

A Community Dialogue:
Shining the Spotlight on
the Identification and
Treatment of Depression

December 2011



buyers health care action group
BHCAG

Minnesota Bridges to Excellence (MNBTE)

Purchaser-led pay-for-performance program implemented in 2006

Goals:

- Improve the quality of care for patients
- Raise the level of purchaser and consumer awareness regarding variation in quality
- Spark provider competition based on quality outcomes

Participating Purchasers: 3M, Best Buy, Carlson Companies, Honeywell, Medtronic, Southwest/West Central Service Cooperative, Target, University of Minnesota, U.S. Bank, Wells Fargo and the State of Minnesota – State Employee Group Insurance Plan and Department of Human Services-Health Care Purchasing through the Minnesota Quality Incentive Payment System (MNQIPS)

BHCAG administers MNBTE and MNQIPS.

BHCAG Community Dialogues

Several times a year, BHCAG hosts a Community Dialogue on health care topics relevant to providers, purchasers, patients and health care plans. The aim of these meetings is to foster communication among stakeholders and to gain a better understanding of different perspectives.

MNBTE purchasers pay financial rewards to clinics for optimal depression care. Other chronic conditions covered in the program are diabetes and vascular care. In 2011, participating MNBTE purchasers had twice as many employees suffering from depression than they did with diabetes. While providers have made strides in improving the identification and treatment of depression, there are opportunities for all to do even better. Over the next two years, BHCAG, through MNBTE, will increase its focus on depression care in order to encourage more providers to improve the quality of care for patients with depression.

Impact of Depression in the Workplace: An Employer's Perspective

Beth Lundholm, State of Minnesota

As a large employer, the State of Minnesota is aware of the many effects of depression in the workplace. Employees suffering from depression are less productive, have greater levels of absenteeism, are involved in more accidents and have higher levels of drug and alcohol use.

Depression also has a myriad of co-morbid conditions including diabetes, hypertension and lower back pain.

Unfortunately, depression in employees often goes under diagnosed and untreated, so it is difficult to properly address these issues.

The State of Minnesota, therefore, is committed to find ways to systematically identify and treat depression. In doing so, it aims to improve employee health and productivity and lower its own costs. It is exploring the origins of work-related depression including:

- Unsafe or unsatisfactory work environment
- Problems, financial strain or illness at home
- Lack of promotion prospects
- Feelings of being unappreciated
- Poor relations with management
- Not enough participation in decisions affecting them
- Too much routine
- No opportunity to use or refine skills
- Stress
- Poor health

As these factors are identified, the State of Minnesota is addressing them by offering a toolkit for managers, providing resiliency training for employees and working with its health plan to develop messaging around depression awareness and treatment. For instance, during Mental Health Awareness Week the State partnered with health plans and its Employee Assistance provider to create customized websites with educational information, screening tools, resources and referrals around depression.

Looking forward to 2012, the State of Minnesota will identify employees who are currently diagnosed and will provide targeted support, education and case management.



DIAMOND Update

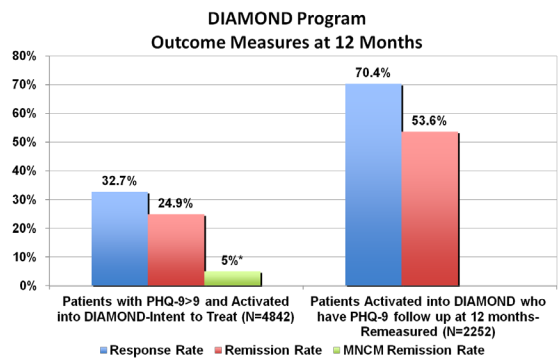
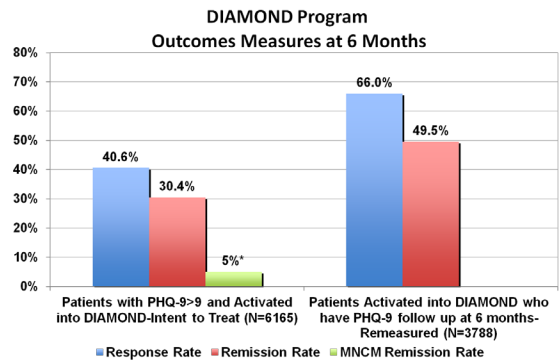
Pam Pietruszewski, ICSI (Institute for Clinical Systems Improvement)

The DIAMOND (Depression Improvement Across Minnesota, Offering a New Direction) model for depression care was launched in 2008. It is a collaborative effort among Minnesota care systems, representatives from six of Minnesota's commercial health plans and ICSI. DIAMOND involves both practice redesign and payment redesign. The care model focuses on four processes:

- Systematic assessment & monitoring with PHQ-9
- Reliable tracking system via a patient registry
- Stepped care approach to intensify or modify treatment
- Relapse prevention

In addition, the program includes two new roles, the care manager and the consulting psychiatrist. In the payment model, health plans pay for a bundled set of services and provide a new payment code for Care Management. Many clinics became interested in DIAMOND because they recognized the gap in care for depression. Five sequences of the program allowed providers to join at the stage appropriate for their state of readiness. As of September 2011, 7807 patients, 67 primary care clinics and 15 health care organizations were involved with the DIAMOND program.

DIAMOND utilizes the PHQ-9 Depression Assessment Questionnaire. A PHQ-9 score of greater than 10-14 is considered moderately depressed; 15-19 is moderately severe depression and 20-27 is severe depression. Two of the measurements in DIAMOND are response and remission. Response takes place when a patient's PHQ-9 score is greater than 9 and is reduced by 50%, as re-measured by the PHQ-9. Remission occurs when a patient's score of greater than 9 is reduced to below 5. Outcomes of the DIAMOND program for response and remission, at 6 and 12 months, are shown to the right. Minnesota Community Measurement (MNCM) publicly reports clinic results for these two measures.



As shown in these charts, the DIAMOND program is making a difference for patients suffering from depression. One of the next steps for the program is to address the relationship between substance abuse and depression. S-BIRT (Screening, Brief Intervention, and Referral to Treatment) helps to identify substance abuse issues and fits well with the DIAMOND care model.

In addition, supporters of DIAMOND are pushing for expanded coverage so that more patients are able to take advantage of the program. Currently, only one third of eligible patients participate in DIAMOND. Common reasons for not participating are lack of coverage (Medicare and Medicaid do not currently cover DIAMOND) and financial responsibility for the patient. In order for the program to increase its proven influence, these issues need to be addressed.

Creating Change in the Health Care Community requires...

- Urgency
- Multiple stakeholders
- Evidence & experts
- Readiness
- Measurement

Treating Depression in Primary Care

Dr. Keri Lijewski, River Falls, Ellsworth and Spring Valley Medical Clinics, Western Wisconsin Medical Associates

Providers face several issues in diagnosing and treating depression in primary care clinics. The stigma around the disease persists, and patients often don't recognize the condition in themselves. Instead, they may mention that they have an iron deficiency or a sleep disorder. If a patient does bring up depression, it is often the last thing he mentions at the end of a visit, leaving little time for the physician to have a meaningful conversation about it. Finally, doctors have varying levels of comfort talking about depression, and there is often limited access to mental health providers.

Dr. Lijewski's practice participated in the DIAMOND program for one year but withdrew from it for financial reasons. Located in Western Wisconsin, their patients had limited access to Minnesota health plans, and they did not have enough patients in the system to get the program off the ground. Care coordinators were also implementing health care home, and there were perceived operational conflicts between the two programs.

In spite of withdrawing from the program, DIAMOND did offer valuable lessons that shape their current depression care program. Upfront screening is vital to identifying patients who are suffering from or at risk for depression. In addition, follow-up with patients is critical - patients should have contact with counselors, should know what to expect from their medications and require more than one clinic visit to receive effective treatment.

Challenges persist even with these practices in place. These challenges include:

- Unwillingness of patients to return to the clinic for follow-up visits
- Inconsistency in how providers manage depression care
- Turnover among care coordinators
- Ineffective registry through electronic medical record

The obstacles are not insurmountable but will require additional time, training and funding in order to be addressed.

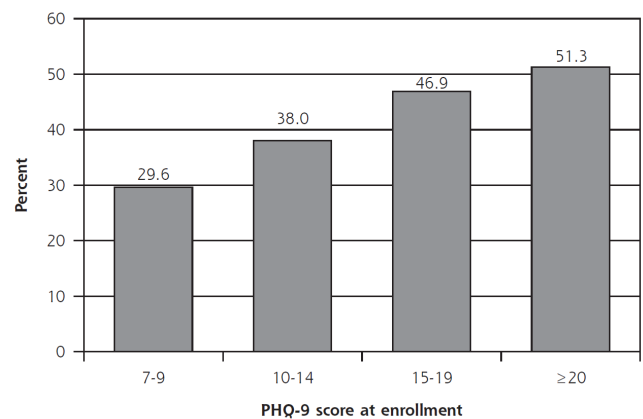
Depression and Work Productivity

Dr. Rebecca Rossom, HealthPartners Research Foundation

The DIAMOND Study is a 5-year study of the effectiveness of the DIAMOND program treatment model. The goal of the study is to assess the impact of DIAMOND's collaborative care model and determine if it can be spread to additional markets and/or conditions. Previous studies have proven that the care model works, but they took place in controlled settings. This is the first study undertaken in a non-controlled setting.

In order to determine the total impact of the DIAMOND program, researchers reviewed the "before" state and measured the effect of depression on work productivity for 771 participants (patients). The results of the research questionnaire showed that depression increases both absenteeism and "presenteeism" (impaired capacity for working while on the job). Employers should note that both absenteeism and presenteeism have a negative impact on productivity for those suffering from depression, with more severe depression associated with a greater loss in productivity. The research found that for every one point increase in a patient's PHQ-9 score, there is a corresponding 1.65% loss of productivity. Furthermore, presenteeism may be an even greater problem than absenteeism.

Absenteeism + Presenteeism =
TOTAL PRODUCTIVITY LOST



PHQ-9 = Patient Health Questionnaire 9-item screen.

Note: For comparison, the norm for productivity loss for individuals without depression or other chronic conditions is 8.0%.

These results and the on-going study will help employers determine the cost-effectiveness of depression treatment programs.