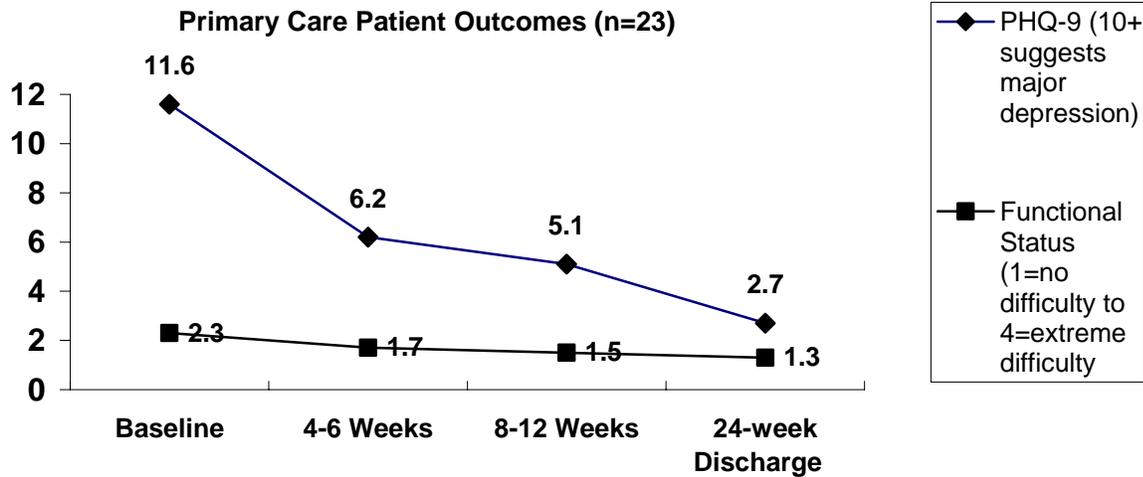




QUARTERLY QUALITY IMPROVEMENT REPORT: 3RD QUARTER, FY '03

After starting with a few pilot patients in two clinics at the end of FY '02, the TIDES program is now fully implemented at all seven of its demonstration sites. Depression Care Managers (DCMs) in VISNs 10, 16, and 23 have collectively assessed 130 patients, 87% of the referrals they have received from 29 Primary Care Providers.

During the 3rd quarter, FY'03, the DCMs worked with a collective panel of 113 patients, 81% being followed in primary care and 19% being followed in mental health. 23 primary care patients have completed the full six-month program of telephone follow-up and monitoring. This first cohort of patients to finish the program showed very high compliance with both medication (85%) and follow-up clinic visits (95%). Their depression and functional status scores dramatically improved:



Patients express a great deal of satisfaction with their care, saying, for example, "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." Few patients (8%) have refused or broken off depression care management.

Thank you for your support. We continue to refine the program and incorporate relevant clinical and administrative data and welcome your comments.

Sincerely,

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TIDES/WAVES Co-Principal Investigator

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NATIONAL TIDES PERFORMANCE REVIEW: 3RD QUARTER FY '03

A. Referrals to Depression Care Manager (DCM)	Cumulative
1. Patients Referred for Assessment	149
2. Percent of Referred Patients Assessed	87%
B. Patient Care	
1. DCM Assessment Results	N=130
a. Mean PHQ-9 Depression Score on Initial Assessment ¹	11.5
b. Functionality (1=no difficulty; 4=extreme difficulty)	2.3
c. Patients with One or More Co-Morbidities	90%
i. ETOH	12%
ii. Anxiety	27%
iii. General Medical Condition	62%
iv. Pain	34%
v. PTSD	20%
vi. Grief	5%
2. PCP's Disposition of Completed DCM Assessments	
a. Medication	76%
b. Referral to Mental Health (may also include medication)	22%
c. Referral to Specialty Program (may also include medication)	3%
3. Mental Health Referral Outcomes	N=29
a. Completed Mental Health Evaluation	87%
b. Patients to Stay in Mental Health for Follow-up	15%
C. Diagnostic Tracking and Screening ²	
1. Depression in Problem List	72%
2. Depression Diagnosis on Follow-up Visit E&M Coding	44%

D. Outcomes & Compliance for All Current and Discharged Depression Care Management Patients ³				
1. PHQ-9	Baseline	4-6 weeks	8-12 weeks	24 weeks
a. Primary Care F/U	11.6 (n=92)	6.2 (n=57)	5.1 (n=46)	2.7 (n=23)
b. Mental Health F/U	14.4 (n=21)			9.5 (n=2)
2. Functional Status				
a. Primary Care F/U	2.3	1.7	1.5	1.3
b. Mental Health F/U	2.6			2.0
3. Compliance ⁴	Appointments	Medication		
a. Primary Care F/U	95% (106 of 113)	85% (61 of 71)		
b. Mental Health F/U	83% (24 of 29)			

Notes:

- PHQ-9 scores of 10 or more (or under 10 if the patient has dysthymia or a previous episode of depression) suggest major depressive disorder. Patients with PHQ-9 scores > 0 are asked the Functional Status question, "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?"
- The Depression Care Manager (DCM) contacts patients being followed in primary care at least four times in 24 weeks. Patients on anti-depressants receive early follow-up calls to check on side effects and compliance. Patients also get a letter of encouragement around 18 weeks. The DCM does not contact patients followed in Mental Health other than to monitor compliance with appointments and re-administer the PHQ-9 at 24 weeks. After 24 weeks, patients are discharged from depression care manager follow-up unless a need to continue has been determined.
- This tracking applies only to patients either put on an antidepressant or being followed in Mental Health
- Compliance with appointments is defined as percentage of all appointments kept in either primary care or mental health.