THE DEPRESSION IN PRIMARY CARE PROGRAM AT UCSF: PATIENT CENTERED CARE IN A CARVE OUT WORLD

Mitchell D. Feldman, MD, MPhil
Professor of Medicine
University of California, San Francisco
Division of General Internal Medicine
400 Parnassus Ave.
San Francisco, CA 94143-0320
Tel: (415) 476-48587
mfeldman@medicine.ucsf.edu

Patient Story

Amy, a petite 32 year-old paralegal, is sitting in the waiting room waiting for her appointment with her doctor. She's a little scared. She hasn't felt like herself lately and she's not sure what's going on. She's tired all the time and hasn't been sleeping. Usually she feels pretty confident, but not lately. She thinks she should talk about all this with her doctor, but she's not sure what to say. She'd like to tell someone about her secret.

She looks around for something to read. She sees a brochure on depression. She picks it up, looking around to see if anyone notices. She starts to read it but they call her name, so she sticks it in her purse.

She follows the nurse into the examination room. After checking her blood pressure, the nurse asks her why she came in. She says that she's been tired and hasn't been sleeping well. She says she has been "stressed". The nurse writes it down and hands her some questions to answer while she waits (a PHQ-9).

A few minutes later, the doctor comes in. She asks about her tiredness and poor sleeping. She asks her if she's been sad lately. She notes the results of the PHQ-9 (18) and tells Amy she thinks that she may have depression. Amy thinks about it and realizes it's true, she has been feeling sad and she hasn't been having much fun lately. She tells the doctor. Amy feels relieved – she hasn't said these words to herself but it makes sense. It's great to be able to talk to someone about this. She thinks for a second about telling the doctor her secret. She stops that idea pretty fast.

The doctor tells Amy she would like to see her back in 1-2 months and asks her to schedule an appointment on the way out. The doctor is relieved that the appointment with Amy did not set her back too much in her schedule, but realizes she will need more time with her when she sees her again. She feels frustrated that her productivity suffers when she takes the time to explore psychosocial issues adequately. Amy takes her slip to the front desk. The front desk staff see that the doctor wants to schedule Amy in one of the new appointment slots, a "BHC" appointment, that will allow the doctor to see Amy for 30 minutes in follow-up.

The next day Amy gets a call on her cell phone from Mary, the care manager. Mary is really friendly, not rushed, and knows an incredible amount about depression and the medicine. She also has time to listen. Amy can't believe how great it feels to talk to

someone who listens and who has answers. Suddenly she tells the care manager her secret – that she pulls out her hair in places where others won't notice. She's been doing this for years, and has never told anyone. She is very scared and ashamed that she can't control herself. The care manager thanks her for having the courage to tell her, and reassures her that this is something that isn't as uncommon as she thinks, and that can be helped. She tells Amy that the medicine that the doctor prescribed for depression can also help with the hair pulling. She tells Amy that there is a name for her problem. It helps Amy to know that her problem has a name and a treatment – it's not just her.

Mary asks Amy if she can tell her doctor, so they can work together on getting her better. Amy agrees. The care manager says that she'll call Amy back in a week, and she can call her any time. The care manager calls Amy back a week later to see how she's doing with the medication. She tells her that her research showed (she discussed the case with the psychiatrist) that a higher dose would help with the hair pulling, and that she had recommended that to the doctor. When Amy goes back to UCSF, waiting to see the doctor, she notices how much better she feels. She isn't her old self yet, but she can see that her old self is still here. She looks forward to seeing the doctor with no secret.

The Program

Given that 70% of mental health care is managed by the carve-out system, adapting collaborative care models for practices that serve patients in MBHOs is a priority. The main aim of the UCSF Depression in Primary Care program is to address the structural and financial barriers dictated by the carve-out arrangement through an innovative economic and clinical partnership, consisting of a primary care practice, located at UCSF; a health insurer, Blue Shield of California (BSC); and a MBHO, United Behavioral Health (UBH). This partnership resulted in a service expansion of the existing UBH care coordination infrastructure so that primary care providers at UCSF have access to a depression care manager located at the MBHO who provides ongoing monitoring of patients who initiate depression treatment prescribed by the primary care provider, and telephone access to a psychiatrist for consultation on complex cases. In addition, primary care providers who participate in a "credentialing" seminar on depression management are eligible to bill UBH for depression services and to increase their depression visits to 30 minutes. The results from the DPC, however, indicate that while time, financial and clinical resource incentives may initially interest providers and practices in participating in a collaborative depression care program, the ongoing availability of additional clinical resources for all patients in the practice seems to be the most critical incentive. Future program development and research should focus on methods for facilitating collaborative care programs among MBHOs and primary care practices.