2011 CAPH|SNI Quality Leaders Awards
Application Cover Sheet and CEO Approval Form

Title of Improvement/Entry: Depression Care Management in the Primary Care Setting

CAPH Member Institution: University of California, Davis Medical Center

Name of contact person for this entry: Bridget Levich, MS, RN, CDE

Contact person's title/job description: Director of Chronic Disease Management

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Entry Categories (you may check more than one):

XX Clinical Quality Improvement

XX Improvements in Patient Experience

___ Creating Equitable Health Systems

XX Coordinated Systems of Care

___ Prevention and Community Health Promotion

___ Efficiency and Access

___ Political Effectiveness and Community Support

CHECKLIST OF MATERIALS INCLUDED:

1. XX This cover sheet with CEO (or designee) approval
2. XX Description of improvement (*use the attached Narrative Description form*)
3. XX 3-5 digital photos depicting improvement in action (send to nbatongbacal@caph.org)
4. ____ SNI Program form, if applicable *(see explanation)*
5. ____ Supplemental materials *(optional)*

CEO or designated hospital administrator:

Please sign below to indicate your approval of submission of this entry.
I certify that this entry has been reviewed and approved by hospital/health system administration.

Name/title: _____

Signature: _____ Date: _____

☐ Please check here if you DO NOT want this application shared on the SNI website.

Narrative Description of Improvement

1) **Please describe your improvement/project in 200 words or less. Please include the start and end dates.**

The Depression Care Management project is a one year pilot designed to improve care for patients with a depressive disorder diagnosis utilizing a multidisciplinary model in the primary care setting. The team is comprised of the UC Davis Health System (UCDHS) Chronic Disease Management department (CDM), a licensed clinical social worker (LCSW), two psychiatrists and 21 primary care physicians (PCPs). The three-pronged intervention includes: 1) physician education, 2) patient self-management education and resource support, and 3) team consults. Physician education is facilitated by the psychiatrists and involves four, one-hour, on-site group sessions. The aim of the sessions is to update providers on mental health best practices and psychotropic medications while engaging them in problem-based learning. Patients are identified using electronic medical record (EMR) generated reports or physician referrals. The LCSW delivers patient education telephonically using a patient centered approach. The aim of patient education is to deliver mental health education including self-management and self-care techniques, support/guidance regarding medication adherence, and assist patients with identifying appropriate community resources. Team consults between the psychiatrists and LCSW are utilized to assist PCPs with medication recommendations for improving patient care.

Project start/end dates: January 3, 2011 – December 30, 2011

2) **What is the problem that the improvement was designed to address? And/or: What is the opportunity the effort was designed to maximize?**

Depression affects 5-10% of individuals and is the third most common reason for consultation in primary care[1]. Undermanaged or untreated depressive disorders hamper patients' self-care which leads to increase rates of chronic illness and needs for costly tertiary care. The recent economic downturn has resulted in community based mental health resources being significantly cut or eliminated leaving health care systems to "pick up the slack." The result is overburdened emergency rooms and primary care offices. Thus in this climate PCPs must "take on" the mental health component of a patients' care with even fewer resources than in the past. These significant social and health issues require health systems to funnel resources into immediate solutions.

3) **How does the improvement solve the problem or maximize the opportunity?**

The Depression Care Management project addresses these serious problems by creating a prepared, proactive team as well as informed, activated patients. Specifically, the physician education and increased access to resources arms primary care physicians with the tools needed to properly manage mental health issues. It empowers and encourages them to more actively manage their patients' depressive disorders in the primary care setting. Through patient centric treatments, including individualized support and self-management education, patients become more informed and activated and

[1] Singleton N. Bumpstead R, O'Brien M, Lee A, Meltzer HY. Office of National Statistics: Psychiatric Morbidity Among Adults Living in Private Households, 2000. London: Her Majesty's Stationery Office: 2001.

Narrative Description (Continued)

are therefore more likely to improve their self-care. Additionally, patients and physicians become more comfortable engaging in conversations regarding depression. In the end, having empowered physicians and empowered patients is a formula that results in highly effective, productive interactions and ultimately improves outcomes.

4) **What is the target population, if any, of the improvement?**

The target population for the Depression Care Management project is two fold. The first targeted population is UCDHS managed care patients, 18 – 65 years of age, who carry a depressive disorder diagnosis and who have been seen by their PCP within the last year to address their depressive symptoms. Within the two participating Primary Care Networks there are over 1,000 individuals who fit the project criteria. The second target population is the twenty-one PCPs, both family practice and internal medicine physicians, in two community based clinics.

5) **What activities take place through the improvement? (e.g., What services are offered? What work is done?)**

The Depression Care Management Project intervention offers a three-pronged approach: 1) physician education/training, 2) patient self-management education and resource support, and 3) team consults.

1.) Physician education/training: To prepare more proactive practice teams, the psychiatrists facilitate four lunch-and-learn educational sessions for PCPs. These one-hour, on-site interactive group sessions update physicians on mental health best practices while engaging them in problem- based learning. Physicians are provided the opportunity to confer about their individual patients. Topics of the educational sessions include depression diagnostic criteria, psycho-pharmacology and treatment of medically complex cases.

2.) Patient self-management education and resource support: Once potential patients are identified through an EMR report or by PCP referral, the LCSW provides initial outreach via mail of an introductory letter and program brochure which outlines the program benefits, and then follows up with an introductory telephone call at which time patients can opt in or opt out. Patients who choose to engage in the program receive one to four telephone care management sessions, depending on their individually identified needs. These 15-30 minute calls focus on the patient's specific needs in areas such as medication management, self-management tools, psycho-education, and mental health resources and support.

3.) Team consults: The psychiatrists and LCSW engage in weekly consultations. In this collaboration, specific and relevant cases are reviewed from an interdisciplinary perspective and a medication recommendation is then made through EMR to the PCP for consideration.

Narrative Description (Continued)

6) **How is the improvement initiative staffed?**

The Depression Care Management Project involves the following staff:

- Bridget Levich, RN, MSN, CDE - Chronic Disease Management (CDM) Director
- Glee Van Loon, RD, CDE – Project Manager
- Anita Meyer, LCSW – Care Manager
- Lorin Scher, M.D. – Psychiatrist
- Travis Fisher, M.D. – Psychiatrist Fellow
- Jason Usher - Project Analyst, Report Writer CDM
- Shelly Bolzis, Ph.D. – Statistician
- Primary Care Network PCPs (21)
- Primary Care Network Managers and Staff (2 clinical sites)
- EMR Technical Support

7) **Where is the improvement being implemented?**

The Depression Care Management program is a pilot project at UCDHS located in Sacramento, California. Specifically, it targets PCPs and their patients at two of the community-based PCN clinics, one near downtown Sacramento and a second 10 miles west of Sacramento in Davis, California. It is being implemented in the medical offices and telephonically to patients in their homes.

8) **What are the results from this effort? How do you know the improvement is working? Please include the quantitative measures and baseline/outcomes data demonstrating the success of your efforts.**

The Depression Care Management project is demonstrating success using three quantitative measures. To date, the total number of patients contacted is 158. Patient participation rate has consistently remained near 50%. Of those that did not participate in the program, only 25% verbally declined, while the others chose not to respond. Another measure of success is the patient health questionnaire (PHQ-9), a validated tool, which rates a patient's frequency of nine depressive symptoms within the last two weeks. The rating score range is zero to 27 and there are 5 categories of depression severity: Minimal, Mild, Moderate, Moderately severe, and Severe. The LCSW administers the PHQ-9 to participating patients during the first phone session and again during the final phone session, if possible. Although preliminary, the data of PHQ-9 scores strongly suggest a reduction in scores. To date, the average decrease is 5.55 points; from 17.36 (Moderately severe range) to 11.81 (Moderate range). Of worthy note, two patients decreased their PHQ-9 scores by a stunning 14 points and one patient resolved all depressive symptoms during her participation in the program. The significance of dramatically decreased depressive symptoms positively impacts the healthcare system through decreased office visits and averting the potential need for psychiatric hospitalization. Lastly, the Clinical Global Impression (CGI) scores are assessed at each patient contact by the LCSW. The CGI is a 7- point rating scale to assess a patient's improvement or worsening of symptoms and functioning based on the LCSWs clinical judgment. To date, 26 participating

Narrative Description (Continued)

patients showed an average rating between the categories of "minimally improved" and "much improved" after completing just two phone sessions. It is anticipated that similar successes will be continuously demonstrated through the finalization of the project.

9) **How has this improvement affected patient and staff satisfaction and/or impacted the quality of care at your site?**

The Depression Care Management project has received positive feedback from patients via ongoing patient satisfaction surveys, comments to their physicians, and feedback given directly to the LCSW. The range of comments include, "The program literally changed my life", to "[the care manager] listened, was empathetic and encouraging"; several patients even commented that receiving the call was "perfect timing". One patient expressed her gratitude for the intervention received by stating, "I've been out shopping for the first time in three years!"

Physicians have expressed satisfaction with the positive impact the educational trainings have had on patient care. The trainings have not only enhanced their interactions with patients within the program, but overall with other patients outside the scope of this project. One comment from an Associate Medical Director, "I find the teaching sessions absolutely fantastic and a great asset to my practice."
Physician attendance at the educational trainings has been high, given there is no incentive provided other than a catered meal and education.

Another marker of staff satisfaction and improved quality of care is the rapid affirmative response of 5 Primary Care Network clinics when asked if they would like to participate in this project in 2012 should it be expanded.

10) **How can the success of your improvement be sustained over time? Describe the challenges or opportunities with maintaining success over time.**

According to a Center for Disease Control Mental Health Surveillance document, mental illness is associated with increased occurrence of chronic diseases such as cardiovascular disease, diabetes, obesity, asthma, epilepsy, and cancer as well as reduced adherence to treatment therapies for chronic diseases thereby yielding higher risks of adverse health outcomes[2]. Development and sustainability of a Depression Care Management program in UCDHS hinge on multiple issues such as those noted below.

- Leadership commitment: a health system commitment to fund the infrastructure and skilled multidisciplinary professionals that drive collaborative care

- Clinic level commitment: PCP incentives, interest and support for incorporating and improving mental health management as part of the patient centered medical home model

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[2]Center for Disease Control, http://www.cdc.gov/Features/MentalHealthSurveillance/ , September 2, 2012, content source Office of Surveillance, Epidemiology, & Laboratory Services; Public Health Surveillance Program Office.

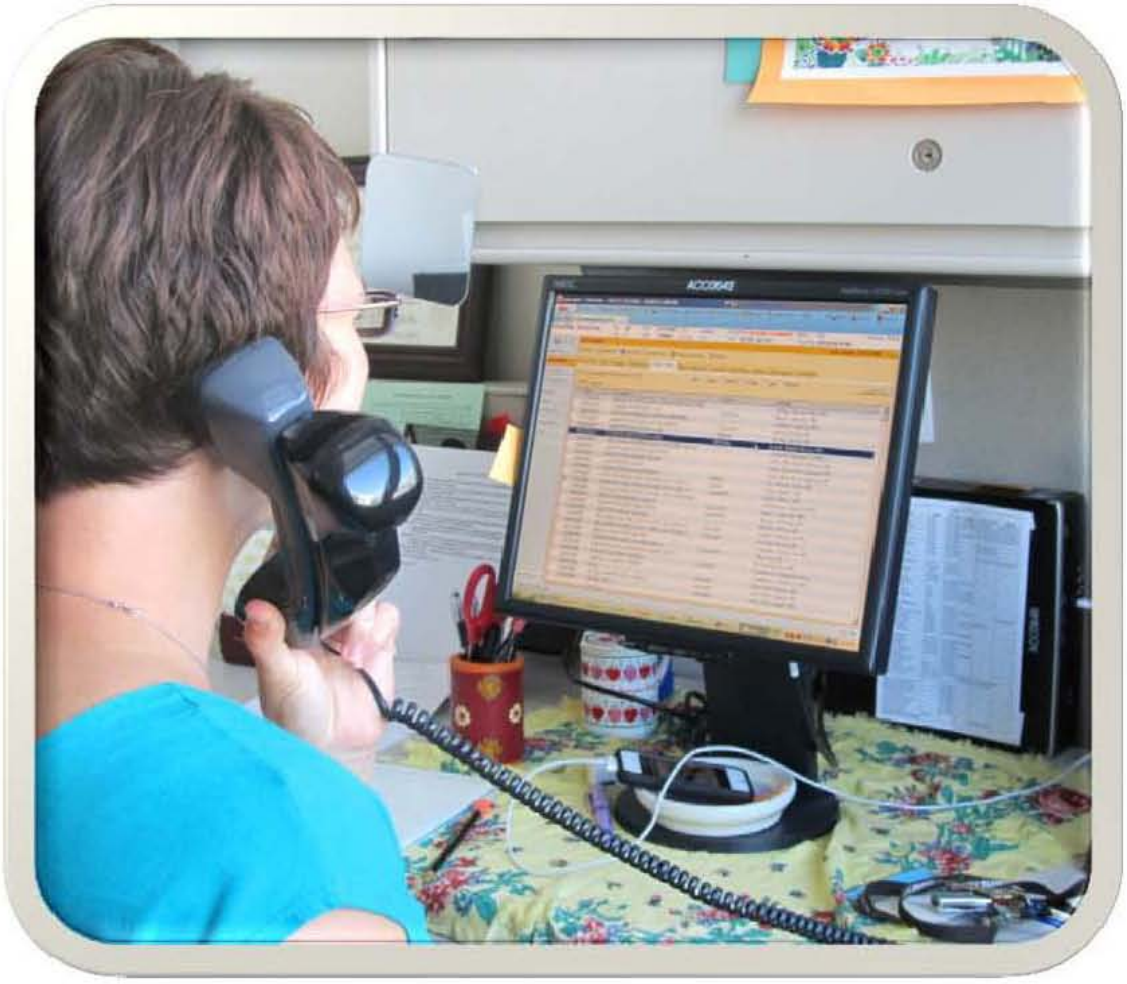
Narrative Description (Continued)

- Enhanced education and tool development: incorporation of more web based and live CME sessions, enhanced electronic tools, access to internal and external resources which support collaborative care

- Shape perspectives: focused education to address social stigmas attached to depressive disorders (all mental health issues) as identified in the provider population and patient population

- Improve outreach: to reach large numbers of patients, patient outreach must evolve in an effort to maximize effectiveness and efficiency

- EMR support and development: enhance EMR tools and report writing capability



LCSW phone outreach

Part of the PCN Internal Medicine Physician team

Psychiatrist and LCSW consult