



Implementing IMPACT

Exploring Your Organization

VISION & GOALS

1. What is our organization's vision for the IMPACT program?

Program options

- A primary care-based depression care program
- A component of an existing chronic disease management /population care management program
- Other

Program scope

- Number of sites, practices, providers, patients

Target population considerations

- Age, gender
- Languages
- Special needs, comorbid medical/psychiatric/substance abuse problems
- Insurance benefits

2. What are our organization's goals for the IMPACT program?

Possible motivating factors for improving depression care and implementing the IMPACT program

- Improved health outcomes – depression, functioning, other
- Increased patient satisfaction
- Increased provider satisfaction
- Increased employer/purchaser demand
- Improved HEDIS or other performance indicators
- Financial incentives for quality care
- Cost savings, e.g., reduction in inappropriate antidepressant use
- Other



CURRENT PRACTICES

3. What is our current "usual care" for depressed patients?

Important questions to answer:

- How and where do patients with depression present their symptoms/illness?
- What are high-risk groups or common comorbid disorders in our patient population?
- What is patient/provider awareness of depression?
- How do we identify depressed patients?
- Do patients receive formal depression diagnoses?
- What is our current treatment for depression?
What is our capacity for proactive follow-up and outcomes monitoring?
- What is our current practice and capacity for antidepressant medication management?
- What is our current practice and capacity for counseling/psychotherapy?
- What is our availability of mental health consultation and referral?
- What is our current practice and capacity for long-term maintenance treatment and relapse prevention?
- What percentage of our depressed patients
- Receive adequate doses of antidepressants and/or psychotherapy?
- Improve substantially after three months in treatment?

KEY COMPONENTS OF THE IMPACT MODEL

4. Depression care manager's role

- Educates patients and their significant others
- Engages patients in treatment
- Provides proactive follow-up, tracks clinical responses with PHQ-9



- Provides behavioral activation (e.g. physical activity planning) and pleasant events scheduling
- Facilitates adherence to antidepressant treatment
- Facilitates changes in antidepressant medications or other treatment if patients is not improving
- Provides or facilitates access to counseling/psychotherapy as needed

5. Designated team psychiatrist's role

- Consults on treatment plans, focusing on patients who are not improving according to an evidence-based treatment algorithm
- Provides in-person consultation or recommendations for specialty mental health referrals on selected patients

IMPLEMENTATION PROCESS

6. Care Management Staffing and collaborative care

- Who will serve as the depression care manager?
- What is the relationship between depression care managers and primary care providers?
- Where will care managers be located (primary care setting, off-site, based in community)?
- How will care managers and primary care providers communicate (phone, fax, e-mail)?
- What is the relationship between depression care managers and psychiatrists and other behavioral health specialists?
- Where will care managers and behavioral health specialists consultation and supervision take place (primary care, off site, by telephone)
- What role do ancillary staff play?

7. How will we identify our patients who need IMPACT care?

- Referral (self, provider)
- Screening (clinic-based, mail survey, administrative data)



8. Medication management

- Does our organization have formulas or guidelines regarding antidepressant use?
- Do these need to be adjusted?
- Who will sign/authorize prescriptions and refills (doctors, mental health provider)?
- Who will provide antidepressant medication management (primary care providers, nurse practitioners, psychiatrists)?
- Who will coordinate care, monitor side effects, adjust antidepressants as needed?

9. Counseling, Psychiatry, Mental Health Specialty Care

- Who will provide brief, structured counseling/psychotherapy?
- Will mental health providers be on or off site?
- What type of psychotherapy will be available as part of the program (PST, CBT, IPT, other)? Who will provide this therapy (e.g. care managers, other therapist on or off site)?
- Who will provide psychiatric caseload supervision and how (regular, ad hoc meetings, in person or by phone)?
- How will patients be connected to additional specialty mental healthcare if needed?

10. Patient Tracking

- What measures will we use to track depression outcomes (PHQ-9, others)?
- What system will we use to support outcome tracking (EMR, separate registry, Excel spreadsheet, paper tracking form, web database)?

11. Communication

- What mechanisms do we currently have in place for provider-to-provider communication?
- How can these mechanisms be used or improved to support depression care management?



- What are the implications of HIPAA for relationships among the primary care physicians, interested organizations, care managers and mental health consultants?
- How will mental health providers communicate with primary doctors and care managers (in person, e-mail, phone, EMR) – on or off site)?
- How and where will care managers document their contacts with patients (e.g. EMR, paper chart)?

[EXPLORE YOUR IMPLEMENTATION STRATEGY](#)

12. How will we create change?

- Will we use a Quality Improvement/practice change model (e.g., PSDA)?
- What is our implementation time line?
- What evaluation and feedback method will we use?

13. Who are our key internal and external stakeholders

- Patients and family members
- Providers (primary care, mental health, care managers, other specialists)
- Health insurance plans
- Practice managers and staff
- Community-based agencies and their staffs
- Purchasers (e.g. employers that purchase health insurance for their employees)

14. Leadership – who will lead this effort?

- What leaders in our organization need to support the program (health plan/practice leadership, primary care leadership, behavioral leadership, administrative support)?
- Who will organize and maintain ongoing leadership support?
- Who is responsible for communication among team members and for keeping the program on track?

15. Who can we consult with and who can help us implement this change?



- Quality improvement programs and staff
- Existing chronic management programs
- Patient and family education staff and resources
- Provider and staff education resources
- IT support (EMR, patient registry, disease management software, telemedicine, Interactive Voice Response [IVR])
- Performance measurement systems
- Medical records
- Our legal department

16. What are our start-up needs?

- Consultation: to educate clinical leaders, practice leaders and managers
- Training: for primary care providers, depression care managers, consulting psychiatrists, practice managers and administrative staff
- Materials: for patients and for providers and documents for process tracking.
- Structural changes: in how we practice – patient flow, scheduling, communication, financing of care

17. What are our financial considerations about implementing IMPACT?

- What are the financial incentives and disincentives to implement IMPACT?
- What would our start-up costs be?
- What would our program maintenance costs be?
- How will we pay for program costs?
- How will we track and evaluate the financial impact of the program?

18. What are our anticipated internal or external forces for and against change?

- Internal: strategic priorities, leadership support, QI and information support
- External: financial, (e.g. pay for performance, regulatory), performance measures, e.g., HEDIS.
- Potential barriers and challenges: e.g., competing priorities, wrong incentives, depression stigma

19. What critical innovation characteristics must we attend to for successful implementation?



- Relative advantage over usual care
- Trialability and observability
- Communication channels
- Institutional norms, roles, social networks, compatibility
- Role of opinion leaders
- Need to coordinate across units and departments
- Infrastructure to support change, external incentives and opportunities

20. What do we need in the long run for program sustainability?

- What information?
- What resources?
- What support?