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-Therapy, which supports psychotherapy and PIC-Medication, described in a separate review, which supports treatment with medication.

EVIDENCE

This program is placed as Unclear because of mixed results. Although there were significant positive findings at 6 and 12 months after the beginning of the intervention, with a lower percentage of intervention participants meeting criteria for depressive disorder compared to the control group, these findings were no longer present at 18 and 24 months. However, when looking only at results for participants with subthreshold depression at baseline, rather than the full group of participants, significant results were maintained to 57 months. These participants were less likely to have a depressive disorder or unmet need for care compared to the usual care control group.

COMPONENTS

To begin the PIC-Therapy 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 psychotherapy, the DNS connects the patient to a PIC-trained mental health care provider for 8 to 12 weeks of cognitive behavioral therapy with a reduced co-payment. Therapists, who receive weekly supervision, report to primary care providers after initial assessment of patients and completion of therapy.

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.
Partners in Care: Therapy

TRAINING
Training is no longer provided by program developers; however, developers recommend obtaining training in quality improvement for depression treatment. For information on preparing to implement PIC, including training suggestions, visit www.rand.org/health/projects/pic/approach.html

CONSIDERATIONS
Considerations for implementing PIC-Therapy include understanding there is no training or 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-Therapy, the Clearinghouse is interested in helping you! Please call 1-877-382-9185, or email Clearinghouse@psu.edu

TIME
Participant time involvement varies depending on the assessment and resulting treatment plan. A patient, who is deemed eligible for treatment based on initial assessment and referral, could participate in 8 to 12 weeks of therapy.

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-Therapy program to the Promising category on the Clearinghouse Continuum of Evidence, two additional evaluations should be performed demonstrating positive effects lasting at least one year from the beginning of the program or six months from program completion.

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

SOURCE

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