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Michigan Depression Outreach and Collaborative Care (MDOCC)

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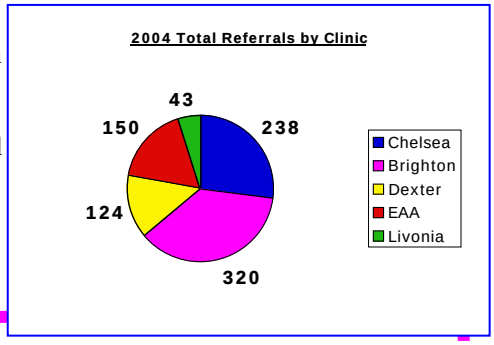
2004 Progress Report From Dr. Klinkman

We are entering the home stretch of the DPC demonstration project. We've been in routine operations (as "routine" as things ever get at UMHS) for over a year at each of the 5 sites, and we have learned a great deal about how to provide primary care-centered disease management support – thanks to all of you who have referred your patients to this program.

We are now entering the most difficult part of the project: finding the means to sustain this program, expand it within UMHS, and potentially export it to community settings outside UMHS. We can make a strong case for sustainability. Here's where we stand.

- We have successfully enrolled **over 650 patients** in the program. The majority of these patients had chronic depression or significant comorbidity and were enrolled at Level 2 or 3. Even though these patients are more difficult to treat than patients usually selected for clinical trials (who are almost always starting a new treatment episode), our outcomes are equal to or better than published results. **47% of all enrolled patients met criteria for treatment response** (50% or greater improvement in PHQ score) at their most recent outcome assessment, and **44% met criteria for clinical remission**!
- We have done this efficiently, with 2 FTE care managers supporting the roughly 380 active patients. This 200:1 ratio is about double that reported in other trials, and highlights the scalability of this type of care support.
- Our first look at pharmacy data shows that despite the improved outcomes, there was not a significant increase in antidepressant medication cost in intervention sites compared to control sites, suggesting that the program will not lead to increased costs to insurers.

I think we have achieved a great deal here. Together, we have shown that ***primary care-based depression disease management is feasible, scalable, effective, efficient, and exportable.*** We plan to continue providing services after the demonstration project officially ends, and we have some enhancements almost ready to go (direct CareWeb feedback, more specific help in managing complex cases) so please keep referring patients to the program! And, as always, please let us know how we can make this program work better for you.



A closer look at Brighton patients…

- **320** patients were referred from BHC
- **261** were successfully enrolled into the program
- **145** (**55%** of those enrolled) are currently active
- At enrollment mean PHQ-8 score was **12.16 (moderate depression).** At last contact mean PHQ score was **7.07 (mild depression**) *for the remaining 168 patients*. **This indicates that 42% of patients have improved from their first to last contact.**
- **83** patients (49%) responded to treatment by having at least 50% improvement in initial PHQ score
- **71** patients (42%) achieved remission by scoring 4 or less on the PHQ at last contact.

Care Managers Can be Reached at 734-936-8706

2004 Top Referring Doctors at Brighton Health Center!

Dr. Cooke referred **59** patients

Dr. Ealovega referred **37** patients

Dr. Kesterson referred **17** patients

Thank you so much for supporting the Depression in Primary Care program!

Robert Wood Johnson Foundation
Depression in **P**rimary **C**are Project

For answers to questions, please contact your Project Team:

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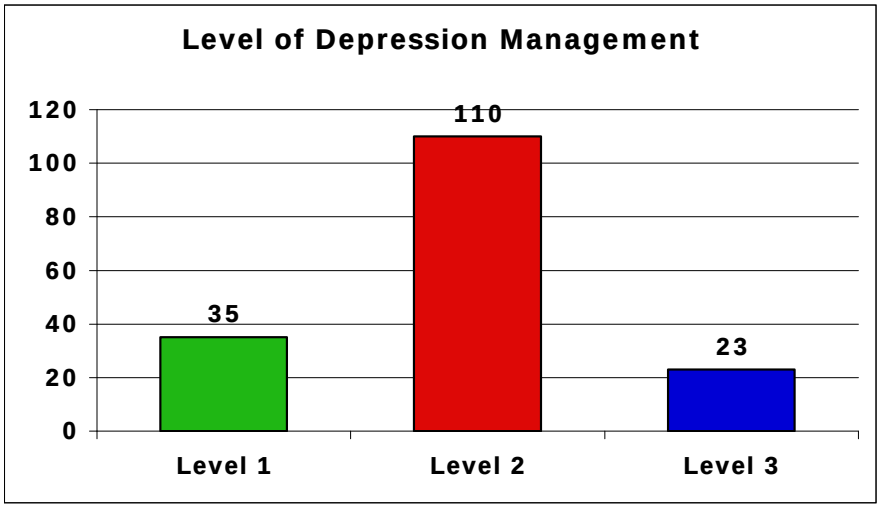
Levels of Depression Disease Management

After initial contact with your patients, the care manager assigns an appropriate level of depression management. This level determines the degree of support and monitoring by the care manager for each patient. The majority of patients referred by the Brighton doctors were level 2.



Levels of Depression Disease Management

Level 1: PHQ score of approx. 4 or less and/or stable patients who need only long-term monitoring.

Level 2: PHQ score of approx. 5-12 and/or uncomplicated patients in an acute episode with a mood diagnosis, significant risk, or history of disability.

Level 3: Acute treatment of complicated patients with PHQ score of approx. 12 and up.

**Patients' psychosocial history, risk of recurrence, comorbid medical conditions, treatment adherence and previous treatment are all factors assessed to determine the patient's level of care.*

What your patients are saying about our program:

"The care managers have saved my life. I stopped my medication, thinking I could do it on my own. I was wrong and fell into a deep, dark place. They were there to pull me out, get me back on my meds and get me back on track again."

"You're great! I have been through tons of counseling and no one had ever before explained to me the biological component of depression. Education about the brain and how antidepressants work has really helped me understand my illness. Now, taking my medication makes sense."

"You guys (care managers) have literally saved my life. Knowing I can always to turn to you for help, gives me hope to continue to deal with this disease. Before, I got involved with the program, I just got so tired of trying to deal with my depression day in and day out. Knowing I'm not alone anymore really, really helps."