

# *Partners in Care*

Depression PORT-II

A **RAND** Project



*Promoting quality care  
for quality of life*



## Phase I

Participating primary care organizations are MedPartners West (formerly Mullikin, Greater Los Angeles and Coastal Regions), CA; PacifiCare, San Antonio, TX; Humana, San Antonio, TX; Alina Health Systems, Twin Cities, MN; Columbia Medical Plan, Annapolis & Columbia, MD; and Valley Wide Health Systems, Alamosa, CO.

- 181 Primary Care physicians are participating
- 27,332 Primary Care patients were screened for depression
- 1,372 Patients are currently enrolled in the 2-year outcomes study

In addition, an important substudy, *Health Choices*, is being conducted at the California and Maryland sites. 146 patients are enrolled in this substudy that will enable *Partners in Care* to understand how patients with depression value different functioning outcomes.

Diversity of patients was another goal of *Partners in Care*. Approximately 39% of the enrolled patients are of ethnic minority background.

Phase I of the study involved implementation of medication-based or counseling-based quality improvement interventions in roughly 2/3 of the study clinics (randomly assigned). The interventions were designed centrally by the study, and 44 local expert clinicians from the care organizations were trained in implementing them. They involved educating patients and primary care clinicians about depression and providing resources to primary care clinicians to provide appropriate care to a higher percentage of their depressed patients. The resources included nurse specialists to provide structured clinical assessments and case management for medications. In addition, therapists at each organization were trained to provide Cognitive Behavior Therapy (CBT), a known efficacious treatment for depression and the management of depression, and nurses facilitated access to that therapy.

Phase I also involved obtaining detailed background information on the participating organizations, primary care providers, and enrolled patients.

## Phase II

### Follow-up Intervention Care:

Interventions occurred over time. Patients could go in and out of counseling over the first six months after being identified, patients could start on medication, or decide not to participate. We obtained documentation from the expert leaders from sites regarding medication and counseling intervention activities.

**Follow-up Patient Assessments:** The study continued to follow enrolled patients every 6 months for two years, regardless of whether or not they were initially treated, and even if they changed their provider group. Patients provided information on their use of health services and depression treatment and their health outcomes.

**Site Information:** Computerized (or abstracted) encounter, hospitalization, medication, and other utilization data for the 2 years prior to baseline, and for the two years of the study is being obtained for study patients at each site. We are obtaining information on insurance coverage from the practice or plan and some information on participating clinicians.

Follow-up clinician assessments and site visits are scheduled to provide information on how organizational structure and clinical practice patterns change over time.

## Phase III

Phase III is primarily the analysis of the project data.

*Partners in Care* investigators will conduct preliminary and main analyses of data to examine how the interventions were implemented, how they affected costs, quality of care, and health outcomes, and the cost-effectiveness of appropriate medication management and psychotherapy, compared to no treatment.

Findings will be published in papers, reports, and newsletters. The results will show the extent to which care for study patients has or has not changed and the consequences for practices, patients and health policy.

# Project Team



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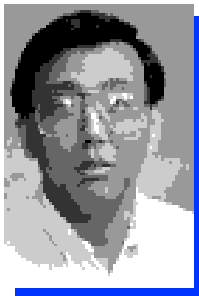
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# Project Team

The project team has a grant supplement to broaden expertise and research on ethnic minority issues. The investigators are



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