Collaborative Care for Depression and Anxiety Requires Active Outreach, Accurate Diagnosis, and Regular Symptom Tracking

Kathryn Erickson-Ridout, M.D. Ph.D., Constance Weisner, Ph.D., Samuel Ridout M.D. Ph.D., Brooke Harris Ph.D., Mariana Markella M.D., Jacob Roth M.D., Esti Iturralde, Ph.D

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| Challenge | **Depression and anxiety impact anxiety impact 16.6% and 28.8% of adults in the United States in their lifetime but access to timely mental healthcare is often difficult for patients.**  |
| Existing Evidence | Collaborative care models for depression facilitate early intervention and are associated with improved patient outcomes. Key programmatic elements include care management, evidence-based treatments, systemic diagnosis/outcomes tracking, stepped care, and registries. Current models described in the literature depend on primary care physicians and/or psychiatrists for medication management and individual psychotherapy. It is unclear if using other care providers would prove as effective.  |
| Target Population | Adults aged 18 or older with mild to moderate depression and/or anxiety |
| Intervention or Exposure | ADAPT models of collaborative care  |
| **Outcomes/Key Findings** | **In models with active patient outreach for appointment scheduling and tracking of patient depressive symptoms, ADAPT models decreased time from primary care to mental healthcare from 11.4 ± 6.1 to 6.4 ± 5.6 days (p<.0001); 88% of program completers had fully remitted depression.** Without active outreach for symptom monitoring, the percent of patients with a complete PHQ-9 fell to below 10% after visit 2.  |
| **Resulting Action/Change** | **Integrating consistent symptom monitoring with the PHQ-9 and GAD7, accurate diagnosis before entering the program, and active outreach to patients eligible to enroll are critical to program success.** |
| Additional Recommendations | Engaging additional staff to engage patients and track symptoms to better evaluate program performance and patient outcomes. Identification of barriers/facilitators to completion of follow-up PHQ-9 and/or GAD7 by clinical or research teams may assist this effort. |
| Implementation Tools  | Symptom tracker for active outreach |
| Implementation Measurement | Percent of patients with a completed AOQ after baseline, at 3 months and 6 months. Time to appointment from primary care referral. Proportions of program completers with remitted depression. |
| Reference | Drafting for publication  |