TARGET AUDIENCE

This program is for adults experiencing depression, including those with a depressive disorder and those with depressive symptoms who do not meet full criteria for a disorder.

SUMMARY

The Partners in Care (PIC) program seeks to improve the quality of care for individuals with depression in managed primary care practices and to increase the percentage of these patients receiving appropriate care. PIC consists of two quality improvement programs: PIC-Medication, which supports treatment with medication and PIC-Therapy, described in a separate review, which supports psychotherapy.

EVIDENCE

Although positive results were found at 6 and 12 months after the beginning of the intervention for the PIC-Medication and PIC-Therapy groups combined, compared to a control group, results were not significant at 18 and 24 months. Additionally, significant negative effects were found at 9-year follow-up. Compared to the control group, patients in the PIC-Medication group scored lower on measures of mental health and coping with a stressful event. White patients in this group also scored lower on social support and higher on perceived barriers to care.

COMPONENTS

To begin the PIC-Medication program, the participating managed care organization identifies local expert leaders, who will be trained to implement the intervention, including a primary care clinician, a nurse supervisor, and a mental health specialist. These expert leaders then distribute clinician manuals, provide regular lectures on depression treatment, and supervise clinicians.

Primary care nurses are trained to be depression nurse specialists (DNSs). DNSs assess and educate patients who screen positive for depression, elicit patient treatment preferences, and communicate this information to the primary care clinician. The clinician and patient then decide on treatment.

If the chosen treatment plan includes medication, the DNS follows up with the patient to monitor symptoms, side effects, and adherence to medication. If treatment is successful, the DNS encourages continued treatment; if changes are needed, the DNS communicates with the primary care clinician and psychiatrist. This follow-up ranges from 6 to 12 months.

PREVIOUS USE

Since it was first evaluated in the late 1990s, the basic PIC model has been implemented in hundreds of primary care clinics in all states in the U.S.
**TRAINING**

Training is not provided by program developers; however, developers recommend obtaining training in quality improvement for depression treatment. For information on preparing to implement PIC, including training, visit [www.rand.org/health/projects/pic/approach.html](http://www.rand.org/health/projects/pic/approach.html)

**CONSIDERATIONS**

Considerations for implementing PIC-Medication include understanding there is no training and implementation support by the developer, obtaining funding for the program, acquiring buy-in by the medical practice(s) and affiliated mental health providers, and allocating time to implement the program.

The Clearinghouse can help address these considerations. Please call 1-877-382-9185, or email Clearinghouse@psu.edu

**IMPLEMENTATION**

If you are interested in implementing PIC-Medication, the Clearinghouse is interested in helping you! Please call 1-877-382-9185, or email Clearinghouse@psu.edu

**TIME**

If the patient and primary care providers determine medication is desired and appropriate, the patient takes medication regularly and participates in follow-up conversations for 6 to 12 months.

**COST**

Electronic program materials are free; hard copies are $275 per set. In the trial evaluating PIC, implementation costs ranged from $30,000 to $72,000 based on practice size.

**EVALUATION PLAN**

To move the PIC-Medication program to the Unclear Ø category on the Clearinghouse Continuum of Evidence, at least one external evaluation must be conducted that demonstrates significant positive outcomes with an absence of negative outcomes.

The Clearinghouse can help you develop an evaluation plan to ensure the program components are meeting your goals. Please call 1-877-382-9185, or email Clearinghouse@psu.edu

**CONTACT**

Contact the Clearinghouse with any questions regarding this program. Phone: 1-877-382-9185 or by email: Clearinghouse@psu.edu

You may also contact Dr. Cathy Sherbourne by mail Partners In Care, RAND Health, 1776 Main Street, P.O. Box 2138, Santa Monica, CA 90407-2138, email Cathy_Sherbourne@rand.org, phone 1-310-393-0411 ext 7216, or visit [www.rand.org/health/projects/pic.html](http://www.rand.org/health/projects/pic.html)

**SOURCE**