



AHCCCS Payment Modernization - Blog # 14

Depression Screening and Care

April 4, 2016

The US Preventive Services Task Force (USPSTF) recently issued recommendations on [screening for depression](#) in adults in primary care settings, published in JAMA.

The USPSTF recommends screening for depression in the general adult population, including pregnant and postpartum women. Screening should be implemented with adequate systems in place to ensure accurate diagnosis, effective treatment, and appropriate follow-up.

Another recent JAMA article discusses rates of follow up care for [adolescents with newly identified depression symptoms](#) identified in community health centers and HMOs. They found:

Most adolescents with newly identified depression symptoms received some treatment, usually including psychotherapy, within the first 3 months after identification. However, follow-up care was low and substantial variation existed between sites. These results raise concerns about the quality of care for adolescent depression.

Both articles address the importance of mental health screening and diagnosis only if and when treatment including follow up care is received. The populations in both studies were screened in primary care settings. [Commentary on the study](#) from one of the authors concluded:

This study showed that systems that can reliably deliver follow-up care to adolescents are not in place even in good health care systems....it's not enough to screen. You have to fix the treatment and follow-up care systems too.

Finally, [recent research](#) concluded that primary care management processes used for chronic illnesses have increased since 2006-07 years for diseases such as asthma, heart failure and diabetes. The [care management processes](#) studied included patient education; patient reminders about preventive care; nurse care managers to coordinate care; feedback on care quality to providers.

But for depression,

practices used fewer than one care management process for depression, and this level of use has not changed since 2006-07, regardless of practice size. These findings may indicate that US primary care practices are not well equipped to manage depression as a chronic illness, despite the high proportion of depression care they provide.

How Well Are Alternative Payment Models Working?

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A [recent evaluation of Patient Centered Medical Homes'](#) effectiveness has concluded from a 5 year longitudinal study [2007-2012] of 12 New York NCQA Level 3 PCMHs that modest improvements in quality measures were achieved compared to a control group on measures such as decreased specialty visits, fewer lab tests, fewer radiology tests, and fewer hospitalizations.

A [Kaiser report](#) on medical home models in Medicare showed mixed results. For example, the Comprehensive Primary Care model showed no net savings, but some modest achievement of quality goals. The FQHC Advanced Primary Care Practice model achieved savings when compared to controls, but FQHCs did not perform better than non-participating FQHCs and had higher Medicare utilization and rates of emergency room visits among its Medicare beneficiaries.

The same Kaiser report also examined Medicare BPCI bundled payment results. The BPCI model which includes inpatient only, and the model that includes inpatient, physician, and post-acute both showed lower spending; the other BPCI models did not show savings. None of the models showed significant quality differences with controls.

Children

Poor children in the Netherlands see a primary care provider more often than wealthier children [according to researchers](#). In the U.S. it's the opposite. The comparison is interesting because there are similarities between both health systems. The difference is the Dutch place more emphasis on primary care.

[Another study](#) examined health care spending and utilization among children with Medicaid. It concluded:

As resource use increases in children with Medicaid, spending rises unevenly across health services: Spending on primary care rises modestly compared with other health services.

Similar to adults, the study found that three-quarters of the most expensive 1% of children used mental health services. Mental health care comprises 24% of the spending in the upper 1% most expensive children.

An Asthma related acute-care visit [ED, Urgent Care, or Inpatient] for a child is an indicator of high future healthcare utilization according to a retrospective study. [A model](#) is being tested in which an acute-care visit triggers a high risk protocol that includes specialist care and a social and environment assessment.

With each additional historic acute-care visit, there was an increased probability of a future acute-care visit, from about 30% with one historic visit to nearly 90% with five or more visits.