Collaborative Primary Care: Preliminary Findings for Depression and Anxiety

The Washington State Institute for Public Policy (WSIPP) was directed by the 2013 Legislature to prepare an inventory of evidence-based, research-based, and promising practices for prevention and intervention services for adult behavioral health.¹ This brief report presents our preliminary findings on collaborative primary care for depression and anxiety. Final results for collaborative care will be published in May 2014.

Program Description.

Collaborative care integrates mental health services into primary care. This approach involves collaboration between the care manager, the patient, the general practitioner, and usually a mental health specialist. After screening patients for depression and/or anxiety, the care manager provides, at a minimum, an initial assessment of patient health and subsequent follow-ups by phone and/or in person regarding patient treatment. In one form of the intervention, the care manager treats a comorbid medical condition in addition to depression or anxiety. We examined three forms of the intervention including collaborative care for patients diagnosed with depression, depression and a comorbid medical condition, or anxiety.

Findings.

Our findings indicate that collaborative care can reduce mental health symptoms. Collaborative care is particularly effective for depressed patients who also suffer from a medical condition.

In addition to reviewing the research evidence, we examined the benefits and costs of collaborative care (see inset for our research approach). The benefit-cost analysis determined that the benefits of collaborative care exceed the costs.² The risk analysis shows that benefits from collaborative primary care exceed the costs 100% of the time. The detailed results are summarized on the following page.

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¹ Second Substitute Senate Bill 5732, Chapter 338, Laws of 2013.
² See Technical Appendix I, from WSIPP Report: Return on Investment: Evidence-Based Options to Improve Statewide Outcomes April 2012 Update, for an in-depth description of WSIPP’s benefit-cost analysis.
**Meta-Analysis Methods.**

We conducted a systematic review of research studies to determine if, on average, collaborative primary care reduces depression, anxiety, and other health symptoms. We located 53 unique studies with sufficient research rigor to include in our review. Of these studies, 39 examined collaborative care for patients with depression, 11 examined collaborative care for patients with depression and a comorbid medical condition, and three examined collaborative care for patients with anxiety.

<table>
<thead>
<tr>
<th>Intervention</th>
<th>Outcomes measured</th>
<th>No. of effect sizes</th>
<th>Unadjusted effect size (random effects model)</th>
<th>Adjusted effect size and standard error used in cost-benefit analysis</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Collaborative Care for Anxiety</td>
<td>Anxiety</td>
<td>4</td>
<td>-0.459</td>
<td>ES: -0.393 SE: 0.123 p-value: 0</td>
</tr>
<tr>
<td>Collaborative Care for Depression</td>
<td>Depression</td>
<td>48</td>
<td>-0.269</td>
<td>ES: -0.224 SE: 0.034 p-value: 0</td>
</tr>
<tr>
<td></td>
<td>Suicidal ideation</td>
<td>2</td>
<td>-0.229</td>
<td>ES: -0.217 SE: 0.104 p-value: 0</td>
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<tr>
<td>Collaborative Care for Depression w/Comorbid Medical Condition</td>
<td>Depression</td>
<td>11</td>
<td>-0.395</td>
<td>ES: -0.352 SE: 0.076 p-value: 0</td>
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<tr>
<td></td>
<td>Blood pressure</td>
<td>4</td>
<td>-0.369</td>
<td>ES: -0.352 SE: 0.182 p-value: 0</td>
</tr>
<tr>
<td></td>
<td>Blood sugar</td>
<td>3</td>
<td>-0.254</td>
<td>ES: -0.213 SE: 0.134 p-value: 0</td>
</tr>
</tbody>
</table>

**Benefit-Cost Analysis.**

We collected collaborative care cost information from recent cost-effectiveness analyses. We adjusted these costs to fit the average form of collaborative care found in our meta-analysis of the literature. The sum of the estimated benefits, along with the costs, provides a statewide view on how collaborative care produces benefits that exceed costs. For more information on our benefit-cost methods, please reference WSIPP’s Technical Manual.³

<table>
<thead>
<tr>
<th>Topic area/program</th>
<th>Last updated</th>
<th>Monetary benefits</th>
<th>Costs</th>
<th>Summary statistics</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Total benefits</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Taxpayer</td>
<td>Non-taxpayer</td>
<td>Benefits minus costs (net present value)</td>
</tr>
<tr>
<td>Collaborative Primary Care Interventions</td>
<td>Sep. 2013</td>
<td>$6,882</td>
<td>$2,162</td>
<td>$4,720</td>
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<tr>
<td>Collaborative Care for Depression</td>
<td>Sep. 2013</td>
<td>$5,999</td>
<td>$1,945</td>
<td>$4,054</td>
</tr>
</tbody>
</table>

Citations Used in the Meta-Analysis

Mental Health Interventions in Primary Care

Collaborative Primary Care for Depression


**Collaborative Primary Care for Anxiety**


**Collaborative Primary Care for Depression w/Comorbid Chronic Conditions**


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