

Applying Tools, Teamwork and Tenacity to Address Parental Depression

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THE MACARTHUR INITIATIVE ON *depression*
Primary
Care AT DARTMOUTH & DUREE

- **Background**
- **Questions to be addressed**
- **RESPECT Depression**
- **Next Steps**

Background

- **Primary care is a natural point of entry to depression recognition and management**
- **USPSTF recommends depression screening if a follow-up system is in place**
- **Effective care models have been developed for the general population**

Some Questions

- **Do current models apply to parents?**
- **What points of entry are available ?**
- **What unique vulnerable populations?**
- **How to jump from page to practice?**

British Medical Journal

BMJ. 2004 September 11; 329(7466): 602.
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Re-engineering systems for the treatment of depression in primary care: cluster randomised controlled trial

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Research Goal

To test the *effectiveness, sustainability and dissemination* potential of an evidence-based care process and change process approach designed to improve the quality of depression care.

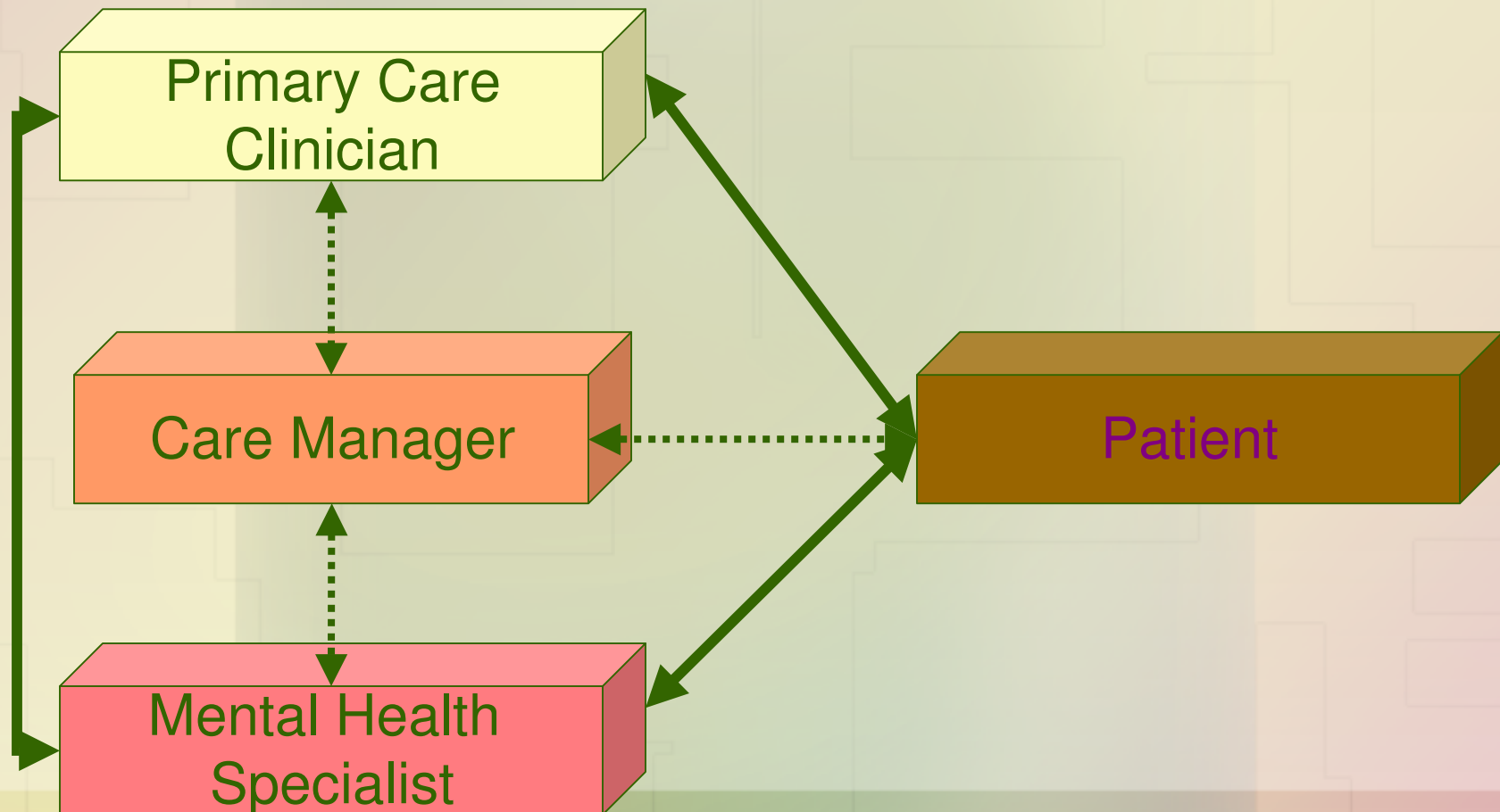
RCT Study Methods

- **Design: Practice level, randomized trial**
- **Setting: 5 health care organizations and 60 primary care practices**

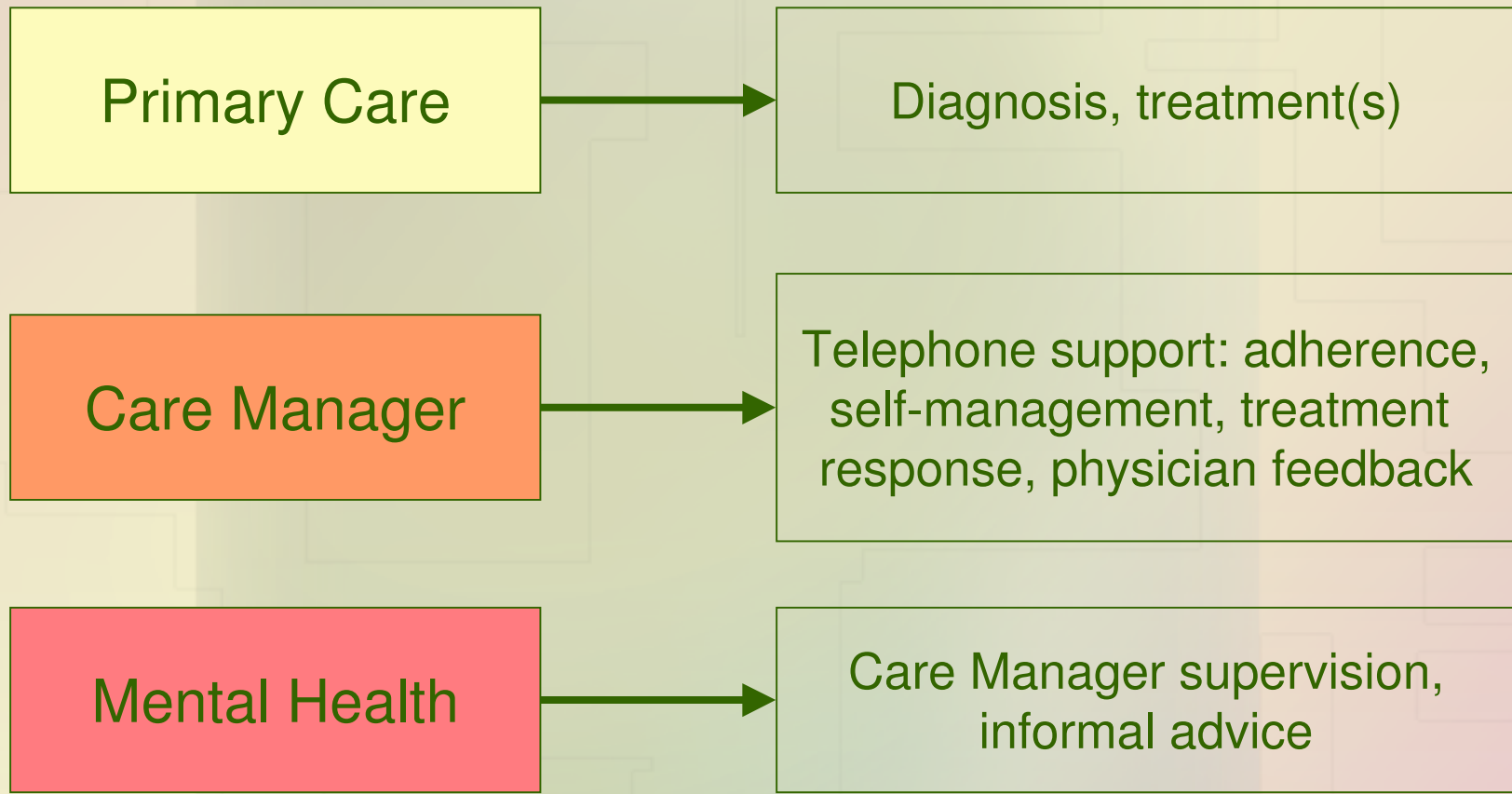
RCT Study Methods

- **Patients:**
 - **Age ≥ 18 recognized by PCC**
 - **Initiating or changing depression treatment**
 - **DSM-IV for major depression or dysthymia**
 - **Excluded: Bipolar, PTSD, active substance abuse**

Teamwork: Three Component Model (TCM)



Clinical Roles



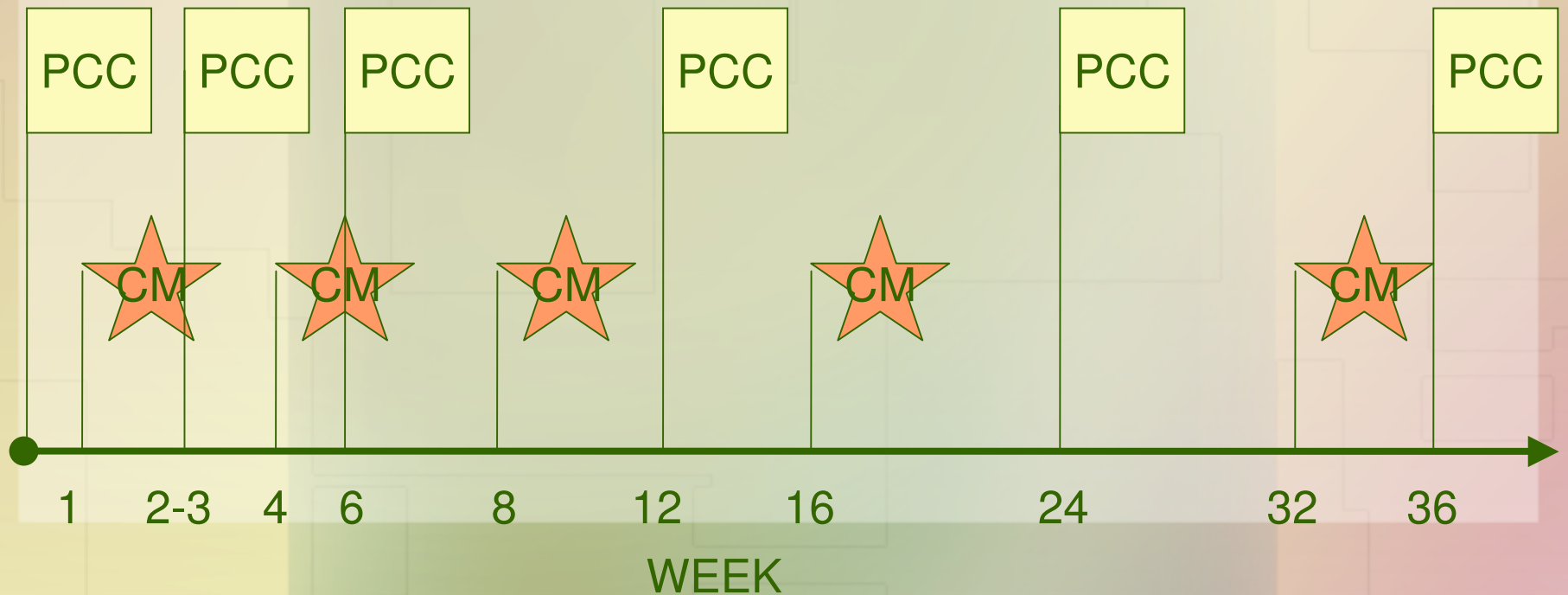
Planned Patient Contacts

PCC Primary Care Clinician Visit

CM Care Manager Phone Call

Acute Phase

Continuation Phase



The Tool: PHQ9 Symptom Checklist

	Not at all 0	Several days 1	More than half the days 2	Nearly every day 3
1. Over the <u>last two weeks</u> have you been bothered by the following problems?				
a. Little interest or pleasure in doing things	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Feeling down, depressed, or hopeless	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c. Trouble falling or staying asleep, or sleeping too much	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
d. Feeling tired or having little energy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
e. Poor appetite or overeating	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Feeling bad about yourself, or that you are a failure . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
g. Trouble concentrating on things, such as reading . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
h. Moving or speaking so slowly . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Thoughts that you would be better off dead . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2. ... 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?

Subtotals:

TOTAL:

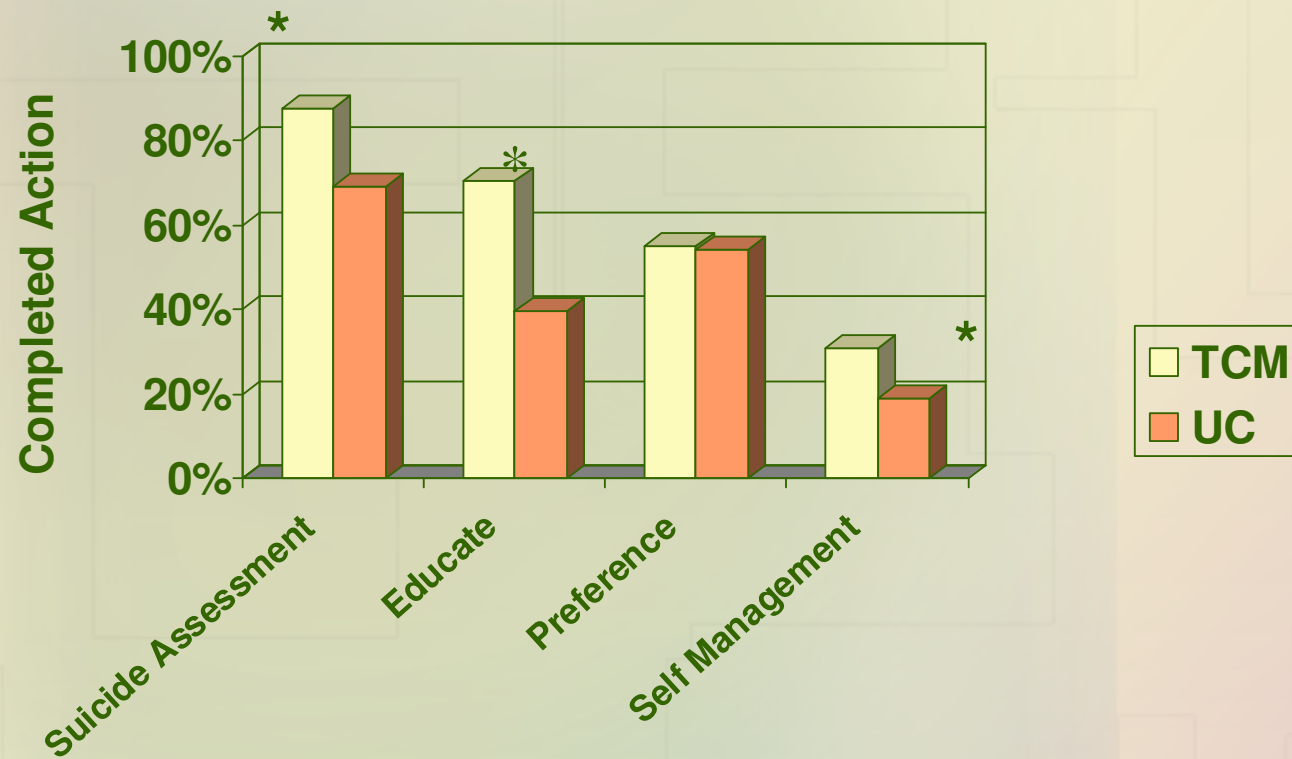
Not difficult at all

Somewhat Difficult

Very Difficult

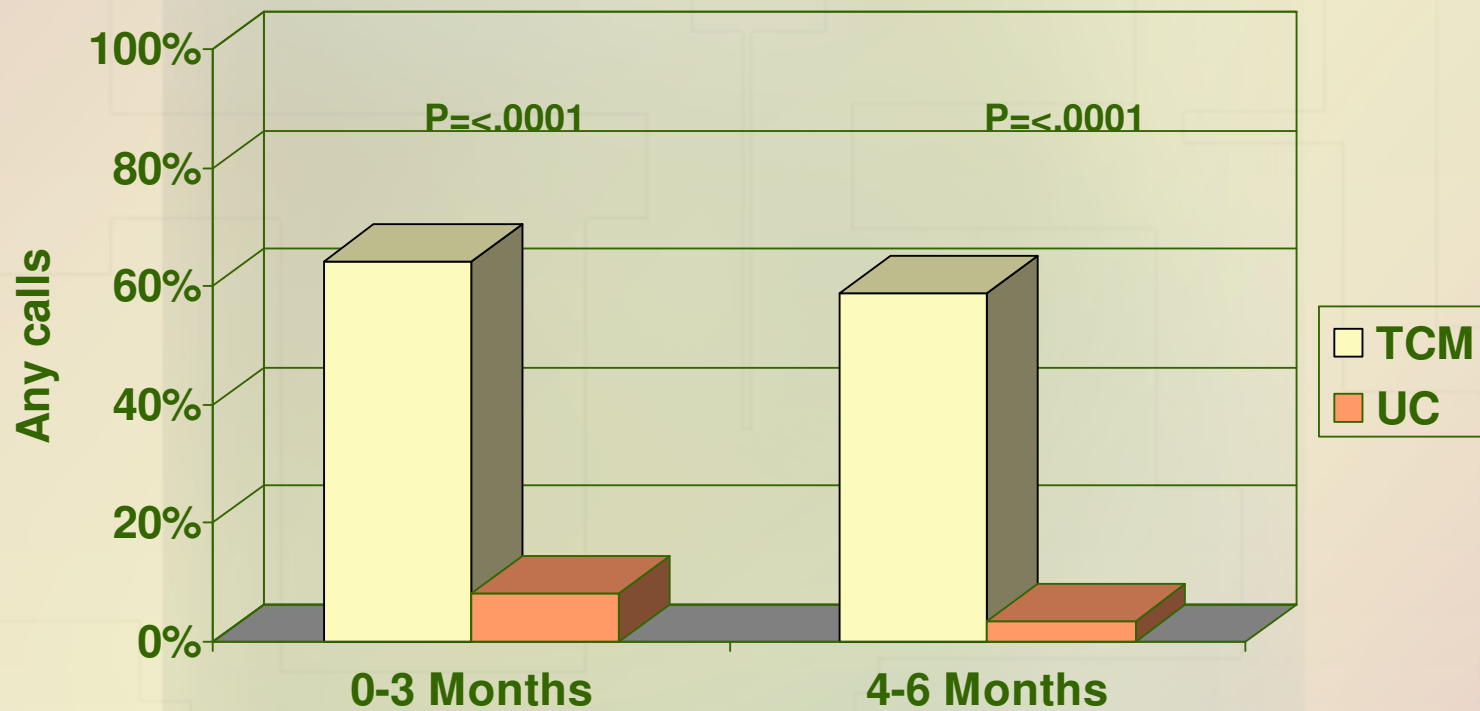
Extremely Difficult

Patient Report: Physician Actions

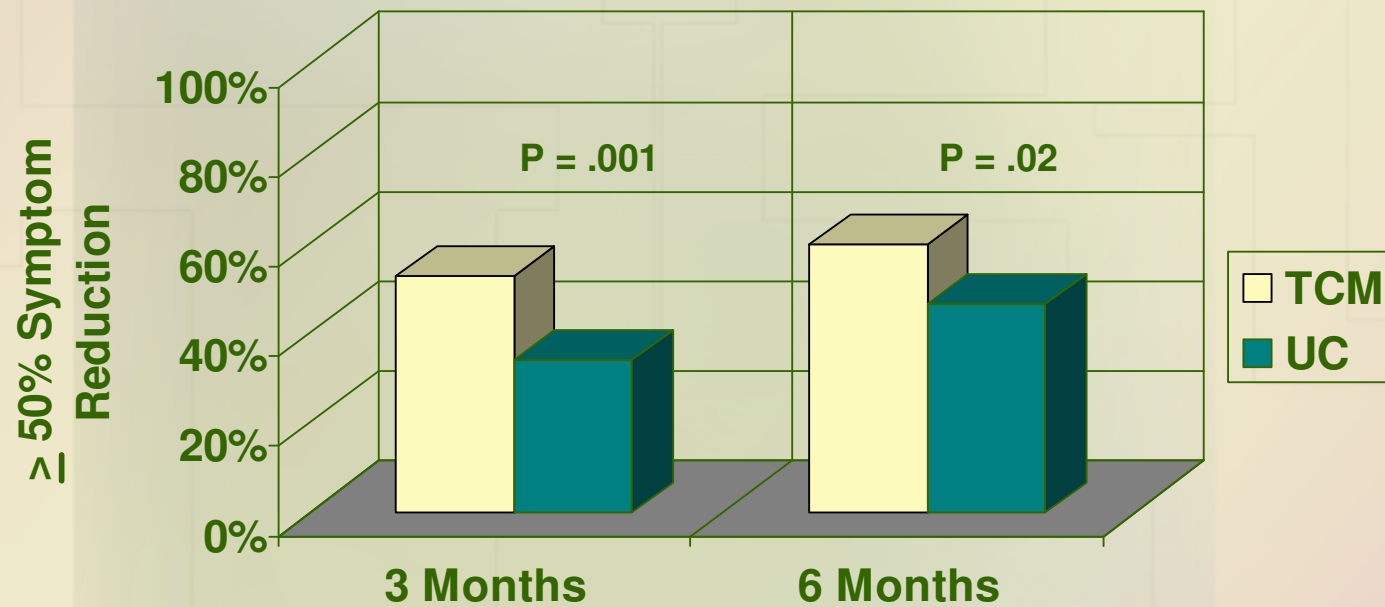


*P < 0.01

Telephone Follow-up



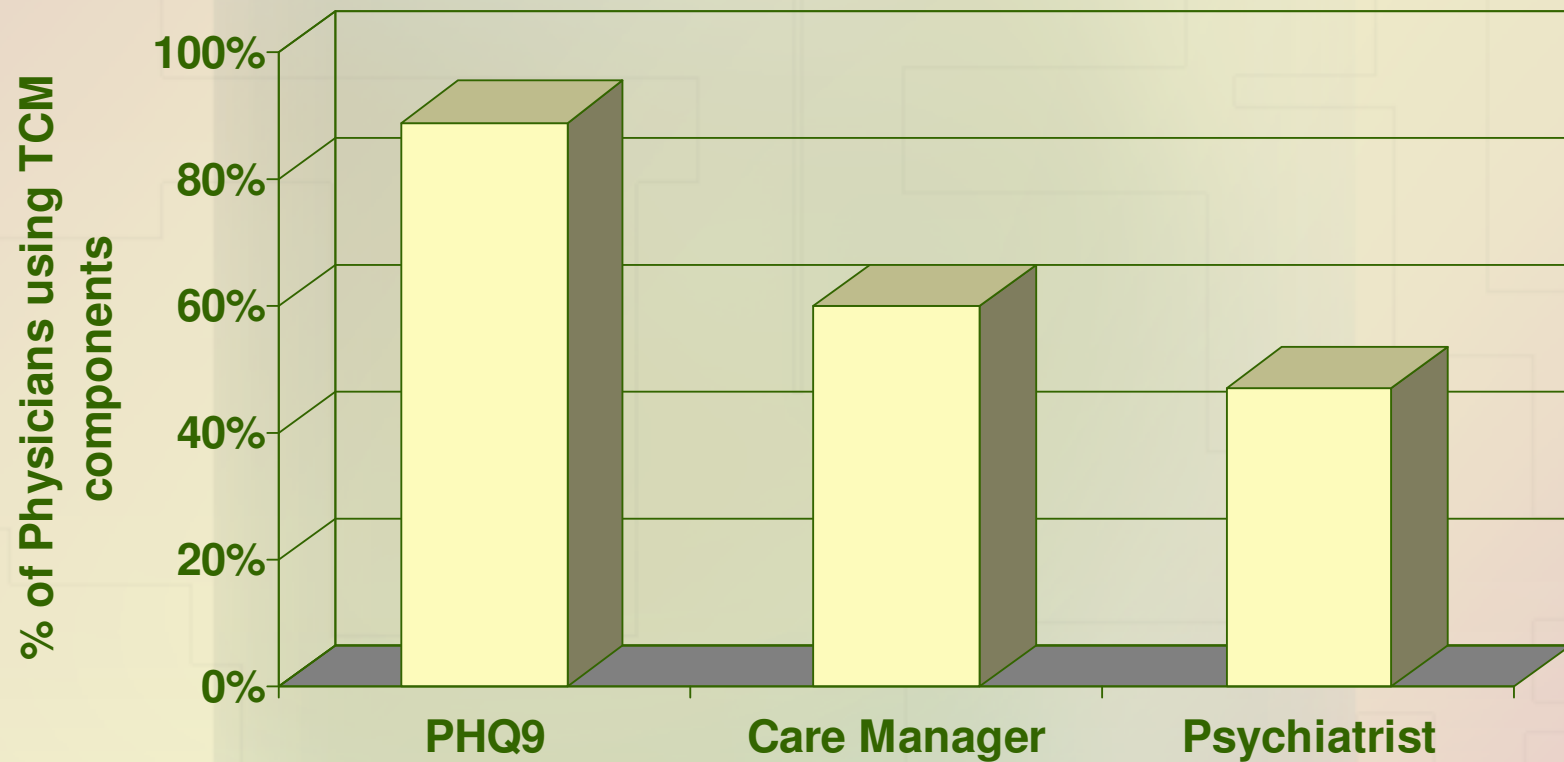
Depression Response



Patient Reported: Quality Of Depression Care



Sustainability (Physician Report, n=88)



Tenacity

Sustainability: Site Differences

	Site A	Site B	Site C	Site D	Site E
PHQ					
Care Manager					±
Psychiatrist					

Post-Deployment Mental Health Conditions Are Common

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Combat Duty in Iraq and Afghanistan,
Mental Health Problems, and Barriers to Care

Charles W. Hoge, M.D., Carl A. Castro, Ph.D., Stephen C. Messer, Ph.D., Dennis McGurk, Ph.D.,
Dave I. Cotting, Ph.D., and Robert L. Koffman, M.D., M.P.H.

Depression.....15%

Anxiety.....18%

PTSD.....18%

Any of these....28%

Conclusions

- **Current models can be applied to parents, new models are needed as well**
- **Pediatricians can provide a point of access**

Conclusions

- **Medical groups, health plans and others with QI infrastructures must support practice change**
- **New vulnerable populations are emerging and need attention**