

Study finds telephone treatment of depression after cardiac bypass surgery improves outcomes, saves money

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(Medical Xpress)—Screening for depression and then providing a telephone-delivered, nurse-led "collaborative care" intervention following coronary artery bypass graft (CABG) surgery not only improves health-related quality of life, physical functioning and mood symptoms, but also lowers medical costs and is highly cost-effective compared to doctors' usual care, according to researchers at the University of Pittsburgh School of Medicine.

This analysis of the National Institutes of Health-funded Bypassing the Blues trial was published online today in *General Hospital Psychiatry*. While previous research showed this [collaborative care](#) model to be effective for treating post-CABG depression, the latest study establishes the "business case" to policy makers and insurers for widespread adoption, said Bruce L. Rollman, M.D., M.P.H., professor of medicine, psychiatry, and clinical and translational science at the University of Pittsburgh School of Medicine and principal investigator of the trial.

"One of the holy grails in mental health services research is to demonstrate that treating a common mental health condition such as depression is not only effective and cost-effective, but is also cost-saving. This is the first trial to demonstrate all three outcomes," said Dr. Rollman. "We now know that screening for and then providing effective depression treatment to medically complex patients with cardiovascular disease is very likely to pay for itself." A recent American Heart

Association science advisory already recommends routine screening and treatment of depression in patients with cardiac disease, he noted.

Researchers examined Medicare and private medical insurance claims data for 189 trial participants. After incorporating the \$460 average cost to deliver the intervention that included nurse and supervising physician time, patients randomly assigned to the intervention had \$2,068 lower median claims costs at one year after [bypass surgery](#) compared to those who received their doctors' usual care (\$16,126 vs. \$18,194). The intervention was also highly cost-effective, producing more quality-adjusted life-years (QALY), a measure analysts use to determine the value of different medical actions, while significantly lowering medical claims costs by \$9,889 per additional QALY generated, a first for a collaborative care strategy for treating depression in any patient population.

About 400,000 CABG surgeries are performed annually in the U.S., and studies indicate approximately one in five patients who undergo the procedure experience clinical depression. Extending this \$2,068 savings to all depressed post-CABG patients has the potential to save over \$165 million in medical claims in the first year following surgery, said Dr. Rollman.

The collaborative care model involves care managers who follow an evidence-based treatment protocol under the supervision of a primary care physician. The team systematically contacts patients to monitor their [mood symptoms](#) and recommends appropriate adjustments in treatment. Although team-based collaborative care for [depression](#) has yet to be widely adopted, it is increasingly being provided by integrated health care systems through "patient-centered medical homes" supported by payment reforms under the Affordable Care Act.

Provided by University of Pittsburgh

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