

# An Evidence Based Intervention for Collaborative Depression Care Management in Geriatric Primary Care

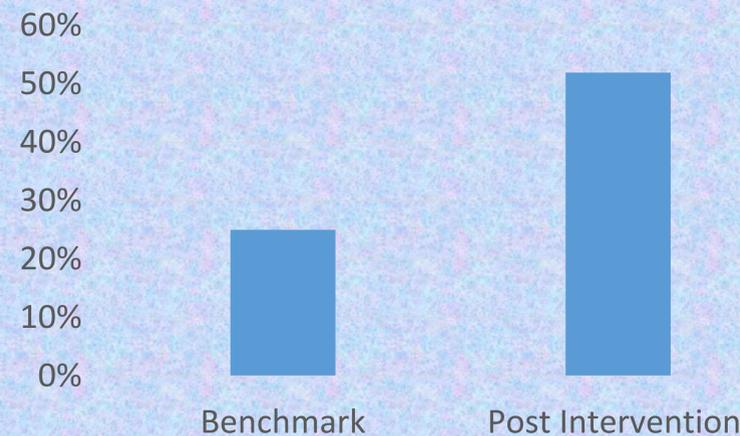
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## INTRODUCTION:

- ✓ Depression in late life (LLD) is common, is a risk factor for suicide, increased morbidity and non-suicide related mortality and remains under-diagnosed and under-treated in Primary Care (Lill, 2015).
- ✓ Medicare recipients with depression have significantly higher total healthcare costs ((\$20,046 vs \$11,956) than those without (Unutzer et al., 2009).
- ✓ The effectiveness of collaborative care models as a means to provide adequate screening, identification and treatment for late-life depression has been established through several studies (Bruce et al., 2004).
- ✓ A multi-modal educational intervention was developed to prepare the health care team for delivering an evidence based collaborative depression care protocol (DCP).
- ✓ The effectiveness of interventions was assessed by comparing pre and post intervention measure data.

## RESULTS :

**Depression Screening Rate**



## METHODS :

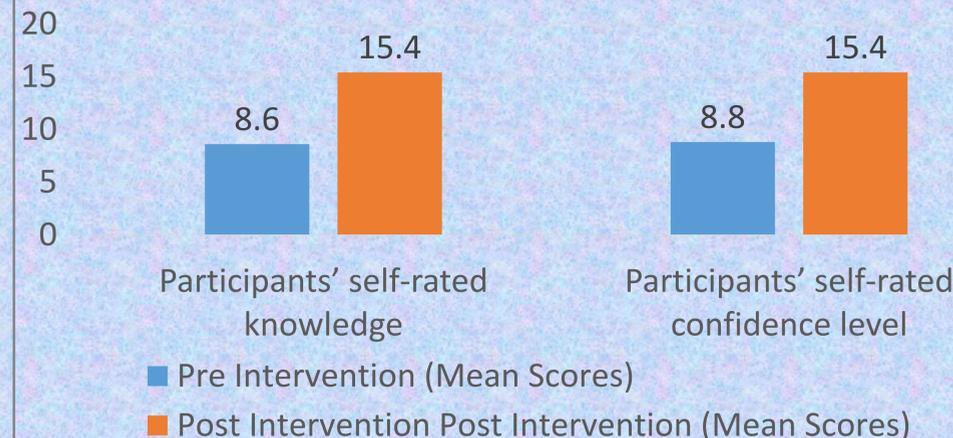
- ✓ Eligible participants included three categories of healthcare clinicians : triage staff, care manager and primary care provider
- ✓ The educational intervention was customized to each of the three categories, to separately explain objectives, evidence base, DCP and each clinician's role.
- ✓ Educational intervention was delivered electronically via power point module, followed by in-person session.

**Outcome Measures**

- **Self-rated knowledge of screening and identification of depressive symptoms**
- **Self-rated confidence related to use of collaborative DCP model**
- **Initiation of uptake and utilization of DCP**

- ✓ Pre and post survey design as well as modified chart review was utilized for data collection.
- ✓ Simple descriptive statistics, including a paired *t*-test performed to determine statistical significance ( $p \leq 0.05$ ) of pre and post intervention data.

**Pre-Post Intervention Comparisons**



## Outline of Educational Intervention

Category	Topics
Triage Staff	<ul style="list-style-type: none"> <li>• Introduction of late life depression, symptoms and complications</li> <li>• Screening tools and how to use the tools</li> <li>• Depression Care Protocol algorithm</li> <li>• Why is depression care important and what is my role?</li> </ul>
Depression Care Manager	<ul style="list-style-type: none"> <li>• Introduction of late life depression, symptoms and complications</li> <li>• Background and scope of the problem</li> <li>• Evidence related to depression care management</li> <li>• DCP toolkit including algorithm and screening tools</li> <li>• What is my role?</li> </ul>
Primary Care Provider	<ul style="list-style-type: none"> <li>• Introduction of late life depression, symptoms and complications</li> <li>• Background and scope of the problem</li> <li>• Evidence related to depression care management</li> <li>• DCP toolkit including algorithm and screening tools</li> <li>• Role of the primary care provider in overall LLD identification, treatment and management</li> </ul>

## DISCUSSION:

- ✓ The prevalence of depression in older adults (in the presence of chronic conditions) and the associated increased healthcare costs indicates the need for effective management of depression in primary care.
- ✓ An evidence based and collaborative DCP highlights the unique opportunity of the healthcare team to implement a collaborative care model in geriatric primary care.
- ✓ Although collaborative depression care management models are efficacious and highly cost-effective in primary care, integrating DCP remains a substantial challenge, especially in performing proactive screening, diagnosis, acute treatment follow-up and long-term monitoring,
- ✓ The scope of the initiative lends limited time to measurement of outcomes in terms of clinical uptake of the protocol.
- ✓ Next steps :replication of the intervention to general primary care and measurement of longitudinal clinical outcomes.

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