

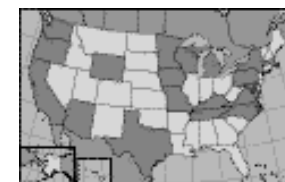
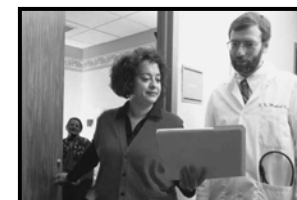
IMPACT

Improving Mood – Promoting Access to Collaborative Treatment for Late-Life Depression



Funded by

John A. Hartford Foundation,
California HealthCare Foundation,
Robert Wood Johnson Foundation,
Hogg Foundation





What is Depression?

Depression is NOT...

Having

-a 'bad day',

-a 'bad attitude',

-or 'normal sadness'

-Part of 'normal aging'



Major Depression

**Common: 5-10 %
in primary care**

Pervasive depressed mood / sadness and loss of interest/ pleasure ...

Plus: lack of energy, Fatigue, poor sleep and appetite, physical slowing or agitation, poor concentration, physical symptoms (aches and pains), thoughts of guilt, irritability and thoughts of suicide

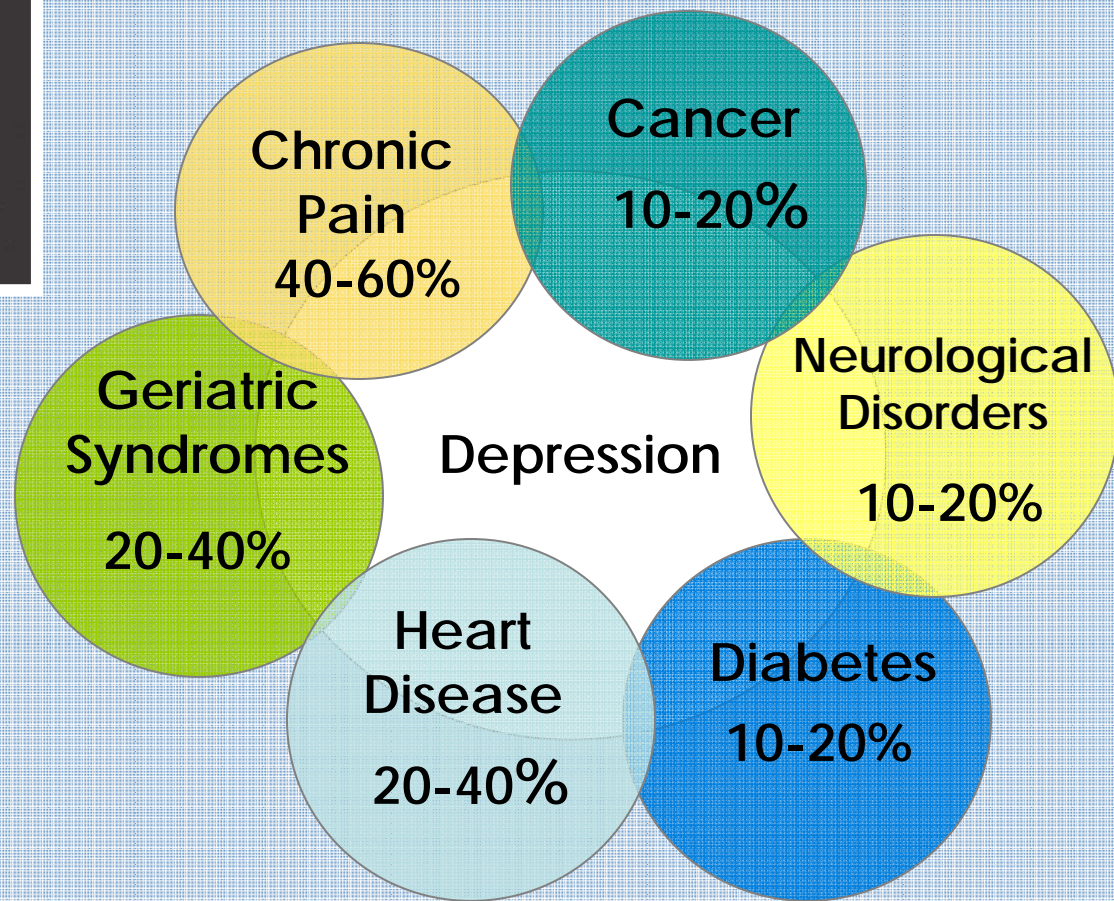
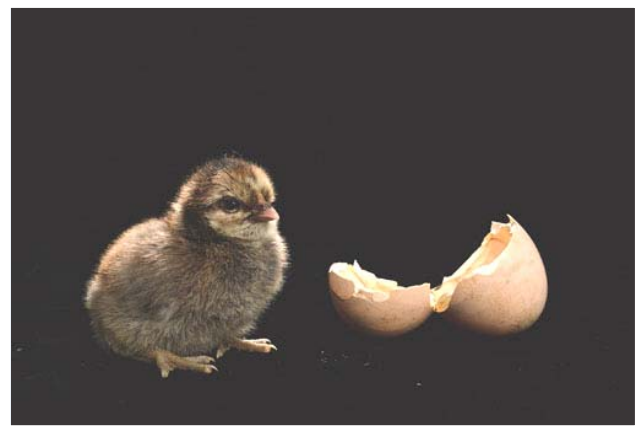
If untreated, depression can last for years.

Often complicated by: chronic medical disorders, chronic pain, anxiety, cognitive impairment, grief/ bereavement, substance abuse





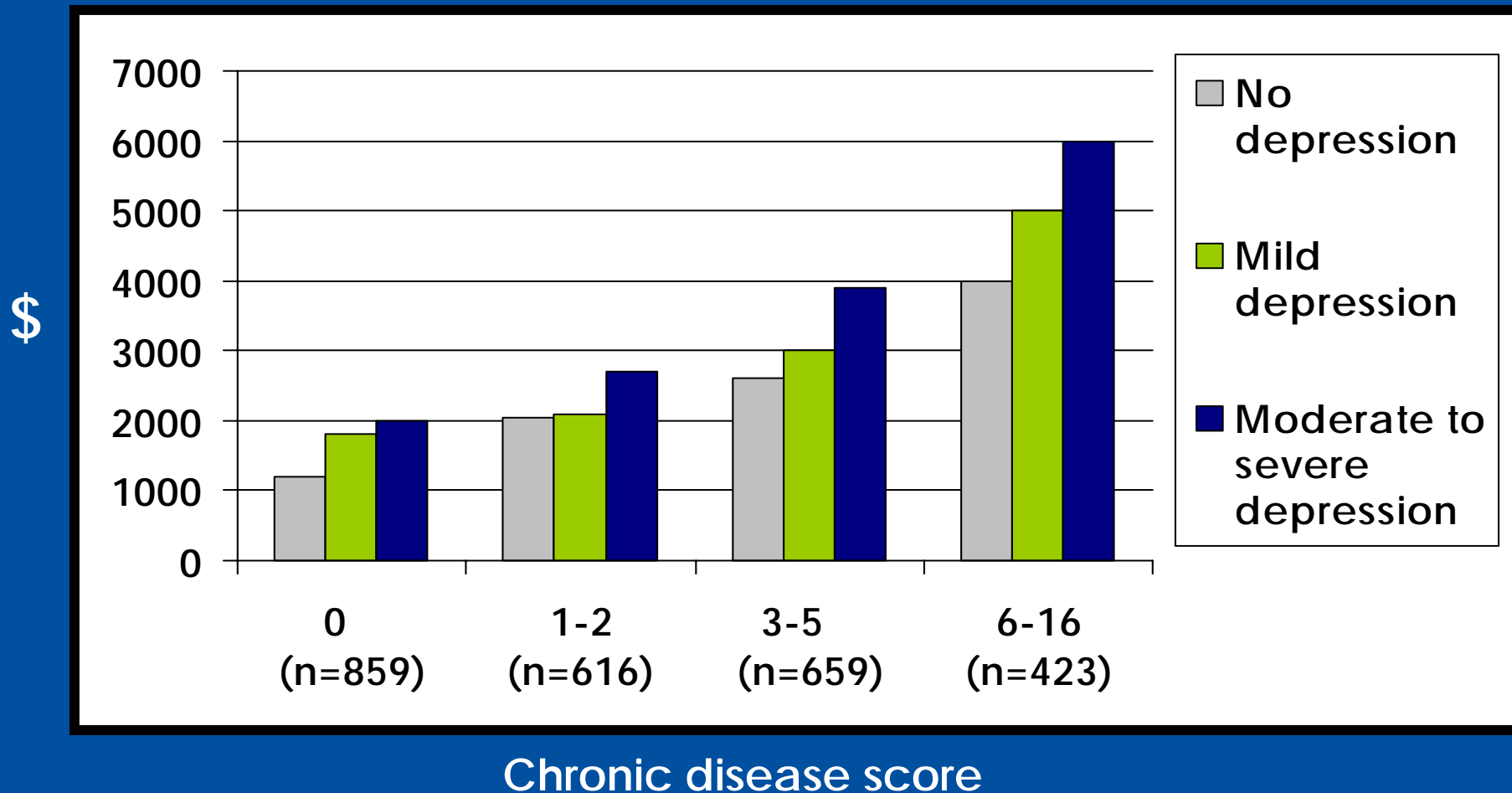
In late-life, depression is rarely the only health problem





Depression is expensive:

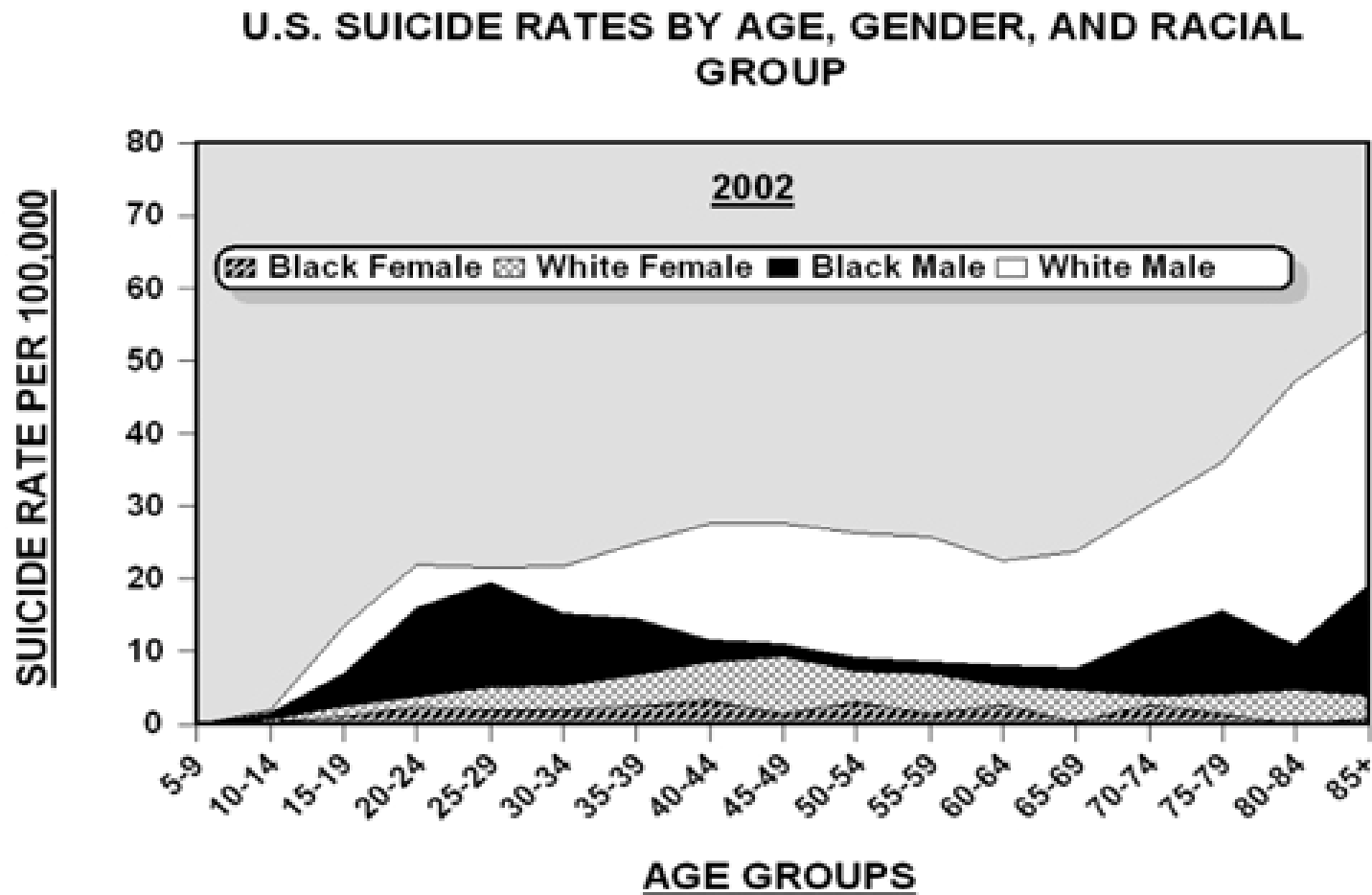
Annual Health Costs in 1995 \$





Depression is deadly

Older adults have the highest rate of suicide.



Source: National Institute of Mental Health
Data: Centers for Disease Control And Prevention, National Center For Health Statistics



Few Older Adults receive Effective Treatment

Depression CAN be treated, BUT...

- Only **half** of depressed older adults are 'recognized'
- Older men, African Americans and Latinos have particularly low rates of depression treatment
- Fewer than 10%** seek care from a mental health specialist. Most prefer treatment by their primary care physician
- Only **one in five** older adults treated for depression in primary care improve



One-Year Service Use by Depressed Adults

AGE GROUP	18-64 (N = 1,382)	65 + (N = 113)
Inpatient Mental Health (MH)	4%	3%
ER visit for MH	4%	1%
Outpatient Mental Health	25%	8%
Primary care visit addressing Mental Health Needs	45%	49%



Barriers to Effective Depression Care

Knowledge and Attitudes

- "I didn't know what hit me ..."
- Stigma of mental illness: "I am not crazy"
- "Isn't depression just a part of 'normal aging'?"
- "Of course I am depressed. Wouldn't you be?"
The 'fallacy of good reasons'

Challenges in Primary Care

- Limited time and competing priorities:
- Limited follow-up -> early treatment dropout
- Staying on ineffective treatments for too long
"I thought this was as good as I was going to get"
- Limited access to mental health experts



IMPACT Study

1998 – 2003

1,801 depressed older adults in primary care

18 primary care clinics - 8 health care organizations in 5 states

- Diverse health care systems (FFS, HMO, VA)
- 450 primary care providers
- Urban and semi-rural settings
- Capitated and fee-for-service

Funded by

John A. Hartford Foundation; California HealthCare Foundation; Robert Wood Johnson Foundation; Hogg Foundation



IMPACT Study Team

None of us is as smart as all of us.



Study coordinating center

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IMPACT Study Methods

Design

Randomized control trial. 1,801 depressed older adults with major depression and / or dysthymia randomly assigned to IMPACT or Care as Usual

Usual Care

Primary care or referral to specialty mental health as available

IMPACT Care

Collaborative / stepped care disease management program for depression in primary care offered for up to 12 months

Analyses

Independent assessments of health outcomes and costs for 24 months. Intent to treat analyses.



IMPACT Study Participants

	N = 1,801*
Female	65 %
Mean age (SD)	71.2 (7.5)
Non-white	23 %
African American	12 %
Latino	8 %
All others	3 %
Major depression + dysthymia	53 %
Cognitive impairment at screening	35 %
Mean chronic medical diseases (out of 10)	3.2
Antidepressant use in 3 months prior to study	42 %

* No significant baseline differences between intervention and usual care.



IMPACT Team Care Model



Prepared, Pro-active
Practice Team

Effective
Collaboration



Informed, Activated
Patient



Practice Support





Collaborative Care

Patient

Chooses treatment in consultation with provider(s):

- Antidepressants and/or brief psychotherapy

Primary care provider (PCP)

Refers; prescribes antidepressant medications

+ Depression Care Manager
+ Consulting Psychiatrist



Evidence-based 'team care' for depression

TWO PROCESSES	TWO NEW 'TEAM MEMBERS' Supporting the Primary Care Provider (PCP)	
	Care Manager	Consulting Psychiatrist
1. Systematic diagnosis and outcomes tracking e.g., PHQ-9 to facilitate diagnosis and track depression outcomes	<ul style="list-style-type: none"> - Patient education / self management support - Close follow-up to make sure pts don't 'fall through the cracks' 	<ul style="list-style-type: none"> - Caseload consultation for care manager and PCP (population-based) - Diagnostic consultation on difficult cases
2. Stepped Care a) Change treatment according to evidence-based algorithm if patient is not improving b) Relapse prevention once patient is improved	<ul style="list-style-type: none"> - Support anti-depressant Rx by PCP - Brief counseling (behavioral activation, PST-PC, CBT, IPT) - Facilitate treatment change / referral to mental health - Relapse prevention 	<ul style="list-style-type: none"> - Consultation focused on patients not improving as expected - Recommendations for additional treatment / referral according to evidence-based guidelines



Stepped Care

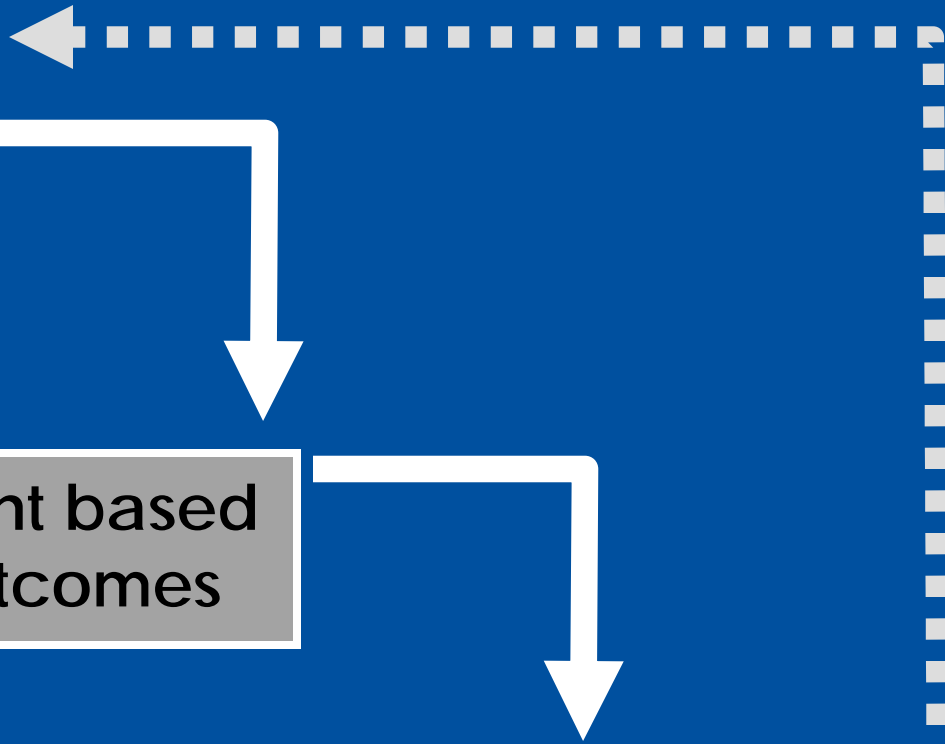
Systematic outcomes tracking

- Patient Health Questionnaire (PHQ-9)

Adjust treatment based on clinical outcomes

Insufficient response
Change treatment

- According to evidence-based algorithm
- In consultation with team psychiatrist





Evidence-Based Depression Care Management

Identify and track depressed patients

- a. Case finding (screening, referral) -> confirm diagnosis
- b. Proactive follow-up & tracking (PHQ-9)
 - Change treatment if patient not improving
 - Relapse prevention plan for patients in remission

Enhance patient self-management

- a. Education
- b. Brief Therapy: Behavioral Activation / Problem Solving

Support additional treatment

- a. Primary Care (Antidepressant Medications)
- b. Specialty Mental Health Care / Psychotherapy

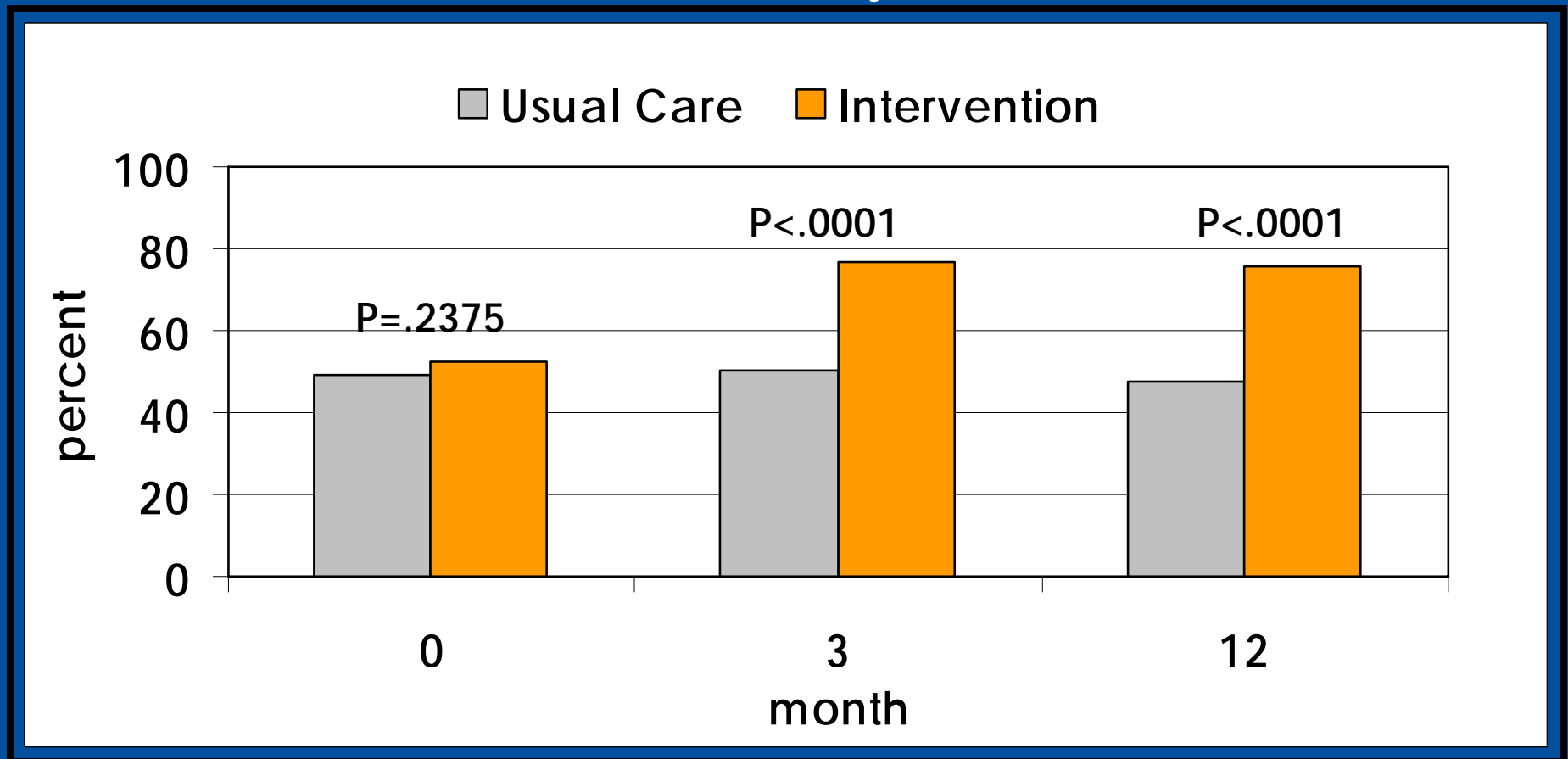
Mental health consultation for difficult cases

- a. Caseload supervision / consultation for care managers
- b. Psychiatry consultation for treatment nonresponders



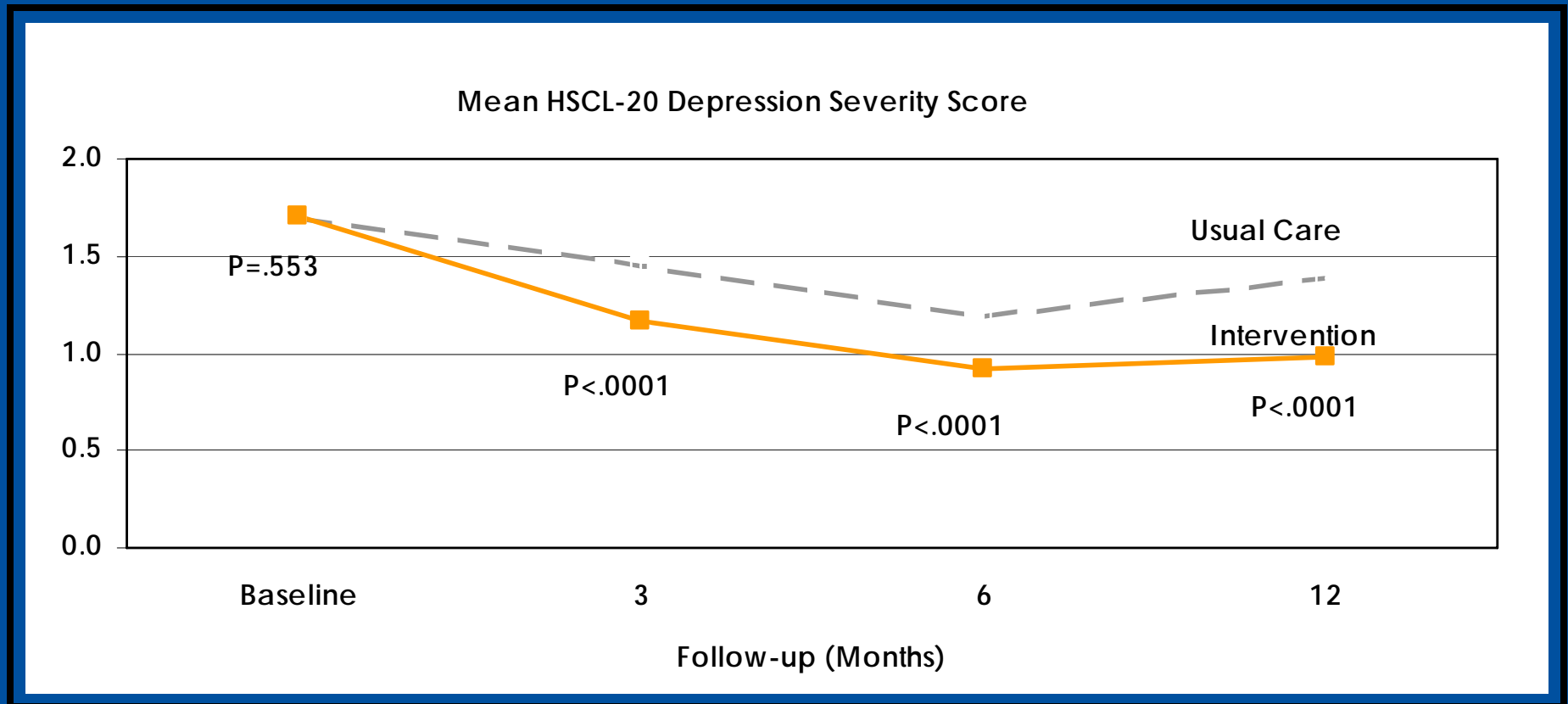
Improved Satisfaction with Depression Care

(% Excellent, Very Good)





IMPACT: Doubles the Effectiveness of Usual Care for Depression

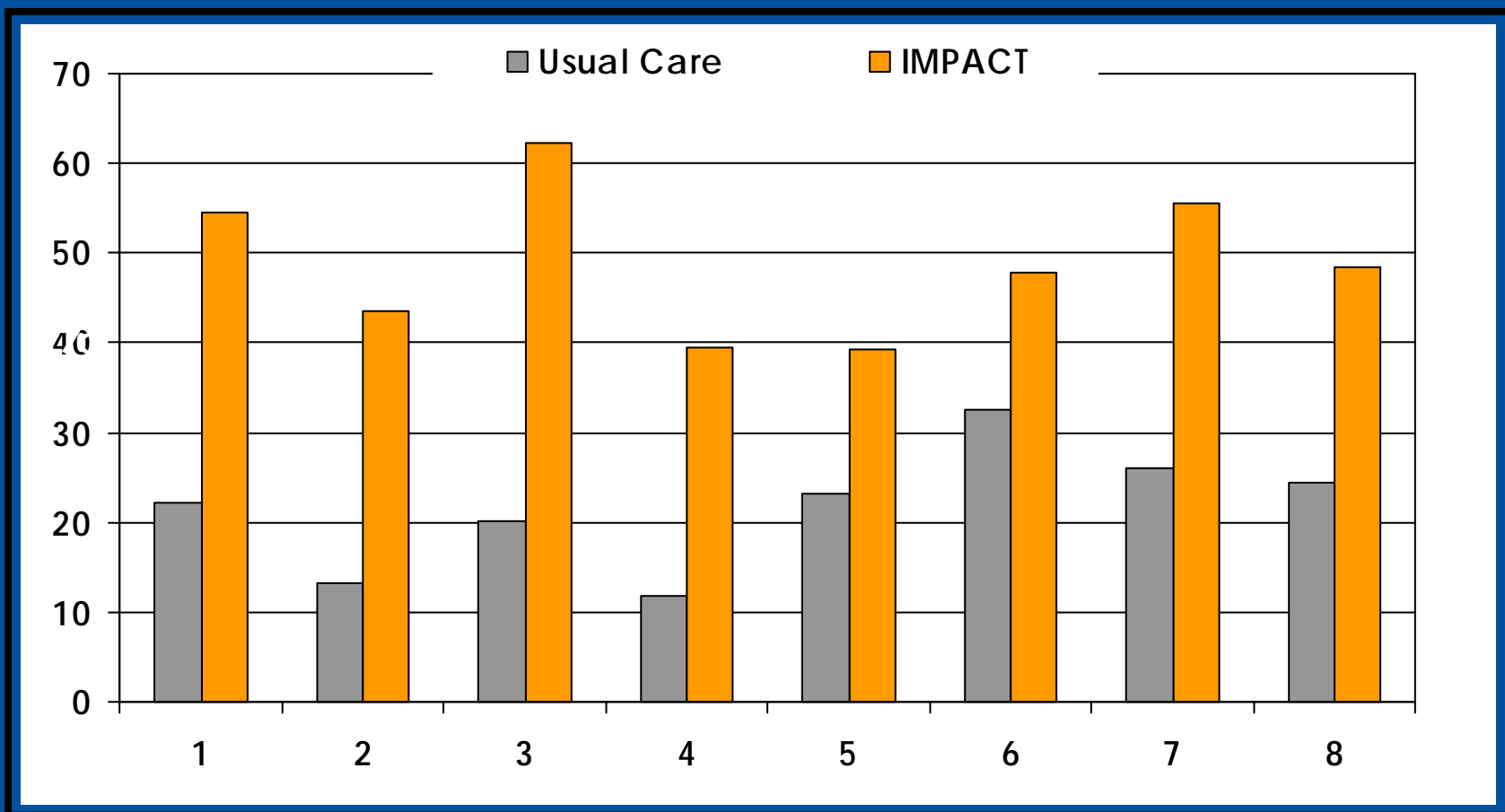




Findings Robust Across Diverse Health Care Organizations

TREATMENT RESPONSE

50 % or greater improvement in depression at 12 months

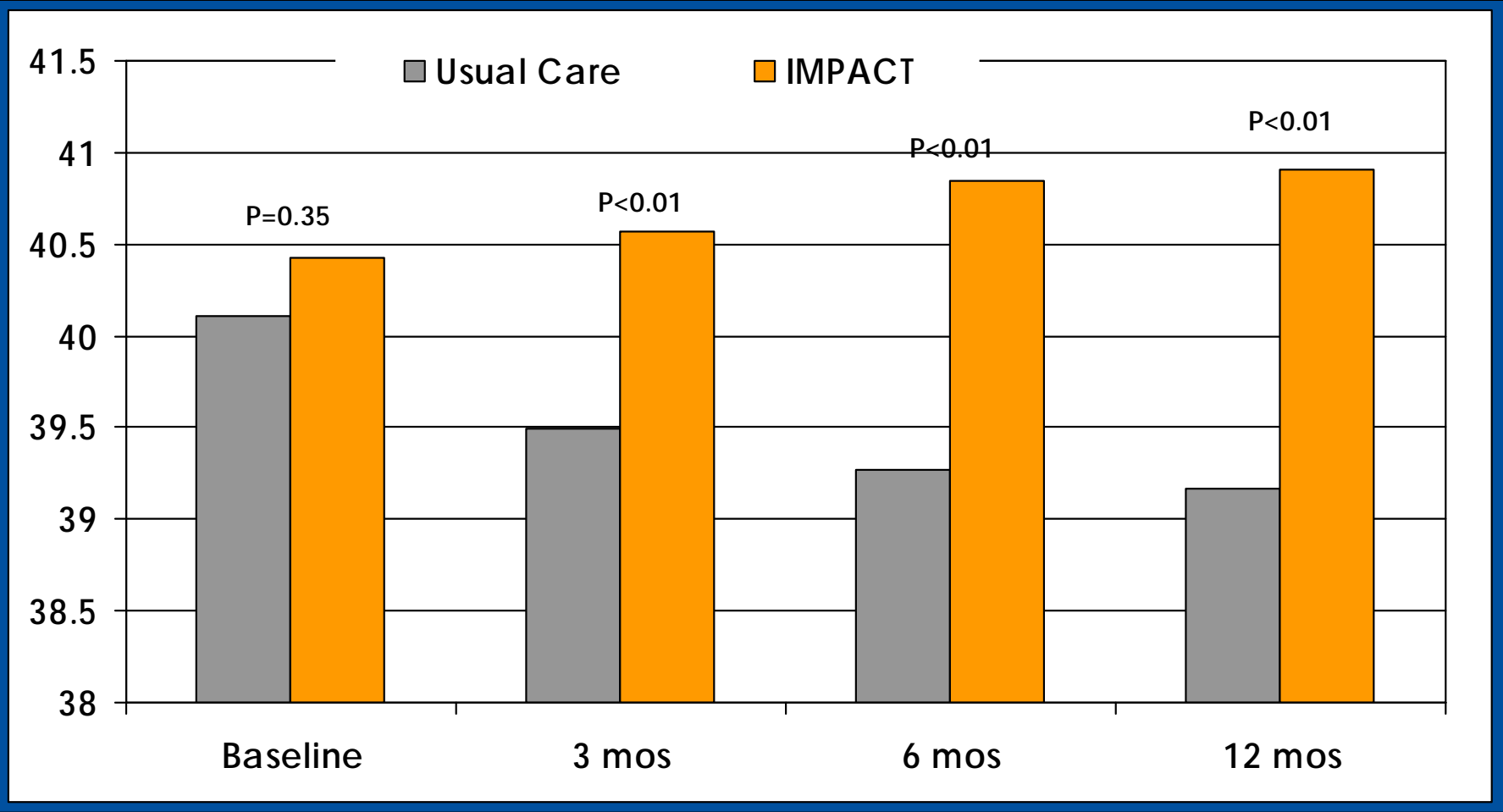


Participating Organizations



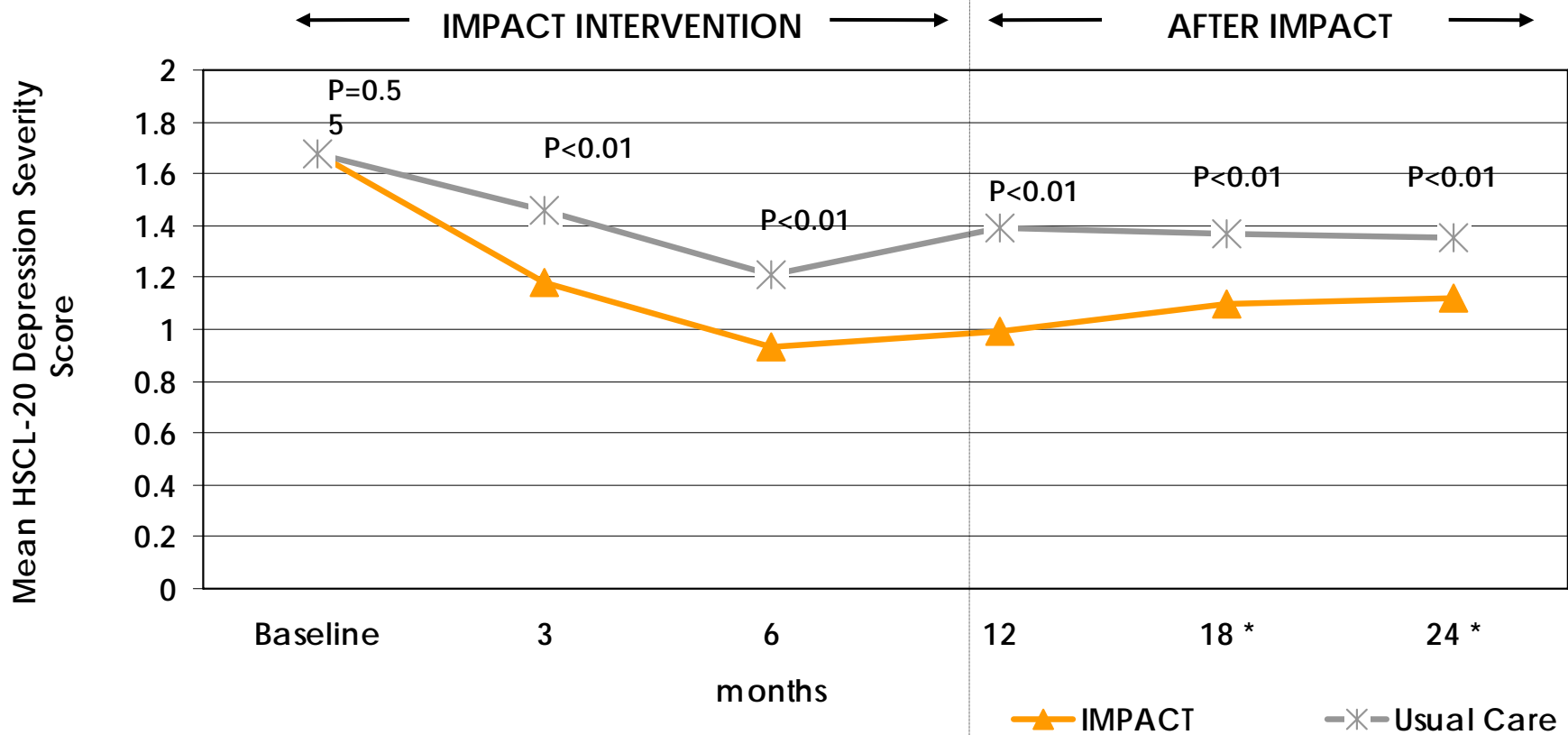
Better Physical Function

PCS-12





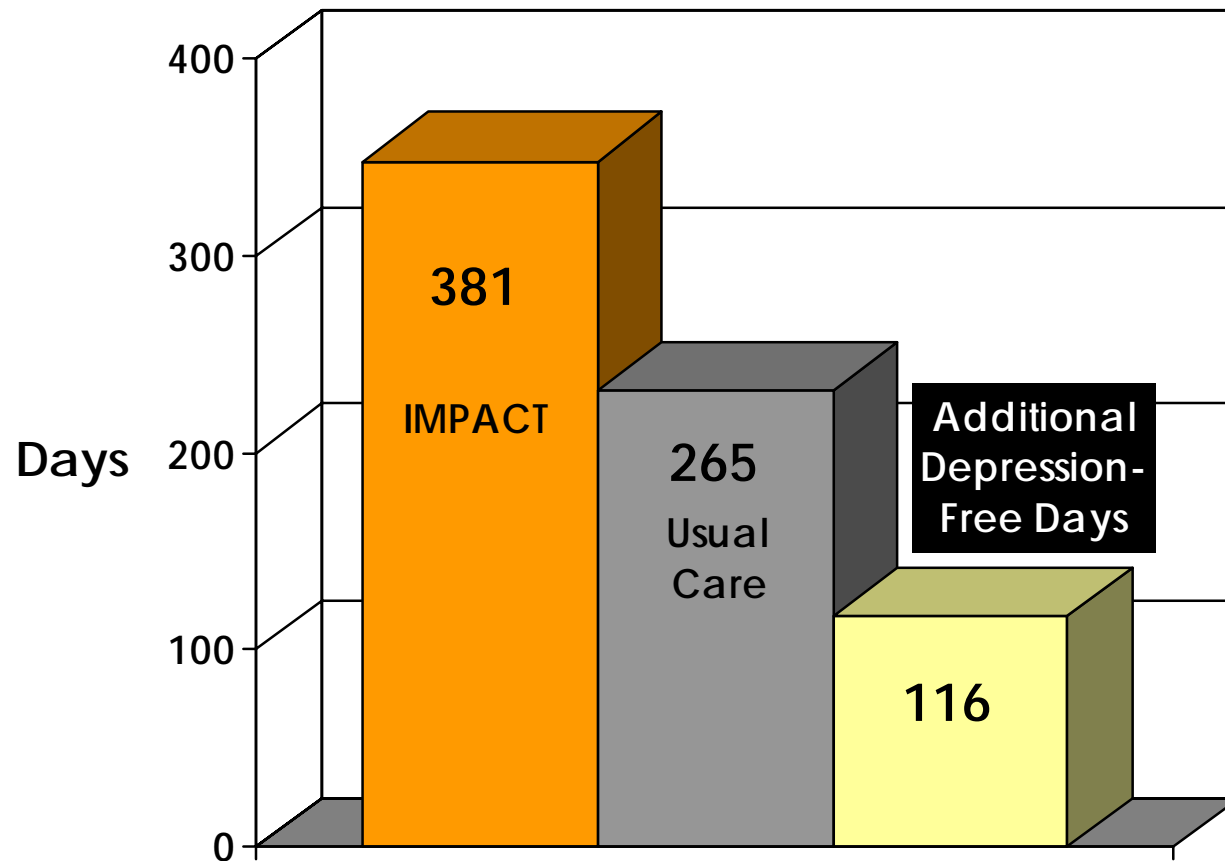
Effects persist even 1 year after the program ends





IMPACT in Diabetes

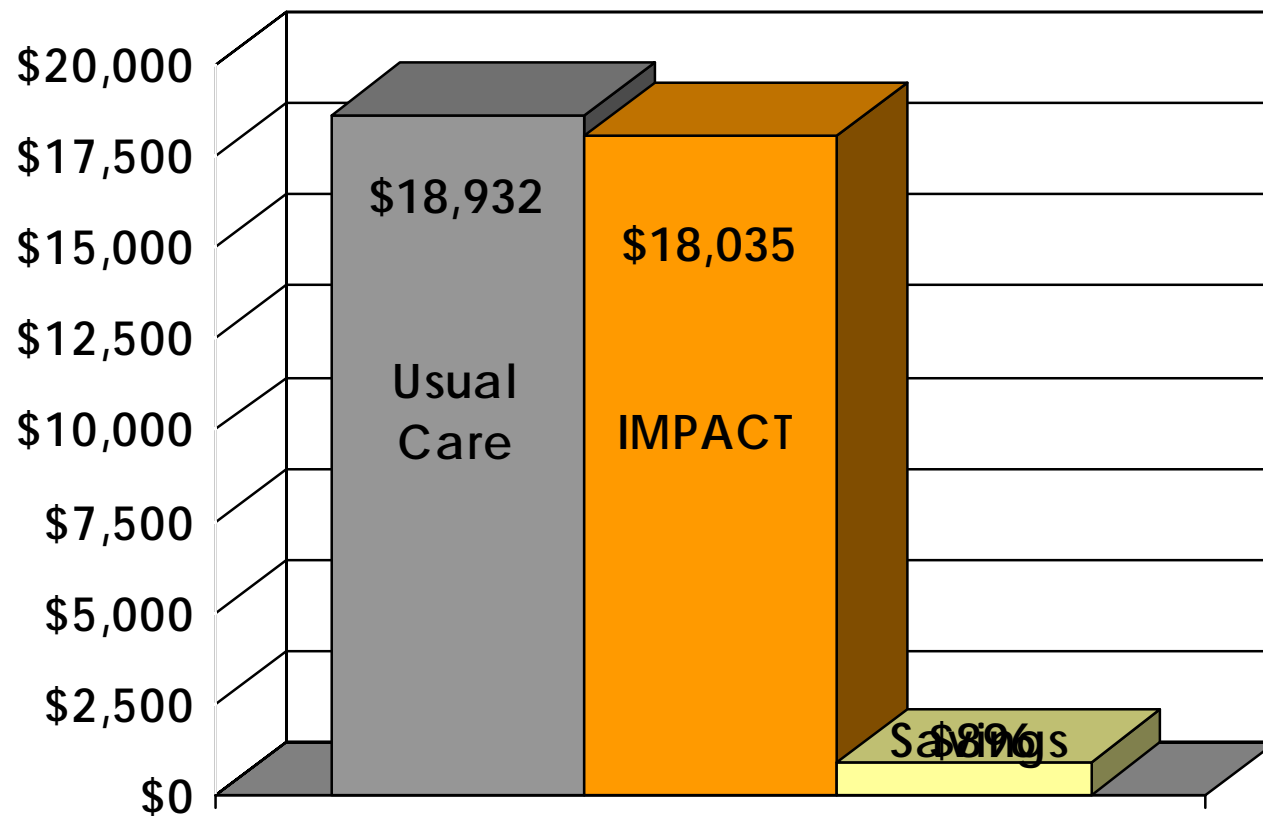
116 more Depression-Free Days over 2 Years





IMPACT in Diabetes

Lower Health Care Costs





IMPACT Summary

- Less depression
(IMPACT doubles effectiveness of usual care)
- Less physical pain
- Better functioning
- Higher quality of life
- Greater patient and provider satisfaction
- More cost-effective



"I got my life back"



Moving IMPACT from Research to Practice

John A. Hartford Foundation

Dedicated
to improving
health care
for older
Americans



IMPACT

Evidence-based depression care

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One in ten older adults
visiting a physician
suffers from depression

IMPACT Team Care
doubles the effectiveness
of depression treatment



Quick Links

Get to the information you need quickly by using the quick links below to some of the most popular pages.

[Evidence base for IMPACT](#)[Key components of the program](#)[Tools \(manuals, videos, etc.\)](#)[Training Schedule \(in-person\)](#)[Online Training](#)

Success Stories from Across the Country

Read about how organizations across the US are having success with the IMPACT program. Click on the map to learn more.



Thank You



Most IMPACT materials, training, consultation and other assistance to adapt and implement IMPACT is offered FREE thanks to the generous support of the JOHN A. HARTFORD FOUNDATION, which is dedicated to improving health care for older Americans

[Privacy Policy](#) | [Links](#)

IMPACT is a program of the University of Washington, Department of Psychiatry & Behavioral Sciences.

Dedicated
to improving
health care
for older
Americans





IMPACT Dissemination

<http://impact-uw.org>

Resources for Implementation



Website



Toolkit



Training Workshops



Web-Based Training



PST Training



Expert Consultation

Supported by a grant from the John A. Hartford Foundation.



IMPACT Training

In Person and on the Web

Trained over
1600 providers



in-person training

The IMPACT Implementation Center conducts a variety of in-person training meetings each year at locations around the country. We offer both public training meetings and trainings that are designed for a specific organization. See below for a listing of upcoming training meetings. If none of these meet your needs, please contact the Implementation Center to discuss options and alternatives.

If additional information or online registration is available, a link is provided.

Upcoming Presentations and Training Events:

Date(s)	Location	Organization / Type of Training
September 20-21, 2007	Seattle, WA	University of Washington / IMPACT training conference
May 25, 2007	San Diego, CA	California Older Adults Systems of Care Conference / 2 hour presentation re: implementing IMPACT in California

Past Presentations and Training Events:

Date(s)	Location	Organization / Type of Training
May 14-15, 2007	Santa Fe, NM	Sangre de Cristo Community Health Partnership / 2 day IMPACT training
March 27-28, 2007	Las Vegas, NV	National Council for Community Behavioral Healthcare Conference / 1.5 day IMPACT workshop



IMPACT Web-based Learning

Web-based Training in the Evidence-based IMPACT Model of Depression Care

[View Account: A. Bond](#) / [Log Out](#)

What is IMPACT

IMPACT is an evidence-based model of care that helps primary care physicians and mental health providers collaborate effectively to treat depression. It was developed by a group of national experts with support from the John A. Hartford Foundation and the California Healthcare Foundation.

Across all 8 participating organizations, IMPACT doubled the effectiveness of usual care for depression. Based on this strong performance, IMPACT was recommended as a model treatment program by the President's New Freedom Commission on Mental Health and a growing number of health care organizations in the United States and Canada have adapted the program to care for a wide range of patients.

How to Use this Training Program

Each module in this training program includes an audio-annotated Powerpoint® presentation, a case study illustrating the key points of the module, a link to the relevant section of the IMPACT treatment manual and a quiz. Some modules also include video that demonstrates concepts and skills discussed in the Powerpoint® presentation. We suggest that you view the Powerpoint® presentation first. Next, review the case study, view the related video and/or review the related sections of the IMPACT treatment manual. Finally, take the quiz.

Continuing Nursing Credit Available

To receive continuing education credit, please go to the "Sign Up For CNE" and follow the instructions. The blue circle icon  indicates available CNE credits for that particular module.

The Instructors



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University of Washington



Elizabeth Lin, MD, PhD
Group Health

Learning Modules

- 1 Depression in Primary Care
- 2 IMPACT Trial
- 3 IMPACT Key Components
 - 1 Treatments Planning/Tracking
 - 2 Treatments: Antidepressants
 - 3 Treatments: Behavioral Activation
 - 4 Treatments: PST
 - 5 Psychiatric Consultation
 - 6 Integrating with Disease Mngmt.
 - 7 Implementing IMPACT
- 8 Sign Up for CNE Credit 
- 9 Contact Us
- 10 IMPACT Website



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States shown in blue on the map below have individuals or organizations implementing IMPACT or key components of the program. Moving your mouse over a state will tell you the total number for each state.

