

Examples of Items in Implementation Capability Composites

Depression collaborative care features in place—*reflects having care management, review of non-improving cases by a psychiatrist, and systems for identifying depressed patients.*

- ◆ Routine components of care management that are provided to patients with depression,
- ◆ Activities to encourage patient self-management,
- ◆ Responsibilities of non-physician staff members in the care of depression patients,
- ◆ Presence of a care manager to provide education and follow-up.

Advanced access and tracking capabilities—*reflects system support for continuity and same-day scheduling, problem lists, medication lists, and prevention alerts or reminders:*

- ◆ Electronic and paper patient tracking tools,
- ◆ Patient reminders for medication refills and preventive services,
- ◆ Provider reminders regarding status of age-appropriate preventive services.

Quality improvement culture and attitudes—*reflects whether the practice operations relied heavily on organized systems, had systems-oriented leadership and clinicians with quality improvement skills, and had a shared mission:*

- ◆ Operations rely heavily on organized systems,
- ◆ Well-developed administrative structures and processes in place to create change,
- ◆ Well-defined quality improvement process for designing and introducing changes in the quality of care,
- ◆ Agreement by clinicians to follow evidence-based treatment guidelines for screening tests, immunizations, risk assessments, and counseling

Depression culture and attitudes—*reflects the degree to which individual clinicians and practice leadership think they should improve care for depression and follow guidelines for it:*

- ◆ Agreement by clinicians to follow evidence-based treatment guidelines for depression and preventive services ,
- ◆ Belief by clinicians that good depression care is very important,
- ◆ Leadership strongly committed to the need for change and to leading that change in depression care.

Prior depression quality improvement activities—*reflects the extent to which the practice already has identified depression improvement champions and teams, is looking at depression performance measures, is tracking depressed patients, and is undertaking measurement-based improvements:*

- ◆ Strategies to implement improved depression care (e.g., skills-training, opinion leaders to encourage support for changes, measures to assess compliance and performance against goals, iterative approach to introducing changes, registry of patients to monitor programs and track follow-up needs).

Figure 2: Composites and Examples of Items for Assessing Implementation Capability