Chronic depression management support

Intervention in brief

High and rising risk:	**Chronic depression management support** aims to help patients manage their depression in the long-term. Programs take different forms but are usually based in an outpatient setting and include regular patient contact and some type of psychotherapy and medication adherence promotion. The goal is to improve patients' self-efficacy and empower them to manage their depression.
Strength of evidence	 Low Intervention has not been frequently studied.
Impact	• **Decreased cost:** $115 per-member-per-year savings • **Decreased utilization:** 11% decrease in hospital admissions • **Improved quality, outcomes:** Reduced depressive symptoms (SMD -0.59) compared to control; 1.29 decreased hazard ratio for risk of mortality; 33% increase in likelihood of being symptom-free at 6 months; 5% increase in adherence to comorbid diabetes care regimen • **Increased access:** Not demonstrated • **Improved stakeholder satisfaction:** Not demonstrated

How to succeed	To develop an effective chronic depression management program:
	• Make the case for a comprehensive behavioral health management strategy to your c-suite by demonstrating the prevalence and financial and clinical burdens of mental illness
	• Screen all patients for depression and incorporate depression management formally into your care management infrastructure
	• Determine appropriate services for patients based on their acuity level:
	  • Low-acuity patients require mostly routine care and screenings: set up a universal depression screening process to identify patients upstream and leverage virtual platforms to ensure ongoing support
	  • Moderate-acuity patients require some ongoing care support: ensure patient receives behavioral health services in the primary care setting and has access to appropriate emergency and post-acute care to avoid improper utilization or symptom escalation
	  • High-acuity patients require specialty referrals and significant ongoing support: build the bridge between inpatient and primary care services for patients and invest in partnerships to offer wraparound services spanning inpatient, outpatient, and community settings
	
	To learn more about managing behavioral health patients based on their acuity level, review Your Guide to Developing a Comprehensive Behavioral Health Care Delivery Model here.

Source: Population Health Advisor research and analysis.

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Demonstrated impact

Literature review summary

Title: Association of Integrated Team-Based Care with Health Care Quality, Utilization, and Cost
Publication: Journal of the American Medical Association
Date: 2016
Type: Randomized controlled trial
Study population: Adults who received primary care from Intermountain Healthcare. The intervention group received integrated depression treatment throughout Intermountain' s Mental Health Integration (MHI) program, whereas the control group received traditional primary care.
Major findings:
- Practices offering MHI saw a decrease in per-member per-month costs compared to non-integrated practices: $115.
- Patients receiving integrated depression treatment saw a decrease in hospital admissions: 11%
- Patients receiving integrated depression treatment had higher rates of adherence to comorbid diabetes care regimen: 5%.

Source: Full study here.

Title: Multimorbidity, Depression, and Mortality in Primary Care: Randomized Clinical Trial of an Evidence-Based Depression Care Management Program on Mortality Risk
Publication: Journal of General Internal Medicine
Date: 2015
Type: Randomized controlled trial
Study population: 1,204 older primary care patients with varying levels of depression and medical comorbidities. Depression status was determined using clinical interviews, medical comorbidity was evaluated using the Charlson Comorbidity Index.
Major findings:
- Patients with the highest levels of depression and medical comorbidity that received depression management support from a depression care manager were not at a significantly higher risk of mortality compared to depressed patients with minimal medical comorbidity: hazard ratio 1.73.
- In contrast, patients with the highest levels of depression and medical comorbidity that did not receive depression management support had a significantly higher risk of mortality compared to depressed patients with minimal medical comorbidity: hazard ratio 3.02.

Source: Full article here.

Title: Efficacy of Peer Support Interventions for Depression: A Meta-Analysis
Publication: General Hospital Psychiatry
Date: 2011
Type: Meta-analysis
Study population: 849 patients with depression across seven randomized controlled trials analyzed. Four studies exclusively focused on women, including two studies about post-partum women; two studies focused on HIV-positive men; one study focused on patients with stage II cancer, and one study focused on elderly patients.
Major findings: Patients receiving peer support interventions experienced a significant reduction in depressive symptoms: SMD -0.59.
Source: Full article here.

Source: Population Health Advisor research and analysis.

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Title: Collaborative Care Management for Depression: Comparison of Cost Metrics and Clinical Response to Usual Care
Publication: Journal of Primary Care & Community Health
Date: 2010
Type: Cohort study
Study population: Adult primary care patients at Mayo Clinic in Rochester, Minnesota with clinical diagnoses of depression or dysthymia and PHQ-9 scores of 10 or greater.
Major findings: Patients receiving depression chronic care management were more likely to be "symptom-free" at 6 months based on PHQ-9 scores (33%).
Source: Full article here.

Source: Population Health Advisor research and analysis.

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Appendix

- Reiss-Brennan B. et al., "Association of Integrated Team-Based Care with Health Care Quality, Utilization, and Cost," *JAMA*, 316, no. 8 (2016): 826-834, https://jamanetwork.com/journals/jama/fullarticle/2545685.
- Pfeiffer PN, et al., "Efficacy of Peer Support Interventions for Depression," *Gen Hosp Psychiatry*, 33, no. 1 (2011): 29-36, https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3052992/pdf/nihms245864.pdf.
- Gallo JJ, et al., "Multimorbidity, Depression, and Mortality in Primary Care," *Journal of General Internal Medicine*, 31, no. 4 (2016): 380-386, https://link.springer.com/article/10.1007/s11606-015-3524-y.
- Angstman KB, et. al, "Collaborative Care Management for Depression," Jou*rnal of Primary Care & Community Health*, 1, no. 2 (2010): 73-77, http://journals.sagepub.com/doi/pdf/10.1177/2150131910372630.

Source: Population Health Advisor research and analysis.