



Quality Enhancement Research Initiative

Improving Treatment for Depression

Mental Health-QUERI Update

February 2008

About one out of every three veterans visiting primary care have some symptoms of depression; one in five have serious symptoms that suggest the need for further evaluation for major depression; and one in eight to ten have major depression requiring treatment with psychotherapy or anti-depressants. Most VA patients with depression are cared for principally in primary care clinics. Successful depression treatment requires more than a pill and more than a clinical reminder.¹ Collaboration between primary care and mental health, including screening and assessment to identify the condition, structured symptom monitoring to guide treatment, and brief care management have been proven effective.^{2,3} Practice redesign is necessary to facilitate collaborative care.⁴

Translating Initiatives for Depression into Effective Solutions (TIDES)

The VA has proven to be an outstanding environment for implementing collaborative care. The Mental Health Quality Enhancement Research Initiative (MH-QUERI) developed the TIDES project that utilizes a partnership of researchers in Seattle, Los Angeles, Little Rock, and Durham, as well as network leaders and clinicians in VISNs 10, 16, 22 and 23. TIDES was designed to:

- Adapt depression collaborative care models to VA settings through Evidence-Based Quality Improvement for Depression (EBQID);
- Implement VA depression collaborative care models in intervention medical centers;
- Support and evaluate depression collaborative care implementation; and
- Prepare EBQID methods and materials for dissemination to support implementation throughout the VA.

A key feature of TIDES is collaboration between primary care providers and mental health specialists supported by a depression care manager (DCM). The DCM, under supervision of a mental health specialist, assists the primary care provider in the assessment and ongoing management of depressed patients. Patients being followed in primary care receive follow-up calls from the depression care manager at regular intervals. After 24 weeks, patients are

generally discharged from depression care manager follow-up.

What TIDES Can Do For You

The implementation of TIDES at seven demonstration clinics achieved the clinical outcomes predicted by the EBQI collaborative care model. Implementation of the model enabled 8 out of 10 depressed patients to be treated effectively in primary care. Primary care patients' compliance with medication and follow-up visits has been outstanding. Depression severity scores and functional status scores began showing substantial improvement after 4 - 6 weeks, and results show sustained improvement after six months. Based on this and other evidence, TIDES collaborative care is one of the models being implemented under the VHA Primary Care – Mental Health Integration Initiative.

If you are concerned about improving depression care and wish to implement collaborative care for treatment of depression, tools are available to assist you. Within the VA, the TIDES SharePoint site is a resource (see Web Resources, back page). Information also is available from similar evidence-based projects such as Partners in Care (www.rand.org/health/projects/pic), RESPECT ([*Continued on Page 2*](http://www.depression-</p>
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primarycare.org) and IMPACT (impact-uw.org/index.html). The toolkits include:

- Practice redesign information,
- Patient education materials, and
- Clinician education and support materials.

References

1. Gilbody, S., et al. Educational and organizational interventions to improve the management of depression in primary care: a systematic review. *JAMA* 2003;289(23):3145-51.
2. Hedrick, S. C. et al. Effectiveness of Collaborative Care Depression Treatment in Veterans' Affairs Primary Care. *Journal of General Internal Medicine* 2003;18(1):9-16.
3. Wells, K. B. et al. Impact of disseminating quality improvement programs for depression in managed primary care: a randomized controlled trial. *JAMA* 2000;283(2):212-20.
4. Wagner, E. H. et al. A survey of leading chronic disease management programs: are they consistent with the literature? *Manag Care Q.* 1999;7(3):56-66.

How Do I Learn More?

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Web Resources

To access the TIDES SharePoint site, visit the following VA Intranet website:

vawww.gla.med.va.gov/tides

For more information about the QUERI program in general, visit the national QUERI website at

www.hsrd.research.va.gov/queri

Access QUERI's "Guide for Implementing Evidence-Based Clinical Practice and Conducting Implementation Research" at:

www.hsrd.research.va.gov/queri/implementation

MHQ-QUERI Executive Committee

The research coordinator for MH-QUERI is **Richard Owen, MD**, and the co-clinical coordinators are **Stephen Marder, MD** and **Lisa Rubenstein, MD, MSPH**. This Executive Committee includes other experts in the field of mental health: Thomas Berger, PhD; Frederic Blow, PhD; Geoffrey Curran, PhD; Michael Davies, MD; Nancy Jo Dunn, PhD; Ellen Fischer, PhD; Martha Gerrity, MD, PhD; Ira Katz, MD, PhD; JoAnn Kirchner, MD; Daniel Kivlahan, PhD; Edward Knight, PhD; Miklos Losonczy, MD, PhD; Kathleen Lysell, PsyD; Susan McCutcheon, RN, EdD; **Jeff Smith, PhD candidate** (Implementation Research Coordinator); William Van Stone, MD; John Williams, Jr, MD, MHS; and Alexander Young, MD, MSHS.