Welcome to the Webinar

Karen Coleman, PhD
Research Scientist II
Southern California Permanente Medical Group

“Thoughts about the Implementation of an Evidence-Based Approach to Collaborative Care in Patients with Depression and Cardiovascular Disease”

1. Everyone will be in listen-only mode, until Q&A.
2. To be able to speak, you must enter your Audio Pin – do so by pressing #PIN#.
3. If you are unable to find the Audio Pin, or don’t want to talk, feel free to type in your questions in the box to the right.
4. Any additional questions? Please email them to abmartinez@mednet.ucla.edu or isankare@mednet.ucla.edu.

The webinar will begin shortly.
At the end, please take 2 minutes to complete a brief evaluation.
Thoughts about the Implementation of an Evidence-Based Approach to Collaborative Care in Patients with Depression and Cardiovascular Disease.

Karen J. Coleman, PhD
Research Scientist, Department of Research and Evaluation
Kaiser Permanente Southern California
Care Of Mental, Physical And Substance-use Syndromes (COMPASS)

• COMPASS is a three-year initiative funded by Centers for Medicare and Medicaid Services (CMS) Healthcare Innovation Challenge
• Implementation of innovative care strategies – not primarily a research project
• Objectives of CMS Innovation Challenge:
  – Lower cost of care for people enrolled in government programs like Medicare and Medicaid
  – Engage broad set of partners to test new delivery models
  – Identify new models of workforce development to create jobs
  – Leverage existing models to improve patient care quickly

- Goals
  – Achieve depression improvement and/or remission in 40% of patients
  – Improve diabetes control rates by 20%
  – Decrease hospitalizations and emergency department visits
COMPASS Intervention Partners

- Multi-stakeholder Health Care Collaborative (Mi-CCSI)
- Mount Auburn Cambridge IPA, MA (MACIPA)
- Pittsburgh Regional Health Initiative (PRHI)
- Kaiser Permanente Colorado (KPCO)
- Community Health Plan of Washington (CHPW)
- Institute for Clinical Systems Improvement (ICSI)
- Kaiser Permanente Southern California (KPSC)
- Mayo Health System (MAYO)
Team - Collaborative Care

- PRIMARY CARE TEAM
- SYSTEMATIC CASE REVIEW TEAM
- PATIENT
- CARE MANAGER
Required Treatment Components

- Every new patient is reviewed by the Systematic Case Review (SCR) team
- Patients not responding to treatment are reviewed by the SCR thereafter
- Every patient should have a contact (phone or in person) from a care manager once per month (minimum)
- Evaluate depression symptoms at every contact
- Treat-to-Target guidelines are followed to achieve goals of depression improvement/remission and diabetes control (aggressive medication management and behavior change efforts)
- HbA1c assessed every 6 weeks while adjustments in treatment are made
- Treatment phase is a minimum of 6 months followed by 6 months of maintenance
- Discharge should be accompanied by a Relapse Prevention Plan
- Therapy should NOT be provided – only Behavioral Activation and Problem Solving “Therapy” to address behavior change
- Psychiatry, endocrinology, social medicine, and other specialty care is coordinated – patients are not refused treatment unless there is serious illness
Kaiser Southern California Site Characteristics

- **Site 1**
  - Located in the Inland Empire with a large Hispanic population and high rates of obesity and chronic illness
  - 1.5 FTE Physician Assistants and 0.5 FTE Registered Nurse
  - 5 – 10 Diabetes Care Managers (already in place) who are closely linked to PAs but not devoted to COMPASS patients
  - PAs primarily handle depression care and coordinate closely with diabetes care managers
  - PAs order all medications with approval from primary care physician

- **Site 2**
  - Located in Los Angeles metro area with a large multilingual, transient population
  - 1.0 FTE Registered Nurse and 0.5 Licensed Social Worker
  - 5 – 10 Diabetes Care Managers (already in place) linkage is diffuse
  - Nurses primarily handle diabetes care with depression care in mild cases and LCSW handles moderate to severe depression
  - Do not have the ability to order medication and depend heavily on the primary care physicians and psychiatrists
Kaiser Southern California Site Characteristics

- **Site 3**
  - Located in the Coastal Areas of LA county (Long Beach) with high African American population
  - 1.25 FTE Licensed Social Workers (LCSW)
  - 0.5 FTE Registered Nurses (RN) [Diabetes Care Managers]
  - LCSWs only do depression and Nurses only do diabetes although they are somewhat cross-trained and closely coordinate work
  - Do not have the ability to order medication and depend heavily on the primary care physicians and psychiatrists

- **Site 4**
  - Located in San Diego county with extremely diverse population, primarily Hispanic
  - 2.0 FTE Physician Assistants
  - PAs exclusively handle both depression and diabetes
  - PAs order all medications with approval from primary care physician
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Implementation and Outcomes

PHQ9 = patient health questionnaire; HbA1c = hemoglobin A1c; CM = care manager; SCR = systematic case review
average change overall – 7.56 (-8.23, -6.88); p < .001; n = 323
average change overall – 0.56 (-0.75, -0.36); p < .001; n = 273
Successes and Barriers

Successes

- Care managers are able to manage larger panels of complex patients and prevent the use of more expensive ER and inpatient services
- Consulting physicians and psychiatrists are integrated into resources available for care managers
- Psychiatry, addiction medicine, and social medicine are seen as specialty care much like endocrinology and cardiology and are not outside the scope of primary care treatment
- Patients who otherwise would not receive treatment are responding to care

Barriers (specific to KPSC)

- Layered COMPASS onto existing care management systems that are specialized by condition leading to many scope of practice concerns
- Care managers not cross-trained to handle multiple needs
- Competing demands of large healthcare organization
- Expensive short term – full time care manager panel 75 - 100 patients; treatment at least 6 – 12 months