

**University of California, San Francisco**  
**CURRICULUM VITAE**

**Name:** Ilse Ruth Wiechers

**Position:** New Appointment  
Psychiatry  
School of Medicine

**Address:** University of California, San Francisco  
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**EDUCATION**

1995 - 1999	Case Western Reserve University	BA	Political Science
2001 - 2003	Duke University Sanford School of Public Policy	MPP	Health Policy
2003 - 2005	Duke University School of Medicine	MD	
2005 - 2006	Duke University, Center for Public Genomics, Institute for Genome Sciences & Policy	Research Fellow	
2006 - 2010	Massachusetts General Hospital and McLean Hospital	Intern and Resident	Psychiatry
2006 - 2010	Harvard Medical School	Clinical Fellow	Psychiatry
2009 - 2010	Massachusetts General Hospital	Chief Resident	Psychiatry
2010 - 2011	Yale School of Medicine	Fellow	Geriatric Psychiatry
2011 - 2012	Yale School of Medicine & VA Connecticut Healthcare System, VA Advanced Fellowship Program in Mental Illness Research and Treatment	Fellow	
2012 - 2012	Columbia University College of Physicians and Surgeons	Visiting ECT Fellow	
2012 - 2014	Robert Wood Johnson Foundation Clinical Scholars Program, Yale School of Medicine and US Department of Veterans Affairs	Post-doctoral fellow	
2012 - 2014	Yale School of Medicine	MHS	

**LICENSES, CERTIFICATION**

2010 Physician/Surgeon License #48554, Connecticut Department of Public Health

2011	American Board of Psychiatry and Neurology, Psychiatry
2014	American Board of Psychiatry and Neurology, Geriatric Psychiatry
2018	Physician and Surgeon C License #154307, Medical Board of California

**PRINCIPAL POSITIONS HELD**

01/2015 - 07/2017	Yale University School of Medicine	Assistant Professor	Psychiatry
07/2017 - present	Yale University School of Medicine	Assistant Clinical Professor	Psychiatry

**OTHER POSITIONS HELD CONCURRENTLY**

07/2014 - present	Northeast Program Evaluation Center, Office of Mental Health and Suicide Prevention, U.S. Department of Veterans Affairs	Associate Director
07/2014 - present	Psychotropic Drug Safety Initiative, Office of Mental Health Operations, U.S. Department of Veterans Affairs, West Haven, CT	National Director
01/2016 - present	VISN 1 New England Mental Illness Research, Education and Clinical Center	Research Investigator
10/2017 - 06/2019	Care for Patients with Complex Problems (CP)2 Program, Office of Mental Health and Suicide Prevention, U.S. Department of Veterans Affairs	Co-Director

**HONORS AND AWARDS**

1999	Member	Phi Beta Kappa
1999	Outstanding Senior of the Year	Case Western Reserve University
1999	Mather Alumni Award	Case Western Reserve University
2002	James W. Vaupel Population, Policy & Aging Fellowship	Duke University
2003	Faculty Award	Duke University, Sanford School of Public Policy
2009	Trainee Travel Award	Academy of Psychosomatic Medicine
2010	Honorable Mention, Solomon Award, Harvard Psychiatry Research Day	Harvard Department of Psychiatry
2010	Joyce and Richard Tedlow Award	Massachusetts General Hospital

2010	Chief Resident, Acute Psychiatry Service	Massachusetts General Hospital
2010	Scholars Program	Geriatric Mental Health Foundation
2010	Merit Award	Laughlin Foundation
2011	Summer Research Institute in Geriatric Mental Health	
2012	Hartford Scholar	John A. Hartford Foundation's Center of Excellence in Geriatric Medicine and Geriatric Psychiatry Training Program
2016	Hartford-Jeste Award for Future Leaders in Geriatric Psychiatry	American Psychiatric Association
2019	Fellow	American Psychiatric Association

## CLINICAL ACTIVITIES

### CLINICAL ACTIVITIES SUMMARY

I am a geriatric psychiatrist who specializes in providing clinical care for Veterans with late-life mood, anxiety and trauma-related disorders. I spent 5 years as an attending in the Integrated Primary Care Clinic at the West Haven VAMC. Through this voluntary clinical service, I provided geriatric consultation including short course medication and psychotherapeutic treatment for older adults one half day per week. As faculty in the Yale Geriatric Psychiatry Fellowship program, I also provided clinical supervision in my clinic for PGY 2 psychiatry residents and to geriatric medicine fellows on their geriatric psychiatry rotations. Since relocating to California in summer of 2017, my voluntary clinical activities have been conducted at the VA Palo Alto Healthcare System, Menlo Park Division Outpatient Mental Health Clinic. One half day per week I provide a geriatric psychiatry consultation services for providers in the General Mental Health Clinic, Primary Care Clinic, and Community Living Centers (CLC, VA Nursing Homes). My focus has been on providing one-time comprehensive evaluation for patients with complex comorbidities and late life mental health and cognitive disorders.

### CLINICAL SERVICES

2012 - 2017	VA Connecticut Healthcare System, Attending Psychiatrist, Primary Care Integrated Mental Health Clinic	One half day per week
2018 - present	VA Palo Alto Healthcare System, Attending Psychiatrist, Outpatient Geriatric Mental Health and Complex Comorbidity Consultation Service	One half day per week

## PROFESSIONAL ACTIVITIES

### MEMBERSHIPS

1999 - present	American Psychiatric Association
2010 - present	Academy of Consultation-Liaison Psychiatry
2010 - present	American Association for Geriatric Psychiatry

**SERVICE TO PROFESSIONAL ORGANIZATIONS**

2008 - 2012	Association of American Medical Colleges, Organization of Resident Representatives	Member
2010 - 2012	Association of American Medical Colleges, Organization of Resident Representatives Administrative Board	Member
2010 - 2013	Academy of Consultation-Liaison Psychiatry, Business of Psychosomatic Medicine Subcommittee	Member
2011 - present	American Association for Geriatric Psychiatry, Public Policy Caucus	Member
2011 - present	American Association for Geriatric Psychiatry, Scholars Program	Mentor
2011 - 2012	American Association for Geriatric Psychiatry, Member-In-Training Caucus	Member
2012 - 2014	Association of American Medical Colleges, Group on Faculty Affairs Steering Committee	Member
2013 - present	American Association for Geriatric Psychiatry, Public Policy Caucus	Chair
2013 - 2016	American Association for Geriatric Psychiatry, Political Action Committee Board of Trustees	Chair
2017 - present	American Psychiatric Association/APA Foundation Mentorship Program	Mentor
2018 - 2019	American Association for Geriatric Psychiatry, Annual Meeting Program Committee	Chair
2018 - present	American Psychiatric Association, Assembly Committee of Representatives of Subspecialties and Sections (ACROSS)	AAGP Representative
2018 - present	California Psychiatric Association Council	Member

**SERVICE TO PROFESSIONAL PUBLICATIONS**

2008 - 2011	Assistant Editor, Harvard Review of Psychiatry
2011 - present	Associate Editor, Harvard Review of Psychiatry
2016 - present	Ad hoc referee, American Journal of Geriatric Psychiatry (13 papers in past 2 years)
2008 - 2017	Ad hoc referee, Psychosomatics (22 papers in 9 years)

**INVITED PRESENTATIONS - NATIONAL**

2013	Association of American Medical Colleges, Organization of Resident Representatives Professional Development Conference, Santa Fe, NM, "Developing an academic research career: transitioning from trainee to faculty"	Workshop
2014	National Center for PTSD, US Department of Veterans Affairs, PTSD Consultation Lecture Series (national webinar), "Assessing and treating PTSD in older adults"	Podium
2015	Evidence-based Geriatric Psychopharmacology Webinar Series (national webinar), Veterans Health Administration, "Benzodiazepines: Risks and how to taper safely in older adults"	Podium
2015	National Academic Detailing Advisory Board Meeting, Veterans Health Administration, Long Beach, CA, "Improving Psychopharmacological Care for Older Veterans: Opportunities for Collaboration in PDSI Phase 2"	Workshop
2016	Centers for Medicare and Medicaid Services – Veterans Affairs Measurement Alignment Summit, Baltimore, MD "Psychotropic Drug Safety Initiative"	Podium
2016	Clinical Pharmacy Practice Office (CPPO) Mental Health and Pain Summit, Veterans Health Administration, Washington, DC, "Integration of the Psychotropic Drug Safety Initiative"	Podium
2016	National Academic Detailing Collaborative Call Series (national webinar), Veterans Health Administration, "Benzodiazepine use in high risk populations"	Podium
2016	American Psychiatric Association Annual Meeting, Atlanta, GA "Updates in Geriatric Psychiatry: Mood Disorders in Late Life" and "Updates in Geriatric Psychiatry: Psychosis in Late Life"	Workshop
2017	Veterans Health Administration Patient Care Service Grand Rounds (national webinar), "Patient Care Services Response to the Opioid Crisis"	Workshop
2017	National Center for PTSD, US Department of Veterans Affairs, PTSD Consultation Lecture Series (national webinar), "Tapering Benzodiazepines in Older Veterans with PTSD"	Podium
2017	American Psychiatric Association Annual Meeting, Atlanta, GA "Updates in Geriatric Psychiatry: Mood Disorders in Late Life" and "Updates in Geriatric Psychiatry: Psychosis in Late Life"	Workshop

2018	National Academic Detailing Advisory Board Meeting, Veterans Health Administration, San Diego, CA, "PDSI Phase 2 Evaluation of Impact"	Workshop
2018	American Psychiatric Association Annual Meeting, New York, NY, Presidential Symposium "The Different Faces of the Opioid Crisis in America"	Workshop
2018	American Psychiatric Association Annual Meeting, New York, NY "Updates in Geriatric Psychiatry: Mood Disorders in Late Life" and "Updates in Geriatric Psychiatry: Psychosis in Late Life"	Workshop
2019	American Association for Geriatric Psychiatry Annual Meeting, Atlanta, GA, Scholars Program Welcome Speech "A journey off the beaten path"	Podium
2019	American Association for Geriatric Psychiatry Annual Meeting, Atlanta, GA, Opening Plenary "Engage for Change: Preparing and Partnering for the Future of Geriatric Mental Health"	Podium
2019	Psychotropic Drug Safety Initiative Quality Improvement Learning Collaborative, Reducing Benzodiazepines in High Risk Populations (national webinar series) "Safe Tapering of Benzodiazepines"	Podium
2019	Psychotropic Drug Safety Initiative Quality Improvement Learning Collaborative, Reducing Benzodiazepines in High Risk Populations (national webinar series) "Benzodiazepine Use in Older Adults"	Podium
2019	National Academic Detailing Collaborative Call Series (national webinar), Veterans Health Administration, "PDSI Phase 4: Reducing Benzodiazepines in High Risk Populations "	Podium
2019	American Psychiatric Association, Annual Meeting, San Francisco, CA, "Clinical Updates in Geriatric Psychiatry for the Practicing Psychiatrist: Engage for Change - Preparing and Partnering for the Future of Geriatric Mental Health"	Workshop

#### **INVITED PRESENTATIONS - REGIONAL AND OTHER INVITED PRESENTATIONS**

2010	Greenwich Hospital, Greenwich, CT, "Metabolic Syndrome and Atypical Antipsychotics"	Podium
2013	Department of Psychiatry, Geisel School of Medicine at Dartmouth, Psychiatry Grand Rounds, Lebanon, NH, "Prescribing psychotropics in the absence of a psychiatric diagnosis: What's happening in the elderly and should we be concerned?"	Podium

2014	Cleveland Clinic Medicine Institute, Center for Value-based Care Research, Cleveland, OH, "Prescribing without a diagnosis: A barrier to value-based care"	Podium
2014	Connecticut Partnership for Patient Safety Medication Safety Conference - Medication Safety: Your Role on the Team, Reactor Panel member	Workshop
2014	Frank H. Netter MD School of Medicine, Quinnipiac University, North Haven, CT, "The Affordable Care Act: Key provisions and implications for mental health and primary care"	Podium
2014	The Villages Health, The Villages, FL, "Dementia medications: A practical guide to prescribing"	Podium
2015	Tomah VAMC Pain Management Workshop, Tomah, WI, "Overcoming challenges in caring for patients with chronic pain, mental health & substance use disorders"	Podium
2015	Veterans Integrated Service Network 16 Pharmacy Benefits Management Annual Meeting, Veterans Health Administration, "Psychotropic Drug Safety Initiative"	Podium
2016	Veterans Integrated Service Network 16 Pharmacy Benefits Management Annual Meeting, Veterans Health Administration, Little Rock, AR "Psychotropic Drug Safety Initiative: Update on National PDSI Program and VISN 16 Progress to Date"	Podium
2016	Southern Oregon Rehabilitation Center & Clinics (SORCC), White City, OR "Benzodiazepine use in high risk populations"	Podium
2017	VISN 1 VA ECHO Mental Health and Addictions Clinic, "Benzodiazepine Risks and How to Safely Taper" (webinar)	Podium

### **GOVERNMENT AND OTHER PROFESSIONAL SERVICE**

2015 - 2018	Veterans Health Administration, National Psychotropic Drug and Opiate Safety Initiatives Steering Team	Co-chair
2015 - 2015	Veterans Health Administration, Conference Planning Committee, VA National Conference "Advancing Evidence-Based Use of Psychopharmacologic Treatments"	Chair
2015 - 2015	Veterans Health Administration, National ICD-10 Dementia Coding Consensus Work Group,	Member
2015 - present	National Academic Detailing Advisory Board and Stakeholders Committee, Veterans Health Administration	Member
2016 - present	Veterans Health Administration, VA OEND National Support and Development Workgroup,	Member

2016 - present	Veterans Health Administration, National Somatic Therapies Field Advisory Committee,	VA Central Office Liaison
2016 - 2017	Veterans Health Administration, National Complex Patient Care Implementation Task Force, Veterans Health Administration	Co-chair
2017 - 2017	Veterans Health Administration, VA National Mental Health Conference Planning Committee, "Preventing Veteran Suicide is Everyone's Business"	Member
2018 - 2018	Veterans Health Administration, VA National Mental Health Conference Planning Committee, "Stepped Care for Opioid Use Disorder Train the Trainer"	Member
2018 - present	Advisory Board, Precision Medicine in Mental Health (PRIME) Care Study	VA Central Office Liaison
2019 - present	Steering Committee, Care for Patients with Complex Problems (CP)2 Program, Veterans Health Administration	Member

## UNIVERSITY AND PUBLIC SERVICE

### SERVICE AT OTHER UNIVERSITIES

2005 - 2006	Institutional Review Board	Duke University Health System
2007 - 2007	Strategic Planning for Physician Education and Training, Trainee Work Group,	Partners Healthcare System
2009 - 2010	Quality and Safety Committee	MGH Department of Psychiatry
2009 - 2010	Longitudinal Medical Record Task Force	MGH Department of Psychiatry
2009 - 2010	Safety Task Force	MGH Department of Psychiatry
2013 - 2017	Clinical Competency Committee, Geriatric Psychiatry Fellowship	Yale School of Medicine

### COMMUNITY AND PUBLIC SERVICE

1998 - 1999	Cleveland Public Schools, John Hay High School	Tutor
2004 - 2005	Durham Public Schools, Northern High School	Tutor
2012 - 2017	Partnership to Improve Dementia Care, Connecticut State Coalition	Member



## CONTRIBUTIONS TO DIVERSITY

### CONTRIBUTIONS TO DIVERSITY

I am committed to increasing diversity in science and medicine and to ensuring under-represented minorities and other vulnerable populations are partners in all stages of research and clinical program development. I have been involved in several mentorship experiences that provided the opportunity to work with students from under-represented minorities. As an undergraduate and graduate student, I volunteered as a civics and science tutor for African American students from inner-city high schools in Cleveland, OH and Durham, NC. As a post-doctoral fellow, I co-lead a large community-based project that partnered with 5 local community-based organizations to identify factors about accessing primary care that were important to the New Haven community. This work involved extensive community meetings and discussion with community members about their care experiences. These conversations opened my eyes to the challenges people faced just trying to see their doctor, especially people of color and immigrants in the New Haven community. As a faculty member, I have actively sought opportunities to mentor female medical trainees. I find these opportunities for mentorship extremely rewarding and it has been a true privilege to continue my mentoring relationships with several women who have now transitioned to be junior faculty.

## TEACHING AND MENTORING

### TEACHING SUMMARY

I provide didactic, case-based, experiential, and small group education to trainees, attending physicians (both psychiatrists and non-psychiatrists), and interdisciplinary health care providers in the subject areas of psychopharmacology, geriatric mental health, health policy and advocacy, and quality improvement. In my role with the VA Office of Mental Health and Suicide Prevention, I develop national curriculum for the Psychotropic Drug Safety Initiative (PDSI) program, the Care for Patients with Complex Problems (CP)2 program, and serve as an advisor to the VA's Academic Detailing National Program Office in development of their educational materials for both patients and providers. Prior to joining UCSF faculty, my primary teaching responsibilities at Yale have been providing core didactic lectures to Yale Geriatric Psychiatry Fellows, Addiction Fellows, and Psychiatry Residents. I also co-directed the monthly clinical case conference series for Yale Geriatric Psychiatry Fellows for 5 years.

### FORMAL TEACHING

Not UCSF	Academic Yr	Course No. & Title	Teaching Contribution	School	Class Size
X	2005 - 2005	Duke University PubPol 253: Politics of Health Care	"Congress"		40
X	2005 - 2005	Duke University PhysAsst 450: Intro to Health Care Policy	"Institutions & Settings of Health Care"		50

Not UCSF	Academic Yr	Course No. & Title	Teaching Contribution	School	Class Size
X	2009 - 2010	MGH/McLean Psychiatry Residency Training Program Didactics,	"Metabolic Syndrome and Atypical Antipsychotics," "Intoxication and Withdrawal," "Disposition and Insurance," "Suicide Assessment," "Psychiatric Emergencies"		15
X	2009 - 2010	MGH/McLean Psychiatry Residency Training Program, MGH Resident Report, "Health Care Quality Seminar Series"	Seminar Director and Lecturer		15
X	2011 - 2016	Yale School of Medicine, Geriatric Psychiatry Clinical Case Conference	Co-director		4
X	2012 - present	Yale School of Medicine, Geriatric Psychiatry and Geriatric Medicine Fellowship Program	"Health Policy and Advocacy"		6
X	2012 - 2017	Yale School of Medicine, Geriatric Psychiatry & Geriatric Medicine Fellowship Program	"Healthcare Quality and Geriatrics,"		6
X	2012 - 2014	Yale School of Medicine, Third year medical student Psychiatry Clerkship,	"Case-based learning: mood disorders"		15
X	2012 - 2017	Yale Department of Psychiatry Board Review Course	"Mood and anxiety disorders," "Psychotic disorders"		15
X	2013 - 2013	Yale Physician Associate Program, Journal Club, Introduction to Research Course	Small group leader		6

Not UCSF	Academic Yr	Course No. & Title	Teaching Contribution	School	Class Size
X	2014 - 2014	VA Center of Excellence in Primary Care Education, VA Connecticut Healthcare System,	"Benzodiazepine prescribing in the elderly: Evidence for and pragmatic approaches to managing discontinuation" and "Use of Hypnotics in the Elderly: A Practical guide to prescribing"		10
X	2014 - 2017	Yale Department of Psychiatry Resident Didactics	"Dementia medications and hypnotics"		15
X	2016 - 2017	Yale Addiction Fellows Didactics	"Benzodiazepines: Risks, How to Safely Taper, & Alternatives"		6
X	2016 - present	Yale School of Medicine, Geriatric Psychiatry and Geriatric Medicine Fellowship Program	"Inappropriate prescribing of psychotropics in older adults"		6
X	2017 - 2018	Stanford Psychiatry Resident VA Outpatient Clinic Didactics	"A few thoughts on non-traditional career pathways", "Inappropriate prescribing of psychotropics in older adults", "Benzodiazepines: Risks, How to Safely Taper, & Alternatives"		6
X	2018 - 2018	Stanford Geriatric Psychiatry Fellowship Didactics	"Inappropriate prescribing of psychotropics in older adults", "Healthcare Quality and Geriatrics," and "Health Policy and Advocacy"		2

### INFORMAL TEACHING

- 2011 - 2013 Writing Tutor, Yale School of Medicine, Third year medical student Psychiatry Clerkship (4 students per year)
- 2011 - 2015 Small group leader, Yale School of Medicine, first year medical student psychosocial curriculum, "The Importance of Psychosocial Factors in the Experience of Illness" (6-8 students once per year)
- 2012 - 2016 Clinical Supervisor, PGY-2 Psychiatry Residents and Geriatric Medicine Fellows, Primary Care Mental Health Integration Clinic (3 hours per week for one month, 6 trainees per year)

2013 - 2013 Small group leader, Yale Physician Associate Program, Journal Club, Introduction to Research Course (8 students, 6 sessions)

### MENTORING SUMMARY

I enjoy providing career mentorship for psychiatry residents with an eye towards increasing recruitment and retention into the field of geriatric psychiatry. To this end, I have been involved as faculty and have served as a formal mentor with the AAGP Scholars Program since 2011. As faculty, I have provided content about health policy and advocacy for geriatric mental health at the in-person, half day curriculum at the AAGP Annual Meeting Scholars Program. As a mentor, I met with the Scholars face to face at the AAGP Annual Meeting Scholars Program and continued to be available for distance mentorship by phone for the following year. This mentorship has been very rewarding, as most of these mentees have pursued geriatric psychiatry fellowship training and continue to regularly attend the AAGP Annual Meeting, which has allowed for longitudinal opportunities to follow up with these now colleagues.

As a faculty member at Yale, I have actively sought opportunities to mentor female medical trainees on the challenges of combining motherhood and an academic medical career. I introduce myself at every teaching encounter I have as a mother of a young child who is married to a physician scientist, and invite people who have questions about how we make that work to reach out. I have women (and sometimes men) approach me after almost every single lecture. I find these opportunities for mentorship extremely rewarding and it has been a true privilege to continue my mentoring relationships with several women who have now transitioned to be junior faculty. I plan to continue to grow in this role as a mentor encouraging more women to pursue careers in leadership and academic medicine while on the faculty at UCSF and SFVAHCS.

### PREDOCTORAL STUDENTS SUPERVISED OR MENTORED

Dates	Name	Program or School	Mentor Type	Role	Current Position
2013 - 2014	Christina Cutter	Medical Student/Graduate research assistant (Yale School of Medicine)	Project Mentor	daily supervision of research assistant overseeing primary data collection for community-based participatory research study, resulting in peer-reviewed publications and community products	Fellow, National Clinical Scholars Program, (University of Michigan)

### POSTDOCTORAL FELLOWS AND RESIDENTS MENTORED

Dates	Name	Fellow	Mentor Role	Faculty Role	Current Position
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Dates	Name	Fellow	Mentor Role	Faculty Role	Current Position
2011 - 2011	Taya Varteresian, DO	Psychiatry Resident (Banner Good Samaritan Psychiatry Residency Program)	Career Mentor	AAGP Scholars Program mentor	Geriatric Psychiatrist, LA County DMH
2012 - 2012	Karen Reimers, MD	Psychiatry Resident (SUNY Buffalo Psychiatry Residency Program)	Career Mentor	AAGP Scholars Program mentor	Psychiatrist, Hazelden Betty Ford Foundation and Norwood Health Center; Adjunct Assistant Professor (University of Minnesota)
2013 - 2013	Swapnil Rath, MD	Psychiatry Resident (University of Kansas Medical School Psychiatry Residency Program)	Career Mentor	AAGP Scholars Program mentor	Geriatric Psychiatrist, Pincrest Christian Mental Health Services (Michigan State University)
2014 - 2014	James Wilkins, MD, DPhil	Psychiatry Resident (MGH/McLean Hospitals Psychiatry Residency Program)	Career Mentor	AAGP Scholars Program mentor	Medical Director, Cognitive Neuropsychiatry Program, McLean Hospital; Instructor in Psychiatry (Harvard Medical School)

Dates	Name	Fellow	Mentor Role	Faculty Role	Current Position
2015 - 2018	Luming Li, MD	Psychiatry Resident (Yale School of Medicine)	Career Mentor	quarterly meetings; AAGP Scholars Program mentor	Assistant Professor (Yale University School of Medicine)
2016 - 2018	Mary Vance, MD, MSc	Psychiatry Resident (MGH/McLean Hospitals), National Clinical Scholars Program Post-Doctoral Fellow (University of Michigan)	Project Mentor, Career Mentor	quarterly career mentorship meetings: APA/APA Foundation Mentor; biweekly and weekly meetings as co-editors on psychiatric advocacy book project	Assistant Professor (Uniformed Services University of the Health Sciences)
2016 - present	Latrice Vinson, PhD	Health and Aging Policy Fellow	Project Mentor, Career Mentor	weekly meetings for national program management	National Director, Care for Patients with Complex Problems Program, Dept. of Veterans Affairs, Office of Mental Health and Suicide Prevention
2017 - present	Melanie Scharrer, MD	Psychiatry Resident, Geriatric Psychiatry Fellow (University of Wisconsin)	Project Mentor, Career Mentor	AAGP Scholars Program mentor; monthly project meetings for ongoing AAGP Public Policy Caucus leadership; bimonthly meetings for geriatric mental health advocacy book chapter project	Geriatric Psychiatry Fellow (University of Wisconsin)

Dates	Name	Fellow	Mentor Role	Faculty Role	Current Position
2018 - 2019	Amanda Degenhardt, MD	Psychiatry Resident (UBC Psychiatry Residency Program)	Career Mentor	APA/APA Foundation Mentor	Child and Adolescent Psychiatry Fellow

### FACULTY MENTORING

Dates	Name	Position while Mentored	Mentor Type	Mentoring Role	Current Position
2018 - present	Luming Li, MD	Assistant Professor	Career Mentor	quarterly meetings, 2 peer-reviewed presentations together at national professional conferences	Assistant Professor (Yale University School of Medicine)
2019 - present	Mary Vance, MD, MSc	Assistant Professor	Project Mentor, Career Mentor	weekly meetings as co-editors on psychiatric advocacy book project	Assistant Professor (Uniformed Services University of the Health Sciences)

## RESEARCH AND CREATIVE ACTIVITIES

### RESEARCH AND CREATIVE ACTIVITIES SUMMARY

My research has focused largely on psychotropic pharmacoepidemiology. Use of psychotropic medications has been on the rise in recent years. Studies have shown that antidepressants are frequently prescribed without a psychiatric indication for use and that older patients appear to be at increased risk of exposure to this practice. Using a large private claims database, I determined a majority of recipients of six broad classes of psychotropic medications, especially older patients (age 50 to 64) and those not utilizing mental health specialty care, lacked a clear psychiatric indication for such use. I expanded upon these findings with a second study using national databases from the Veterans Health Administration (VHA) and found that age over 65 was the strongest predictor of being prescribed a psychotropic medication without a psychiatric diagnosis. Diagnoses signifying potential medical indications for use and overall medical comorbidity were only weakly related to absence of a psychiatric diagnosis and did not substantially alter the age trends in either study. This work resulted in invited national speaking engagements as well as the work I currently do in my role as the National Director for the VA's Psychotropic Drug Safety Initiative (PDSI).

I have collaborated with colleagues at Yale to expand my studies of psychotropic pharmacoepidemiology to better understand the prevalence and correlates of co-prescribing

psychotropics, and specifically benzodiazepines, with opioid pain medications. This work is significant given the huge growth over the past decade in both use of and overdose death from these two classes of medications. Since psychotropics and opioids can produce harmful side effects, especially when combined, and since they are likely prescribed by separate providers in different settings, coordinated consideration of the risks and benefits of co-prescribing these medications may be needed. This academic work is in parallel to the extensive efforts I have made in clinical education to develop and provide didactic education about inappropriate use of benzodiazepines and sedative hypnotics.

I have also developed additional collaborations with geropsychiatry mental health services research colleagues, which have resulted in my current role as co-investigator on three VA-funded research projects that aim to evaluate use of psychotropic medications in the vulnerable older Veteran population. My collaboration with Dr. Helen Kales (University of California, Davis) aims to better understand how policies focused entirely on reducing antipsychotic use may have caused “unintended consequences,” such as providers shifting patients to alternative psychotropic classes with even less evidence of benefit and similar risks, including benzodiazepines. My collaborations with Dr. Donovan Maust (University of Michigan/VA Ann Arbor) focus on using the PDSI program to understand how national- and facility-level policy can reduce potentially inappropriate benzodiazepine use. I also serve as co-investigator in collaboration with Dr. Kim Curyto (VA Western New York Healthcare System) on a STAR-VA program evaluation grant funded through VA Quality Enhancement Research Initiative (QUERI). The goal of this study is to develop and validate a quality indicator for monitoring the prevalence of Behavior Symptoms of Dementia and to evaluate the longitudinal impact of STAR-VA by comparing site and resident outcomes at trained and untrained Community Living Centers.

Finally, through my role as National Director of PDSI, I have also had the opportunity to serve as a scientific advisor or operational partner in several VA-based research projects. I bring my operational expertise as well as my psychopharmacological expertise to this work, which include studies: assessing the role of medications as potential prognostic factors, above and beyond other established risk factors, in predicting risk of suicide and unintended death in older Veterans (PI Amy Byers, PhD, UCSF and San Francisco VA Health Care System); determining the best PTSD treatment augmentation strategies when first-line medications are inadequate and disseminating findings to patients, family members, and providers to allow them to make more informed treatment choices (PI Beth Cohen, MD, MA, UCSF and San Francisco VA Health Care System); testing whether participatory system dynamics is superior to audit and feedback for improving the reach of evidence-based psychotherapy and evidence-based pharmacotherapy in VA outpatient mental health (PI Lindsey Zimmerman, PhD, Stanford University and VA Palo Alto).

#### **RESEARCH AWARDS - CURRENT**

1. IIR 15-330	Co-Investigator	10 % effort	Kales (PI)
	Department of Veterans Affairs, HSR&D Merit Award	01/01/2017	06/30/2020
	Unintended Consequences: The Impact of VA Antipsychotic Reduction Efforts in Dementia	\$ 238,845 direct/yr 1	\$ 835,958 total



Our work aims to better understand how policies focused entirely on reducing antipsychotic (AP) use may have caused “unintended consequences,” such as providers shifting patients to alternative psychotropic classes with even less evidence of benefit and similar risks, including benzodiazepines, mood stabilizers, and antidepressants. We will determine system-level VA national trends [in both community living centers (CLC, VA nursing homes) and community settings] in psychotropic use among patients with dementia since the first black-box warning (2005) to 2014; examine CLC-level variables that may be associated with AP prescribing in dementia (FY2014); and validate additional quality indicators for VA patients with dementia for both CLC and community settings.

I provide 10% effort (concurrent with VA effort) as co-investigator, providing guidance on methodology as well as operational guidance related to VA psychotropic prescribing policies. I participate in quarterly team meetings and aid with interpretation of results, manuscript preparation, and dissemination of findings.

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2. IIR 16-210	Co-Investigator	10 % effort	Maust (PI)
Department of Veterans Affairs, HSR&D Merit Award		01/01/2018	12/01/2021
Addressing inappropriate benzodiazepine prescribing among older Veterans			\$ 1,097,797 total

The focus of this grant is on using the PDSI program to understand how national- and facility-level policy can reduce potentially inappropriate benzodiazepine use. Beginning in FY2013, PDSI began monitoring a variety of psychotropic quality measures, including benzodiazepine use among Veterans >75 years of age. Each facility selected a subset of these measures on which to focus and developed their own local strategy to improve prescribing; 52 of 140 facilities selected the BZD>75 measure. Understanding the local strategies employed to reduce benzodiazepine use—as well as the patient experience of these potentially distressing efforts—provides a unique opportunity to identify the key elements that allow VA facilities and providers to successfully address this intractable clinical problem. At the end of our proposed study, we will have developed a toolkit of context-sensitive best practices acceptable to older Veterans that facilities can select from and implement to reduce new and chronic benzodiazepine prescribing.

I provide 10% effort (concurrent with VA effort) as co-investigator, providing guidance on methodology as well as operational guidance related to the PDSI program. I participate in monthly team meetings and aid with interpretation of results, manuscript preparation, and dissemination of findings.

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3. 1 I50 HX002383-01A2	Scientific Advisory Group member and Operational Partner	5 % effort	Curyto (PI)
Department of Veterans Affairs, QUERI		01/01/2018	09/30/2019
Sustaining STAR-VA: Partnered Evaluation of Veteran, Implementation and Facility Factors		\$ 149,854 direct/yr 1	\$ 299,278 total
Contributing to Positive Sustained Outcomes to Inform Ongoing Program Implementation			

The goal of this study is to develop and validate a quality indicator for monitoring the prevalence of Behavior Symptoms of Dementia and to evaluate the longitudinal impact of STAR-VA by comparing site and resident outcomes at trained and untrained Community Living Centers.

I provide 5% effort (concurrent with VA effort) as a Scientific Advisory group member and Operational Partner. I join quarterly meetings with the research team, providing guidance on VA quality indicators related to psychotropic medication use in patients with dementia.

4. 1I01 HX002521	Advisory Board Member	0 % effort	Zimmerman (PI)
Department of Veterans Affairs, HSR&D Merit Award		07/01/2019	06/30/2023
Participatory system dynamics vs usual quality improvement: Is staff use of simulation an effective, scalable and affordable way to improve timely Veteran access to high-quality mental health care?			\$ 1,198,168 total

A cluster randomized trial will test whether participatory system dynamics (PSD) is superior to audit and feedback (AF) for improving the reach of evidence-based psychotherapy (EBP) and evidence-based pharmacotherapy (EBPharm) in VA outpatient mental health. Specific aims test the PSD theory of change that improvements in EBP and EBPharm reach will be mediated by team systems thinking, and test whether the PSD models generalize to explain EBP and EBPharm reach observed in both AF and PSD arms .

I serve as a member of the Scientific Advisory Board. I contribute my expertise as a quality improvement expert and as the Director of the VA Office of Mental Health and Suicide Prevention (OMHSP) Psychotropic Drug Safety Initiative (PDSI), which is a nation-wide program that provides quality improvement technical assistance related to evidence-based pharmacotherapy (EBPharm) for opioid use disorder (OUD) and alcohol use disorder (AUD). I participate in a monthly meeting to provide guidance to the project investigators regarding how project activities can best be coordinated with ongoing national QI efforts related to EBPharm.

#### RESEARCH AWARDS - SUBMITTED

1. I01 CX001119	Co-Investigator	5 % effort	Byers (PI)
Dept. of Veterans Affairs, CSR&D		10/1/2019	09/30/2023
The Role of Medications in Predicting Suicide-Related Outcomes and Unintended Death in Older Veterans		\$ 344,140 direct/yr 1	\$ 1,400,171 total

Assessing the role of medications as potential prognostic factors, above and beyond other established risk factors, in predicting risk of suicide and unintended death in older Veterans.

I provide 5% effort (concurrent with VA effort) as Co-Investigator, providing input about collection of pharmacy data and applicable medication measures, assist with coding and interpretation of suicide and psychiatric measures used in the study, participate in monthly team meetings and aid with interpretation of results, manuscript preparation, and dissemination of findings.

#### RESEARCH AWARDS - PAST

1. 2007-2010	Hartford Scholar		Tinetti (PI)
Hartford Foundation		07/01/2012	06/30/2013
Center of Geriatric Excellence			\$ 15,000 total
Provided funding for post-doctoral research fellowship expenses and geriatric specialty training opportunities.			

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2. 2007-2010	Hartford Scholar		Tinetti (PI)
Hartford Foundation		07/01/2011	06/30/2012
Center of Geriatric Excellence			\$ 24,500 total
Provided funding for post-doctoral research fellowship expenses and geriatric specialty training opportunities.			

## PEER REVIEWED PUBLICATIONS

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2. Friedman L., I.R. Wiechers, C. Cerny, S.C. Schulz, and P. Buckley. If patients with schizophrenia have small brains, why don't they have small heads? *Schizophrenia Research*. 2000, 42(1):1-6.
3. Tofano D., I.R. Wiechers, and R. Cook-Deegan. Edwin Southern, DNA blotting, and microarray technology: A case study of the shifting role of patents in academic molecular biology. *Genomics, Society, and Policy Journal*. 2006, 2(2):50-61.
4. Fore J., I.R. Wiechers, and R. Cook-Deegan. The effects of business practices, licensing, and intellectual property on development and dissemination of the polymerase chain reaction: case study. *Journal of Biomedical Discovery and Collaboration*. 2006, 1(7).
5. Xiong G.L., I.R. Wiechers, J.A. Bourgeois, J.P. Gagliardi. Behavioral observations reflected on consultation requests from primary medical-surgical services: Are they predictive of delirium diagnosis and outcomes? *Journal of Psychosomatics Research*. 2009, 66(2):177-181.
6. Gross A.F., I.R. Wiechers, and T.A. Stern. Peer review by early career psychiatrists: an opportunity for development. *Journal of Clinical Psychiatry*. 2009, 70(11):1600-1601.
7. Wiechers, I.R., M. Viron, J. Stoklosa, O. Freudenreich, D. Henderson, and A. Weiss. Impact of a metabolic screening bundle on rates of screening for metabolic syndrome in a psychiatric resident outpatient clinic. *Academic Psychiatry*. 2012, 36: 118-121.
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9. Wiechers I.R., Leslie D., Rosenheck R. Prescribing of psychotropic medications to patients without a psychiatric diagnosis. *Psychiatric Services*. 2013, 64(12):1243-1248.
10. Wiechers I.R., Perin N., Cook-Deegan R. The emergence of commercial genomics: analysis of the rise of a biotechnology subsector during the Human Genome Project, 1990-2004. *Genome Medicine*. 2013, 5:83.
11. Wiechers I.R., Kirwin P.D., Rosenheck R.A. Increased risk among older veterans of prescribing psychotropic medications in the absence of psychiatric diagnoses. *American Journal of Geriatric Psychiatry* 2014, 22(6): 531-539.
12. Salloway S, Sperling R, Fox NC, Blennow K, Klunk W, Raskind M, Sabbagh M, Honig LS, Porsteinsson AP, Ferris S, Reichert M, Ketter N, Nejadnik B, Guenzler V, Miloslavsky M, Wang D, Lu Y, Lull J, Tudor IC, Liu E, Grundman M, Yuen E, Black R, Brashear HR; Bapineuzumab 301 and 302 Clinical Trial Investigators\*. Two phase 3 trials of

bapineuzumab in mild-to-moderate Alzheimer's disease. *N Engl J Med.* 2014, 23;370(4):322-33. (\*member of the investigative team cited in the appendix of the manuscript)

13. Kirwin, P.D., Conroy, M., Lyketsos, K., Greenwald, B., Forester, B., deVries, C., Ahmed, I., Wiechers, I., Zdanys, K., Steffens, D., Reynolds, C. A call to restructure psychiatry General and sub-specialty training. *Academic Psychiatry.* 2014, 40(1):145-8.
14. Barry, D.T., M. Sofuoglu, R.D. Kerns, I.R. Wiechers, and R.A. Rosenheck. Prevalence and correlates of co-prescribing psychotropic medications with long-term opioid use nationally in the Veterans Health Administration. *Psychiatry Res* 2015, 227(2-3):324-32.
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17. Barry, D.T., M. Sofuoglu, R.D. Kerns, I.R. Wiechers, R.A. Rosenheck. Prevalence and correlates of co-prescribing anxiolytic medications with extensive prescription opioid use in Veterans Health Administration patients with metastatic cancer. *Journal of Opioid Management.* 2016, 12(4):259-68.
18. Maust D.T., H.C. Kales, I.R. Wiechers, F.C. Blow, and M. Olfson. No end in sight: Benzodiazepine use among older adults in the United States. *Journal of the American Geriatric Society.* 2016, 64(12): 2546-2553.
19. Oliva E.M., T. Bowe, S. Tavakoli, S. Martins, E. Lewis, M. Paik, I.R. Wiechers, P. Henderson, M. Harvey, T. Avoundjian, A. Medhanie, and J.A. Trafton. Development and applications of the Veterans Health Administration's Stratification Tool for Opioid Risk Mitigation (STORM) to improve opioid safety and prevent overdose and suicide. *Psychological Services.* 2017, 14(1): 34-49.
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22. Gerlach L.B., Wiechers I.R., and Maust D.T. Prescription benzodiazepine use among older adults: A critical review. *Harvard Review of Psychiatry.* 2018; 26(5):264-273.

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3. Rothenberg K.G., and I.R. Wiechers. Antipsychotics for neuropsychiatric symptoms of dementia – Safety and efficacy in the context of informed consent. *Psychiatric Annals*. 2015, 45(7):348-353.

## **BOOKS AND CHAPTERS**

1. Chandrasekharan S., N.C. Perin, I.R. Wiechers, and R. Cook-Deegan. Public-Private Interactions in Genomics-Medicine: Research and Development. In *Genomic and Personalized Medicine*, eds. H. Willard and G. Ginsburg, Academic Press, Burlington, MA, 2008, pp 434-444.
2. Wiechers I.R. Delirium. In *The Massachusetts General Hospital/McLean Hospital Residency Handbook of Psychiatry*, eds. J.N. Rosenquist, S. Nykiel, T. Chang, and K. Sanders, Lippincott Williams and Wilkins, New York, NY, 2009, pp 9-13.
3. Wiechers I.R. Agitation. In *The Massachusetts General Hospital/McLean Hospital Residency Handbook of Psychiatry*, eds. J.N. Rosenquist, S. Nykiel, T. Chang, and K. Sanders, Lippincott Williams and Wilkins, New York, NY, 2009, pp 13-21.
4. Wiechers I.R., and A. Weiss. The Role of Outcomes Assessment in Clinical Quality Improvement. In *Handbook of Clinical Rating Scales and Assessment in Psychiatry and Mental Health*, eds. L. Baer and M.A. Blais, Humana Press, Totowa, NJ, 2009, pp 303-307.
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7. Wiechers I.R., and G. Henry. Psychotic Disorders. In *Fundamentals of Geriatric Psychiatry*, eds. R. Tampi and D. Williamson, Nova Science Publishers Inc, Hauppauge, NY, 2013, pp 231-248.
8. Xiong, G.L., A. Javaheri, and I.R. Wiechers. Psychopharmacology Principles. In *On-Call Geriatric Psychiatry: Handbook of Principles and Practice*, eds. A. Hategan, J.A. Bourgeois, C.H. Hirsch, Springer, New York, NY, 2016 pp. 31-44.
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3. Wiechers I.R. "Improving Mental Health Care for Veterans is Vital." Robert Wood Johnson Foundation Culture of Health blog. November 12, 2014. Available at: [http://www.rwjf.org/en/culture-of-health/2014/11/improving\\_mentalhea.html](http://www.rwjf.org/en/culture-of-health/2014/11/improving_mentalhea.html)
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6. Wiechers, I.R. and Hoff, R. Somatic Treatments Survey Report. VA Office of Mental Health Operations. West Haven, CT: Northeast Program Evaluation Center. January 2017.
7. Wiechers, I.R., Hermes, E.D.A., Hoff, R., and Katz, I. Psychotropic Drug Safety Initiative: Phase 2 Evaluation of Impact. VA Office of Mental Health Operations. West Haven, CT: Northeast Program Evaluation Center. November 2017.
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9. Wiechers I.R., Epstein-Lubow G., Thielke S. Engage for Change: The Imperative to Increase our Efforts in Geriatric Mental Health Policy. *Am J Geriatr Psychiatry*. 2019 Feb;27(2):97-99.

## SIGNIFICANT PUBLICATIONS

1. Wiechers I.R., Leslie D., Rosenheck R. Prescribing of psychotropic medications to patients without a psychiatric diagnosis. *Psychiatric Services*. 2013 64(12):1243-1248.

Using a private insurance claims database, I determined a majority of recipients of six broad classes of psychotropic medications, especially older patients (age 50 to 64) and those not utilizing mental health specialty care, lacked a clear psychiatric indication for such use.

Altogether, 58% of individuals who were prescribed a psychotropic medication in 2009 had no psychiatric diagnosis during the year. Diagnoses signifying potential medical indications for use and severity of comorbid medical conditions were only weakly related to absence of a psychiatric diagnosis and did not alter these age trends.

2. Wiechers I.R., Kirwin P.D., Rosenheck R.A. Increased risk among older veterans of prescribing psychotropic medications in the absence of psychiatric diagnoses. *American Journal of Geriatric Psychiatry*. 2014, 22(6): 531-539.

Using national databases from the Veterans Health Administration, I found that of all VHA patients prescribed a psychotropic medication in FY2010, 30% had no psychiatric diagnosis, with highest proportions among veterans ages 65-85. This practice was most frequent among non-mental health utilizers and far more prevalent for psychotropic medications than for HIV or diabetes medications. Logistic regression analysis found that age greater than 65 was the strongest predictor of being prescribed a psychotropic without a psychiatric diagnosis. Adjustment for possible medical use of psychotropics and overall medical comorbidity did not substantially alter these trends.

3. Maust DT, Blow FC, Wiechers IR, Kales HC, Marcus SC. National trends in antidepressant, benzodiazepine, and other sedative-hypnotic treatment of older adults in psychiatric and primary care. *Journal of Clinical Psychiatry* 2017;78(4):e363–e371.

We analyzed data from the National Ambulatory Medical Care Survey and found from 2003 to 2012, use of the most common psychotropic medications among older adults seen in primary care increased, with concentration among patients with no mental health or pain diagnosis. I contributed to coding of medication classes, interpreting results, and manuscript preparation.

4. Maust D.T., H.C. Kales, I.R. Wiechers, F.C. Blow, and M. Olfson. No end in sight: Benzodiazepine use among older adults in the United States. *Journal of the American Geriatric Society*. 2016, 64(12): 2546-2553.

We analyzed data from the National Ambulatory Medical Care Survey and found the proportion of visits with benzodiazepines was highest among adults  $\geq 80$  years old at 6.6% and 90.2% of use among this age group was continuation treatment, higher than among any other age group. Anxiety and insomnia were the most common diagnoses associated with benzodiazepine use, though they were present in small proportions of continuation visits. Only 16% of continuation users had any mental health diagnosis. Among all benzodiazepine users, less than 1% were provided or referred to psychotherapy. I contributed to coding of medication classes, interpreting results, and manuscript preparation.

5. Wiechers I.R., Epstein-Lubow G., Thielke S. Engage for Change: The Imperative to Increase our Efforts in Geriatric Mental Health Policy. *Am J Geriatr Psychiatry*. 2019 Feb;27(2):97-99.

I co-edited a special issue of the *American Journal of Geriatric Psychiatry* that focused on geriatric mental health policy. This issue was published as an accompaniment to the 2019 American Association for Geriatric Psychiatry Annual Meeting, which I co-chaired and was themed around health policy and advocacy. This invited editorial focused on conveying the imperative for increasing efforts around advocacy for geriatric mental health policy among the field.

#### **ADDITIONAL RELEVANT INFORMATION**

For the past 5 years I have served as the National Director of the Psychotropic Drug Safety Initiative (PDSI). PDSI is a Veterans Health Administration (VHA) nation-wide psychopharmacology quality improvement (QI) program with the aim of improving the safety

and effectiveness of psychopharmacotherapy across VHA. In this role, I direct development and implementation of core national program office infrastructure for PDSI, including: 40 prescribing performance metrics updated quarterly; informatics tools with actionable patient lists updated daily; a national QI learning collaborative, which meets using teleconference twice monthly with an average of 100 participants; and a didactic training curriculum. I successfully implemented Phase 1, 2, 3, and as of July 2019 Phase 4 of the PDSI program entirely with existing human, financial, and information resources by developing collaborations across multiple VA Central Office program offices and program evaluation centers within VHA. Under my leadership, Phase 1 of the PDSI program resulted in national improvement in 16 of 20 quality metrics. During Phase 2, which focused on improving psychotropic prescribing among older Veterans, all 14 metrics showed improvement in national scores and approximately 10% of all older Veterans across VHA receiving a psychotropic prescription were impacted by an improvement in prescribing. Specifically, over 20,000 fewer older Veterans received outpatient prescriptions for benzodiazepines or sedative hypnotics at the end of PDSI Phase 2, which represents a 25% reduction nationally. I have developed and implemented the strategic plan for the program, which has transitioned priorities with each phase to areas of prescribing safety deemed high priority by VHA leadership (Phase 2, geriatrics; Phase 3, substance use disorders; Phase 4, reducing inappropriate benzodiazepine use). I did this by building a coalition of support through extensive stakeholder engagement across 4 VA Central Office program offices, VISN mental health leadership, and facility program participants.

For the past 2 years I have led VHA's national efforts to improve inpatient care for Veterans with complex patients with co-morbid chronic medical, mental health and substance use disorders, and cognitive impairment. I was co-chair of the national task force chartered to develop an implementation plan for identifying and disseminating promising care practices for Veterans with complex problems, which resulted in the creation of the Care for Patients with Complex Problems (CP)2 Program. The key components of this program include identifying and disseminating promising practices, supporting a learning collaborative, and providing technical assistance to partner sites engaged in implementation of promising practices. As the Co-Director for the (CP)2 I lead dissemination of our first promising practice, the Behavioral Recovery Outreach (BRO) Team, a care model focused on transitioning Veterans with complex problems to more appropriate, and less costly community settings. The BRO team has shown reductions in costs, length of stay, and behavioral readmissions rates. Through partnership with VISN 23 and the VA Central Iowa (site of the original BRO Team), we released a national request for proposals for inaugural partners resulting in selection of 2 inaugural partners (VISN 7 and 8). We developed detailed clinical guidance documents, established consultation and technical assistance processes, and created and conducted a 1.5-day virtual training program for our inaugural partners. I have transitioned as of June 2019 to serve in an advisory capacity as a member of the (CP)2 Steering Committee to free up the time necessary to launch new programs for the Office of Mental Health and Suicide Prevention (OMHSP).

In March 2019, following FDA approval of Spravato (esketamine) for treatment of treatment resistant depression, I was named VHA's National Lead for clinical implementation of esketamine services. In this role I am working closely with senior VHA leadership and partners in Pharmacy Benefits Management (PBM) to develop key policies and guidance that will help support clinical use of esketamine within VHA facilities, as well as creating the processes and policies necessary to support referral of Veterans for care in the community, when clinically appropriate. I have established a national workgroup including stakeholders from OMHSP, PBM, Office of Nursing Services, facility leadership, and ketamine subject matter experts to



help support my efforts to implement esketamine clinical services across VHA. I am currently leading a step-wise implementation plan with roll out of esketamine in approximately 15 Early Adopter sites across the country in summer 2019 (San Francisco VA is one of the volunteer Early Adopter esketamine sites). My initial plan builds upon existing infrastructure providing IV ketamine for treatment resistant depression and focuses on ensuring safety and monitoring of Veterans receiving treatment while also complying with FDA REMS requirements for this medication. I launched a national Esketamine Community of Practice (including a monthly teleconferences and an online resource repository), which serves as a forum for Early Adopter sites and the national workgroup to come together and learn from one another, while also ensuring clear communication between VA Central Office and the field. I will also lead a series of site visits in the fall of 2019 to the Early Adopter sites, which along with the Community of Practice, will help identify best practices. The end result of the work in the Community of Practice and site visits will be clinical operations guidance documents, which will elucidate safety and monitoring, staffing, space utilization, clinical workflow, mental health and pharmacy coordination, and optimizing the Veteran experience with this new treatment. That clinical operations guidance will then support further implementation of esketamine services more broadly across VHA in 2020.