Project UPLIPHT

Uniting Partners in primary care and psychiatry to Lead Improvement in Psychiatric Health Treatment

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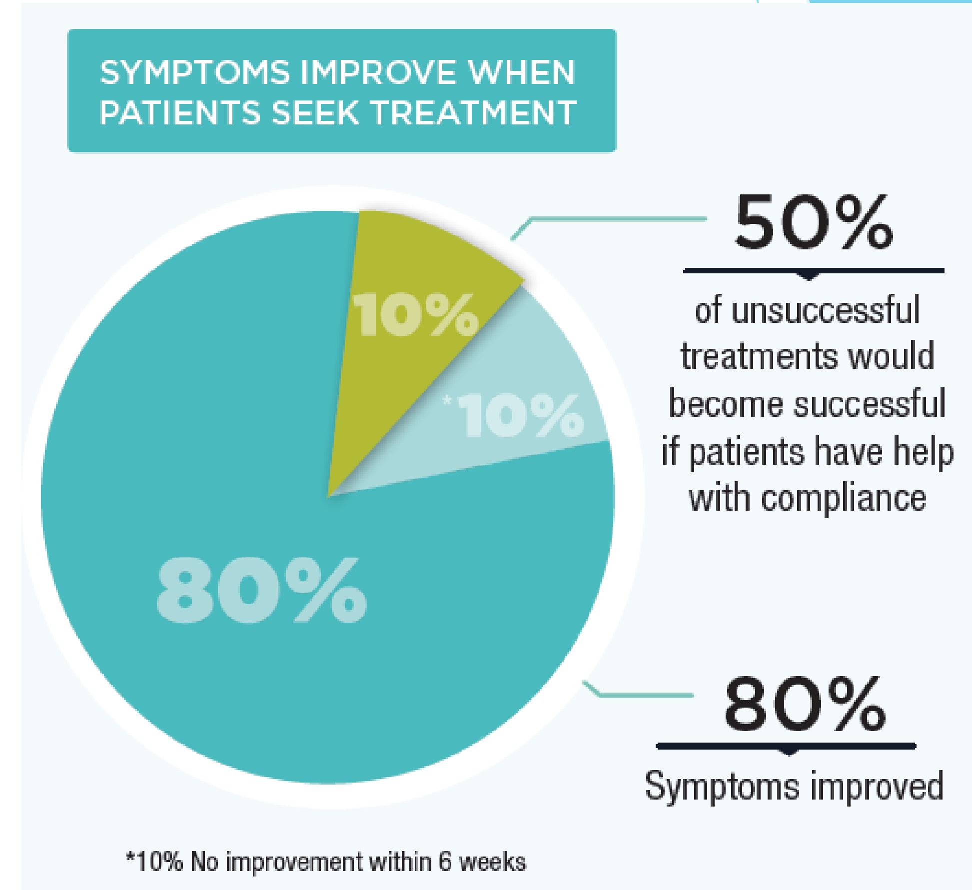
Project Aim

- *Project UPLIPHT aims to improve symptoms of clinical depression in at least 50% of clinically depressed adult primary care patients at Knightdale Family Medicine by June 30, 2016.*

Depression is bad, but treatable

- At some point in their lives, 20 to 25 percent of adults go through a major depressive episode.[1]
- In 2010, depression cost the US over $210 billion. [1]
- There is a 10-25 year reduction in life expectancy for people with severe mental illness, including depression[2]



1. http://foundsmhosting.us/missionpoint/hosting/cost_of_depression_mp.pdf
2. http://www.who.int/mental_health/management/info_sheet.pdf

Why Primary Care?

Primary Versus Specialty Care Outcomes for Depressed Outpatients Managed with Measurement-Based Care: Results from STAR*D

Bradley N. Gaynes, MD, MPH[1], A. John Rush, MD[2], Madhukar H. Trivedi, MD[2], Stephen R. Wisniewski, PhD[3], G.K. Balasubramani, PhD[3], Patrick J. McGrath, MD[4,5], Michael E. Thase, MD[9], Michael Klinkman, MD[6], Andrew A. Nierenberg, MD[7], William R. Yates, MD[8], and Maurizio Fava, MD[7]

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CONCLUSIONS: Identical remission and response rates can be achieved in primary and specialty settings when identical care is provided.

BACKGROUND: W
depressive disord
specialty care (SC) settings are different is unknown.

OBJECTIVE: To compare the treatment and outcomes for depressed outpatients treated in primary versus specialty settings with citalopram in the Sequenced Treatment Alternatives to Relieve Depression (STAR*D) study (www.star-d.org), a broadly inclusive effectiveness trial.

CONCLUSIONS: Identical remission and response rates can be achieved in primary and specialty settings when identical care is provided.

KEY WORDS: primary care; depression; clinical trial; outcomes.
J Gen Intern Med 23(5):551–60
DOI: 10.1007/s11606-008-0522-3

Gaynes BN, Rush AJ, Trivedi MH, et al. Primary Versus Specialty Care Outcomes for Depressed Outpatients Managed with Measurement-Based Care: Results from STAR*D. *Journal of General Internal Medicine*. 2008;23(5):551-560. doi:10.1007/s11606-008-0522-3.

The PCP's perspective

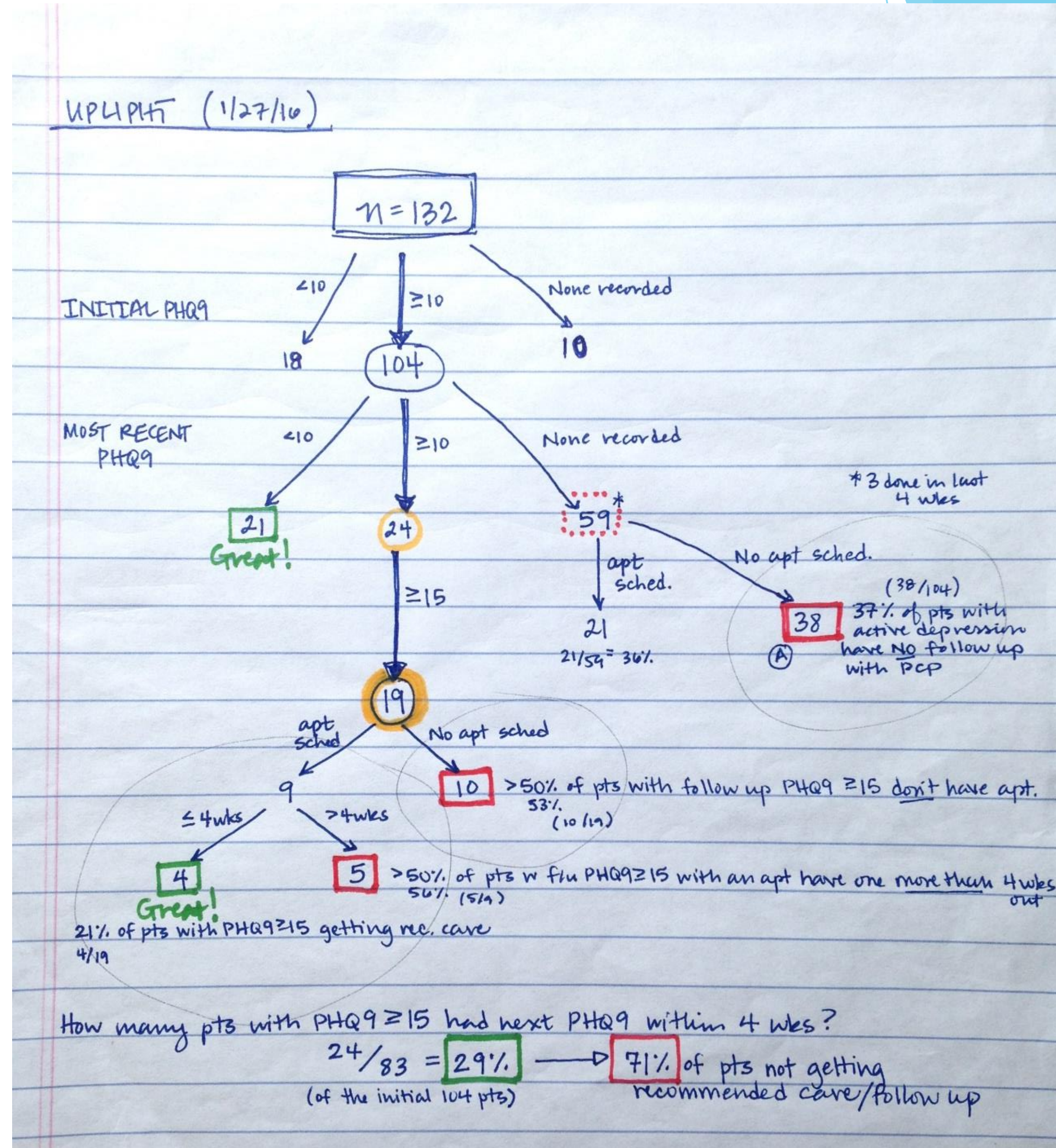
How to improve?

Mrs. H needed something with real IMPACT…

IMPACT Study

- RCT 1,801 older adult depressed patients
- IMPACT vs care as usual
  - Collaborative Care: LCSW, Liaison Psychiatrist
  - Stepped Care
  - Outcomes tracking (PHQ9)
- Results: At 12 months, 45% of intervention patients had a 50% or greater reduction in depressive symptoms from baseline compared with 19% of usual care participants (odds ratio [OR], 3.45; 95% confidence interval [CI], 2.71-4.38; *P*<.001).

Process matters!



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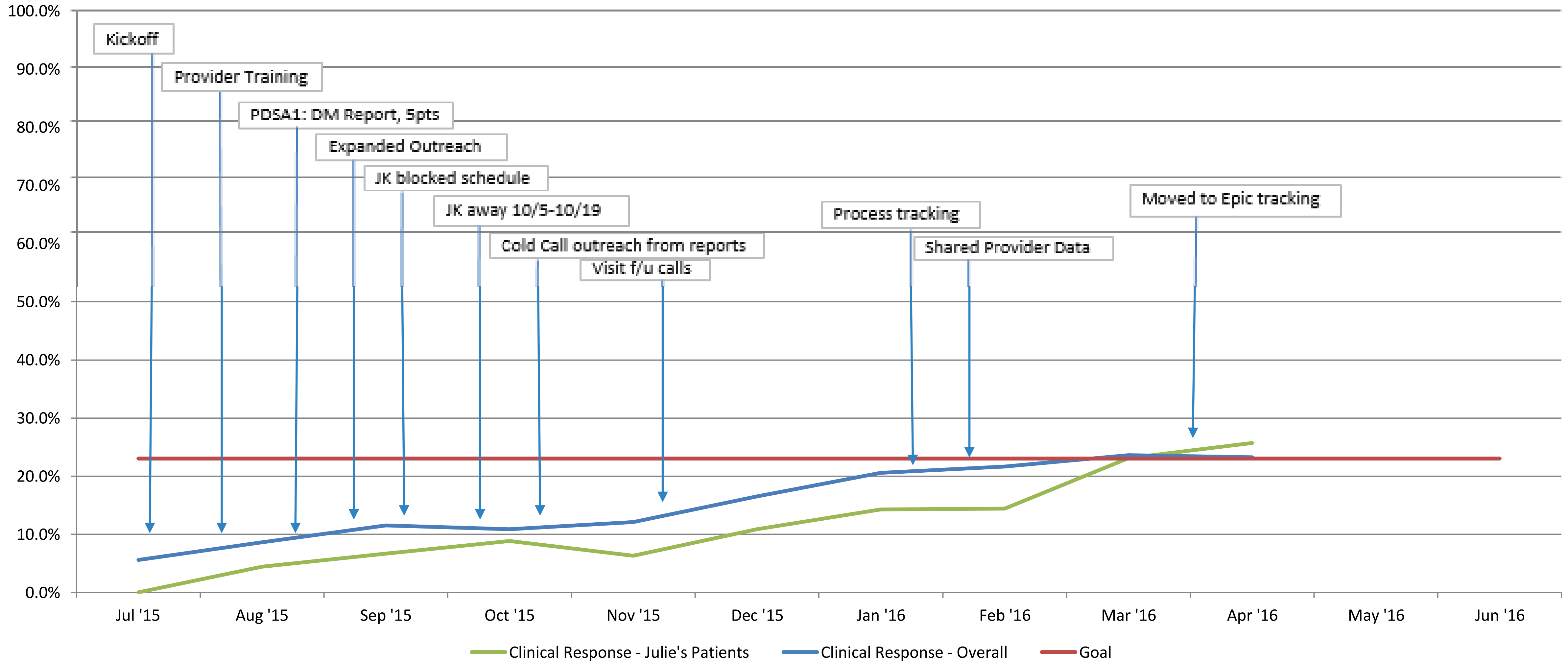


Recall our patient

- Mrs. H, 53yo woman
- HL, GERD, chronic pain, Bipolar 1 Disorder, Severe Depression
- PHQ9 = 20
- Current Medications:
  - Zoloft 100mg
  - Wellbutrin XL 300mg
  - Lamictal 200mg
  - Trazodone 25mg
  - Lorazepam 1mg PRN

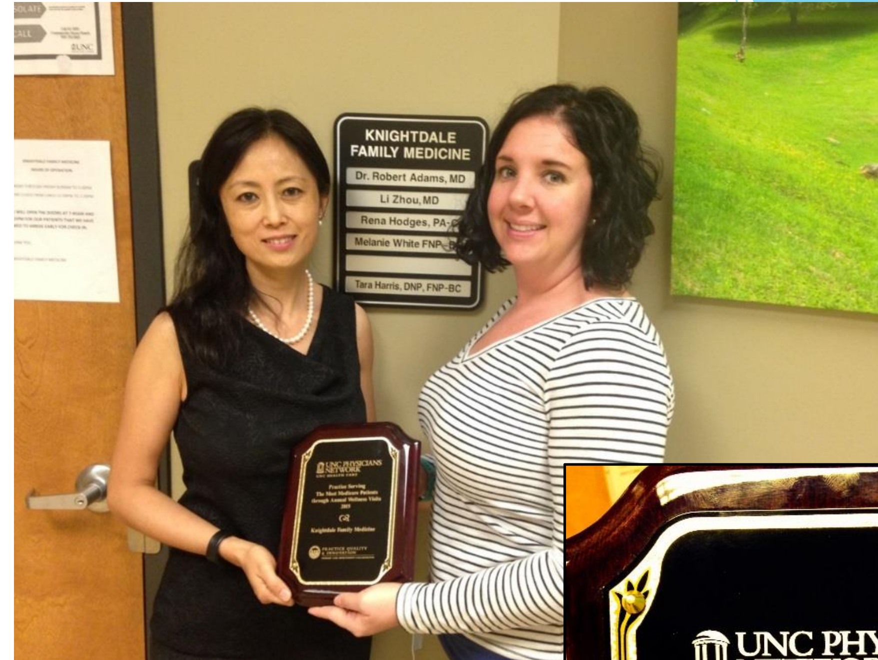
The LCSW-Care Manager's perspective

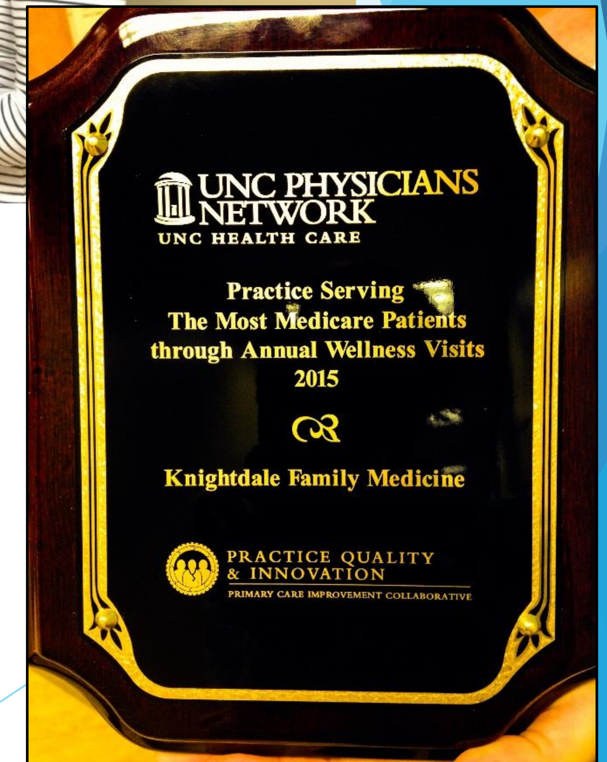
Effort

- 862 patients with depression
  - 209 with at least moderate depression (PHQ9≥10)
  - 25 with severe depression (PHQ9≥20)
- 10 minutes weekly to run reports
- Weekly call between LCSW and liaison psychiatrist
- ~18 patients per month with PHQ9≥10
  - Avg 4-5 pts per week
  - Avg 15 minutes per call
  - 75 minutes per week for follow up calls
- Total weekly effort = 85 minutes + psychiatrist call

Sustainability

- Time blocked in schedule
- Social Work Intern played key role
- Administrative Outreach
  - Letters for lost to follow up
  - Generate office visits





Spread

- Creation of Standard Work
  - Running reports
  - Outreach
- Ongoing collaboration via Depression Workgroup
  - Engagement with Chatham Primary Care, Orange Family Medical Group, Carolina Advanced Health, Internal Medicine, Family Medicine, UNC Psychiatry, Personal Health Advocate
- Active engagement and support of UNCPN Leadership
- Success of LCSW intern involvement
- Consider Purple Belt Project

Lessons learned

- Invested team members are key to success
  - Students, interns
  - LCSW
  - Clinic Leadership
  - Executive Leadership
- Balance of measurement and respect for clinical responsibilities
- Respect the bottom line
- Define a reliable, reproducible standard process

Thank you

- Julie Kellermeier, LCSW
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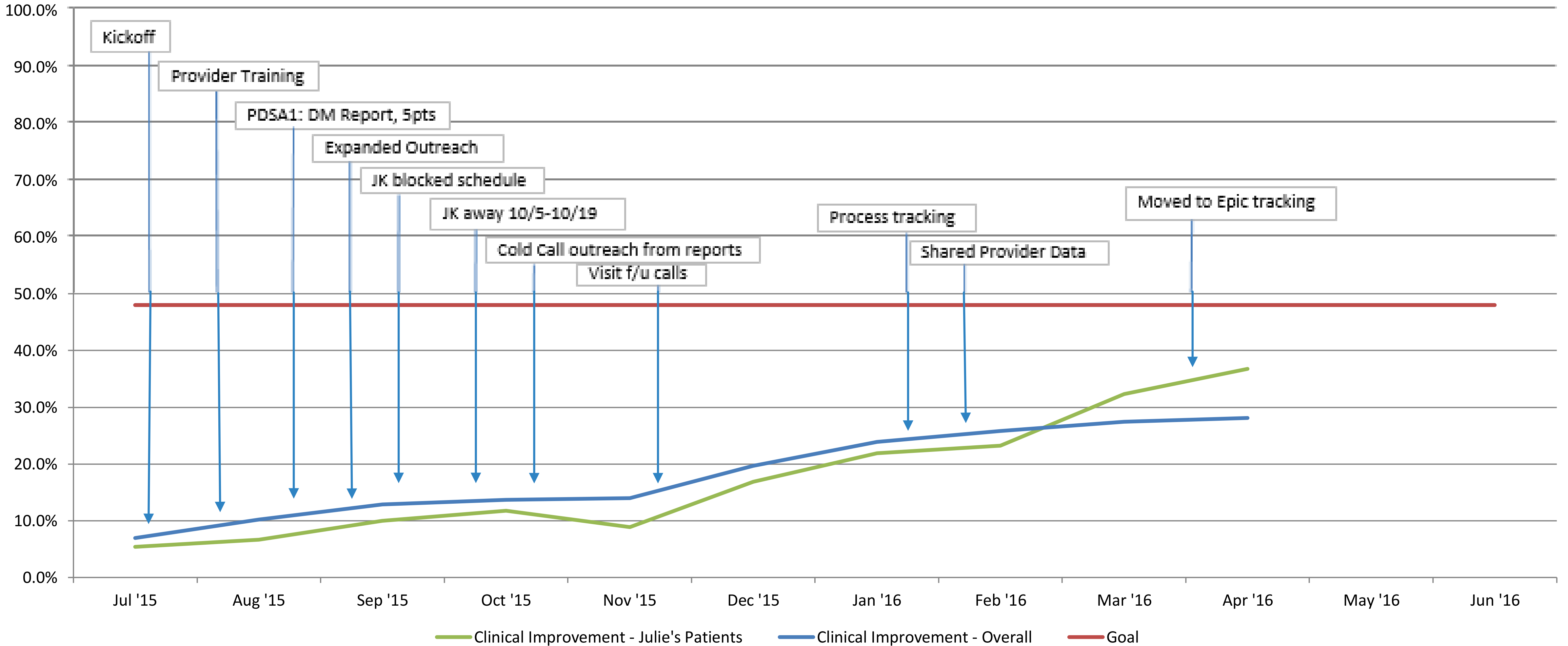
- Kim Young-Wright
- Annie Whitney
- Jennifer Howard, MSN, RN
- 2015-2016 IHQI Seed Grantees
- Depression Workgroup Participants

Questions?

Data



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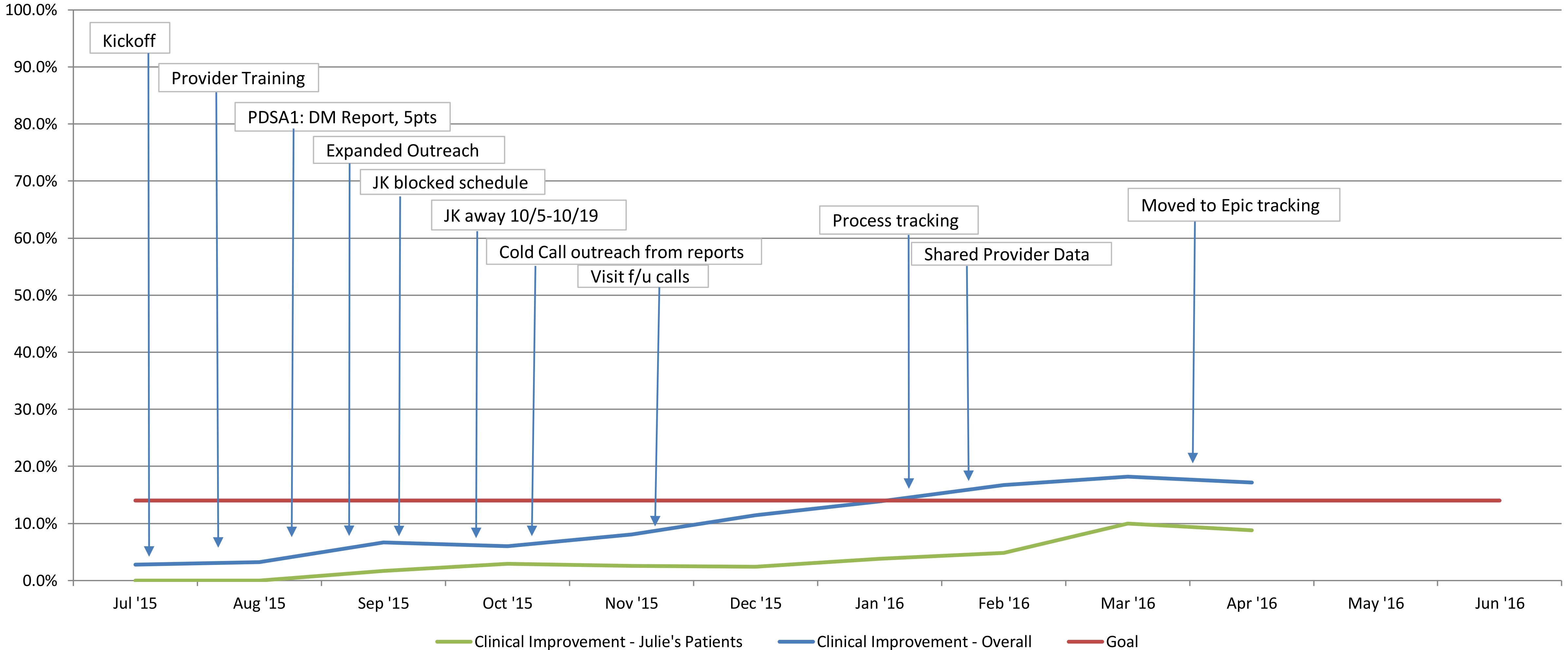
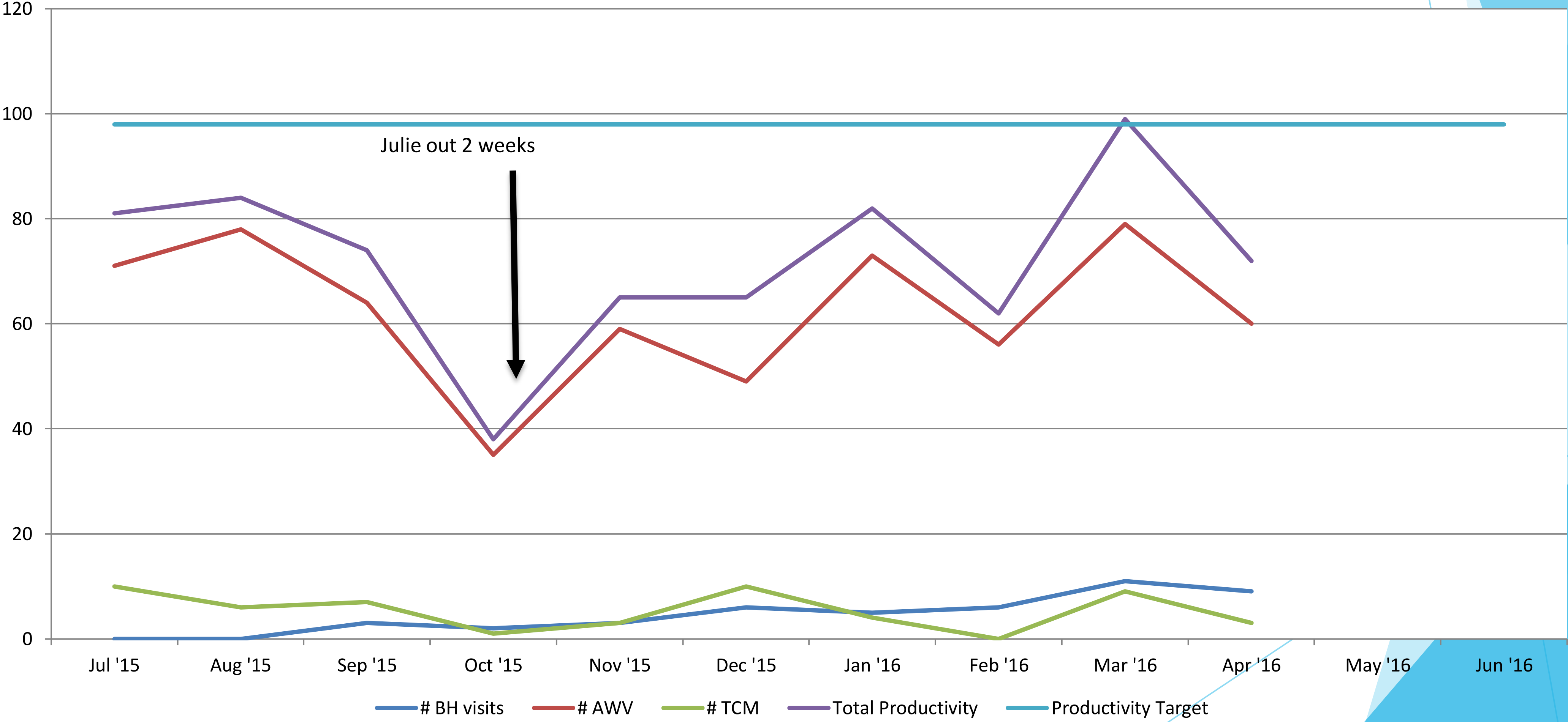


LCSW Productivity



IMPACT Study Methods

Design

Randomized control trial. 1,801 depressed older adults with major depression and / or dysthymia randomly assigned to IMPACT or Care as Usual

Usual Care

Primary care or referral to specialty mental health as available

IMPACT Care

Collaborative / stepped care disease management program for depression in primary care offered for up to 12 months

Analyses

Independent assessments of health outcomes and costs for 24 months. Intent to treat analyses.

Unützer et al, Med Care 2001; 39(8):785-99

http://impact-uw.org/files/IMPACTwebslides.pdf

Evidence-based 'team care' for depression

TWO PROCESSES	TWO NEW 'TEAM MEMBERS' Supporting the Primary Care Provider (PCP)	
	Care Manager	Consulting Psychiatrist
1. Systematic diagnosis and outcomes tracking e.g., PHQ-9 to facilitate diagnosis and track depression outcomes	-Patient education / self management support -Close follow-up to make sure pts don't 'fall through the cracks'	- Caseload consultation for care manager and PCP (population-based) - Diagnostic consultation on difficult cases
2. Stepped Care a) Change treatment according to evidence-based algorithm if patient is not improving b) Relapse prevention once patient is improved	- Support anti-depressant Rx by PCP - Brief counseling (behavioral activation, PST-PC, CBT, IPT) - Facilitate treatment change / referral to mental health - Relapse prevention	- Consultation focused on patients not improving as expected - Recommendations for additional treatment / referral according to evidence-based guidelines

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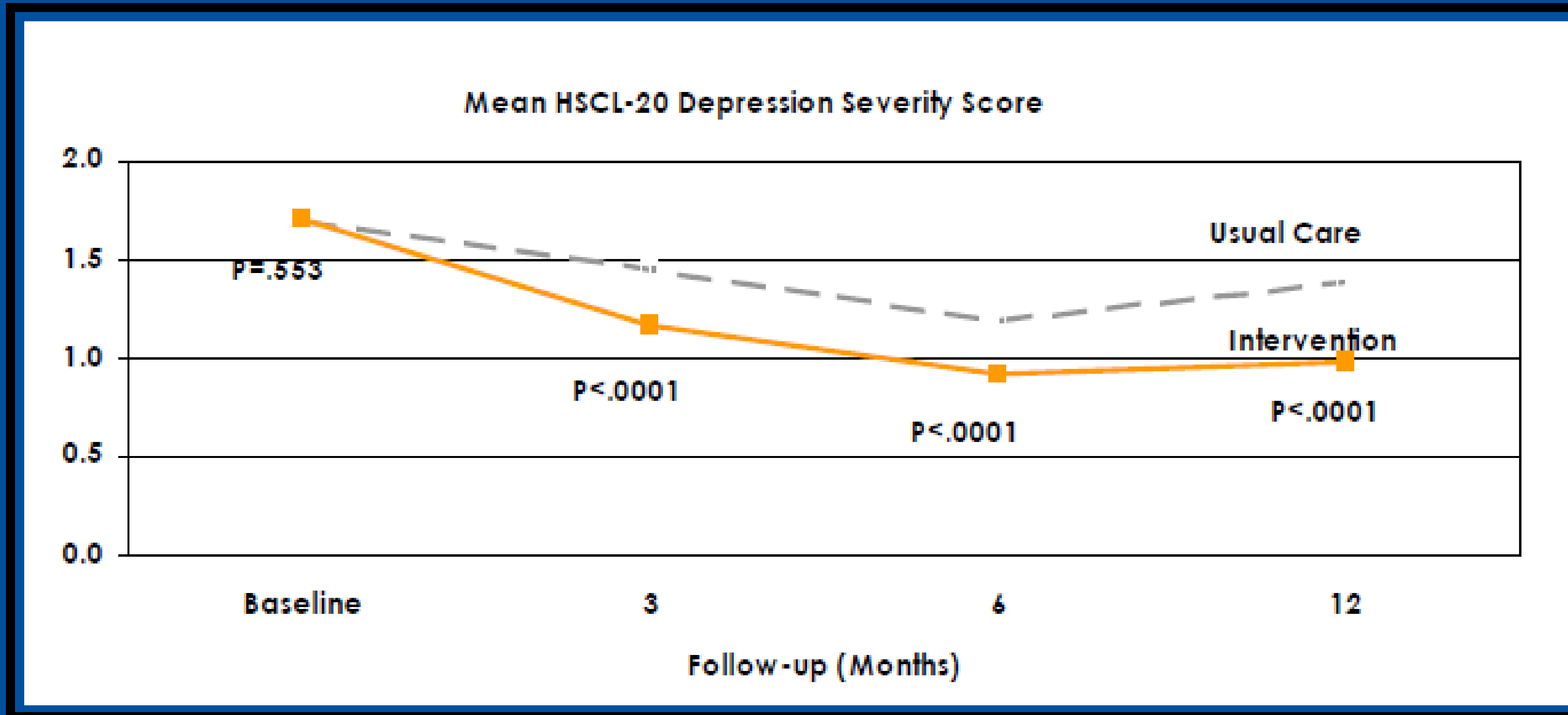
IMPACT: Doubles the Effectiveness of Usual Care for Depression



Unutzer, et al. JAMA 2002; 288:2836-2845

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