

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

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Problem

- Collaborative care model (CCM) is well established as an effective model for treating depression in primary care¹, however, there is significant variability in real-world implementation².
- Feasibility of CCM in safety-net clinics requires special consideration given clinical, organizational and financial challenges³ 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.

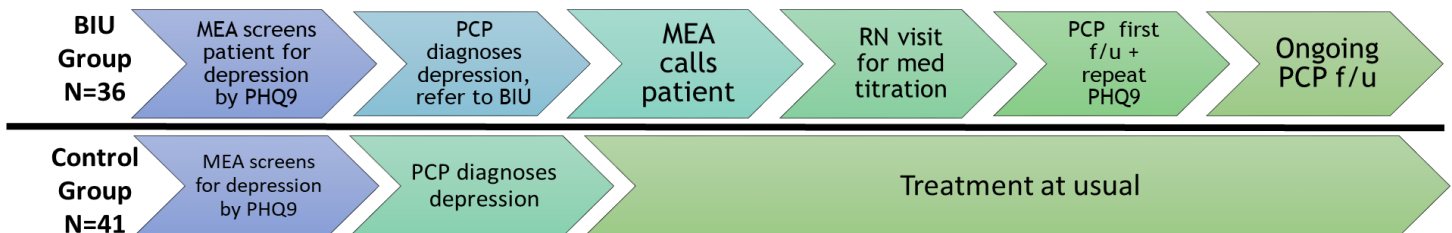
Objectives

- 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

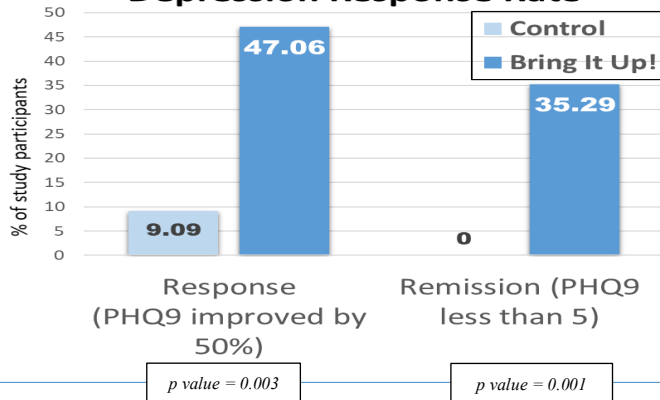
- Study Design: Retrospective Cohort Analysis
- Data Source: EHR
- Clinic Setting: The Richard Fine People's Clinic(RFPC)
- Funding: HRSA Grant obtained by Dr. Lisa Ochoa-Frongia

BIU patient progress tracked in AIMS database + discussed at collaborative care meetings w/ mental health champion, psychiatrist and quality improvement analyst q2 weeks.



Results

Depression Response Rate



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.