Pursuing Perfect Depression Care: A Model for Eliminating Suicide and Transforming Mental Healthcare

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Pursuing Perfect Depression Care: Outline of Presentation

- Case Presentation
- A Health Care System in “Shambles”
- A Roadmap for Transformation – The IOM “Chasm Report”
- A Model for Transformation – HFHS Behavioral Health Services
- From Perfect Care to Perfect Health
Pursuing Perfect Depression Care: The Current System is Broken

“In its current form, habits, and environment, the health care system is incapable of giving Americans the health care they want and deserve… The current care systems cannot do the job. Trying harder will not work. Changing systems of care will.”

Pursuing Perfect Depression Care: There Are No Toyotas

“The current US system produces exactly what it was designed to … highly variable care, widespread failures to implement best practices, and inability to change patterns of practice.”

Molly Joel Coye
Health Affairs, 2001

Pursuing Perfect Depression Care: “Business as Usual Will Not Work”

The current system is “in shambles… a patchwork relic – the result of disjointed reforms and policies” that cannot be fixed by traditional reform measures.
Pursuing Perfect Depression Care:
The Institute of Medicine Chasm Report

Six Dimensions of Perfect Care
• Safe
• Effective
• Patient centered
• Timely
• Efficient
• Equitable

Pursuing Perfect Depression Care:
A Roadmap for Health Care Transformation

10 Rules for Perfect Care
• Care = relationships
• Care is customized
• Care is patient centered
• Share knowledge
• Manage by fact
• Make safety a system priority
• Embrace transparency
• Anticipate patient needs
• Continually reduce waste
• Professionals cooperate

Pursuing Perfect Depression Care:
The Perfect Depression Care Initiative

Goal: Develop a system of perfect care in 2 years
Competitive Application Process
Coordinated by IHI
• 3000 applications downloaded
• ~300 applications submitted 2001
• 25 semifinalists
• 12 finalists
• Henry Ford Medical Group – Depression Care and Prostate Cancer Care
Pursuing Perfect Depression Care: Why “Perfection?”

If 99.9% accuracy is good enough …
• 2 million records will be lost by IRS
• 12 babies will be given to wrong parents
• 18,322 pieces of mail will be mishandled in the next hour
• 2 landings at Detroit Airport will be unsafe today

Henry Ford Health System

Pursuing Perfect Health
HFHS Behavioral Health Services

- 2 Hospitals
- 9 Clinics
- 419 Employees
- $55M GPR
- Education Programs
- Research Programs
- A “system” within a “system”
Pursuing Perfect Depression Care:
HFHS Behavioral Health Services

Pursuing Perfect Depression Care:
Why Depression?

Pursuing Perfect Depression Care:
The Perfect Depression Care Initiative

- Form a team, and create a name and logo
- Map our care processes and identify high leverage OFIs (Planned Care Model)
- Set specific “perfection” goals and manage by fact
- Ensure the voice of the customer in care design (the Consumer Advisory Board)
- Develop and implement rapid tests of change (PDCA Cycles)
- Continuous learning
- Celebrate our successes
Pursuing Perfect Depression Care: The Perfect Depression Care Initiative

- Safe Care: Eliminate inpatient falls & med errors
- Effective Care: Eliminate suicides
- Patient-Centered Care: 100% of patients will be completely satisfied with their care
- Timely Care: 100% complete satisfaction
- Efficient Care: 100% complete satisfaction
- Equitable Care: 100% complete satisfaction
Suicides per 100,000 HMO Patients

Suicide Death Rates

Planned Care Model

Expected suicide rate for patients with an active mood disorder (21X)
Expected rate for euthymic patients with mood disorder (4-10X)
Number of suicides per 100,000 Michigan general population

Patient-Centered, Timely, Efficient, and Equitable
Self, Evidence-Based, and Coordinated
Pursuing Perfect Depression Care: Perfect Care in “Real Time”

Graph 1: Time Series Analysis of Depression Care Indicators

- **Safety**
  - 2002: 80%
  - 2003: 90%
  - 2004: 100%
  - 2005: 100%

- **Control**
  - 2002: 70%
  - 2003: 80%
  - 2004: 90%
  - 2005: 100%

- **Equity**
  - 2002: 60%
  - 2003: 70%
  - 2004: 80%
  - 2005: 90%

- **Overall**
  - 2002: 60%
  - 2003: 70%
  - 2004: 80%
  - 2005: 90%

Graph 2: Comparison of Depression Care Indicators

- **Emotional**
  - 2002: 90%
  - 2003: 100%
  - 2004: 100%
  - 2005: 100%

- **Physical**
  - 2002: 80%
  - 2003: 90%
  - 2004: 100%
  - 2005: 100%

- **Somatic**
  - 2002: 70%
  - 2003: 80%
  - 2004: 90%
  - 2005: 100%

- **Suicidal**
  - 2002: 60%
  - 2003: 70%
  - 2004: 80%
  - 2005: 90%

- **Hurt**
  - 2002: 50%
  - 2003: 60%
  - 2004: 70%
  - 2005: 80%

- **Other Social**
  - 2002: 40%
  - 2003: 50%
  - 2004: 60%
  - 2005: 70%

- **Occupational**
  - 2002: 30%
  - 2003: 40%
  - 2004: 50%
  - 2005: 60%

- **Safe**
  - 2002: 20%
  - 2003: 30%
  - 2004: 40%
  - 2005: 50%

- **Controlled**
  - 2002: 10%
  - 2003: 20%
  - 2004: 30%
  - 2005: 40%

- **Time**
  - 2002: 0%
  - 2003: 10%
  - 2004: 20%
  - 2005: 30%

- **Efficiency**
  - 2002: 90%
  - 2003: 100%
  - 2004: 100%
  - 2005: 100%

- **Equity**
  - 2002: 80%
  - 2003: 90%
  - 2004: 100%
  - 2005: 100%

Graph 3: Monthly Data Analysis

- **January**
  - Max: 100
  - Min: 0
  - Median: 50

- **February**
  - Max: 100
  - Min: 0
  - Median: 50

- **March**
  - Max: 100
  - Min: 0
  - Median: 50

- **April**
  - Max: 100
  - Min: 0
  - Median: 50

- **May**
  - Max: 100
  - Min: 0
  - Median: 50

- **June**
  - Max: 100
  - Min: 0
  - Median: 50

- **July**
  - Max: 100
  - Min: 0
  - Median: 50

- **August**
  - Max: 100
  - Min: 0
  - Median: 50

- **September**
  - Max: 100
  - Min: 0
  - Median: 50

- **October**
  - Max: 100
  - Min: 0
  - Median: 50

- **November**
  - Max: 100
  - Min: 0
  - Median: 50

- **December**
  - Max: 100
  - Min: 0
  - Median: 50

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Pursuing Perfect Health
Award Winning Care

- 2002 RWJ Foundation Pursuing Perfection finalist
- 2003 APA Administrative Psychiatry Award
- 2003 AHRQ Nominee “National Best System Practice”
- 2004 ACMHA National Model of Care
- 2004 AMGA Acclaim Award Honoree
- 2006 APA Gold Achievement Award
- 2006 TJC Codman Award
- 2008 TJC National Model of Excellence
- 2009 Commonwealth Fund Case Study for Excellence
- 2011 Baldrige Award “Best in Class” Innovation
- 2012 NAASP National Suicide Prevention Guidelines
- Best Docs and Top Spots for many consecutive years

2012 National Strategy for Suicide Prevention:
GOALS AND OBJECTIVES FOR ACTION
A report of the U.S. Surgeon General
and of the National Action Alliance for Suicide Prevention

Goal:
“Promote the adoption of ‘zero suicides’ as an aspirational goal by health care and community systems.
The HFHS Perfect Depression Care program provides an example of this promising approach.”

Pursuing Perfect Health
Perfect Care and Business Viability

Henry Ford Behavioral Health Services
2013 Performance Indicators

Perfect Care 100%
Community Transformation 100%
Research Productivity 100%
Trainee Engagement 100%
Financial Health 100%
Employee Engagement 100%
Service Excellence 100%
The Pyramid of Perfection

Continuous Learning and Spread

Organizing Care Using the Planned Care Model

Pursuing Perfection in a Just Culture

Pursuing Perfect Depression Care: Lessons Learned and Next Steps

- The Chasm Report is a viable model for care
- Perfection is the goal
- Involved leadership is key
- Data are essential – manage by fact; challenges of large databases
- IT support crucial – workflow is next step
- The science of spread
- The business case for perfect care
- The toxic effects of “pursuing perfection”
Pursuing Perfect Depression Care:
Do We Have the Will to Change the World?

“If zero is not the right goal, then what is?”