Improving Outcomes for Patients with Depression and Diabetes in Primary Care

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Introduction

- It is two times more common for patients with diabetes to have depression than those without diabetes.¹
- Depression occurs in approximately 20% of patients with diabetes.²
- Patients are at increased risk for diabetic complications and mortality when these conditions coexist.³
- Depression more than quadruples the annual cost of health care for patients with diabetes.³
- Depression is not adequately identified or treated in patients with diabetes.³

Purpose

- Purpose: The purpose of this quality improvement project is to provide evidence-based depression treatment for adults identified with comorbid depression and diabetes in a primary care setting.
- Objective 1: Develop an evidence-based treatment algorithm for depression among patients with diabetes which includes collaborative care interventions.
- Objective 2: Implement the algorithm to practice.
- Objective 3: Improve monitoring of active depression at follow-up chronic care visits for this population.

Methods

- Project was deemed not human subjects research
- Setting: River Hills Community Health Center
- Recipients: Adult patients ≥18 years with diabetes and depression
- Steps: Objective 1
- Steps: Objectives 2 & 3

Evaluation

- Objective 1: Successful completion and approval of the evidence-based treatment algorithm was completed on 9/21/2015.
- Objective 2: This quality improvement process was implemented to practice on 10/23/2015. Overall, 76% of interventions were implemented. Nurse care manager contacts and collaborative care interventions were initiated for 100% of applicable patients. Noncompliance was the most significant implementation barrier.
- Objective 3: PHQ-9 follow-up monitoring for patients with active depression improved 433%. Staff education and EHR reminder alerts were effective strategies.

Outcomes

- Objective 1: Algorithm
- Objective 2: Algorithm Interventions Completed
- Objective 3: Follow-Up Monitoring

Conclusions

- An evidence-based resource was created and can be used by primary care providers to treat this population.
- Successful implementation did not require complex changes for the project site, and was rated as “not too taxing.”
- With improved follow-up depression monitoring, the provider had enhanced objective information to alter treatment.
- Sustainability: This project will continue at River Hills CHC at the Centerville site.
- Dissemination: Consideration is being given for implementation at the other River Hills CHC sites.

References


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