

People with depression may not be getting all the information they're looking for

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Credit: Joan M. Mas

More than 15 million American adults seek treatment for depression each year. However, a first-of-its-kind study by researchers at The Dartmouth Institute for Health Policy & Clinical Practice reveals an eye-opening disconnect between the priorities of patients and clinicians when it comes to the information needed to make decisions about treatment options.

"The good news is that both [patients](#) and clinicians who treat depression consider whether a treatment will work to be the most important priority," said Paul Barr, an assistant professor at The Dartmouth Institute and the study's lead author. "However, while consumers place a high priority on cost and insurance information, clinicians do not always prioritize this as highly."

The [study](#), published online by *BMJ Open*, surveyed close to 1,000 Americans who were currently undergoing or have previously sought treatment for depression and 250 clinicians who had recently treated patients for depression in the United States. Patients were recruited to reflect the age, gender and education level of the population of U.S. adults suffering from depression. Clinicians surveyed had an average of 15 years of professional experience and included therapists, psychiatrists and primary care physicians.

In addition to whether a treatment would work, patients wanted to know about potential side effects, whether a treatment was covered by insurance, how long before it took effect and how much it would cost. Clinicians were asked to rank their information priorities about a potential treatment from their professional perspective as a clinician as well as to identify what they believed their patients would consider most important when making a treatment decision.

"What we found is although many health care providers realize that their patients want to know how much a particular treatment costs and if insurance will cover it, they don't seem to cover these topics with their patients," Barr says, adding that lack of communication on these topics could be attributed to time limitations during a clinical visit, the difficulties of identifying patient-specific costs and a belief that medical decisions should be based exclusively on needs, not costs.

Barr also noted that "the cost of treatment has a significant impact on a

patient's financial stability, which can impact their well-being and whether they actually begin a treatment, especially if they cannot afford it."

In the second part of their study, Barr and his co-authors, Rachel Forcino, Manish Mishra, Rachel Blitzer and Glyn Elwyn, also asked patient-respondents the three-question [CollaboRATE](#) survey about their most recent clinic visit where depression was discussed, including how much effort they felt was made to help them understand their health issues and how well they felt the clinician listened to what was important to them regarding their health issues and next steps. Only 18% of respondents reported a high level of perceived shared decision making with their clinician, while the majority perceived a lower level of shared decision making.

The study's authors note that better equipping clinicians to talk to consumers about the cost and insurance coverage associated with different treatment options could lead to more "engaged and empowered consumers," which they state is of particular interest given the expansion of mental health coverage and depression screening under the Affordable Care Act.

The research team is currently working on developing decision support intervention tools (DESI) such as [Option Grids](#) decision aids to help increase shared decision making among people with depression that may reduce the information gap between consumers and clinicians.

"There is a lot that could be done to help patients and health care providers communicate more effectively and to ultimately help people with [depression](#) get the [treatment](#) they want," Barr said.

Provided by The Dartmouth Institute for Health Policy & Clinical

Practice

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