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**BASELINE PHQ-9 SCORE AND COLLABORATIVE CARE PREDICT REMISSION AMONG MINORITY PATIENTS WITH DEPRESSION**

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The collaborative care model (CCM) has been shown to effectively manage depression across various ethnic groups and may ameliorate care disparity (1, 2). We instituted the model at our institution in March, 2008.

We compared 26 and 52 week treatment outcomes among minority patients enrolled under CCM to usual care (UA) and identified variables that predict remission. Using the registry, de-identified data of minority patients defined as non-Caucasian individuals who meet criteria for CCM enrollment ( $\geq 18$  years with PHQ-9 score of  $\geq 10$ ) from March 2008 until December 2012 were reviewed. Initial, 26 and 52 weeks PHQ-9 scores were tracked to evaluate response (defined as 50% reduction in score from baseline) and remission (PHQ-9 score of  $\leq 5$ ) rates.

Of 193 minority patients with depression, 73% were female. Majority enrolled in CCM (n=154). Initial mean PHQ-9 score did not differ between the 2 groups. At 26 weeks, those under CCM had significantly higher response and remission rates compared to usual care (p-value:  $<0.001$ ). This observation persisted at 52 weeks with remission rate of 18% in CCM vs 3% in UA (p-value: 0.018). Using multiple variance analysis, enrollment in CCM and higher baseline PHQ-9 score both independently predict remission at 52 weeks; those with higher baseline score are less likely to sustain remission (p-value: 0.03)

Conclusion: Among minority patients with depression, enrollment in CCM and higher baseline PHQ-9 score independently predict remission. CCM effectively achieved and sustained remission compared to usual care. Adaptation of this model across various population groups should be considered.