

DEPRESSION OUTCOME AMONG MINORITY PATIENTS TREATED UNDER COLLABORATIVE CARE MANAGEMENT

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The collaborative care model (CCM) using care managers, has been reported to be more effective than usual care in depression management across various ethnic groups (1). It potentially may contribute to ameliorating racial disparity in depression care (2). The model was adopted at our institution in March 2008.

This study aimed to compare 6 month treatment outcomes among minority patients enrolled under the CCM to those under usual care. Using the registry, de-identified data of minority patients defined as non-Caucasian individuals who meet criteria for CCM enrollment, defined as age 18 or over with initial PHQ-9 score of 10 or higher, from March 2008 were reviewed. Initial and 6-month PHQ-9 scores were compared to evaluate response and remission rates in both groups. Response is defined as a 50% reduction in PHQ-9 score from baseline while remission is defined as PHQ-9 score of 5 or less. Data was analyzed using Pearson chi-square and t-test.

Of the 135 minority patients diagnosed with depression, 70% (n=94) were female. Majority were enrolled in CCM (n=105). Initial mean PHQ-9 score did not differ between the 2 groups. At 6 months, those under CCM had response rate of 75% compared to 33% in usual care. Remission rate at 6 months was 55% among patients in CCM and 12% in usual care.

Conclusion: Among minority patients with depression, the CCM is significantly more effective in achieving treatment response and remission compared to usual care. Adaptation of this model across various population groups should be considered.