

**This product was developed by the RWJ
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Diabetes and Depression
Integrating Depression Care
and Self Management

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Outline

- **Overview of the RWJ Diabetes Initiative**
- **What are the benefits of SM?**
- **Impact of Depression on Diabetes**
- **Grantees findings**
- **Developing models for co-management**



**Advancing
Diabetes
Self Management**

**Demonstrating and evaluating
programs to promote self
management of diabetes in
primary care settings**



**Building
Community Supports
for Diabetes Care**

**Demonstrating and evaluating
community collaborations to
support self management of
diabetes and diabetes care**

Health System

**Community
Resources and Policies**

Organization of Health Care

*Strategic plan *Senior
leaders*Benefits*Provider incentives

Self-Mgt Support

**Delivery System
Design**

**Clinical
Information
Systems**

**Decision
support**

**Informed,
Activated
Patient**

**Productive
Interactions:**

**Prepared,
Proactive
Practice Team**

*Evidence-based clinical management
Collaborative treatment plan
Effective therapies
Self-management support
Sustained follow-up*

Functional and Clinical Outcomes

Self Management Skills

- **Goal-Setting**
- **Problem-solving**
- **Decision-making**
- **Disease management**
- **Management of temptations**
- **Resource utilization**
- **“Activated Patient”– partnership with provider, “co-management”**
- **Management of stress and emotion**

<i>Resources & Support for Self Management</i>	<i>Specific Intervention Channels or Tactics</i>
Individualized Assessment	PCP, Nurse, Group Class, Coach/Promotora
Individualized, Collaborative Goal Setting	PCP, Nurse, Group Class, Coach/Promotora
Assistance in learning self-management skills	Self-management group, Nurse, Coach/Promotora
Follow-up & Support	Nurse, Coach/Promotora, Web-Based Support
Access to Resources	Coach/Promotora, Community Coalition
Continuation of Care	PCP, Nurse

Ecological Model of Self Management



Evidence for Self Management

- **Diabetes Control and Complication Trial (DCCT)**
- **Diabetes Prevention Program**
- **Self management associated with:**
 - **Better glycemic control**
 - **Improved QOL**
 - **Enhanced self efficacy**
- **Meta-analysis: importance of regular reinforcement**

Generalizability?

- **DCCT trial participants: 97% adherence to insulin reg., 99% retention**
- **CHC in Connecticut: 40-50% “no show” rate for patients in DM SM programs**

Diabetes Initiative of the Robert Wood Johnson Foundation

Enhancing access to and promoting self management as part of high quality diabetes care through primary care and community settings

Overcoming barriers: poverty, cultural differences, language, depression

Depression and Diabetes

- **Strong association between chronic disease and depression**
- **Prevalence: 12% in “Pathways” Study of 4,225 HMO patients**
- **Higher prevalence among underserved populations**

Impact of Depression on Diabetes

- **poor glycemic control**
- **poorer self-care/compliance**
- **increased physical symptoms**
- **increased functional impairment**

Self Management Skills

- **Goal-Setting**
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Case-Finding

- **Grantees have adopted PHQ-9 for screening**
- **Benefits include:**
 - **Simplicity**
 - **Brevity**
 - **Validity**
 - **English/Spanish**
 - **Used as both a screening tool and a severity assessment**

Name _____ Physician _____ Date _____ Chart # _____

1. Over the <i>last two weeks</i> , how often have you been bothered by any of the following problems?	Not At All (0)	Several Days (1)	More Than Half the Days (2)	Nearly Every Day (3)
Little interest or pleasure in doing things?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Feeling down, depressed, or hopeless?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Trouble falling or staying asleep, or sleeping too much?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Feeling tired or having little energy?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Poor appetite or overeating?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Feeling bad about yourself--or that you are a failure or have let yourself or your family down?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Trouble concentrating on things, such as reading the newspaper or watching television?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Moving or speaking so slowly that other people could have noticed? Or the opposite--being so fidgety or restless that you have been moving around a lot more than usual?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Thoughts that you would be better off dead or of hurting yourself in some way? **	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If you are experiencing any of the problems on this form, how **difficult** have these problems made it for you to do your work, take care of things at home or get along with other people?

Not difficult at all Somewhat difficult Very difficult Extremely difficult

*****If you have thought that you would be better off dead or of hurting yourself in some way, please discuss this with your doctor, go to a hospital emergency room or call 911.***

Screening Results

- Prevalence of 50-66%!
- Different methods of screening
 - Self administered
 - Staff-administered
 - PCP
 - RN
 - Promotora
 - MA
 - telephone

Models of Care

- PCP-driven model
- Outside referral
- Promotora-led group sessions
- On-site group therapy sessions
- Integrated MH/DM care

Barriers encountered

- Lack of MH resources, on site or via referral, for underserved populations
- PCP reluctance to provide treatment
- Culture/language
- Reluctance to screening (by providers)
- No-shows

Community

Health Center

- A large, multi-sight FQHC in Connecticut
- Seven centers across the state with medical, OB, dental, and mental health services
- Sites are urban, located in small cities
- 4 satellite school-based health centers
- 27 providers medical providers
- 10 mental health providers
- 180,000 visits FY 04





Integrated Depression and Diabetes Care

- **Team care provided by PCP, diabetes educator, and behavioral psychologists and/or LCSW therapist**
- **Documentation in one medical record**
- **Emphasis on informal “curb side” consultations**
- **Medication prescribed by PCP**
- **Therapy geared towards promoting self efficacy, a patient’s belief in their ability to make a change**
- **Solution-Focused Brief Therapy (SFBT) is a behavioral intervention designed to help promote self efficacy and decrease depression**

Methods

- **Integrated Care: primary MD, DM educator, Psychologist**
 - All patients participated in SM sessions designed to meet needs of Spanish speaking, low-literacy population
 - Patients screened for depression using the PHQ-9
 - Depressed patients not previously in treatment referred behavioral psychologist for SFBT
 - All visits at primary care clinic, documented in one chart
 - After 6-10 SFBT visits, patients transitioned back to PCP or to “traditional” mental health services
- **Treatment is concurrent**
- **Outcomes assessed: HbA1C, PHQ9, self efficacy, SM attainment scores**

Self Management Attainment Scores

- **Moving the focus away from goal *setting* to goal *attainment***
 - **All patients encouraged to set at least one new goal at each SM session with CDE**
 - **2 weeks after setting goal, patients have follow-up**
 - **CDE and patient “score” patient on how successful they were at achieving the goal**
 - 1=goal set but not started 2=sometimes**
 - 3=usually 4=always/almost always**

You Can Do It! Are You Ready?

You can make choices that will help your diabetes. There are 3 main areas in which you can make choices

Eat Smart

- Canola or olive oil
- Sugar free drinks
- Watch portion size
- Cut down on red meat
- Cut down on fried foods
- Lose weight

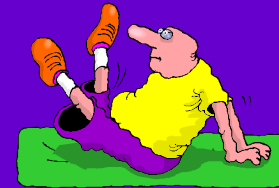
- More vegetables
- Artificial sugar
- Use the “make a meal” sheets
- Take skin off chicken & fat off red meat
- Learn to count carbohydrates
- Your own idea*



Get Moving

- Take stairs
- Park far from store door
- Get an exercise video tape
- Walk everyday (home, mall)
- Find a friend and start walking together
- Your own idea*

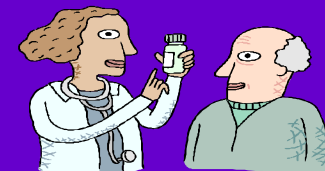
- Do chair exercises
- Walk the dog
- Join an exercise class
- Dance
- Walk to the park with your children or grandchildren



Personal Health Habits

- Check your feet everyday
- Floss everyday
- Check your blood sugar as instructed
- See an eye doctor, a foot doctor or a dentist

- Brush twice a day
- Reduce or stop smoking
- Take your meds everyday
- Your own idea*



Are You Ready?

I'm ready now! _____

I will think about _____

I have too much on my mind to think about a goal now _____

date: ___/___/___

Patient Name: _____ DOB _____ Chart # _____

salmon to chart/passbook to patient

**Specific Self Management Goals
Especifique Sus Metas Personales**

Date SMG Set Date & Score Date & Score Date & Score Date & Score

Pre-Contemplation (I'm not ready) – provider introduces SMG idea each visit. Once patient sets a goal, it is recorded and discussed/scored at every visit.

NA

Eat Smart (Coma bien)



__/__/__	____	____	____	____
__/__/__	____	____	____	____
__/__/__	____	____	____	____

Get Moving (Muevase)



__/__/__	____	____	____	____
__/__/__	____	____	____	____
__/__/__	____	____	____	____

Health Habits/Behaviors (Hábitos de Salud)



__/__/__	____	____	____	____
__/__/__	____	____	____	____
__/__/__	____	____	____	____

1=goal set but not started 2=sometimes 3=usually 4=always/almost always

Provider to initial SMG facilitated. Any team member can review and score SMG's, old & new, after discussion with patient

Summary

- Self management is a critical component of diabetes care with strong and growing support in the literature
- Depression has a significant, negative effect on diabetes and self management outcomes
- Depression is prevalent in diabetic populations
- RWJ-sponsored Self management grantees are building systems to incorporate depression management into routine diabetes care