This product was developed by the RWJ Diabetes Self Management Program at Community Health Center, Inc. in Middleton, CT. Support for this product was provided by a grant from the Robert Wood Johnson Foundation® in Princeton, New Jersey.
Diabetes and Depression
Integrating Depression Care and Self Management

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Medical Director
Community Health Center, Inc.
Outline

• Overview of the RWJ Diabetes Initiative
• What are the benefits of SM?
• Impact of Depression on Diabetes
• Grantees findings
• Developing models for co-management
Demonstrating and evaluating programs to promote self management of diabetes in primary care settings

Demonstrating and evaluating community collaborations to support self management of diabetes and diabetes care
Informed, Activated Patient Interactions:
- Evidence-based clinical management
- Collaborative treatment plan
- Effective therapies
- Self-management support
- Sustained follow-up

Prepared, Proactive Practice Team

Functional and Clinical Outcomes

Community Resources and Policies

Organization of Health Care
- Strategic plan
- Senior leaders
- Benefits
- Provider incentives

Health System

Self-Mgt Support

Delivery System Design

Clinical Information Systems

Decision support
Self Management Skills

- Goal-Setting
- Problem-solving
- Decision-making
- Disease management
- Management of temptations
- Resource utilization
- “Activated Patient” – partnership with provider, “co-management”
- Management of stress and emotion
<table>
<thead>
<tr>
<th><strong>Resources &amp; Support for Self Management</strong></th>
<th><strong>Specific Intervention Channels or Tactics</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Individualized Assessment</td>
<td>PCP, Nurse, Group Class, Coach/Promotora</td>
</tr>
<tr>
<td>Individualized, Collaborative Goal Setting</td>
<td>PCP, Nurse, Group Class, Coach/Promotora</td>
</tr>
<tr>
<td>Assistance in learning self-management skills</td>
<td>Self-management group, Nurse, Coach/Promotora</td>
</tr>
<tr>
<td>Follow-up &amp; Support</td>
<td>Nurse, Coach/Promotora, Web-Based Support</td>
</tr>
<tr>
<td>Access to Resources</td>
<td>Coach/Promotora, Community Coalition</td>
</tr>
<tr>
<td>Continuation of Care</td>
<td>PCP, Nurse</td>
</tr>
</tbody>
</table>
Ecological Model of Self Management

- Community & Policy
- System, Group Culture
- Family, Friends Small Group
- Individual Biological Psychological
Evidence for Self Management

• Diabetes Control and Complication Trial (DCCT)
• Diabetes Prevention Program
• Self management associated with:
  - Better glycemic control
  - Improved QOL
  - Enhanced self efficacy
• Meta-analysis: importance of regular reinforcement
Generalizability?

- DCCT trial participants: 97% adherence to insulin reg., 99% retention

- CHC in Connecticut: 40-50% “no show” rate for patients in DM SM programs
Diabetes Initiative of the Robert Wood Johnson Foundation

Enhancing *access* to and promoting *self management* as *part of high quality diabetes care* through *primary care* and *community settings*

*Overcoming barriers: poverty, cultural differences, language, depression*
Depression and Diabetes

- Strong association between chronic disease and depression

- Prevalence: 12% in “Pathways” Study of 4,225 HMO patients

- Higher prevalence among underserved populations
Impact of Depression on Diabetes

- poor glycemic control
- poorer self-care/compliance
- increased physical symptoms
- increased functional impairment
Self Management Skills

• Goal-Setting
• Problem-solving
• Decision-making
• Disease management
• Management of temptations
• Resource utilization
• “Activated Patient” – partnership with provider, “co-management”
• Management of stress and emotion
Case-Finding

• Grantees have adopted PHQ-9 for screening
• Benefits include:
  - Simplicity
  - Brevity
  - Validity
  - English/Spanish
  - Used as both a screening tool and a severity assessment
<table>
<thead>
<tr>
<th>Thought/Behavior</th>
<th>Not At All (0)</th>
<th>Several Days (1)</th>
<th>More Than Half the Days (2)</th>
<th>Nearly Every Day (3)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Little interest or pleasure in doing things?</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Feeling down, depressed, or hopeless?</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
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<tr>
<td>Trouble falling or staying asleep, or sleeping too much?</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Feeling tired or having little energy?</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Poor appetite or overeating?</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Feeling bad about yourself--or that you are a failure or have let yourself or your family down?</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Trouble concentrating on things, such as reading the newspaper or watching television?</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Moving or speaking so slowly that other people could have noticed? Or the opposite--being so fidgety or restless that you have been moving around a lot more than usual?</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Thoughts that you would be better off dead or of hurting yourself in some way?**</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

If you are experiencing any of the problems on this form, how **difficult** have these problems made it for you to do your work, take care of things at home or get along with other people?

□ Not difficult at all       □ Somewhat difficult       □ Very difficult       □ Extremely difficult

**If you have thought that you would be better off dead or of hurting yourself in some way, please discuss this with your doctor, go to a hospital emergency room or call 911.**
Screening Results

• Prevalence of 50-66%!
• Different methods of screening
  – Self administered
  – Staff-administered
    • PCP
    • RN
    • Promotora
    • MA
    • telephone
Models of Care

- PCP-driven model
- Outside referral
- Promotora-led group sessions
- On-site group therapy sessions
- Integrated MH/DM care
Barriers encountered

• Lack of MH resources, on site or via referral, for underserved populations
• PCP reluctance to provide treatment
• Culture/language
• Reluctance to screening (by providers)
• No-shows
• A large, multi-sight FQHC in Connecticut
• Seven centers across the state with medical, OB, dental, and mental health services
• Sites are urban, located in small cities
• 4 satellite school-based health centers
• 27 providers medical providers
• 10 mental health providers
• 180,000 visits FY 04
Integrated Depression and Diabetes Care

• Team care provided by PCP, diabetes educator, and behavioral psychologists and/or LCSW therapist
• Documentation in one medical record
• Emphasis on informal “curb side” consultations
• Medication prescribed by PCP
• Therapy geared towards promoting self efficacy, a patient’s belief in their ability to make a change
• Solution-Focused Brief Therapy (SFBT) is a behavioral intervention designed to help promote self efficacy and decrease depression
Methods

- Integrated Care: primary MD, DM educator, Psychologist
  - All patients participated in SM sessions designed to meet needs of Spanish speaking, low-literacy population
  - Patients screened for depression using the PHQ-9
  - Depressed patients not previously in treatment referred behavioral psychologist for SFBT
  - All visits at primary care clinic, documented in one chart
  - After 6-10 SFBT visits, patients transitioned back to PCP or to “traditional” mental health services

- Treatment is concurrent

- Outcomes assessed: HbA1C, PHQ9, self efficacy, SM attainment scores
Self Management Attainment Scores

- Moving the focus away from goal *setting* to goal *attainment*
  - All patients encouraged to set at least one new goal at each SM session with CDE
  - 2 weeks after setting goal, patients have follow-up
  - CDE and patient “score” patient on how successful they were at achieving the goal
    1 = goal set but not started  2 = sometimes  3 = usually  4 = always/almost always
You Can Do It!
Are You Ready?

You can make choices that will help your diabetes. There are 3 main areas in which you can make choices:

**Eat Smart**
- Canola or olive oil
- Sugar free drinks
- Watch portion size
- Cut down on red meat
- Cut down on fried foods
- Lose weight
- More vegetables
- Artificial sugar
- Use the “make a meal” sheets
- Take skin off chicken & fat off red meat
- Learn to count carbohydrates
- *Your own idea*

**Get Moving**
- Take stairs
- Park far from store door
- Get an exercise video tape
- Walk everyday (home, mall)
- Find a friend and start walking together
- *Your own idea*
- Do chair exercises
- Walk the dog
- Join an exercise class
- Dance
- Walk to the park with your children or grandchildren

**Personal Health Habits**
- Check your feet everyday
- Floss everyday
- Check your blood sugar as instructed
- See an eye doctor, a foot doctor or a dentist
- *Your own idea*
- Brush twice a day
- Reduce or stop smoking
- Take your meds everyday
- *Your own idea*

Are You Ready?

I’m ready now! __________
I will think about __________________________
I have too much on my mind to think about a goal now____

Date: ___/___/___
**Specific Self Management Goals**

**Especifique Sus Metas Personales**

Pre-Contemplation (I’m not ready) – provider introduces SMG idea each visit. Once patient sets a goal, it is recorded and discussed-scored at every visit.

<table>
<thead>
<tr>
<th>Specific Self Management Goals</th>
<th>Date SMG Set</th>
<th>Date &amp; Score</th>
<th>Date &amp; Score</th>
<th>Date &amp; Score</th>
<th>Date &amp; Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>NA</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Eat Smart (Coma bien)**

| | | | | |
| | | | | |

**Get Moving (Muevase)**

| | | | | |
| | | | | |

**Health Habits/Behaviors (Hábitos de Salud)**

| | | | | |
| | | | | |

1=goal set but not started   2=sometimes   3=usually   4=always/almost always

Provider to initial SMG facilitated. Any team member can review and score SMG’s, old & new, after discussion with patient.
Summary

- Self management is a critical component of diabetes care with strong and growing support in the literature
- Depression has a significant, negative effect on diabetes and self management outcomes
- Depression is prevalent in diabetic populations
- RWJ-sponsored Self management grantees are building systems to incorporate depression management into routine diabetes care