

Payment innovation cuts depression time in half

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When 25 percent of the payments to community health clinics were based on quality of care, patients received better care and had better depression outcomes. The results of this initiative will be published in the April 19 issue of the *American Journal of Public Health* in the paper, "Quality Improvement with Pay-for-Performance Incentives in Integrated Behavioral Health Care."

University of Washington researchers examined records from almost 8,000 patients treated for depression in 29 community health clinics in the Washington State Mental Health Integration Program before and after the implementation of a pay-for-performance incentive. After the incentive was started, patients were seen more quickly and were more likely to receive consultation from a psychiatrist. They were also more likely to show improvements in their depression.

"The time for depression to improve in the majority of patients was cut by more than half, from over 60 weeks to less than 25 weeks," said Dr. Jürgen Unützer, professor and vice chair of the UW Department of Psychiatry and Behavioral Sciences, the lead author of the study.

The Washington State Mental Health Integration Program provides medical and mental health services for low-income adults who are temporarily disabled due to a physical or mental health condition and expected to be unemployed for at least 90 days. This program is funded by the State of Washington and administered by the Community Health Plan of Washington, a non-profit managed care plan.

In King County the program also covers military veterans and their family members, the uninsured, low-income mothers and their children, and low-income older adults. Services in King County are also funded by a voter-approved levy that is administered by Public Health – Seattle & King County.

Treatment for depression and other common mental disorders is provided through an innovative team approach in which primary care providers are supported by a trained mental health care coordinator and a consulting psychiatrist.

Expert faculty members from the UW's Advancing Integrated Mental Health Solutions (AIMS) Center provide training, technical assistance, and a web-based tracking system to support systematic outcome tracking and quality improvement.

Unützer said he was struck by the program's effectiveness with this highly vulnerable group of patients.

"Most of the program participants were unemployed due to a medical or a mental health problem and more than half had problems with stable housing," he said. "Despite these challenges, we found that the majority of program participants achieved improvements in their depression."

Unützer pointed to the [Mental Health](#) Integration Program and its pay-for-performance component as a prime example of achieving the healthcare "triple aim." The triple aim seeks to enhance the patients' experience of care and improve health outcomes while containing or reducing healthcare costs.

Each year more than 20 million Americans suffer from depression. The World Health Organization ranks depression among the leading causes of disease burden worldwide. Most patients with depression seek help in

primary care clinics, but in many cases their depression is not recognized or treated effectively.

Ineffectively treated depression leads to tremendous suffering in patients and their loved ones, increased mortality and higher healthcare costs. The researchers noted that today's study demonstrates that with the right incentives and support [community health](#) clinics can substantially improve care and clinical outcomes for vulnerable patients with depression.

Provided by University of Washington

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