Collaborative Care Improves Treatment for Depression

About one out of every three veterans visiting primary care have some symptoms of depression; one in five have serious symptoms that suggest the need for further evaluation for major depression; and one in eight to ten have major depression requiring treatment with psychotherapy or antidepressants. Most VA patients with depression are cared for principally in primary care clinics. Successful depression treatment requires more than medication and more than a clinical reminder. Collaboration between primary care and mental health, including screening and assessment to identify the condition, structured symptom monitoring to guide treatment, and brief care management have been proven effective. Practice redesign is necessary to facilitate collaborative care.

VA has proven to be an outstanding environment for implementing collaborative care. The Mental Health Quality Enhancement Research Initiative (MH-QUERI), utilizing a partnership of researchers in Seattle, Los Angeles, Little Rock, and Durham, as well as network leaders and clinicians in VISNs 10, 16, 22, and 23, developed a series of TIDES (Translating Initiatives for Depression Into Effective Solutions) projects designed to:

- Adapt depression collaborative care models to VA settings through Evidence-Based Quality Improvement for Depression (EBQID);
- Implement VA depression collaborative care models in intervention medical centers;
- Support and evaluate depression collaborative care implementation; and
- Prepare EBQID methods and materials for dissemination to support implementation throughout VA.

A key feature of the TIDES collaborative care model is collaboration between primary care providers and mental health specialists supported by a depression care manager (DCM). The DCM, under supervision of a mental health specialist, assists the primary care provider in the assessment and ongoing management of depressed patients. Patients being followed in primary care receive follow-up calls from the DCM at regular intervals. After 24 weeks, patients are generally discharged from depression care manager follow-up.

TIDES’ Impacts

Implementation of the TIDES model at seven demonstration clinics achieved the clinical outcomes predicted by the EBQID collaborative care model and enabled 8 out of 10 depressed Veterans to be treated effectively in primary care. Primary care patients’ compliance with medication and follow-up visits has been outstanding. Depression severity scores and functional status scores began showing substantial improvement after 4–6 weeks, and results showed sustained improvement after six months. Based on this and other evidence, TIDES collaborative care is one of the models being implemented under the VHA Primary Care – Mental Health Integration (PC-MHI) Initiative.

If you are concerned about improving depression care and wish to implement collaborative care for treatment of depression, tools are available to assist you. Within VA, the TIDES SharePoint site is a resource (see Web Resources). Additional information on TIDES collaborative care is available on the VHA Primary Care – Mental Health Integration Initiative website (see Web Resources). Information also is available from similar evidence-based projects such as Partners in Care (www.rand.org/health/projects/pic), RESPECT (www.depression-primarycare.org) and IMPACT (impact-uw.org/index.html). The toolkits include:

- Practice redesign information,
- Patient education materials, and
- Clinician education and support materials.

References

How Do I Learn More?

For information about MH-QUERI and/or the TIDES Program, contact:

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Web Resources

To access the TIDES SharePoint site, visit the following VA Intranet website:

vaww.portal.gla.med.va.gov/sites/Research/HSRD/ClinicalPart/default.aspx

Additional information on TIDES is available on the VHA Primary Care – Mental Health Integration Initiative VA Intranet website:

vaww4.va.gov/PCMHI/index.asp

For more information about the QUERI program in general, and to link to all of the individual QUERI Centers, please go to

www.queri.research.va.gov

The MH-QUERI Executive Committee

Each QUERI Executive Committee is co-chaired by a research expert and a clinician. The research expert and Director for MH-QUERI is **JoAnn Kirchner, MD**. The co-clinical coordinators are **Stephen Marder, MD**, and **Lisa Rubenstein, MD, MSPH**.

The Executive Committee includes other experts in the field of mental health: Thomas Berger, PhD; Frederic Blow, PhD; Geoffrey Curran, PhD; Nancy Jo Dunn, PhD; Ellen Fischer, PhD; April Gerlock, PhD, ARNP; Martha Gerrity, MD, PhD; Ira Katz, MD, PhD; Daniel Kivlahan, PhD; Edward Knight, PhD; Miklos Losonczy, MD, PhD; Kathleen Lysell, PsyD; Susan McCutcheon, RN, EdD; Richard Owen, MD; **Jeff Smith**, PhD candidate (Implementation Research Coordinator); John Williams, Jr, MD, MHS; Alexander Young, MD, MSHS.