

# DEPRESSION



## Understanding the problem:

Nationwide, one in 15 Kaiser Permanente members has been diagnosed as depressed, and one in 10 is using antidepressants. Women are two times as likely as men to be diagnosed as clinically depressed.

In addition, depression is a compounding factor for a variety of clinical conditions, such as cancer, chronic pain, diabetes, and heart disease. Elderly patients with multiple medical conditions are at increased risk of depression.

Major depression has become a leading cause of disability in the United States. Severe depression results in lost school, work, and family time, and can have a substantial impact not only on the patient but also on his or her friends, family and associates.

## Defining a strategy:

Although depression can be treated successfully, appropriate diagnosis is a key. The primary care provider is often the front line; in 2003, two-thirds of new episodes of depression among KP members were diagnosed by primary care clinicians rather than behavioral health specialists.

# THE RIGHT THING



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To enhance the ability of primary care providers to diagnose and treat this debilitating condition, KP CMI has developed:

- pocket cards for clinicians on diagnosing and treating depression in primary care as well as a more extensive, detailed “Guide to Depression Diagnosis and Management”
- a “Quick Reference Guide” to assist physicians in diagnosis of depression in adolescents
- clinician education programs on medication adherence and documentation, and tracking of members with depression
- a nine-symptom checklist to help primary care providers diagnose depression
- ongoing forums and interregional groups to explore depression topics, share successful models of care, and develop innovations in diagnosis and treatment
- publications to help both adult and adolescent members understand depression and its treatment options, and to offer advice on how to discuss depression with physicians and family members
- training in “rapid cycle change” methodology to support providers in testing innovative ways of caring for patients with depression as a co-morbidity
- easily accessible diagnosis and treatment information available on the new electronic medical record system

### Tracking results:

1

The term “depression” encompasses a spectrum of clinical disorders. Diagnosing a patient’s specific problem is a prerequisite for applying evidence-based treatment guidelines. Without adequate support, however, primary care clinicians can often make only a non-specific diagnosis. Since 2001, the innovations described above reduced the use of non-specific depression diagnosis in primary care by nearly 10%. In regions where physicians are supported by an electronic medical record system, the decline was more than 20%. More specific identification of each patient’s problem leads to more effective treatment and better care.

2

Better patient education and tracking are also contributing to more effective treatment of depression. It’s crucial that patients taking antidepressant medications follow their full treatment regimen to get the most benefit. According to HEDIS measures, in 2003 fully 78% of patients reported continuing their antidepressants for three or more months after initial diagnosis, up 4% from 2002 and 15% from 1998. Fully 62% of patients in 2003 continued their antidepressants for 6 months or more, up 4% from 2002 and 16% from 1998.

3

A more thorough understanding of who our depression patients are can aid in prevention, diagnosis, and the development of effective treatment plans. Among KP members, those age 75 or older were most likely to be diagnosed with depression. Because this age group frequently suffers from multiple concurrent chronic health problems — and depression can impact a person’s ability to stick to medical

regimens and make lifestyle changes — it's crucial to be on the lookout for signs of depression among these individuals. Treatment for depression can help members preserve quality of life and avoid interference with treatment for any other medical difficulties.

4

Depression is frequently a component of other chronic diseases and can hinder adherence with medical regimens and other forms of treatment. In the Georgia Region, all patients with congestive heart failure, coronary artery disease, and diabetes are screened for depression. In this way, the Georgia Region hopes to identify and help these patients better manage both their depression and their chronic diseases, while improving their overall quality of life. Similar screening projects are beginning to emerge in other regions, and successful practices will be shared across KP.

5

Widening the circle of caretakers who are trained and able to provide assistance to members with depression creates more opportunities to improve care. In Northern California, Ohio, and Southern California, the Nurse TeleCare program uses trained clinical nurses, additionally supported by primary care physicians and mental health specialists, to provide additional monitoring, promote medication adherence, offer emotional support, and provide advice on any other health concerns. Care is coordinated with the patient's primary care physician. The Northwest Region makes a pharmacist available by telephone to assist patients with their antidepressant therapies, including side-effect management. Similar collaborative care projects are under way in other regions, and successful practices will be shared across KP.