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CATHERINE MACDONALD, PROGRAM COORDINATOR, AFHTO

- **Session name**: Improving primary care management of depression: buddy up, start where you can, learn and then take the next step together
- **Presenters**: Carol Mulder
- **Relationships of presenters with commercial interests:** None
- This program has received **no commercial support**
- **Mitigating Potential Bias**: N/A

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afhto D2D: DATA TO DECISIONS

- 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

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D2D: DATA TO DECISIONS ▶

CENTRE FOR ADDICTION AND MENTAL HEALTH

- Canada's largest mental health and addiction teaching hospital (500 beds and 10k new pts/year)
- 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 N= 180k in 10 years. ~25k smokers/year. 12k Alcohol and tobacco screened.
  - **Mood Management:** CIHR and MOHLTC-funded research in depression and smoking cessation
  - **OPTIMUM**: PCORI-funded research in treatment-resistant depression in older adults

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afhto D2D: DATA TO DECISIONS

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.

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afhto D2D: DATA TO DECISIONS

- 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

- 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

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WHY FOCUS ON SMOKERS AND ELDERLY PEOPLE?

- Improve smoking cessation outcomes
  - Approximately 40% of smokers have mood disorders
  - 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

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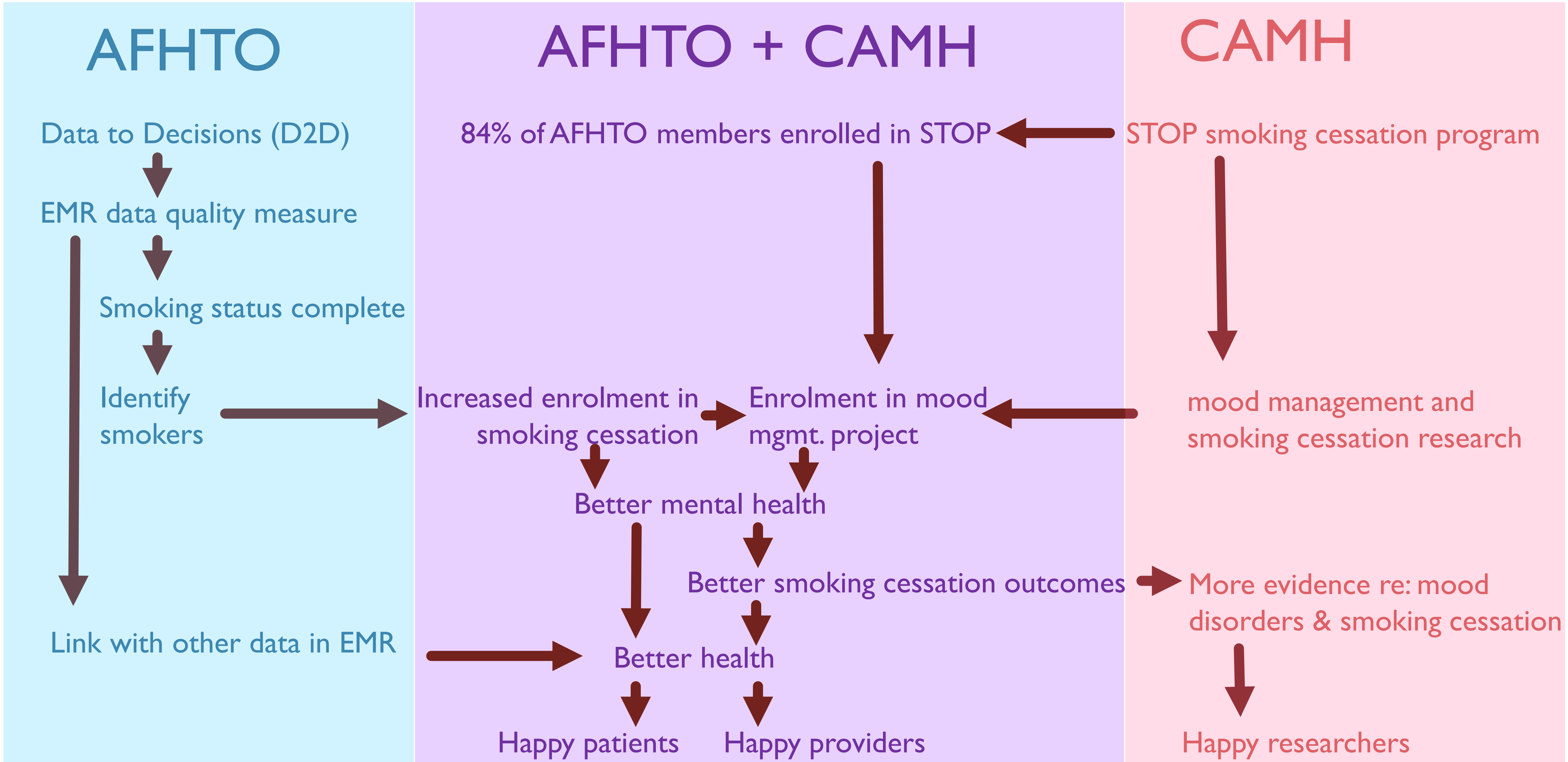
WORKING TOGETHER: SMOKERS



WORKING TOGETHER: GERIATRIC DEPRESSION

AFHTO

Data to Decisions (D2D)

Standardized EMR queries

Identify patients with depression

Better documentation of depression

Better EMR documentation in general

AFHTO + CAMH

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

CAMH

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

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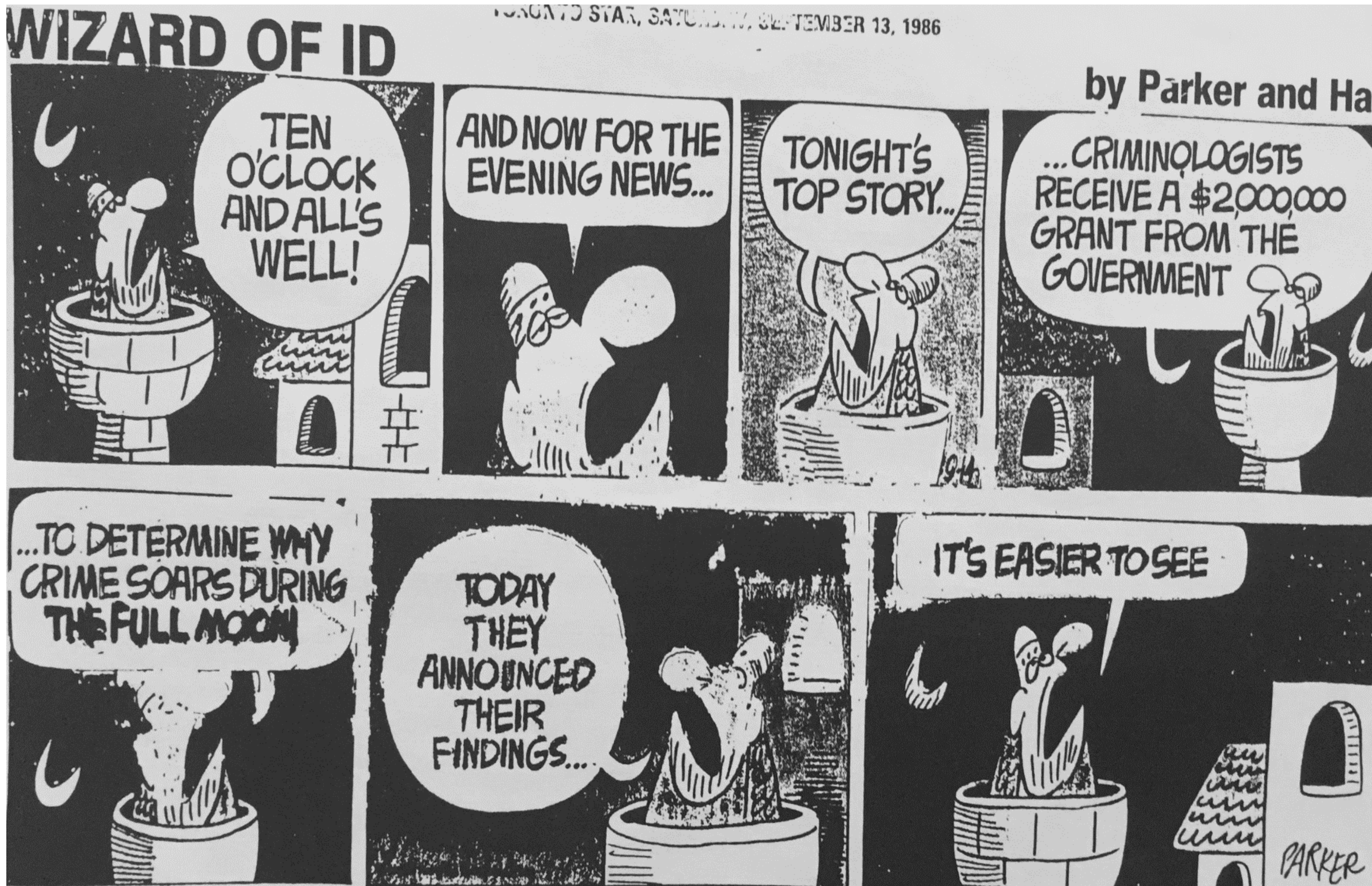
D2D: DATA TO DECISIONS

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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