

DIAMOND: A Depression Care Innovation as an Example of Partnership QI Research

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Outline

1. Engaged scholarship/Partnership research
2. Conceptual Framework for QI (or KT)
3. DIAMOND Initiative & Study



Engaged Scholarship

(A. Van de Ven – 2005-7)

- Widening gap between science & practice:
 - Knowledge transfer problem
 - Science & practice are distinctive
 - Knowledge production problem
- Research quality & impact ↑ when:
 - address reality questions
 - organize as a collaborative learning effort
 - examine both theories & practical formulations
 - aim to contribute to theory and practice



Traditional Research (Translational)

- Funders/Researchers determine agenda
- Methods rule and RCT is gold standard
- Implementation & context ignored
- Research is customer and care a resource

Partnership Research (Engaged Scholarship)

- Practice/Patient needs determine agenda
- Agenda determines research methods
- Methods focus on implementation/context
- Care and research partnership throughout



Research/QI

Research

- Goal - ↑ knowledge
- Generalizable
- Focus on why/what
- Must publish

QI

- Goal – improve care
- Context-specific
- Focus on how
- Not publishable



Conceptual Framework for Practice Improvement

(Solberg. Ann Fam Med 2007;5:251-6)

Facilitators

Facilitators

Facilitators

Priority

x

Change Process
Capability

x

Care Process
Content

=

Quality

Barriers

Barriers

Barriers



Major Depression

- Common, disabling, costly, chronic
- Managed in primary care
- Usual care – only 20-40% improve
- 37 RCTs prove it can be better
- Key is collaborative care:
 - Care manager, psychiatry consult, Rx intensity
- Not done because not reimbursable



Development of an Initiative

ICSI – Institute for Clinical Systems Improvement

- Clinic collaboratives → minimal change
- Health plan dis. mgmt. → minimal change
- ICSI called a meeting - 6/06
- R01 proposal submitted – 9/06



A DIAMOND is Born

Depression Improvement Across MN – Offering a New Direction

- All health plans & MN DHS + medical groups + employers + patients
- New bundled payment for new defined collaborative care services by all* payers
- ICSI facilitates staged implementation, and provides clinics with training and certification



Care Management Program

- Initial evaluation + monitoring with PHQ9
- Registry and proactive follow-up
- Treatment intensification
- Relapse prevention
- Care manager - educate, coordinate, & monitor
- Scheduled psychiatry supervision & consult
- Transparent measurements



DIAMOND Implementation

- 5 sequences of clinics: Implement every 6 months over 2 years with 27 medical groups, 90 clinic sites (550 FTE of PCPs)
- Required PHQ9 use and result reports at 0, 6, and 12 months (shared review)
- Vision – redesign of primary care for chronic conditions



But They Want to Know More

- Everyone – will depression improve more?
- Payers/Purchasers – effect on costs/util.?
- Purchasers – effect on worker productivity?
- Care leaders – how did care change and how can it be most effectively changed?
- Policy makers – what does it cost to do this?



An Initiative and a Study



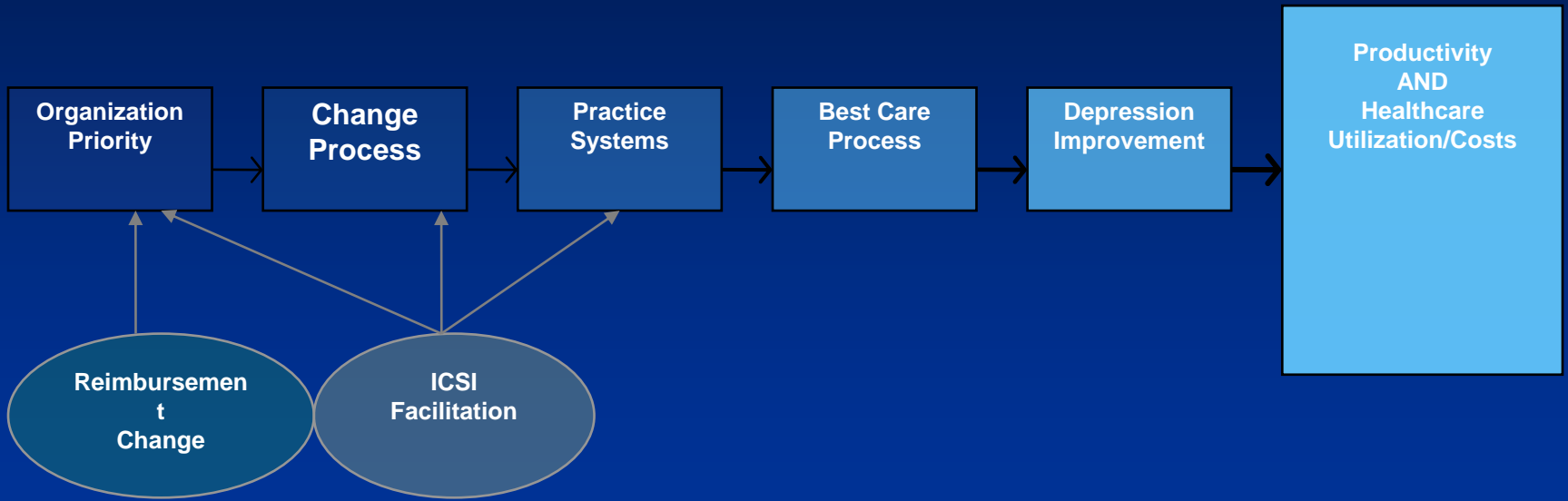
DIAMOND Study

- HPRF – Solberg, Crain, Harste, King, Maciosek, Molitor, Margolis, Ohnsorg, Pettersson, Whitebird
- ICSI –Jaeckels, Oftedahl
- Allina – Joslyn
- U Washington –Power, Rojas, Unutzer
- KP CO – Beck, Glasgow
- RAND – Rubenstein
- UMDNJ – Crabtree
- U MN – Van de Ven
- Health plans/medical groups – dozens more

DIAMOND Study Proposal

Specific Aims:

1. Test the effects on best care process use
2. Test the effects on changes in depression symptoms, healthcare costs, & productivity
3. Identify organizational factors affecting implementation
4. Describe costs, reach, adverse outcomes, adoption, implementation, and spread
(RE-AIM)



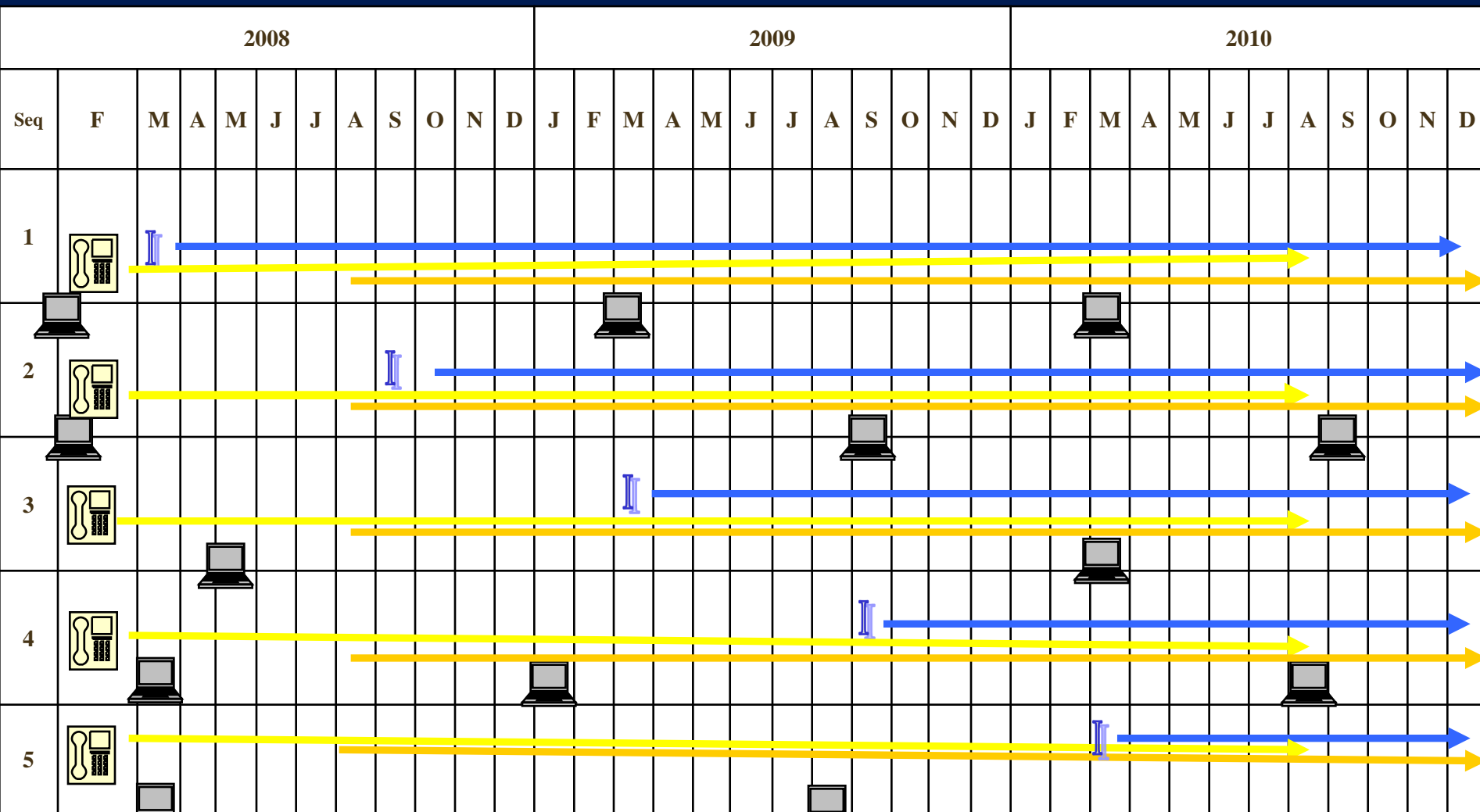
The Implementation Chain

Methods

- **Design: Staggered implementation, multiple baseline**
- **Measures:**
 - Patient surveys at 1 & 6 mos. about care received, severity, QOL, satisfaction, and productivity
 - Claims data on utilization/costs of care
 - Clinic leader surveys of priority, change capability, and care systems
 - Plan, clinic, and ICSI costs of setting up this approach



Patient & Medical Group Surveys



Key

I = Implementation



Phone = Patient survey



Computer = Medical group survey

It Got Funded! (in time)

- **Developed** in collaboration with ICSI and the DIAMOND Steering Committee from the very beginning
- **Designed** to answer stakeholder questions, pay attention to context/implementation, and methods fit with implementation plan
- **Conducted** in collaborative partnership
 - Interlocking leadership
 - Regular reports/discussion of findings and lessons



This Initiative & Study Partnership May be Transformative

For depressed patients, for care providers, and for research



From this



To this