

Performance improvement program helps doctors better manage depression, reports journal of psychiatric practice

July 18 2014

A performance improvement initiative for physicians can significantly increase their use of evidence-based practices in screening for and treating depression, in the July *Journal of Psychiatric Practice*.

Led by Dr Michael E. Thase of the University of Pennsylvania Medical School, the researchers evaluated a performance improvement continuing medical education (PI CME) program to increase [physicians'](#) use of practices that have been shown to improve diagnosis and care for depression. The three-stage PI CME initiative, developed by Med-IQ in Baltimore, was based on an American Medical Association model for providing CME.

Three-Step Program Provides Feedback on Depression Care

The process started with a review of 50 patients for each participating doctor. The initial review step assessed the physicians' consistency with a set of evidence-based performance measures, including comparison with the performance of other participants.

Based on this feedback, each physician developed a personal plan to improve patient care. The plans were to be implemented over a three-month period, during which time the clinicians received educational and support materials. After three months, participants underwent a repeat

review to assess changes in performance. The physicians could earn CME credits for completing each step of the program.

Four hundred ninety-two US psychiatrists and [primary care physicians](#) registered and completed the first stage of the program. Of these, 86 physicians completed all three steps of the PI CME initiative.

Those who did complete the program showed substantial improvements in their management of depression. The percentage of physicians using standardized criteria to screen their patients for depression increased from 26 percent at the first chart review to 68 percent at the follow-up review. The percentage performing recommended follow-up screening also increased: from 48 to 75 percent.

The PI CME initiative was also associated with increased use of standardized measures to assess adherence to antidepressant treatment: from ten to 45 percent. Many patients stop taking prescribed antidepressants within the first few months, and use of standardized measures allow for more reliable assessments that may promote increased adherence to treatment.

PI CME Approach Helps Doctors Incorporate Evidence into Practice

Depression is a common and potentially disabling condition that can be difficult to treat. One in three US adults will experience a major depressive episode during their lifetime, yet a quarter of patients are undiagnosed, and fewer than half of those who are diagnosed receive treatment.

There are research-proven practices to improve management of depression, but some clinicians have been slow to adopt these

recommendations. The PI CME approach seeks to help doctors incorporate new evidence into routine care through practice-based learning.

The new study supports this approach, showing substantial improvements in adherence to guideline-based practice by physicians who complete all three steps of the PI CME initiative. The results highlight the significant gap between how doctors perceive their performance and their "real world performance," as reflected in patient charts.

"Improvements in patient care through the use of clinician self-assessment, goal setting, and reassessment suggest clinicians achieved greater awareness and knowledge of evidence-based measures," Dr Thase and coauthors conclude. They suggest further studies to understand why a high percentage of physicians started but did not complete the PI CME program; previous studies suggest that the initial self-evaluation step may be the "key component" in improving performance.

More information: [journals.lww.com/practicalpsyc ...
for_Enhancing.5.aspx](https://journals.lww.com/practicalpsyc...for_Enhancing.5.aspx)

Provided by Wolters Kluwer Health

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