



MOMENT

Incorporating Treatment Outcomes Into Quality Measurement of Depression Care

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Limitations

- Participant inclusion and findings could be influenced by differences in provider diagnoses
- Patients already under VHA care for a prior diagnosis of depression may not be included if they do not have active symptoms
- This is an observational study; we are unable to make definitive conclusions about the causes and effects of different treatments and health outcomes

Conclusion

- On average, patients across all clinics experience moderately severe depression at the beginning of the study and their symptoms lessen to moderate depression within six months
- Higher levels of social support, good physical health, and lower levels of anxiety may predict greater improvement in depressive symptoms over time for veterans with depression
- IVR and SMS-based methods are feasible and acceptable for collecting depression outcomes to inform quality of depression care at VHA clinics
- As the study progresses, we hope to see how different treatments, treatment adherence, and treatment quality among sites are associated with depression symptom improvement

References

- Gonzalez O. Current depression among adults – United States, 2006 and 2008 (vol 59, pg 1229, 2010). *Morbidity and Mortality Weekly Report*. 2011; 60(16): 518.
- Ilgen M. A., Bohnert A. S. B., Ignacio R. V., McCarthy J. F., Valenstein M. M., Kim H. M., et al. Psychiatric diagnoses and risk of suicide in veterans. *Archives of General Psychiatry*. 2010; 67(11): 1152-8.
- Institute of Medicine of the National Academies. *Treatment for posttraumatic stress disorder in military and veteran populations: Final Assessment*, 2014.
- World Health Organization. *Global Burden of Disease (The)*. 2004 Update. Geneva, Switzerland: 2008.
- Zivin K., Ilgen M. A., Pfeiffer P. N., Welsh D. E., McCarthy J., Valenstein M., et al. Early mortality and years of potential life lost among veterans affairs patients with depression. *Psychiatry Serv*. 2012; 63(8): 823-6.

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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

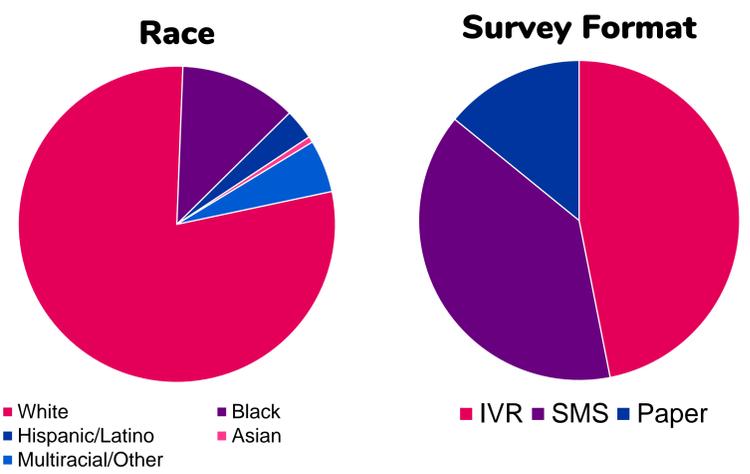
- Prevalence of depression in VHA patients (19.5%) is about double the general U.S. population^{1,3}
- VHA patients with depression die approximately five years younger and are almost three times more likely to die by suicide than patients without depression^{2,4,5}
- In 2012, the VHA spent \$9.8 billion to care for patients with depression, including \$2.5 billion in direct mental health care costs³

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

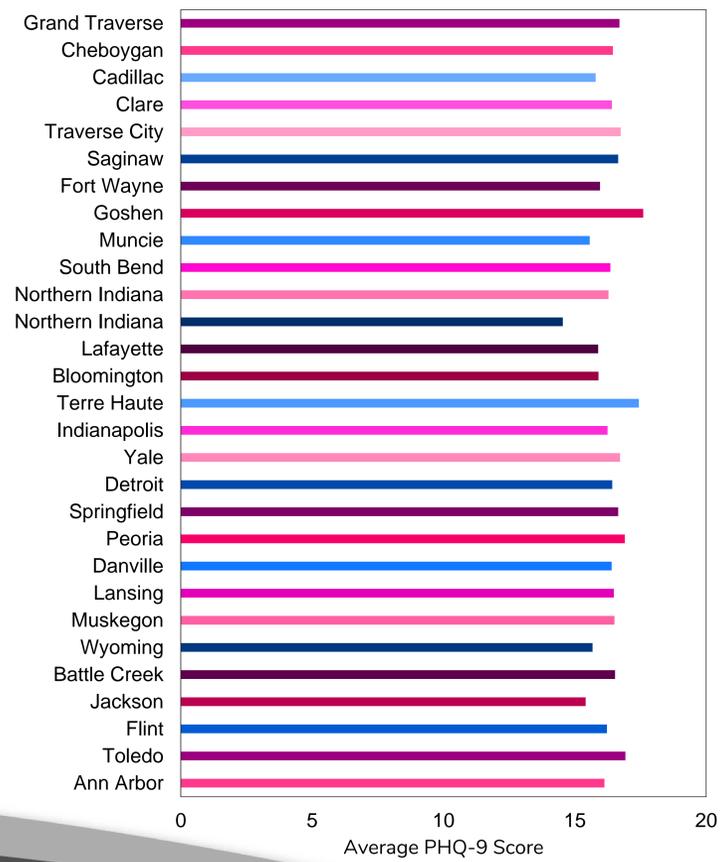
Demographics

- 1,211 patients currently participating
- Average age 51.18 years old
- Male (81.17%)
- Lives with family or friends (75.87%)
- Completed some college (50.89%)
- Unable to work due to depression or anxiety (19.04%)

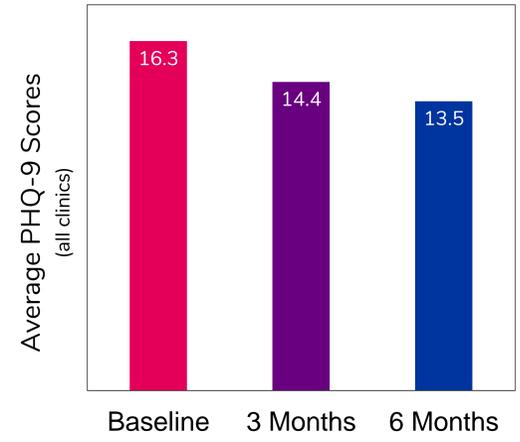


Results

Baseline Depression by Clinic



Change in Depression



PH-Q 9 Scoring

- 0-4 Minimal depression
- 5-9 Mild depression
- 10-14 Moderate depression
- 15-19 Moderately severe depression
- 20-27 Severe 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