Collaborative Care In Major Depressive Disorder: The Frameworks Model As An Approach

OPEN MINDS Strategy & Innovations Institute

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Today’s Discussion

I. Major Depressive Disorder (MDD): An Overview As It Exists Today

II. What & Why: Collaborative Care

III. The Frameworks in Health & Quality Program: Resources to Educate on Collaborative Care

IV. The Frameworks Program At Work: Inside The Experience

V. Pulling It All Together For Payers
Today’s Presenters

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Major Depressive Disorder (MDD): An Overview As It Exists Today
Major Depressive Disorder (MDD) Overview

MDD¹

- Is more than just “feeling down”
- Is a serious health problem which is frequently treated by a doctor who specializes in mental health
- Can interfere with many aspects of a person’s life – work and school, relationships, eating, and sleeping

It is estimated that 16.2% of Americans will be affected with MDD during their lifetime, with women more likely to be affected than men.²,³

Understanding MDD

People with MDD have severe symptoms of depression that are present for at least 2 weeks. Additional symptoms include:

- loss of interest or pleasure
- significant weight gain or loss
- sleep disturbances, fatigue
- feelings of worthlessness
- difficulty concentrating
- and/or suicidal thoughts

These symptoms may be a response to a specific event. There may be other factors which contribute, as well.

The MDD Impact In America

- There are common physical and psychiatric conditions which may be present with MDD\(^1,2\)

**Medical Conditions**
- Cardiovascular disease
- Diabetes
- Cancer
- HIV/AIDS
- Hepatitis C
- Asthma
- Arthritis

**Psychiatric conditions**
- Depressive and anxiety disorders
- Alcohol abuse and/or substance use
- Personality disorders
- Eating disorders

MDD is about three times more common in consumers with diabetes than among the population at large.\(^3\)

Cardiovascular disease, diabetes, and cancer are common in consumers with MDD and may negatively impact outcomes and contribute to higher health expenditures in this consumer population.\(^2,4\)


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Identifying MDD

In the primary care setting, Primary Care Physicians (PCPs), who deliver the majority of care for consumers with MDD, only identify about 50% of MDD cases.¹

Consumers with MDD are often undiagnosed, undertreated, or treatment resistant – representing a significant unmet need in treatment².³.⁴

MDD diagnosis may be delayed in some consumers as the projected median time between onset of MDD symptoms and first contact with a PCP or mental health specialist for MDD diagnosis is estimated to be 8 years⁵.


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Economic Impact In The United States

$211 Billion

- Approximate amount attributable to MDD in direct and indirect health care costs¹

$112 Billion

- Amount attributed to indirect costs, such as decreased work productivity, days missed from work, and suicide¹

Dollar Amount Equivalent To 2012 Dollars

Economic Burden: Direct & Indirect Costs

Annual direct and indirect health care costs for patients with MDD are approximately $211 Billion.¹

What & Why: Collaborative Care
What Is “Collaborative Care”?

- Consumers with mental illnesses, such as depression, often receive care in the primary care setting.¹
- Integration of mental health into the primary care setting may help improve delivery of care.²
- Collaborative care may include:³
  - A care manager in the primary care setting who works with the consumer and the PCP to help develop a unified approach to care of the consumer
  - Consumer education and support, including goals and a specific action plan
  - Monitoring of treatment adherence
  - Coordinating office visits to a PCP and/or mental health specialist

Collaborative care, or integrated care, occurs when mental health and general medical care providers work together toward a common goal to address both the mental health and physical needs of consumers.\textsuperscript{1}

Integration of mental health into the primary care setting may help create an improved, shared treatment plan, reduced health care resource utilization, and meet a consumer’s overall health care needs.\textsuperscript{1}

Implementing a collaborative care model is one way to help ensure that adequate systems are in place for efficient diagnosis, treatment, and follow-up for consumers with depressive disorders.\textsuperscript{2}

Why Take A Collaborative Approach?

Evidence supports collaborative care for improving depression symptoms, adherence to treatment, response to treatment, and remission and recovery from depression. Collaborative Care is designed to help:

1. Improve routine screening and diagnosis of depressive disorders
2. Increase use of evidence-based protocols for proactive management of MDD
3. Improve clinical and community support for active consumer engagement in treatment goal-setting and self-management

What Does The Evidence Say?

More than 70 randomized, controlled studies have shown that collaborative care may be clinically and cost-effective in the treatment of common mental health disorders such as depression.¹

- In one study, collaborative care for depression was associated with cost savings. The long-term cost analyses from the IMPACT study* found that after an initial investment in collaborative care of $522 per consumer during the first year, there was a net cost savings of $3,363 over 4 years resulting in an average annual savings of $841.¹,²

- In another analysis† of 5,463 Medicaid recipients with serious mental illness and a history of frequent emergency department (ED) and/or inpatient visits, readmission rates and ED admissions declined, resulting in an estimated $609,000 cost savings in mental health care, as well as $1.3 million on general medical care.³

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*The IMPACT collaborative care management program included 1,801 adults age 60 and older with depression in 18 primary care clinics in 5 states. The trial included patients/sites with both fee-for-service and capitated Medicare and Medicaid coverage. In addition to depression, IMPACT patients also averaged 3.5 chronic medical disorders.

† This study was based on a patient-centered medical home model using an integrated team and care plan to address medical, behavioral, and social needs.

The Frameworks in Health & Quality Program: Resources to Educate on Collaborative Care
Frameworks: Taking A Collaborative Approach

Frameworks in Health and Quality: Collaborative Care in Major Depressive Disorder

 A series of unbranded resources for health care stakeholders, including payers and providers

 Aims to improve understanding of MDD and collaborative care models in support of treatment goals
The Frameworks Program: Educating On Ways To Implement Collaborative Care

The foundation of the *Frameworks in Health and Quality: Collaborative Care in MDD* Program is built around five objectives:

1. Emphasize the importance of collaborative care
2. Enhance communication among all stakeholders
3. Support stakeholders with consumer and caregiver educational materials
4. Emphasize consumer wellness and adherence to treatment plans
5. Promote depression management, utilization of depression screening tools, appropriate referral to a mental health specialist, and quality measures
The Frameworks Program At Work: Inside The Experience
Using the Frameworks Resources

- Payers may use the 5 objectives of the *Frameworks in Health and Quality: Collaborative Care in MDD* Program to structure a shift toward collaborative care.

- Frameworks offers educational resources to support the individual objectives.

- Together, the objectives support one another in facilitating a collaborative care environment.

- Payers can reference the resources, and direct others to the resources, while promoting collaborative care.

- The following slides provide suggestions for beginning to think about and implementing collaborative care.
Emphasize The Importance Of Collaborative Care

- Consumers with major depressive disorder (MDD) may require a broad range of possible therapeutic interventions, such as psychotherapy and pharmacotherapy. These interventions may be delivered in multiple settings where collaborative care to integrate mental health into primary care may help create an improved, shared treatment plan and meet a consumer’s overall health care needs.

- In the treatment of MDD, collaborative care models may help foster cooperation and open communication between members of the care team, including PCPs, mental health specialists (psychiatrists, psychologists, psychiatric nurse practitioners, social workers), and care managers (case managers, psychiatric social workers) when necessary.

- MDD can have major implications within the health care system. In the primary care setting, PCPs, who deliver the majority of care for patients with MDD, only identify about 50% of MDD cases.

- Costly comorbid medical conditions may impact outcomes for consumers with MDD.

Communication among clinicians may help improve vigilance against relapse, treatment side effects, and risk to self or others. Anticipate that providers will need to take the following steps to initiate collaborative care, and should be supported in doing so:


Support Stakeholders With Consumer & Caregiver Educational Materials

The Frameworks program has consumer and caregiver educational resources aimed at opening communication between members involved in an individual’s care.

<table>
<thead>
<tr>
<th>Resources include:</th>
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<tbody>
<tr>
<td>• For People With Major Depressive Disorder (MDD): A Few Tips On Talking With Your Doctor</td>
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<tr>
<td>• Coping With Major Depressive Disorder: A Patient’s Resource</td>
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<tr>
<td>• A Resource for Patient’s: Taking Your Medication As Your Doctor Prescribed</td>
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<tr>
<td>• A Resource for Caregivers: Understanding Major Depressive Disorder</td>
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<tr>
<td>• Major Depressive Disorder Wellness Workbook</td>
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These resources can facilitate payers in their education efforts.

Emphasize Consumer Wellness & Adherence To Treatment Plans

- Research demonstrates that 28% of consumers discontinue their medications within 1 month, and 40% discontinue within 3 months, potentially impacting consumer outcomes and quality performance measures.¹

- While not all studies are in agreement, research suggests that health care resources and costs may be lower in consumers who maintain continuous therapy with antidepressants compared with those who discontinue early.²

² Wade RL, Kindermann SL, Hou Q, Thase ME. Comparative assessment of adherence measures and resource use in SSRI/SNRI-treated patients with depression using second-generation antipsychotics or L-methylfolate as adjunctive therapy. J Manag Care Pharm. 2014;20(1):76-
Promote Depression Management, Screening, & Referral

- Traditionally, PCPs have been on the frontline of diagnosing and treating consumers with MDD, with PCPs prescribing approximately 70% to 80% of antidepressants.\(^1,2\)

- Primary care practices with supportive services and appropriate consultation with a mental health specialist may help improve delivery of care.\(^3\)

- The psychiatric consultant can support the PCP, suggest treatment modifications, and consult on consumers who are clinically challenging or who need specialty mental health services.\(^4\)

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Pulling It All Together For Payers
Health Effectiveness Data & Information Set (HEDIS)²⁹

Antidepressant Medication Management (AMM)

- The percentage of members 18 years of age and older who were treated with antidepressant medication, had a diagnosis of major depression, and who remained on an antidepressant medication treatment.
- Two rates are reported, including acute phase treatment and continuation phase treatment.

Follow-up After Hospitalization For Mental Illness (FUH)

- The percentage of discharges for members 6 years of age and older who were hospitalized for treatment of selected mental illness diagnoses and who had an outpatient visit, an intensive outpatient encounter, or partial hospitalization with a mental health practitioner.
- Both 7- and 30-day rates are reported.

Mental Health Utilization (MPT)

- The number and percentage of members receiving any mental health service during the measurement year.
- Rates for inpatient, intensive outpatient/partial hospital, and outpatient/ED are reported separately.

Evidence & Outcomes

- In a meta-analysis of randomized studies of consumers with depression receiving either collaborative care or usual primary care, collaborative care was shown to be more effective than standard care in improving standardized depression outcomes at 6 months.¹

- In a randomized, controlled study,* consumers with major depression in a collaborative care intervention group had greater adherence than the usual care controls to adequate dosage of antidepressant medication for 90 days or more, were more likely to rate the quality of the care they received for depression as good to excellent, and were more likely to rate antidepressant medications as helping somewhat to helping a great deal.²

- In a cluster, controlled study over a 3-month period of 387 consumers with depression and diabetes and/or heart disease who were randomized to a collaborative care or usual care treatment group, the use of collaborative care was shown to reduce depression more than usual care, significantly lessen anxiety at follow-up, and improve self-management of chronic disease.³

*Study was conducted over a 12-month period and included 217 primary care patients who were recognized as having minor or major depression by their PCPs and were willing to take antidepressant medication

Evidence supports the use of collaborative care for improving depression symptoms, adherence to treatment, response to treatment, and remission and recovery from depression¹

Collaborative care may be cost effective in the treatment of common mental health disorders such as depression²

Discussion and Questions