Implementing Collaborative Care for depression in OB/GYN settings

A new study in the latest issue of the American Journal of Psychiatry demonstrated that women were successfully screened and treated for depression in an OB/GYN setting using a collaborative care model. Women receiving the depression intervention at the OB/GYN office demonstrated greater improvements compared to women receiving usual treatment, and uninsured women recovered significantly more than women with commercial insurance plans among those who received the collaborative depression care. Researchers give a few reasons for the enhanced response in the uninsured group, noting that low socio-economic status is associated not only with higher rates of depression, but also with barriers to accessing mental health care. Commercially insured women, on the other hand, are more likely to have less severe depression symptoms in addition to having already received some form of treatment prior to the study.
The positive outcomes associated with uninsured women in particular suggest that the pay-off of implementing a similar intervention for the DSRIP population would be significant. This study can be an important resource for PPSs adapting the Collaborative Care Model to various treatment settings. The abstract of the study is copied below; the journal also includes an informative editorial about the unique challenges of treating mental illness in marginalized populations.
Reference: Katon W, Russo J, Reed SD, et al: A randomized trial of collaborative depression care in obstetrics and gynecology clinics: socioeconomic disadvantage and treatment response. Am J Psychiatry 2015; 172:32–40
Abstract
Objective: The authors evaluated whether an obstetrics-gynecology clinic-based collaborative depression care intervention is differentially effective compared with usual care for socially disadvantaged women with either no health insurance or with public coverage compared with those with commercial insurance.
Method: The study was a two-site randomized controlled trial with an 18-month follow-up. Women were recruited who screened positive (a score of at least 10 on the Patient Health Questionnaire–9) and met criteria for major depression or dysthymia. The authors tested whether insurance status had a differential effect on continuous depression outcomes between the intervention and usual care over 18 months. They also assessed differences between the intervention and usual care in quality of depression care and dichotomous clinical outcomes (a decrease of at least 50% in depressive symptom severity and patient-rated improvement on the Patient Global Improvement Scale).
Results: The treatment effect was significantly associated with insurance status. Compared with patients with commercial insurance, those with no insurance or with public coverage had greater recovery from depression symptoms with collaborative care than with usual care over the 18-month follow-up period. At the 12-month follow-up, the effect size for depression improvement compared with usual care among women with no insurance or with public coverage was 0.81 (95% CI=0.41, 0.95), whereas it was 0.39 (95% CI=–0.08, 0.84) for women with commercial insurance.
Conclusions: Collaborative depression care adapted to obstetrics-gynecology settings had a greater impact on depression outcomes for socially disadvantaged women with no insurance or with public coverage compared with women with commercial insurance.

Message by Tom Smith 1

On january 15, 2015 at 09:49 - 26 views, 1 reply, 2 followers

Regarding the enhanced response of uninsured women over commercially insured women within the collaborative depression care, it seems pertinent to understand the relationship the uninsured population shares with the culture of biomedicine, which can be contentious/heightened around reproductive health as well as mental health. A broad generalization, but it may be that the lower SES/minority populations that comprise the uninsured value American obstetrics. Many studies regarding culture & minority health identify a view among immigrants (a significant portion of the uninsured population) that engaging with modern medicine during pregnancy is a sign of modernity and affluence that they did not have available in their country of origin, and therefore desire a relationship with their OB/GYN provider. On the flip side, identifying with mental health providers often comes with a heavy stigma among the same cultures. They may in turn be more willingly engaged with mental health components of care when they are bundled with obstetric care.
It is an understanding of the cultural nuances that influence how patients engage with different forms of care that will be critical to building a truly modern Collaborative Care Model. Very interesting post Tom, thanks for sharing.

By Logan Tierney, about 1 year ago 0

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