Incorporating Treatment Outcomes Into Quality Measurement of Depression Care

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Study Aims
- Assess the quality of depression care across different VHA facilities
- Track patient mental health outcomes using an automated, telephone-based interactive voice response system (IVR)

Background
- Prevalence of depression in VHA patients (19.5%) is about double the general U.S. population1,3
- VHA patients with depression die approximately five years younger and are almost three times more likely to die by suicide than patients without depression2,4,5
- In 2012, the VHA spent $9.8 billion to care for patients with depression, including $2.5 billion in direct mental health care costs6

Methods
- Longitudinal study of patients from 29 Midwest VHA clinics with active symptoms of depression
- Patients complete up to five surveys over one year through IVR, text message (SMS), or paper surveys
- Use PHQ-9 to measure severity of depression over time
- Patients self-report mood, anxiety, pain, social support, physical functioning, treatment adherence, and treatment adequacy
- Depression treatments include antidepressant medication, individual therapy, and group therapy

Demographics
- 1,211 patients currently participating
- Average age 51.18 years old
- Male (61.17%)
- Lives with family or friends (75.87%)
- Completed some college (50.89%)
- Unable to work due to depression or anxiety (19.04%)

Survey Format
- IVR, SMS, Paper

Race
- White
- Hispanic/Latino
- Multiracial/Other
- Black
- Asian

Change in Depression
- Average PHQ-9 scores decreased by 2.6 points in 6 months
- Lower levels of anxiety and pain and greater social support and functioning at baseline are associated with lower depression scores at 3 and 6 months

Baseline Depression by Clinic

References

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