ICSI

INSTITUTE FOR CLINICAL SYSTEMS IMPROVEMENT

The DIAMOND Initiative

Depression Improvement Across Minnesota, Offering a New Direction

Adults suffering from depression make up one of the most underserved groups in our health care system. The Journal of the American Medical Association published a study[1] in 2003 that concluded that less than 22% of patients diagnosed with depression receive adequate care for their condition.

The burden of this gap in care affects not only the patients who experience poor outcomes. Employers collectively lose $44 billion per year in productivity[2]. Health plans pay more for depression-exacerbated medical conditions. Physicians are frustrated because they often are not effectively addressing their patients' most serious problems.

Obstacles to Good Depression Care

The Institute for Clinical Systems Improvement (ICSI) has worked on managing depression for more than a decade. Its research identified multiple barriers to good care. Obstacles ranged from technical problems like unclear medical coding of depression services, to cultural challenges like primary care physicians' unease in discussing mental health issues with their patients. Well-defined diagnostic criteria were not used. Follow-up care for depressed patients was hit or miss. And physicians who spent extra time serving their patients with depression typically were not compensated for their additional care.

Transforming such an untenable situation into improved outcomes for depressed patients required more than incremental changes. As a result, in 2007 ICSI launched a groundbreaking initiative called DIAMOND: Depression Improvement Across Minnesota, Offering a New Direction.

In formulating DIAMOND, ICSI convened a steering committee with members representing health plans, medical groups, purchasers and patients. Committee subgroups focused on care delivery, funding, measurement and integration with mental health services. As these groups met, it became clear that improving care for patients with depression would require major redesign in:

- How care was delivered
- How care was paid for

Care Practice Redesign

ICSI's research on existing care models, including review of more than 35 controlled trials, indicated that a collaborative approach to depression care yields better patient outcomes in the primary care setting. By integrating care managers and mental health professionals into primary care, medical groups can provide more education, more frequent patient follow-up, better monitoring of outcomes, and timelier referrals to mental health specialists when necessary.

Based on the work of Wayne Katon, MD, University of Washington, and on a depression study called IMPACT by Jürgen Unützer MD, MPH, University of Washington, the DIAMOND team adopted six key components of depression care.

1. Standard and reliable use of a validated screening tool – the PHQ-9 (Patient Health Questionnaire) – for assessment and ongoing management of depression
2. Systematic patient follow-up tracking and monitoring (based on repeat PHQ-9 measurements and use of a patient registry)
3. Use of evidence-based guidelines and a stepped-care approach for treatment modification/intensification
4. Relapse prevention plan for patients ready to move out of the care management program
5. Addition of a care manager to staff to educate, coordinate, and troubleshoot services for patients with depression
6. Psychiatric consultation and caseload review

Broadening the Care Team

As indicated in #5 and #6 above, DIAMOND calls for broadening the depression care team beyond the primary care physician in order to provide higher quality and more consistent care.

Care Manager

Specifically, each participating site will staff a care manager, often but not limited to, a registered nurse, whose responsibilities will include:

- Patient education on depression
- Patient self-management support
- Facilitation of stepped-care therapy
- Coordination with primary care and mental health practitioners
- Relapse prevention

The care manager's contacts with patients may include telephone calls, e-mails and face-to-face meetings. This accessibility and flexibility will enable more frequent contacts with the patient and greater continuity of care than has been possible with brief, infrequent physician visits.

Consulting Psychiatrist

The DIAMOND model also calls for engaging the services of a consulting psychiatrist who will review the care manager's caseload and advise the care manager and primary care physician regarding changes in treatment for patients who are not improving. Together, this broadened health care team will create a collaborative relationship that works for the benefit of patients.

Care Payment Redesign

Once the care delivery model was determined, ICSI set out to develop an innovative payment model for depression care management—one that reimburses the medical groups for providing those services proven to lead to better outcomes.

The strength of the evidence convinced ICSI's sponsoring health plans that providing coverage and funding for the new care model was the right thing to do. Still, other questions needed answers:

- What specific services would be covered?
- What patients would be eligible?
- How long would patients remain in the program?
- How would participating medical groups be reimbursed?

Through the collaboration of participating medical groups, health plans, payers and patients, ICSI recommended the following:

What Should Be Covered

ICSI recommended the bundle of services covered under DIAMOND program should include:

- Care manager services: patient tracking, use of the registry, contacts with patients in the program, administration and use of the PHQ-9 (depression assessment tool), and relapse prevention visits with the patient
- Consulting psychiatrist services: weekly consultation with the care manager and case review

Who Should Be Eligible

Patients at participating sites are eligible to enroll if they satisfy the following criteria:

- Adults, age 18 and older
- Diagnosis of major depression or dysthymia (mild chronic depression) with any of three diagnosis codes: 296.2x, 296.3x and 300.4x
- PHQ-9 score of 10 or above

Maximum Length of Time in the Program

- 12 consecutive months (for coverage of service)

Disenrollment Criteria

- Patient transfers care
- Patient refuses care
- Physician discretion
- Patient remits and has three consecutive months in remission

How Medical Groups Should Be Reimbursed

ICSI recommended that certified DIAMOND participants receive a depression care management payment on a periodic basis for each enrolled patient. It should cover all services covered in the program. A single billing code, useable only by certified DIAMOND sites, will be established. The specific fee to be paid will be negotiated between each health plan and medical group to avoid any violation of anti-trust law.

Payment Redesign Components

1. Reimbursement for activities proven to lead to better outcomes
2. Bundled set of services
3. Care manager costs
4. Consulting psychiatrist costs
5. Single billing code (useable only by certified DIAMOND sites)
6. Periodic payment to medical group
7. Invisible to patient

Sustainable and Extendable

Developing a payment system that reimburses medical groups for activities proven to improve depression outcomes should not only make the depression care management program sustainable, it should also provide a model that can be extended to other chronic conditions.

Measures of Success

ICSI will document both process and outcome measures as it evaluates the success of DIAMOND. Care delivery process measures include patient enrollment and the number of PHQ-9s administered. Care delivery outcome measures include patient response and remission rates.

In addition, the National Institute of Mental Health (NIMH) has awarded HealthPartners Research Foundation a $3 million grant to study the DIAMOND initiative over five years. The study will evaluate all aspects of DIAMOND, including patient satisfaction, productivity, and program cost-effectiveness.

2008 Launch

The DIAMOND depression care model was launched in 10 primary care medical clinics across Minnesota in the spring of 2008. Additional clinics will be added every six months through 2010. ICSI will work closely with all clinics certified for participation in DIAMOND to ensure operational readiness, train care managers and implement data collection.

References:

1. Kessler, RC, Berglund, P, Demler, O, Jin, R, Koretz, D, Merikangas, KR, Rush, JA, Walters, E E, and Wang, PS (2003). The epidemiology of major depressive disorder: results from the National Comorbidity Survey Replication (NCS-R). JAMA, 2003. 289 (23): 3095-3105.
2. Depression Study. JAMA, 2003. 289 (23): 3135-3144.

For More Information

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