The Three Ts: Teams, Training, Technology

Jürgen Unützer, MD, MPH, MA
Professor and chair, Department of Psychiatry and Behavioral Sciences
University of Washington
Jürgen Unützer, MD, MPH, MA: Disclosures

• Employment: University of Washington
  • Professor & Chair, Department of Psychiatry and Behavioral Sciences
  • Adjunct Professor, School of Public Health

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  • Up To Date: Chapter on Late-Life Depression
TEAMS:
Collaborative Care for late life depression
Theory of Change

Improving the Health and Well-being of Older Californians and Their Caregivers

Integration of Health Care and Social/Supportive Services (Seven Cs)

- Culturally Competent
- Client-Centered
- Comprehensive
- Collaborative
- Correct
- Connected
- Compassionate

GOALS

- Teams
- Training
- Technology

Grants, Technical Assistance, Evaluation, Policy and Advocacy, Convenings, Communications, Leadership
Depression in late life

• Common (1/5 – 1/10)

• A miserable state that can last months or even years
  • Pervasive depressed mood / sadness &
  • Loss of interest / pleasure

• Lack of energy, fatigue, poor sleep and appetite, physical slowing or agitation, poor concentration, physical symptoms (aches and pains), irritability, thoughts of guilt, and thoughts of suicide

• Only 2/10 see a mental health specialist. Most are seen in primary care. Few get better.
Care Partners Initiative:
Improving late-life depression care

• Collaborative Care Team in Primary Care
  • Primary Care Physician or Nurse Practitioner
  • Psychiatric Consultant
  • Behavioral Health Care Manager
• Enhanced through partnerships
  • Community-based Organizations
  • Family Members

https://cp.psychiatry.uw.edu
Care Partners Initiative

- 2013-2022
- UW and UC Davis
- 14 partnered sites throughout California
- Nearly 1,000 depressed older adults served
- Important lessons about teams, training and technology
Collaborative Care in Primary Care

Primary Care Team

Informed, Active Patient

Outcome Measures

Population Registry

Treatment Protocols

Psychiatric Consultation

Problem Solving Treatment (PST)
Behavioral Activation (BA)
Motivational Interviewing (MI)
Medications

PHQ-9

Effective Collaboration
Primary Care Team
Informed, Active Patient
Outcome Measures
Population Registry
Treatment Protocols
Psychiatric Consultation

[Active Patients]
Collaborative Care: How well does it work?

- Doubles the effectiveness of usual care for depression
- Reduces physical pain
- Improves functioning, quality of life, and satisfaction with care
- Reduces total health care costs

But....

- 50% have persistent depressive symptoms
- Health care is not good at addressing social determinants of health
Expanding the care team

- Involve CBOs and family members to improve:
  - Access to care
  - Engagement and retention in treatment
  - Patient care experience
  - Quality of care
  - Capacity to address social determinants of health
Care Partners Program Participants
Depressed, 65 years+
Cohort 1 August 2017 – July 2020; Cohort 2 July 2018 – June 2021

Patient Demographics – Race and Ethnicity

- White, Hispanic/Latino: 40%
- White, Not Hispanic/Latino: 32%
- Black: 9%
- Mixed Race/Other: 8%
- Unknown/not reported: 11%
Care Partners Outcomes
*Cohort 1 August 2017 – July 2020, Cohort 2 July 2018 – June 2021*

<table>
<thead>
<tr>
<th>Program Engagement (&gt;2 contacts)</th>
<th>89%</th>
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<tbody>
<tr>
<td>Mean # of contacts</td>
<td>11</td>
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<tr>
<td>Significant Improvement in Depression (50% reduction in PHQ-9 or PHQ&lt;10)</td>
<td>70%</td>
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*Patients age 65+ with an initial PHQ≥10 and at least one follow-up

“Substantial improvement over Collaborative care without partnerships.”
The clinicians helped the [CBO] to do their job better ... and it was a beautiful back and forth.”

CBO Administrator
Teamwork requires Training and Technology

**Training**
- Essential for building and sustaining effective partnerships, teams, and teamwork.
  - Examples
    - Sports teams
    - Orchestra

**Technology**
- Can facilitate communication, collaboration, and coordination of care.
  - *Make sure ‘no one falls through the cracks.’*
- Can also be a barrier (don’t wait for the perfect technology).