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.

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.
✓ 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≤0.05) of pre and post intervention data.

RESULTS:

<table>
<thead>
<tr>
<th>Pre-Post Intervention Comparisons</th>
<th>Pre Intervention (Mean Scores)</th>
<th>Post Intervention (Mean Scores)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Participants’ self-rated knowledge</td>
<td>8.6</td>
<td>15.4</td>
</tr>
<tr>
<td>Participants’ self-rated confidence level</td>
<td>8.8</td>
<td>15.4</td>
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</tbody>
</table>

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.

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

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