## Targeted and Tailored Patient Engagement Interventions to Enhance Recognition and Initial Treatment of Depression in Primary Care: Randomized Controlled Trial

*(Oral Presentation On Completed Research Full Paper)*

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Primary care interventions to encourage patients to disclose depressive symptoms and accept initial depression treatment hold promise for improving depression care quality. The objective of this study was to determine whether a targeted public service announcement (PSA) or a tailored interactive multimedia computer program (IMCP), both delivered in primary care offices immediately before provider visits, can increase patient engagement in care and improve initial depression care (IDC).

This randomized controlled trial consisted of 559 working-age adults stratified by depression symptom burden (Patient Health Questionnaire-9 [PHQ-9] score 5-9 [mild] or ≥10 [moderate or greater]). Interventions used were (1) A depression PSA, targeted to gender and socioeconomic status; (2) an IMCP, individually tailored to depression-related symptoms, beliefs, and visit agenda; or (3) an attention control video. The primary outcome measure was the composite measure of IDC (depression medication prescription, mental health referral, or both) and the secondary measure was patient-reported requests for depression-related information, self-efficacy for communicating with providers about mental health, and 12-week depression symptoms and health status.

Compared with control, the IMCP (but not the PSA) was associated with greater delivery of IDC (adjusted odds ratio [AOR] 1.81, 95% confidence interval [CI] 1.04, 3.16). In analyses stratified by depression symptom burden, the IMCP effect on IDC was statistically significant only among patients with at least moderate symptoms (AOR 2.42, 95% CI 1.11, 5.30). Both PSA (AOR 2.11, 95% CI 1.12, 3.98) and IMCP (AOR 2.19, 95% CI 1.19, 4.04) patients were more likely than controls to request depression-related information. Neither intervention significantly affected 12-week outcomes.

Both the targeted PSA and tailored IMCP successfully encouraged patients to request depression-related information from providers. Only the IMCP was associated with greater delivery of initial depression care. Tailored IMCPs can help patients become agents for improving the quality of their own care.

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**From the Agency for Healthcare Research and Quality**

*Ann Fam Med* 2013;11:584-585.doi:10.1370/afm.1599.

## AHRQ UPDATES ON PRIMARY CARE RESEARCH: CLINICAL-COMMUNITY RELATIONSHIPS

Sustainable, effective relationships among primary care clinicians and community organizations that provide preventive services have the potential to improve patient access to evidence-based clinical preventive services and, ultimately, to improve the health of people and their communities.

The Agency for Healthcare Research and Quality (AHRQ) has been working to promote collaborations among primary care practices, public health departments, and community organizations through its Clinical-Community Relationships initiative. AHRQ is exploring how these collaborative relationships and partnerships are developed, strengthened, and sustained to improve care and meet the needs of patients and families.

AHRQ's work in this area began in 2008 with the convening of a Clinical-Community Linkages Summit, which was designed to encourage collaboration among key clinical-community stakeholders. A literature review and the development of clinical-community relationship case studies followed in an effort to build an evidence base for this approach. In 2010, AHRQ convened a second Clinical-Community Relationships summit to develop a national strategy for promoting these relationships.[1]

Since then, AHRQ has moved forward on several fronts to address the research needs identified at the 2010 conference:

### Clinical Community Relationships Measures (CCRM) Atlas

AHRQ created the Atlas, published in March 2013, to identify ways to define, measure, and evaluate programs that use clinical-community relationships to deliver clinical preventive services.[2] The Atlas includes 22 measures of structure, process, and outcomes that are within a clinical-community relationships measurement framework. The Atlas also describes and illustrates how the measures can be directly implemented by evaluators.[3]

http://www.ahrq.gov/professionals/prevention-chronic-care/resources/clinical-community-relationships-measures-atlas/index.html

### Clinical-Community Relationships Evaluation Roadmap

AHRQ developed the Roadmap, published in July 2013, as a guide for future research around clinical-community relationships. The roadmap presents priority questions for future research, as well as specific analytic and methodological recommendations for researchers.[4]

http://www.ahrq.gov/professionals/prevention-chronic-care/resources/clinical-community-relationships-eval-roadmap/index.html#

In addition to these resources for researchers, AHRQ created a 3-part video highlighting the Vermont Blueprint for Health program as an important example of how primary care clinicians, public health professionals, and community service providers can work collaboratively to improve the health of individuals and the community.

### Blueprint for Health

The Blueprint for Health is a statewide public-private initiative developed to better coordinate the delivery of primary care services among communities and clinicians to improve patient outcomes. By using community health teams to assess and communicate the needs of each pilot community to primary care providers and by coordinating the delivery of community-based primary care services[5] in pilot communities, this project has generated positive clinical outcomes for patients and reduced growth in health care spending.[6]

http://www.innovations.ahrq.gov/videos.aspx?tabID=4

Additional information about these projects and other resources related to developing strong clinical-community relationships can be found on the Clinical-Community Linkages page of AHRQ's website and on AHRQ's Health Care Innovations Exchange Web site. The Clinical-Community Linkages page is part of AHRQ's Prevention & Chronic Care program. The Innovations Exchange is a one-stop resource that offers health professionals and researchers opportunities to share, learn about, and adopt a diverse array of evidence-based innovations and tools that can speed the implementation of new and better ways to deliver health care.

Visit AHRQ's Clinical-Community Linkages page: http://www.ahrq.gov/professionals/prevention-chronic-care/improve/community/.

Visit the AHRQ Health Care Innovations Exchange: http://www.innovations.ahrq.gov/.

## References


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