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Title

Association of psychiatric consultant characteristics with clinical outcomes of collaborative care for depression

Priority 1 (Research Category)

Instrument development / psychometrics

Presenters

Evan Chen, Juan Carlos Bazo-Alvarez, Ian Bennett, MD, PhD, Davis Patterson, PhD

Abstract

Context: Adult depression treatment in primary care is improved by integrated behavioral health such as the Collaborative Care Model (CoCM) but outcomes vary across health centers. Objective: Identify CoCM team factors associated with variation in clinical outcomes. Study Design: Correlative study of survey with linked clinical data from routine care. Setting or Dataset: Primary care health centers in Washington state participating in two CoCM implementation and sustainment initiatives (MHIP and BHIP). Clinical data from the Care Management Tracking System (CMTS) used as part of routine clinical care in all sites. Population studied: CoCM clinical teams and adults diagnosed with depression and receiving care from 31 distinct clinic sites throughout Washington state. Instrument: A survey for CoCM Care Managers was developed based on qualitative work exploring CoCM team function in eight domains: overall team function (OTF), psychiatric consultant (PsyC), relationship with primary care physicians (RPCP), role in the practice (RP), training experience (TE), thoughts on CoCM (TOC), leadership support (LS), and overall experience with CoCM (EXP). Outcome Measures: Depression symptoms (PHQ-9) measured as part of regular clinical care. Clinically significant improvements were defined as $\geq 50\%$ improvement, last PHQ-9 measured < 10 , and a last PHQ-9 measured < 5 (remission). Results: Data from 59 Care Manager surveys and 2509 patients from 31 clinics showed psychometric evidence for the 8 survey domains. Unadjusted multilevel mixed-effects logistic regression found the PsyC domain was associated ($p < 0.05$) with $> 50\%$ change in PHQ-9 (OR=1.32, $p=0.046$), last PHQ-9 < 10 (OR=1.34, $p=0.009$), and last PHQ-9 < 5 (OR=1.25, $p=0.029$). Adjusting simultaneously for both clinic-level and patient-level variables, the PsyC domain was significantly associated with likelihood of patient remission (last PHQ-9 < 5 ; OR=1.22, $p=0.031$). Conclusions: An instrument to assess perceived functioning of the CoCM team had psychometric support. Perceived characteristics of psychiatric consultants was associated with likelihood of depression remission. Characteristics included interest in teaching, commitment to the site, making efforts to have weekly meetings, and willingness to assist care managers on adjustment of treatment strategies. This study is the first to quantify variation in CoCM team functioning with patient outcomes and can be used to inform training and the use of the CoCM.