Implementing a Population Health Approach to Patient Identification and Treatment of Depression in Primary Care

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Project Description

Design, implement, and operate a depression care management program in UCSF adult Primary Care that utilizes a population health approach and supports PRIME remission and response metric goals.

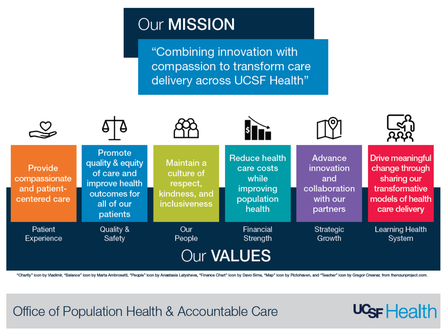
Problem Statement:

An important effort is underway at UCSF to identify and treat depression in Primary Care. Depression is reported in just over 7% of the US adult population. Of adults experiencing a major depressive episode, 63% have severe impairment in social and occupational functioning. Primary Care clinics provide about half of all of the mental health care for common psychiatric conditions, including depression. UCSF is hoping to further integrate behavioral health into Primary Care as well as capture PRIME incentives for increased depression management performance.

Discovery:

UCSF is a complicated system and behavioral health integration presents some unique challenges! My position works at the intersection of UCSF Primary Care, Population Health, and Behavioral Health.

Initial interviews with key stakeholders across this intersection helped me to tailor initial workflows as well as better understand how informatics could be leveraged to identify and better manage patients with depression in primary care.



Goal:

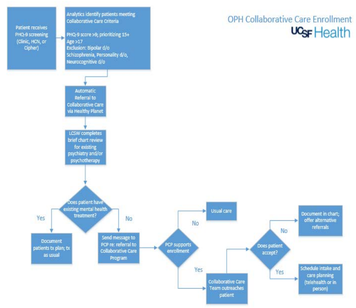
Pilot a payer-agnostic Collaborative Care program for depression in three UCSF Primary Care Clinics that utilizes patient identification for enrollment, systematic tracking with the use of a registry, brief psychotherapy, and psychiatric consultation.

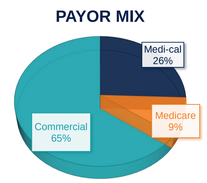
Outcome-oriented Objective:

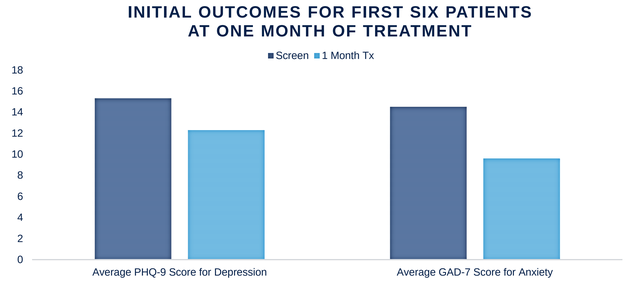
Enroll 300 patients in year one and contribute to improved depression outcomes in primary care as measured by remission and response: PHQ9 < 5 or 50% reduction of PHQ9 from baseline for 20% percentage of patients in DGIM1, DGIM2, and Lakeshore Clinics.

Results

- Initial enrollment of 31 patients with 12 patients scheduled for intake (as of 8/26/19).
- Patients who screen positive on PHQ-9 enter depression registry and receive outreach from Collaborative Care team usually within 4 days.
- After 1 month of treatment, patients (N=6) experienced decrease in depression (moderately severe to moderate range) and decrease in anxiety (severe to moderate range).







Lessons Learned

- Innovation starts at the top within a complex system. This is my second CHIP due to job transition - having the support from executive leadership from the start enabled me to move quickly!
- One size does not fit all! While it is important to remain grounded in the model, nuances exist within each clinic that require tailoring of workflows.
- There is so much strength in leveraging the diverse skills and experience of your team! I collaborative with my team on every step of development.
- It is critical to go through the proper channels when rolling out a new program into a large and complicated healthcare system.

Next Steps:

- Continue to enroll patients in each of the initial three pilot sites.
- Expand into additional clinics while also exploring how Collaborative Care fits into the larger strategy for behavioral health care management in primary care.

Family Medicine Center at Lakeshore

Division of General Internal Medicine

Mission Model Canvas

Key Partners

- Primary Care
- Office of Population Health
- Department of Psychiatry

Jennifer Latimer, LCSW, presenting on the Collaborative Care Model to all staff at the UCSF Lakeshore Clinic

Key Activities

- Provide embedded care for depression in Primacy Care

Key Resources

- Strong behavioral health team
- PCP Champions
- Informatics & ApeX Teams

Value Propositions

- Contribute to improved depression outcomes in Primary Care as measured by remission and response rates.
- Help PCP's to more comprehensively manage patients with depression.
- Capture PRIME incentives.

Buy-in & Support

- Primary Care Executive leadership
- Primary Care staff

Deployment

- Patient identification with Depression Registry and Healthy Planet
- Collaborative Care

Beneficiaries

- Primary Care patients with depression
- PCP's managing patients with depression
- UCSF Health

UCSF Health

Mission Budget/Cost

- Salaries: 1 FTE Program Manager, 3 FTE LCSW, 2 FTE Psychiatrist
- Supported through PRIME funding to help meet depression targets for integration of behavioral health in primary care.

Mission Achievement/Impact Factors

- Ensure quality of care for patients with depression in primary care.
- Help to capture FY20 PRIME incentives for Integration of Behavioral Health and for meeting remission and response targets.