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## **National initiative finds collaborative care effective for patients with depression and diabetes or cardiovascular disease**

**BLOOMINGTON, Minn.** — Depression and diabetes were two challenges Carolyn Berry of Denver, Colo. faced when she first entered the COMPASS (Care of Mental, Physical and Substance-use Syndromes) initiative. COMPASS was a large-scale multisite collaborative care model for patients with depression and diabetes and/or cardiovascular disease. With the help of a care coordinator calling her and helping her through her depression and a care coordinator monitoring her medication use over the phone, Berry saw marked improvement in her depression symptoms.

“I think it is the most fabulous program they ever had,” said Berry. “It was such a help for me. I didn’t have to force myself to make an appointment. The phone calls just came. She (a care coordinator) would call every couple of weeks. I just think the phone part of the whole program was ideal. It would be good for thousands of people like me who wouldn’t take the time to make an appointment.”

The COMPASS initiative was conducted in 172 clinics representing 18 different medical groups across eight states from February 2013 to March 2015. Findings are released in the latest issue of *General Hospital Psychiatry*. Copies of this paper are available to credentialed journalists upon request; please contact Elsevier’s Newsroom at [newsroom@elsevier.com](mailto:newsroom@elsevier.com) or +31 20 485 2492.

COMPASS involved implementing a systematic way to care for medically complex patients. Care managers at clinics helped keep people from falling through the cracks. Care managers conducted systematic outreach, and reviewed patient cases in weekly consultations with a psychiatrist and primary care doctor when patients were not improving.

“Complex patients with both depression and diabetes or heart disease are more likely to have their diseases improved or controlled through an initiative like COMPASS,” said Leif Solberg, HealthPartners Institute investigator.

The Center for Medicare and Medication Innovation funded the initiative with \$18 million over three years. Over thirty-eight hundred patients were part of the report, including patients with a wide variety of income levels and care systems. Institute for Clinical Systems Improvement (ICSI) provided direct implementation coaching and support, including development of an implementation guidebook. The Advancing Integrated Mental health Solutions (AIMS) Center at the University of Washington led the patient registry and outcomes reporting for COMPASS.

“There is very little research on the institutionalization of effective approaches to chronic disease management in large healthcare systems,” said Karen Coleman, PhD, Kaiser Permanente Southern California, Department of Research & Evaluation. “Our findings from the COMPASS initiative provide a roadmap for others to use when implementing evidence-based collaborative care programs in real-world clinical settings. In our own institution, COMPASS instigated a sea change for thinking about the treatment of depression in primary care settings and has led to wide-scale infrastructure changes in order to provide collaborative care for depression.”

“Many healthcare programs focus on single diseases. The COMPASS focus on integrating care for both behavioral health conditions and medical conditions, in partnership with a patient’s primary care physician, is an effective way to help patients achieve multiple health goals.” Said Claire Neely, Chief Medical Officer, ICSI.

The COMPASS model results showed that of those with uncontrolled disease at enrollment, 40% achieved depression remission or response, 23% glucose control and 58% blood pressure control during an average follow-up of eleven months.

Dr. Rebecca Rossom, an investigator at HealthPartners Institute, added, “COMPASS demonstrates that an evidence-based collaborative care model can be effectively implemented across diverse systems to successfully treat medically complex patients with uncontrolled disease. In this sense, COMPASS may serve as a model for future real-world collaborative care implementation.”

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### **About HealthPartners Institute**

HealthPartners Institute is part of HealthPartners, the largest consumer-governed, non-profit health care organization in the nation with a mission to improve health and well-being in partnership with members, patients and the community. One of the largest medical research and education centers in the Midwest, the Institute has about 450 studies underway each year, trains more than 500 medical residents and fellows and more than 500 students, and provides continuing medical education for 25,000 clinicians as well as patient education and clinical quality improvement. For more information, visit [healthpartnersinstitute.org](http://healthpartnersinstitute.org).

### **About Kaiser Permanente**

Kaiser Permanente is committed to helping shape the future of health care. We are recognized as one of America’s leading health care providers and not-for-profit health plans. Founded in 1945, Kaiser Permanente has a mission to provide high-quality, affordable health care services and to improve the health of our members and the communities we serve. We currently serve more than 10.6 million members in eight states and the District of Columbia. Care for members and patients is focused on their total health and guided by their personal physicians, specialists and team of caregivers. Our expert and caring medical teams are empowered and supported by industry-leading technology advances and tools for health promotion, disease prevention, state-of-the-art care delivery and world-class chronic disease

management. Kaiser Permanente is dedicated to care innovations, clinical research, health education and the support of community health. For more information, go to: [kp.org/share](http://kp.org/share)

### **About the AIMS Center**

The AIMS (Advancing Integrated Mental Health Solutions) Center, an integral part of the Department of Psychiatry and Behavioral Sciences at the UW School of Medicine, promotes the implementation of evidence-based mental health services in primary care and community settings. The [AIMS Center](#), under the direction of Jürgen Unützer, MD, MPH, MA, has trained over 6,000 clinicians in more than 1,000 healthcare delivery sites and systems around the world in the Collaborative Care Model.

### **About UW Medicine**

UW Medicine's mission is to improve the health of the public by advancing medical knowledge, providing patient care, and training the next generation of health professionals and researchers. The system includes Harborview Medical Center, Northwest Hospital & Medical Center, Valley Medical Center, University of Washington Medical Center, UW Neighborhood Clinics, UW Physicians, UW School of Medicine and Airlift Northwest. Visit [www.uwmedicine.org](http://www.uwmedicine.org) for details.

### **About Institute for Clinical Systems Improvement (ICSI)**

The Institute for Clinical Systems Improvement (ICSI) is an independent, nonprofit health care improvement organization based in Minnesota that is a collaboration of medical groups, hospitals, nonprofit health plans, employers, and consumers working to bring innovation and urgency to improve health, the patient experience and quality, and affordability of care (the Triple Aim). Learn more at [www.icsi.org](http://www.icsi.org).

### **About General Hospital Psychiatry**

General Hospital Psychiatry explores the many linkages among psychiatry, medicine, and primary care. In emphasizing a biopsychosocial approach to illness and health, the journal provides a forum for professionals with clinical, academic, and research interests in psychiatry's role in the mainstream of medicine.