Bring It Up: Outcomes from a pilot, adapted collaborative care model for depression in a safety-net, primary care clinic

Tamara Bendahan, MD, UCSF Public Psychiatry Fellow 2019-2020

Problem

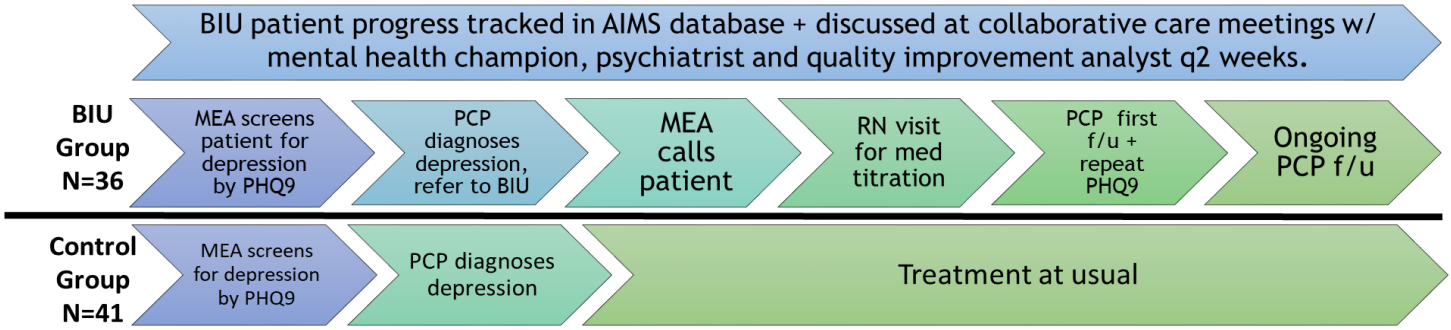
- Collaborative care model (CCM) is well established as an effective model for treating depression in primary care[1], however, there is significant variability in real-world implementation[2].
- Feasibility of CCM in safety-net clinics requires special consideration given clinical, organizational and financial challenges[3] that may limit the use of key components such as the **depression care manager.**
- There is a research gap in existing literature focusing on CCM adaptations in under-resourced settings.

Objectives

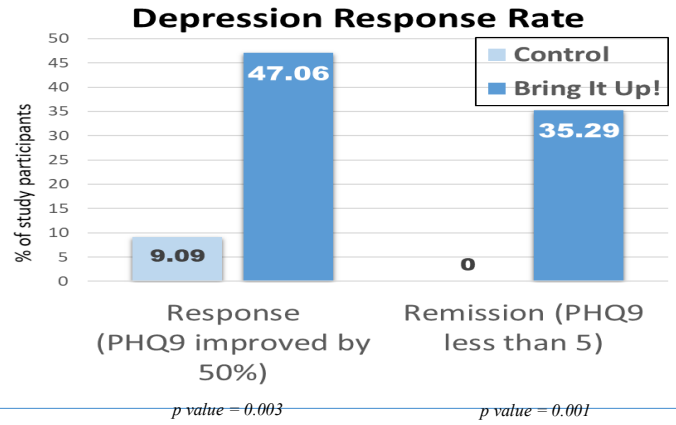
- Evaluate outcomes of Bring It Up! (BIU) including changes of primary care provider (PCP) depression care practices and patient depression response.
- Assess fidelity of intervention to Bring It Up! protocol

Methods

- Study Design: Retrospective Cohort Analysis
- Data Source: EHR
- Clinic Setting: The Richard Fine People's Clinic(RFPC)
- Funding: HRSA Grant obtained by Dr. Lisa Ochoa-Frongia



Results



Secondary Outcomes

Engagement: No show rate for PCP f/u was significantly lower among BIU patients compared to controls: 15% vs 35% ($p<0.05$)

Fidelity to Intervention

- 100% were prescribed an antidepressant or referred for behavioral health
- 72% received a call from a MEA
- 52% had an RN appointment scheduled
- 61% had a PCP visit within 8 weeks

Implications/Future Directions

- The BIU protocol demonstrates depression response rates similar to those of the CCM and may be more feasible to implement given its adaptations.
- Future directions include expanding the BIU protocol and evaluation in a formalized randomized controlled trial.

1. Archer J, Bower P, Gilbody S, Lovell K, Richards D, Gask L, Dickens C, Coventry P. Collaborative care for depression and anxiety problems. Cochrane Database of Systematic Reviews 2012, Issue 10. Art. No.: CD006525. DOI: 10.1002/14651858.CD006525.pub2.
2. Bauer AM, Azzone V, Goldman HH, et al. Implementation of collaborative depression management at community-based primary care clinics: an evaluation. Psychiatr Serv. 2011;62:1047–1053
3. Malâtre-Lansac A, Engel CC, Xenakis L, et al. Factors Influencing Physician Practices' Adoption of Behavioral Health Integration in the United States: A Qualitative Study [published online ahead of print, 2020 Jun 2]. *Ann Intern Med*. 2020;10.7326/M20-0132. Doi:10.7326/M20-0132