LEVERAGING COMMUNITY PARTNERSHIPS TO IMPROVE A NATIONAL SYSTEM OF CARE:

DEPRESSION AND HOME HEALTH CARE

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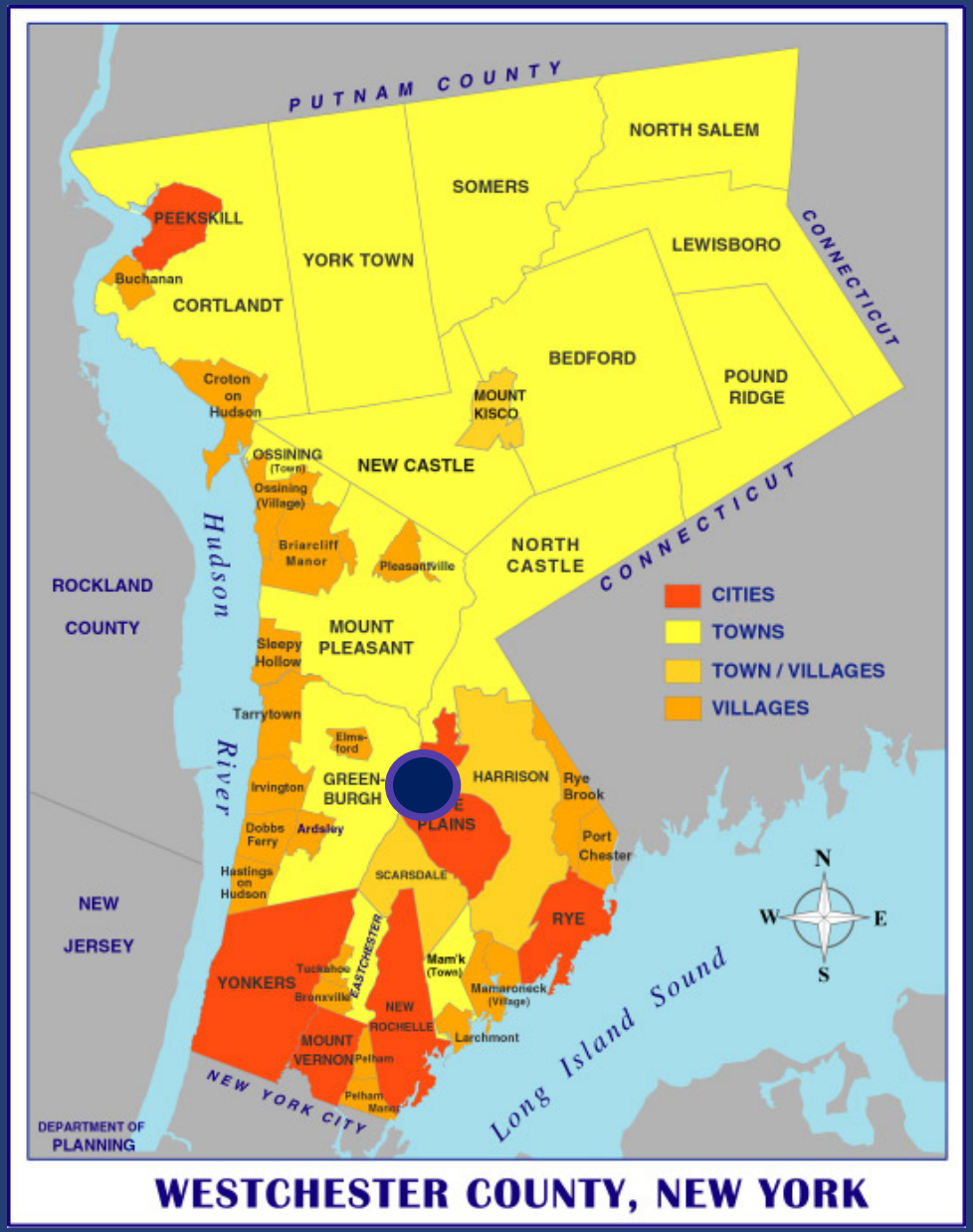
Focus of Talk

- Research development on improving depression care for geriatric home healthcare patients
- Use of local community-academic partnerships in developing interventions for national dissemination

Why Home Healthcare?

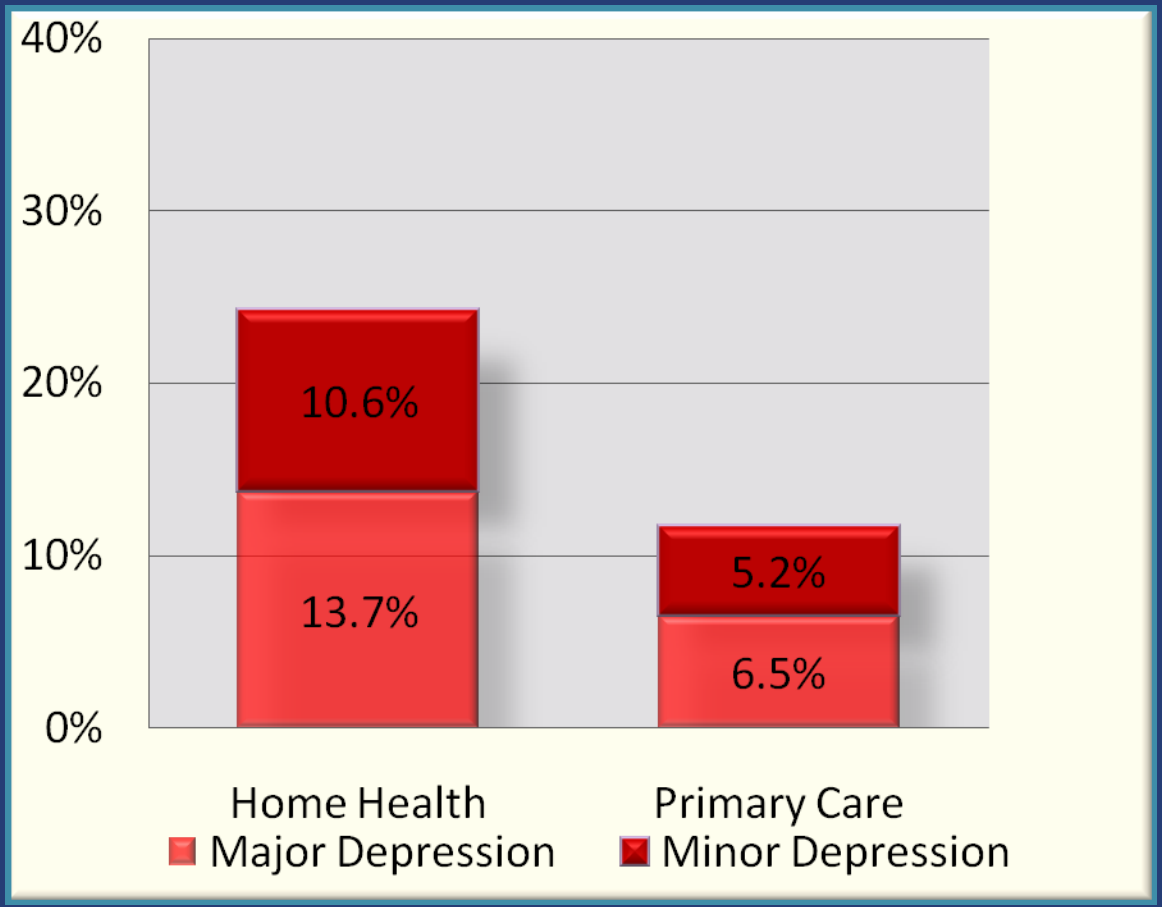
- **Epidemiologic Data:**
  - Highest incidence and prevalence in homebound *(Bruce & McNamara , 1992)*
  - Impact of depression on onset disability *(Bruce, et al., 1994)*
  - Impact of disability on depression *(Bruce et al, 1990; Bruce et al, 1991; Bruce & Hoff, 1994)*
- **Hidden, hard-to-reach population**
- **Home Healthcare:**
  - Laboratory for studying disability & depression
  - Medicare's strategy for improving access to care
  - In 1996, virtually no research

Partnership Model 1: Research with Local Agency



R01 MH56482, PI: Bruce

Epidemiologic Study of A 'Typical' Agency to Document the Problem



Bruce et al., AJP 2002
Lyness et al., 1999

Depression Treatment in Home Healthcare

N	Treatment with Antidepressants		
	None	Sub-Guideline	Guideline
Major Depression	76.7%	8.2%	**15.1%**
Minor Depression	86.2%	6.9%	**6.9%**
Remitted Depression	80.0%	10.0%	**10.0%**

Evidence Base for Geriatric Depression Care

- **Detection and Screening**
- **Treatment:**
  - Antidepressants as effective in older patients as younger patients *(Reynolds et al, 2003, JAMA)*
  - Psychotherapy as effective in older patients as younger patients *(Areán & Cook, 2002 Biol. Psych.)*
  - Ongoing NIH research on complex depressions (*severe, psychotic, bipolar, dementia)*
- **Ongoing Depression Care Management**

Most Treatment for Depression Occurs in Primary Care

- Collaborative Care
- Depression Care Management Models
- Recent application to Older Patients
  - PROSPECT *(Bruce et al, 2004, JAMA)*
  - IMPACT *(Unützer et al, 2002, JAMA)*
  - PRISM-E *(Bartels et al, 2004, AJP)*

Next Steps

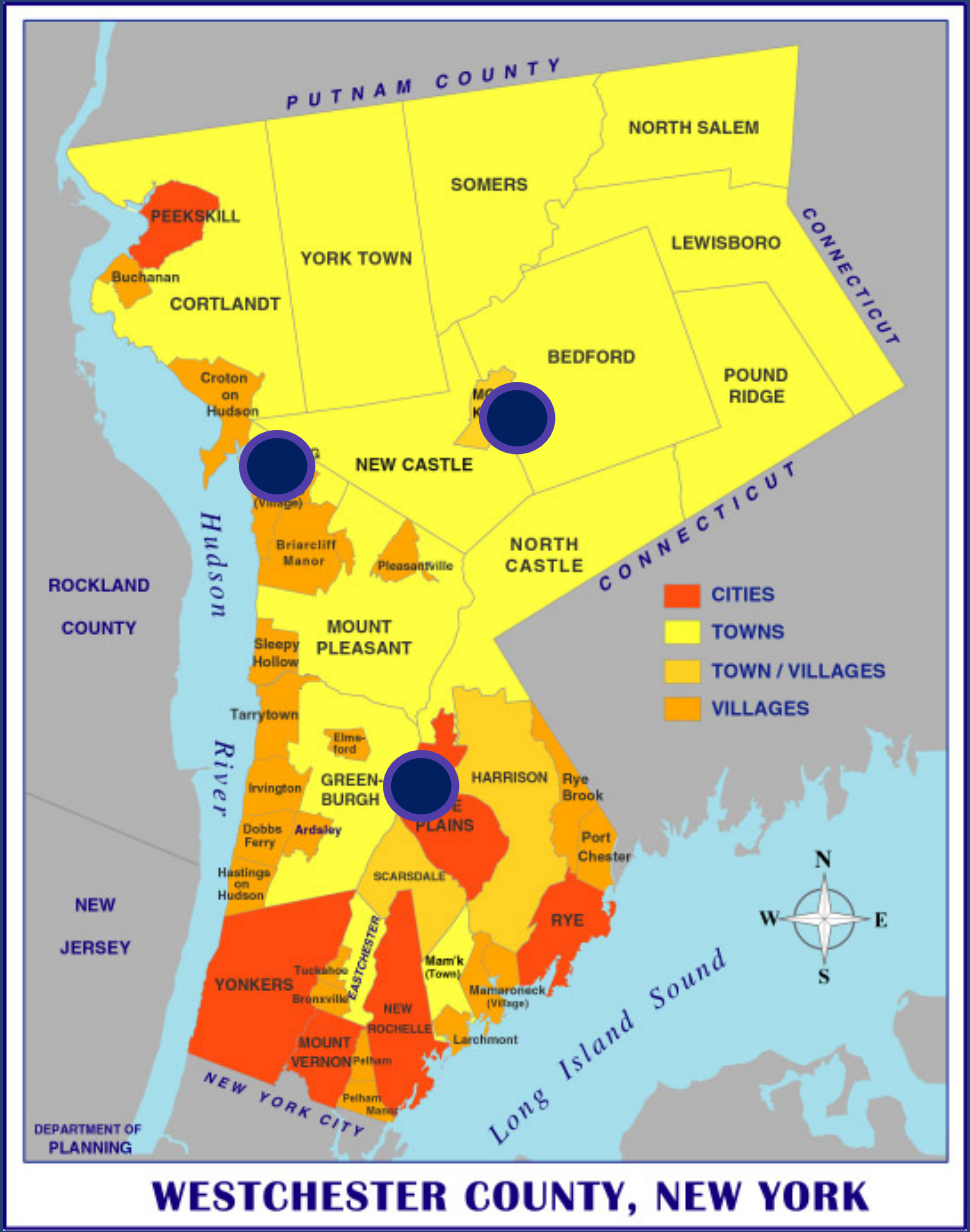
- Depression Care Management works in Primary Care
- Why not implement the primary care evidence base in home healthcare?
- “Failed” pilot studies

Research Infrastructure Development

- Depression Not in HHC's 'radar screen'
- Home Healthcare Is Not Primary Care
  - Organization of Care Differs
  - Financing Differs
  - Delivery Differs
  - Patients Differ

Partnership Model #2:

Local Network of Community-Based Partnerships



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Why Three? Collaborative Learning Laboratory

- Similarities suggest 'Sector Of Care' factors
  - Nursing competencies and needs
  - Medicare Regulations
  - Reimbursement
- Differences suggest factors that vary by agency
  - Clinical information system
  - Supervision Structure
  - Flexibility of administration
- Nonetheless bound by geography

Partnership Orientation

1. Elements of Community-Based Participatory Research

- Develop working relationships with each agency
- Observe -- agency operations; shadow nurses
- Decide together specific projects
- Involve agency in planning and implementation
- Pull on the agency's expertise
- Identify agency pressure points

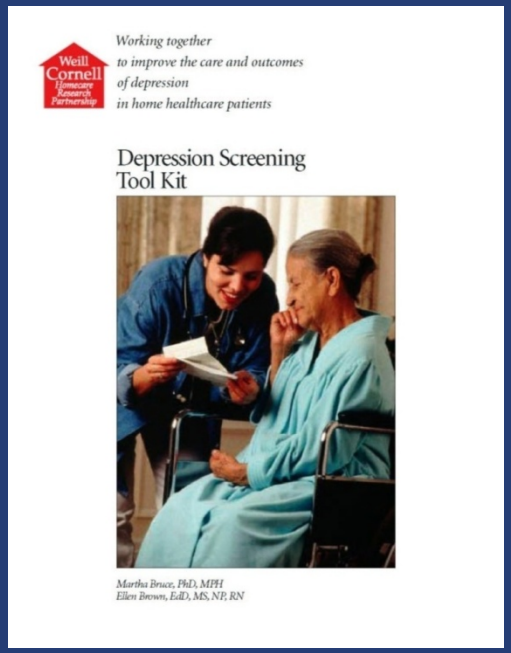
Partnership Orientation

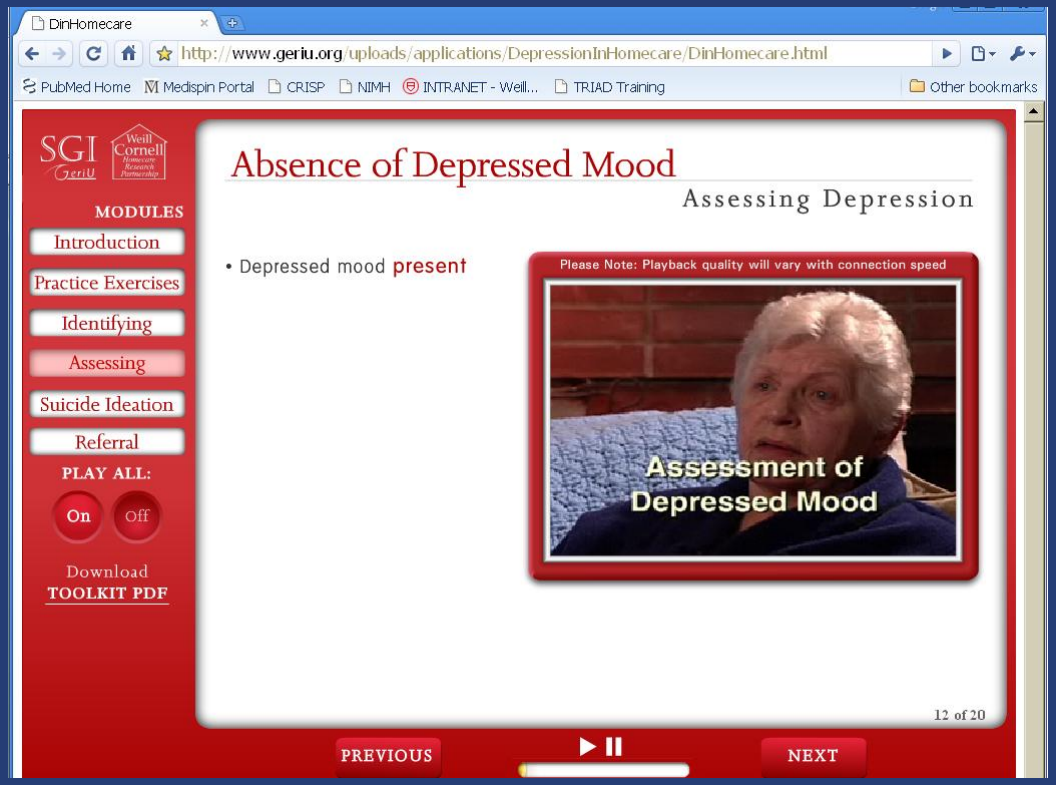
2. Elements of CQI
   - Determine Needs - small groups, formal assessments
   - Evaluate process and outcomes

3. Elements of Strategic Research Development

- Keep focused on <u>own</u> aims
  - *Improving detection of depression in HH patients*
  - *Improving access to quality care*
- Draw on research evidence base
- Provide local and national service

First Task: Improve Depression Detection





Task Two: Fit Depression Care Management to Home Healthcare

- Differentiate key functions from how they are organized and delivered
- Relevant factors in home healthcare:
  - Patients
    - Homebound
    - Complex medical needs
  - Nurses
    - Overburdened by paperwork and time constraints
    - Usually do not make treatment decisions
    - Provide chronic disease management for many conditions
  - Home-based Care
    - Cost is in the travel
  - Physicians are responsible for patients
    - Lots and Lots of Docs

Depression CAREPATH

Depression Care for Patients in Homecare

1. **Every nurse provides basic Depression Care Management (DCM)**

- Teach DCM in the context of other chronic disease management
- Provide clear signals for consultation or referral
- Teach to refer patients using "MD-ese"
- Do not ask Nurses to give psychotherapy

2. **Intervention has two components**

  - Depression Care Management Protocol
  - Implementation Strategy

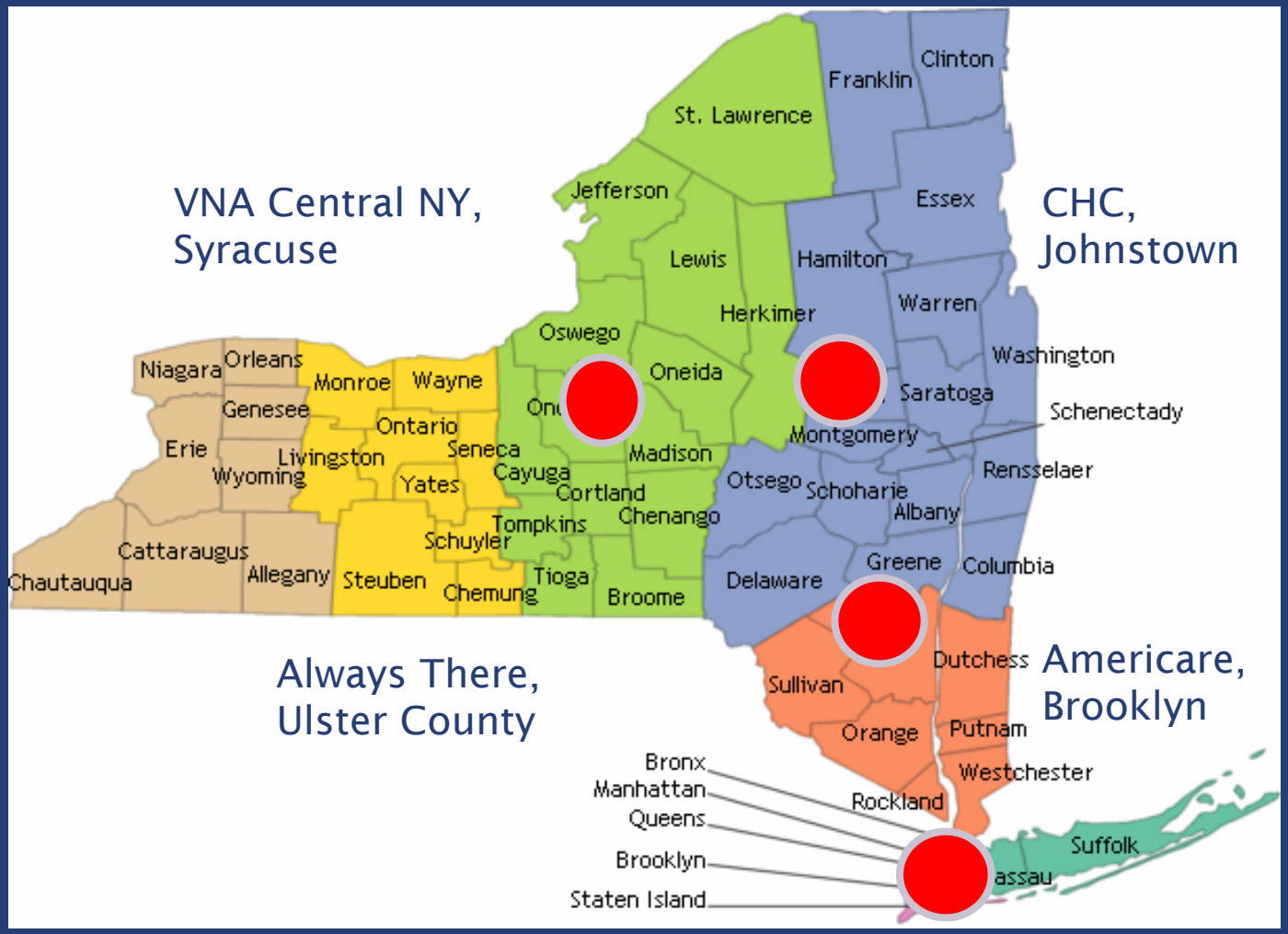
1: The Protocol: Translate DCM functions into Homecare Nurse Tasks

DCM Functions	Home Healthcare Term:
Monitor symptoms, side effects, adherence	Assessment
Patient self-management, activation, patient and family education	Education and Instruction
Communicating with the MD, consulting specialist, clinical notes about plan of care.	Case Management and Coordination

2. Implementation Strategy: Build Agency Infrastructure Support

- Integration of Protocol into Clinical Information System
- Suicide and Referral Protocols
- Mental Health Resources
- Nurse Supervision

Pilot / Demonstration Study:



Funded by the New York State Health Foundation

Study Demonstrated:

- Feasibility of design
- Acceptability of intervention
- Preliminary evidence of effectiveness
- Challenges of implementation
- Ready for a full scale research study

Agency Outcomes

- "The depression training has been added to the orientation for all new employees."
- "Project provided a role model for how nurses can integrate *Evidence-Based Practice* into their routine work."

Does it Work?

Test the effectiveness of the Depression Care Protocol in:

1. Diverse Patient Populations
2. Different Regions (Urban vs. Rural)
3. Different Organizational Styles

Partnership Model #3: National Network of Partners

- Capacity for research…
  - Not necessarily experienced
  - And not <u>too</u> experienced
- Typical… but heterogeneous
  - Geographically
  - Organizationally
- Commitment – in it for the long haul
  - Grant writing stage
  - Study Implementation

Understand Incentives for Research Participation

- Understand How Agencies Are Evaluated
  - OBQI
    - Falls
    - Functional Decline
    - Disposition at discharge (Hospital)
  - PPS – service use
  - Case Mix Adjustment (1/2008)
- Clinical Good
- Public Relations (competition)
- Intellectually stimulating

How to Build a National Homecare Research Partnership

- Aim of approach
  - Recruit diverse agencies
  - Educate about research
  - Get to know each other
  - Test commitment
  - Maintain involvement while awaiting funding
- First Steps (Spring 2006):
  - Short paragraph distributed by the NAHHC
  - Contacted by 50 agencies – sent letters
  - Telephone conference call (30 agencies)
  - One-on-one phone contact with 10 agencies

Face-to-Face Meeting (They Pay)

Spring 2006: Chicago Airport Hilton

TRIAD Train-the-Trainer Meeting

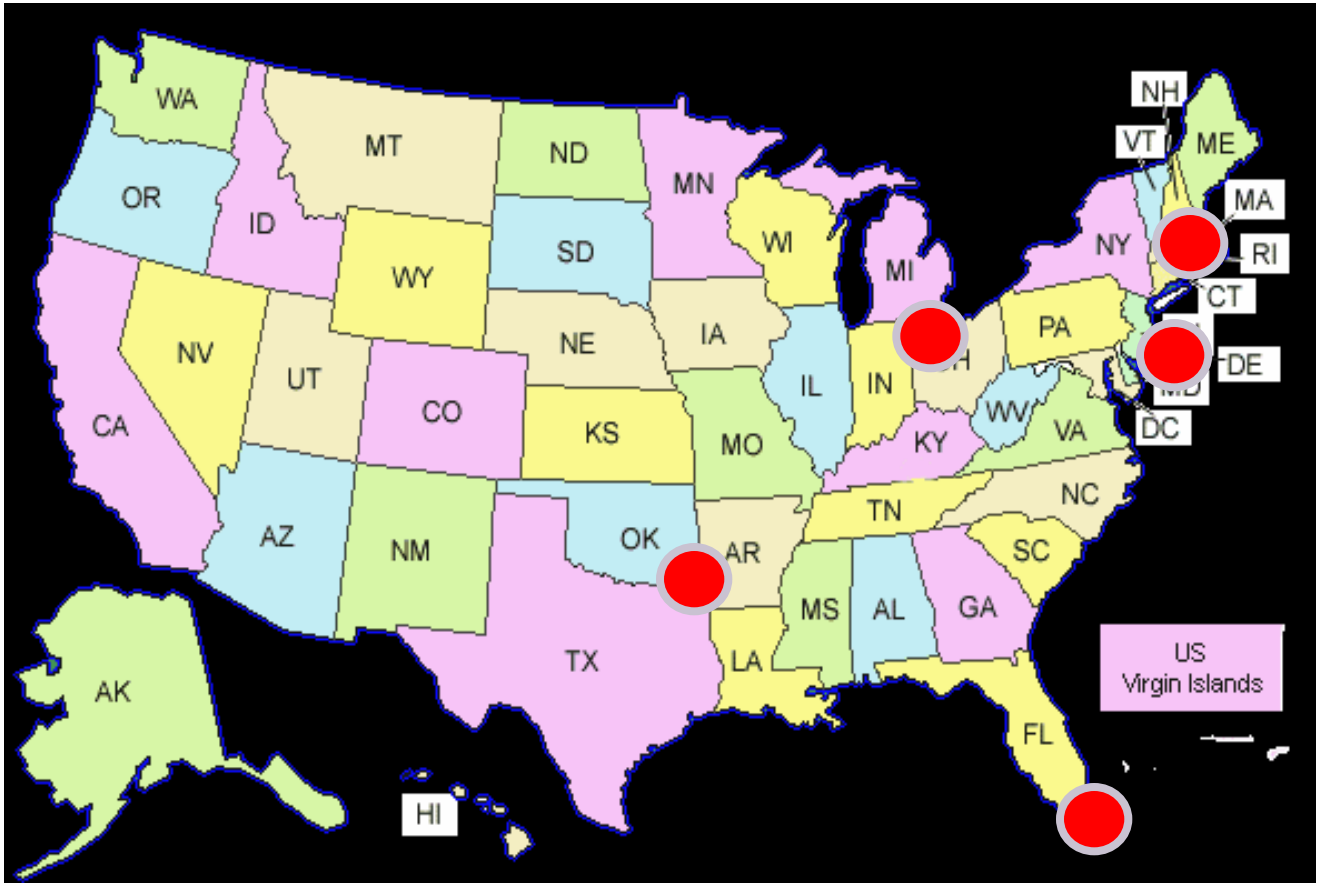
Fall 2006: White Plains

Site Visits

Grant Writing Stage

- Budgets
- Face pages
- Letters
- Waiting for funding
- IRB

DEPRESSION CAREPATH RANDOMIZED TRIAL



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Leveraging Local Partnerships

- Research Partnerships can focus on solving:
  - Community – defined problems
  - Problems across a system of care
  - Both? When is this decision made and by whom?
- As care is delivered locally, interventions designed to generalize across a system still need both:
  - The clinical protocol that fits the sector of care
  - The steps needed for an organization to adapt/assimilate the protocol for routine use.
- Changing the system will depend upon ongoing effectiveness – but also acceptability and fit with incentives

THANK YOU

DEPRESSION CAREPATH STUDY

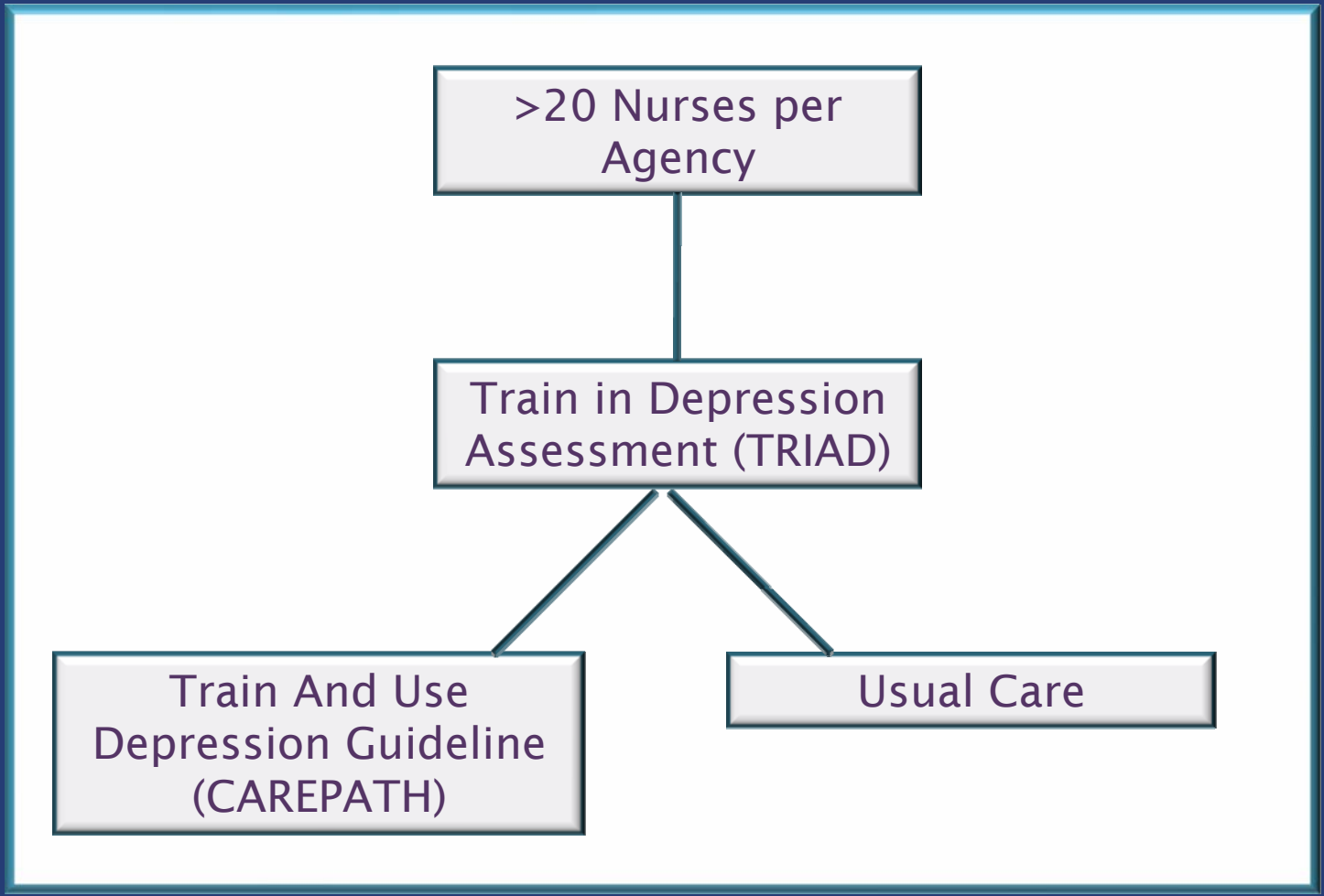
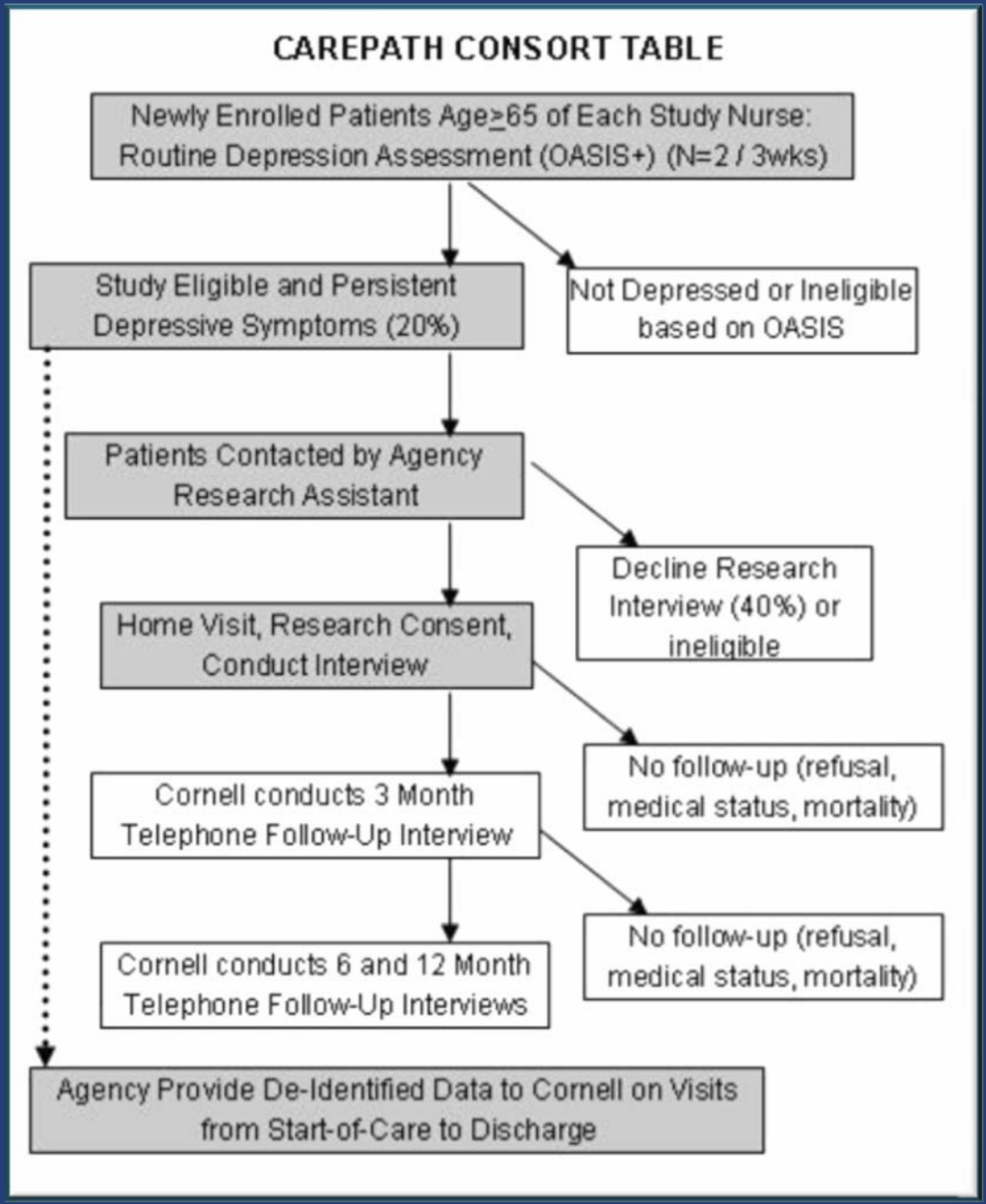
Aim One is to test the effectiveness of the "Homecare Depression Protocol" in improving depression treatment.

This aim uses data routinely collected by agencies.

Aim Two is to test the effectiveness of the "Homecare Depression Protocol" in improving patient outcomes.

This aim uses data collected in research interviews of patients.

Study Design: Nurse Team Randomization within Agency



Study Design: Patients