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

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Collaborators

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- Ms. Jeanette Edwards, Special Advisor to the Deputy Minister on Primary Care, Manitoba Health
- Mr. Angus Steele, Manitoba Health, PIN Analyst
- Dr. Ingrid Botting, Director, Health Services Integration, Family Medicine – Primary Care Program, WRHA
- Ms. Deb Taillefer, Regional Manager - Mental Health, South Eastman Health
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
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
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
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
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?
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
## Evaluation Plan

<table>
<thead>
<tr>
<th>Phase</th>
<th>Timeline</th>
<th>Methods</th>
</tr>
</thead>
<tbody>
<tr>
<td>Initial Snapshot</td>
<td>Spring 2011</td>
<td>1. Document review</td>
</tr>
<tr>
<td></td>
<td></td>
<td>2. Survey</td>
</tr>
<tr>
<td>Follow-up Snapshot 1</td>
<td>6-9 months post Initial Snapshot</td>
<td>1. Document review</td>
</tr>
<tr>
<td></td>
<td></td>
<td>2. Survey</td>
</tr>
<tr>
<td></td>
<td></td>
<td>3. Interview</td>
</tr>
<tr>
<td>Follow-up Snapshot 2</td>
<td>1 year post Follow-up Snapshot 1</td>
<td>1. Document review</td>
</tr>
<tr>
<td></td>
<td></td>
<td>2. Survey</td>
</tr>
<tr>
<td></td>
<td></td>
<td>3. Interview</td>
</tr>
</tbody>
</table>
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
**Providers’ Attitudes Related to Recognizing and Treating Depression**

<table>
<thead>
<tr>
<th>Statement</th>
<th>Strongly Disagree</th>
<th>Disagree</th>
<th>Agree</th>
<th>Strongly Agree</th>
<th>Missing</th>
</tr>
</thead>
<tbody>
<tr>
<td>Depression is overemphasized as a problem</td>
<td>8 (1)</td>
<td>20 (2)</td>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Depression is a frequent problem</td>
<td>2</td>
<td></td>
<td>15 (2)</td>
<td>11 (1)</td>
<td>1</td>
</tr>
<tr>
<td>Treating depression is time consuming</td>
<td></td>
<td>3 (1)</td>
<td>17 (2)</td>
<td>9</td>
<td></td>
</tr>
<tr>
<td>Patients are better off treated by mental health specialists</td>
<td>3</td>
<td>15 (1)</td>
<td>8 (1)</td>
<td>2 (1)</td>
<td>1</td>
</tr>
</tbody>
</table>

Note. Total physician sample = 29 (Total counsellor sample = 3)
Providers’ **Attitudes** Related to Recognizing and Treating Depression continued…

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

Note. Total physician sample = 29 (Total counsellor sample = 3)
## Providers’ Skills Related to Recognizing and Treating Depression?

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

Note. Total physician sample = 29 (Total counsellor sample = 3)
## Providers’ Behaviours Related to Recognizing and Treating Depression?

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

Note. Total physician sample = 29 (Total counsellor sample = 3)
## Providers’ Satisfaction Related to Recognizing and Treating Depression?

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

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
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)
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.
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
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
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).
Questions?

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