

TIDES PERFORMANCE REVIEW: 1ST QUARTER FY '03	
I. INDICATORS/FINDINGS ¹	Cumulative ²
A. Implementation/Referrals to Depression Care Manager (DCM)	
1. Patients Referred for Assessment	30
2. Percent of Referred Patients Assessed ³	97% (n=29)
B. Patient Care	
1. DCM Assessment Results	
a. Average PHQ-9 Depression Scale Score on Initial Assessment ⁴	13.0
b. Range of PHQ-9 Scores: ≤ 4 ■ 5 – 10 ■ >10	14% ■ 17% ■ 69%
c. Percent of Patients with a Co-morbidity that Complicates Depression	72% (21 of 29)
2. PCP's Disposition of Completed DCM Assessments	
a. Medication	69% (n=20)
b. Watchful Waiting	17% (n=5)
c. Referral to Mental Health	(7)
i. Completed Mental Health Evaluation	(6)
ii. Remaining in Mental Health for Follow-up	14% (n=4)
C. Outcomes and Compliance for All Active Patients	
1. <u>Primary Care</u> Patients Actively Followed by DCM (n=25)	
a. Changes in PHQ-9 Depression Assessment Scores	
i. Baseline (n=25)	12.2
ii. 8-12 Weeks (n=10)	7.9
b. Compliance	
i. Patients Taking Medication as Prescribed	70% (14 of 20)
ii. Percent of Follow-UP Clinic Appointments Kept ⁵	79% (15 of 19)
iii. Patients Responsive to Continued DCM Contact	88% (22 of 25)
2. Patients Followed in <u>Mental Health</u> (n=4) ⁶	
iv. Baseline PHQ-9 Score (n=4)	17.5
v. Percent of Mental Health Appointments Kept	86% (6 of 7)

Notes:

1. These indicators reflect evidence-based depression care priorities: assess patients, keep them in treatment, improve functioning and prevent relapse.
2. All patients referred for TIDES collaborative depression assessment and/or care at VISN 10 (Akron Community Based Outpatient Clinic) and VISN 23 (Twin Ports Community Based Outpatient Clinic) through December 31, 2002.
3. Patients who cannot be contacted after five attempts or who refuse to respond to the Depression Care Manager's attempts to conduct a telephone assessment are sent a letter informing them that they can contact the DCM at any time and to be sure to keep upcoming clinic appointments.
4. PHQ-9 scores over ten (or under ten if the patient has dysthymia or had a previous episode of depression) suggest the presence of treatable depression.
5. Percentage of all appointments kept in either primary care or mental health during the quarter.
6. The DCM does not contact patients followed in Mental Health other than to monitor compliance with appointments and to administer the PHQ-9 at 24 weeks.

II. BACKGROUND AND METHODS:

TIDES (Translating Initiatives for Depression into Effective Solutions), is a national VA "Translation Study" to implement evidence-based depression diagnosis and management strategies in pilot clinics in three VISNs. HSR&D researchers in Los Angeles and Seattle in partnership with VISNS 10 (VA Healthcare System of Ohio), 16 (South Central VA Healthcare Network) and 23 (VA Central Plains Healthcare) are working to adapt (translate) proven depression diagnosis and management strategies to their VISN and site requirements, implement them in the clinics, and then support an

evaluation to measure performance and outcomes. TIDES' program protocols are based on accepted guidelines for depression care that have been reviewed by both VA and non-VA panels. No untested depression care treatments are used at any point, and all strategies meet or exceed current standards of care. In addition, patients with psychiatric co-morbidities, such as a diagnosis of PTSD or substance abuse in addition to depression, are assisted in accessing specialized treatments for these disorders when appropriate.

A key feature of TIDES is collaboration between primary care providers (PCP) and mental health specialists (MHS) supported by a depression care manager (DCM). The DCM, under supervision of a MHS, assists the PCP in the assessment and ongoing management of depressed patients. The DCM attempts patient contact either same day or within one day after receiving a referral and conducts a telephone assessment to help the PCP determine the patient's level of depression, co-morbidities and treatment preferences. A completed assessment, including treatment suggestions, is sent to the PCP for review. The DCM follows a patient via telephone to help increase compliance with the treatment plan and upcoming clinic appointments.

The first two demonstration sites, which began referring patients for collaborative depression care in the summer of 2002, are Superior, Wisconsin (Twin Ports CBOC, Minneapolis VAMC) and Akron, Ohio (Akron CBOC, Louis Stokes VAMC). Implementation has been accompanied by educational sessions introducing clinic staff and providers to the project and its evidence-based algorithms on diagnosing and treating depression in primary care.

III. DISCUSSION OF FINDINGS:

- A. Program Implementation/Referrals. During this first quarter of TIDES implementation, the VISN 10 and VISN 23 care managers received referrals from approximately half of the primary care clinic providers at the two demonstration sites. They assessed all but one of 30 patients. They have completed 83 phone calls (in almost twice as many attempts), sent 33 educational mailings and prepared 83 progress notes in almost equal numbers with an almost even distribution between the two care managers.
- B. Patient Care. Over two-thirds of patients referred to the DCMs for assessment scored over 10 on the baseline PHQ-9, suggesting that the referral guidelines are effective in finding appropriate cases for further depression assessment and treatment. All but four of the patients who screened positive for minor or major depression are being followed in primary care, and all of them are assigned to continued depression care management. The 14% of patients referred to mental health for follow-up of their depressive symptoms scored substantially higher on the baseline PHQ-9 (17.5) than the 86% of patients remaining in primary care (12.2). Most patients being followed in primary care (20 of 25, 80%) have been started on anti-depressant medication. Co-morbidities which complicate or increase the risk of depression were found in 72% of all patients. These included PTSD, bereavement, chronic pain, alcohol/drug use and cardiovascular conditions.
- C. DCM Panel Outcomes and Compliance. The aggregate DCM panel reflects previous findings that patients being followed by a DCM demonstrate significant adherence to treatment regimens. At the end of the quarter, fewer than half of the panel had had the 8-12 week re-administration of the PHQ-9, but the scores of the five who did have dropped to under ten, the threshold generally required for a diagnosis of major depressive disorder. Anecdotally, most patients have expressed appreciation for their contacts with the DCM and 85% are fully responsive to receiving follow-up calls.

IV. ACTION ITEMS:

- Implementation. The Canton (VISN 10) and Hot Springs (VISN 23) clinics are now fully involved in TIDES, having made approximately ten referrals each by early in the 2nd quarter. We anticipate regular referrals from Fort Meade (VISN 23) and Pensacola (VISN 16) primary care providers by the end of March. Beaumont (VISN 16) should then follow early in the 3rd quarter.
- Education. 1) Alert PCPs and clinic nurses that when the WAVES evaluation of TIDES begins in March, 2003, completed depression assessments will be generated and sent to them as consults from the DCM just prior to a patient's clinic appointment. Consults will be forwarded to the PCP only when the patient's PHQ-9 score is over 10 or the patient admits to dysthymia or a previous episode of depression. 2) Continue to educate providers about treating depression in primary care, especially around issues such as prescribing guidelines.
- Informatics. 1) Field test TIDES depression care software. 2) Work with Clinical Applications coordinators to streamline CPRS consults and assessment templates.
- Measuring Quality of Care. 1) Work with VISN 10, 16, 22 and 23 IRM staff to set up VistA ambulatory care reporting routines to track facility-level clinical indicators such problem list and encounter diagnoses, and compliance with national depression-related clinical reminders. 2) Examine EPRP reports for clinic-specific performance data.

V. SIGNATURE/TITLE:

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