Implementation of a Collaborative Care for Depression in Urban HIV Clinic

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Introduction: Patients living with HIV have high reported rates of depression and untreated depression has been associated with lower rates of engagement to HIV care as well as adherence to medication. Access to mental health services remains a challenge nationally. Novel approaches to providing expert mental health care are desperately needed.

The collaborative care model has been used in other primary care settings to bridge the gaps in depression care. The model has been shown to:

- Improve access
- Improve process
- Improve outcomes

The model includes :

- Universal annual screening Using PHQ 2/9
  - Positive screen is a score of 10 or higher
- Use of the PHQ 9 to **measure symptoms** and **response to treatment**
- Addition of a Behavioral Health Coordinator (BHC) to care team to assess, guide and support patient.
- Stepped care approach: intensifies treatment when symptoms persist
- Proactive telephone calls by BHC to the patient following visits
- A psychiatrist provides case consultation with the BHC for each patient

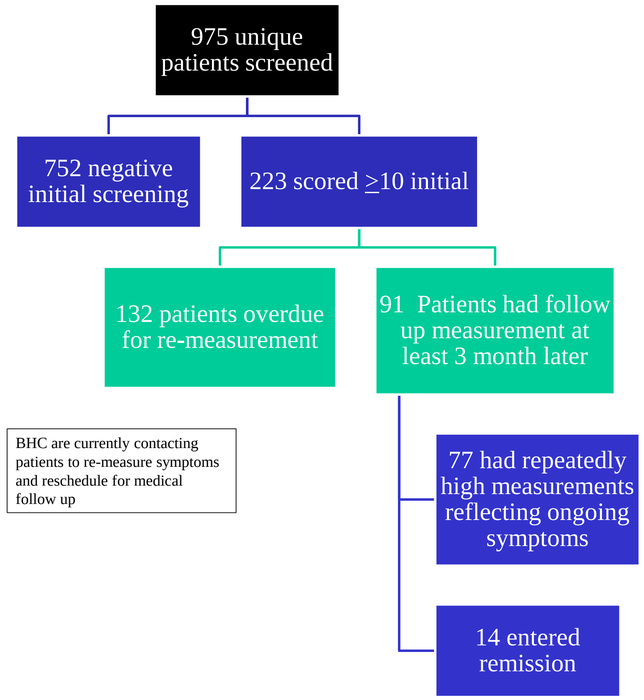
- Clinical decision support in EMR to determine when screening or re-measurement is due

As part of a HRSA funded Practice Transformation Initiative, we are implementing this model in our urban HIV care clinic.

As part of evaluation, supplemental measurements are collected at baseline and in follow up to characterize social dynamics as well as factors associated with depressive symptoms and resolution of symptoms.

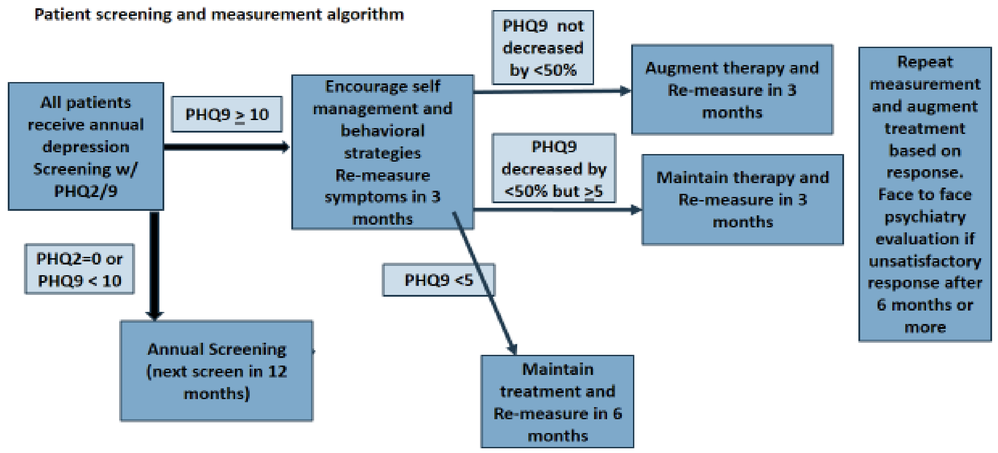
Isolation is commonly reported as well as lack of self-efficacy.

Results of Screening and Re-measurement
July 1, 2015-June 30, 2016



Though the majority of positive screens have met with the BHC in clinic, less than 1/2 have followed up to complete a more thorough assessment

Among patients with positive screening, the prevalence of severe depressive symptoms (≥ 20) was 23% and the presence of moderate symptom (10-19) was 77%



Lessons Learned:

- Despite prevalent depressive symptoms, patients have been reluctant to engage with the care coordinator. Barriers noted include patient denial, mistrust of new staff, perceived stigma, reporting an existing mental health provider, addiction issues, transportation and having a functional phone.
- Routine screening and re-measurement with the PHQ2/9 is identifying previously undiagnosed depression though more commonly identifies under-treatment of symptoms.
- Re-measurement offers opportunities to engage patients using motivational interviewing techniques and provide education on the nature of depression and how one recovers from it.
- Early results show that collaborative care can be effective at lowering depressive symptom severity and is feasible in an urban HIV clinic.
- Rates of co-morbid psychiatry diagnoses are common and highlight the complexities of treating this population.

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