

Depression Disease Management

As the country's leading diversified specialty health care management organization, Magellan is committed to continuous quality improvement. The research we conduct in collaboration with some of the world's leading research organizations informs decision-making and program development to improve the quality of care and clinical practice throughout the industry.

Magellan's collaborative research projects:

- Explore the impact of prevention and early intervention programs;
- Evaluate care delivery at different levels of care;
- Assess the impact of benefit design on utilization and outcomes;
- Develop a basis on which quality of care can be measured and improved; and
- Inform the development of organizational and public policy related to all aspects of managed behavioral healthcare.

We invite you to review the following examples of research findings from Kenneth Wells, M.D., M.P.H., University of California Los Angeles and RAND Corporation, and a multi-disciplinary RAND team. They conducted a landmark longitudinal study, Partners in Care, on quality of care for depression in managed primary care settings. The project called on practitioners in Magellan's network to support medication management or provide cognitive-behavioral therapy (CBT), with quality improvement (QI) management by service center leadership.

Partners in Care Study Design

Outcomes/Findings: Forty-six primary care clinics in six Managed Care Organizations (MCOs) were assigned to either "care as usual," a medication-intervention group, or a CBT-intervention group. Usual care clinics received clinical practice guidelines for depression. Clinics in medication and CBT groups received intensive patient and provider education, nurse-assisted patient assessment, and telephone support of access to medication management or CBT. More than 27,000 patients visiting 181 PCPs were screened for depression, with 1,356 depressed patients followed for two years.

Increased Quality of Care

Outcomes/Findings: At the six-month follow-up, patients in the CBT clinics were 13 percentage points more likely than patients in usual care clinics to receive specialty counseling and 5 percent more likely to use appropriate antidepressants. Patients in the medication clinics were 10-14 percent more likely than patients in usual care clinics to use antidepressants appropriately at six- and 12-month follow-up.

Reduced Burden of Disease

Outcomes/Findings: Compared with usual care patients, those in medication clinics had 25 fewer depression-burden days, and those in CBT clinics had 47 fewer depression-burden days, over two years. For emotional well being, patients in CBT clinics had more improvement relative to usual care counterparts, over two years. At two years, patients in usual care, medications, and CBT clinics had similar levels of current depressive disorder (34 percent, 39 percent, and 31 percent, respectively).

More Days Worked

Outcomes/Findings: Patients in medication clinics worked 17.9 more days, and those in CBT clinics worked 20.9 more days, than usual care patients over two years. Among patients employed at the beginning of the study, 89.7 percent in either medication or CBT clinics and 84.7 percent in usual care clinics were employed at 12-month follow-up. Among those initially not working, 16.4 percent of patients in either medication or CBT clinics and 11.4 percent of patients in usual care clinics were working at six months.

In a changing health care environment, Magellan is continually improving our service through knowledge and insight. We play an active role in shaping the face of behavioral health and influencing the evolution of managed care.