

Effect of Chronic Illness Complexity on Evidence-Based Depression Treatment

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Description

This study examined data from the Veteran Health Administration and the Medicare Current Beneficiary Survey to identify elderly persons with eight highly prevalent and/or high cost chronic conditions that commonly co-occur with depression. The study looked at the relationships between depression-MCC clusters and receipt of guideline-concordant depression treatment, as well as the extent to which patient and system factors mediate/moderate the relationship between depression-MCC clusters and quality depression care.

Specific Aims

1. Compare the proportion of patients in each depression-MCC cluster that receive evidence-based depression care;
2. Determine the extent to which type of clinical care received (primary care only versus shared mental health or other specialty care) mediates the relationship between depression-MCC and receipt of evidence-based depression treatment;
3. Assess the extent to which patient and system factors mediate or moderate the relationship between depression-MCC and receipt of evidence-based depression treatment.

Main Objective

To examine the effects of multiple chronic conditions (MCC) clusters on the likelihood of receipt of appropriate depression treatment.

Chronic Conditions Considered

Depression
Eight highly prevalent and/or high cost chronic conditions that commonly co-occur with depression

Preventive Services Considered

Not applicable.

Study Design & Population

Retrospective cohort design using administrative data

Administrative data from the Veteran Health Administration (VA) and the Medicare Current Beneficiary Survey

Strategies Addressed from the National MCC Strategic Framework

- 1.A. Identify evidence-supported models
- 1.F. Perform purposeful evaluation
- 3.C. Address multiple chronic conditions in guidelines

