

Role Play for Depression Care Management Project

VERSION I

Audience participant is the health plan or network representative and will be saying that they do not need to calculate or report HEDIS measures.

Donna is the benefits manager.

Audience person: We do depression care like nobody's business. It whistles, it sings, it plays Yankee Doodle on the flute and we really deliver top care in the community to all patients with depression.

Donna: How do you know that you are best in the community?

Audience person:

Donna: Well, can you compare your performance to any other health plans or networks?

Audience person:

Donna: If you think you are doing a good job with depression, are you also doing a good job with diabetes or cardiac cases?

Audience person:

Donna: So what proportion of patients in the community do you estimate get evidence based care?

Audience person:

Donna: And how much do my premiums go up this year for this top quality care?

Audience person:

Donna: Great, sign us up. I am sure we will get all our money's worth.

VERSION II

Donna is the health plan or network person and says that we do not need to calculate or report any HEDIS measures.

Audience Participant is the benefits manager.

Audience (benefits person): Hello, do you calculate your HEDIS scores for depression disease management?

Donna (health plan or network person): We do depression care like nobody's business. It whistles, it sings, it plays Yankee Doodle on the flute and we really deliver top care in the community to all the patients with depression.

Audience (benefits person): How do you know you are the best in the community?

Donna (health plan or network person): Well, we have the finest doctors and we have information about all the diseases on the web site. Our doctors spend lots of time with each patient at every visit.

Audience (benefits person): But I heard that doctors may not be spending that much time with their patients. How do you know that the patients with depression are staying on their medicine? Do you have any metrics that would give me an indication?

Donna (health plan or network person): No, we are not set up for that. It would mean a lot of work for us. We would have to get the data timely. We don't do these statistics for anyone else. It would take a lot of our time.

Audience (benefits person): Well, could you just calculate the HEDIS scores and actually compare the quality of depression care of our network to the rest of the state or to national benchmarks?

Donna (health plan or network person): No, you could just really trust us on this, especially since depression isn't really important like diabetes or heart disease. Those are the conditions that are very expensive. If we calculated rates for just depression only, it wouldn't give you that much information.

Audience (benefits person): So how many patients in the community do you expect are staying on their medication for the full six months?

Donna (health plan or network person): Oh, lots and lots.

Audience (benefits person): And how much will this cost for you to calculate these rates so that we really know?

Donna (health plan or network person): For you, only a zillion dollars.

Audience (benefits person): Well, I think I better look at my RFP and consider adding a reporting requirement. I think I should make sure that my vendor is providing top evidence based care. I think I would like to see how well you are doing using this nationally based HEDIS measurement tool. I would like to make sure that patients who are in our community are getting care on a par with that of others in the country. Since so many other health plans and networks are measuring their quality, it must not be impossible to do. I think I should put this into my next RFP or band with other purchasers to get more accountable care.

Donna (health plan or network person): Oh. You must be part of the group that says "In God we trust, all others bring data."

END!