

# Integrating Mental Health into Primary Care

Network for Regional Healthcare Improvement (NRHI)  
Conference

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# Institute for Clinical Systems Improvement (ICSI)

- Independent, non-profit collaboration
- Includes medical groups, non-profit health plans, purchasers, and consumers
- Mission: To champion the cause of health care quality and to accelerate improvement in the value of the health care delivered to the populations served.
- Supported by:
  - Five Minnesota and Wisconsin health plans:
    - Blue Cross and Blue Shield of Minnesota
    - HealthPartners
    - Medica
    - Security Health Plan of Wisconsin
    - UCare
  - Member dues and “sweat equity”
  - Contracts and grants



# Depression Usual Care

- 75% of patients with depression see primary care physician (which makes it an excellent place to intervene)
- PCP does not detect depression in >50% of patients<sup>1</sup>
- Only **20-40%** of treated patients improve substantially **12 months** after diagnosis <sup>2,3</sup>
  - **Can we do better than that?**

<sup>1</sup>Arch. Gen. Psychiatry, 2003

<sup>2</sup>Arch. Gen. Psychiatry, 1999

<sup>3</sup>Journal of the American Medical Assn., 2003

# DIAMOND

(Depression Improvement Across Minnesota Offering a New Direction)

- Based on 37 research trials which show that collaborative care for depression gives better results
- Current primary care for depression
  - Care is doctor and visit centered
  - No reimbursement for care coordination
- New approach - DIAMOND
  - Redesign of care
  - Redesign of payment



# DIAMOND - Redesign of Care

- Collaborative Care Management -care coordinators, primary care providers and a consulting psychiatrist; panel management using guidelines, patient outcome tools (e.g., PHQ-9), registries, care plans, intensification of treatment, motivational interviewing and problem solving, etc



# DIAMOND - Redesign of Payment

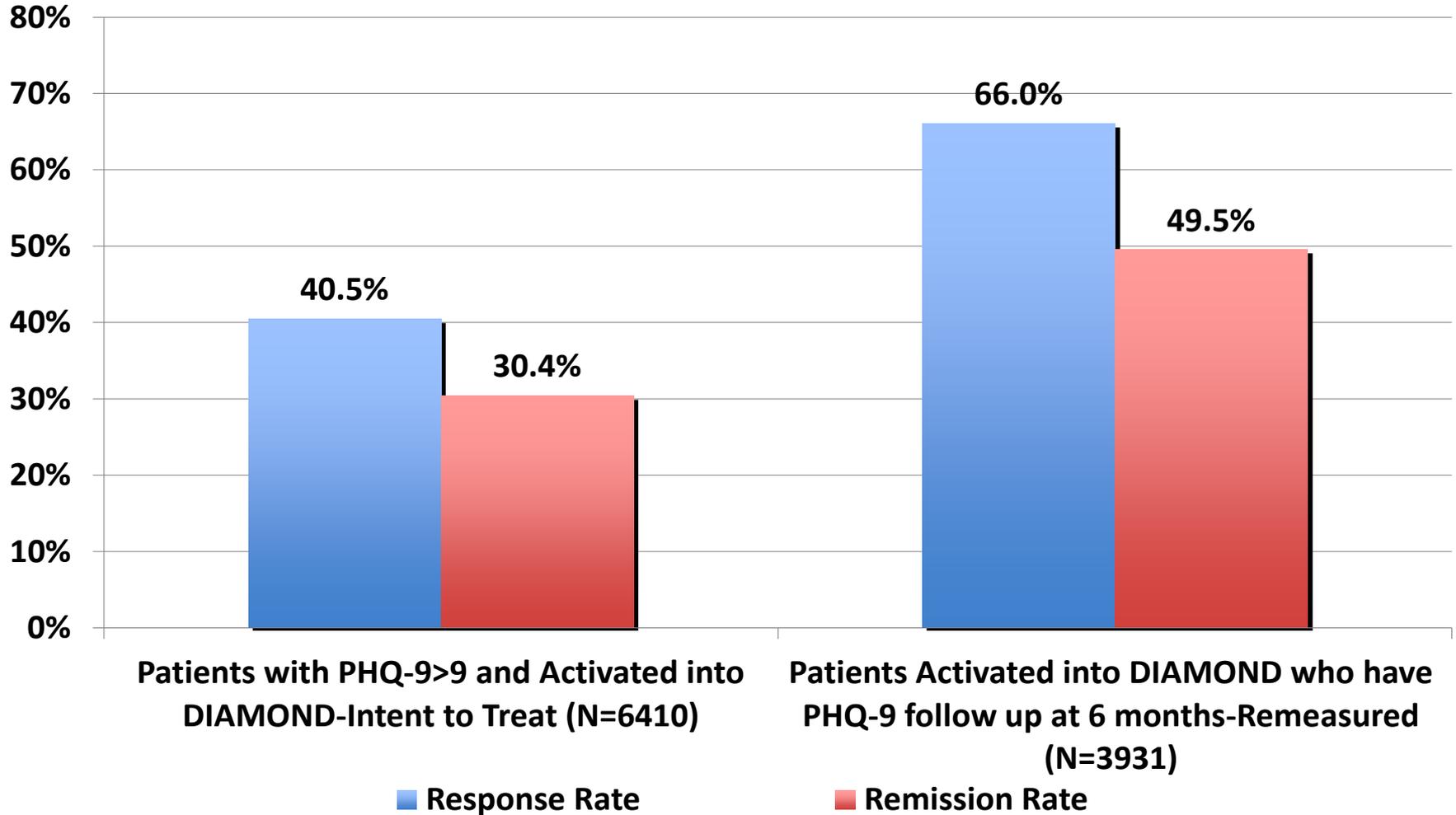
- Essentially, a bundled care coordination payment for primary care and psychiatric care
  - Multiple non-profit health plans participating
  - Medical groups decided how to divide the reimbursement



# DIAMOND Program

(Depression Improvement Across Minnesota Offering a New Direction)

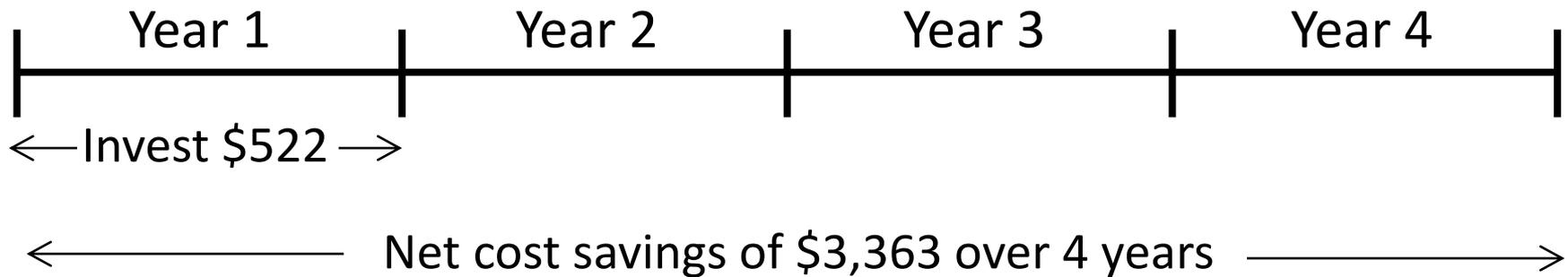
## Outcomes Measures at 6 Months



DIAMOND Measure Period: Sept 08-Oct 11

# Economic Studies of Collaborative Care for Depression

In a study from 1999 to 2003 in Medicare patients:



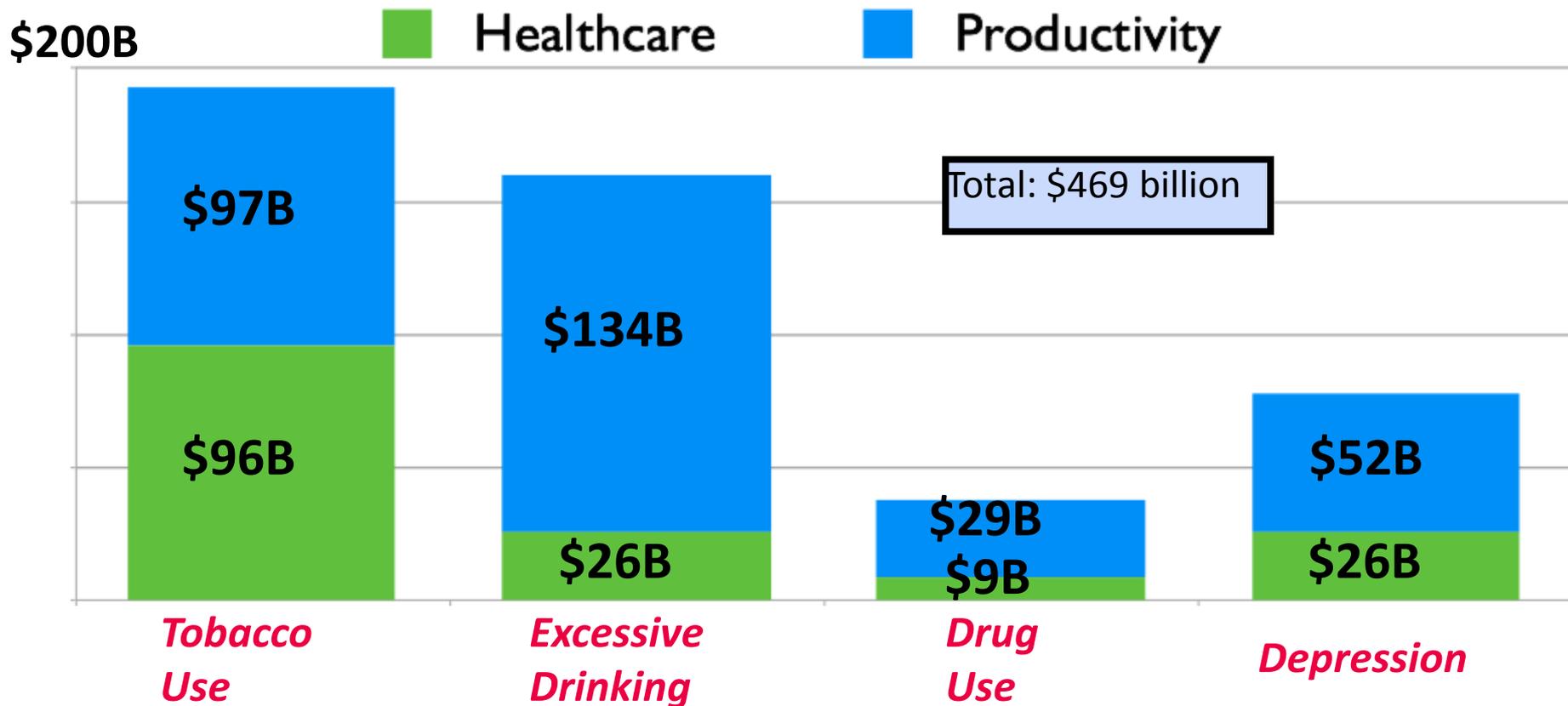
Savings accrue in many categories: Inpatient medical, outpatient medical, pharmacy, and mental health specialty care

Adjusted for inflation and taking into account more recent cost estimates:  
\$1,300 investment → \$5,200 net cost savings over 4 years

Unutzer, American Journal of Managed Care, 2008; Brief for CMS meeting:

[http://uwaims.org/integrationroadmap/docs/CMS\\_Brief\\_on\\_Collaborative\\_Care\\_4Aug11.pdf](http://uwaims.org/integrationroadmap/docs/CMS_Brief_on_Collaborative_Care_4Aug11.pdf)

# Economic Costs of Behavioral Conditions – US Adults –

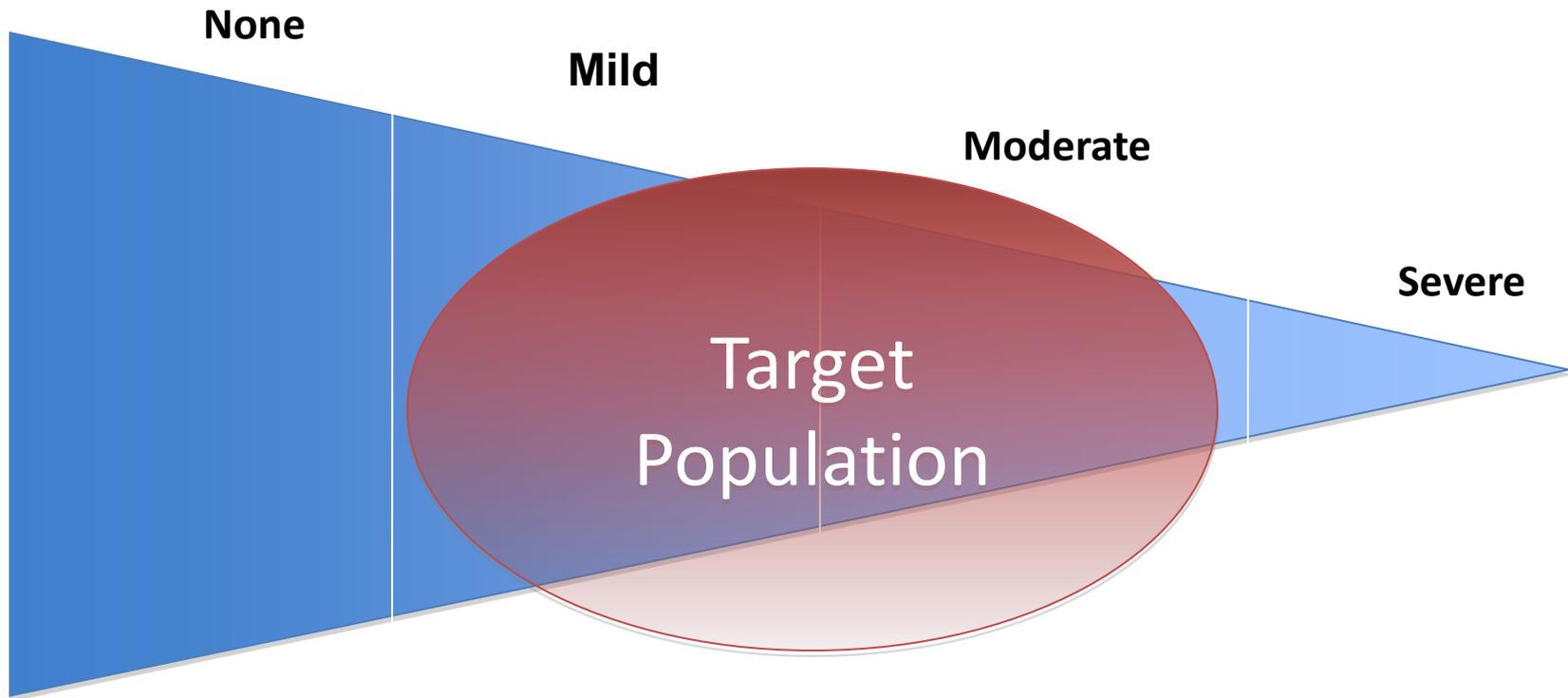


[http://www.cdc.gov/nchs/data/nhis/earlyrelease/200812\\_08.pdf](http://www.cdc.gov/nchs/data/nhis/earlyrelease/200812_08.pdf); 
 <http://www.oas.samhsa.gov/NSDUH/2K6NSDUH/2K6results.cfm#Ch3>;  
<http://www.cdc.gov/NCCDPHP/publications/aag/osh.htm>; 
 [www.ensuringsolutions.org](http://www.ensuringsolutions.org); 
 [http://www.drugabuse.gov/NIDA\\_notes/NNVol13N4/Abusecosts.html](http://www.drugabuse.gov/NIDA_notes/NNVol13N4/Abusecosts.html)

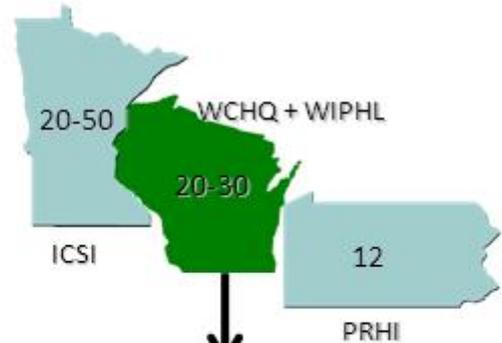
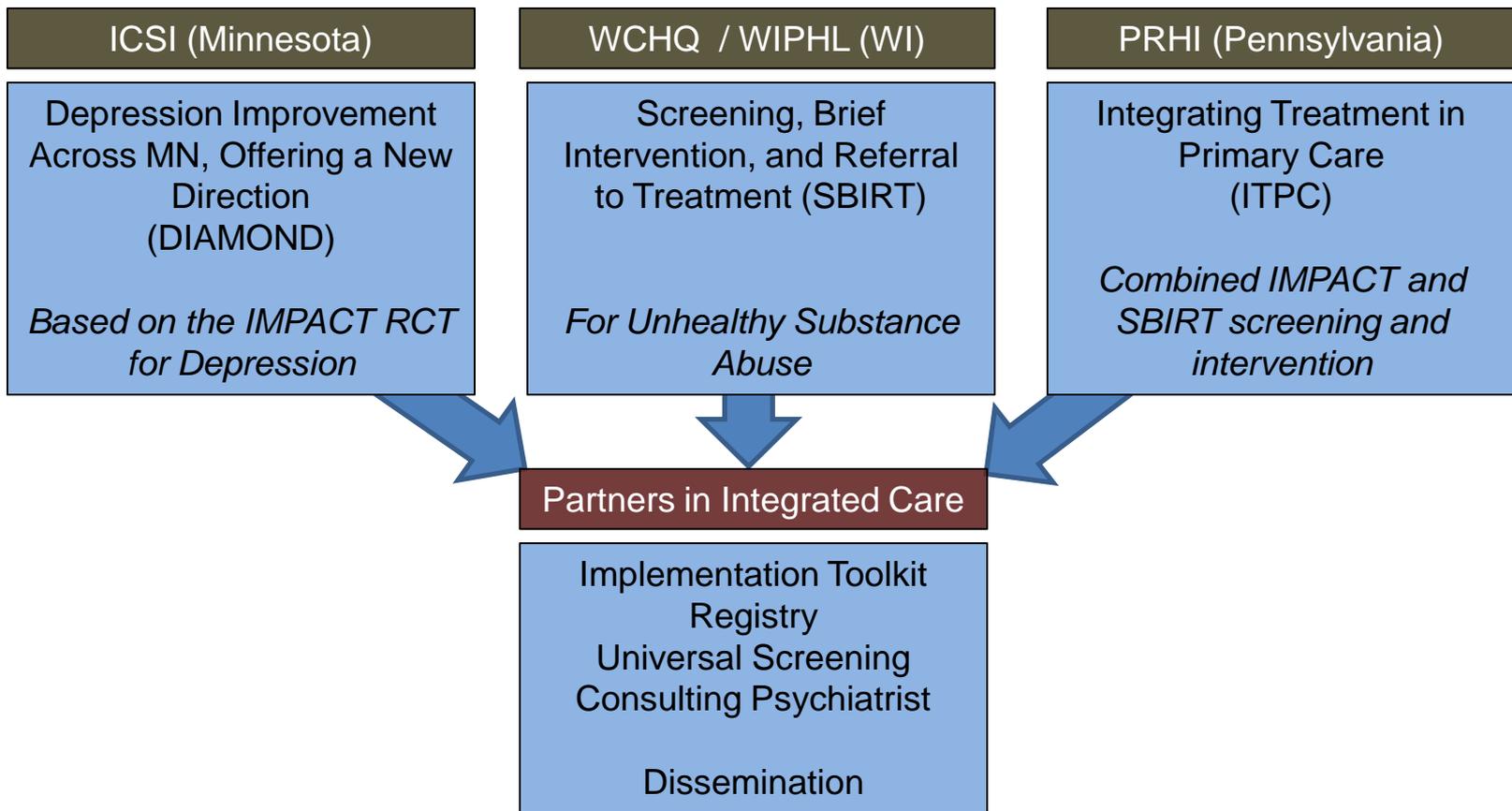
# DIAMOND/SBIRT

- Integrate Screening, Brief Intervention, and Referral to Treatment (SBIRT) for substance use in primary care
  - Depression and risky substance abuse can be co-morbid conditions
- In primary care, we are missing opportunities to intervene with risky substance users early to prevent substance abuse

# Importance of Early Detection



- Issues with substance abuse must be pre-empted, rather than just treated once advanced.
- Goal with SBIRT substance use is to detect “risky substance use” (not focused on addiction).



**nrhi** Network for Regional Healthcare Improvement

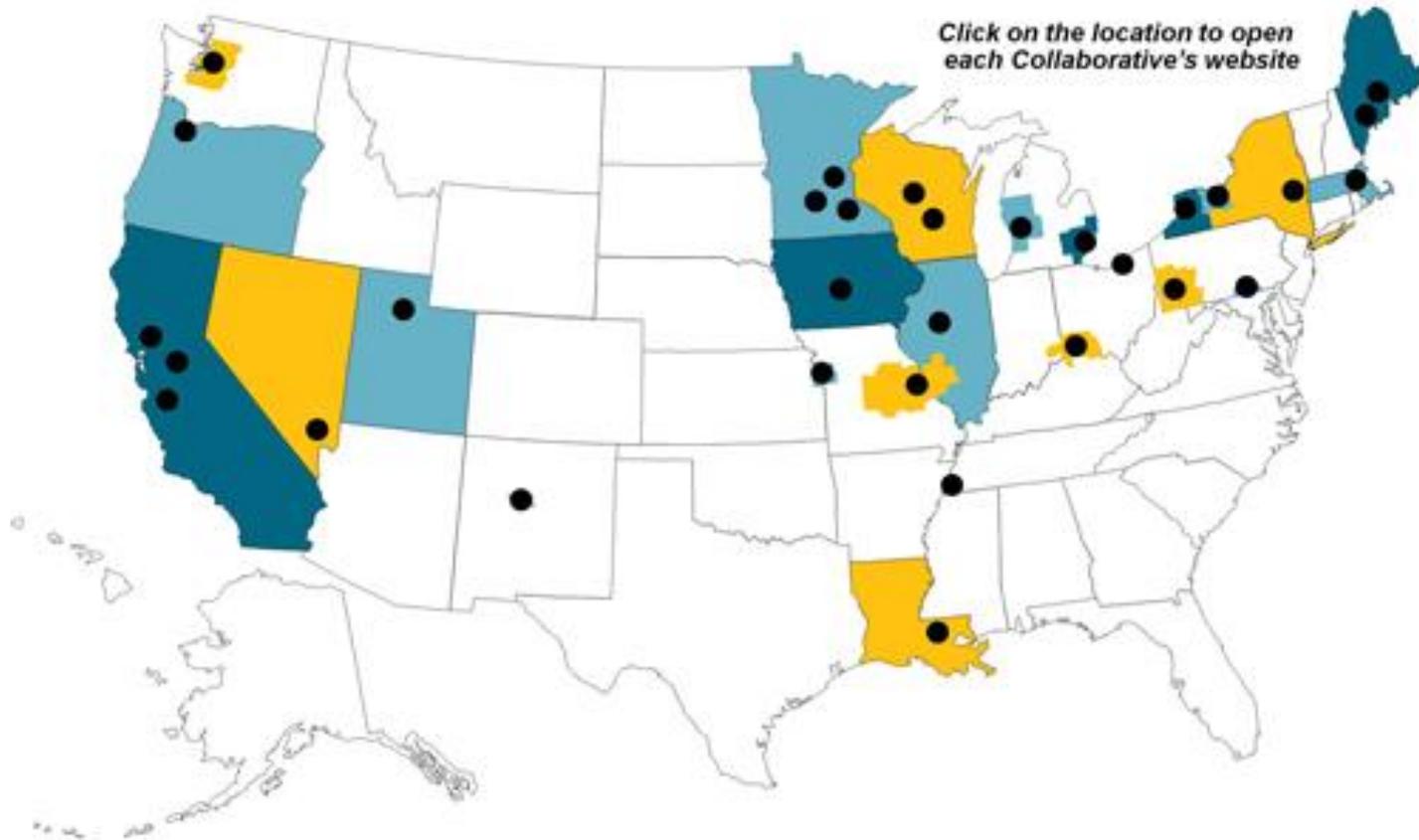


Regional Health Improvement Collaboratives (RHICs)

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# NRHI: A Dissemination Vehicle

## Regional Health Improvement Collaboratives in the Network for Regional Healthcare Improvement



# COMPASS

(Care Of Mental, Physical, And Substance use Syndromes)

- 1 of 107 Health Care Innovation Awards from the Center for Medicare and Medicaid Innovation (CMMI) in 2012; \$18 million over 3 years in 7 states
  - Treating depression in patients with diabetes and/or cardiovascular diseases with the option for substance abuse screening
- Framed as a “Triple Aim Bulls eye”
  - Health: improve outcomes (e.g., PHQ-9s) for depression
  - Care: improve by 20% optimal care in diabetes and/or cardiovascular disease; improve patient and provider experience
  - Costs: save \$25 million for CMS

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COMPASS

# COMPASS Consortium Partners

- Institute for Clinical Systems Improvement (ICSI) – leading and coordinating the initiative
- Eight partners offering COMPASS at selected sites
  - Community Health Plan of Washington
  - ICSI member clinics offering DIAMOND program
  - Kaiser Permanente Colorado
  - Kaiser Permanente Southern California
  - Mayo Health System
  - Michigan Center for Clinical Systems Improvement
  - Mount Auburn Cambridge Independent Practice Association
  - Pittsburgh Regional Health Institute
- Two supporting partners
  - HealthPartners Institute for Research and Evaluation
  - AIMS Center, Washington State



COMPASS

# Geographic Reach of COMPASS

- Opportunity to test collaborative care management model across a variety of health care systems and patient populations; payment models to be developed to submit to CMS



COMPASS

# Integrating Mental Health into Primary Care

- There are proven models to screen and treat depression and risky substance use in primary care, including with patients who have other chronic diseases.
- NRHI partners are implementing these models to improve health, improve the experience of care and decrease costs.

Questions?

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