Executive Summary

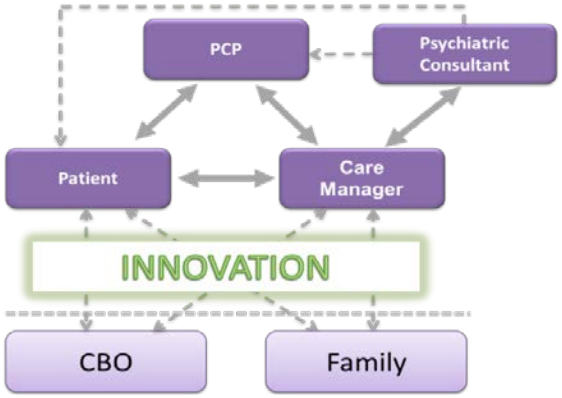
Advancing Late-Life Depression Treatment: The Care Partners Project

Background

Late-life depression is a pressing public health concern among an aging U.S. population that is facing increasing chronic health concerns. Research has demonstrated that collaborative care programs in which primary care physicians are supported by mental health professionals to treat depression in older adults can dramatically improve the effectiveness and cost-effectiveness of depression treatment.

Community-based organizations (CBOs) and family members can offer additional resources to enhance collaborative care. The Care Partners project was funded in 2014 to develop innovative partnerships between primary care clinics interested in implementing collaborative care with CBOs and/or family care partners.

Partnering with a CBO and/or Family



Seven sites adapted collaborative care to include CBO staff and/or family members of the older adult in late-life depression treatment.

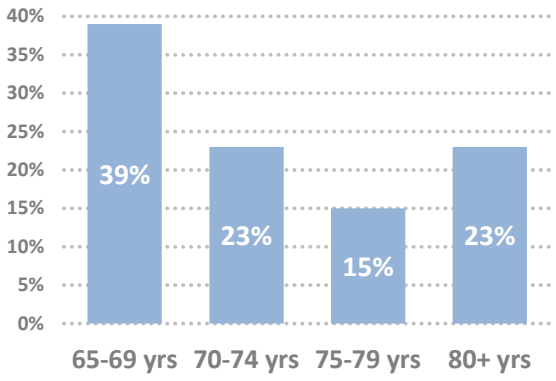
Methods

A mixed-methods approach was used to examine outcomes of the Care Partners project. Key informant interviews and focus groups with representatives from each site (e.g., care managers, primary care providers and administrators) were conducted throughout the project.

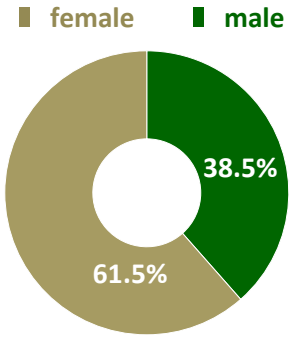
Quantitative data is being collected in the Care Management Tracking System (CMTS) which tracks depression care for care managers and psychiatric consultants at each site. CMTS contains data on process of care and depression symptom outcomes.

Demographics

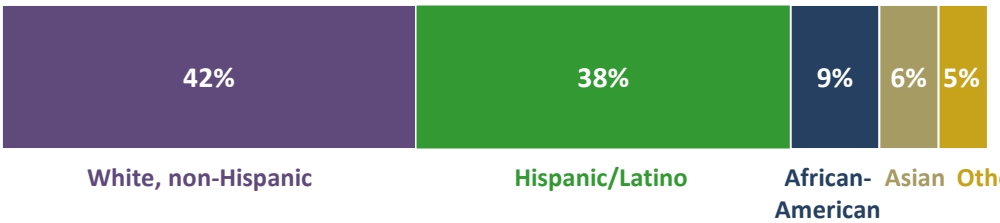
274 total patients enrolled



Patient Gender



Patient Demographics – Race and Ethnicity



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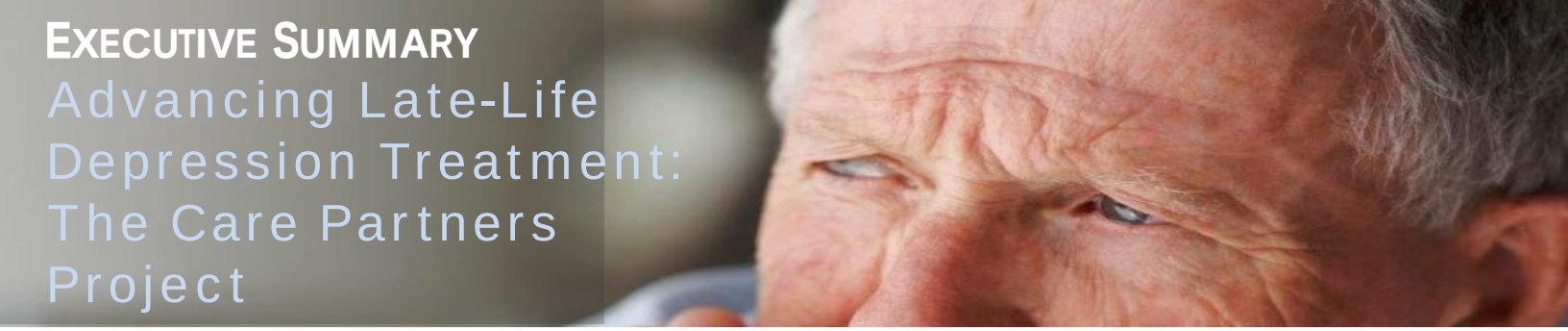

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Program Exposure

Contacts, mean	**13**
Completing follow-up (2+ contacts)	**88%**
At least 3 contacts with CBO for clinic-CBO partnerships	**49%**
At least 3 contacts with family member for clinic-family partnership sites	**73%**
At least 1 psychiatric consult	**54%**

Clinical Outcomes

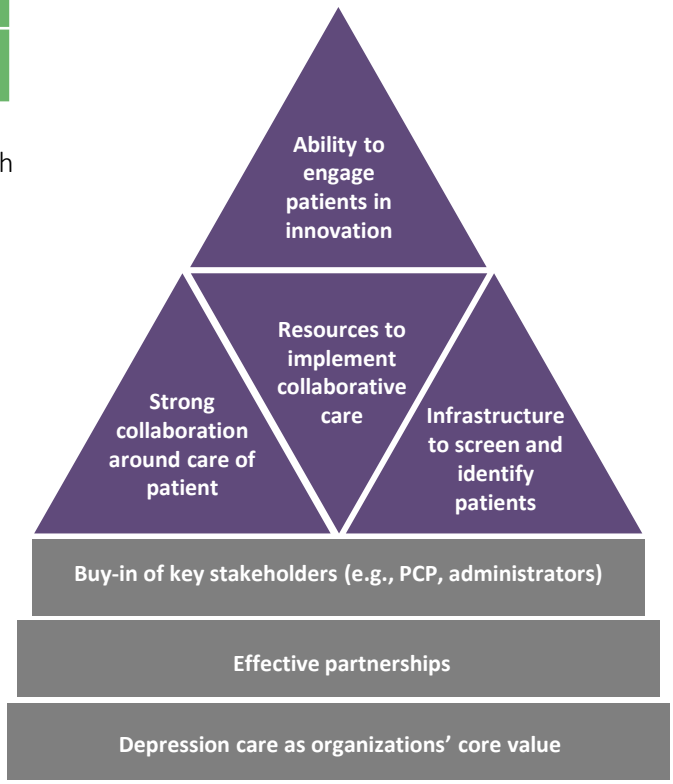
Baseline PHQ-9*, mean	**14**
50% improvement on PHQ-9 or last PHQ-9 < 10 after 10 weeks	**62%**
5+ point improvement on PHQ-9	**59%**
PHQ-9 change, mean	**6 points**

*The PHQ-9 is a well-validated 9 item instrument for both depression screening and treatment response. A score of 10 or more indicates high risk for clinical depression.

Core Components

We found that there were seven core components that facilitated successful implementation and delivery of partnered collaborative care (see figure on the right). Partnering sites had success when they prioritized depression care as a core value of their organizations; had leadership that was committed to addressing depression care; had a strong collaboration between partnering organizations; had a strong infrastructure in place to recruit patients; had established resources in place to implement collaborative care across the organizations; and developed a workflow to effectively engage and retain patients.

> *"One thing that I hear a lot from patients is how much they feel cared for. Because they -- as soon as they get in the program -- there's kind of an acceleration of the services that they're getting… [T]he case managers are kind of the hub. And so they know -- they know that someone is kind of looking out for them… Their PHQ-9s are decreasing, the scores are decreasing… So, yes, we're seeing a lot of change."*
>
> *-Care Manager*



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Challenges and Lessons Learned

In the report we identify lessons for successfully implementing partnered collaborative care that emerged from the analysis of quantitative and qualitative data as well as from providing technical assistance to the sites.

Challenges	Lessons Learned
Implementation of the basic elements of collaborative care (e.g., routine screening of patients in primary care) is challenging when coupled with a focus on developing new partnerships.	Collaborative care elements should be well established prior to adding a partnership.
Identification of potential patients at CBOs is challenging.	Sites need to be flexible and have multiple avenues/ strategies to identify patients for depression care.
Patient engagement with family and CBO is complex.	Organizations need to be adaptable and creative about how to use family members and CBOs in partnered collaborative care. If family is unavailable, peers or home health aides might be engaged in care. A combination of office, home and phone contacts may be used by clinics and CBOs to overcome barriers to engaging patients.
Diffusion of responsibility can impact the effectiveness of leadership.	Have clear accountability and responsibility outlined for the partnerships as well as identified champions at each site.
Collaboration and task-sharing across organizations is challenging, time-consuming and complicated in practice.	Develop effective communication processes and tools to implement and track collaboration and task-sharing.

Products and Resources

- Care Partners website: http://aims.uw.edu/care-partners
- Video of Care Partners innovation: https://aims.uw.edu/resource-library/elder-care-depression-team-video
- Tip sheets for providing partnered collaborative care
- Implementation support material: https://aims.uw.edu/care-partners/content/tools-and-resources
- Implementation and Innovation Guide developed specifically for the Care Partners project