FRAMEWORKS
in Health and Quality

Value of Collaborative Care in Major Depressive Disorder

Executive Summary
An Implementation Resource for Payers

This resource is provided for informational purposes only and is not intended as reimbursement or legal advice. You should seek independent, qualified professional advice to ensure that your organization is in compliance with the complex legal and regulatory requirements governing health care services, and that treatment decisions are made consistent with the applicable standards of care.

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Executive Summary

An Implementation Resource for Payers

Collaborative care helps foster cooperation and open communication between members of the treatment team in managing patients with MDD.[11]

Major Depressive Disorder Is a Serious Medical Issue

Major depressive disorder (MDD) is characterized by the presence of persistent depressive symptoms, including depressed mood and loss of interest or pleasure, as well as significant weight gain or loss, sleep disturbances, fatigue, feelings of worthlessness, difficulty concentrating, and/or suicidal thoughts.[1]

- MDD will affect approximately 16.2% of Americans with women more likely than men to have depression during their lifetime[2,3]
- MDD is strongly linked to certain comorbid medical conditions such as diabetes, cardiovascular disease (heart disease, stroke, and hypertension), cancer, HIV/AIDS, hepatitis C, asthma, and substance use (tobacco, alcohol)[4,5]
  - MDD is 3 times more common among patients with diabetes than among the population at large, which may lead to adverse health outcomes (eg, poorly controlled blood glucose) and an increased risk of complications[6]

MDD Is a Significant Cost Burden

Patients with MDD incur significant direct health care costs, with approximately $99 billion (2012 U.S. dollars) attributable annually to medical services and pharmaceutical costs. Indirect costs, including workplace costs, are also a significant economic burden on the health care system, totalling approximately $112 billion (2012 U.S. dollars) a year.[7]

Care coordination for patients with MDD and comorbid medical and/or psychiatric conditions relies on the implementation of a collaborative care model, integrating medical and psychiatric care teams to work together to effectively coordinate care.[4,8,9] The implementation of a collaborative care model is one way to help ensure that adequate systems are in place for efficient diagnosis, treatment, and follow-up for patients with depressive disorders.[10]

Payer Resources

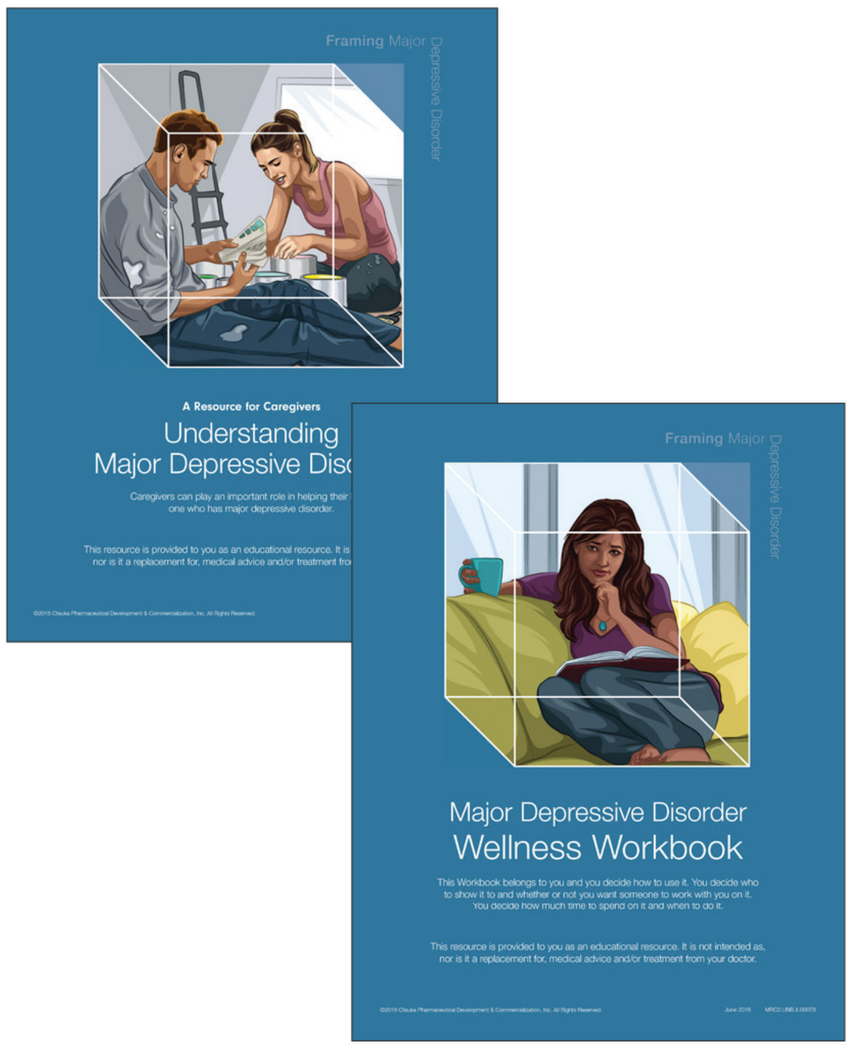
Program introductory resources cover key issues for payers including an overview of MDD and collaborative care, Healthcare Effectiveness Data and Information Set (HEDIS) quality improvement measures, and resources to help raise awareness with key stakeholders.

- Quality Improvement Project: Measurement and Intervention Development
- Importance of Collaborative Care for Patients With Major Depressive Disorder: An Overview for Payers
- Major Depressive Disorder and the Economic Burden of Disease Management: A Resource for Employers
- Managing Patients With Major Depressive Disorder: A Resource for Case Managers and Psychiatric Social Workers

Provider Resources

Program introductory resources have also been developed for providers and other members of the treatment team. These include disease education and awareness of MDD and comorbid medical conditions, principles of collaborative care and implementation considerations, depression screening tools for monitoring therapeutic response, and importance of appropriate referral to a mental health specialist.

- Importance of Collaborative Care for Patients With Major Depressive Disorder: An Overview for Mental Health Specialists
- Considerations for Referral of Patients With Major Depressive Disorder: A Resource for Primary Care Providers
- Case Study Considerations in Collaborative Care: A Resource for Mental Health Specialists
- Importance of Depression Screening: Monitoring Treatment Response in Patients With Major Depressive Disorder



Patient and Caregiver Resources

The *Frameworks in Health and Quality* program also contains resources for patients and caregivers focusing on disease education and awareness, adherence, and coping strategies.

- Major Depressive Disorder Wellness Workbook
- A Resource for Caregivers: Understanding Major Depressive Disorder
- For People With Major Depressive Disorder (MDD): A Few Tips on Talking With Your Doctor
- Coping With Major Depressive Disorder: A Patient's Resource
- A Resource for Patients: Taking Your Medicine as Your Doctor Prescribed

The *Frameworks in Health and Quality: Value of Collaborative Care in Major Depressive Disorder* series can complement your MDD disease management program by providing resources to key stakeholders who are in a position to help improve the quality of care delivered to patients.

Review the available provider and patient resources with your Otsuka Field Medical Affairs representative to identify and select relevant educational pieces that may help bridge any gaps in care in your existing MDD disease management programs.

Please contact your Otsuka Field Medical Affairs representative for more information.

Overview of *Frameworks in Health and Quality*

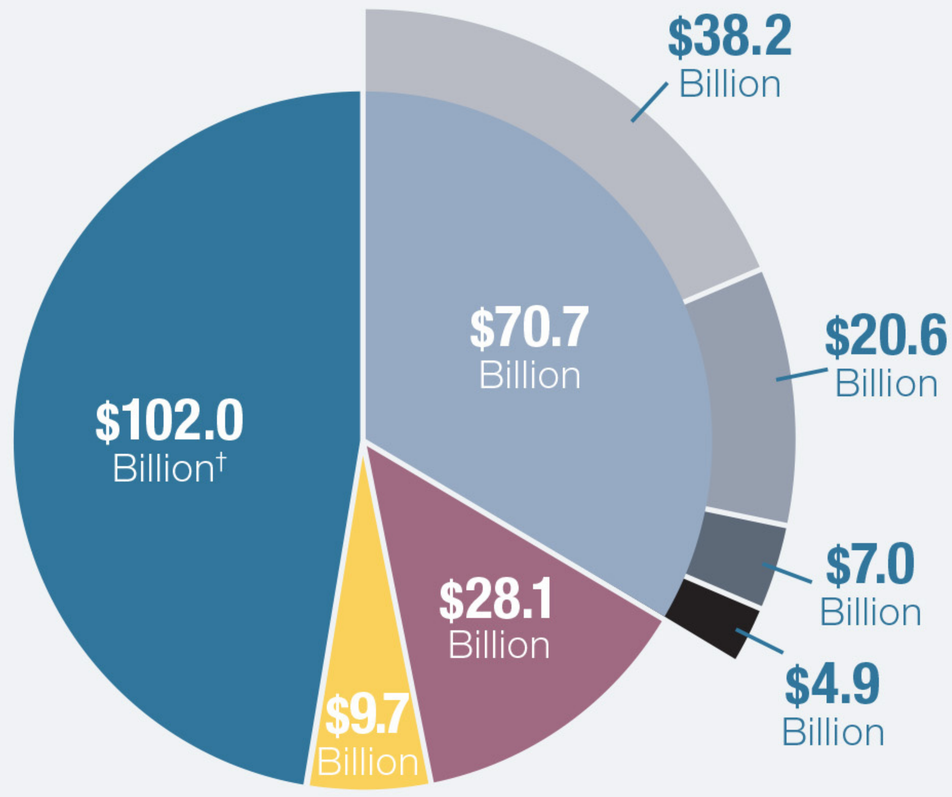
Value of Collaborative Care in Major Depressive Disorder Program

Otsuka America Pharmaceutical, Inc. has developed the *Frameworks in Health and Quality: Value of Collaborative Care in Major Depressive Disorder* program—a series of resources to help raise awareness among key stakeholders (primary care providers, mental health specialists, nurses, and case managers/psychiatric social workers) to help improve understanding of MDD and collaborative care models in support of the treatment goals for patients with MDD and comorbid medical conditions.

Objectives:

- Emphasize the importance of collaborative care and coordination of care among key stakeholders managing patients with MDD and comorbid medical conditions
- Enhance communication among stakeholders
- Provide stakeholders with patient and caregiver educational materials that help support the goals of therapy and that seek to improve patient level of functioning
- Emphasize patient wellness and adherence to treatment plans
- Promote other important topics including depression management, utilization of depression screening tools, appropriate referral to a mental health specialist, and quality measures

Economic Burden of MDD: Direct and Indirect Costs[7,*]



Annual direct and indirect health care costs for patients with MDD are approximately **$211 Billion.**[7]

DIRECT COSTS

- **Medical costs**
  - Outpatient
  - Inpatient
  - Other services
  - Emergency department visits
- **Pharmaceutical costs**

INDIRECT COSTS

- **Workplace costs**
- **Suicide-related costs**

*Incremental economic burden of patients with MDD; 2012 costs were estimated using 2010 national survey and administrative claims data.

†Total workplace costs include estimated costs of absenteeism ($23.3 billion) and presenteeism ($78.7 billion).

References: 1. American Psychiatric Association. Depressive disorders. In: *Diagnostic and Statistical Manual of Mental Disorders, 5th ed.* Washington, DC: American Psychiatric Association; 2013:155-188. **2.** Kessler RC, Berglund P, Demler O, et al. The epidemiology of major depressive disorder: results from the National Comorbidity Survey Replication (NCS-R). *JAMA*. 2003;289(23):3095-3105. **3.** National Institutes of Health. National Institute of Mental Health. What is depression? http://www.nimh.nih.gov/health/topics/depression/index.shtml. Accessed October 10, 2014. **4.** Gelenberg AJ, Freeman MP, Markowitz JC, et al, for the Work Group on Major Depressive Disorder, American Psychiatric Association. *Practice Guideline for the Treatment of Patients With Major Depressive Disorder. II. Formulation and Implementation of a Treatment Plan.* Arlington, VA: American Psychiatric Publishing, Inc.; 2004. **5.** Chapman DP, Perry GS, Strine TW. The vital link between chronic disease and depressive disorders. *Prev Chronic Dis.* 2005;2(1):1-10. **6.** National Committee for Quality Assurance. Focus on depression: depression: overview, risk factors and comorbidities. http://www.ncqa.org/PublicationsProducts/OtherProducts/QualityProfiles/FocusonDepression/DepressionOverview.aspx. Accessed February 2, 2015. **7.** Greenberg PE, Fournier AA, Sisitsky T, Pike CT, Kessler RC. The economic burden of adults with major depressive disorder in the United States (2005 and 2010). *J Clin Psychiatry*. 2015;76(2):155-162. **8.** Thota AB, Sipe TA, Byard GJ, et al. Collaborative care to improve the management of depressive disorders: a community guide systematic review and meta-analysis. *Am J Prev Med*. 2012;42(5):525-538. **9.** Unützer J, Harbin H, Schoenbaum M, Druss B. *The Collaborative Care Model: An Approach for Integrating Physical and Mental Health Care in Medicaid Health Homes*. Hamilton, NJ: Centers for Medicare & Medicaid Services, Center for Health Care Strategies and Mathematica Policy Research; May 2013. **10.** Medical Directors Institute of the National Association of Managed Care Physicians. Integrated care. http://www.namcp.org/Md_Resource_Centers/depression/practicingdocs/integratedcare.html. Accessed April 21, 2015. **11.** Community Preventive Services Task Force. Recommendation from the community preventive services task force for use of collaborative care for the management of depressive disorders. *Am J Prev Med*. 2012;42(5):521-524.

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