Beyond the Prescriber: Team Management for Better Outcomes

A Conversation

Brian W. Pence, PhD
Assistant Professor
Department of Epidemiology,
the University of North Carolina at Chapel Hill
Learning Objectives

• Identify team care models
• Identify potential team care members
• Identify benefits of team care models
• Describe barriers and opportunities for (further) implementation of team care models in your practice
Goals for today

• **What?** What are team care models for HIV patients?

• **Who?** Who are the potential team members?

• **Why?** What are the benefits of team care models?

• **What is happening in your practice?**

• **How?** What are barriers to and opportunities for (further) implementation of team care models in your practice?
Faculty and Planning Committee Disclosures
I have no conflicts of interest to declare.

Off-Label Disclosure
There will be no off-label/investigational uses discussed in this presentation.
Outline

- Treating depression in HIV patients – a case study
- Your experiences
- Thoughts for moving forward
Why focus on depression?

• Prevalent (~40%)

• Linked to poor outcomes

• Challenging to manage

Depression Treatment Cascade

Pence et al. AIDS 2013
Treating Depression

• How?
  – Therapy, medication, or both?

• Who?
  – Refer?
  – In-house psychiatrist?
  – In-house social worker?
  – HIV provider prescribes antidepressants?
  – Pharmacy consultation?

→ What are your experiences?
Collaborative Care Models
(Measurement-Based Care)

Evidence-based guidelines

Assessment

Follow up

Patient

Decision support

Treatment plan

Depression care manager

Supervision

Quality assurance

Consult

HIV care provider

Psychiatrist

Nurse

Social worker

Medical assistant

Adams AIDS Patient Care STDs 2012

ACTHIV 2015: A State-of-the-Science Conference for Frontline Health Professionals
STAR*D: MBC works in primary care

Time to Remission (QIDS-SR16) by Clinical Setting

- Primary care
- Psychiatry

Log-Rank Test = 2.6; p = 0.1063

Gaynes J Gen Intern Med 2008

ACTHIV 2015: A State-of-the-Science Conference for Frontline Health Professionals
MBC works in HIV care

Unpublished data, SLAM DUNC Study (Pence Contemp Clin Trials 2012)
MBC works in HIV care

Unpublished data, SLAM DUNC Study (Pence *Contemp Clin Trials* 2012)
MBC: Provider experiences

“[Integration of MBC into the clinic] was probably the biggest achievement. ... Originally I think there was a lot of resistance, you know, how are we going to have this happen. But I think it’s been great and I think we’ll miss having the care manager in the clinic and providing that support and safety net that you can go to and ask questions and be a resource. “

Unpublished data, SLAM DUNC Study (Pence Contemp Clin Trials 2012)
MBC: Patient experiences

“The program really did help me a lot open up with myself to realize I wasn’t hurting nobody but myself and . . . basically I can say it has helped me a lot to be able to open up and talk to someone and not hide things that’s going on in my life.”

Unpublished data, SLAM DUNC Study (Pence Contemp Clin Trials 2012)
Lessons learned about MBC implementation in SLAM DUNC

• HIV providers very supportive
• High fidelity
• Patients saw DCM as “counselor,” part of team

• Limited reach
  – Some pts not interested in depression treatment, meds
• Complex comorbidities
  – Anxiety, substance use, PTSD, childhood trauma...
Questions

• In what ways is your practice currently using team-based care models?
• What opportunities do you see for (further) implementation of team-based care in your practice?
• What are the barriers?
• What do you think key stakeholders see as the costs and benefits of team-based care?


ACTHIV 2015: A State-of-the-Science Conference for Frontline Health Professionals

Activity Code SM737