
Managing Depression in Primary Care: Formative Evaluation of a Manitoba Health Initiative

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Collaborators

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Presentation Objectives

- To briefly review the importance of screening for depression in primary care
 - To review a formative evaluation plan of depression screening
 - To discuss initial findings and suggest implications related to managing depression in primary care
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Importance of Screening for Depression

- Depression is a common problem
 - The majority of cases are identified and managed in primary care
 - Yet, depression often goes undetected and untreated
 - Screening for depression is useful when:
 - It is targeted, such as on high risk groups
 - When practice also includes accurate diagnosis and effective treatments
 - PHQ2 is a valid screening tool
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Physician Integrated Network (PIN): Background

- In 2006, Manitoba Health undertook a new primary care renewal initiative, PIN
 - An overarching objective of PIN is to change practice behaviour with the support of a quality-based incentive funding model
 - As part of PIN, mental health indicators specific to screening and managing follow-up for depression were developed and implemented
 - Initiative includes PHQ2 and follow-up assessment for patients between 18 and 69 years of age who have:
 - Diabetes;
 - Congestive heart failure;
 - Coronary artery disease; and/or,
 - Women who have given birth within the past 12 months
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Formative Evaluation: Sites

- Objective is to investigate the implementation and initial impact of the PIN mental health indicators in 3 PIN Shared Mental Health Care settings:
 - 1 rural
 - 2 urban
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Evaluation Questions

1. What are providers' attitudes, skills, behaviours, and satisfaction related to recognizing and treating depression?
 2. Since implementing the PIN mental health indicators, what is each clinic's process related to the management of depression with the target high risk groups?
 3. What are the barriers and facilitators to the implementation of the PIN mental health indicators?
 4. What is the initial impact of the PIN mental health indicators on the provider, patients, and collaborative practice?
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Evaluation Methods

- Document Review
 - EMR data
 - Shared Care data
 - Provider Survey
 - Questions on implementation of PIN mental health indicators, in addition to provider perception of their attitudes, skills, and behaviours related to recognizing and treating depression
 - Interview
 - 30 minute open-ended qualitative interview
 - ~6 providers per site
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Evaluation Plan

Phase	Timeline	Methods
Initial Snapshot	Spring 2011	<ol style="list-style-type: none">1. Document review2. Survey
Follow-up Snapshot 1	6-9 months post Initial Snapshot	<ol style="list-style-type: none">1. Document review2. Survey3. Interview
Follow-up Snapshot 2	1 year post Follow-up Snapshot 1	<ol style="list-style-type: none">1. Document review2. Survey3. Interview

Initial Snapshot Survey Findings

Survey Response Rate

- 29/36 physicians (i.e., 81%)
 - 6/7 physicians at site 1
 - 14/16 physicians at site 2
 - 9/13 at site 3

 - 3/3 counsellors
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Providers' Attitudes Related to Recognizing and Treating Depression

	Strongly Disagree	Disagree	Agree	Strongly Agree	Missing
Depression is overemphasized as a problem	8 (1)	20 (2)	1		
Depression is a frequent problem	2		15 (2)	11 (1)	1
Treating depression is time consuming		3 (1)	17 (2)	9	
Patients are better off treated by mental health specialists	3	15 (1)	8 (1)	2 (1)	1

Note. Total physician sample = 29 (Total counsellor sample = 3)

Providers' Attitudes Related to Recognizing and Treating Depression continued...

	Strongly Disagree	Disagree	Agree	Strongly Agree	Missing
Drug treatment is very effective		2	26 (2)	1 (1)	
Counselling/therapy is very effective			23 (1)	6 (2)	
Self-help approaches for depression are very effective		5	22 (2)	1 (1)	1
I am more comfortable treating physical disease than emotional disorders such as depression	(2)	14 (1)	15		
The benefits of screening for depression outweigh the costs		6	19	(3)	4

Note. Total physician sample = 29 (Total counsellor sample = 3)

Providers' Skills Related to Recognizing and Treating Depression?

	Very Uncertain	Uncertain	Certain	Very Certain
Can recognize depression			24	5 (3)
Can recognize suicidal patient		2	24 (1)	3 (2)
Effectively treat with medications		1	27	1
Effectively treat by counselling	1	15	12 (2)	1 (1)
Effectively treat by encouraging self-management		13 (1)	16 (1)	(1)
Get timely advice in a crisis/emergency related to a depressed patient	2	7	16 (2)	4 (1)
Understand the mental health treatment system		11	18 (3)	
Have access to timely treatment from a mental health specialist	4	10	12	2

Note. Total physician sample = 29 (Total counsellor sample = 3)

Providers' Behaviours Related to Recognizing and Treating Depression?

	Very Unlikely	Unlikely	Likely	Very Likely	Missing
Start on antidepressant medications			21	7	1
Give supportive counselling yourself		2	21	6 (3)	
Conduct a differential diagnosis			23	6	
Write diagnosis of depression in chart			15	14	
Tell patient to contact mental health agency/insurance company for referral	1 (1)	15 (1)	6 (1)	6	1
Refer directly to a mental health specialist		3 (2)	20 (1)	5	1
Call a consulting psychiatrist, psychologist, or counsellor	3	16 (1)	7 (2)	2	1
Provide educational materials	4	15	8 (1)	2 (2)	

Note. Total physician sample = 29 (Total counsellor sample = 3)

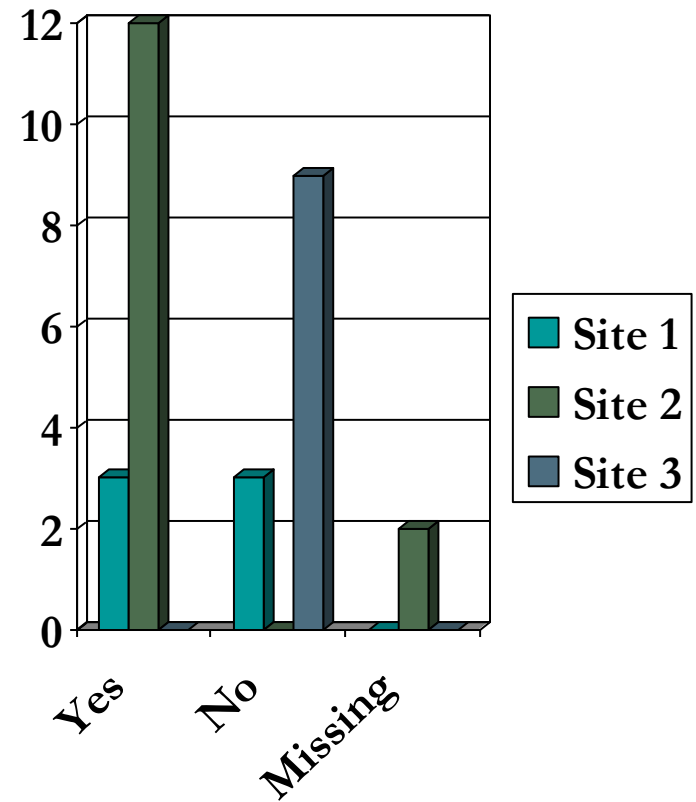
Providers' Satisfaction Related to Recognizing and Treating Depression?

	Strongly Disagree	Disagree	Agree	Strongly Agree	Missing or NA
Working with depressed patients is heavy going		10 (2)	13 (1)	6	
I find great satisfaction in treating depression		7	18 (2)	2 (2)	2
I am fairly compensated for treatment of depressed patients		15	13 (1)	1 (2)	
It is not economically viable for me to treat depression	1 (3)	21	6	1	
I am too pressed for time to routinely screen for depression	1 (3)	16	11	1	
Shared Care is useful in assisting in the management and care of depressed patients			7	21	1
Training and educational materials provided by Shared Care were useful in managing depressed patients		1	14	9	5

Note. Total physician sample = 29 (Total counsellor sample = 3)

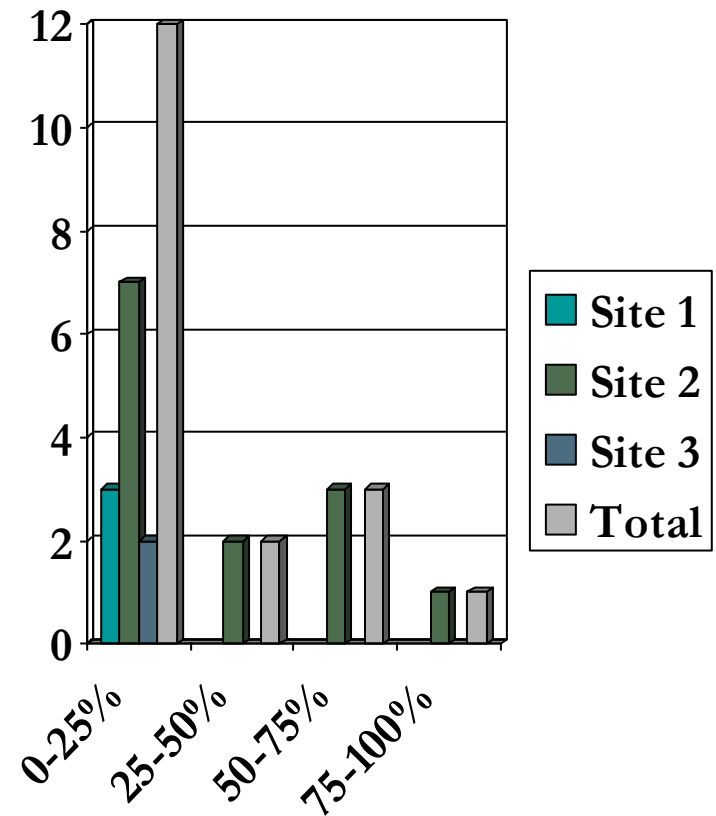
Are Physicians Screening for Depression with the PHQ2?

- Overall, practice is mixed:
 - 15/27 Physicians are screening with the PHQ2
 - Significant variability across 3 sites



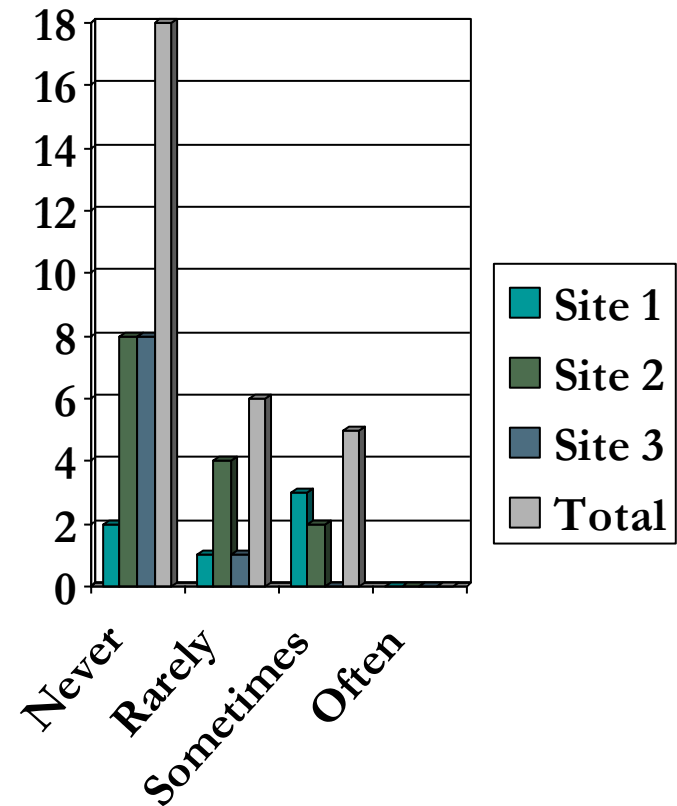
Frequency of Physician Use of PHQ2 Within Target Groups

- Those physicians using the PHQ2, tend to be using it with <25% of target group patients
- Significant variability across site 2 and site 3



Frequency of Physician Use of PHQ2 Outside of Target Groups

- Those physicians using the PHQ2, tend not to use it outside of the target group
- Variability across site 1 and site 3



When physicians provided follow-up care to depressed patients, on average:

- 35.6% cases treated with medication only
 - 21.2% cases treated with counselling only
 - 8.1% cases treated with self-help/self-management approach only
 - 35.9% cases treated with combined approach
 - 1.25% cases treated with other (1 physician; did not specify with what)
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Perceived Need for additional tools or training?

- Most providers reported to not need additional tools (24/29 physicians, 2/3 counsellors) or training (26/29 physicians, 2/3 counsellors) to recognize and treat depression
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Physician Survey Qualitative Feedback

- Importance of access to mental health specialists
 - Would like access to mental health specialist for screening & management of depression when other issues present (e.g., Bipolar, addiction, schizophrenia)
 - Access to mental health worker lacking
 - Love shared care
 - Shared care supports primary care in managing depression
- Presence, scope, frequency, and time for screening
 - PHQ2 screening in place is helpful
 - Crucial to screen all patients for depression
 - Difficult to expand PHQ2 screening
 - Questions whether worthwhile to screen yearly
 - Need longer time
- Prompts
 - EMR prompts need streamlining
 - Need reminder

Conclusions

- Depression is viewed as an important problem that is time consuming to treat
 - Many find satisfaction in treating depression (all counsellors) but many find such work heavy going
 - About half of physicians are more comfortable treating physical disease than depression and some feel that this should be treated by mental health specialists
 - Counsellors reported to be fairly compensated but physicians were mixed
 - Shared Care was unanimously seen as useful in assisting in the management and care of depressed patients
 - Most physicians feel that benefits of screening outweigh the costs yet almost half are not using the PHQ2
 - Those physicians that are using the PHQ2, report to be doing so infrequently
 - Most providers do not perceive a need for additional tools or training
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Conclusions continued...

- Medication, counselling, and self-help approaches are seen as effective; yet, self-management is infrequently used alone
 - Perceived as skilled in recognizing depression, suicidal patients, and for physicians, in effectively treating with medication
 - Physician perceptions are mixed about effectiveness in treating by counselling and self-management; counsellors are more certain about their skills in these areas
 - Physicians report to be likely/very likely to start patients on antidepressant medications, give supportive counselling, conduct a differential diagnosis, write diagnosis in chart, refer directly to a mental health specialist
 - Physicians less likely to tell the patient to contact elsewhere for a referral, call a consulting mental health specialist, or provide educational materials; counsellors likely to provide educational materials
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Implications

- Intervention may be required to increase rates of screening
 - The next phase of the evaluation will be important in highlighting reasons why physicians are infrequently using the PHQ2
 - Increasing access to Shared Care may be one strategy in addressing physician concerns around burden of managing depression in primary care
 - Self-management approach is under-utilized yet a demonstrated effective approach in treating depression
 - Training around the effectiveness of educational materials and self-management could be an important area for improving the management of depression in these primary care sites
 - Other possible areas for training were highlighted (e.g., recognizing suicidality, mental health treatment system)
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Questions?

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