



# IMPACT

Evaluating the Efficacy of the “Improving Mood-Promoting Access to Collaborative Treatment” Program Among Underserved Community Health Center Patients

**Community Clinic Association of Los Angeles County (CCALAC)**  
18<sup>th</sup> Annual Healthcare Symposium  
March 1, 2019

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**Program Evaluator:** Laura Stanley, Ph.D.



# The Project

## *“Behavioral Health and Primary Care Integration Project”*

- County/MHSA funded project since 2007
- Subcontract with 7 clinic organizations to provide behavioral health services at 12 sites.
- Ideally BHCs work alongside the PCP, accepting warm handoffs and referral when needed

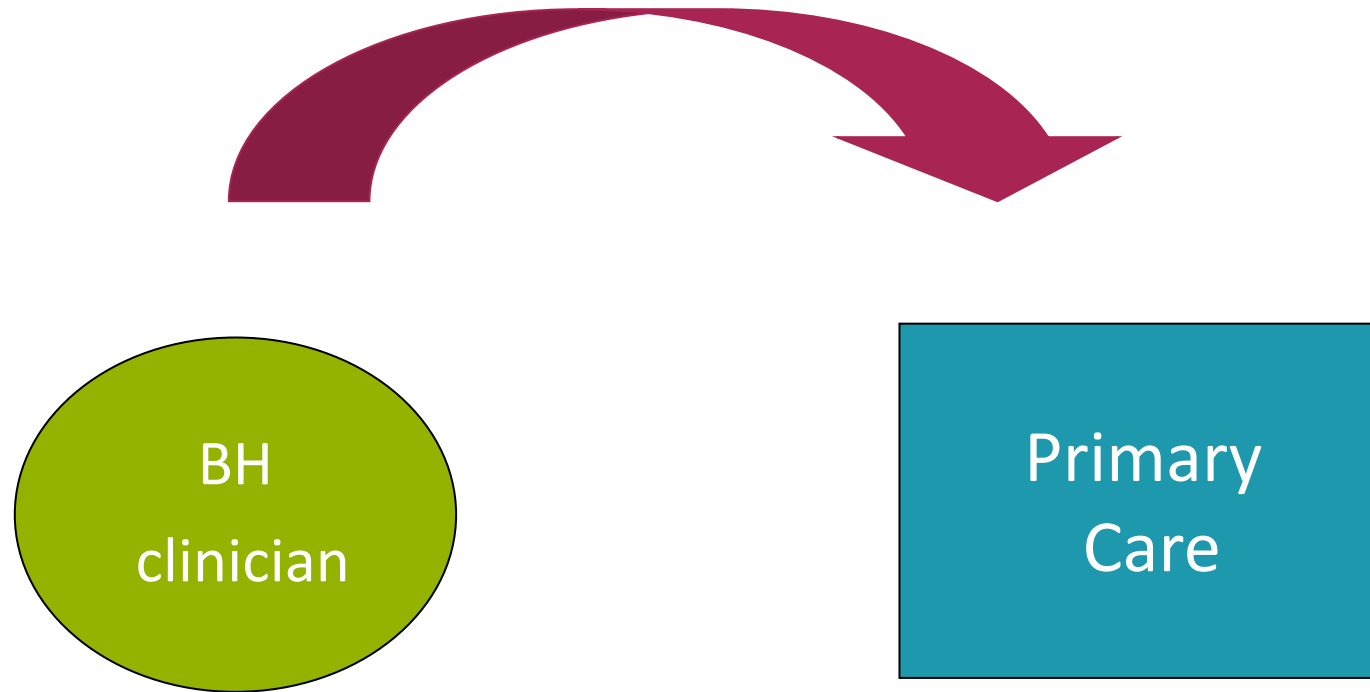


# Who is eligible and for what?

- Adults 18+
- Uninsured
- Once enrolled, initially eligible for 6 sessions with BHC, 4 med visits and meds over a year
- Can be approved for additional visits and time



# *“Traditional”* Integration



# What is Integrated Behavioral Healthcare?

**The systematic coordination of primary and behavioral health care in an effort to improve the patient's overall health**

Agency for Healthcare Research and Quality and me.



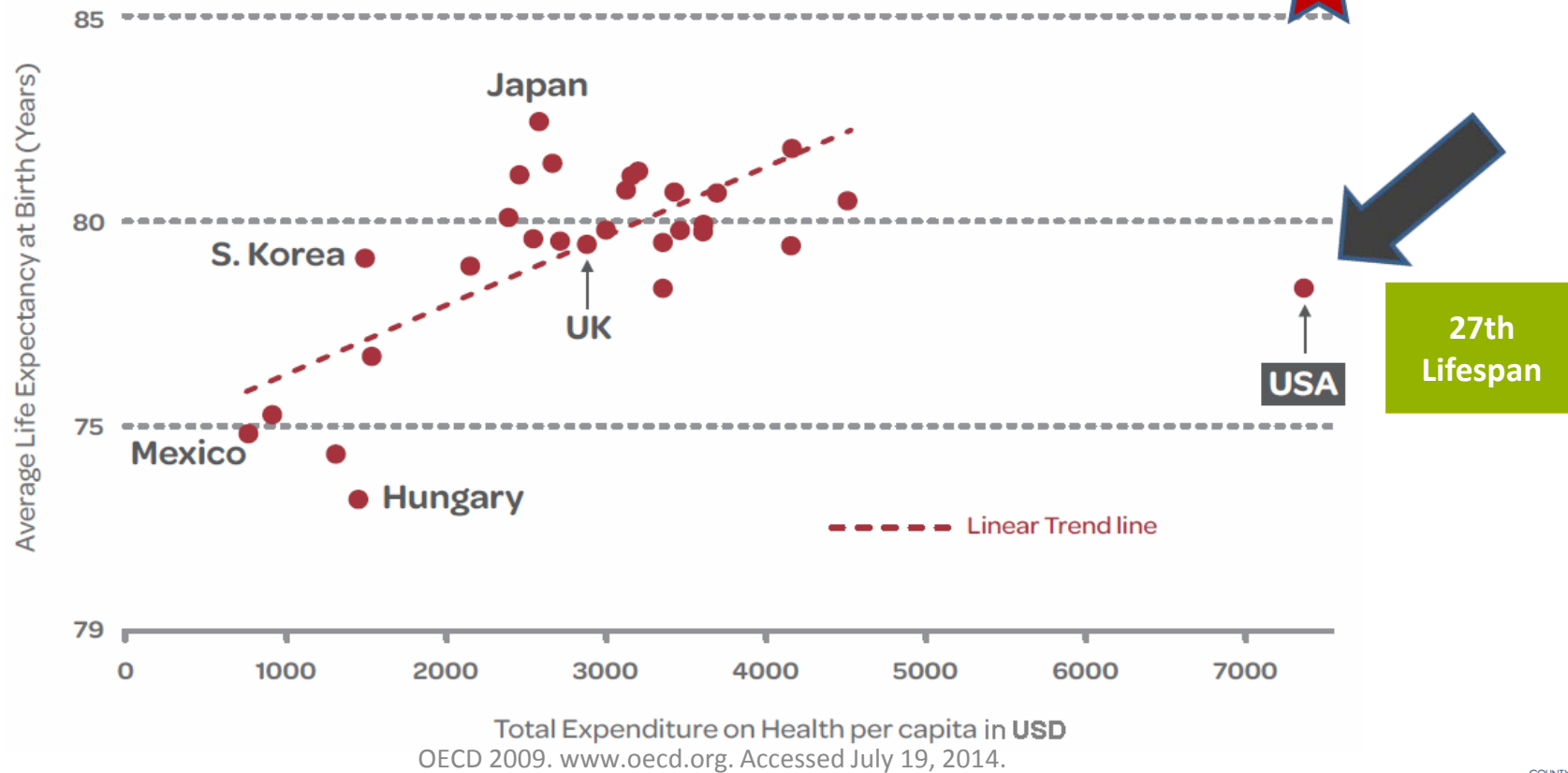
# What is Integrated Behavioral Healthcare?

- **BHC treats primary care patients with medical and/or BH health issues.**
- **BHC has two customers**
- **BHCs role is broad**



# Why? Reducing Healthcare Spending

Healthcare Spending per capita vs. Average Life Expectancy Among OECD Countries



Total Expenditure on Health per capita in USD  
OECD 2009. www.oecd.org. Accessed July 19, 2014.



# Why? To Assist PCPs

PCPs provide **60%** of the psychiatric care in the US

Up to **40%** of the patients seen in PC have BH Issues

PCPs write **80%** of the RXs for antidepressants





# Why? To Combat Stigma



Health disparities literature suggests certain cultures are less likely to present to a specialty mental health programs.



# How? Collaborative Care Model called IMPACT<sup>CT</sup>

**An evidence-based best practice for treatment of “simple” depression in Primary Care**

**IMPACT has been well researched....**

**Findings suggest IMPACT is twice as effective as usual care for the treatment of depression**

**Unutzer J, Katon W, Callahan CM, Williams JW, Jr., Hunkeler E, Harpole L, et al.  
Collaborative-care management of late-life depression in the primary care setting. JAMA.  
2002;288(22):2836-45.**



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# Collaborative Care Interventions

**Psychoeducation**

**Behavioral Activation\***

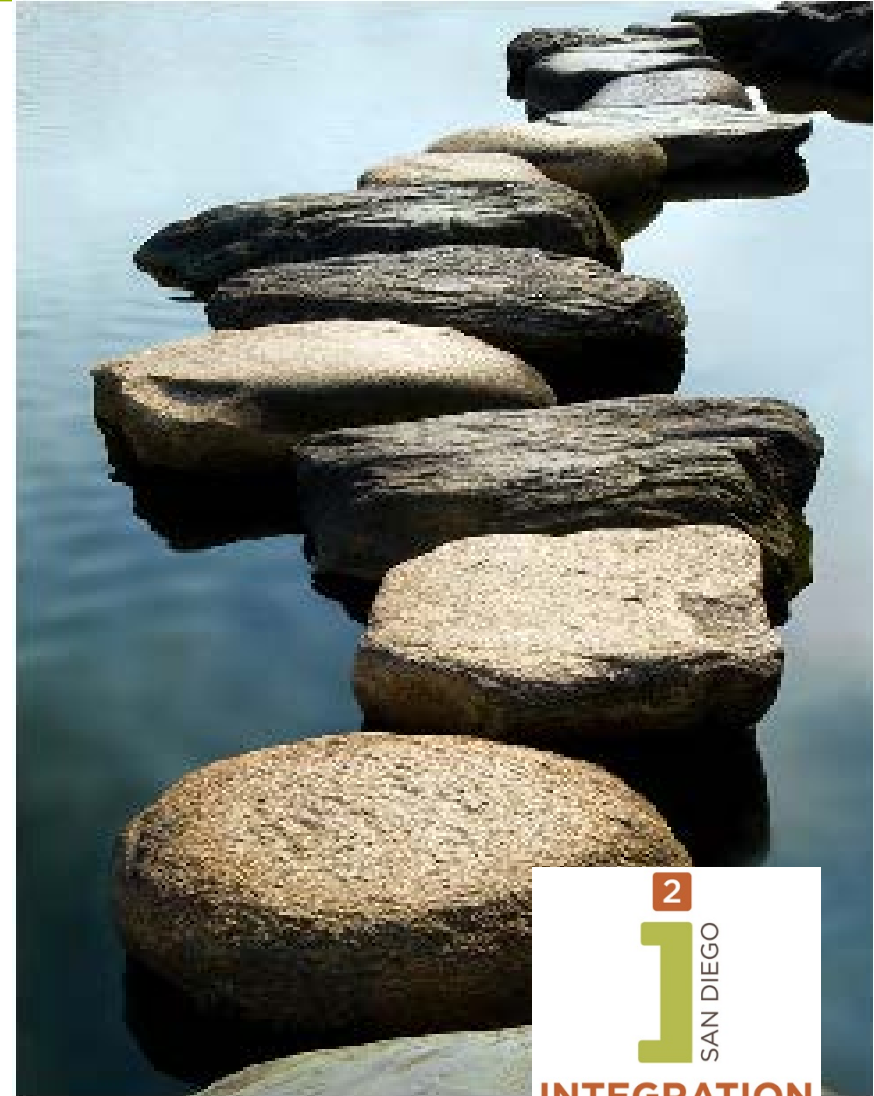
**Pleasant Activity  
Scheduling**

**Problem Solving  
Therapy**

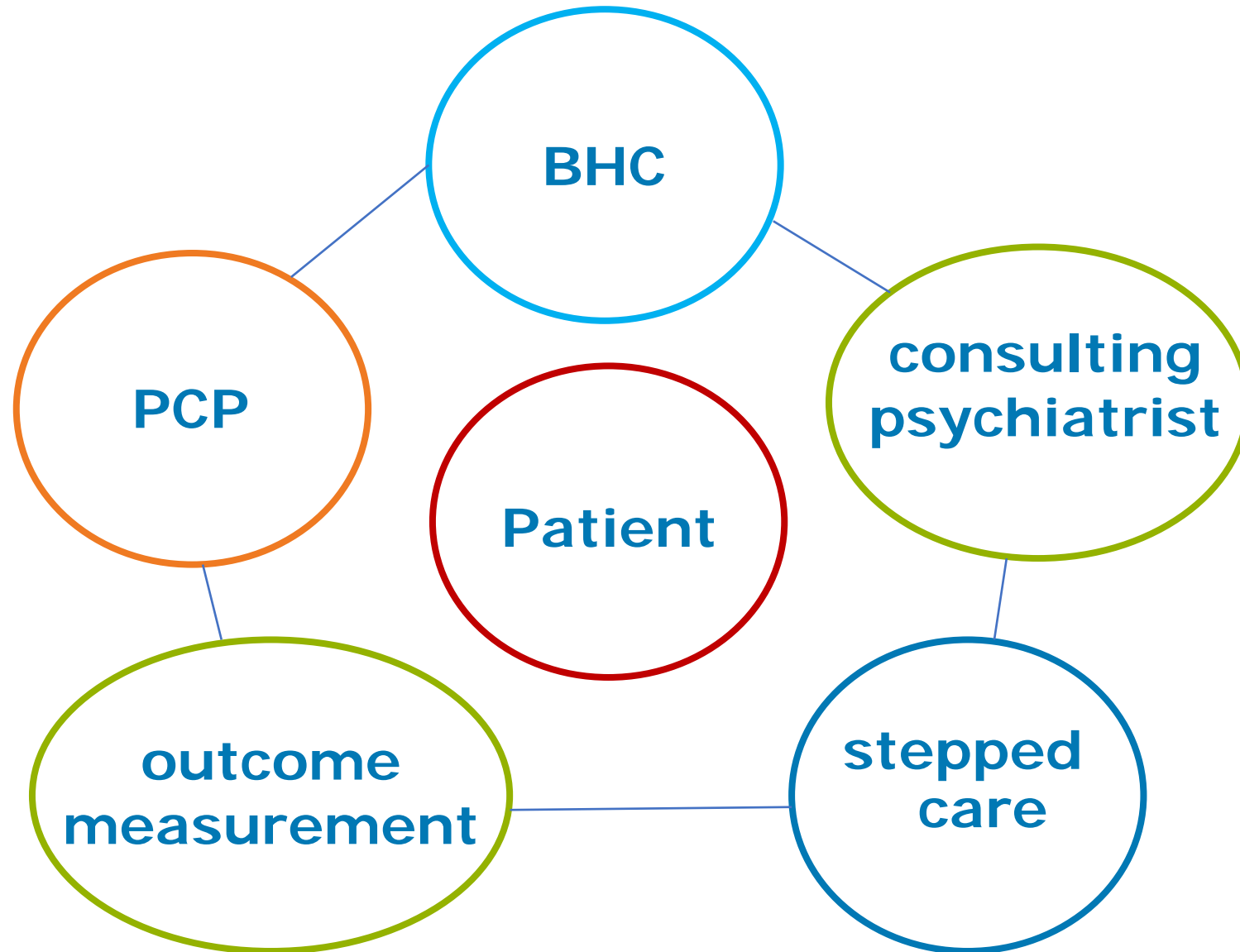
**Motivational  
Interviewing**

<https://www.youtube.com/watch?v=aUaInS6HIGo>

<http://www.youtube.com/watch?v=wYwHlKpQmqQ>



# Essential Elements of Collaborative Care



# Outcomes

- PHQ-9 at every visit with the BHC prior to the visit.
- Modified and expanded the model in Jan. 2014.
- Now use PHQ-9, GAD-7, Audit and DAST





PROGRAM EVALUATION:  
PATIENT OUTCOMES  
2009-2017

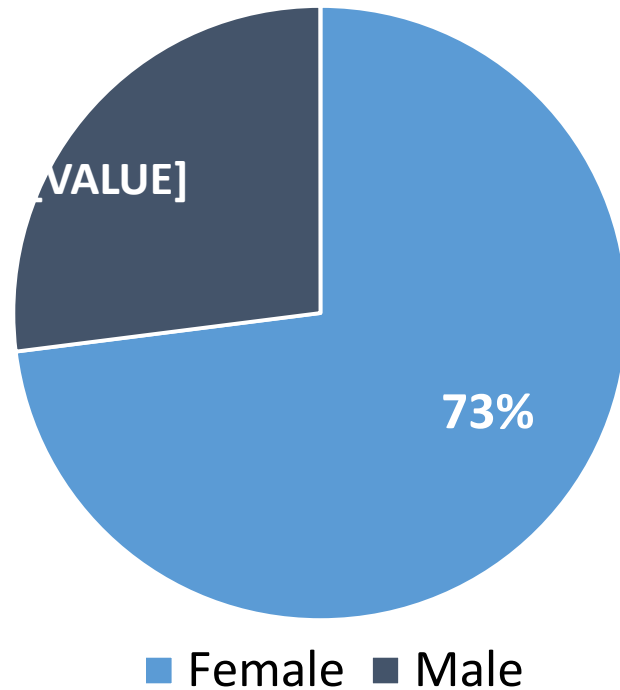
# Evaluating the Efficacy of the IMPACT Program

<b>WHO:</b>	2,572 uninsured patients diagnosed with moderate to severe depression
<b>WHERE:</b>	Seven (7) Community Health Centers (11 sites) in San Diego County
<b>WHEN:</b>	January 2009 and December 2017
<b>WHY:</b>	To determine and document overall program efficacy/value for health center patients To learn if patient outcomes varied by demographic and key clinical markers
<b>What:</b>	Retrospective, multi-variate cohort analysis of patient outcomes (PHQ-9s)
<b>Inclusion Criteria:</b>	Patients with PHQ-9 scores of 10 and above at initial visit Patients had at least two or more visits

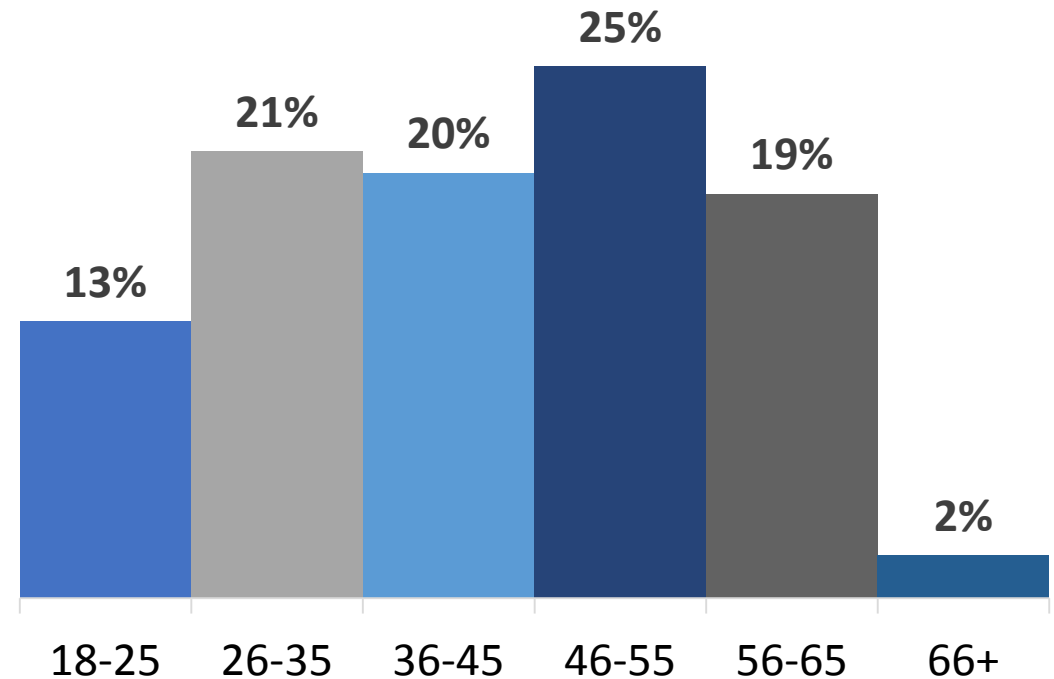


# Demographics: Patients' Gender & Age

**Gender: N = 2,567**



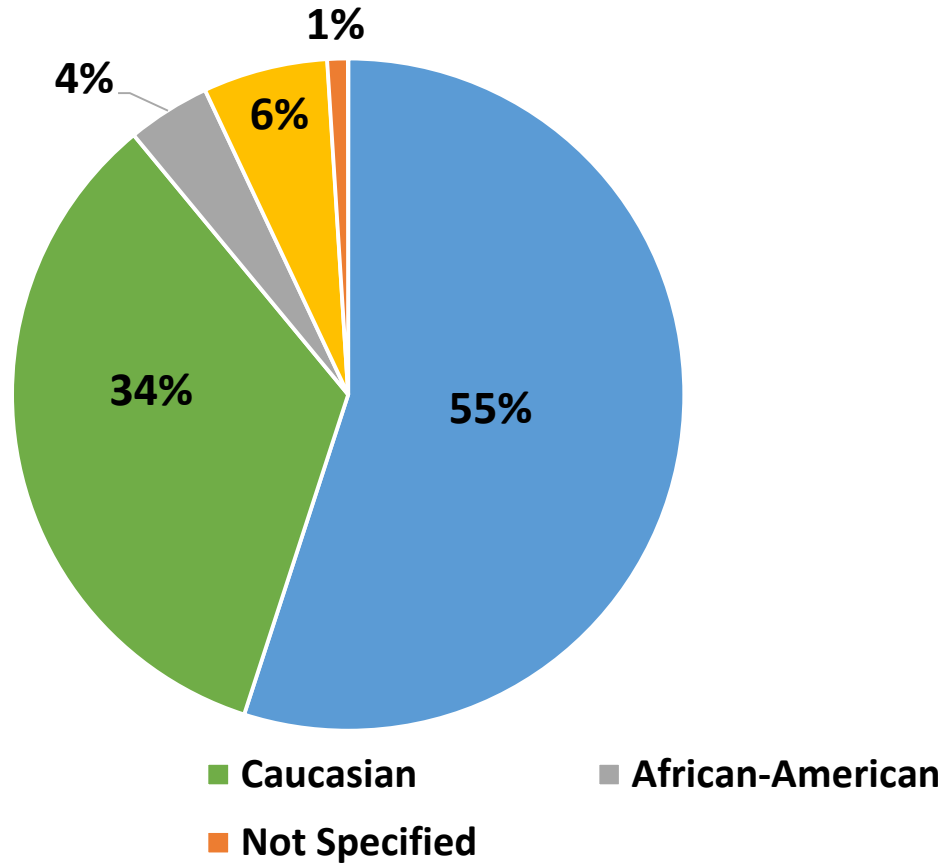
**Age: N = 2,572**



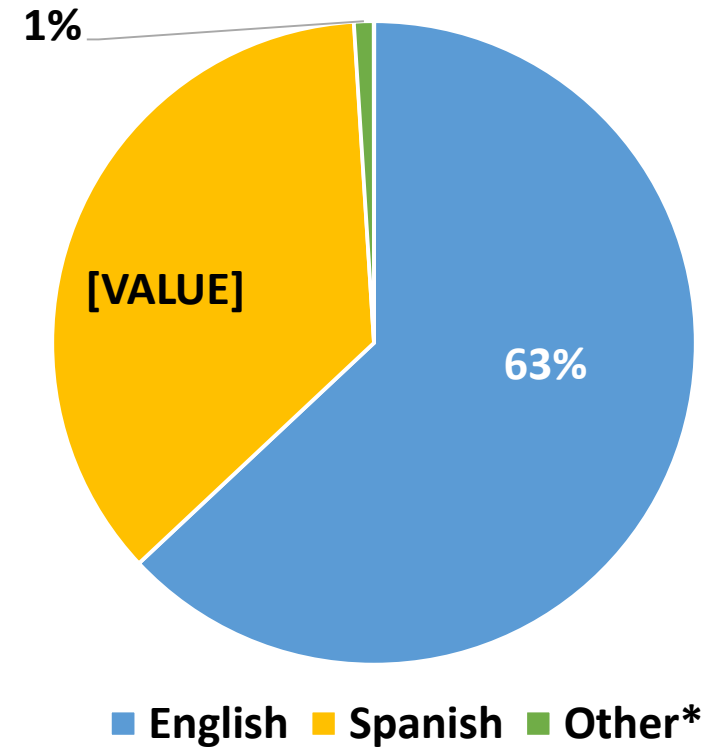


# Demographics: Patients' Ethnicity & Preferred Language

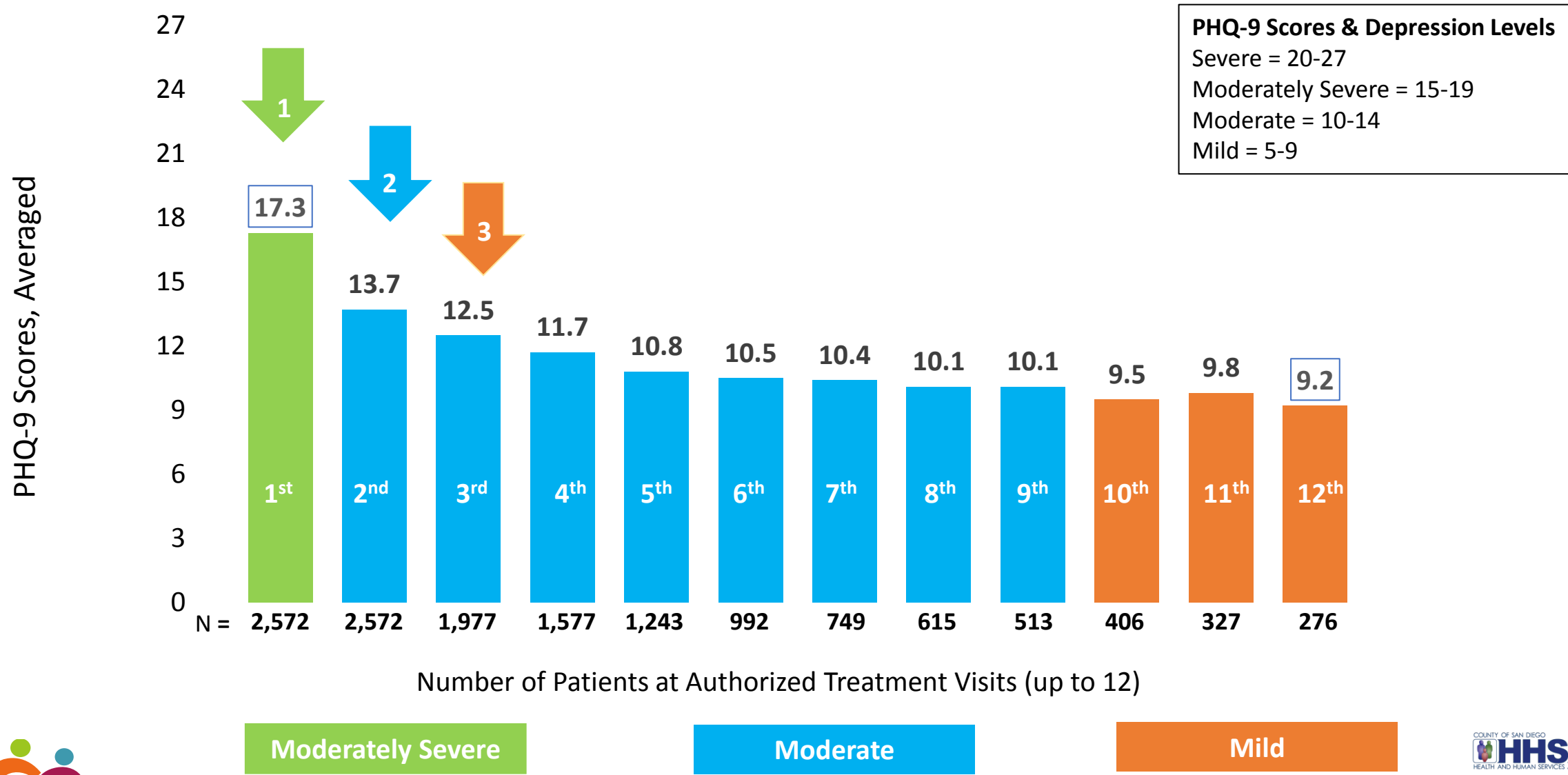
**Ethnicity:** N = 2,572



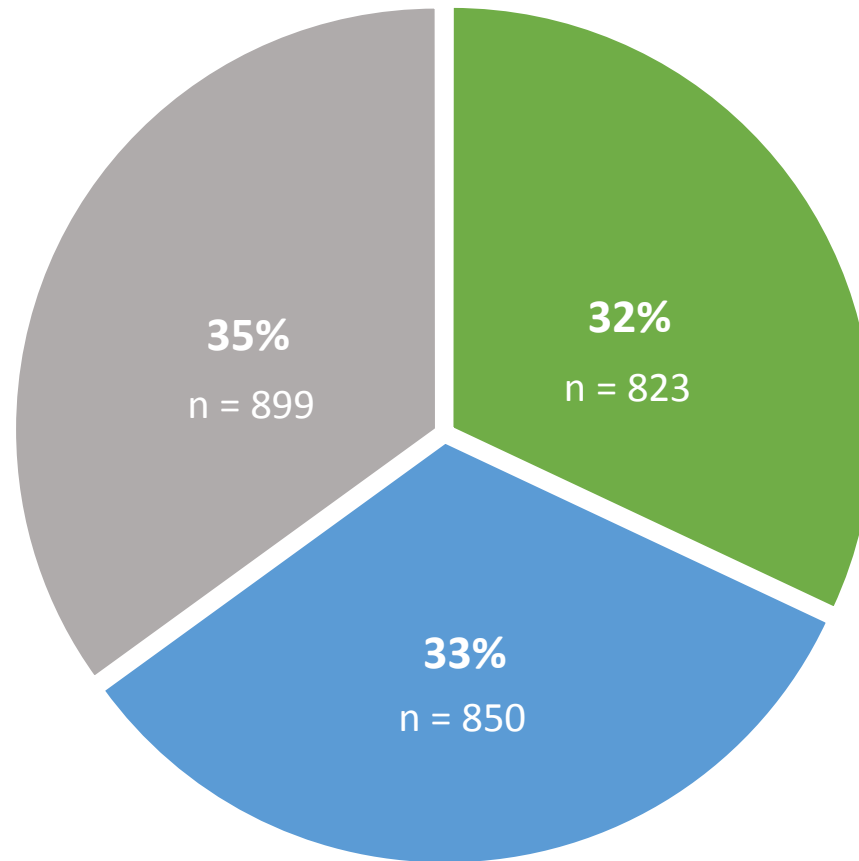
**Preferred Language:** N = 2,572



# Patient Outcomes: Averaged PHQ-9 Scores across Treatment Visits



# Patient Cohorts: Severity of Depression (N=2,572)\*



■ Moderate (Score of 10-14)

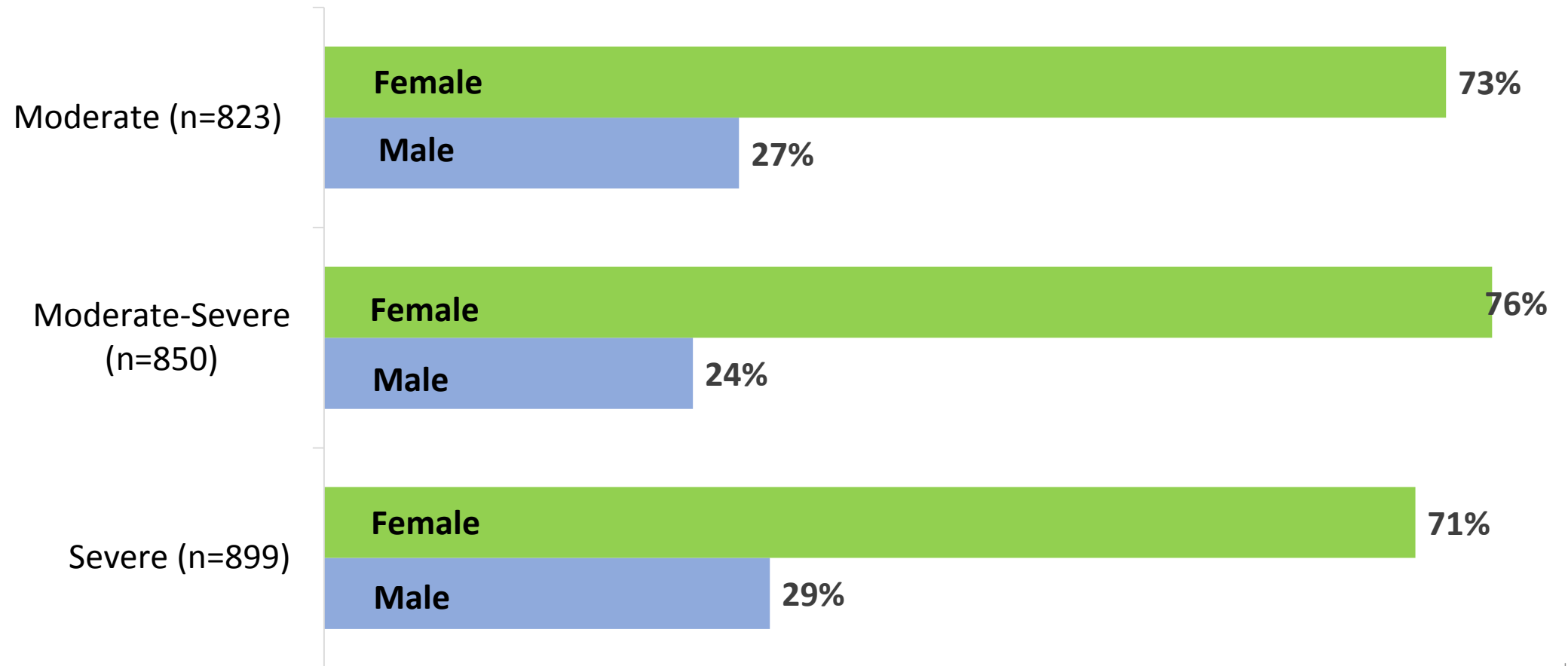
■ Moderate-Severe (Score of 15-19)

■ Severe (Score of 20-27)



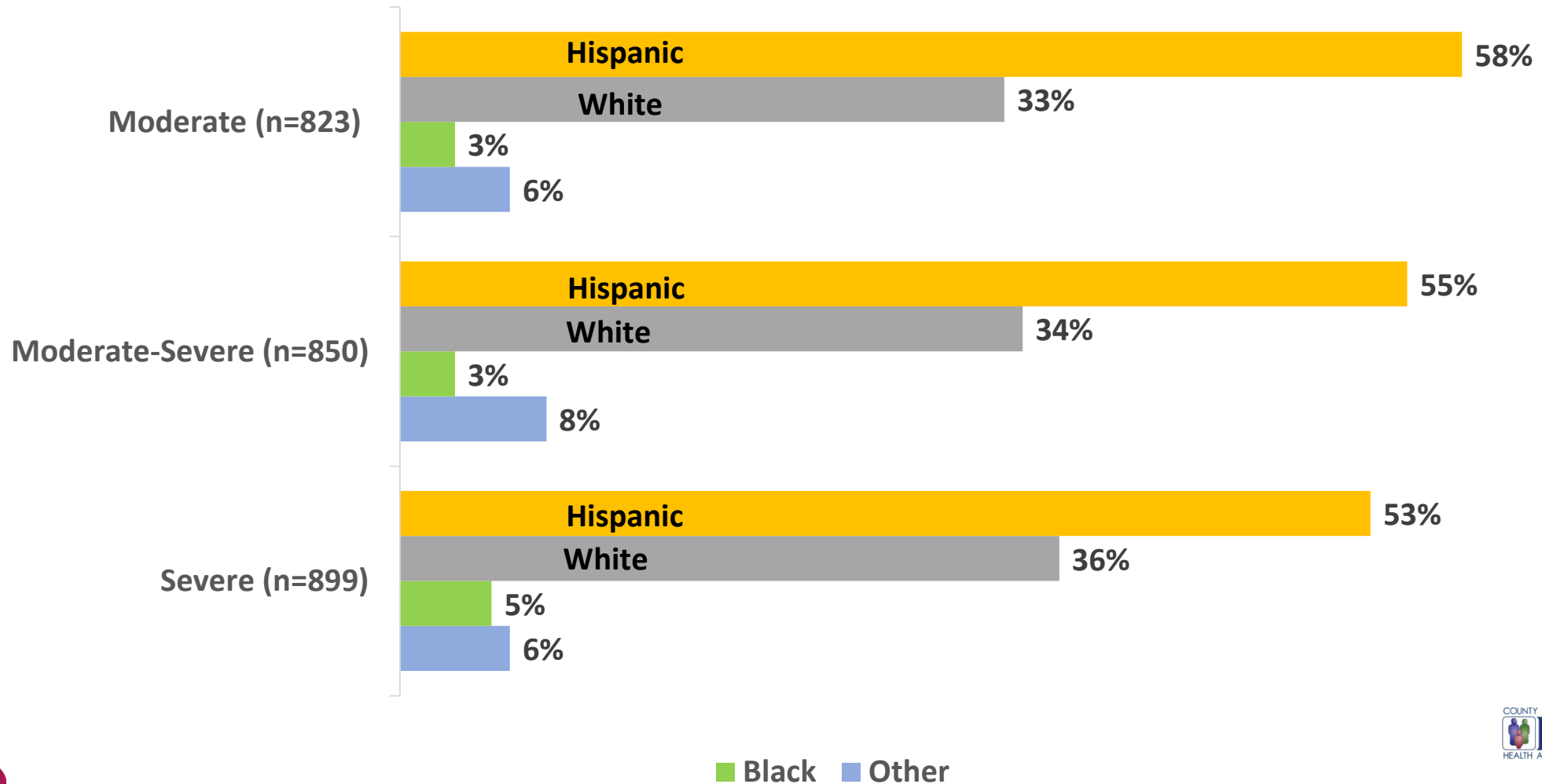
\*As determined by PHQ-9 score at 1<sup>st</sup> program visit

# Cohort Comparability: Gender

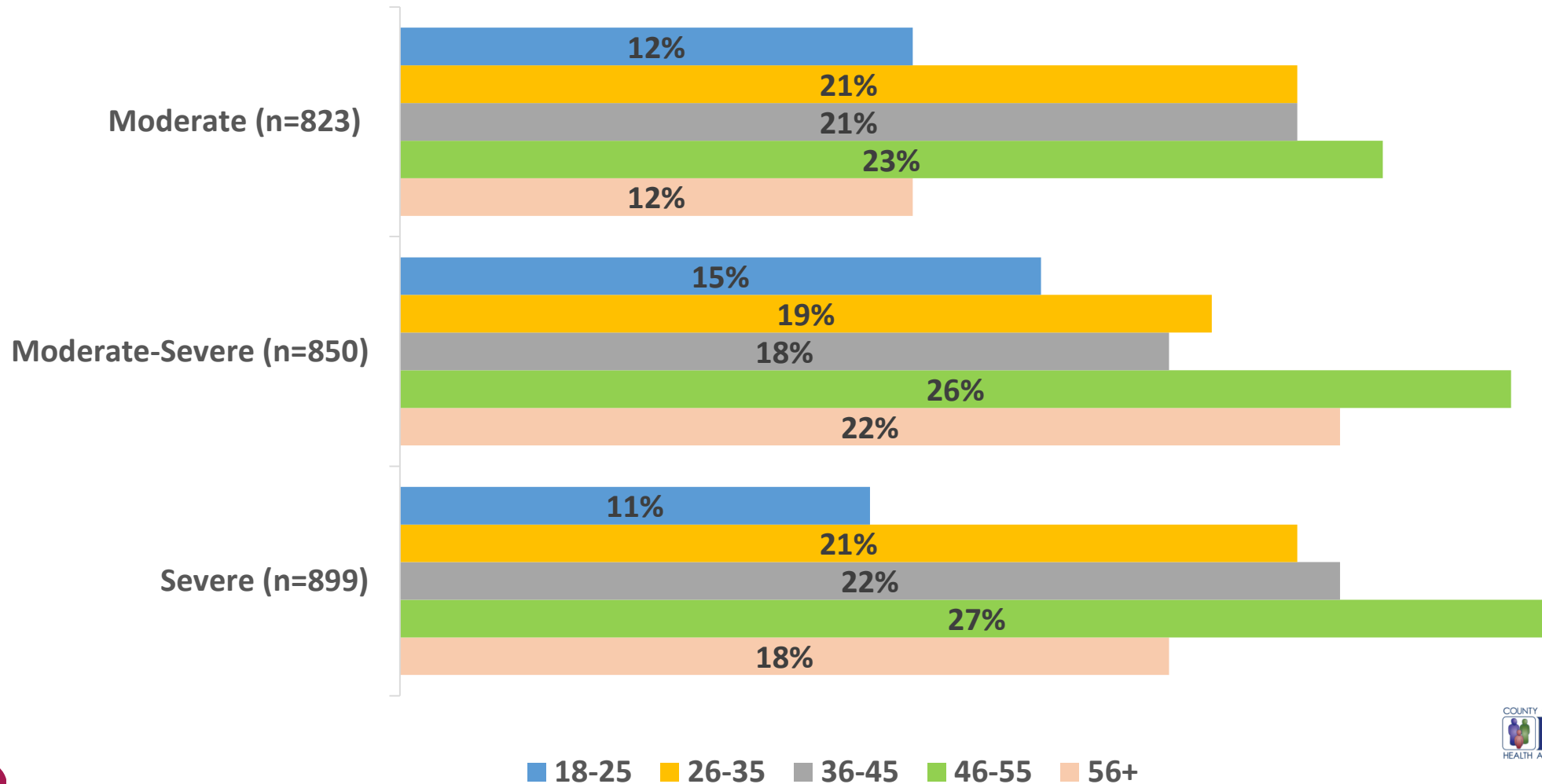


# Cohort Comparability: Ethnicity

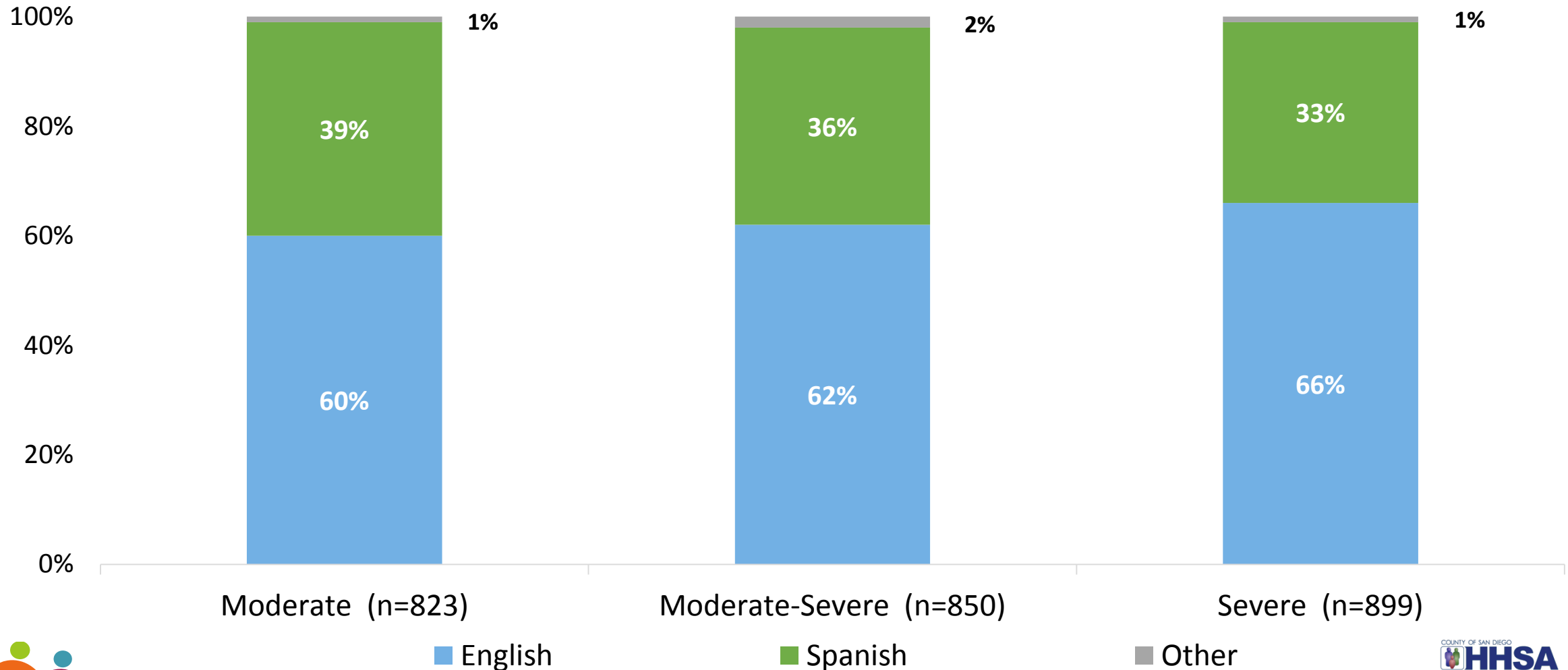
## White



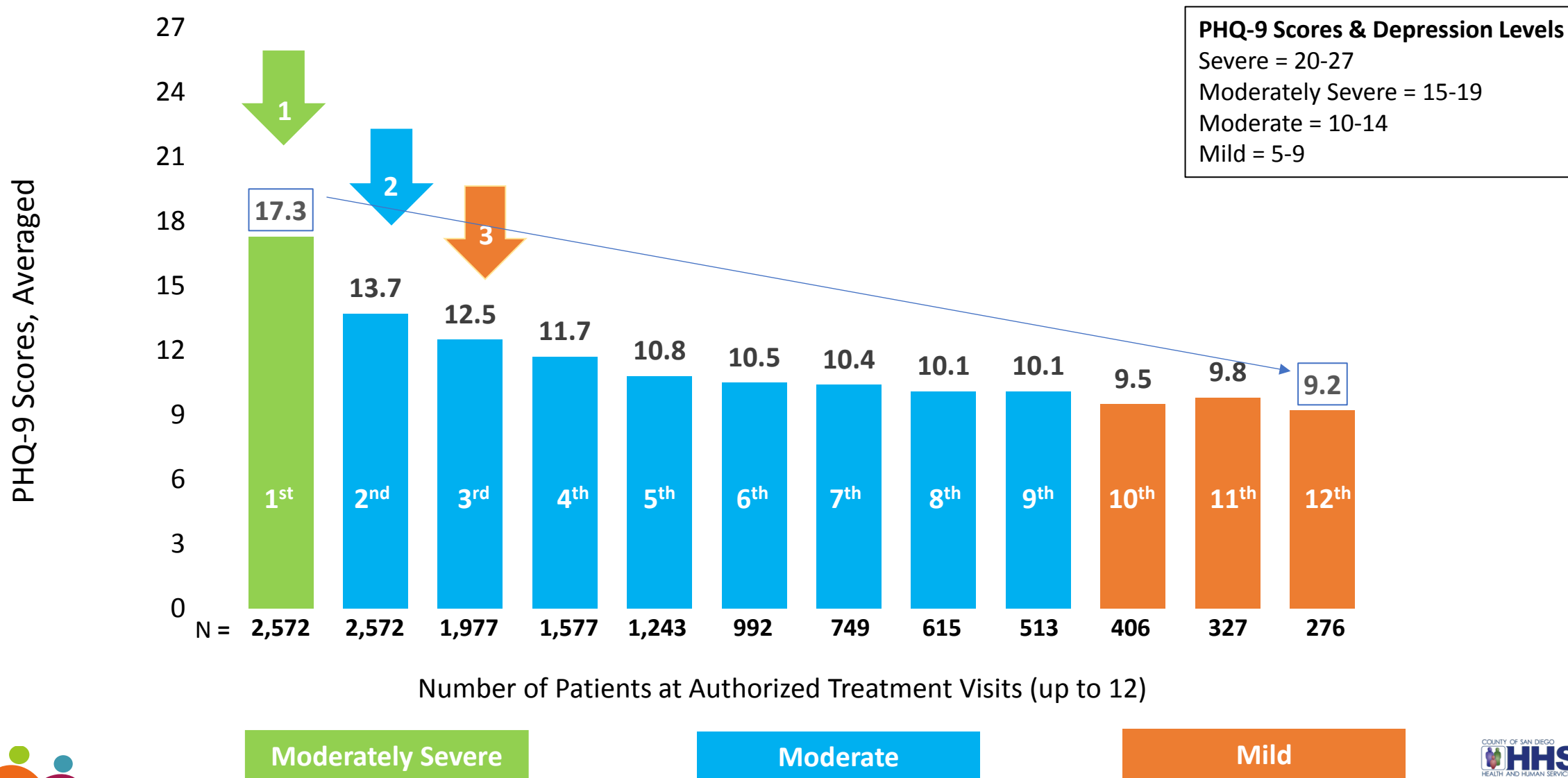
# Cohort Comparability: Age Range (18- 86)



# Cohort Comparability: Preferred Language for Receiving Services



# Patient Outcomes: Averaged PHQ-9 Scores across Treatment Visits





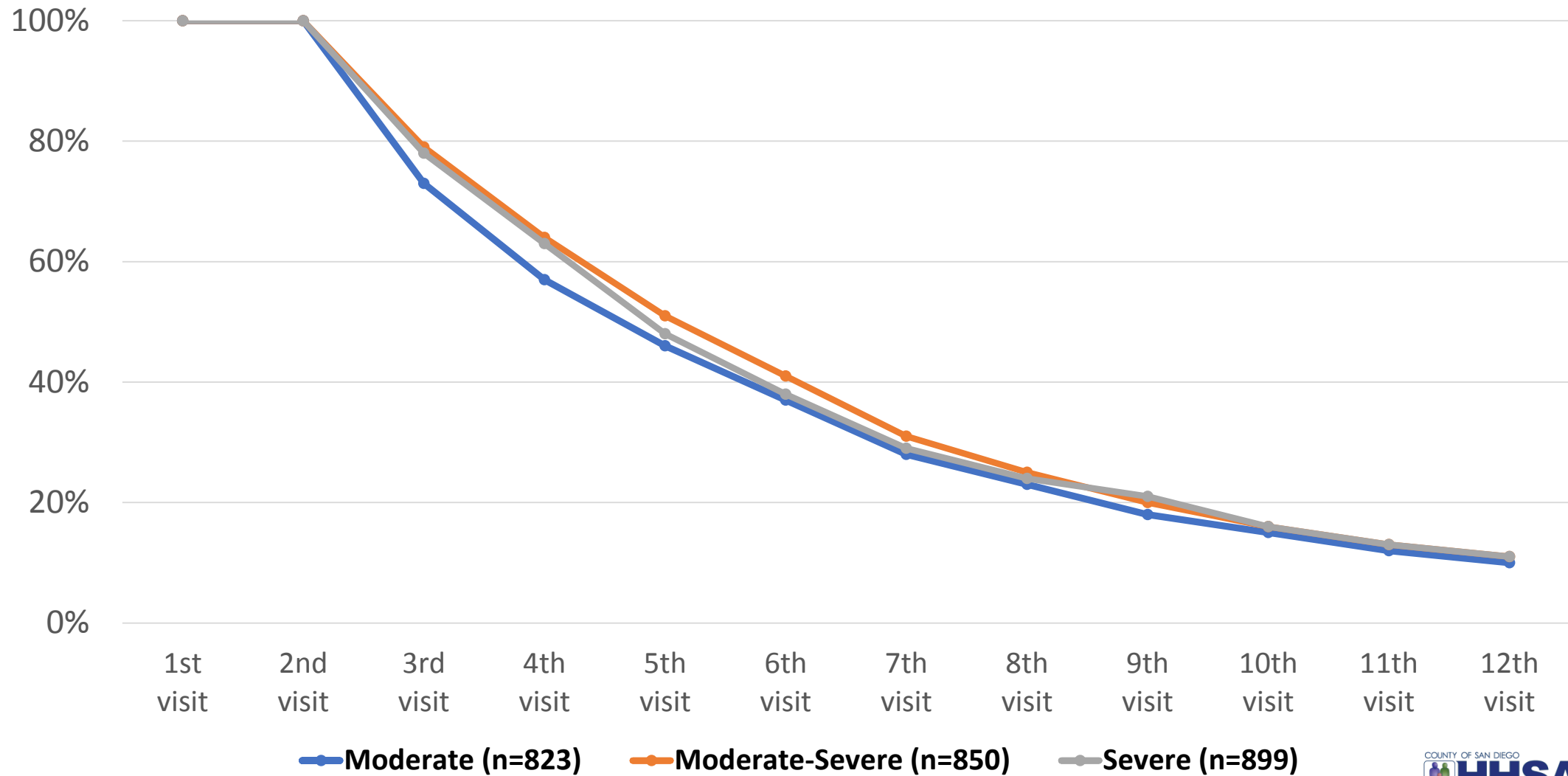
# Key Evaluation Questions about Program Outcomes & Efficacy

1. Are the overall program outcomes skewed by disproportionate drop-out rates among cohorts?
2. Are the outcomes at second visit skewed by disproportionate improvement rates among cohorts?
3. Do some patient populations benefit from the program more than others?
4. Do patients stop participating in the program because they feel better?

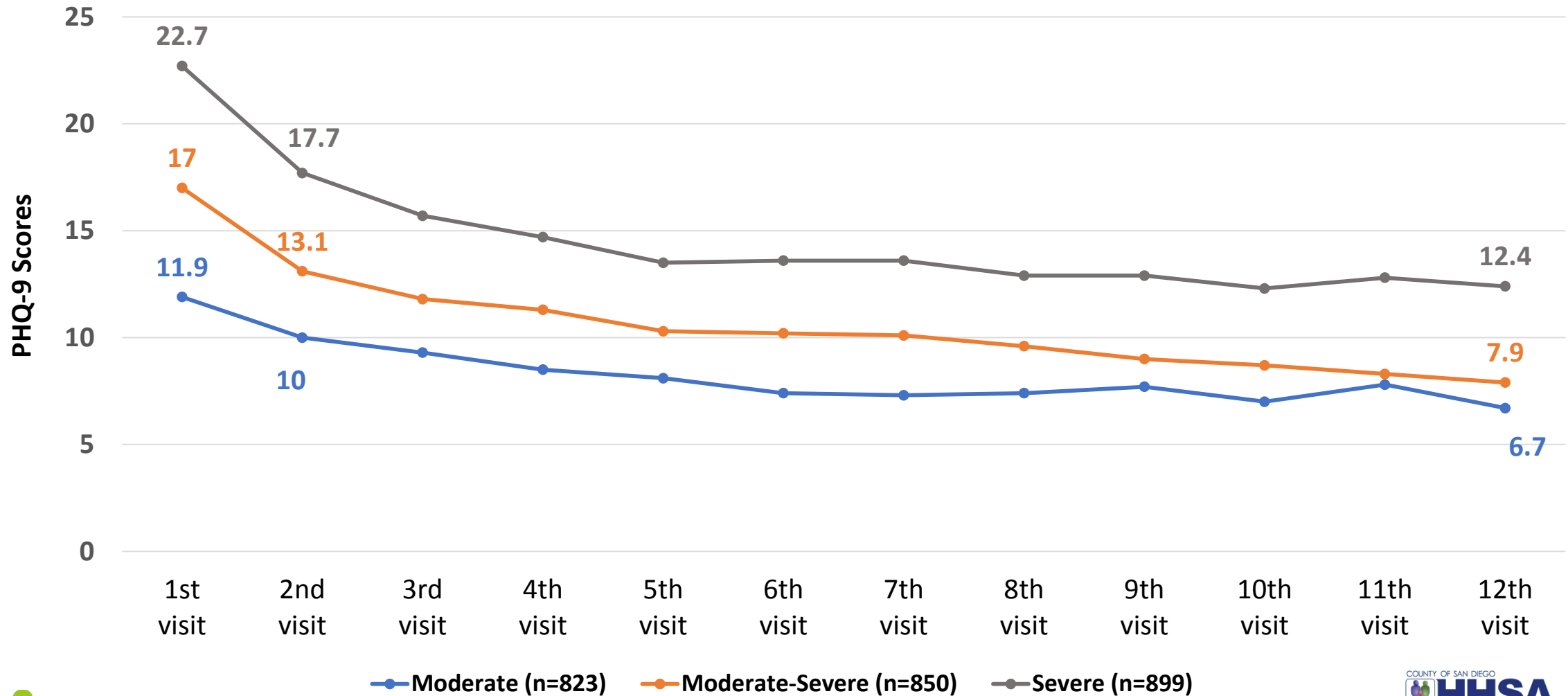


Q1. Are the overall program outcomes skewed by disproportionate drop-out rates among cohorts?

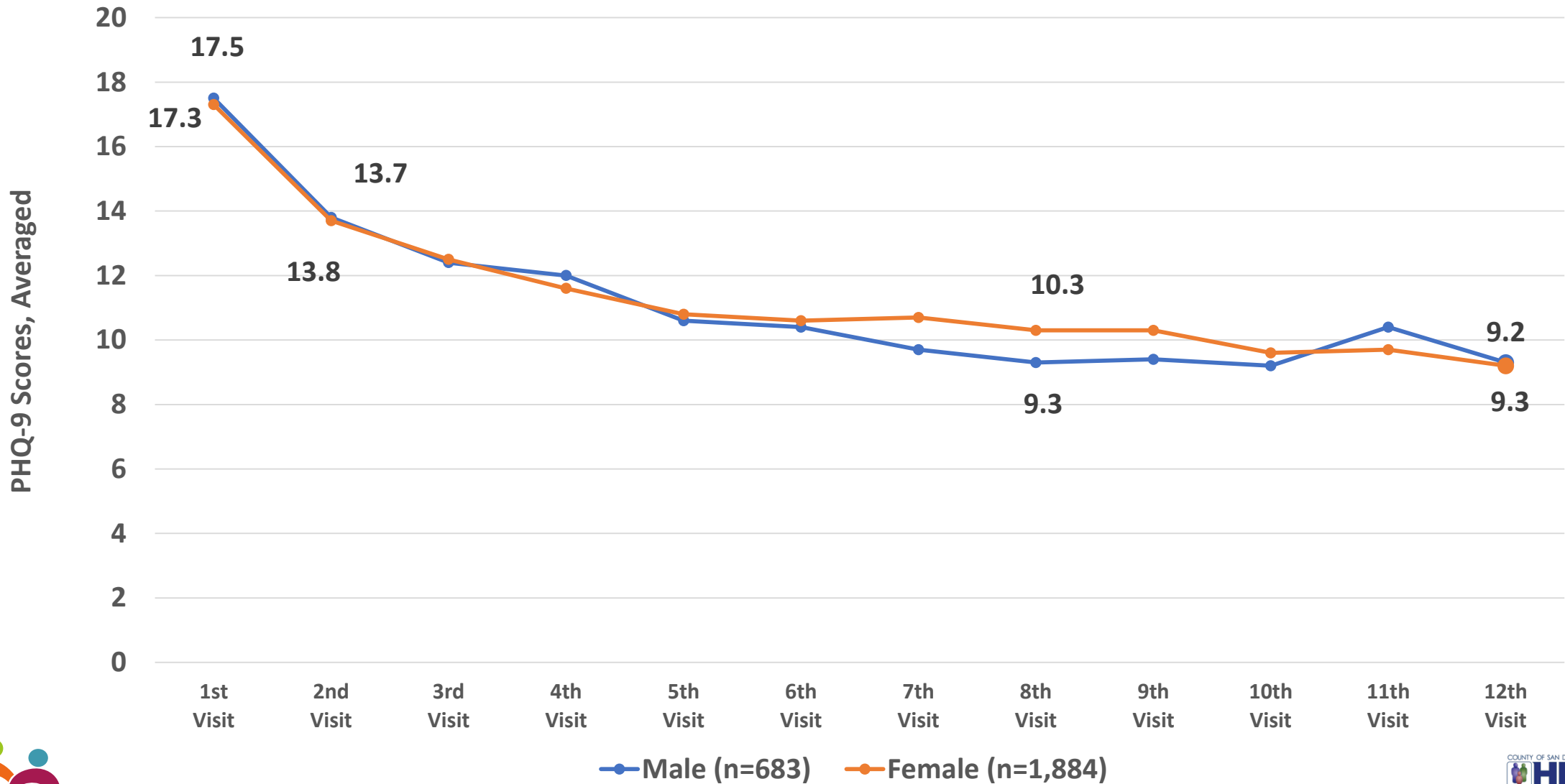
## Attrition Rates by Severity of Depression



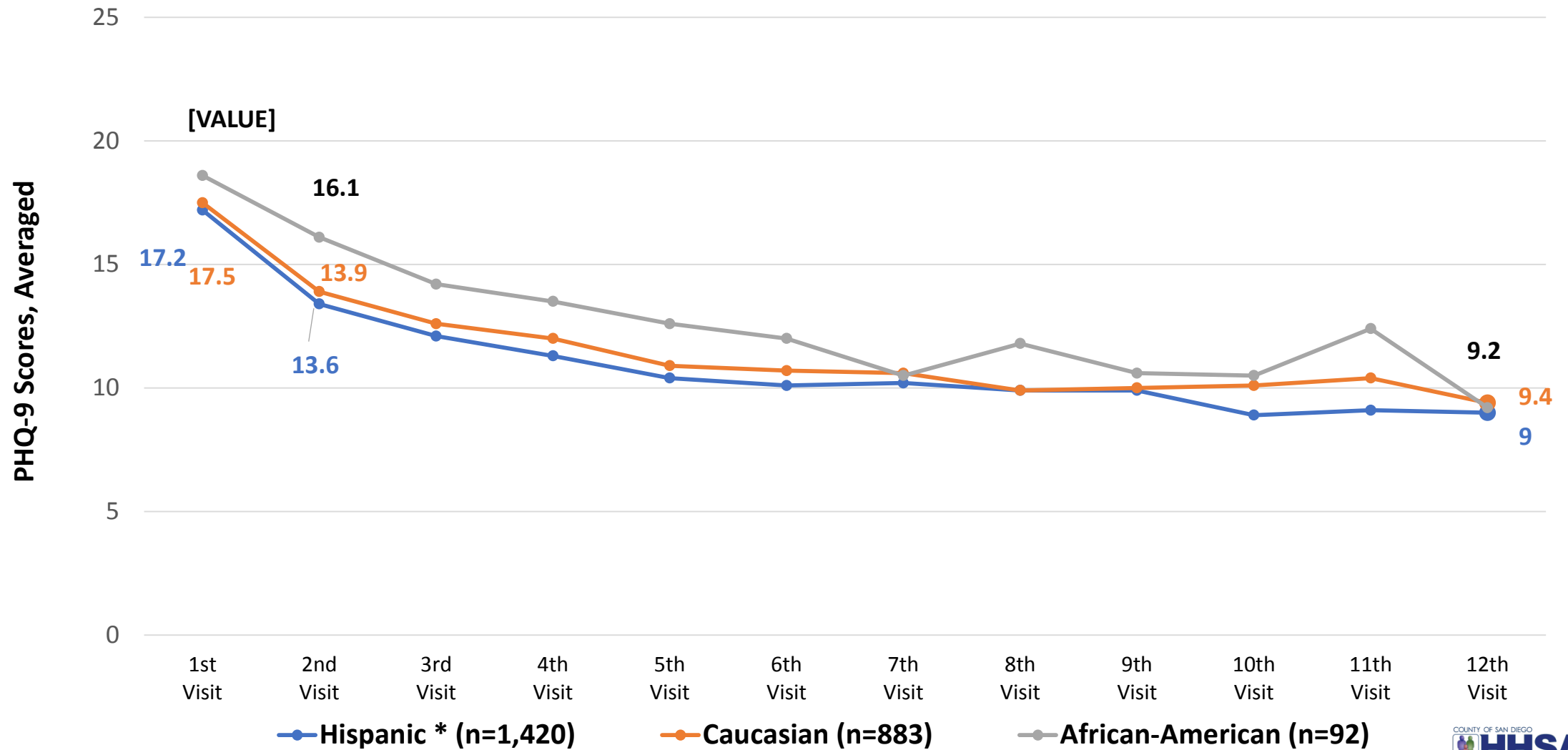
## Q2. Are outcomes at second visit skewed by disproportionate improvement rates among cohorts? Changes in Averaged PHQ-9 Scores by Severity of Depression



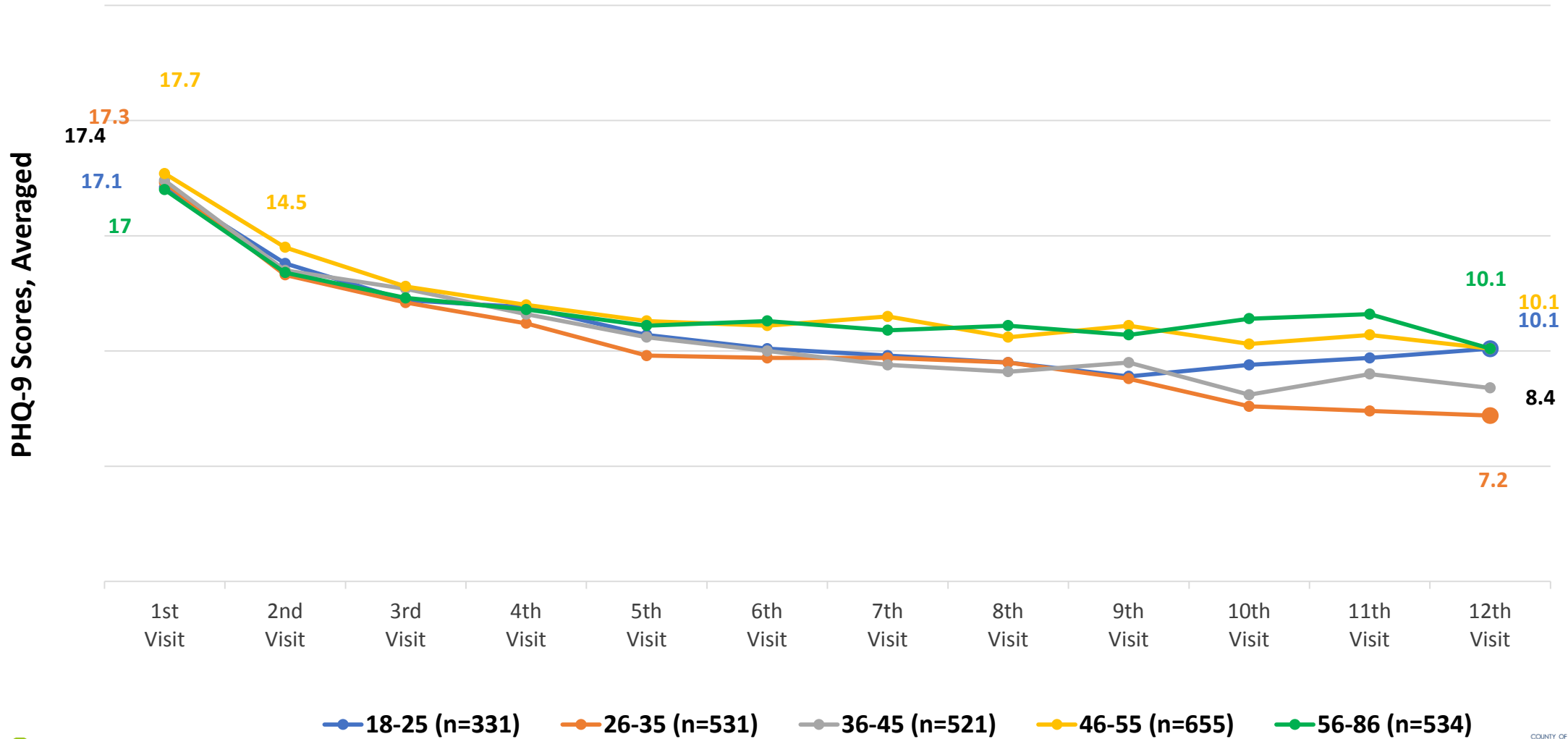
# Q3. Do some patient populations benefit from the program more than others? Averaged PHQ-9 Scores by Gender



# Q3. Do some patient populations benefit from the program more than others? Averaged PHQ-9 Scores by Ethnicity

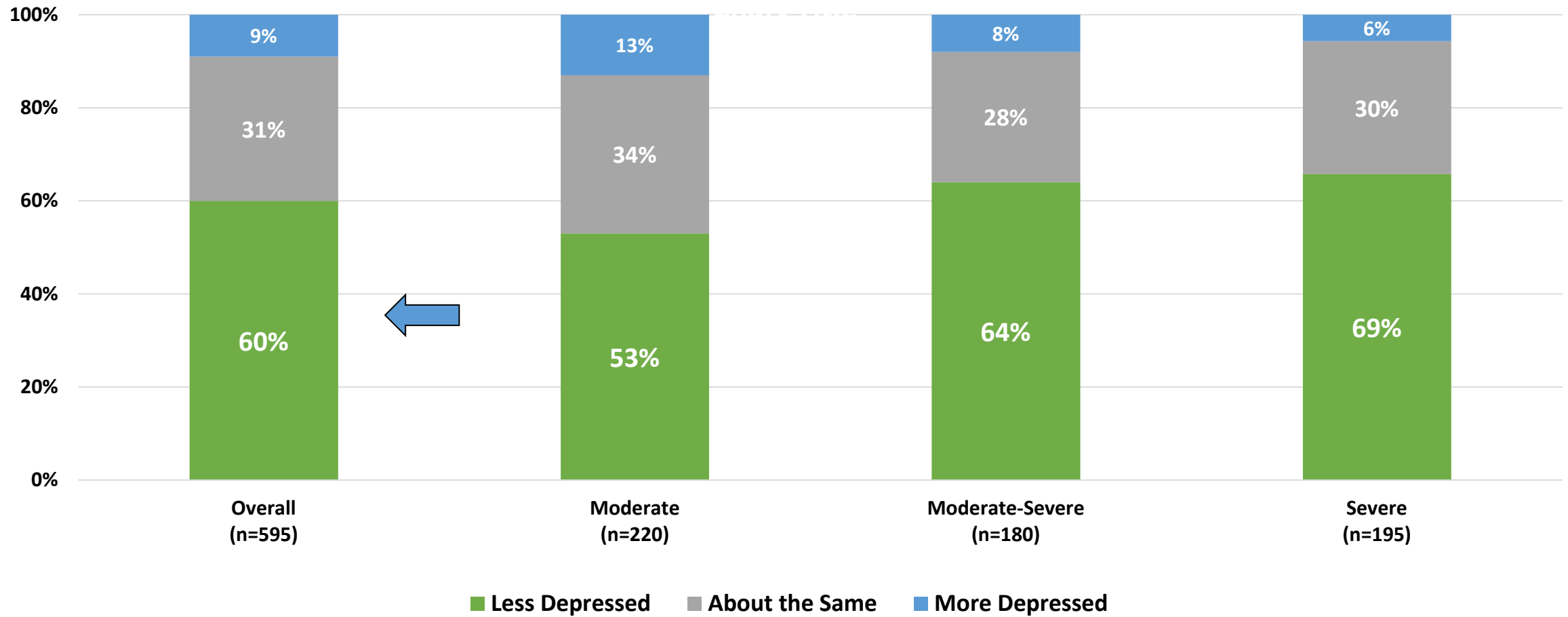


# Q3. Do some patient populations benefit from the program more than others? Averaged PHQ-9 Scores by Age Groupings



# Q4. Do patients stop participating in the program because they feel better?

Categorical changes in Depression Levels for 595 Patients who **Did Not** come back for a 3<sup>rd</sup> IMPACT visit.

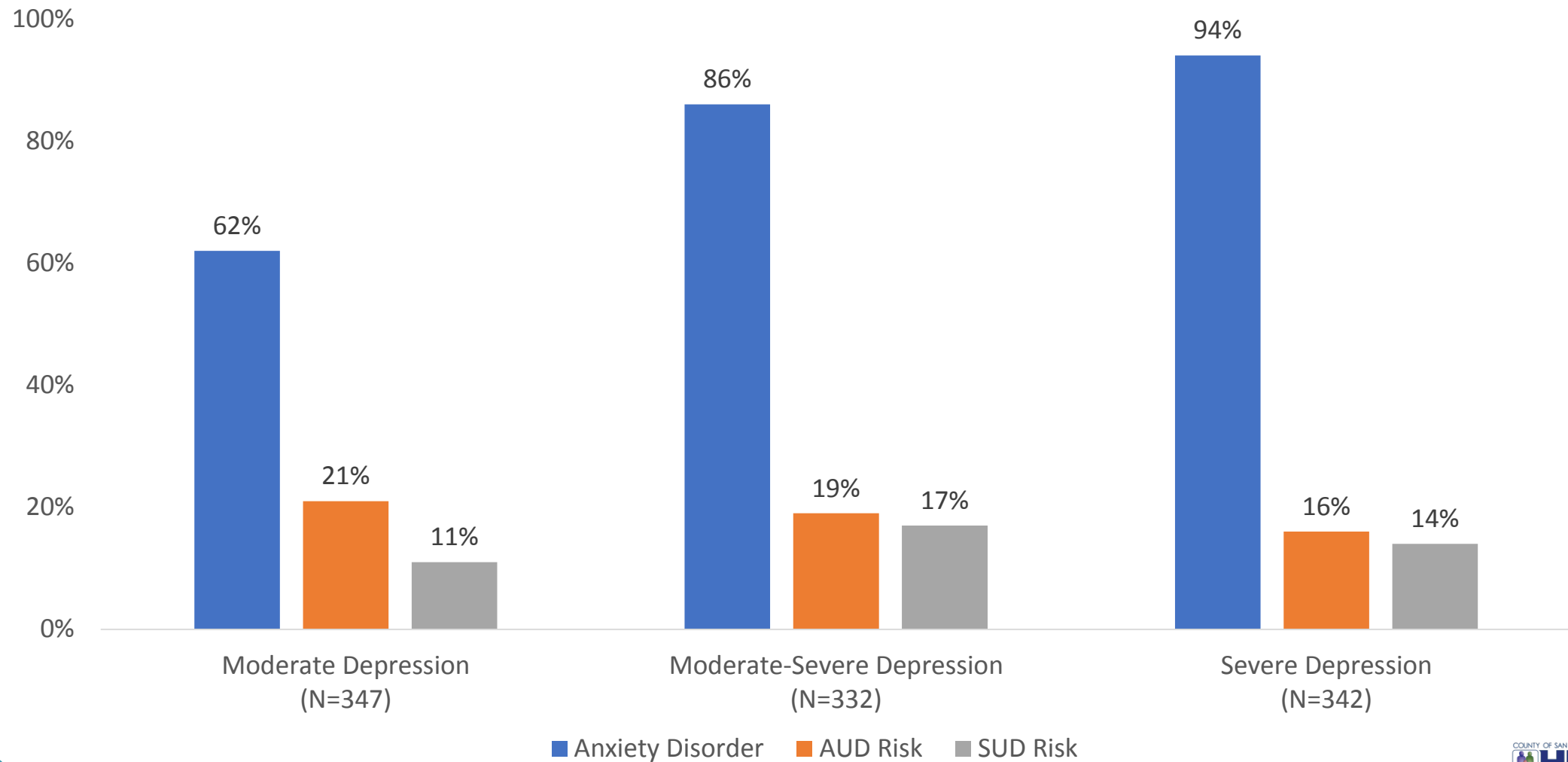




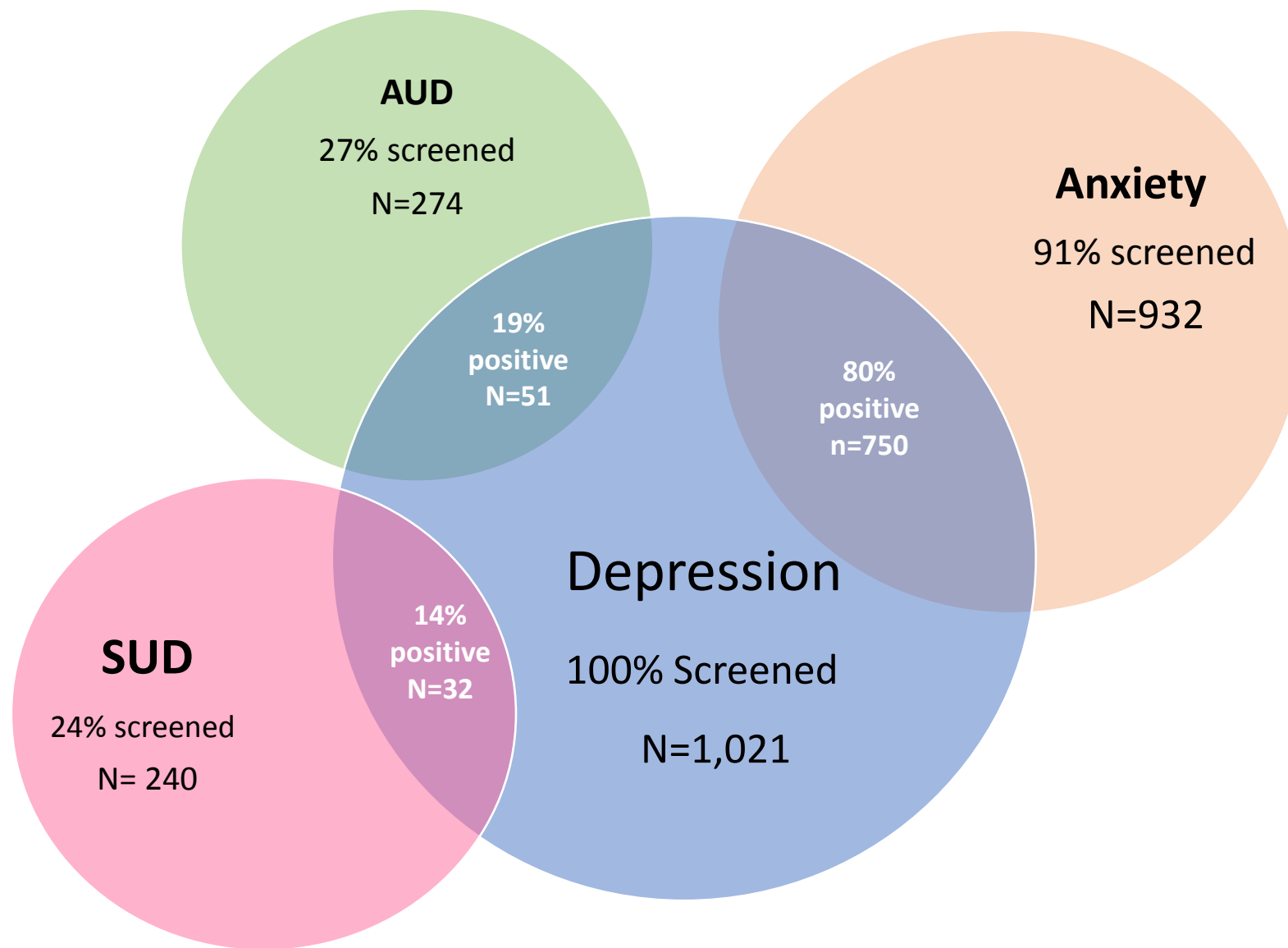
# A Few More Findings for Second Wave of Data Collection: 2014- 2017



# Percent of IMPACT Patients Screening Positive for Generalized Anxiety Disorder, Alcohol Use Disorder (AUD) and Substance Use Disorder (SUD): N = 1,021 (2004-2017 only)



# Intersection of IMPACT Patients Screening Positive for Generalized Anxiety Disorder, Alcohol Use Disorder (AUD) and Substance Use Disorder (SUD): N = 1,021 (2004-2017 only)





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