

DIAMOND

Depression Improvement Across Minnesota - Offering a New Direction

A Collaborative Effort in Changing Health Care Delivery

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“The American health care system is in need of fundamental change. The current care systems cannot do the job. Trying harder will not work. Changing systems of care will.”

--Crossing the Quality Chasm, 2001



Depression--as it was

- Lack of diagnosis/coding/documentation
 - Perception of no reimbursement
- Stigma--”don’t talk about it”
- Lack of diagnostic criteria
- Lack of measurement of improvement
- Poor follow up
- The “black hole” of behavioral health



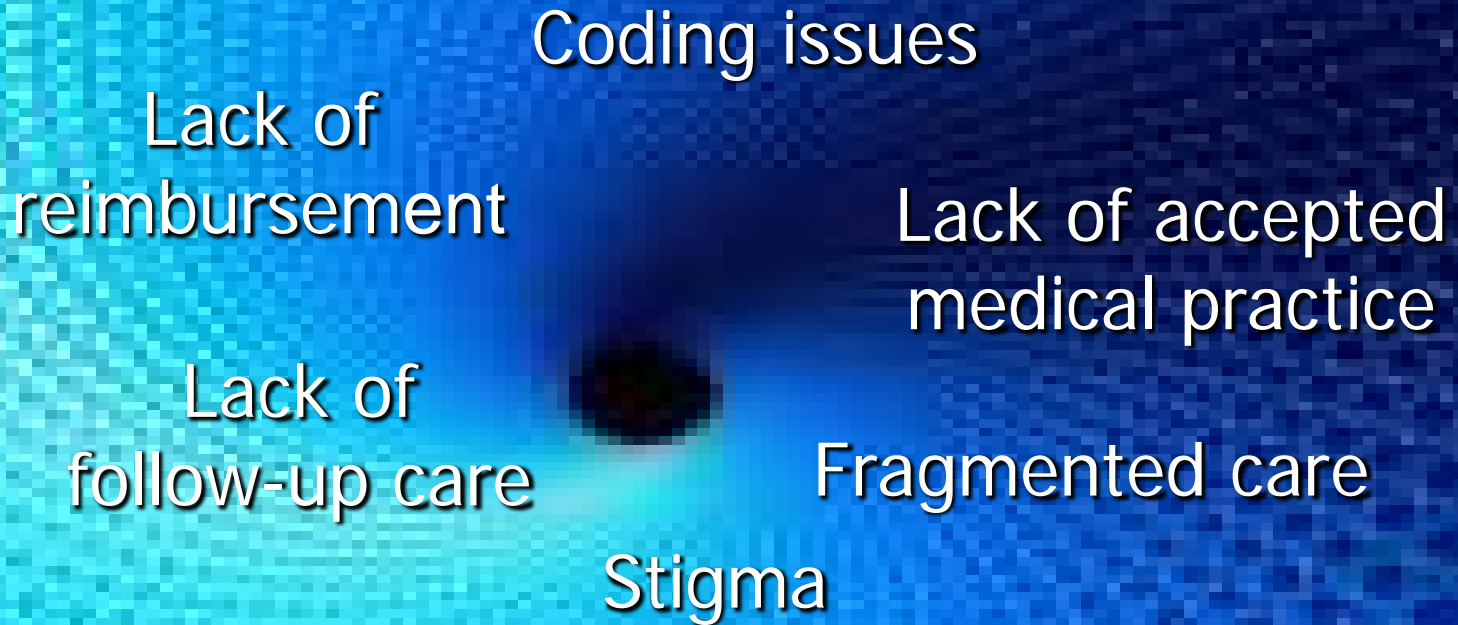
And so...

- No demonstrated successes--or even efforts
- Fragmented care
- Patients lost to follow up
- Increasing cost to society
- No coordinated care
- Perhaps, even no care

We looked at depression care

...

and discovered a “black hole”



ICSI

- Collaboration of 57 medical organizations and over 9,600 providers
- Sponsored by six non-profit health plans: Blue Cross, HealthPartners, Medica, Metropolitan Health Plan, PreferredOne, UCare
- New strategic direction--convener and facilitator for redesign of health care



Depression--ICSI experience

- Three years as ICSI wide initiative
- Identification of key opportunities/elements:
 - Coding issues
 - Reimbursement perceptions
 - Poor follow up
 - Use of standard screening and follow up tool (PHQ-9)
- Multiple obstacles to improving care
 - Lack of systems to support needed elements
 - Lack supportive payment mechanism



Parent of DIAMOND: IMPACT

- Based on work of Jurgen Unutzer, MD
- 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



DIAMOND initiative

- Focus on collaborative agreement on model and payment mechanism to support best care for depression
- Six health plans, Department of Human Services, ICSI, providers, purchasers, patients involved in efforts
- External expert--J. Unutzer, MD
 - Creator of IMPACT model
- Linked to NIMH research project



DIAMOND structure

- DIAMOND steering committee
 - Funding/coverage ops sub-group
 - Care Delivery ops sub-group
 - Measurement sub-group
 - Mental Health sub-group
- Participation from all collaborators in each element of process
- Continued meeting during entire program-- facilitated by ICSI staff
 - Importance of “neutral convener”



2 Key areas of DIAMOND

- Best Practice program - care practice redesign
- Fair Payment for new services - care payment redesign



Key Features

- Evidence based approach to care delivery
- Removal of economic barriers to delivery of medically necessary care
- Payment amounts eventually based on actual results, not just process of care
- Participation by critical mass of payers and providers



The DIAMOND Care 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
 - Based on Wagner's chronic care model
- Two roles:
 - Care manager for follow up support, coordination
 - Liaison/consultative relationship with psychiatry



The DIAMOND payment model

- Creation of a depression care mgmt payment to be paid on a periodic basis to the participating primary care clinics for the entire/complete set of services covered under the care mgmt program
- A standard DIAMOND claims code will be used by the medical groups certified by ICSI for the care management program



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
- Six medical groups (10 sites) began implementation 3/08 with dissemination in 2008-2010--over 90 clinic sites



Steps in the Journey

- Engagement of multiple stakeholders, providing environment for “dialogue”
- Selection process for dissemination critical
 - Leadership, PHQ-9 experience, registries, ability to commit resources, etc
- Measurement development--linked with Minnesota Community Measurement
 - “Retirement” of HEDIS measures
- Potential linkage to “medical home” development in Minnesota



Keys to Success--thus far

- Ability to engage multiple stakeholders in productive environment
 - Key role of ICSI as neutral convener
- Lack of existing successful interventions supported urgency for change
- Identification of evidence based model, and nationally known expert
 - Jurgen Unutzer, MD, IMPACT trial
- Engaging primary care/behavioral health in conversation, developing relationships



Keys to Success--thus far

- Ability to align measures--focusing on outcomes not process
- Creating holding environment for difficult conversations
- Focus on “fair process”
- Creation of “enthusiasm” and sense of personal and organizational commitment



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