

# **Bridging the Quality Chasm in Depression Care**

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# ICSI

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- 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

*patient-centered and value-driven*

High Quality,  
Lower Costs

22%

100%



# DIAMOND

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- **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

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- 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

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- 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

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- 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

NAME John Q. Sample DATE \_\_\_\_\_

Over the last 2 weeks, how often have you been bothered by any of the following problems?

		Not at all	Several days	More than half the days	Nearly every day
1	Little interest or pleasure in doing things	0	1	2	3
2	Feeling down, depressed, or hopeless	0	1	2	3
3	Trouble falling or staying asleep, or sleeping too much	0	1	2	3
4	Feeling tired or having little energy	0	1	2	3
5	Poor appetite or overeating	0	1	2	3
6	Feeling bad about yourself - or that you are a failure or have let yourself or your family down	0	1	2	3
7	Trouble concentrating on things, such as reading the newspaper or watching television	0	1	2	3
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	0	1	2	3
9	Thoughts that you would be better off dead, or of hurting yourself in some way	0	1	2	3

add columns:  +

TOTAL:



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

# We developed an evaluation plan

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- MN Community Measurement — aligned with DIAMOND outcome measures
- NCQA — discussion of measures
- National Institute of Mental Health — study grant

# We developed a phased rollout

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- 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

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- 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”

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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!**

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