



## **Preliminary Results Show COMPASS Model Improves Patient Outcomes**

Through Dec. 31, 2014, the medical groups participating in the ICSI-led COMPASS initiative have enrolled 3,698 patients into the team-based model, which treats patients with uncontrolled depression and uncontrolled diabetes and/or heart disease. The outcomes reported below by medical groups implementing the COMPASS model may differ from those from a yet-to-be-conducted independent evaluation by the Centers for Medicare & Medicaid Services.

### **Depression outcomes:**

For patients enrolled more than four months, 63 percent have shown a significant improvement in their depressive symptoms (PHQ-9 improved by at least five points or is now under 10), compared to our goal of 40 percent. For a subset of patients with follow-up PHQ-9 testing on or after 120 days, the depression improvement increased to 71 percent. In this same population, 29 percent are now in remission.

### **Diabetes outcomes:**

For patients enrolled for more than four months, the percentage with HbA1c in control has improved from 27 percent to 45 percent (relative improvement of 66 percent and absolute improvement of 18 percent, compared to our goal of at least 20 percent improvement). For a subset of 1,100 diabetes patients with follow-up lab testing on or after 120 days, 55 percent had HbA1c in control (an absolute improvement of 28 percent over baseline).

### **Hypertension outcomes:**

Roughly 76 percent of patients with diabetes or heart disease (N=2,763 at 120 days after first contact) had their BP in control at baseline. For patients enrolled for more than four months, that percentage improved to 82 percent. However, most of these people do not have a formal diagnosis of hypertension. Of the 580 patients identified with uncontrolled BP at baseline, 331 (57 percent) have achieved control at 120 days compared to our goal of 20 percent. For a subset of 420 patients with follow-up BP on or after 120 days, 71 percent had BP in control.

The project described was supported by Grant Number 1C1CMS331048-01-00 from the Department of Health and Human Services, Centers for Medicare & Medicaid Services. The contents of this publication are solely the responsibility of the authors and do not necessarily represent the official views of the U.S. Department of Health and Human Services or any of its agencies. The research presented here was conducted by the awardee. Findings might or might not be consistent with or confirmed by the independent evaluation contractor.