Developing collaboration agreements between 1st and 2nd line health practitioners in favour of patients with MDD

Background

- Major Depressive Disorder (MDD) is a severe and common mental disorder

- Its personal and societal impact is large

- Available guidelines underline the importance of ‘stepped’ and/or ‘collaborative care’ for severely depressed patients

- Yet, many patients do not get proper treatment, leaving both patients and health practitioners unsatisfied

- Better collaboration amongst caretakers will result in
  - a reduced and/or more adequate use of psychotropics
  - better outcome
  - higher treatment satisfaction in both patients and caretakers
### Aims

1. What are, according to the literature, the drivers for efficient day-to-day collaboration amongst GPs and secondary mental health care practitioners?

### Methods

**Study 1**  
Literature review

**Study 2**  
Focus groups + nominal groups

2. How do practitioners currently work together in Belgium?  
What do practitioners think is necessary to improve interdisciplinary collaboration?
Study 1: Methods

SEARCH STRATEGY

('primary care' OR 'primary care physician' OR 'family physician' OR 'general practitioner' OR 'family doctor') AND ('depression' OR 'depressive disorder')

Databases

1. Guidelines International Network (n=49)
2. US National Guidelines Clearinghouse (n=197)

Total n = 246

Duplications removed (n=32)

Total n = 214

Outside the scoop (n=199)

Total n = 15

AGREE II < 50% (n=6)

Total n = 9
SEARCH STRATEGY
('depression' OR 'depressive disorder')
AND
('general practitioner' or 'family physician' or 'primary care')
AND
('collaborative care' or 'stepped care')

Pubmed (n = 417)

Removing papers on -18 years (n = 189)
Total n = 228

Removing papers py < 2005 (n = 51)
Total n = 177

Removing review papers (n = 9)
Total n = 168

Removing papers from outside of Europe (n = 109)
Total n = 59

Removing papers on subthreshold depression / prevention (n = 12)
Total n = 47

Removing irrelevant search results (n=29)
Total n = 18

Removing paper that could not be retrieved (n = 1)
Total n = 17

Adding relevant sources after browsing papers (n = 11)
Total n = 28
Study 1: Conclusions

- Most guidelines emphasize the importance of collaborative care for severely depressed patients, though clear directives are scarce and vague.

- Inspiring recent (Pubmed) studies may be inspirational:
  - Case management
  - Technology
  - Availability of practitioners
  - Monitoring of therapeutic process, outcome and/or therapy adherence
  - Agreements amongst practitioners

- Local policies and financing systems largely influence the installation of local collaboration.
### Aims

1. What are, according to the literature, the drivers for efficient day-to-day collaboration amongst GPs and secondary mental health care practitioners?

   **Study 1**
   Literature review

2. How do practitioners currently work together in Belgium? What do practitioners think is necessary to improve interdisciplinary collaboration?

   **Study 2**
   Focus groups + nominal groups
## Study 2: Methods

### OCTOBER 2015
- **Focus groups**: How is CC currently organised?
  - **Antwerp**
    - 4 GPs (2 females)
    - 4 psychiatrists
  - **Liège**
    - 7 GPs (5 females)
    - 5 psychiatrists (2 females)

### JANUARY 2016
- **Nominal groups**: Generating and prioritising suggestions for improving CC
  - **Antwerp**
    - 3 GPs (2 females)
    - 3 psychiatrists
  - **Liège**
    - 5 GPs (3 females)
    - 4 psychiatrists (1 female)
Study 2: Conclusions

- Do we speak the same language?
- Mutual expectations (vs willingness to cooperate)
- Focus on macro and meso level, rather than on micro level
- Lack of consensus about prescription, role of psychologist, professional secrecy
- Knowing each other!

- Limitations
  - Psychologists and patients missing
  - Qualitative research
## Study 2: Conclusions

Summary of suggestions to improve collaboration amongst practitioners when dealing with severely depressed patients, classified by system level.

### Suggestions at macro level: conditions necessary to install collaborative care

- Safe and easy-to-use technology to support communication
- Clarity about professional secrecy
- Reimbursement of psychotherapy provided by psychologists
- Adapted nomenclature

### Suggestions at meso level: measures supporting collaborative care

- Knowing each other (both formal and informal)
- Small-scale networks with steady partners
- Support for GPs in terms of education, a help line, an up-to-date (online?) tool, presenting an overview of all care taking facilities and caretakers

### Suggestions at micro level: possible to implement rapidly

- Professionals should make arrangements regarding reachability and availability
- Professionals should make arrangements about how and when what to communicate
- Professionals should make arrangements about each other’s roles and tasks
- Professionals should set up intervision moments to discuss current practice and collaboration
- Professionals should include case management and monitoring in daily care for severely depressed patients
Thank you!