

## *Evaluation Report: Program to Reduce Depression Among High-Risk Patients*

### **Background**

A program was funded in 2010 to improve the identification and treatment of patients at risk for depression at two community health centers. The project focused on patients with diabetes, chronic pain, mothers of newborns, and patients with a history of depression. The goal was to reduce depression in patients treated by 50%.

### **Program Summary**

Five main strategies of the program were:

- Systematic depression screening using the PHQ-9
- Evidence based guidelines for stepped depression care
- Depression care management and systematic follow-up
- Enhancement of patient activation and self-management
- Outcomes assessment and practice improvement using the Plan, Do, Study, Act model for practice improvement

### **Key Results**

- More than 9,000 high risk patients were screened over the three-year grant and over 1,600 enrolled in to the program based on PHQ-9 scores
- 70% of patients at site 1 and 65% of patients at site 2 took prescribed psychiatric medicine
- 73% of patients at site 1 and 40% of patients at site 2 received therapy

264/637 (41%) of patients with two scores at site 1 had a **50% reduction in PHQ-9 score** and 332/637 (52%) had final score of < 10 indicating remission of depressive symptoms

84/430 (20%) of patients with two scores at site 2 had a **50% reduction in PHQ-9 score** and 105/430 (25%) had final score of < 10 indicating remission of depressive symptoms

Significantly fewer patients at both program sites reported **suicidal ideation** at last assessment compared to first assessment

### **Challenges and Learnings**

- Program was well received and produced positive outcomes for patients
- Flexibility in the screening process was helpful as “one way does not work for all”
- Depression Care Managers had difficulty getting patients into mental health services, with wait times often 12-16 weeks
- Depression Care Managers found it difficult to communicate with outside mental health providers and to track when services were delivered.

Evaluation completed by Philliber Research Associates, July 2013