Cooperative Agreement Application for Participation in the

2018 Integrated Behavioral Health Adult Cohort Learning Collaborative:

Treating Patients with Major Depressive Disorders in Primary Care

Due: **3/21/18** Send to [ctc-ri@healthcentricadvisors.org](mailto:ctc-ri@healthcentricadvisors.org)

**Background**

The Care Transformation Collaborative, with funding from Rhode Island Foundation, Tufts and State Innovation Model project, developed an IBH Sustainable Business Model with the goal of:

* Testing of payment models that integrate and align incentives to address public health, social services and behavioral health; and
* Developing payment systems towards a value-based model.

**CTC Sustainable IBH Business Objectives:**

* To increase the identification of patients with behavioral health and substance use disorders (SUD) through universal screening for depression, anxiety and SUD;
* To increase ready access to brief behavioral health intervention for patients with moderate depression, anxiety, SUD and co-occurring chronic conditions;
* To provide care coordination and intervention for patients with high emergency department (ED) utilization;
* To improve interdisciplinary care coordination for patients with severe mental illness and SUD; and
* To test the proposed financial model for long term sustainability with particular attention to ED and in-patient (IP) utilization/total cost of care as sustainable measures.

**History of Cohort 1 Practice Participation in Integrated Behavioral Health IBH Sustainability Program**

The first IBH practice cohort consisted of five primary care practice sites that participated in the IBH Sustainability Business Model from January 1, 2016 to December 2017 (with continuation of program participation by reporting and using data will through 10/31/18). During this timeframe, Cohort 1 primary care practices implemented universal screening for depression, anxiety and substance use disorder. The practice team additionally implemented two separate population based performance improvement action plans to address the needs of patients with behavioral health needs and a) high emergency room utilization; b) chronic care conditions.

**Cohort 1: Practice Opportunity to Continue in IBH Sustainability Program: Treating Patients with Major Depressive Disorders**

CTC obtained approval from the Rhode Island Foundation to extend the “Funds for a Healthy Rhode Island” grant and provide Cohort 1 IBH practices a limited extension in the IBH project. Cohort 1 practices may apply for an opportunity to participate in a learning network collaborative for treating patients with major depressive disorders (MDDs) and implementing project plans to assist patients with MDD with achieving remission. This work will keep Cohort 1 actively engaged in the IBH project while the Behavioral Health Alternative Payment Model work is being developed and assist practices with developing strategies to effectively meet the needs of patients with MDDs. CTC will use carry forward funds from Year 2 to cover practice incentive payments for program participation and meeting learning network requirements.

Cooperative Agreement Learning Netowrk Activities:

1. Cohort 1 practices are responsible for:
2. Building a registry for patients with major depressive disorders
3. Participating in a content expert lead learning network program over the period of 7 months with a focus on treating patients with MDD using evidence based treatment guidelines;
4. Developing and implementing a MDD Performance Improvement Plan with reporting of quality metrics and lessons learned

**Population Opportunities**

As noted by the Institute for Clinical Systems Improvement (2016), major depression is a treatable cause of pain suffering, disability and death. At any given time, 9% of the population has a depressive disorder and 3.4% has major depression 9Strine, 2008). Usual care for depression in the primary care setting has resulted in only about half of depressed adults getting treated (Kessler, 2005) and only 20-40% showing substantial improvement over 12 months (Unuzer, 2002; Katon, 1999).

The Institute for Clinical Systems Improvement (ICSI) has published guidelines to assist primary care in developing systems that support effective assessment, diagnosis and ongoing management of initial and recurrent major depression and persistent depressive disorder. These guidelines address assisting patients with achieving remission of symptoms, reducing relapse and returning to previous levels of functioning.

Cohort 1 IBH primary care practices have successfully implemented evidence based guidelines to universally screen patients for depression, anxiety and substance use disorders.

The aim of this learning network opportunity will be to assist the primary care practice team in their efforts to implement evidence based treatment guidelines to:

1. Accurately diagnose patients with major depression or persistent depressive disorders managed in primary care;
2. Increase the percentage of patients with major depression or persistent depressive disorder who have improvement in outcomes from treatment for major depression or persistent depressive disorder;
3. Increase the percentage of patients with major depression or persistent depressive disorder who have follow up to assess for outcomes from treatment.

**Practice Requirements for receipt of stipend**

$2,500 will be disbursed to the practice after signing the cooperative agreement by 3/21/18, and attending the first meeting on 4/12/18. Practices are expected to send their practice team, including, but not limited to: provider champion, nurse care manager and behavioral health provider to the 4/12/18 learning session.

$2,500 will disbursed after participation in full learning collaborative activities:

* Submit work plan with AIM statement, baseline data and performance improvement plan by 7/12/18 (second meeting)
* Submit second data point worksheet and performance improvement outcomes by 10/11/18 3rd meeting
* Report AIM statement measure results quarterly at CTC Behavioral Health meetings
* Attend quarterly CTC Adult Behavioral Health meetings:
* 4/12/18 1st kick off meeting with content expert presentation and practice work on AIM statement and performance improvement plan
* 7/12/18 2nd meeting practices will share baseline measure and share performance improvement plan work plan;
* 10/11/18 3rd meeting practices will share second data point and performance improvement outcomes;

Applications are due to CTC-RI@healthcentricadvisors.org by: 3/21/18.

Care Transformation Collaborative of RI Primary Care Practice Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Signature Debra Hurwitz MBA RN Signature of Authorized Staff

Executive Director