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REMISSION DECREASED OUTPATIENT VISIT COUNTS IN DEPRESSED PRIMARY CARE PATIENTS TREATED WITH COLLABORATIVE CARE MANAGEMENT OR USUAL CARE

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Introduction:

Depression symptoms contribute to significant morbidity and health care utilization. Healthcare reform should consider improvements in clinical outcomes as well as decreased overall utilization as mechanisms to control health care costs.

Objectives/Aims:

The aim of this study was to determine the impact of remission on outpatient clinical visits by depressed primary care patients in collaborative care management (CCM) or usual care (UC). The hypothesis was that depressed patients with worse outcomes at six months would have increased outpatient visit counts, regardless of treatment type.

Methods:

The study was a retrospective, chart review analysis of 1,733 patients with six month follow-up data. The data set included baseline data (demographic information, diagnosis, medical comorbidity, prior outpatient visit counts and depression severity) and six month follow up data (PHQ-9 scores and number of outpatient visits utilized).

Results:

Multiple logistic regression demonstrated that remission at six months was an independent predictor of outpatient visit outlier status (>8 visits) (OR 0.609 CI 0.460-0.805, p<0.01), when controlling for all other independent variables. The odds ratio of being an outpatient visit outlier status for those patients NOT in remission at six months was the inverse of this at 1.643 (CI 1.243-2.173).

Conclusions:

In primary care patients treated for depression, successful treatment to remission at six months decreased the likelihood of the patient having more than 8 visits during the six months after diagnosis. This holds true even when controlling for the individual patient’s prior outpatient visit counts, health care comorbidities and enrollment into CCM vs. UC.

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