TARGET AUDIENCE

This program is for adults who are experiencing depression or depressive symptoms.

SUMMARY

The Partners in Care (PIC) program is designed to improve the quality of care for individuals with depression or depressive symptoms that do not meet full criteria for a disorder in managed primary care practices and to increase the percentage of these patients receiving suitable care. PIC consists of two quality improvement programs: PIC-Therapy, which supports psychotherapy, and PIC-Medication*. 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 sub-threshold 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.

* A separate fact sheet is available for this program.

COMPONENTS

The PIC-Therapy program intends to improve participants' general well-being by enhancing their quality of life through determining and providing suitable treatment. This program consists of collaboration among a variety of healthcare professionals.

Local expert leaders, who will be trained to implement the intervention, include a primary care clinician, a nurse supervisor, and a mental health specialist. The participating managed care organization identifies these professionals. These leaders distribute clinician manuals, provide regular lectures on depression treatment, and supervise clinicians.

Primary care nurses are trained to be depression nurse specialists (DNSs), and these nurses 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 develop a treatment plan. If the chosen treatment plan includes psychotherapy, the DNS connects the patient to a PIC-trained mental health care provider for 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 50 states in the United States.
PARTNERS IN CARE (PIC): 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, please 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 cost $275 per set. In the trial that evaluated PIC, implementation costs ranged from $30,000 to $72,000 based on the size of the population being served.

EVALUATION PLAN

To move the PIC-Therapy program to the Promising category on the Clearinghouse Continuum of Evidence, at least one evaluation should be performed demonstrating positive effects among the entire sample of participants 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 Email: Clearinghouse@psu.edu
You may also contact Partners in Care by mail RAND Health, 1776 Main Street, P.O. Box 2138, Santa Monica, CA 90407-2138 or contact Dr. Cathy Sherbourne by email Cathy_Sherbourne@rand.org or visit www.rand.org/health/projects/pic/contact.html

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