Impact of Collaborative Care Case Conferencing on Depression Outcomes and Healthcare Utilization During COVID-19 in a Large Safety Net County Population

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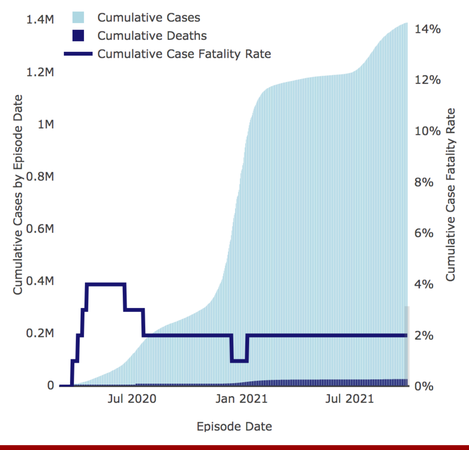
Background

- Limited data around collaborative care psychiatric case conferencing (PCC) for depression outcomes[1]
- Nationwide, the increase in depressive symptoms mirrored the number of weekly new COVID cases[2]
- Objective: to study the impact of case conferencing during COVID surges on depression outcomes and healthcare utilization

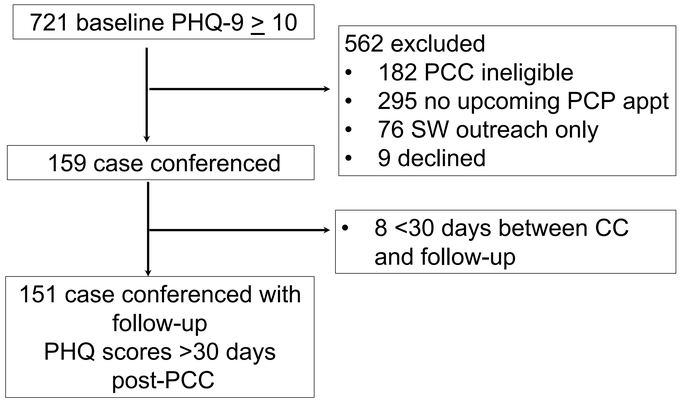
Figure 1. Los Angeles County COVID+ cases[3]



Methods

- Patient registry created of adults ≥ 18 years empaneled to a large primary care clinic with a Patient Health Questionnaire-9 (PHQ-9) ≥ 10 during Jan 2020 – Feb 2021
- Interdisciplinary team of psychiatry consultants, case worker, and social worker providing recommendations to primary care team
- Healthcare encounters tabulated for utilization

Figure 2. PCC study flow diagram



Results

- Age 40-59 (53%), female (68%), Hispanic (74%), and single (55%)
- Comorbidities: obesity (60%), chronic pain (43%), and diabetes (36%)
- 68% prior diagnosis of depression
- 61% on antidepressants, 22% trialed on 2+ antidepressants.

Figure 3. PCC recommendations

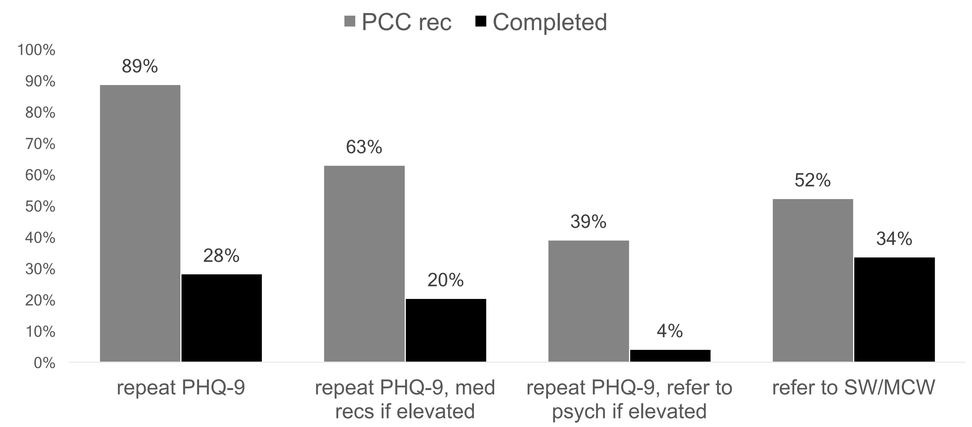


Table 1. Depression outcomes

	total
Remission (N=151)	
PHQ2 <3 or PHQ-9 ≤5	113 (75%)
Response (N=48)	
PHQ9 ≤5	10 (21%)
PHQ9 decrease by ≥50%	15 (31%)
PHQ9 score change by ≥5	23 (48%)

Table 2. Healthcare utilization pre-/post-PCC

6-months pre-/post-PCC (N=151)

	pre	post
Primary care	2.4 ± 1.8	2.3 ± 1.8
Medical specialty	2.3 ± 3.1	2.1 ± 3.2
Mental health	0.1 ± 0.5	0.1 ± 1.8
ED	0.8 ± 1.3	0.6 ± 1.4
Admissions	0.3 ± 0.7	**0.2 ± 0.6***

***P*<0.05**

12-months pre-/post-PCC (N=112)

	pre	post
Primary care	4.6 ± 2.7	**4.0 ± 3.2***
Medical specialty	4.5 ± 5.1	3.7 ± 5.3
Mental health	0.1 ± 0.6	0.3 ± 1.6
ED	1.5 ± 2.1	**1.1 ± 2.1***
Admissions	0.5 ± 1.0	0.3 ± 1.1

***P*<0.05**

Conclusion

- A relatively low-effort, proactive, and population-based intervention using a patient registry can be used to address depression on a very large scale in a vulnerable low-income, predominantly Hispanic population
- Patients with moderate to severe depression experienced a 75% remission rate
- At 6-months post-PCC, inpatient hospital admissions significantly decreased
- At 12-months post-PCC, primary care and ED visits significantly decreased
- Limitations include: lack of consistent PHQ-9 screening, inconsistent handoff of recommendations, potential decrease of hospital encounters due to COVID-19, no internal control group

Future Directions

- Standardize and build into workflow of collecting routine PHQ-9s at each visit
- Efficient handoff of recommendations to primary care providers
- Increased patient outreach by care managers
- Frequent generation of updated patient registries

References

1. Archer J et al. Collaborative care for depression and anxiety problems. Cochrane Rev. 2012.
2. Jia H et al. National and State Trends in Anxiety and Depression Severity Scores Among Adults During the COVID-19 Pandemic — United States, 2020–2021. MMWR Morb Mortal Wkly Rep. ePub: 2021.
3. LA County Dept of Public Health.

Acknowledgments

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