

# Depression in Primary Care

## building a community-academic partnership

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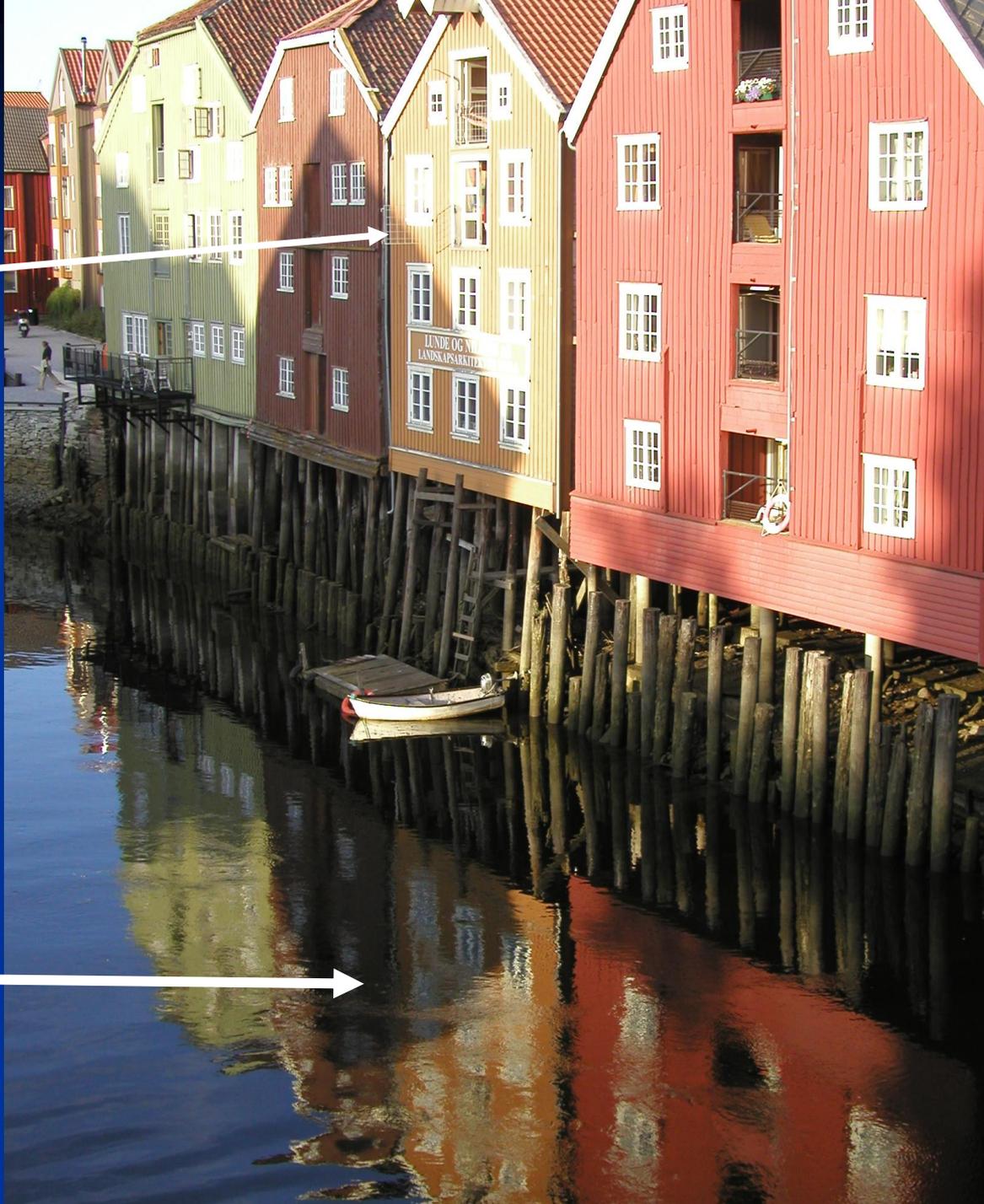
*For the*  
Greater Flint Health Coalition  
Mental Health/Substance Use Task Force



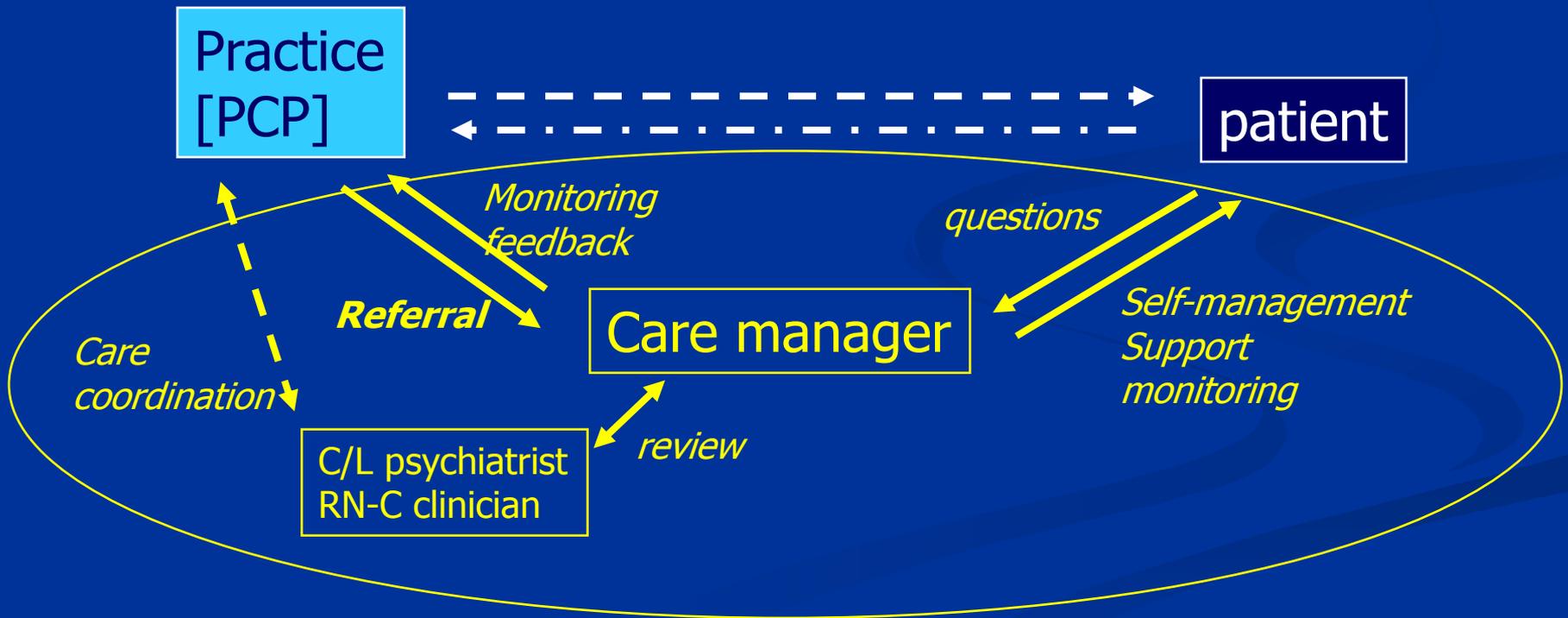
research  
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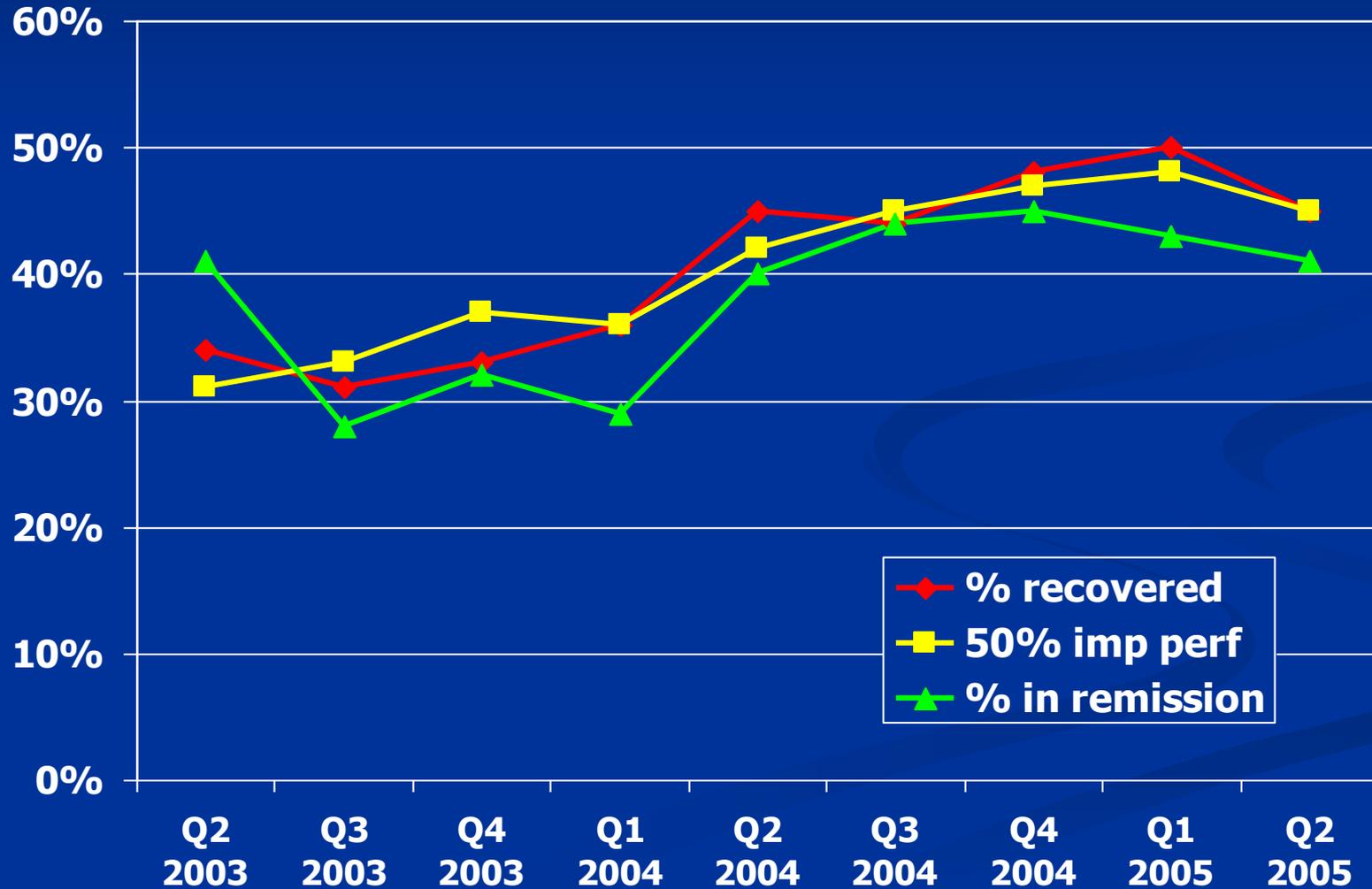
where  
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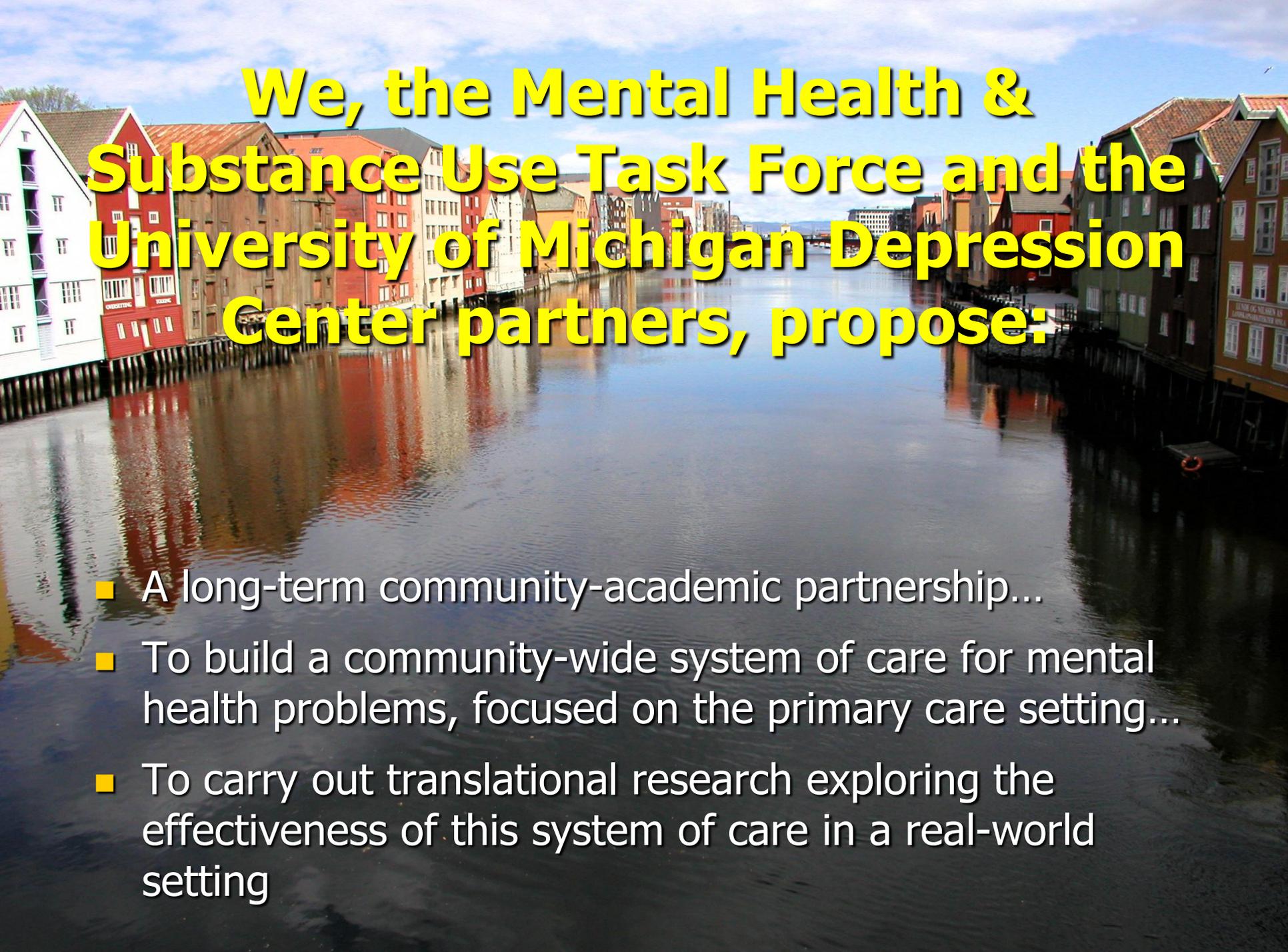


# DPC in a nutshell.



# DPC enrollees: clinical outcomes





# We, the Mental Health & Substance Use Task Force and the University of Michigan Depression Center partners, propose:

- A long-term community-academic partnership...
- To build a community-wide system of care for mental health problems, focused on the primary care setting...
- To carry out translational research exploring the effectiveness of this system of care in a real-world setting

# What we've done so far

- Presented results from demonstration in UMHS
- Received support from MH/SU TF to begin work
- Created first local Community Steering Committee (CSC)
- Assembled core group of collaborators from U-M:  
SPH (Zimmerman), SSW (Gant), SOI (Ackerman, Mirel)
- Contacted experts in community-academic partnership
- Worked with NIMH staff to develop grant proposals
- Submitted first grant application (Mirel and Ackerman)  
– to UMDC Innovation Fund

# What we will not do...

- Hit-and-run research
- Impose “solutions” designed in Ann Arbor on another community
- Attempt to implement “Plug and Play” interventions
- Take the money and run
- Build another silo



# 2006-07: building the partnership

Our **primary aim** is to create the infrastructure to support a long-term community-academic partnership.

- Create community “**mental health care map**”
  - *the places in which mental health care takes place*
  - *description of the providers and patients at each place*
  - *description of the health systems, payors, and employers involved*
- Create community “**information management map**”
  - *the clinical data flows between providers and systems*
  - *the number of IT systems in place*
  - *where information flow is smooth and useful / where discontinuities exist.*
- Decide upon a set of measurable community **mental health metrics**
  - *collection of measurable metrics assessing quality for each of the key stakeholders (patients, providers, health plans, and employers) and for the system as a whole.*

# How will we do this?

- Carry out series of key informant interviews
- Review and validate data with the help of the community
- Finalize first set of maps
- Meanwhile... the CSC and community will
  - Invite regional and national experts to consult on issues of building partnerships and specific content
  - Identify clinical areas of highest interest to community
  - Work through list of potential mental health care metrics
- Select first draft list of community metrics

# Who will do this?

## *Genesee County's Integrated Depression Management in Primary Care Partnership*

### Genesee County Community Steering Committee (CSC)

Pete Levine (Genesee County Medical Society)  
Dan Russell (Genesee County Community Mental Health)  
Mike Burnett (Hurley Medical Center)  
Ramona Deese (National Alliance for the Mentally Ill (NAMI Genesee County))  
Ken Deighton (McLaren Regional Medical Center)  
Calmeze Dudley, M.D. (Blue Cross Blue Shield of Michigan)  
Allen Ebert, D.O.  
Tim Laskowski (ValueOptions)  
Meg Pointon (HealthPlus of Michigan)  
Mark Vogel, Ph.D. (Genesys Health System)

### University of Michigan Depression Center

Michael S. Klinkman, MD, MS  
Kyle Grazier, PhD, MPH  
Kevin Kerber, MD  
Julie Kuebler, RN-C  
Mark Ackerman, PhD  
Barbara Mirel, PhD  
Marc Zimmerman, PhD  
Larry Gant, PhD  
Sabrina Avripas, MSW  
David Maahs, MSW  
Erin Krieger-Hughes, MSW

# Our guiding principle(s).

Members of the community will be involved wherever possible, and the CSC will have oversight of this process.

The main goal of these activities (aside from the deliverable items) is to create an equal partnership - to build working relationships between all of us so that we can move to the next phase of operations (planning and carrying out the interventions themselves) as a coordinated unit.

