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Weill Medical College of Cornell University's

Depression in Older Home Health Patients:
Increasing Access to Evidence-Based Care

Grant Results Report – September, 2008

BACKGROUND INFORMATION

Weill Medical College of Cornell University
1300 York Ave.
New York, NY 10021
Phone: 212-821-0959
Fax: 212-821-7999
Contact: Martha Bruce, Ph.D., M.P.H.
914-997-5977
mbruce@med.cornell.edu

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ABOUT THE GRANTEE

Founded in 1898 and affiliated with what is now New York Presbyterian Hospital since 1927, Weill Medical College of Cornell University is among the top-ranked clinical and medical research centers in the country. In addition to offering degrees in medicine, Weill Cornell also has Ph.D. programs in biomedical research and education at the Weill Graduate School of Medical Sciences.

Depression in Older Home Health Patients: Increasing Access to Evidence-Based Care

THE PROBLEM ADDRESSED

Today's pattern of hospital care, which involves rapid discharge, means that patients go home still needing some care and monitoring, a role that home health care nurses fill. Depression is widespread among these patients, particularly the elderly. Despite evidence of efficacious pharmacological and psychological treatments—as well as effective care management models—clinically significant depression in home care patients often is unrecognized and untreated. The costs of this neglect are far-reaching. For patients and families, untreated depression creates unnecessary suffering. It also significantly affects health, functioning, and health care costs. Moreover, depression increases the risk for adverse events such as falls, suicide, and non-suicide mortality.

Challenges to improving depression management in home care range from organizational factors—such as a scarcity of mental health specialists and time pressures on nurses to complete lengthy documentation—to patient factors—such as difficulty in assessing depression among patients who are seriously ill or disabled, or the unwillingness of patients or family members to accept a psychological diagnosis.

With the proper training, home care nurses can identify depression during routine practice and refer depressed patients for specialty care, a first step in improving access to evidenced-based mental health care.

PURPOSE OF THE PROJECT

The project worked with discharged hospital patients who needed short-term home health services to promote their recovery. It sought to demonstrate the feasibility, acceptability, and effectiveness of implementing the Depression Management Carepath (CAREPATH) model. CAREPATH is an evidence-based care management tool designed in collaboration with, and specifically for, home care nurses and their post-hospitalization patients who suffer from co-occurring depression.

CAREPATH was implemented in collaboration with the Community Health Care Services Foundation and four home care agencies in four New York State regions:

- *Ulster Home Care*—serving Ulster County in the Hudson Valley
- *Community Health Center of St. Mary's Hospital and Nathan Littauer Hospital*—serving Fulton and Montgomery Counties in the Northeast
- *Revival Home Health Care*—serving metropolitan New York City
- *Visiting Nurse Association of Central New York*—serving Syracuse and Onondaga County

UNDER THE GRANT

The major activities completed under the grant fall into four phases: start-up, nurse training, implementation, and evaluation and close-out.

Start-up

In the first two months of the project, staff visited each of the participating home health care agencies, developed strategies for implementing the project and conducting an evaluation, obtained institutional review board approval, developed a project manual, and adapted the ACCESS database for managing project-related data.

Nurse Training

Over months two through five, 132 nurses received an educational program, called Training in the Assessment of Depression (TRIAD). A randomly selected group of 68 nurses also was trained in depression care management (CAREPATH).

Implementation

During this phase of the project, staff held weekly telephone conferences and occasional site visits with the four agency project coordinators to review the ongoing implementation of the CAREPATH protocol, as well as the data acquisition and management process.

Evaluation and Close-out

In months 11 and 12, project staff held a conference at each agency for participating nurses and administrators. Project staff presented preliminary findings, expressed appreciation to agency staff, and held informal discussions to learn about the nurses' perceptions of their experience.

"The concepts are simple, but it took time to work with home health providers and home health nurses," says Martha Bruce, Ph.D., M.P.H., Project Director. "We wanted to see whether the approach, which we have worked on for 10 years, was feasible in different kinds of communities—urban and rural—whether nurses liked it, and whether the patients liked it and did get better."

BARRIERS TO ACHIEVEMENT AND CHANGES TO ORIGINAL WORK PLAN

The difficulty of extracting data varied across sites and in general was more time-consuming and expensive for the agency than anticipated, due to differences in data management practices, software, and staff expertise.

"Home care agencies generate a tremendous amount of data," says Bruce, "but the data are not organized or stored in a way easily usable for research. It is always a challenge to use real-world data for evaluation." As a result, evaluation activities continued beyond the grant period.

PROGRAM RESULTS

The nurses, all of whom were trained in depression assessment (TRIAD), identified 393 of 1,352 patients (29%) as having significant clinical depressed mood or anhedonia (loss of interest and/or pleasure in usual activities)—the key symptoms of depression. There was no difference in case-finding rates among nurses who also were trained in Depression Management Protocol (CAREPATH), suggesting that TRIAD can stand alone as an effective approach to depression assessment.

Of those who screened positive for depression, 43% had symptoms consistent with minor depression, and 50% had symptoms of major depression.

Data from the agencies' clinical information systems suggest that 59% of the patients who were depressed upon starting care were no longer depressed at the end of their home health care visits. The percentage remaining depressed was lower among patients cared for by CAREPATH-trained nurses (35%) versus those cared for by nurses not trained in CAREPATH (46%), a statistically significant difference indicating that CAREPATH contributes to improved patient outcomes.

Additional data analysis is under way, in order to compare the two groups on other relevant outcomes (e.g., re-hospitalization, adverse events, and length of stay).

The nurses who were part of the training reported that the depression assessment "gave them questions to ask and helped them to talk with patients as well as doctors and mental health professionals about depressed patients. It gave them a language," says Bruce.

In the words of one nurse, the training "helped me become a better advocate for my patient's care."

DISSEMINATION OF FINDINGS

The Project Director and an Agency Administrator are scheduled to present project findings, as well as provide training in the CAREPATH protocol, at the annual conference of the New York State Association of Health Care Providers in October 2008.

The Project Director has sought funding to further disseminate TRIAD and CAREPATH.

THE FUTURE

Based on this work, the Project Director has secured a five-year, $2.6 million grant from the National Institute of Mental Health to further study the effectiveness of CAREPATH in home health care agencies serving more diverse populations—in Miami, Eastern Oklahoma, Detroit, the Bronx, Vermont, and New Hampshire.

Interactive TRIAD training materials have been adapted for the Web and will be available early in 2009 for nurse caregivers to train themselves and earn continuing education credits.