

FAQ: Psychotropic Drug Safety Initiative (PDSI)

What is the Psychotropic Drug Safety Initiative (PDSI)?

The Psychotropic Drug Safety Initiative (PDSI) is a Veterans Health Administration (VHA) nation-wide psychopharmacology quality improvement (QI) program. PDSI improves the quality of mental healthcare for Veterans across VHA by improving the access to and quality of psychopharmacologic treatments for Veterans' mental health needs. PDSI is coordinated through the Office of Mental Health and Suicide Prevention. More information on PDSI can be found on the [PDSI Program SharePoint](#).

What are the key components of PDSI?

The PDSI program supports Veterans Integrated Service Network (VISN) and facility psychopharmacology QI initiatives with the following:

- [Quarterly Metrics](#). Data on national and facility-level performance on prescribing measures.
- [PDSI Management System](#). A set of online informatics tools that facilitate clinical review of Veterans who may benefit from changes in their psychotropic medication regimen by providing daily updated actionable patient lists.
- [QI Feedback and Technical Assistance](#). Feedback and technical assistance for developing and implementing local QI strategies.
- [QI Learning Collaborative](#): Monthly calls discussing best practices and lessons learned as well as providing evidence-based psychopharmacology didactic opportunities.
- [Training and Educational Resources](#): Collaboration with Academic Detailing and other partners to develop and disseminate resources on evidence-based prescribing practices.

Who is participating in PDSI?

Every VA Medical Center (VAMC) in the country is required to participate. In some places, these efforts are being coordinated and championed locally by providers and staff at individual VAMCs. In other places, VISN initiatives are being implemented across multiple VAMCs through VISN-wide workgroups. Each facility has identified a PDSI Champion to serve as the point of contact for the program. The facility PDSI Champions can be found listed [here](#).

What is the PDSI Management System?

The PDSI Management System is a set of informatics tools that produce actionable patient lists to facilitate clinical review of Veterans who may benefit from improvement in their psychotropic medication regimen. The actionable patient lists gather data daily from the VHA electronic health record. For more detailed information about the tools available please go to the [PDSI Management System homepage](#). From the homepage you can:

- View PDSI Summary (Facility-level) Dashboards
- View PDSI Patient-level Dashboards
- Request Permissions to access Patient-level Dashboards
- Find PDSI Measure Definitions
- Locate facility PDSI points of contact
- Access presentations and shared documents
- Read about PDSI program and informatics tool updates

Where can I find more information about PDSI measures and data used to calculate the scores?

A detailed document describing the rationale, guidance, quarterly score, and daily-updated actionable patient definitions for each of the PDSI measures can be found [here](#).

How often do facilities need to submit updated QI Implementation Strategies?

Each facility submits an update to their QI Implementation Strategies in June and December of each year.



What is the PDSI National QI Collaborative?

PDSI supports a national QI collaborative via monthly conference calls, occurring on the first Thursday of the month at 1 pm EST. These calls provide a forum for didactic trainings, information sharing, and discussion of issues related to ongoing psychotropic drug quality improvement work conducted at facilities. These calls also help to facilitate collaboration across facilities and VISNs that are working on similar measures or using similar quality improvement processes. The calls are open to all providers or staff working on PDSI programs, as well as anyone else within VHA who shares an interest learning about evidence-base psychopharmacology and QI. Each VISN shares updates once a year that highlight ongoing work at an individual facility or across the VISN as a whole.

What are the different “phases” of PDSI?

PDSI Phase 1 (2013-2015) broadly looked across multiple classes of medications and mental health diagnoses. On average, facilities identified 3 from among the 20 different prescribing measures to serve as the focus for their local QI efforts (priority measures). Facilities were required to prioritize any measure where local performance was a significant outlier compared to the rest of the VHA system (defined as local score > 2 SD worse than national score), but were otherwise given the freedom to identify their own local priorities.

PDSI Phase 2 (2015-2017) focused specifically on improving psychopharmacologic treatment of older Veterans in both the outpatient and Community Living Center (CLC, VA nursing home) settings. Facilities were required to identify at least one priority from among 14 prescribing measures. The aims of Phase 2 included:

- Increasing metabolic monitoring among patients age 75 and older prescribed an antipsychotic,
- Decreasing benzodiazepine and sedative hypnotic use among patients age 75 and older,
- Improving psychopharmacological care of patients with dementia, and
- Decreasing use of highly anticholinergic medications among patients age 75 and older.

PDSI Phase 3 (2017-2019) focused on improving access to evidence-based pharmacotherapy for Veterans with substance use disorders (SUD). Facilities were required to identify at least one priority from among 2 prescribing measures. The aims of Phase 3 included:

- Improving access to evidence-based pharmacotherapy for alcohol use disorder (AUD), and
- Improving access to evidence-based pharmacotherapy for opioid use disorder (OUD).

PDSI Phase 4 (2019-present) focuses on reducing benzodiazepine (BZD) use in high-risk populations, including: 1) Veterans age 65 and older, 2) Veterans with PTSD, 3) Veterans with AUD, OUD, or sedative-hypnotic use disorder, and 4) Veterans with co-prescribed BZD and opioids. Facilities are required to improve prescription drug monitoring program (PDMP) checks and documentation for patients with BZD prescriptions as well as identify one priority from among the 4 high-risk population-based prescribing measures. Facilities are also asked to continue their efforts to improve access to evidence-based pharmacotherapy for AUD and OUD from Phase 3.

As of July 1, 2019 the focus of the PDSI program is on Phase 4. Data remains available for prescribing measures from all phases of the program and can be found on the [PDSI Management System homepage](#).

Who do I contact with any additional questions?

For general PDSI program questions, please contact Dr. Ilse Wiechers, PDSI National Director at Ilse.Wiechers@va.gov. For questions regarding the PDSI Management System, please contact the PDSI Dashboard Team at V21PALPSYCHPHARM@va.gov.

