An AHRQ-Funded Comparative Effectiveness Research Dissemination/Implementation Project

Partners in Integrated Care

Patients • Payers • Purchasers
Providers • Primary Care

Improving Care for Depression and Unhealthy Substance Use

December 2013

Partners in Integrated Care (PIC) is a multi-state effort to disseminate evidence-based models as the standard of primary care: Improving Mood-Promoting Access to Collaborative Treatment (IMPACT) for depression; and Screening, Brief Intervention, and Referral to Treatment (SBIRT) for unhealthy alcohol and other drug use.

Rationale

Behavioral health issues hinder patients' medical conditions, functional status, and self-initiated healthy behaviors. Evidence-based models of care improve health outcomes and satisfaction and reduce healthcare cost.

PIC Consortium

- Pittsburgh Regional Health Initiative
- Institute for Clinical Systems Improvement (Minnesota)
- Wisconsin Initiative to Promote Healthy Lifestyles
- Wisconsin Collaborative for Healthcare Quality
- Massachusetts Health Quality Partners
- Network for Regional Healthcare Improvement

Core Components for Adults in Primary Care Offices

- Screening for depression and alcohol and other drug misuse
- A care manager for patient engagement, behavioral interventions, monitoring, and facilitation of team-based collaboration
- A consulting psychiatrist for weekly caseload reviews
- Systematic follow-up and tracking
- Stepped care approach to modify depression treatment

Results

Implemented in 57 primary care offices.

Lessons Learned

- Drivers of recruitment success include: understanding of how PIC relates to existing priorities, provider and staff experience with team care, and availability of and payment for a consulting psychiatrist and care manager.
- Champions are needed at the staff, administration, and physician-level.
- An electronic care management tracking system is critical for follow-up, caseload review, QI, and data collection.
- An effective care manager has dedicated and sufficient time for this new, clearly defined role and is visible, organized, assertive, empathetic, non-judgmental, collaborative, flexible, and perseverant.
- Differences between SBIRT and IMPACT warrant consideration: IMPACT enhances primary care treatment for those with a clinical level of depression, whereas SBIRT bridges the gap between prevention and treatment by focusing on patients with problematic substance use, which does not necessarily meet diagnostic criteria.
- SBIRT-specific issues warrant consideration: (a) it takes time for primary care offices to internalize that brief interventions focus on risky/hazardous use, which differs from abuse/dependence; (b) stigma, especially in tight-knit towns, presents implementation challenges; and (c) non-judgmental communication styles are especially important.
- When disseminating, it is helpful to start with a community conversation before implementing.
- When disseminating, cultural and regional differences trump standardized terminology and training/implementation strategies.
- The following system requirements are needed: clinic leadership, payment models, data-driven quality improvement, performance reporting, health information technology, and training and coaching.

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nrhi Network for Regional Healthcare Improvement
ICSI Institute for Clinical Systems Improvement
Pittsburgh Regional Health Initiative — Spreading Quality, Containing Costs.
WCHQ Wisconsin Collaborative for Healthcare Quality
MHQP Massachusetts Health Quality Partners — trusted information. quality insights.
WIPHL Wisconsin Initiative to Promote Healthy Lifestyles