

Effect of Chronic Illness Complexity on Evidence-Based Depression Treatment

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Project Period: 09/01/08-08/31/11
Grant Number: R21 HS17635-01

Description

This study examined data from the Veterans 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 or 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.

Findings

- Compared to patients with depression alone, those with comorbid cardio-/cerebrovascular disease, peptic ulcer/GERD, or arthritis were 8%-13% more likely to receive adequate antidepressant supplies during the acute phase; and patients with depression and substance/alcohol abuse were 15% less likely to receive adequate supplies in the acute treatment phase.
- Compared to patients with depression alone, those with cardio-/cerebrovascular disease or peptic ulcer/GERD were 9%-10% more likely to receive continuation phase guideline-concordant depression treatment, and patients with co-morbid

Main Objective

Examine the effects of multiple chronic condition (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 Service Considered

This project did not address a specific clinical preventive service.

Study Design, Data Sources & Sample Size

Retrospective cohort design using administrative data

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

Strategies Addressed from the HHS Strategic Framework on Multiple Chronic Conditions

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

Effect of Chronic Illness Complexity on Evidence-Based Depression Treatment (Continued)

substance/alcohol abuse were 19% less likely to receive continuation phase guideline-concordant depression treatment.

- Relatively few of the most prevalent MCC clusters were significantly associated with receipt of guideline-concordant depression treatment.

Implications

There continues to be need for practice- and system-level interventions to increase quality of depression treatment, particularly among persons with certain comorbid conditions such as cardio/cerebrovascular disease, peptic ulcer/GERD, and arthritis.

Publications (as of September 2013)

Publications currently under review.