

**Depression in
Primary Care**

LINKING CLINICAL
& SYSTEM STRATEGIES

A national program sponsored by The Robert Wood Johnson Foundation

National Program Office

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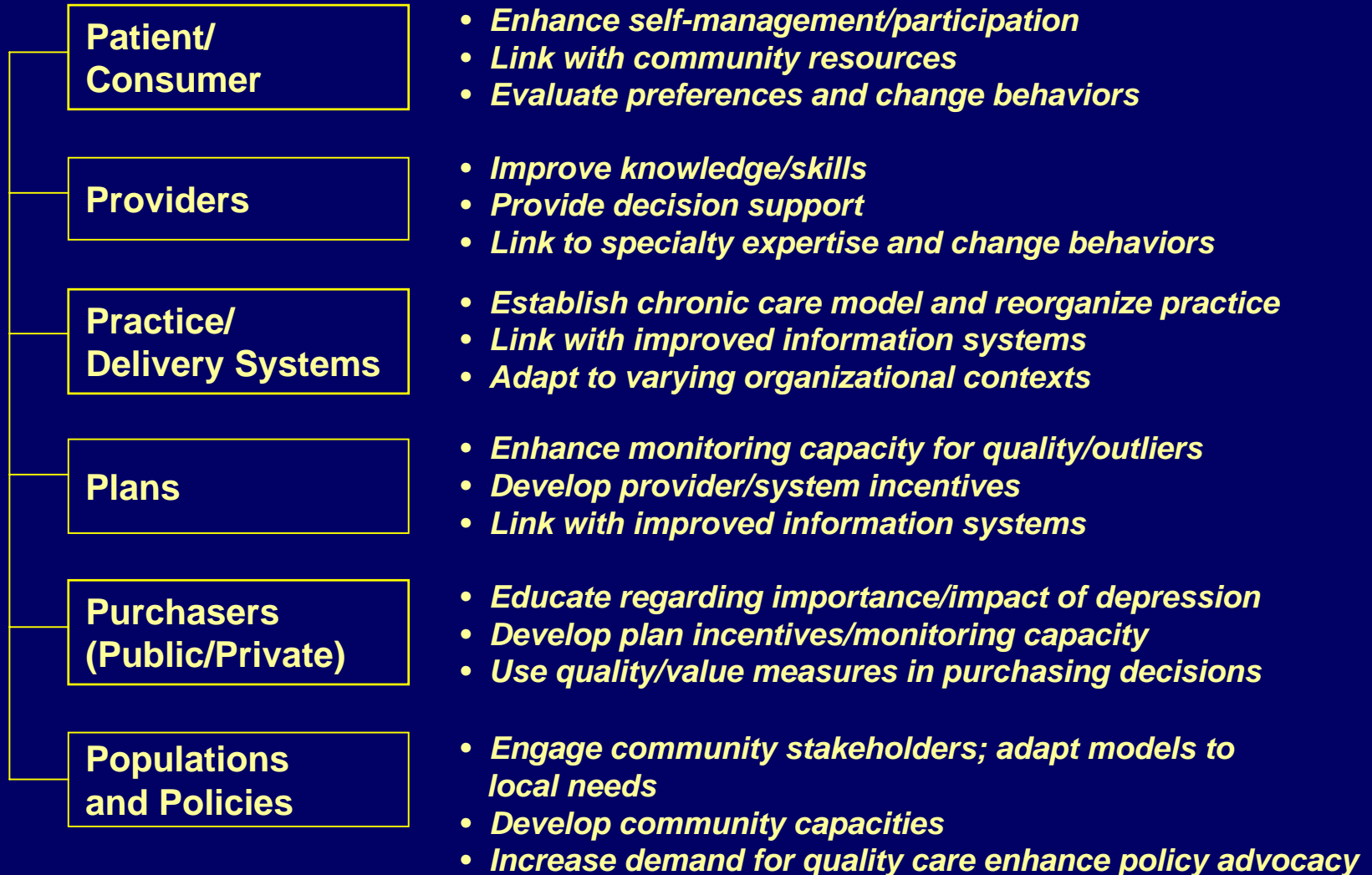
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“6 P” Conceptual Framework



Program Components

1. Incentives Demonstration Project Grants → Strategies/Models
2. Value Research Grants → Ideas
3. Leadership Grants → People

Incentives Demonstration

- Partnerships of health plans (HMOs and MBHOs) and practice groups (and purchasers)
- 8 sites (4 commercial, 4 Medicaid)
- Implementation of:
 - Clinical Model
 - Economic Model

Economic Model

- Reinforce clinical model
- Unique issues in local context
- Realign financial and non-financial incentives
- Alter contractual / organizational arrangements
- Problem solving / collaborative learning process

Funding Mechanisms for Depression Care Management

- **Practice-Based Care Management on a Fee-for-Service basis**
- **Practice-Based Care Management under Contract to Health Plans**
- **Global Capitation**
- **Flexible Infrastructure Support for Chronic Care Management**

Funding Mechanisms for Depression Care Management (continued)

- **Health Plan-Based Care Management**
- **Third-Party Based Care Management
under Contract to Health Plans**
- **Hybrid Models**

Meeting General Health Care Needs of Adults with Severe Mental Illnesses

- Prevalence – SMI have higher rates of chronic general medical conditions than adults without MH disorders
- Access – SMI less likely to be insured, perceive more barriers to GM care, and providers often dismiss their somatic symptoms.
- Quality of general medical care – Several studies (Druss et al., 2000, 2001, 2002) indicate quality is poorer for SMI than less impaired adults.
- Burden – excess burden of GM conditions on SMI include illness factors, socioeconomic disadvantage, substance abuse, medical side effects and neglect of self-care.

Obstacles to Clinical Integration for the Severely Mentally Ill

- Less likely to have insurance coverage.
- Perceive more barriers to obtaining GM care and report PCPs often dismiss somatic complaints.
- MH service delivery
- Information exchange
- Health care workforce
- Financing of care
- Quality oversight

Conceptual Framework for Integrated Care for the Severely Mentally Ill*

- Clinical integration – extent to which patient care services are coordinated across people, functions, activities and sites over time (communication, collaboration, comprehensiveness, and continuity of care).
- Organizational integration – availability /functionality of linking structures that enable/sustain clinical integration (structural, functional, accountability).
- Financial integration – degree to which financial incentives for GM/MH care systems are aligned in the service of integrated care (e.g. contractual arrangements with shared risk or integrated functionality as part of performance agreement).

Practice & Policy Recommendations

- Reorganization of MH service delivery
- Promotion of patient sanctioned communication and collaboration among providers
- Preparation of health care workforce to provide coordinated care
- Elimination of policies that disincentivize integrated care
- Strengthening accreditation process.



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