

Introducing...



Frameworks in Health and Quality:

Value of Collaborative Care in Major Depressive Disorder Program

Did you know...

An estimated 16.2% of Americans will be affected with major depressive disorder (MDD) during their lifetime?¹

Patients with MDD are often undiagnosed, undertreated, or treatment resistant, representing a significant unmet need in treatment.²⁻⁴ Implementing 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.⁵

Program 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 all stakeholders
- Provide stakeholders with patient and caregiver educational materials that help support the goals of therapy and that seek to improve patient outcomes
- Emphasize patient wellness and adherence to treatment plans
- Promote depression management, utilization of depression screening tools, appropriate referral to a mental health specialist, and quality measures

This program and its resources are part of our commitment to you, providing key stakeholders with an opportunity to learn more about MDD and collaborative care.

Payers | Program introductory materials and key issues for payers including HEDIS® quality improvement guidance resources and disease management program components

Health Care Providers | Program introductory materials and education and awareness resources for providers, including primary care providers, mental health specialists, and case managers/psychiatric social workers. Includes disease education and awareness of MDD and comorbid medical conditions and principles of collaborative care and implementation considerations resources

Patients and Caregivers | MDD resources for patients and caregivers focusing on disease education and awareness, adherence, and coping strategies

We are dedicated to providing you leading insights in major depressive disorder.

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.

Schedule a meeting

with a subject matter expert to learn more about the *Frameworks in Health and Quality: Value of Collaborative Care in Major Depressive Disorder* program

References: 1. 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. 2. Chen SY, Hansen RA, Gaynes BN, Farley JF, Morrissey JP, Maciejewski ML. Guideline-concordant antidepressant use among patients with major depressive disorder. *Gen Hosp Psychiatry*. 2010;32(4):360-367. 3. Nierenberg AA. Current perspectives on the diagnosis and treatment of major depressive disorder. *Am J Manag Care*. 2001;7(suppl 11):S353-S366. 4. Kubitz N, Mehra M, Potluri RC, Garg N, Cossrow N. Characterization of treatment resistant depression episodes in a cohort of patients from a US commercial claims database. *PLoS One*. 2013;8(10):e76882. 5. NAMCP Medical Directors Institute. Practicing Physicians Depression Resource Center: integrated care. National Association of Managed Care Physicians Web site. www.namcp.org/Md_Resource_Centers/depression/practicingdocs/integratedcare.html. Accessed October 29, 2015.