

# A Person Centered Toolkit for Major Depression

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# Learning Objectives

**FOLLOWING THE PRESENTATION AUDIENCE MEMBERS WILL BE ABLE TO:**

1. Define person centered care (PCC) in Major Depressive Disorder (MDD).
2. Discuss patient-reported outcomes (PRO) and patient reported experience measures (PREM).
3. Individualize PCC interventions with PROs and PREMs.

# Financial Disclosure

There are no financial disclosures or conflicts of interest.

# Introduction

*Dynamic feedback improves Major Depressive Disorder (MDD).*

## BACKGROUND

- MDD worsens morbidity, mortality, and costs billions of dollars annually.<sup>1,2</sup>
- PCC prioritizes patient perspective/meaningful outcomes.<sup>3-6</sup>
- Patient Reported Outcome (PRO) and Patient Reported Experience Measures (PREM)<sup>7,8</sup>

## SIGNIFICANCE

- The Quintuple Aim endorses PCC's quality.<sup>9</sup>
- The National Quality Strategy incentivizes PCC financially.<sup>10</sup>
- Healthy People 2030 includes a PCC objective.<sup>11</sup>

# Problem

- MDD worsens outcomes despite treatability.
- PCC and patient reported outcomes promote quality.
- An opportunity existed to individualize a PCC toolkit based on medication adherence PROs and satisfaction PREMs.

# Review of the Literature

- APRN leadership of PCC delivers quality MDD outcomes.<sup>12,13</sup>
- Ongoing patient feedback improves MDD outcomes.<sup>12-15</sup>
- The Client Satisfaction Questionnaire-8 (CSQ-8) PREM is proven in MDD.<sup>16,17</sup>
- Frame self-reported medication adherence PROs with pharmacy indicated proportion of days covered (PDC).<sup>18,19</sup>
- In-office and telehealth MDD outcomes are equal.<sup>13,17</sup>

# Theoretical Framework

Rosemarie Parse's *Human Becoming School of Thought*.<sup>20</sup>

Middle range theory, natural PCC fit. <sup>20</sup>

Gleaming symbol <sup>20</sup>

- Black, green, center joined: co-creation
- Green: hope



# Purpose/Aims

*The purpose of this project was to develop a PCC toolkit based on PROs of medication adherence and PREMs of satisfaction reported by persons with MDD at a Midwest outpatient mental health clinic.*




# Methods

## CSQ-8 Survey

- Core 8 question, Likert-type scale.<sup>16</sup>
- 2 optional open-ended framing items.<sup>16</sup>
- Scores range low to high from 8-32.<sup>16</sup>
- Usual mean in MDD outpatients 26-27.<sup>16</sup>
- CSQ-8 is copywrite protected tool, no reproduction permitted.<sup>16</sup>

CSQ-8 English Español en revers



CSQ-8 CLIENT SATISFACTION QUESTIONNAIRE  
ESC-8 LA EVALUACIÓN DE SERVICIOS POR EL/LA CLIENTE

Please help us improve our services by answering some questions about the help that you have received. We are interested in your honest opinions, whether they are positive or negative. *Please answer all of the questions.* We also welcome your comments and suggestions. Thank you very much. We appreciate your help.

**CIRCLE YOUR ANSWERS**

1. How would you rate the quality of service you received?

4 Excellent	3 Good	2 Fair	1 Poor
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2. Did you get the kind of service you wanted?

1 No, definitely not	2 No, not really	3 Yes, generally	4 Yes, definitely
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3. To what extent has our service met your needs?

4 Almost all of my needs have been met	3 Most of my needs have been met	2 Only a few of my needs have been met	1 None of my needs have been met
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4. If a friend were in need of similar help, would you recommend our services to him or her?

1 No, definitely not	2 No, I don't think so	3 Yes, I think so	4 Yes, definitely
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5. How satisfied are you with the amount of help you received?

1 Quite dissatisfied	2 Indifferent or mildly dissatisfied	3 Mostly satisfied	4 Very satisfied
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6. Have the services you received helped you to deal more effectively with your problems?

4 Yes, they helped a great deal	3 Yes, they helped somewhat	2 No, they really didn't help	1 No, they seemed to make things worse
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7. In an overall, general sense, how satisfied are you with the service you received?

4 Very satisfied	3 Mostly satisfied	2 Indifferent or mildly dissatisfied	1 Quite dissatisfied
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8. If you were to seek help again, would you come back to our service?

1 No, definitely not	2 No, I don't think so	3 Yes, I think so	4 Yes, definitely
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Please, write here, any additional comments and suggestions:  
The things I like best about the services are:

If I could change some things about the services, these are my ideas and preferences:

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# Methods

- Invited 327 MDD patients seen from 10/25/22-11/28/22.
- Recorded CSQ-8 core (N=48) and optional (n=22) responses.
- Electronic health records audited: 30 day adherence PRO (n=43), 90 day PDC (n=43).
- Reconciled medication coverage gaps >3 days.
- Patients sub-grouped by provider, gender, and in-office/telehealth.
- Descriptive analysis of core CSQ-8 and PDC outcomes.

# Methods

- Reflexive Thematic Analysis of optional CSQ-8 responses (n=22).
- Correlational analysis: CSQ-8 and 90-day PDC via Kendall's Tau-b, Spearman's Rho and exploratory factor analysis.
- Compared CSQ-8 subgroup scores via Mann-Whitney-U.
- Compared 90-day PDC subgroup scores via independent t tests.
- Outcomes informed evidence-based PCC toolkit.

# Methods

## *Clinical Practice Site*



# Findings

- CSQ-8 median 31; interquartile range: 29-32
- No significant subgroup differences ( $p=0.05$ ).

Median Composite CSQ-8 Scores	
All Patients (N=48)	31
In-Office Patients (n=30)	31
Telehealth Patients (n=18)	32
Females (n=33)	32
Males (n=15)	31
Provider A (n=11)	31
Provider B (n=12)	31
Provider C (n=13)	32
Provider D (n=12)	31.5

# Findings

*CSQ-8 Thematic Analysis (n=22):*

## THEMES

One: “Above and beyond”, clinical excellence, meaningful lives.

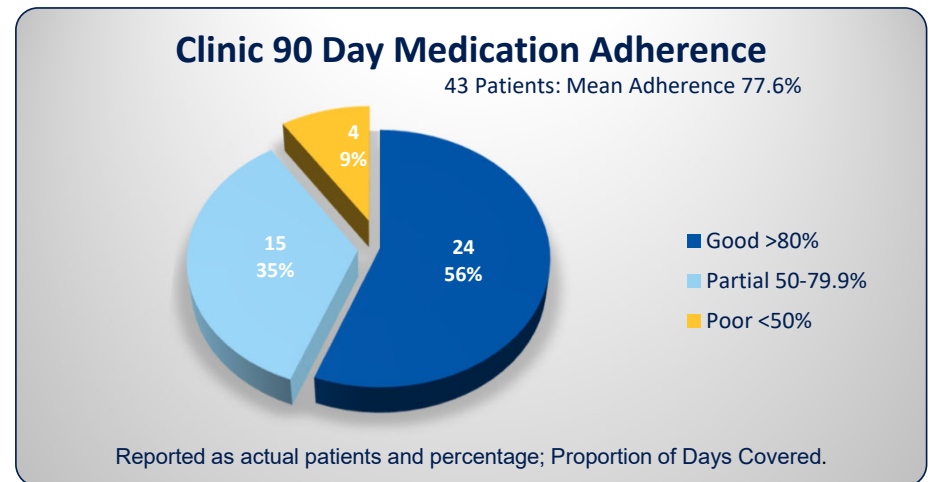
Two: “Work together on my care”, person-centered partnerships.

Three “The staff are always very welcoming”, therapeutic approach.

Four: “It would be great if”... opportunities for growth.

# Findings

- 30 Day adherence PRO: No concerns
- Mean 90 Day PDC: 77.6%, 95% CI [0.703, 0.849]
- No significant differences among subgroups ( $p=0.05$ )



# Findings

## *PCC TOOLKIT*

### DISCUSSION OF PCC

### 15 CLINICALLY FOCUSED RESOURCES

- MDD education and management.
- Communication and engagement
- Medication adherence.

### 8 WHOLISTIC, NON-CLINICAL RESOURCES

- Housing and employment
- Primary prevention
- Transportation and digital connectivity.

#### PERSON-CENTERED TOOLKIT FOR MDD

This person-centered toolkit was individualized using the satisfaction and medication adherence outcomes assessed during this project. Resources generally applicable to PCC in MDD were also included. The toolkit specifically focused on MDD symptoms and management, patient engagement, effective communication, medication adherence, and non-medical community resources. Resources are briefly described and linked to the resource's webpage.

#### MAJOR DEPRESSIVE DISORDER SYMPTOMS AND MANAGEMENT

1. Mayo Clinic Medication Choice Decision Aid: online tool providing education on MDD treatment options for patients. Promotes patient engagement and use of shared decision-making in medication management. <https://depressiondecisionaid.mayoclinic.org/shouldknow>
2. National Institute of Mental Health educational website on MDD clinical criteria, symptoms, treatments, and resources for patients and families. <https://www.ahrq.gov/health-literacy/improve/pharmacy/medicine-list.htm>
3. National Institute of Mental Health handout with overview of MDD, symptoms, treatments and resources for patients and families. <https://www.nimh.nih.gov/health/publications/chronic-illness-mental-health>
4. American Association of Sleep Medicine educational webpage, *What is Insomnia*. Contains resources on insomnia causes, symptoms, and treatments for patients and families. <https://sleepeducation.org/sleep-disorders/insomnia/>
5. American Association of Sleep Medicine, *Printable Sleep Diary*. A printable form patients can use electronically or with a paper/pencil to track their sleep habits for review with their provider. <https://sleepeducation.org/resources/sleep-diary/>

#### PATIENT ENGAGEMENT AND EFFECTIVE COMMUNICATION

6. The Agency for Healthcare Research and Quality (AHRQ), *Healthcare Literacy Toolkit*. Comprehensive set of educational offerings and resources to promote health care literacy based on a person-centered wholistic approach. <https://www.ahrq.gov/health-literacy/improve/precautions/toolkit.html>



# Evaluation Plan

- 100% positive post implementation surveys.
- Strongly agreed toolkit will increase PCC.
- Low cost to sustain project.
- Medication adherence outcome data already available.
- Toolkit included no-cost patient feedback form.<sup>21</sup>

# Strengths and Limitations

- Online survey related responder bias present.
- Would use in-person survey in future.
- PDC accuracy increased by order reconciliation.
- Thematic analysis added richness and context.
- Would emphasize framing questions in future.
- Statistician and CSQ-8 author support greatly strengthened project.

# DNP Implications

- Scholarship: NUR 683, 684, 685, 686, 899: research methodology and scholarly writing.
- Leadership: NUR 687, 899, 902, NCR coursework: role specific leadership, organizational systems thinking.
- Policy: NUR 687, 704, 899, NCR coursework: understanding of policy implications on quality improvement.
- Clinical: PMHNP track specific course work: PMHNP specialty role competency needed for project design, implementation, and evaluation.

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- Committee Member: Shelly Luger, DNP, RN, NEA-BC
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- Statisticians: Jack Taylor, Ph.D. and Alex Hall, Ph.D.
- CSQ-8 author: Clifford Attkisson, Ph.D.

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# Questions

Questions or feedback?



An aerial photograph of the Creighton University campus during sunset. The sun is low on the horizon, casting a warm glow over the scene. In the foreground, a large, ornate stone clock tower with multiple crosses on its roof is prominent. To the left, a paved walkway winds through lush green trees. In the background, various university buildings are visible under the twilight sky. A small rainbow is visible in the air near the clock tower.

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