
Activity Description
The goal of this Performance Improvement Project (PIP) is to improve the rate of the UCare non-white PMAP and MNCare members that are compliant with the HEDIS Antidepressant Medication Management (AMM) Continuation Phase measure by 6 percentage points by the end of the project period.

The Collaborative PIP interventions will focus on improving antidepressant medication adherence. Improvements include:

- Provider trainings to increase awareness, barriers to medication adherence, cultural issues and health plan resources, etc.
- Provider toolkit with resources for providers working with culturally diverse patients experiencing depression. Resources may include: shared decision making tool, education about depression diagnosis and treatment options, etc.
- Partnering with local organizations (e.g. National Alliance on Mental Illness, religious groups, community organizations, etc.) to raise awareness of depression as an issue in the community.

UCare PIP interventions will align with the Collaborative intervention, but will focus on internal efforts. Initiatives include:

- Partner with local pharmacies to do Medication Therapy Management to improve medication adherence for UCare members who are prescribed an antidepressant medication.
- Identify clinic partnerships that serve a high volume of culturally diverse members that have a depression diagnosis and are on an antidepressant medication to receive care coordination.
- Partner with Beacon Health Strategies to identify members who have a depression diagnosis and are newly prescribed an antidepressant medication to receive health coaching and outreach services.

Quantitative Analysis and Trending of Measures
UCare will measure improvement in the HEDIS Antidepressant Medication Management Continuation Phase in the PMAP/MNCare non-white population over the next three years. The non-white population consists of all members who classify themselves as a race other than white, ethnicity for Hispanic is chosen as yes, or ethnicity for Hispanic is chosen as no, but their race is unknown. The goal is to increase antidepressant medication adherence in the non-white population by 6 percentage points, to 33.33%, after 3 years. The selected goal and percent increase was based on statistical significance.

UCare’s current baseline rate for this PIP is 27.33%. The current 2015 HEDIS rate (pre-implementation) is 27.41%. UCare’s 2015 HEDIS Rate does not reflect interventions that have been implemented from this past year due to the HEDIS technical specifications for this measure. The impact of interventions will be reflected in our 2016 HEDIS rates.

Evaluation of Effectiveness
In Year 1 of this PIP, provider interventions focused on development of a toolkit and a webinar series for providers who work with culturally diverse patients experiencing depression. UCare worked with a collaborative of Minnesota Health Plans (the “Collaborative”) to develop these resources. The resources address best practices for depression care, with an emphasis on the importance of delivering such care in a culturally appropriate way.

The Collaborative developed the Antidepressant Medication Management: A Provider Toolkit. The goal of the toolkit is to provide relevant resources and tools for providers working with culturally diverse patients in the Medicaid community who experience depression. The toolkit includes the following topics:
• Best Practices in Depression Care
• Emerging Best Practice: Integration of Behavioral Health into the Primary Care Setting
• Cultural Awareness and Treating Depression
• Shared Decision Making for Depression Treatment
• Mental Health Resources

In Year 1 of this PIP, the Collaborative launched a provider webinar series focused on culturally sensitive depression care. It offered two webinars in 2015.

**Webinar 1: Cultural Awareness in Mental Health Care.** Cultural Awareness in Mental Health Care was presented in collaboration with NAMI Minnesota and Stratis Health. The webinar included information on culture basics to inform participants how persons’ cultural perspective influences all areas of their life. In addition, NAMI staff shared findings from work they are doing with diverse communities across the state to understand perceptions of mental health among various racial, ethnic and cultural groups.

**Webinar 2: Shared Decision-Making & Depression Treatment in Primary Care.** This webinar featured experts from Stratis Health, Park Nicollet and HealthPartners. Speakers explained the basic elements of shared decision-making (SDM) and taught the audience how they apply SDM to the treatment of depression in their primary care practice.

The Collaborative also participated in several conferences in 2015.

• **MDH State Innovation Model (SIM) Learning Day Conference.** In May, the Collaborative presented at the MDH SIM Learning Day Conference. The presentation focused on strategies for effective collaboration and highlighted several projects the health plans have collaborated on over the years. One of the projects presented was this PIP, emphasizing how the plans collaborate with each other, community groups and providers. The Collaborative also presented the provider toolkit to the audience as a resource.

• **Park Nicollet Institute Primary Care Update.** In September, a presenter on mental health in primary care shared information about the toolkit on behalf of the Collaborative during a presentation at the Park Nicollet Institute Primary Care Update.

• **Many Faces of Community Health Conference.** In October, the Collaborative presented at the Many Faces of Community Health Conference in collaboration with NAMI Minnesota. The presentation focused on the importance of culturally sensitive depression care. NAMI presented findings from its work on perceptions of mental health among diverse cultural groups. The Collaborative introduced participants to relevant resources and tools to help them improve their effectiveness when working with culturally diverse patients experiencing depression. This included highlighting the toolkit and webinar series.

**Internal – Ucare Interventions**

UCare partnered with Thrifty White pharmacy to do outreach to members who were identified as being on an antidepressant medication. The outreach for this project included:

• Pharmacist reviewing member’s medication therapy
• Identification of medications that can be synchronized
• Choosing an anchor drug to help with medication synchronization
• Synchronization of all medications on a 30 day schedule based on the anchor drug
• Pharmacist consultation with member and their physician regarding “Rx Med Sync Program”
• Pharmacist review of member drug regimen each month to assess changes in medication therapy, medication side effects, recommendations regarding medication dose adjustments, adherence with medication therapies, review of over-the-counter therapies, and member concerns
There were a total of 300 members that have opted into the program to receive outreach by Thrifty White. There are 179 members that have continued to stay enrolled in the program to receive follow up calls and engagement by Thrifty White to ensure medication compliance.

UCare also partnered with United Family Medicine, as they have a high volume of members who have a depression diagnosis and are on an antidepressant medication, as well as serve racial and ethnic diverse populations. The Care Coordination model included:

- Telephonic outreach to the member
- Educating the member on depression, medication and their side effects and symptoms
- Checking in with the member on medication adherence and refill dates
- Assisting the member in scheduling follow-up appointments with the prescriber
- Referring the member to behavioral health services as needed

United Family Medicine reaches out to approximately 100 members per month who are on an antidepressant medication and have a depression diagnosis to provide care coordination services.

Further, UCare utilized a member outreach specialist available through Beacon Health Strategies to offer enrollment in the health coaching program to the member 7-14 days after their first antidepressant medication fill.

Program Features:

- Program is voluntary, member can opt-in or can be prescriber enrolled
- Program’s approach is prospective, proactive, and educational.
- Program provides support for the member to have a successful outcome with their medication
- Program consistently educates the member to call their prescriber about lack of response or therapy side effects
- The same AMM Specialist consistently calls the member
- Prescriber Referral Program
- Currently program is offered in English and Spanish
- Members offered educational materials

Beacon Health Strategies has just begun implementing their program this past September. Currently, UCare does not have any data on enrollment in the program and adherence with medication. UCare will be sharing the data at next year’s interim report. In addition to Beacon launching their program, UCare posted a referral form for the AMM Beacon Health Strategies health coaching program to the UCare provider website. UCare also posted an article in the provider newsletter explaining to providers about the referral program for members who are on an antidepressant medication and have a depression diagnosis.

**Barrier Analysis**

UCare will continue to monitor rates and, should goals not be met, will develop additional interventions to address the barriers. Barriers identified from current interventions with external partnerships include:

- Difficult time reaching the member (e.g. no current phone number, member does not answer the phone or return the voicemail).
- Members not wanting to engage in the outreach interventions. Several members have declined participation in the pharmacy, care coordinator, or health coaching interventions.

**Opportunities for Improvement**

- Continue member, provider, care coordinator and community partnership interventions that fit the needs of the population.
- Continue review of additional opportunities for improvement.