UHN Centre for Mental Health

The Poul Hansen Family Centre for Depression presents:

Clinical Advances in Depression Care

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Improving Care of Depression

What Does Quality Care Look Like in 2022 & How Do We Get There?

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OBJECTIVES

1. Review the 12 Health Quality Ontario standards for care of adults and adolescents with major depression
2. Discuss challenges and possible solutions for implementing these standards
3. Describe a quality improvement perspective on improving depression care

DISCLOSURES

There are no conflicts of interest to disclose in respect to this presentation.

HEALTH QUALITY ONTARIO: QUALITY STANDARDS

- Ontario collaboration with clinical experts, patients, residents, and caregivers
- Aim:
  - Help patients know what to ask for in their care
  - Help health care providers know what to offer
  - Help organizations measure, assess, and improve performance

HEALTH QUALITY ONTARIO: QUALITY STANDARDS

- Major Depression Care for Adults and Adolescents
- Major depressive episode annual prevalence in Canada: 4.7%
- Major depressive episode lifetime prevalence in Canada: 11.3%

QUALITY STATEMENT 1:
COMPREHENSIVE ASSESSMENT

People suspected to have major depression have timely access to a comprehensive assessment.

- Comprehensive Assessment
  - Medical/Psychiatric comorbidities/Psychosocial History
  - Physical Exam / Mental Status Exam/ ?Cognitive exam
  - Relevant laboratory tests
  - Validated scales
    - Patient Health Questionnaire (PHQ-9)
    - Quick Inventory of Depressive Symptomatology—Self-Rated (QIDS-SR)
    - Beck Depression Inventory (BDI-I or BDI-II)

QUALITY STATEMENT 1:
COMPREHENSIVE ASSESSMENT

People suspected to have major depression have timely access to a comprehensive assessment.

- Timely access:
  - For suspected severe: within 7 days of contact
  - For suspected mild-moderate: within 4 weeks of contact

QUALITY STATEMENT 2:
SUICIDE RISK ASSESSMENT AND INTERVENTION

People with major depression who are at considerable risk to themselves or others, or who show psychotic symptoms, receive immediate access to suicide risk assessment and preventive intervention.

- Suicidal risk assessment includes:
  - Suicidal thoughts, intent, plans, means, and behaviours (hopelessness)
  - Specific psychiatric symptoms (e.g., psychosis, severe anxiety, substance use) or general medical conditions, as well as psychiatric treatment that may increase the likelihood of acting on suicidal ideas
  - Past and, particularly, recent suicidal behaviours
  - Current stressors and potential protective factors (e.g., positive reasons for living, social support)
  - Family history of suicide or mental illness
  - Suicide risk assessment scales can be used by trained professionals to guide assessment.
- Suicide preventive interventions:
  - Initiation of medications
  - Initiation of ECT
  - Admission to hospital
  - Increased assessment/observation

QUALITY STATEMENT 3:

SHARED DECISION-MAKING

People with major depression jointly decide with clinicians on the most appropriate treatment for them, based on their values, preferences, and goals for recovery. They have access to a decision aid in a language they understand that provides information on the expected treatment effects, side effects, risks, costs, and anticipated waiting times for treatment options.

QUALITY STATEMENT 4:

TREATMENT AFTER INITIAL DIAGNOSIS

People with major depression have timely access to either antidepressant medication or evidence-based psychotherapy, based on their preference. People with severe or persistent depression are offered a combination of both treatments.

QUALITY STATEMENT 5:
ADJUNCT THERAPIES AND SELF-MANAGEMENT

People with major depression are advised about adjunctive therapies and self-management strategies that can complement antidepressant medication or psychotherapy.

- Adjunct therapies
  - Light therapy
  - Yoga
  - Physical activity
- Self-Management Strategies
  - Sleep hygiene
  - Nutrition

QUALITY STATEMENT 6:
MONITORING FOR TREATMENT ADHERENCE AND RESPONSE

People with major depression are monitored for the onset of, or an increase in, suicidal thinking following initiation of any treatment. People with major depression have a follow-up appointment with their health care provider at least every 2 weeks for at least 6 weeks or until treatment adherence and response have been achieved. After this, they have a follow-up appointment at least every 4 weeks until they enter remission.

QUALITY STATEMENT 7:
OPTIMIZING, SWITCHING, OR ADDING THERAPIES

People with major depression who are prescribed antidepressant medication are monitored for 2 weeks for the onset of effects; after this time, dosage adjustment or switching medications may be considered. People with major depression who do not respond to their antidepressant medication after 8 weeks are offered a different or additional antidepressant, psychotherapy, or a combination of antidepressants and psychotherapy.

QUALITY STATEMENT 8:
CONTINUATION OF ANTIDEPRESSANT MEDICATION

People taking antidepressant medication who enter into remission from their first episode of major depression are advised to continue their medication for at least 6 months after remission. People with recurrent episodes of major depression who are taking antidepressant medication and enter into remission are advised to continue their medication for at least 2 years after remission.

QUALITY STATEMENT 9:
ELECTROCONVULSIVE THERAPY

People with severe or treatment-resistant major depression have access to electroconvulsive therapy.

QUALITY STATEMENT 10:
ASSESSMENT AND TREATMENT FOR RECURRENT EPISODES

People with major depression who have reached full remission but are experiencing symptoms of relapse have timely access to reassessment and treatment.

QUALITY STATEMENT 11:
EDUCATION AND SUPPORT

People with major depression and their families and caregivers are offered education on major depression and information regarding community supports and crisis services.

QUALITY STATEMENT 12:
TRANSITIONS IN CARE

People with major depression who transition from one care provider to another have a documented care plan that is made available to them and their receiving provider within 7 days of the transition, with a specific timeline for follow-up. People with major depression who are discharged from acute care have a scheduled follow-up appointment with a health care provider within 7 days.

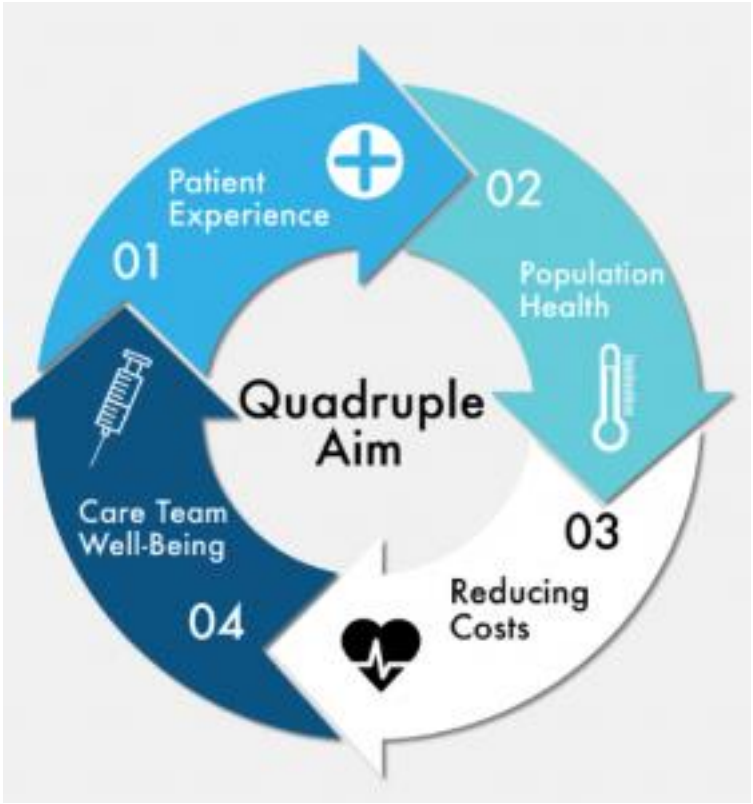
QUALITY STANDARDS → PRACTICE

1. Assess the alignment of your current practice with the quality standards
2. Form an assessment & implementation team
3. Identify the changes to the current practice based on the quality standards and create an action plan
4. Track your progress & Adapt the process
5. Share the patient guide to promote discussion with their health care providers

RESOURCES

- Action Plan:
  - http://www.hqontario.ca/portals/0/documents/quality-standards-action-planning-template-en.dotx
- Tool kit:
  - https://quorum.hqontario.ca/en/Home/Posts/Major-Depression-Quality-Standard-Tools-for-Implementation

QUADRUPLE AIM



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