

FC10-03

TRANSLATION OF AN EVIDENCE-BASED COLLABORATIVE CARE MODEL FOR DEPRESSION INTO 80 PRIMARY CARE PRACTICES. OUTCOMES AND LESSONS LEARNED

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Introduction: The DIAMOND (Depression Improvement Across Minnesota--Offering a New Direction) project is a clinical intervention that was developed and implemented by the Institute for Clinical Systems Improvement (ICSI) in Minnesota beginning in 2008. The ambitious goals of the project were to implement an evidence based model of depression into a variety of settings while changing the reimbursement system for these clinics in order to sustain this model over time. Two years later, the model is in 80 different primary care clinics and data is reported to the state.

Objectives/aims: A review of the major outcomes from this translation of evidence into practice. Preliminary research on critical factors leading to best outcomes will be offered.

Methods: Patients with a diagnosis of Major Depression or Dysthymia and a PHQ-9 score of 10 or greater are eligible for this model of care. Outcome measures include remission rates at six and twelve months. Process measures include the use of the primary tool (PHQ-9), the percentage of eligible patients activated into care management, and drop out or opt out rates. Site visits to all clinics were carried out after implementation by ICSI with preliminary results on best practices.

Results: Results are comparable to those found in randomized controlled trials. As of March 2010, 6-month response averaged 36% (range 8-60%) and 6-month remission averaged 27% (range 7-51%). All intent to treat.

Conclusions: The DIAMOND model was successfully disseminated into diverse settings with excellent results. Factors predicting best clinic outcomes will be reviewed.