

# National College Depression Partnership Collaborative Action Network

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*Overcoming Depression and  
Supporting Student Success*

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*Associate Vice President, Student Health*

**Michael Klein, Ph.D.**

*Grants Administrator & Clinical Psychologist*

**Allison Smith, M.P.A.**

*Associate Research Scientist  
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# Project Team and Support

## PROJECT DIRECTOR & PRINCIPAL INVESTIGATOR:

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## CO-PRINCIPAL INVESTIGATOR:

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## CO-INVESTIGATORS:

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- **David Katzelnick, M.D.**, Distinguished Senior Scientist, Madison Institute of Medicine
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## PROGRAM COORDINATOR:

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## FACULTY:

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## CONTINUING EDUCATION:

- **American College Health Association & National Association of Social Workers**

## FUNDING:

- This project has been generously funded by the **Charles Engelhard Foundation**

# What is the NCDP?

- Quality Improvement Professional Development program for clinicians (counseling, primary care, health promotion, etc) using the collaborative care model and shared learning approach
- Maximizes existing health resources for evidence based processes of care including:
  - depression screening in primary care,
  - measurement for outcomes driven medical and counseling quality of care,
  - development of a safety net and focused on student function and academic engagement
- Year long intensive coaching and faculty facilitation

# The College Health Landscape: *5 Challenges in Student Mental Health*

1. Significantly depressed students who are unidentified on campuses or refuse formal counseling
2. Of those who initially engage, a high percentage drop out before significant improvement
3. Defining how well health and counseling services are serving depressed students (not just those who are fully engaged).
4. Defining the impact of quality depression treatment on student learning and function
5. Tracking very high risk students who are referred for specialty services outside the university

# Time for a Community Health Approach to Depression

- Detection and screening in high prevalence populations (e.g., those seeking medical care)
- Multiple portals of entry for evidence based treatment which allow for patient preference
- Tracking of individual patients to maximize evidence based care and monitoring outcomes at individual level and group level
- Quantifiable Collaboration at Services and Community Levels
- Measurement is Key to assess quality and outcomes

# Partnering Colleges/Universities

## NCDP Partners

- Baruch College/CUNY\*
- Bowling Green State University
- Case Western Reserve University\*
- Columbia University
- Louisiana State University
- Michigan State University
- New York University\*
- Penn State – Altoona
- Princeton University\*
- Rensselaer Polytechnic Institute
- Saint Lawrence University\*
- Sarah Lawrence College
- School of the Art Institute of Chicago
- Skidmore College
- Texas Christian University
- The Evergreen State College
- The New School
- Tufts University
- University of Arizona
- University of California, LA

## CBS-D Partners

- Cornell University
- Hunter College of the City University of New York
- Northeastern University

\* CBS-D Partner

**“Trying harder will not work.  
Changing systems of care will.”**

**Don Berwick**

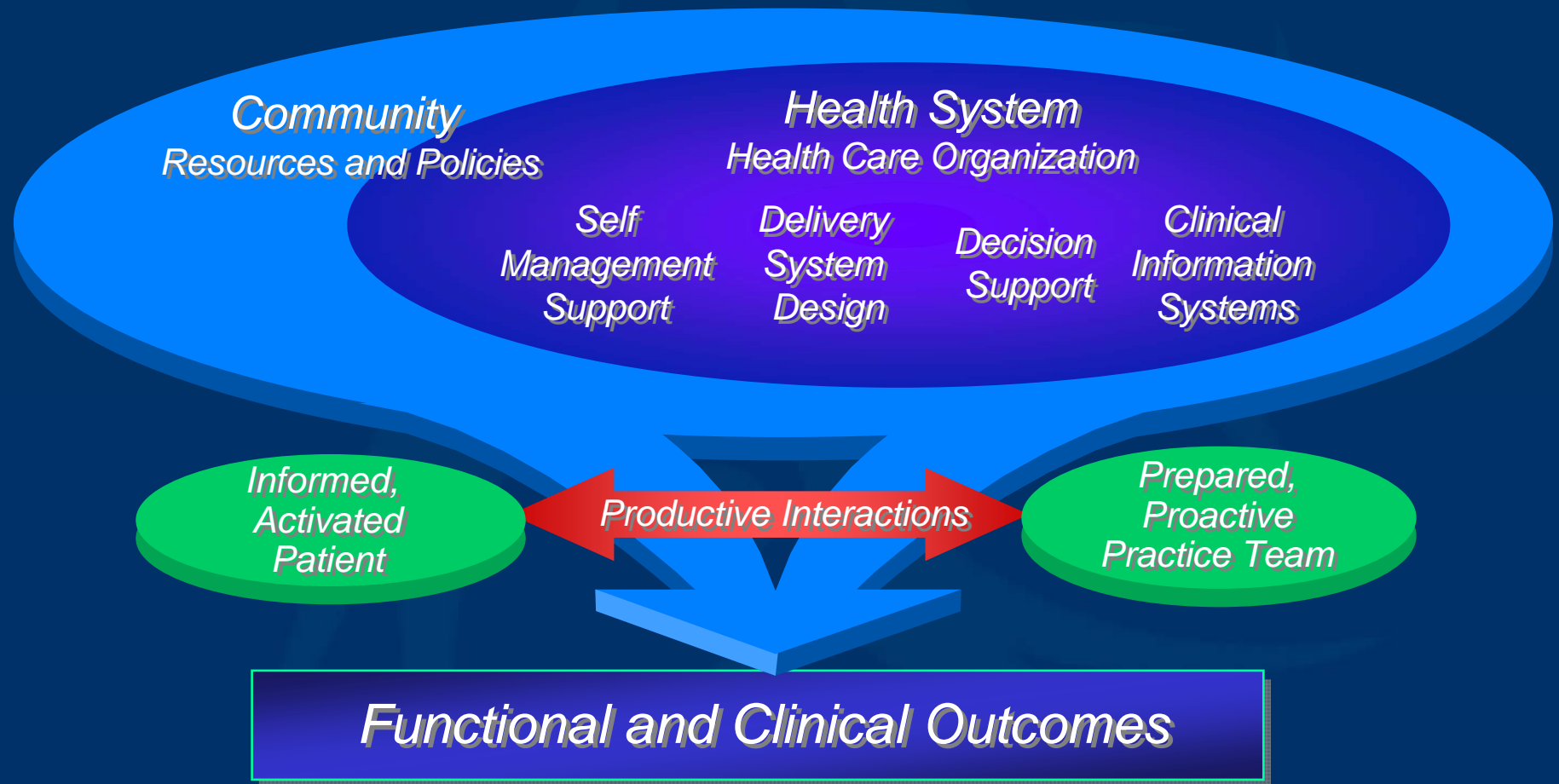
*The Institute for Healthcare Improvement*

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**NCDP Objective:**

To use a shared learning approach to drive rapid, incremental change along well defined guidelines and goals, using active performance measurement while respecting teams' cultural strengths and resource limitations. - -

# Chronic Care (Collaborative) Model

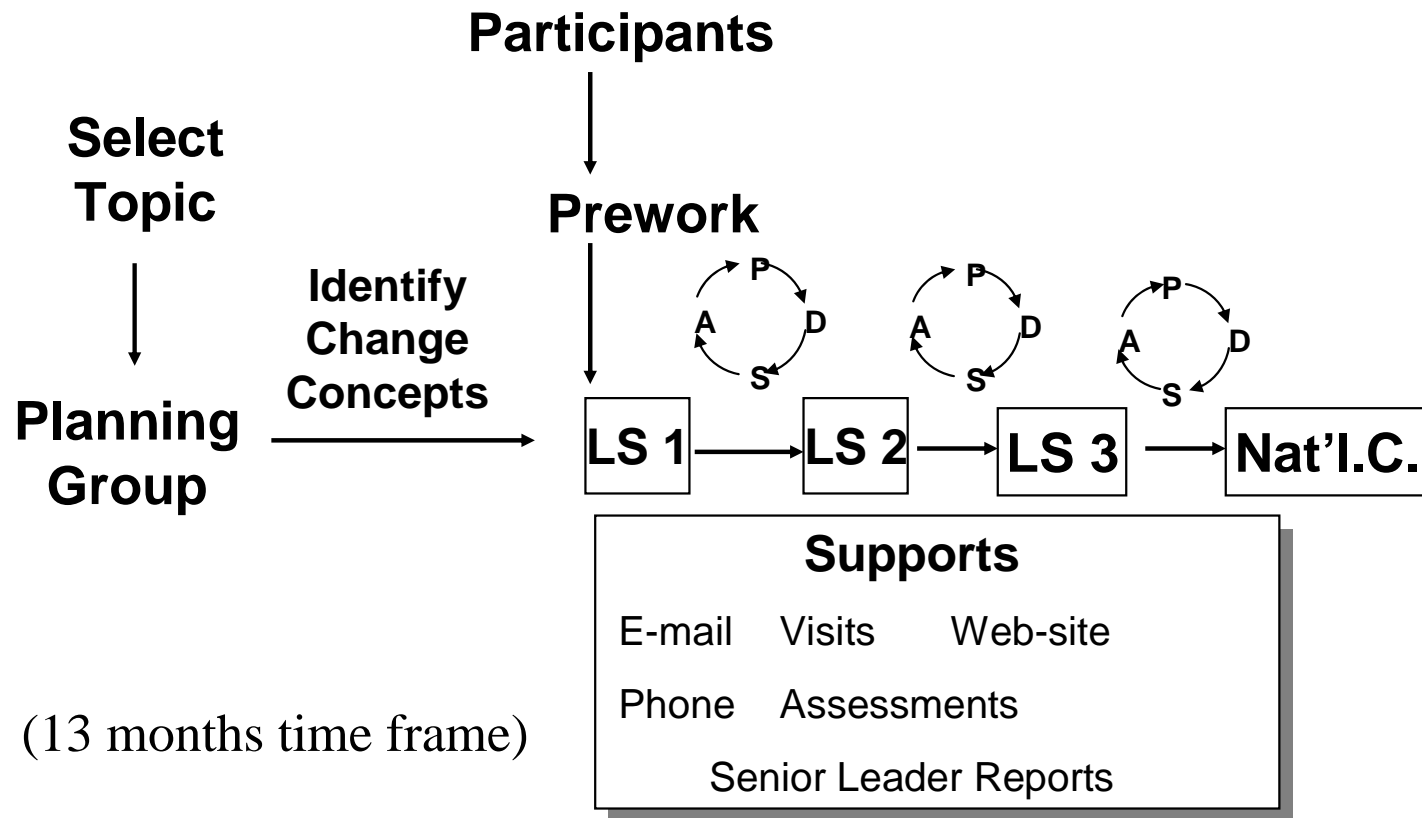


Source: Wagner, 1996

# PHQ - 9 Symptom Checklist

Over the <u>last 2 weeks</u> , how often have you been bothered by the following problems?	Not at all	Several days	More than half the days	Nearly every day
	0	1	2	3
a. Little interest or pleasure in doing things	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b. Feeling down, depressed, or hopeless	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Trouble falling or staying asleep, or sleeping too much	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
d. Feeling tired or having little energy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
e. Poor appetite or overeating	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Feeling bad about yourself, or that you are a failure . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
g. Trouble concentrating on things, such as reading . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
h. Moving or speaking so slowly . . .	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Thoughts that you would be better off dead . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Subtotals:		3	4	9
TOTAL:		16		

# Chronic Conditions Breakthrough Series



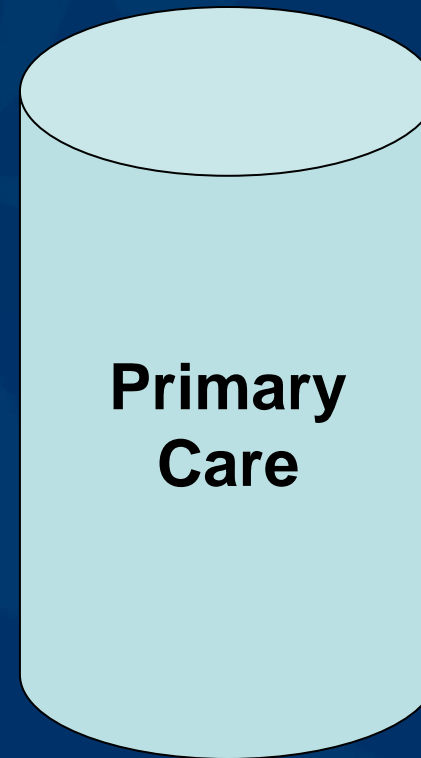
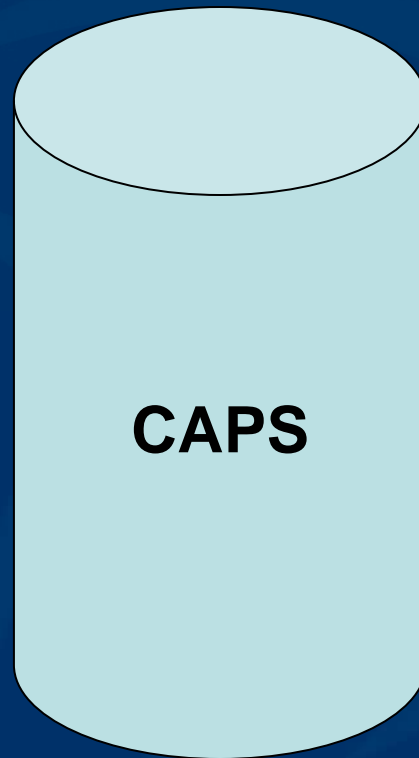
# NCDP Champion Team

## 3 – 5 members

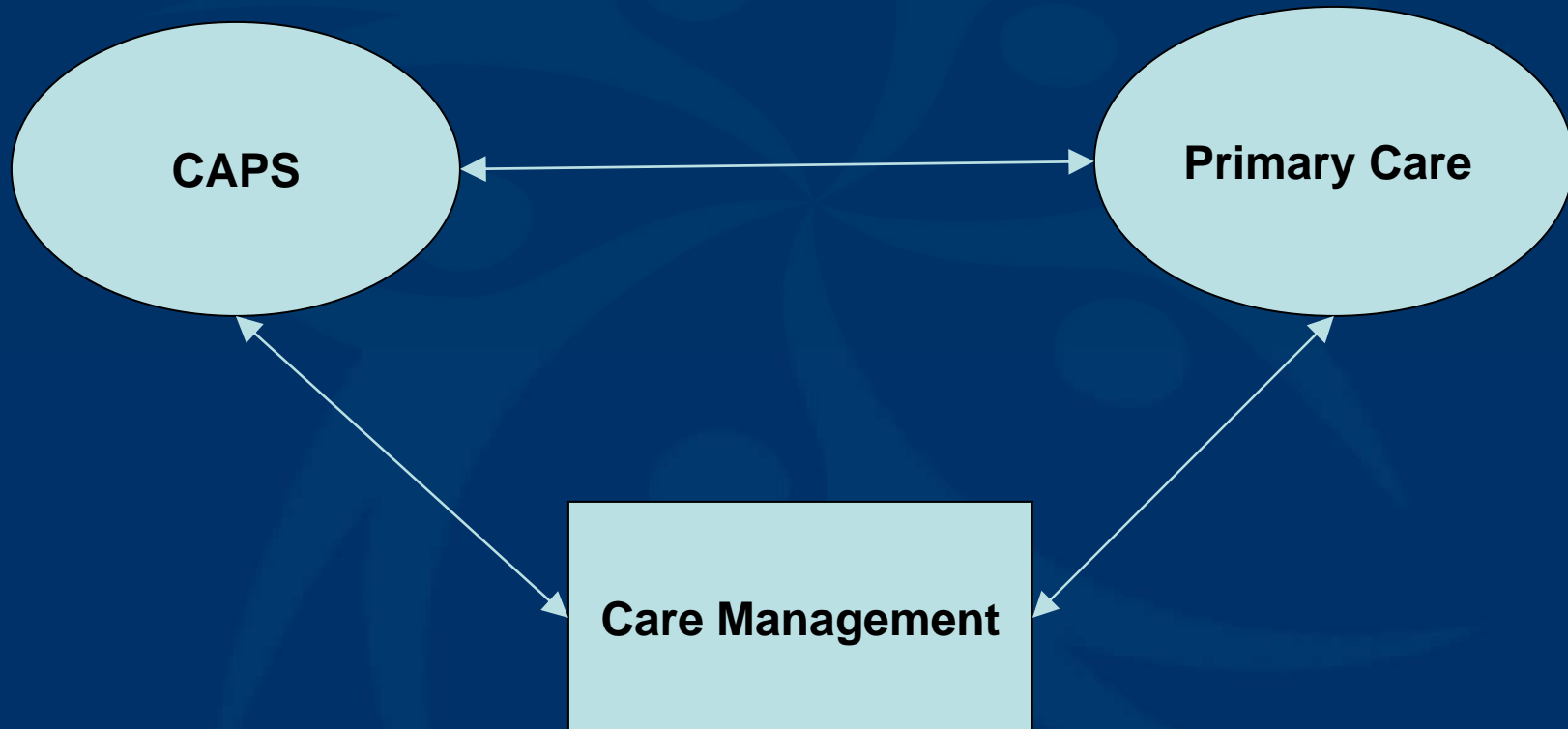
- team sets priorities
- identify and overcomes challenges
- develops pilot testing (PDSA) that tests new processes and workflows
- receive education and coaching in 3 two day intensive learning sessions
- monthly webinars foster sharing of best practices between project sites
- team uses a train the trainer approach to spread rapid incremental change



# “Wellness” System Redesign: From....



# To...



# NCDP Depression Quality Goals

## ➤ Treatment **Process** Measures

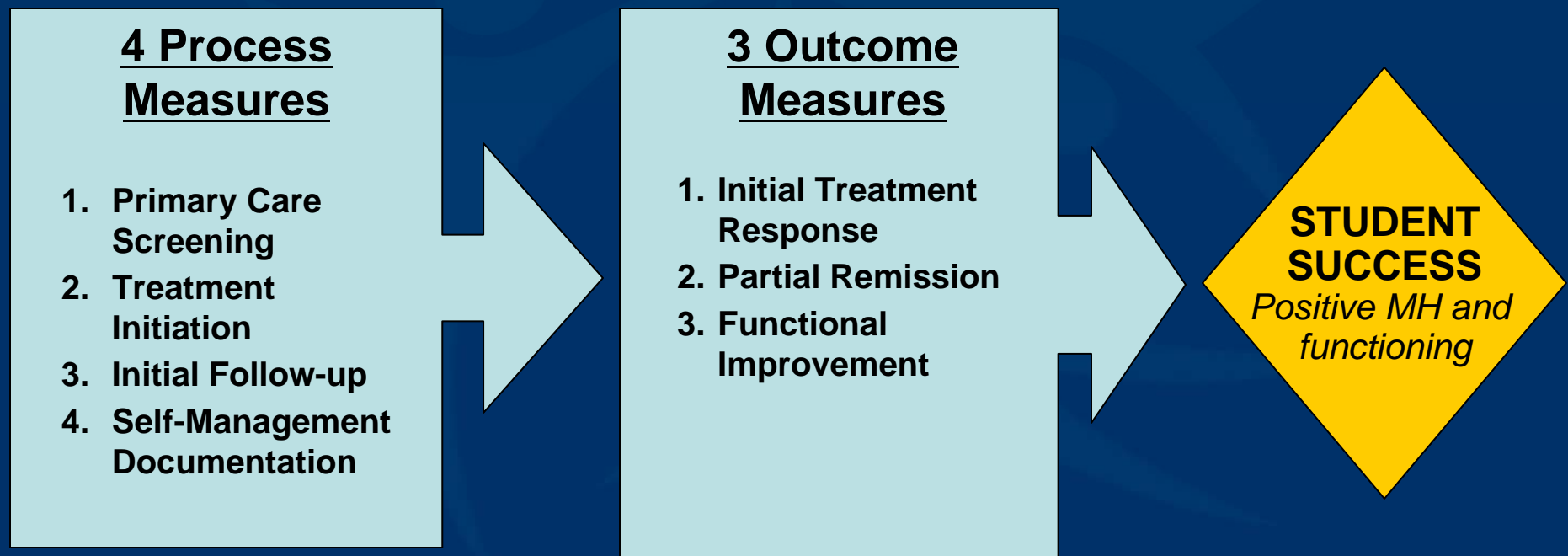
- Primary Care **Screening**
- Treatment **Initiation** by 4 weeks
- Initial repeated **Follow-up** assessment by 4 weeks
- **Self-Management** (Collaborative Activation) Documentation by 8 weeks

## ➤ Treatment **Outcome** Measures

- Early **Treatment Response** by 8 weeks
  - Partial **Remission** by 12 weeks
  - **Functional Improvement** by 12 weeks
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- Pilot **Positive Mental Health** and **Functional Outcomes**

# The Ultimate Goal is Recovery and Student Success

- Focus on treatment processes drives outcomes and student engagement



# Primary Care Depression Screening

## **CBS-D (2006 – 2008)**

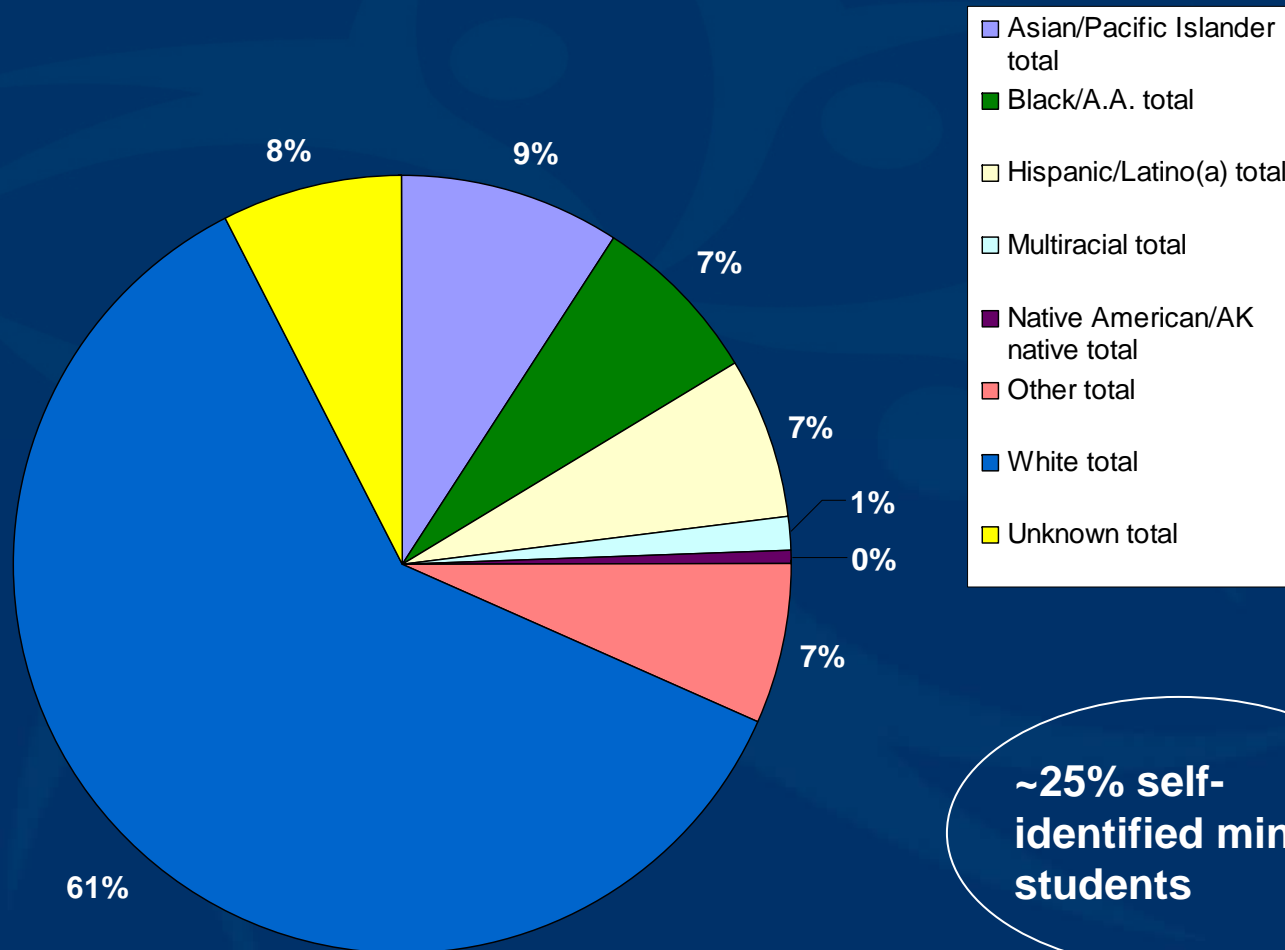
- 71,000 screenings administered

## **NCDP (July 2007- May 2008)**

- 70,293 screenings administered and counting...

We expect over 150,000 student screenings by end of Summer 2009

# Ethnicity/Race Distribution of Depressed Students - n=2134



~25% self-identified minority students

# Results of Process Measures (Intent to Treat – Community Health)

1. Over 90% of students with significant clinical depression started treatment within 4 weeks
2. Over 50% of depressed students had a structured reassessment by 4 weeks after starting treatment
3. 45% of students had documented self management (collaborative activation) goal by 8 weeks after starting treatment

# Results of Outcome Measures (Intent to Treat – Community Health)

1. Over 40% of students with significant clinical depression had improvement by 8 weeks after starting treatment
2. 40% of depressed students had partial remission of symptoms by 12 weeks after starting treatment
3. 50% of students had no or minimal impairment in function by 12 weeks after starting treatment

# Functional and Learning Outcomes



# Comprehensive Functional Measure

In the past 2 weeks...	<b>NOT AT ALL</b> 1	<b>A LITTLE BIT</b> 2	<b>SOMEWHAT</b> 3	<b>QUITE A BIT</b> 4	<b>VERY MUCH</b> 5
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## SAMPLE ITEMS

- I am satisfied with my ability to study/work.
- The quality of my schoolwork/work is as good as I want it to be
- The quality of my friendships is as good as I want it to be.
- I am satisfied with my ability to get support from faculty/staff at school.

# Baseline/Follow-up Learning/Outcome Measures

Measure	Baseline	Follow-Up	Conservative Effect Size Estimate*
PHQ-9	16.0 (n=2225)	12.1 (n=2225)	Large
Function	21.6 (n=1541)	27.1 (n=568)	Large
MHC	30.2 (n=1556)	38.4 (n=586)	Medium
*based on Cohen, 1988			Clinical outcome  Learning outcomes  outcomes

# Preliminary Interpretation of Learning Outcome Measures

1. Students with clinical depression have significant functional and “learning” barriers at baseline
2. Improvements in functional and learning outcomes are associated with clinical improvement in a short timeframe
3. More analysis at item level is indicated to understand what dimensions are likely to improve

# Data Summary

1. NCDP aggregate results are likely superior to usual care and compare favorably with outcomes achieved in research trials
2. Diverse colleges in location, size, and resources demonstrated improvement in clinical quality with many reporting good to excellent outcomes vs benchmarks
3. Prelim analysis indicates that quality treatment is having a desired impact on student function and success

# NCDP Partner Accomplishments

## RESOURCE INCREASE TIED TO PARTICIPATION

- Two colleges obtained inaugural psychiatric resource
- One state college submitted an application for first health service fee increase anticipated in 10 years
- Two colleges obtained funding (grant or private donor) to support clinical activities

## SERVICE RECOGNITION FOR INNOVATIVE PROGRAMMING

- Awarded most innovative program by one university's Division of Student Affairs
- Three colleges/universities were given the opportunity to present directly to their Chancellors cabinets about participation in the NCDP and about the clinical outcomes

## SYSTEMIC DEPRESSION CARE IMPROVEMENT

- Nine colleges/universities screened > 80% of students in primary care
- Medical and counseling services with separate reporting structures working in sustained way for first time at three large state universities
- Leadership Development for key staff at all sites

# Key Learnings

- The model may have potential for improving access to treatment for racial/ethnic minority students who underutilize counseling services
- Systematic early follow-up is **critical**, difficult to achieve, a focus of early practice improvement efforts in NCDP
- Model can be effectively tailored to a range of settings and resource availability
- Creating a dynamic system of care driven by real time clinical data impacts individual student care and guides all practice improvement efforts
- Many schools have leveraged their data to successfully advocate for preserving and expanding core services

# National College Depression Partnership Collaborative Action Network (NCDP-CAN)

*Broadening the reach of best  
practices in depression care*



# Network of Innovative Change

## HUMAN INNOVATION

- Learning and professional development network of dedicated, skilled clinical staff nationwide who are successfully reengineering depression care at their institutions

## TECHNICAL INNOVATIONS

- Clinical tools that will continue to support wider safety net and drive practice change
- “Distance learning” that saves time and money
- Website with downloadable training, clinical, and knowledge resources

## CLINICAL INNOVATIONS (COMPREHENSIVE CHANGE)

- More advanced capacity to learn about “key ingredients” about treatment & outcome itself
  - Population based outcomes
  - Impact on student function and learning engagement

# Two Change Models: Comprehensive and Focused

## Comprehensive Change Strategy

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- Breakthrough Learning
- Systematic and accelerated pace of change → full QI with mutual peer support to achieve benchmarks
- Broad, rapid activity with multiple impact domains in parallel to **achieve sustainable system change** – expands knowledge base in college health mental health

## Focused Change Strategy

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- Targeted Learning
- Sequential curriculum → measure and enhance existing systems → prioritize key targets for improvement
- Focused activity, with faculty guidance, with improvement of specific targets and **preparation for sustainable systems change**

# What do I get?

## *Training/Professional Development Opportunities*

COMPREHENSIVE CHANGE STRATEGY	FOCUSED CHANGE STRATEGY
Free ACHA CE credits (approximately 30-40 credits) earned in training conferences (in person and virtual) for 4 team members per institution, and discounted fees for additional participants	ACHA CE credits available for additional cost
Pre-work webinars to prepare for training conferences	Pre-work assignments including recommended readings and small introductory quality improvement project
In person 3-day kickoff training conference held at New York University, led by NCDP-CAN faculty facilitators, including nationally recognized depression care and process improvement experts <b>Conference Dates: January 13-15, 2010</b>	90 minutes online training webinar led by NCDP-CAN faculty facilitators introducing the curriculum, distance learning methodology, program expectations, and NCDP learning community
2 additional multi-day intensive training conferences conducted virtually using cutting edge online technologies	Curriculum-based self-paced learning using pre-recorded targeted learning modules available from the NCDP-CAN Online Resource Center
Final online showcase and summary meeting	

# What do I get?

## *Depression (Disease Management) Clinical Registry*

COMPREHENSIVE CHANGE STRATEGY	FOCUSED CHANGE STRATEGY
Cutting edge, user-friendly web-based dynamic stand alone system	Microsoft Excel clinical data tracking tool
Track individual and population based outcomes at line item level	Ability to track individual and population based outcomes
Multi-user access	Single-user Access
Automated clinical follow-up reminders for care manager & individual clinicians	Reminder prompts facilitate care management and follow-up
<b>Capacity for real time coaching from on-site experts or NCDP-CAN faculty members utilizing site-specific data</b>	Guided online training videos and email technical support
<b>Generates sophisticated on-demand reports for clinically relevant measures and demographics</b>	
Capacity to track outcomes for some comorbid conditions	
<b>Item level data capacity</b>	
Customizable functionalities	

# What do I get?

*Support from NCDP Staff and Faculty*

<b>COMPREHENSIVE CHANGE STRATEGY</b>	<b>FOCUSED CHANGE STRATEGY</b>
<u>Unlimited</u> consultative and technical support via phone or email with NCDP-CAN coordinating faculty	<u>Limited support</u> includes extensive website resources and registry technical support via email
Guided "office hours" with expert faculty to provide tailored training, advice, feedback, and ideas to accelerate progress towards quality goals	
Ample opportunities to develop tailored change action plans with 1:1 faculty guidance at learning session breakout sessions	

# What do I get?

## *NCDP Learning Community*

<b>COMPREHENSIVE CHANGE STRATEGY</b>	<b>FOCUSED CHANGE STRATEGY</b>
Password Protected Online Resource Center	Password Protected Online Resource Center
Discussion boards, blogs, and listserv	Discussion boards, blogs, and listserv
Full access to new and archived learning modules and videos from training conferences	Targeted lecture videos for specific change domains
Shared materials from all partner sites including workflow templates and handouts for patients	Shared materials from focused change strategy member institutions including workflow materials, and handouts for patients
Monthly live webinars including shared learning experiences and Q&A with expert faculty to accelerate training	Monthly live webinars with expert faculty and NCDP Coordinators
Opportunity to join national Alumni Network with full benefits once year-long training is completed	

# What do I get?

## *Research Opportunities\**

- Opportunities to participate in innovative college mental health research that will inform the field and improve outcomes for depression and related disorders
- Enhanced support for Institutional Review Board application

*\* Available for Comprehensive Change Strategy member institutions*

# Tuition

COMPREHENSIVE CHANGE STRATEGY	FOCUSED CHANGE STRATEGY
<p>The fee for the <i>Comprehensive Change</i> strategy option is <b>\$10,000</b> for the 12-month period. This fee includes the cost of inaugural three-day learning session in New York City for four team members and two virtual online conferences.</p> <p><u>Teams are responsible for their own travel and lodging expenses for this in-person learning session</u>, however all meals and refreshments served during breaks are included in the fee. Additional participants from a member institution may attend the three-day in-person learning session or other virtual learning sessions for a significantly discounted fee</p> <p><b>Partial scholarship support</b> in the comprehensive change category is available on a limited bases and will be awarded based on availability, financial need, and firm commitment to project goals and evaluation activities.</p>	<p>Tuition for membership at the <i>Focused Change</i> option is <b>\$4000</b> for the 12-month period.</p> <p>No travel is required and no travel costs are incurred.</p>

# NCDP – CAN Summary

- Access to an established national collaborative partnership focused on accelerating best practices implementation of change strategies
- Advanced clinical tracking tools essential for guided change and improved treatment outcomes
- Facilitated Coaching tailored to your Change strategy
- Expanded network of expert faculty and learners for coaching and support: “all teach, all learn”
- National recognition by AAAHC as winner of 2009 “Innovations in Quality Improvement Award”

# Recommended Next Steps

1. Discuss participation with key stakeholders – garner sufficient buy-in from leaders
2. Visit NCDP website for more information [www.nyu.edu/ncdp](http://www.nyu.edu/ncdp) to select best Change Strategy based on goals, resources, and readiness
3. Register for Q & A sessions with project directors at [www.nyu.edu/ncdp](http://www.nyu.edu/ncdp) to answer any final questions (as needed)
4. Complete brief online Needs Assessment by **October 5, 2009**
5. Minor Pre-work prior to launch
  - select potential champion team members
6. NCDP-CAN Training Program launch in January 2010:
  - Comprehensive Change Strategy: 3-day kickoff conference on January 13-15, 2010 in NYC
  - Focused Change Strategy: Online kickoff orientation in mid-January

# NCDP – Collaborative Action Network

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For information and application  
[www.nyu.edu/ncdp](http://www.nyu.edu/ncdp)