Bridging the Quality Chasm in Depression Care

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ICSI

- Collaboration of 60 medical organizations and over 9,600 providers located throughout MN & parts of ND, SD, & WI

- Sponsored by six MN non-profit health plans:
  - Principal: Blue Cross, HealthPartners, Medica
  - Associate: Metropolitan Health Plan, PreferredOne, UCare
Quality problems are everywhere, affecting many patients. Between the health care we have and the care we could have lies not just a gap, but a **chasm**.

IOM, 2001
Adequate treatment and care for people with depression

22%  100%
Transformation Bridge

Poor Quality, Higher Costs

High Quality, Lower Costs

patient-centered and value-driven

22% 100%
DIAMOND

- Depression Improvement Across Minnesota - Offering a New Direction
- Redesign of care
- Redesign of payment system
What Works in Depression Care

- The Redesign: a collaborative care model for follow-up of depression in adult primary care

- The Results:
  - Improvement in depression PHQ-9 scores - improvement rates doubled with collaborative model
  - Costs savings are neutral to over $1000 per year per patient for four years (IMPACT data)

- The Problem:
  - Payment system doesn’t support those who provide the care
We got everyone in the same room

- Providers
- Health plans
- MN Department of Human Services
- Purchasers
- Patients
- External expert on collaborative care
  - J. Unutzer, MD, creator of IMPACT model
We adopted a care model

- Care processes
  - Consistent method for assessing/monitoring (PHQ-9)
  - System for effective follow-up
  - Stepped-care approach to treatment
  - Relapse prevention

- Care roles
  - Care manager for patient support, care coordination
  - Consulting psychiatrist as liaison to care manager
We developed a payment model

- Reimbursement for processes / roles proven to lead to better outcomes
- Single billing code for bundled set of services
  - Care manager costs
  - Consulting psychiatrist costs
- Periodic payment to medical group
- May be invisible to patient
- Future directions tied to outcomes
We adopted measures

**Depression Tool:**
Patient Health Questionnaire - Nine Items
*(PHQ-9)*

<table>
<thead>
<tr>
<th>Over the <em>last 2 weeks</em>, how often have you been bothered by any of the following problems?</th>
<th>Not at all</th>
<th>Several days</th>
<th>Most or all the days</th>
<th>Nearly every day</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Little interest or pleasure in doing things</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>2 Feeling down, depressed, or hopeless</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>3 Trouble falling or staying asleep, or sleeping too much</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>4 Feeling tired or having little energy</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>5 Poor appetite or overeating</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>6 Feeling bad about yourself - or that you are a failure or have let yourself or your family down</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>7 Trouble concentrating on things, such as reading the newspaper or watching television</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>8 Moving or speaking so slowly that other people could have noticed, Or the opposite - being so fidgety or restless that you have been moving around a lot more than usual</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>9 Thoughts that you would be better off dead, or of hurting yourself in some way</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>
We developed an evaluation plan

- MN Community Measurement — aligned with DIAMOND outcome measures
- NCQA — discussion of measures
- National Institute of Mental Health — study grant
We developed a phased rollout

- **Phase 1:** 14 medical clinics (6 organizations)
  - Training collaborative for certification
  - Individual contracting with payers

- **Four more phases, every six months**
  - 24 organizations, 85 clinic sites
Beyond DIAMOND

- DIAMOND model has potential for addressing other chronic diseases & medical home

BUT

- DIAMOND pays for itself—many of the problems we need to address won’t
“Transformational margin”

One way is to address **waste** and **overuse**.

**An example:**

- Cost and use of elective high-tech diagnostic imaging
- ICSI brought medical groups, health plans, and MN Department of Human Services together to take action
Thank you!

Institute for Clinical Systems Improvement (ICSI)

www.icsi.org