



START HERE, START NOW: CROSS-SECTORAL PARTNERSHIP IN IMPROVING DEPRESSION MANAGEMENT IN PRIMARY CARE

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PRESENTER DISCLOSURE

- **Session name:** Start Here, Start Now: Cross-Sectoral Partnership in Improving Depression Management in Primary Care
- **Presenters:** Carol Mulder
- **Relationships of presenters with commercial interests:** None
- This program has received **no commercial support**
- **Mitigating Potential Bias:** N/A



ASSOCIATION OF FAMILY HEALTH TEAMS OF ONTARIO

- The Association of Family Health Teams of Ontario (AFHTO) is the advocate, network and resource for team-based primary care in Ontario
- 186 Family Health Teams & Nurse Practitioner Led Clinics across Ontario
 - Providing care for over 3 million patients
- Quality Improvement Decision Support (QIDS) Program
 - Includes ~35 QIDS Specialists



CENTRE FOR ADDICTION AND MENTAL HEALTH

- Canada's largest mental health and addiction teaching hospital
- One of the world's leading research centres in addiction and mental health
- Combines clinical care, research, education, policy development and health promotion to help transform the lives of people affected by mental health and addiction issues
- Relevant programs:
 - **Smoking Treatment for Ontario Patients (STOP):** province-wide initiative delivering smoking cessation treatment and counseling support to patients; uses the existing healthcare infrastructure to disseminate, deploy and monitor progress REMOTELY
 - **Mood Management:** CIHR and MOHLTC-funded research in depression and smoking cessation
 - **OPTIMUM:** PCORI-funded research in treatment-resistant depression in older adults



WHY WORK ON DEPRESSION?

- Depression affects 1 in 20 Canadian adults each year. It affects more than 1 in 10 Canadian adults at some point in their lives[i]
- Depression costs the Canadian economy at least \$32.3 billion each year [ii]

i Statistics Canada 2012 CCHS

ii The Conference Board of Canada: Annual costs of depression due to lost productivity.



- **Mental health care providers are experts in depression management**
 - Specialists have best awareness and success in application of guidelines for management
 - BUT Patients with depression often present in primary care where guidelines are less well-used
- **Primary care providers are well-positioned to screen for and manage depression**
 - Primary care providers see 137,000 patients per day in Ontario (compare to 15,000 in hospital)
 - BUT patients with depression are inconsistently identified in primary care EMRs.
- **Working together: best of both worlds**



OBJECTIVE: WORK TOGETHER TO USE EMR TO

- Identify smokers
 - Approach for enrolment in STOP
 - Offer interventions mood management in the context of smoking cessation
 - CIHR and MOHLTC funding
- Identify elderly patients with depression who may be resistant to treatment
 - Offer supports to improve outcomes based on existing depression guidelines
 - Invite to enrol in OPTIMUM to contribute to knowledge about geriatric depression management
 - PCORI funding



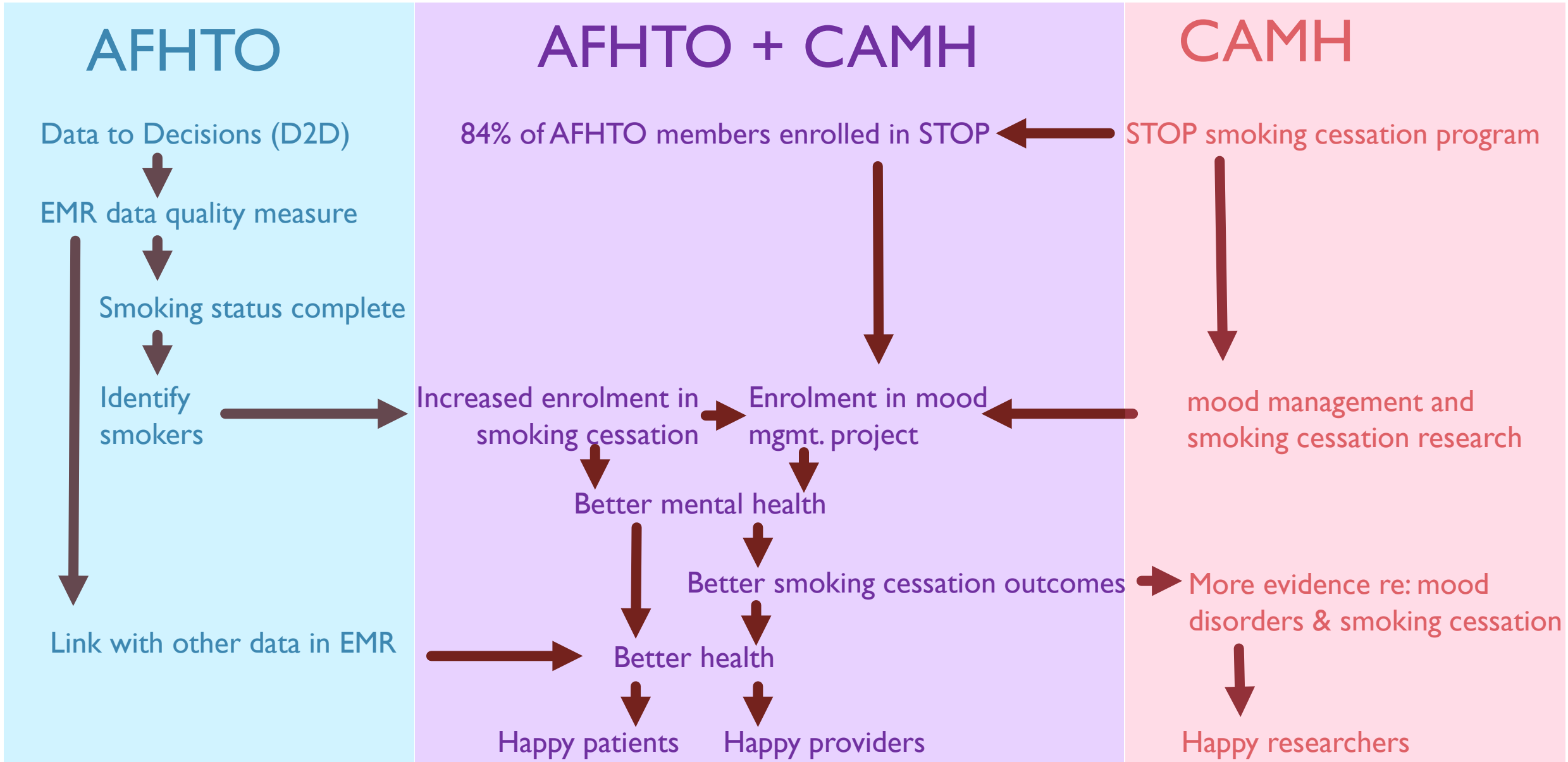
WHY FOCUS ON SMOKERS AND ELDERLY PEOPLE?

- Improve smoking cessation outcomes
 - Smokers with current or recurrent depression 10% less likely be successful in quitting smoking (relative to those without depression) [iii]
- Learn and apply more successful management approaches for elderly people:
 - 3-5 % of elderly patients suffer from depression
 - There are gaps in literature regarding management of geriatric depression

iii **Depression status as a predictor of quit success in a real-world effectiveness study of nicotine replacement therapy**

Zawertailo, L., Voci, S., Selby, P. [Psychiatry Research](#), Volume 226 , Issue 1 , 120 - 127

WORKING TOGETHER: SMOKERS



WORKING TOGETHER: GERIATRIC DEPRESSION

AFHTO

AFHTO + CAMH

CAMH

Data to Decisions (D2D)

Standardized EMR queries

Identify patients with depression

Better documentation of depression

Better EMR documentation in general

Recruit into research study

Gaps in geriatric depression evidence addressed

Increased use of depression mgmt. guidelines

Better mental health

Happy patients

Happy providers

Better health in general

Research leadership in geriatric depression mgmt

Identify gaps in literature/evidence

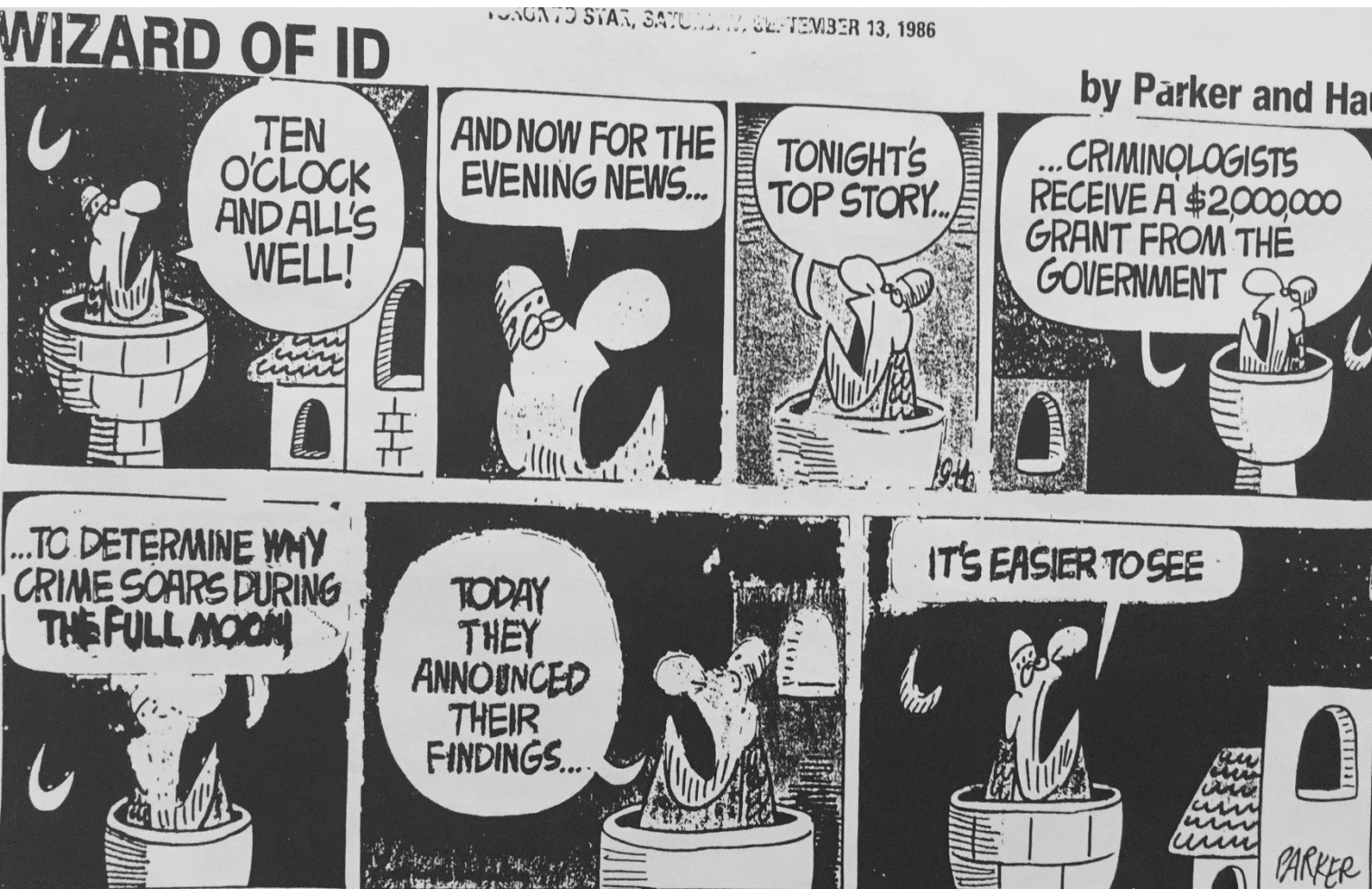
Happy researchers



PROGRESS SO FAR

- Design and implement programs to improve primary care depression management
 - Start with two sub-populations of patients with minimal additional investment – because we can
- **Smokers and mood management: Baseline data collected, recruitment planned for fall 2017**
 - More than 80% of FHTs enrolled in STOP since 2009
 - 38% of the 50,000 smokers served have current or previous depression
 - Provider readiness to act: scores of 75% to 96% for capacity, need, fit and motivation etc
- **Treatment resistant depression in older adults: Recruitment underway**
 - Queries developed to identify patients in PSS, Accuro & OSCAR (covers +/- 90% of AFHTO members)
 - Queries deployed (free of charge) -- in use by 7 teams with 62% positive predictive value
 - Cross-sector Study Advisory Board convened

CONCLUSION: MAKING DEPRESSION MANAGEMENT EASIER



- Working together ***makes it easier***
 - Easier access to patient population
 - Easier access to much-needed and valued clinical expertise
- Starting with sub-populations ***makes it easier***
 - Easier to identify patients
 - Easier to make progress and thus motivate us for more difficult work



QUESTIONS?

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