



Applying Depression-Specific Change Concepts in a Collaborative Breakthrough Series

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Abstract:

Background: Twenty ethnically and geographically diverse health care organizations, including 15 Bureau of Primary Health Care centers, participated in an Institute for Healthcare Improvement (IHI) collaborative Breakthrough Series (BTS) project on depression. Teams attended three learning sessions that emphasized the chronic illness care model, key depression change concepts, and how to initiate plan-do-study-act cycles.

Results: Seventeen of the 20 organizations completing the BTS achieved a faculty assessment of at least a 4 (5 indicates significant improvement). More than 2,000 patients initiated depression treatment and were registered in the plan's depression registries. Patients in the centers who used the recommended measures had the following outcomes: 56% had significant change in their depressive symptoms at 12 weeks, 87% completed follow-up assessments, 54% continued antidepressant medication for at least 10 weeks, and 90% completed a structured diagnostic assessment before treatment.

Discussion: On the basis of the feedback from ten successful teams, the essential change concepts for depression were establishing and maintaining a patient registry, care coordination, diagnostic assessment, and proactive follow-up. Many of the BTS centers have continued to expand their depression treatment programs. The IHI BTS appears to be a viable method of disseminating evidence-based depression care.

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