

DIAMOND

Depression Improvement Across Minnesota -
Offering a New Direction

An Innovative Collaborative Approach to
Depression Care in the Primary Care Sector

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Depression

- ICSI Guideline for 11 years in primary care
- ICSI Action Group for 3 years
 - Coding changes
 - Implementation of systems with PHQ-9
- Reached “glass ceiling” of what the science said was best practice and the business case for follow-up in adult primary care
- Birth of DIAMOND

Parent of DIAMOND: IMPACT Trial

(Improving Mood - Promoting Access to Collaborative Treatment)

- Redesign of Care
 - New model that escapes the “tyranny of the visit”
 - PHQ-9 measure - outcome measure
 - Registry (tracking system)
 - Stepped care with protocols and guidelines
 - New roles
 - Care Manager
 - Psychiatric liaison
- Based on work of Wayne Katon, MD, and Jurgen Unutzer, MD

Collaborators from Multiple Stakeholders

- Primary care groups
- Six non-profit health plans in MN
- DHS
- Purchasers
- Patients

DIAMOND: Depression Improvement Across Minnesota - Offering a New Direction

Treatment of Depression in Adult Primary Care

- Redesign of Care
 - New model, PHQ-9 measures, registry, protocols, specialist relationships
- Redesign of payment system
 - Care management
 - Psychiatric liaison



The DIAMOND Model

- Four processes:
 - Consistent method for assessment/monitoring
 - Agreement on PHQ-9 across state
 - Presence of tracking system (registry)
 - Stepped care approach to intensify Rx
 - Relapse prevention
- Two roles:
 - Care manager for follow up support, coordination
 - Liaison/consultative relationship with psychiatry

Count what counts

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: _____

10	If you checked off any problems, how difficult have these problems made it for you to do your work, take care of things at home, or get along with other people?	Not difficult at all	_____
		Somewhat difficult	_____ ✓
		Very difficult	_____
		Extremely difficult	_____



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

Quality Improvement and Cost Savings

- 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)

Summary of DIAMOND

- Redesign of care and redesign of payment systems for depression follow-up in adult primary care
- Provides experience and a model for other chronic care conditions
- Seven medical groups to begin implementation 3/08 with dissemination in 2008-2010--over 85 clinic sites

Next Steps

- Selection process for dissemination
 - Leadership, PHQ-9 experience, registries, ability to commit resources, etc
- Training of care managers through collaborative process
- Measurement development--linked with MNMCM
 - “Retirement” of HEDIS measures
- Involvement of additional communities
 - Self insured, CMS (Medicare FFS), community mental health centers, other community resources

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