*D*epression *E*ducation & *E*nhancement of *P*rimary *C*are

- David Haslam (Project Lead, Psychiatrist)
- David Dixon (Family physician)
- Ashley Donovan (A. P. Nurse, TVFHT)
- Wendy Dunn (A.P. Nurse, NPFHT)
- Laurie Ebb (Social worker, NPFHT)
- Lois Jackson (Nurse, RMHCL)
- Jane Langford (Nurse, RMHCL)
- Jatinder Takhar (Psychiatrist)
- Lisa Vreugdenhil (Social Worker, TVFHT)

Leadership:	Regional Mental Health Care – London
Academic Partner:	Department of Psychiatry, Schulich School of Medicine & Dentistry, UWO
Funder:	South West Local Health Integrated Network

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Session Objectives

- Know about quality of care and implementation science as areas of research guiding the improvement of mental health service delivery
- Understand DEEP Care as an innovative and multimodal initiative designed to both implement and evaluate the translation of "research" based health service interventions into effective community based primary mental health care

Challenges of caring for people with depression in primary care, include:

- Limited time per patient
- Patients' attitudes about depression
- Acceptance of the diagnosis of depression and/or recommended treatment
- Discontinuation of medication
- Recognition additional training is needed to keep up to date

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Predictors of Attrition During One Year of Depression Treatment: A Roadmap to Personalized Intervention

DIANE WARDEN, PhD, MBA
A. JOHN RUSH, MD
THOMAS J. CARMODY, PhD
T. MICHAEL KASHNER, PhD, JD
MELANIE M. BIGGS, PhD
M. LYNN CRISMON, PharmD
MADHUKAR H. TRIVEDI, MD

(*Journal of Psychiatric Practice* 2009;15:113–124)

- MDD receiving measurement-based, public sector, care in the Texas Medication Algorithm Project [TMAP] (N = 179)
- TMAP limitations: non-RCT, unblinded, variable provider ad hence

- Attrition: 23% (42/179) by 6 months and **47%** (84/179) by 12 months

- Attrition predictors at month:

(a)6
(i) Younger age
(ii) *Fewer* side effects at baseline
(a)12
(i) Better perceived physical functioning at baseline
(ii) Younger age
(iii) Negative attitudes about psychiatric medications at baseline
(c) **6 & 12 month**
(i) Specific beliefs about Anti-D Rx (e.g. perceived harm)

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DEEP Depression Education & Enhancement of Primary Care Care

Objectives of DEEP Care

•Provide and evaluate an interdisciplinary educational intervention on depression for primary care providers

•Design, implement, and evaluate a practice based strategy that translates depression education and effectiveness research into improved care for patients with depression at selected southwestern Ontario primary care sites (urban, suburban, rural setting)

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IMPLEMENTING EVIDENCE

Evidence-Based Quality Improvement: The State Of The Science

Quality improvement strategies, just like medical interventions, need to rest on a strong evidence base.

by Kaveh G. Shojania and Jeremy M. Grimshaw

HEALTH AFFAIRS - *Volume 24, Number 1*

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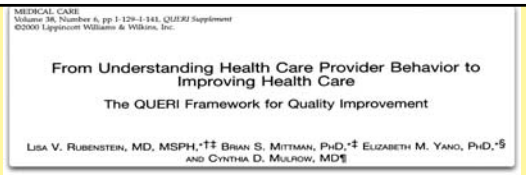

MEDICAL CARE
Volume 38, Number 6, pp I-129–I-141, *QUERI Supplement*
©2000 Lippincott Williams & Wilkins, Inc.

From Understanding Health Care Provider Behavior to Improving Health Care

The QUERI Framework for Quality Improvement

Lisa V. Rubenstein, MD, MSPH,*†‡ Brian S. Mittman, PhD,*‡ Elizabeth M. Yano, PhD,*§ and Cynthia D. Mulrow, MD¶

• VA Quality Enhancement Research Initiative (QUERI)

•QUERI
- research findings ➔ translation into practice ➔ better health care practices ➔ better health outcomes

•DEEP Care
-QUERI framework for using behavior research considerations and findings integrated into each step of design and implementation

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Evolution of Quality Improvement and Implementation Research

- *Passive diffusion*
  ("If you publish it, they will come")
- *Guidelines and systematic reviews*
  ("If you read it for them, they will come")
- *Industrial-style quality improvement*
  ("If you TQM/CQI it, they will come")
- *Systems reengineering*
  ("If you completely rebuild it, they will come")

Shojania et al . *Health Affairs* 2005(24):138-50

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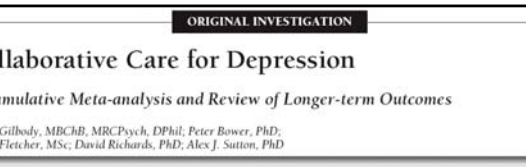

ORIGINAL INVESTIGATION

Collaborative Care for Depression

A Cumulative Meta-analysis and Review of Longer-term Outcomes

Simon Gilbody, MBChB, MRCPsych, DPhil; Peter Bower, PhD; Janine Fletcher, MSc; David Richards, PhD; Alex J. Sutton, PhD

Conclusions: Collaborative care is more effective than standard care in improving depression outcomes in the short and longer terms. Future research needs to address the implementation of collaborative care, particularly in settings other than the United States.

Arch Intern Med. 2006;166:2314-2321

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Depression Education Needs Assessment
Allied Health Professionals

- Identify current depression care training needs of southwestern Ontario allied health professionals

- On-line survey (sent through local LHIN) ➔ focus groups

- On-line
  (a) 73 started ➔ 36 completed the entire survey (49%)

  (b) "Almost completely" or "Completely" prepared (within scope of practice\responsibilities) to:

  (i) Screen = 44.5%
  (ii) Diagnose = 38.9%
  (iii) Treat = 38.9%

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Depression Education Needs Assessment
Allied Health Professionals

Webinar Topics

One a scale of 1 to 5 (1–not at all, 5-completely), the five prescribed topics were rated by respondents as follows.

Topic	% with 4 or 5 on scale[3]
Non-pharmacological management of depression (motivational interviewing, BSFPS, CBY)	80%
Management of suicidal patients	77.2%
Screening and diagnosis of mood disorders	77.1%
Concomitant medical diseases and mood disorders (i.e. pain and depression)	74.3%
Selecting and managing medication in mood disorders (i.e. pain and depression)	42.9%

Note: also obtained responses to "Factors to make webinar successful"

Depression Education Needs Assessment
Primary Care Physicians (SWO)

Survey Results (order of preference):

1. Non-pharmacological management of depression (motivational interviewing, BSFPS, CBT)
1. Selecting and managing medication in mood disorders (i.e. 2nd level Rx interventions)
1. Management of suicidal patients
1. Concomitant medical diseases and mood disorders (i.e. pain and depression)
1. Screening and diagnosis of mood disorders

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Evidence of the Effectiveness of Specific Quality Improvement Strategies

Learning from evidence for two chronic illnesses:
(a) Diabetes
(b) Hypertension

- Provider education (+)
- Provider reminders (+)
- Audit and feedback (++)
- Patient education (++)
- Disease or case management (++)

1. Shojania et al., Closing the Quality Gap: Diabetes Mellitus Care, 2004.
2. Walsh et al., Closing the Quality Gap:—Hypertension Care, 2004.

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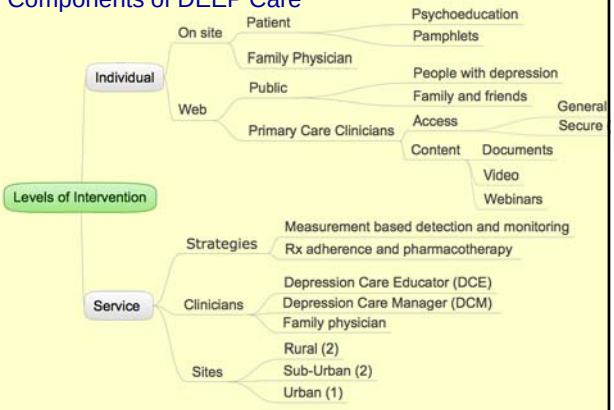
Components of DEEP Care



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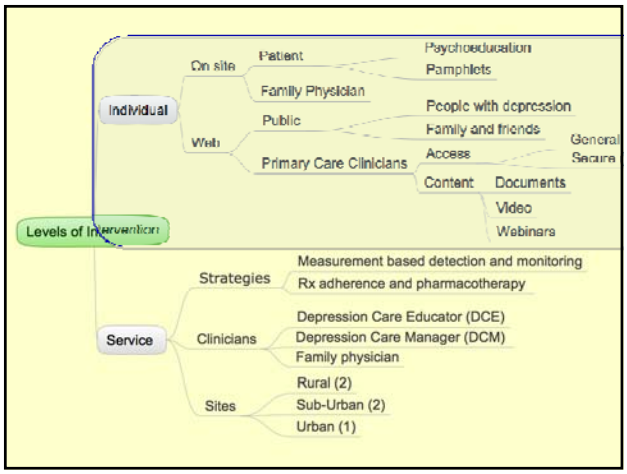
Levels of Intervention
Individual
On site
Patient
Psychoeducation
Pamphlets
Family Physician
Web
Public
People with depression
Family and friends
Primary Care Clinicians
Access
General
Secure
Content
Documents
Video
Webinars
Service
Strategies
Measurement based detection and monitoring
Rx adherence and pharmacotherapy
Clinicians
Depression Care Educator (DCE)
Depression Care Manager (DCM)
Family physician
Sites
Rural (2)
Sub-Urban (2)
Urban (1)


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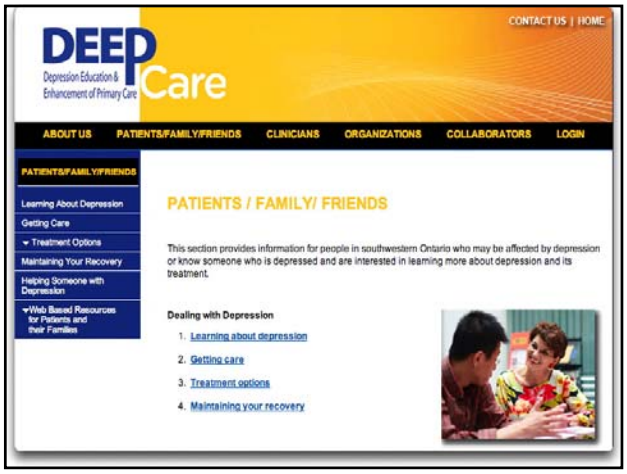
CLINICIANS
ORGANIZATIONS
COLLABORATORS
LOGIN
ABOUT US
How DEEP Care came about
Our vision
People involved
PATIENT / FAMILY / FRIENDS
Selected resources for those with depression
Helping someone with depression
CLINICIANS
Selected practical clinical tools
Resources for primary care providers seeking to enhance their care of people with depression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PATIENTS/FAMILY/FRIENDS
Learning About Depression
Getting Care
Treatment Options
Maintaining Your Recovery
Helping Someone with Depression
Web Based Resources for Patients and their Families
PATIENTS / FAMILY/ FRIENDS
This section provides information for people in southwestern Ontario who may be affected by depression or know someone who is depressed and are interested in learning more about depression and its treatment.
Dealing with Depression
1. Learning about depression
2. Getting care
3. Treatment options
4. Maintaining your recovery


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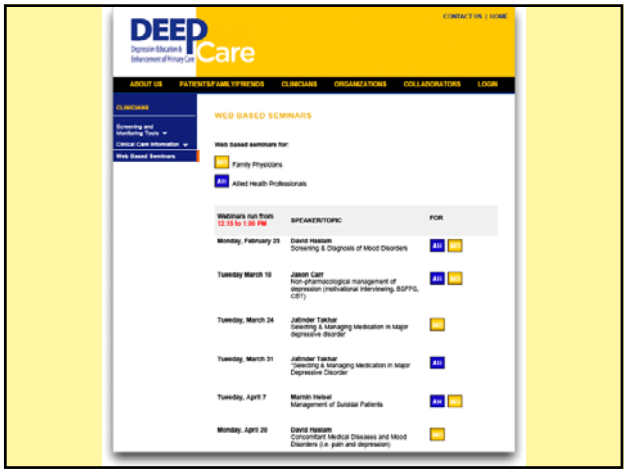
Screening and Monitoring Tools
Clinical Care Information
PRIMED - Practice Improving Evidence on Depression
Web Based Seminars
PRIMED
PRactice IMproving Evidence on Depression
What is PRIMED about?
Every once in a while we become aware of evidence that has significant potential to change our practice almost immediately
Such evidence combines the highest methodological quality, wide-spread applicability, relevance for clinical use, and "do-ability"
A recent example of a PRIMED study is:
Comparative efficacy and acceptability of 12 new-generation antidepressants: a multiple-treatments meta-analysis.
Cipriani A. et al. Lancet 2009
Click here for PubMed abstract of this article
How can I be notified automatically by email or RSS feed when new PRIMED articles are posted on the DEEP Care site?
You can be alerted of these new postings by Email alerts:
Sign up here for email updates
Click here to become a PRIMED subscriber
Given the uniqueness of PRIMED studies we expect at most about one new posting per month.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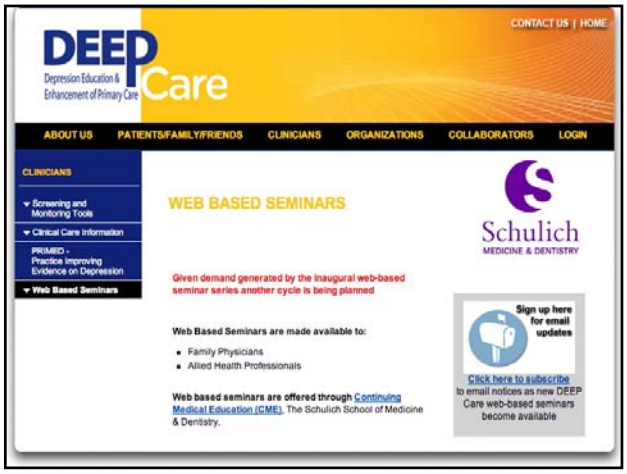
Web Based Seminars
WEB BASED SEMINARS
Web based seminars for:
Family Physicians
Allied Health Professionals
Webinars run from 12.15 to 1.00 PM
SPEAKER/TOPIC
FOR
Monday, February 23
David Haslam
Screening & Diagnosis of Mood Disorders
Tuesday March 10
Jason Carr
non-pharmacological management of depression (motivational interviewing, BSPPS, CBT)
Tuesday, March 24
Jatinder Takhar
Selecting & Managing Medication in Major depressive disorder
Tuesday, March 31
Jatinder Takhar
"Selecting & Managing Medication in Major Depressive Disorder
Tuesday, April 7
Marnin Heisel
Management of Suicidal Patients
Monday, April 20
David Haslam
Concomitant Medical Diseases and Mood Disorders (i.e. pain and depression)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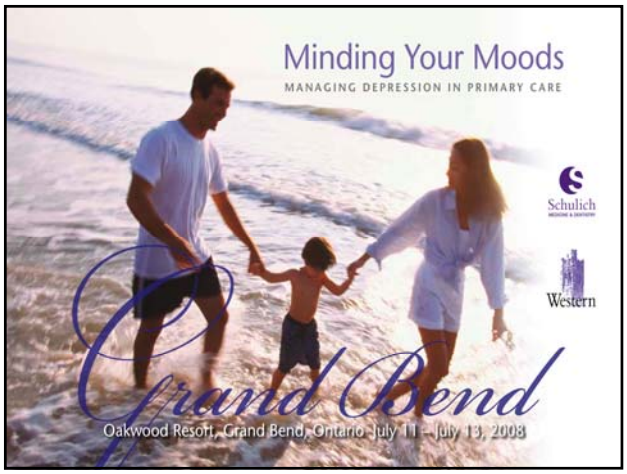
PRIMED - Practice Improving Evidence on Depression
Web Based Seminars
WEB BASED SEMINARS
Schulich
MEDICINE & DENTISTRY
Given demand generated by the inaugural web-based seminar series another cycle is being planned
Web Based Seminars are made available to:
Family Physicians
Allied Health Professionals
Web based seminars are offered through Continuing Medical Education (CME). The Schulich School of Medicine & Dentistry.
Sign up here for email updates
Click here to subscribe
to email notices as new DEEP Care web-based seminars become available



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2. Walsh et al., Closing the Quality Gap:—Hypertension Care, 2004.

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Effect of antidepressant drug counselling and information leaflets on adherence to drug treatment in primary care: randomised controlled trial

Robert Peveler, Charles George, Ann-Louise Kinmonth, Michael Campbell, Chris Thompson

BMJ VOLUME 319 4 SEPTEMBER 1999 www.bmj.com

www.deep-care.org

Randomised trial of monitoring, feedback, and management of care by telephone to improve treatment of depression in primary care

Gregory E Simon, Michael VonKorff, Carolyn Rutter, Edward Wagner

BMJ VOLUME 320 26 FEBRUARY 2000 www.bmj.com

www.deep-care.org

3 Component Mode (3CM)

THE MACARTHUR INITIATIVE ON depression & Primary Care AT DARTMOUTH & DUKE

Our Mission is to enhance a primary care clinician's ability to recognize and manage depression.

IMPLEMENTING AN OFFICE SYSTEM TO IMPROVE PRIMARY CARE MANAGEMENT OF DEPRESSION

Neil Korsen, M.D., Peter Scott, M.S.S., Allen J. Dietrich, M.D., and Thomas Oxman, M.D.

Psychiatric Quarterly, Vol. 74, No. 1, Spring 2003

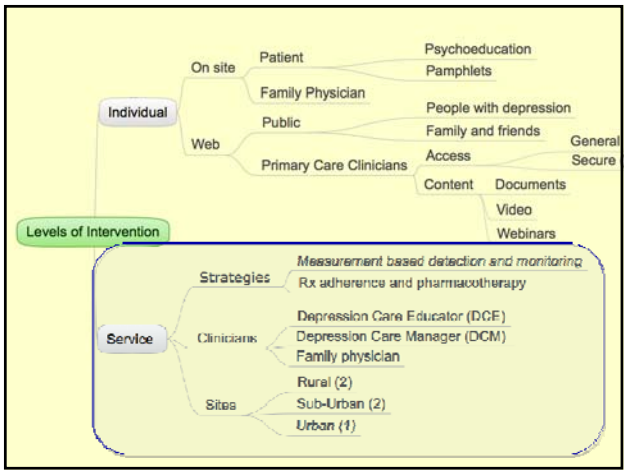
Care Management for Depression in Primary Care Practice: Findings From the RESPECT-Depression Trial

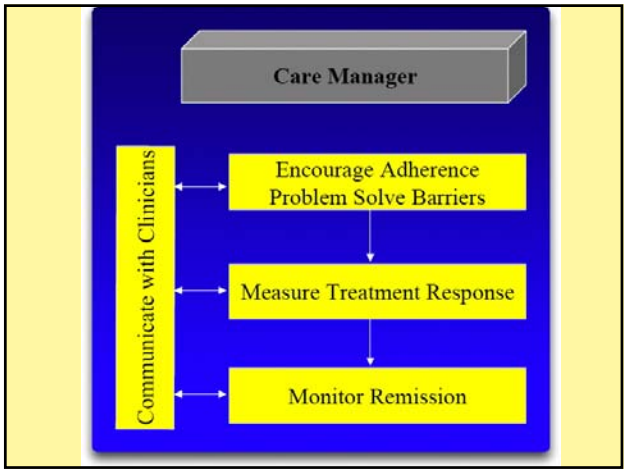
Paul A. Nutting, MD, MSPH[1]
Katie Gallagher, PhD[2]
Kim Riley, MPH[2]

ABSTRACT

PURPOSE This qualitative study examined the barriers to adopting depression care management among 42 primary care clinicians in 30 practices.

Ann Fam Med 2008;6:30-37. DOI: 10.1370/afm.742.





Depression Educator (DCE)

Provides patient education and antidepressant prescription counseling at Rx initiation, 2 weeks, and 8 weeks.

Depression Care Manager **(DCM)**

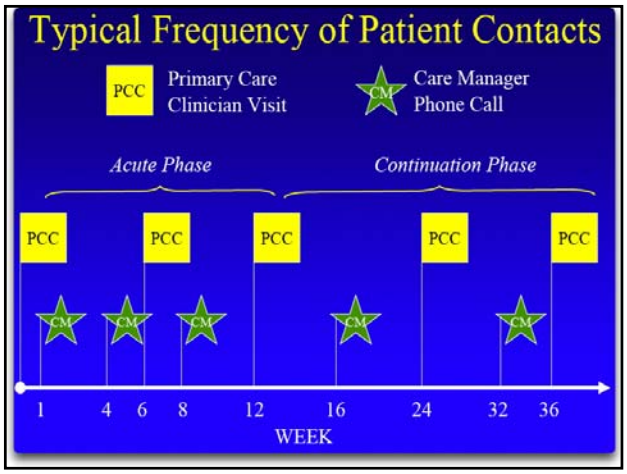
Provides support over the telephone:

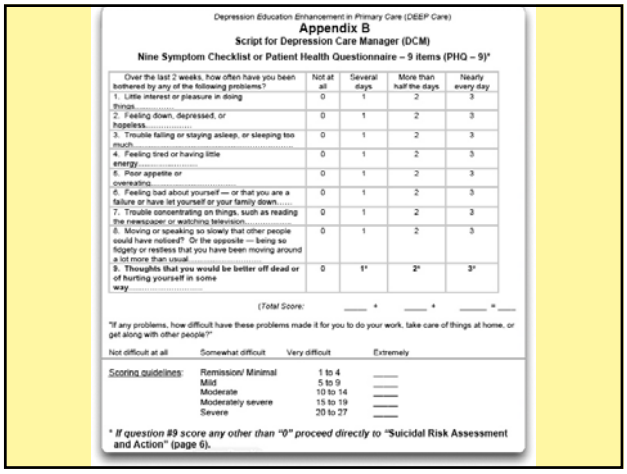
- Contacting the patient initially, 8 weeks, and 16 weeks.
- Providing action oriented feedback to physician.
- Assisting physician with care plan implementation.

Key expectations of each site or group for Model B include identifying a:

(i) Clinician (DCM)\Coordinator to act as liaison with DEEP Care –
(May be shared between offices across sites that form a group)

(ii) Physician as local leader
(Remuneration provided for cost offset)





Depression Education Enhancement in Primary Care (DEEP Care)

Appendix B

Script for Depression Care Manager (DCM)

Nine Symptom Checklist or Patient Health Questionnaire – 9 items (PHQ – 9)*

Over the last 2 weeks, how often have you been bothered by any of the following problems?	Not at all	Several days	More than half the days	Nearly every day
1. Little interest or pleasure in doing things	0	1	2	3
2. Feeling down, depressed, or hopeless	0	1	2	3
3. Trouble falling or staying asleep, or sleeping too much	0	1	2	3
4. Feeling tired or having little energy	0	1	2	3
5. Poor appetite or overeating	0	1	2	3
6. Feeling bad about yourself — or that you are a failure or have let yourself or your family down	0	1	2	3
7. Trouble concentrating on things, such as reading the newspaper or watching television	0	1	2	3
8. Moving or speaking so slowly that other people could have noticed? Or the opposite — being so fidgety or restless that you have been moving around a lot more than usual	0	1	2	3
9. Thoughts that you would be better off dead or of hurting yourself in some way	0	1*	2*	3*

(Total Score: ____ + ____ + ____ = ____

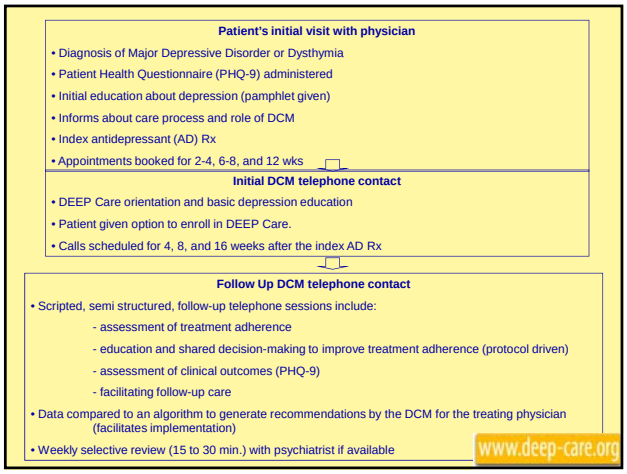
"If any problems, how difficult have these problems made it for you to do your work, take care of things at home, or get along with other people?"

Not difficult at all | Somewhat difficult | Very difficult | Extremely

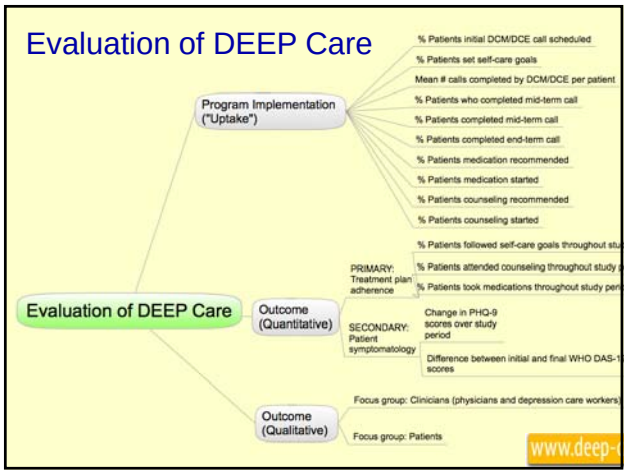
Scoring guidelines:

Remission/ Minimal	1 to 4
Mild	5 to 9
Moderate	10 to 14
Moderately severe	15 to 19
Severe	20 to 27

* *If question #9 score any other than "0" proceed directly to* **"Suicidal Risk Assessment and Action" (page 6).**



Evaluation of DEEP Care



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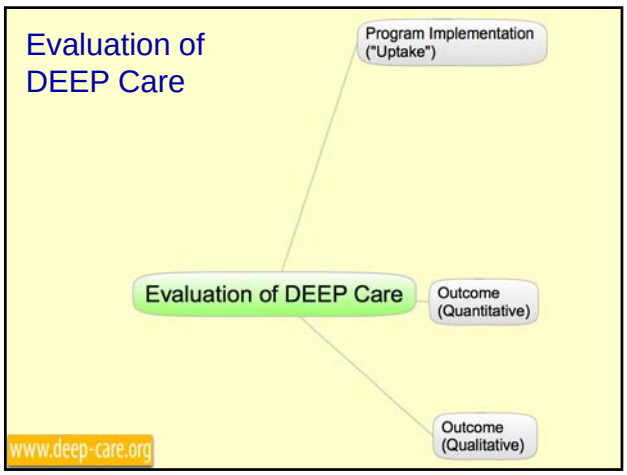

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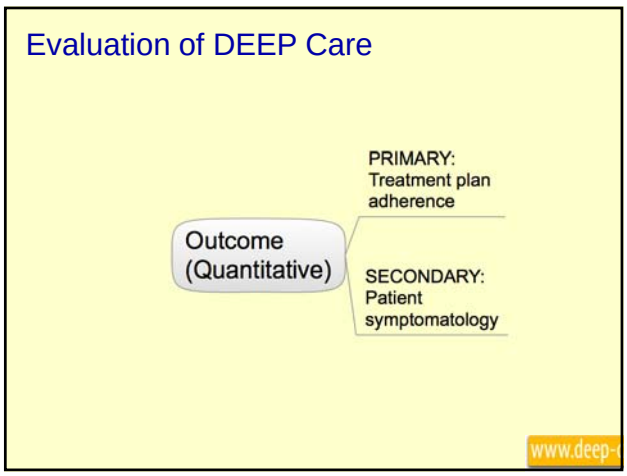

Evaluation of DEEP Care

PRIMARY: Treatment plan adherence

- % Patients followed self-care goals throughout study per
- % Patients attended counseling throughout study period
- % Patients took medications throughout study period

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Evaluation of DEEP Care

SECONDARY: Patient symptomatology

- Change in PHQ-9 scores over study period
- Difference between initial and final WHO DAS-12 scores

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Evaluation of DEEP Care

Outcome (Qualitative)

- Focus group: Clinicians (physicians and depression care wor
- Focus group: Patients

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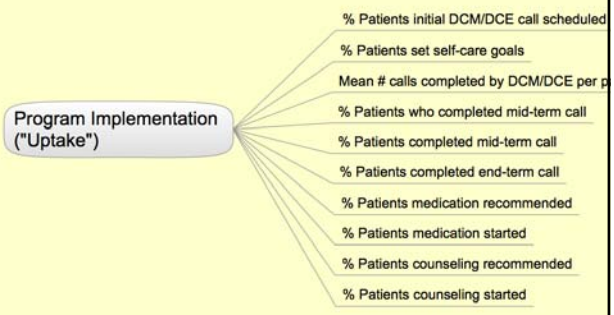
Evaluation of DEEP Care



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DEEP Care
Depression Education & Enhancement of Primary Care

Anticipated Benefits

- Less time spent by the physician informing patient's about depression and medication use
- Fewer patient visits through improved depression care outcomes
- More efficient use of time when patient presents for follow- up visits
- Chronic care based model well positioned to leverage additional funding from MHLTC and/or granting agencies
- Augments care for identified cases
- Therapeutic relationship and patient's satisfaction enhanced

Summary

- Evidence-based quality improvement and implementation science are key areas of research available to guide the improvement of mental health services
- DEEP Care is an innovative and multifaceted initiative designed to both implement and evaluate the translation of evidence based health service interventions into effective community based mental health care

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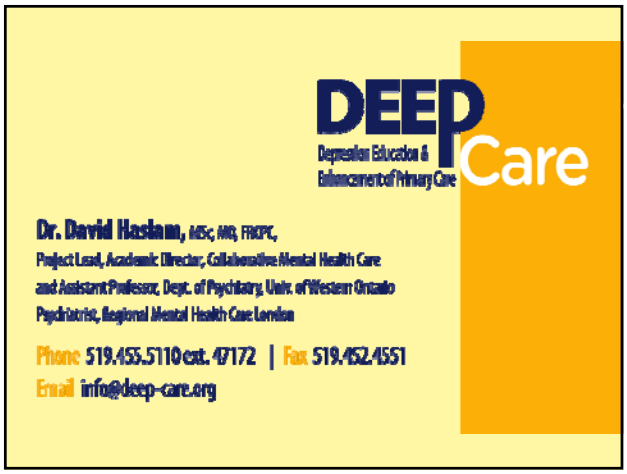
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Care
Dr. David Haslam, MSc, MD, FRCPC,
Project Lead, Academic Director, Collaborative Mental Health Care
and Assistant Professor, Dept. of Psychiatry, Univ. of Western Ontario
Psychiatrist, Regional Mental Health Care London
Phone 519.455.5110 ext. 47172 | Fax 519.452.4551
Email info@deep-care.org