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Online Supplementary Material

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Supplemental Appendix. Additional Data Supporting Major Themes Reported in the Results Section

1. High Clinician Acceptance of Care Management

Feedback on General Progress

"So the value add to me is that I have a resource who will give me earlier, more timely feedback that patient X is doing better" (HCO-D, practice 24, clinician 31).

"I think that she just offers that extra touch for people in between times that they're seeing me to encourage them to continue on with a plan or to hook them up with community resources" (HCO-C, practice 19, clinician 25).

Prevents 'Patients Falling Through the Cracks'

"I think it's nice to be able to have somebody that is checking in on the patients and doing the managing of that type of thing, because a lot of times they kind of fall through the cracks" (HCO-E, practice 27, clinician 37).

"… if you have a case manager and you're following up on regular intervals it makes it easier to keep in touch with the patients, and it helps the provider …" (HCO-D, practice 26, clinician 35).

Trouble-Shooting Logistics of Navigating the 'System'

"And my own belief is that personal contact and that ability to think through problem solving with patients is critically important" (HCO-B, care manager 8).

"She also help find medications for people who don't have the resources and explores all sorts of [access to care] issues" (HCO-B, practice 11, clinician 15).

"We would refer somebody who was … difficulty financially getting medical or getting into counseling, so they might need some help in looking for other resources" (HCO-B, practice 11, clinician 14).

Expand the Scope of Depression Care

"… to get the feedback from the care managers that I have, "Yes, she's feeling better and she's doing this kind of self-management activity to add and sort of promote the sense that she is doing better". So that's really kind of the benefit that I saw as a practicing physician, is that I had a resource to not only talk to the patients, but direct the patient in the areas that I was not necessarily in-tune with" (HCO-D, practice 24, clinician 31).

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Produces New Information and Encourages Sharing Information With Clinician

"It gave me some other feedback … when a patient didn't come back, it helped me learn about what happened to the patient and made me call them back sooner than probably I would have" (HCO-C, practice 19, clinician 25).
"Oh yes, she definitely learned things I didn't know, like resistance to starting medication or even denial that they're depressed. In one case she discovered that the husband wouldn't accept that she was depressed. I couldn't always do anything about the barriers, but it really helped explain what I was seeing" (HCO-C, practice 22, clinician 28).

"I think a lot of them became very comfortable with me. They were free. They gave me a lot of confidential information, which made me feel like they were comfortable with me, which is good. I had some that were talking quite a bit about some issues...some of them that they didn't even mention to their physicians" (HCO-A, care manager 1).

"I try to empower the patient as much as I can … just like the next time I'll talk with someone and they'll have a problem or whatever … and I'll say, "The next time you go to the doctor you need to talk to your doctor about that" (HCO-D, care manager 14).

Promotes Team Approach to Care

"… it's an extra set of eyes and ears on their patient" (HCO-B, practice 11, clinician 15)

" The follow-up. It's like touches in basketball. The more touches that occur the better the compliance, the whole team is happier. It just puts one more person in the loop of contacting that person" (HCO-A, practice 4, clinician 5).

"And a lot of times, it can save the provider time. I mean, sometimes patients with chronic illnesses, and especially depression, can take a lot of time, and your average 15 minute office visit isn't quite enough. So, they'll either come back more frequently than they need to or call back a lot. And if you have a case manager to kind of deflect some of that it can save time" (HCO-D, practice 26, clinician 35).

"… then I give [the care manager] the referral and she'll make the phone call and keep her own chart of the patients that she's doing check-ins with" (HCO-B, practice 11, clinician 13).

Strengthened Relationship With Patient

"Oh, I think it strengthened. I think it makes them feel like there's a whole team approach ready and waiting to help them out. They don't feel so alone" (HCO-A, practice 3, clinician 4).

"It's nice to get a call from the nurse." I think they appreciate the extra effort that we're putting in with them" (HCO-A, practice 6, clinician 8).

2. Variation in Perception of Patient Benefit

Complicated Medical and Social Circumstance

"… mostly ones whose [PHQ] scores are a little bit higher … greater than 10 or 15, usually the 15 range, or ones that have social situations that I think they might benefit from it … or their going through a job change or a life crisis" (HCO-B, practice 11, clinician 13).

"… if it's more of an acute thing or if they just start having symptoms it probably isn't as useful, but for the ones that are more chronic I think it works better." I think [for] the
ones that have multiple medical problems and are on a lot of medicines, it works well" (HCO-D, practice 26, clinician 35).

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"It may be the ones with a large number of other medical problems. I think that's where the care manager would come in … patients who have diabetes and some other co-morbid condition as opposed to just significant depression, "I'm getting worse" (HCO-D, practice 26, clinician 36).

"Usually, it's an elderly patient with multiple problems who can't get out of the house or something" (HCO-B, practice 12, clinician 16).

At Risk to Loss to Follow-Up

"… the ones who would have medication side effects or questions, but might not feel like they wanted to bother the doctor … people probably wouldn't have told me and might have quietly stopped their medication" (HCO-C, practice 15, clinician 20).

"… a number of people who I know would have fallen off my radar screen were instead still captured and recaptured into the system" (HCO-C, practice 17, clinician 23).

Stigma, Denial, and Fear of Treatment

"I think it would be best for patients where I had the feeling on the initial encounter that they were somewhat ambivalent about having short treatment" (HCO-C, practice 16, clinician 21).

"… for somebody who is just a little bit leery of starting on medication" (HCO-A, practice 6, clinician 8).

"… it works well for patients that perhaps haven't quite bought into the fact that they have depression" (HCO-D, practice 26, clinician 35).

Limited Resources for Follow-Up Care

"Sometimes it's as simple as thinking about how they're going to get back for their next appointment. She [care manager] seems to really help them plan these simple things" (HCO-C, practice 23, clinician 29).

"… since they are uninsured/underinsured they have no follow-up essentially for psychiatric care. And I can do what I can with Medications and stuff, but a lot of them would benefit from a little bit of counseling" (HCO-D, practice 25, clinician 33).

"… difficulty financially getting medication or getting into counseling, so they might need some help in looking for other resources" (HCO-B, practice 11, clinician 14).

"… sometimes is like a pharmacy, a medication that they can't get filled … prior authorization or just some kind of referral that they need. And I do that—usually it's a small fix, but it can make a huge difference to the patient" (HCO-D, care manager 14).

Patients With a Change in Treatment Plan

"She [care manager] is a great help when I've increased the dose … a lot of patients … particularly patients who aren't excited about antidepressants anyway, are really resistant to increasing the meds. I like to have [care manager name] follow up in a week or so" (HCO-C, practice 22, clinician 28).

Patients Who Are Not Getting Better

"… if someone was not doing well or changes in medications, I think the nurse manager … or the care coordinator would be helpful in that setting" (HCO-B, practice 8, clinician 10).

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"… somebody who is getting worse despite treatment that we are really worried about and want a follow-up phone call in a few days" (HCO-B, practice 11, clinician 14).

Severe or Newly Diagnosed Depression

"Basically, any new diagnosis. And, then depending...if they had an established diagnosis how they were doing, we would or would not refer them to care management" (HCO-B, practice 8, clinician 10).

"I think the patients who definitely have a more severe case of depression … patient who maybe score higher on the PHQ … absolutely. That would be very helpful to have involvement of the care manager" (HCO-D, practice 24, clinician 30).

Patients Who Feel Isolated

"… it helped a lot [with those who] were lonely and helpless, and just somebody else who called and cared was helpful" (HCO-C, practice 15, clinician 20).

"Some people are really motivated to be independent and take their medication and get on with their life. But some people really need to have that social contact, and I think that for them that probably is more beneficial" (HCO-B, care manager 8).

"… patients will make comments such as, "Thank you for calling me. I don't know what I would have done if you hadn't called" (HCO-B, care manager 2).

Patients Receiving Care From a Mental Health Specialist

"And so these people, if they didn't have somebody like us going in with them, a lot of times things would be so overlooked because there's no communication … there's not good communication [between specialists and the primary care physician] a lot of time things would be so overlooked because there no communication.… I call and remind them, "please fax over your notes to the primary care doctor.' One doctor said, "well we've been doing it for a year." Well they were sending it to the wrong clinic site" (HCO-D, care manager 12).

"For sure, anyone I refer to mental health for counseling … they so often don't get around to making or even keeping the appointment" (HCO-E, practice 28, clinician 40).

3. Clinician Reservations with Care Management

Skepticism of the Value of Care Management

"But if it doesn't really improve care, it's just another hoop they want me to jump through" (HCO-A, practice 2, clinician 3).

"And most of my patients are either mild to moderately depressed, and so it [care management] may not make a big difference" (HCO-A, practice 5, clinician 7).

"I think it [care manager] can be helpful in some patients, but I'm not convinced. There are so many things going on with their lives and their medications, and their family. I just don't know how to share all that information with someone on the outside so they'll add to the process and not just be another interloper" (HCO-D, practice 26, clinician 34).

Making Change in Core Practice Procedures is Very Difficult

"Making change in my practice is very hard. Much of how I organize my time isn't conscious. I've evolved a style that seems to make use of my time and all the other crap that gets in the way. I

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won't upset that balance unless you can convince me it will make my life easier … and help my patients" (HCO-A, practice 6, clinician 8).

Single Disease Improvement Change is Not Tenable

"I think that it would be easier to make changes in the way I relate to others [care manager, office nurse] if it would help more than one disease. As important as depression is, upsetting my routines for a single disease simply isn't worth it" (HCO-E, practice 27, clinician 38).

"We need to change the way we do care in our practice. We know we're operating on a … what did you call it? … an acute care model and that has to change. I'm just not sure I want to do it one disease at a time. There's just too much inertia and it'll never happen" (HCO-C, practice 21, clinician 27).

Perceived Clinician and Practice Burden

"I'm not sure we always did as well, was consistently me knowing where to look for feedback from the care manager. Where was that coming … what form was that coming in? Was that coming on a piece of paper that I should look for in my inbox? Was it in the patient's chart? Was it on our electronic medical record? Was it on a post-it on my desk?" (HCO-B, practice 11, clinician 15).

Difficult to Schedule a Time That is Convenient for the Patient

"My nurse spends a lot of time talking to people's answering machines and not that much time talking to patients. That's been challenging" (HCO-B, practice 14, clinician 19).

"I think the part that was the most difficult was just sometimes reaching them. You would call several times and they wouldn't call you back, or you couldn't reach them. I think that was probably the most frustrating part of it was just actually getting in touch with them" (HCO-D, care manager 13).

Lack of Reimbursement for Care Management

"If there's one parting comment I have, it's if you have any way of finding funding for an ongoing care manager for [HCO name] …, because I think the biggest let down of the entire project is getting used to the care manager and then having that role disappear" (HCO-C, practice 15, clinician 20).

"It's just another great, unfunded idea, that we're expected to implement" (HCO-C, practice 17, clinician 22).

"We are now back to baseline status quo without a care manager, because the funding was gone. So it was not sustainable" (HCO-C, practice 18, clinician 24).

4. Resistant Physicians Were More Enthusiastic After Trying Care Management

"I had some trouble with that initially, because it takes a long time to establish a therapeutic relationship, especially with depression. I actually was rather surprised that they [the patients] seem to like someone else to talk to" (HCO-D, practice 26, clinician 34).

"So, I think if they [the clinicians] referred enough patients [to the care manager] and really saw the benefit, they were very invested in providing this type of service to their patient" (HCO-C, care manager 11).

"Dr. [name] was really resistant at the beginning and only gave me patients because he was in the study … but then a few of his patients got better and complemented him on his good care—now he's my best physician. I must have 5-6 of his patients right now" (HCO-B, care manager 10).

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"… for the practices that were using it [care manager], they just … not to toot my own horn … but I think after they tried it awhile, they felt it was really helpful and beneficial to themselves as well as to the patient" (HCO-C, care manager 11).

"Sometimes we [the clinicians] see it as an infringement on our autonomy, and I think as we go on, I think the more familiar physicians become with who are the care managers and their involvement … they can actually be helpful. I think that takes some steps … I don't think it's an automatic thing" (HCO-D, practice 24, clinician 30).

5. Psychiatric Oversight of Care Management Provided Major Support for Clinicians and Care Managers

"She [the primary care physician] was saying that before we started this, she goes, "I hated having these patients. I dreaded it. I just didn't know what to do with them." She goes, "I feel so comfortable now. I feel like I can handle it" (HCO-A, clinic manager 1).

"I knew that she [the psychiatrist] was reviewing my patients regularly with [care manager name] … in the sense that she was there to kind of hold my hand and make me feel more capable of dealing with the patients. It wasn't necessarily a lot easier to get patients in to mental health services out of my office. But, in terms of my capability to care for the office...the patients here … there was a back-up, which was very helpful" (HCO-B, practice 10, clinician 12).

"The way we did things here provided a very sort of a timely and time efficient mechanism of consultation with an outside psychiatrist that also didn't negatively impact my autonomy or my decision making with the patient. I really did get what I needed" (HCO-D, practice 24, clinician 31).

"It was nice to get that feedback [from the psychiatrist], especially to get that reassurance, or to find out that there was a problem, because you didn't always know" (HCO-A, practice 4, clinician 6).

"And then through [care manager name] came the recommendations. Like the psychiatrist will say to [care manager name], "Well you might think of changing the dose of the medication … or [care manager name] would often use the psychiatrist for medication management issues" (HCO-B, practice 11, clinician 13).

6. Where Should the Care Manager Be Located?

If the financial implications for the practice were set aside, clinicians appeared to prefer working with a care manager who was part of the practice and largely located within the practice. They felt that an in-house arrangement would facilitate communication with the patient and with the clinicians.

"We eventually decided to just use an R.N. in our office to fill that role, and that's made communication very easy back and forth" (HCO-B, practice 14, clinician 19).

"I think it does make a difference, because I like to talk to her in person at times.… I do like the one on one personal contact" (HCO-B, practice 13, clinician 18).

Another clinician, thinking about what it would have been like to have had the care manager on-site:

"I think that would be wonderful to be able to be part of the team and be able to talk back and forth. Yes, I think that does provide a little bit more knowledge on the patient's part as well as on our part" (HCO-E, practice 27, clinician 37).

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Some felt that they would be more comfortable introducing the patient the care management process if the care manager were truly part of the immediate practice team.

> "… it was hard to introduce a person that the patient may not have known to call them. Patients don't want someone else calling them about depression. It's just too sensitive of a topic" (HCO-C, care manager 11).

In many, but not all, practices in which an in-house care management was used, the care manager was asked to do care management tasks while continuing most of their previous responsibilities. This created obvious competition for time, and several in-house care managers cited that balancing multiple tasks and the need to make some calls after hours were significant barriers.

> "… one of the hardest parts for me was keeping a schedule of who needed a call when … the long-term follow-up was harder. And I think that a dedicated care manager who has her whole system of who to call and when works better"" (HCO-B, care manager 5).

The hybrid pattern tried in HCO-B, in which the care manager served several practices and systematically spent a portion of their time on-site in each practice, seemed to capture some of the strengths of both approaches.

> "I made the phone calls from my central office in [practice name]. The referrals would come to me from practices by fax. I had a connection with the practices because I was the nurse manager at [practice name]. And, so, I knew the physicians there. I knew the staff. And, then for a brief time I did per diem work in the other offices. So, they knew who I was" (HCO-B, care manager 2).

> "The nurse had been on our staff and had worked with us for several years. So we had an excellent working relationship going in. So that to me was fine. I could talk to her. I was comfortable with her. I was comfortable with her skills" (HCO-B, practice 11, clinician 15).

> "She was in our system. People knew her from the prior job she had here so there was something I think valuable about having someone who is integrated into the system and not at a remote location doing everything by phone" (HCO-D, practice 25, clinician 32).

7. Fundamental Importance of Establishing a Clinician–Care Manager Relationship

> "I really think it's important to establish some sort of a relationship, either meet them by phone or plan an office … lunch and learn … just meet the people. I do know that in the collaborative work we're doing now there are some off-site care managers. And, I think it's easier for people to make a referral to somebody if they can put a name to a face" (HCO-B, care manager 2).

> "I was calling from the central office and wasn't part of their staff in their individual offices, we felt it was pretty important for them to kind of get to meet me and have some interaction with me so they had a good comfort level to refer their patients" (HCO-C, care manager 11).

A minority of the clinicians expressed concern that the central care manager may not fully reflect the 'flavor of the practice' or tailor the clinic manager process to unique patient characteristics.

> "And, I think it's easier for people to make a referral to somebody if they can put a name to a face rather than ... as with any … even a new provider or new specialist coming into the area. You don't know anything about them. Are you more likely to refer to them if
> you don't know who they are vs. someone that you have met before and had communication with. I think it's important to build a little bit of a relationship first … somehow" (HCO-B, care manager 2).

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When asked, the clinicians said that it was important for the care manager to be seen as part of their practice, even when the care manager was employed and located outside the practice.

> "… we were fortunate enough to have our nurse go to all the sessions with us. And, so, she was involved basically from day one" (HCO-B, practice 8, clinician 10).

Some central care managers seemed to be exceptionally good at creating the sense that they were part of the clinician's practice: they were aware of importance of this and spoke in depth about it in the interviews.

> "And so my thought is that if you don't have buy-in by the doctors you're working with, or if they at least aren't familiar with what you're doing before you do it, it's difficult" (HCO-D, care manager 12).

> "So what I've found is the most successful is when I go to some of the doctor's appointments with the patients" (HCO-D, care manager 14).

The care managers emphasized the importance of establishing an early face-to-face relationship with the clinicians. Several care managers reported asking each of their clinicians how they wanted to communicate and providing a range of options (eg, fax, telephone, e-mail), including communicating through the clinician's nurse.

> "And they want that feedback. And in those cases calling them works really, really well, leaving messages at the office for their nurse and then they will return calls or whatever works really well" (HCO-D, care manager 14).

> "… to be able to send things to the care managers electronically increased my time efficiency…and their feedback as well, which came to me electronically" (HCO-D, practice 24, clinician 31).

HCO = health care organization; PHQ = patient health questionnaire.

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