfilling your clinical mission?
- 3. Are there ways that you want to improve your service to people with PTSD?
- 4. What forces detract from achieving your mission?

#### TEAM MISSION

- 1. What is your clinical mission as a PTSD clinical care team?
- 2. What are some ways in which your team is fulfilling its clinical mission?
- 3. Are there ways that you want to improve your team's service to people with PTSD?
- 4. What forces detract from achieving your team's mission?
- 5. What are some ways your clinical team members support one another in achieving their clinical mission?
- Does your clinical care team routinely have conversations about PTSD cases and best care practices for PTSD?

#### Notes:

#### PERFORMANCE THROUGH THE CARE CONTINUUM:

Rate yourself, your team, and your facility's status in each domain below using the following scale:

Rating	Meaning				
1	Unsatisfactory				
2	Needs Improvement				
3	Meets Expectations				
4	Exceeds Expectations				
5	Excellent				
N/A	Not Applicable				

RAT	ING SYSTEM:	( <b>1</b> ) Unsatisfactory	(2) Needs Improvement	( <b>3</b> ) Meets Expectations	( <b>4</b> ) Exceeds	s Expe	ectations	( <b>5</b> ) Excellent	( <b>N/A</b> ) Not Applicable
RAT	E EACH COL	.UMN (1-5 OR N	/A)		٨	M E	PTSD TEAM	FACILITY	NOTES
PTS	D Practice Fo	undation							
1	treatments Therapy, Eye	for PTSD. (e.g., Pro	nmended trauma-focu longed Exposure, Cogr nsitization and Reproc	nitive Processing					
2	psychothera (e.g., Presen	apy treatments for	nmended non-trauma PTSD and commonly by, Cognitive Behaviora	co-occurring disorder	S.				
3	Therapists a treatments		and able to deliver rec	commended psychoth	ierapy				
4	-		re of specific recomme e, venlafaxine, fluoxetir						
5	recommend		re of pharmacologic tr SD symptoms. (e.g., be						
6	and discont	inue medications	ng, supported, and kno (e.g., benzodiazepines t a clinical indication fo	, atypical antipsychoti					
Com	munity Enga	agement							
1	professional	ls, about PTSD and r patients and fam	ve been vetted by me I recommended treatr ily/friends in clinic offic	ments are readily					
2		romote PTSD awai ealth treatment. (e	eness and actively wo e.g., stigma)	rk to address barriers					
3	behavioral t		d family/friends about D and co-occurring dii ression.		nitive				
4		and community c	local PTSD providers, V rganizations about ava						
5	to promote		utreach campaigns to eatments and educate mic Detailing)						
6	promote rea	commended treat (e.g., Eliminating I	utreach campaigns to ments and educate or Medications Through P	n harmful pharmacolo	gical				

DAT	ING SYSTEM:	(1) Upcaticfactory	(2) Noode Improvement	(2) Moote Expostations		اد 200	octations	( <b>5</b> ) Excellent	(N/A) Not Applicable
KAI	ING SYSTEM:	( <b>1</b> ) Unsatisfactory	(2) Needs Improvement	( <b>3</b> ) Meets Expectations	( <b>4</b> ) Exceed	is exp	PTSD	( <b>5</b> ) Excellent	(N/A) Not Applicable
RAT	E EACH CO	LUMN (1-5 OR N	/A)			ME		FACILITY	NOTES
Sha	red Decision	Making							
1	in detail, ind	cluding informatio	tment options are disc n about treatment gui e.g., PTSD Treatment D	delines and research					
2	Patient preferences and logistical barriers are considered in determining the PTSD treatment plan.								
3	Patients are explicitly invited to be involved in their treatment decisions and are given adequate time to deliberate and decide.								
Acce	ess to PTSD T	reatment							
1		ecommended PTSI led or requested.	D psychotherapy treat	ments is possible					
2	Access to re needed or i		D pharmacotherapy is	possible when					
3	enrolling in	therapy. (e.g., alter	e available to patients t mative appointment ti such as telemedicine	mes, alternative mode	es of				
4	Patients car treatment f		erral to a recommend	ed psychotherapy					
5	Staff and pr	roviders outside M	ental Health know how	v to refer to PTSD trea	tment.				
6	Staff and pr	roviders in Mental	Health know how to re	efer to PTSD treatmen	t.				
7			orksheets are readily a mmended treatments						
8		d processes exist fo psychotherapy tre	or scheduling patients Patment.	weekly for the full					
9		f PTSD psychother n resources.	apies have access to ir	ternal or external case	e				
10		-	ole on when to dischar of no-shows, and whe	-	sts.				
Scre	ening & Mea	asurement-Based	Care						
1		ve a complete psychistory and PTSD.	chosocial intake that ir	ncludes assessment					
2			auma history and PTS nt. (e.g., PC-PTSD-5)	D on initiation					
3	PTSD diagn (e.g., CAPS-		with a validated clinical	interview.					
4		gress in treatment ctive assessment. (e	is monitored and shar e.g., PCL-5)	ed with patient					
5			roviders can easily accordination gand care coordination						

# **Supportive Resources**

If you found yourself with low scores in specific domains, below are resources and ideas to help kickstart the improvement process. Free consultation about clinical questions, program development, educational resources, and anything else related to Veterans and PTSD is available from the PTSD Consultation Program.

Online: <u>https://www.ptsd.va.gov/consult</u> Email: <u>PTSDconsult@va.gov</u> Phone: (866) 948-7880

#### PTSD PRACTICE FOUNDATION

- Take part in PTSD training and consultation; here are a few places to start:
  - » PTSD treatment essentials: <u>https://www.ptsd.</u> va.gov/professional/treat/txessentials/index.asp
  - » PTSD Lecture Series: <u>https://www.ptsd.va.gov/</u> professional/consult/lecture\_series.asp
- Create a central location as a "grab and go" for all paperwork associated with PTSD care (e.g., homework sheets, within session educational sheets).
- Discuss the availability of consultation times for clinicians; offering "Lunch and Learns" for clinicians may provide an opportunity for meetings without cancelling clinics.
- Utilize the Clinicians Guide to Medications for PTSD to help support your clinical practice: <u>https://www.ptsd.</u> va.gov/professional/treat/txessentials/clinician\_guide\_ meds.asp.
- VA PROVIDERS ONLY: Make use of the Academic Detailing SharePoint for supportive materials: <u>https://vaww.</u> portal2.va.gov/sites/ad/SitePages/Home.aspx.

- VA PROVIDERS ONLY: Utilize VIONE resources to help reduce polypharmacy: <u>https://vaww.portal2.va.gov/</u> <u>sites/ad/SitePages/VIONE.aspx</u>.
- Order educational flyers, handouts, brochures and other print materials that can be used to help educate patients and family members about PTSD. They can be used by health providers to distribute to patients or by family members to help someone with PTSD:
  https://orders.gpo.gov/PTSD.aspx.

#### COMMUNITY ENGAGEMENT

- Utilize National Center for PTSD videos about PTSD care in educating Veterans.
  - » Whiteboard videos for Veterans: https://www.ptsd.va.gov/appvid/video/index.asp
- Choose and display documents about PTSD
  treatment options for your patients. Information you
  may want to share:
  - » How to choose a treatment: <u>https://www.ptsd.va.gov/apps/decisionaid/</u>



- » Why get treatment: <u>www.ptsd.va.gov/understand\_tx/why\_tx.asp</u>
- » Information for family/support systems: www.ptsd.va.gov/family/effects\_ptsd.asp
- Utilize VA EMPOWER (Eliminating Medications Through Patient Ownership of End Results) mailers and VA Academic Detailing PTSD materials: <u>https://www.pbm.</u> <u>va.gov/academicdetailingservicehome.asp</u>.

#### SHARED DECISION MAKING

- Create time to familiarize yourself with the PTSD Decision Aid: <u>https://www.ptsd.va.gov/professional/</u> <u>patient/index.asp</u>.
- VA PROVIDERS ONLY: Utilize National Center for PTSD
  materials to help educate patients: <u>https://www.ptsd.</u>
  va.gov/professional/patient/index.asp.

### ACCESS TO RECOMMENDED PTSD TREATMENTS

- Meet as a team to create an internal document for providers and Veterans regarding referrals to your service and share with Primary Care within and outside of your treatment center.
- Meet with clinical leadership to identify appointment blocks that can be dedicated to Evidence Based Psychotherapy (EBP) patients.

- Utilize events such as PTSD Awareness Month and Sexual Assault Awareness Month to educate patients and staff on available PTSD treatments and how to refer to PTSD.
  - » PTSD Awareness Month materials: <u>https://www.</u> <u>ptsd.va.gov/understand/awareness/index.asp</u>
- Host a "Lunch and Learn" for providers in your community about PTSD services offered and how to refer.
- For your outreach, consider using our materials:
  - » PTSD AboutFace videos: <u>www.ptsd.va.gov/apps/aboutface/</u>
  - » The Understanding PTSD booklet: www.ptsd.va.gov/publications/print/ understandingptsd\_booklet.pdf
  - » Trauma focused psychotherapies: <u>https://www.ptsd.va.gov/understand\_tx/</u> <u>tx\_basics.asp</u>

## SCREENING AND MEASUREMENT- BASED CARE

- Create a central location as a "grab and go" for commonly used assessments.
  - » PC-PTSD-5: <u>https://www.ptsd.va.gov/professional/</u> <u>assessment/screens/pc-ptsd.asp</u>
  - » PCL-5: <u>https://www.ptsd.va.gov/professional/</u> <u>assessment/adult-sr/ptsd-checklist.asp</u>
  - » CAPS-5: <u>https://www.ptsd.va.gov/professional/</u> <u>assessment/adult-int/caps.asp</u>
- Gather measurement tutorials and trainings to watch: <u>https://www.ptsd.va.gov/professional/continuing\_ed/</u> <u>find\_a\_course.asp</u>.
- Utilize team meeting time to discuss measurementbased care and ways to implement it in your facility.



