

**TRANSLATING INITIATIVES FOR DEPRESSION INTO EFFECTIVE SOLUTIONS**

**NATIONAL TIDES CUMULATIVE REVIEW: 2ND QUARTER FY '03**

<b>I. INDICATORS/FINDINGS</b>	<b>1<sup>ST</sup> QUARTER</b>	<b>2<sup>ND</sup> QUARTER</b>	<b>Cumulative</b>	
<b>A. Referrals, Assessments &amp; Treatment Plan</b>				
1. Patients Referred for Assessment	30	43	73	
2. Percent of Referred Patients Assessed	97% (n=29)	86% (n=37)	90% (n=66)	
3. Baseline PHQ-9 Depression Score <sup>1</sup>	13.0	12.6	12.8	
4. Baseline Functioning (1=no difficulty; 4=extreme difficulty) <sup>2</sup>	2.5	2.1	2.3	
5. Patients with Depression-Relevant Co-Morbidities <sup>3</sup>	72% (n=21)	89% (n=33)	82% (n=54)	
6. Consult Sent to Mental Health Sub-Specialty Clinic <sup>4</sup>	24% (n=7)	14% (n=5)	18% (n=12)	
7. Treatment Plan				
a. Primary Care Follow-Up/Medication	58.5% (n=17)	73% (n=27)	67% (n=44)	
b. Primary Care/Watchful Waiting	27.5% (n=8)	22% (n=8)	24% (n=16)	
c. Mental Health Follow-Up (includes VARC)	14% (n=4)	5% (n=2)	9% (n=6)	
<b>B. Outcomes and Compliance for All Current and Discharged Depression Care Management Patients <sup>5</sup></b>				
<b>1. PHQ-9</b>	<b>Baseline</b>	<b>4-6 weeks</b>	<b>8-12 weeks</b>	<b>24 weeks</b>
a. Primary Care Follow-Up	12.3 (n=56)	6.6 (n=33)	4.8 (n=28)	5.7 (n=4)
b. Mental Health Follow-Up	16.8 (n=5)			
<b>2. Functional Status</b>				
a. Primary Care Follow-Up	2.2	1.7	1.5	1.7
b. Mental Health Follow-Up	3.0			
<b>3. Compliance <sup>6</sup></b>	<b>Appointments</b>	<b>Medication</b>		
a. Primary Care Follow-Up	88% (38 of 43)	85% (34 of 40)		
b. Mental Health Follow-Up	81% (13 of 16)			

**Notes:**

- PHQ-9 scores of 10 or more (or < 10 if the patient has dysthymia or a previous episode of depression) suggest major depressive disorder.
- Patients with positive PHQ-9 scores are asked "How difficult have these problems made it for you to do your work, take care of things at home, or get along with other people?"
- A check of co-morbidities determines if they have been previously identified or need to be referred for assessment.
- TIDES uses a "step-care" model in which the only patients who should be referred to mental health are those whose depressive symptoms are too complex to treat solely in primary care.
- The TIDES Depression Care Manager contacts patients being followed in primary care on a regular schedule -- at least four times over the course of six months. The DCM does not call patients followed in Mental Health other than to re-administer the PHQ-9 at 24 weeks. The DCM does, however, monitor their compliance in keeping appointments.
- Compliance with appointments is defined as percentage of all appointments kept in either primary care or mental health. Medication compliance includes patients still in the active panel and on medication sometime during the quarter.

**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 Health Care Network) and 23 (VA Midwest Health Care Network) 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. TIDES has now been implemented at five demonstration sites: Twin Ports CBOC (Minneapolis VAMC), Fort Meade and Hot Springs Ambulatory Care Centers (Black Hills Medical Center), and Akron CBOC and

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Canton OPC (Louis Stokes Cleveland VAMC). Implementation is accompanied by providing educational sessions on the evidence-based algorithms for diagnosing and treating depression in primary care.

TIDES depression care priorities are to assess patients, promote adherence to appropriate treatment, improve their functioning and prevent relapse. 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. At a minimum, patients being followed in primary care receive follow-up calls from the DCM at 4-6 weeks, 8-12 weeks and 24 weeks. Patients given anti-depressants are contacted more frequently. The DCM, other than for a re-administration of the PHQ-9 after 24 weeks, does not contact patients being followed in mental health. If, however, patients being followed in mental health begin to miss appointments, the DCM alerts the MH supervisor. After 24 weeks, patients are discharged from depression care manager follow-up, although it can be re-instated if indicated.

### III. FINDINGS:

- A. Referrals, Assessments and Treatment Plan. The VISN 10 (Barbara Revay, RN) and VISN 23 (Karen Vollen, RN, CNS) depression care managers have now assessed 66 patients between them, 90% of all referrals received. Baseline PHQ-9 scores averaged 12.8, well above the threshold for major depressive disorder. PCPs sent mental health consults for 18%. The great majority (82%) of patients reported one or more depression-related co-morbidities, notably general medical condition (44%), alcohol/drug use (20%), PTSD (15%), chronic pain (30%), anxiety (20%), and grief (3%). 91% of patients assessed remained in primary care for follow-up of their depressive symptoms, and most of these (44 of 60) were put on an anti-depressant medication.
- B. Outcomes and Compliance for All Current and Discharged Depression Care Management Patients. 61 patients, 56 in primary care and five in mental health, had had or were receiving depression care management by the end of the 2<sup>nd</sup> quarter. The five patients receiving mental health follow-up scored substantially higher (16.8 vs. 12.3) on the baseline PHQ-9. Compliance with medication (85%) and future appointments (88% primary care patients, 81% mental health patients) remained high. Comments from patients express a great deal of satisfaction with care and health outcomes, e.g.:
- "I'm happy, I'm smiling, I'm talking. Oh, it is great. I'm getting back to my old self." [LP]
  - "I haven't felt this good in years. I don't know if there is a relation between the two, but I have less aches and pains." [TF]
  - "I can't believe how good I feel. I wish I had tried an anti-depressant years before." [TF two months later]

### IV. DISCUSSION:

The stepped-care collaborative model for treatment of depressed patients is producing the positive outcomes that the evidence base predicts. Mental health consults were generated for only 12 (18%) of patients, and based on the higher initial PHQ-9 scores of the five patients remaining in mental health, it is apparent that the model is being followed. Primary care patient's compliance with antidepressants is outstanding as is the rate at which they are keeping follow-up appointments. We know from the literature that without the type of direct support the DCMs are providing, up to two-thirds of patients will discontinue new antidepressant medication in one month or less. Not surprisingly, depression severity scores show substantial sustained improvement. Patient satisfaction seems high; fewer than 8% have dropped out of depression care management, and there have been many personal expressions of gratitude for the help they are getting.

While very positive clinical outcomes are being demonstrated, we are mindful of the need to also assist clinics in making depression care improvements visible on relevant performance standards. Clinical process or administrative data would include, for example, appropriate depression-related ICD-9 visit encounter coding, compliance with VA depression screening and follow-up assessment clinical reminders, as well as such indicators as prescribing patterns and consult wait times, etc.

### V. ACTION ITEMS:

- Implementation. We anticipate regular referrals from the two VISN 16 sites, Pensacola (Gulf Coast VA Healthcare System) and Beaumont (Houston VAMC) to begin during the 3<sup>rd</sup> quarter.
- Education. Alert PCPs and clinic nurses that when the WAVES evaluation of TIDES begins in June, 2003, completed depression assessments for patients scoring  $\geq 10$  will be sent to them as consults from the DCM prior to the patient's upcoming clinic appointment. 2) Work with site leaders to continue to educate providers about treating depression in primary care.
- Measuring Clinical Processes. Set up VistA ambulatory care reporting routines to track facility-level clinical indicators such as encounter coding and compliance with national depression-related clinical reminders.

### V. SIGNATURE/TITLE:



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