

Project title

Establishing management systems in primary care for depression co-occurring with heart disease and diabetes: Phase I Identification of best practice model clinical pathways

Chief Investigators

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Project Objectives

- To develop a primary care evidence-based clinical pathway for depression co-occurring with heart disease.
- To develop a primary care evidence-based clinical pathway for depression co-occurring with diabetes.
- To develop the business case for sustainability of these models in general practice.

Progress Report

For the period June 2005 to July 2006.

Research team meetings

Regular weekly meetings of the project team to discuss research issues, progress of the project, methodology, workshops for health professionals, and collection of data. Regular monthly meetings of the extended project board to oversee progress of the project.

Identification of clinical pathways models for chronic illness in primary care

Current activities of research and practice groups using clinical pathways for depression, heart disease, and diabetes have been identified through searching the internet, library resources, accessing government and agency reports, and other relevant material.

Identification of suitable measures

We have identified measures for screening and assessment of depression and anxiety suitable for people with heart disease and diabetes, and developed systems for recording these assessments alongside other patient information in general practice databases.

Gaining management commitment from participating organisations

Planning meetings have been held with eight general practices and three Divisions participating in the study. Roles and responsibilities of the researchers and practice staff have been agreed.

Training program for chronic disease management, use of screening instruments and databases

A training program was developed in chronic disease management that incorporates assessment of depression and anxiety for patients with heart disease and diabetes attending general practice. The 3-day training program was conducted in Hamilton for physicians, nurses, and other staff in participating general practices. Each practice has been given information and tools to set up databases for patients with heart disease and diabetes that include: protocols, recall systems, and audit systems.

Follow-up on use of instruments and databases

Following the training program, each of the practices has been visited by the research team including the Division nurse representative to ensure procedures are in place for screening new patients for depression and anxiety and recording this information in the databases.

Evaluation of training program

Evaluation of the training program includes pre-workshop questionnaires, post-workshop questionnaires, three-month follow-up questionnaires, and telephone interviews with participants.

Health provider interviews

Health providers selected for interviews are those typically seen by the identified patient group through the general practices participating in the study. We will be interviewing 20 health providers about typical practice care of patients with heart disease and diabetes, how they use recommended guidelines, and how they manage identified depression.

Discovery interviews

Discovery interviews explore the impact of illness on patients' everyday lives during each stage of their journey through the healthcare system. Stories generated by these interviews provide feedback to health teams as well as draw attention to areas that need to be improved. In the present study, 80 discovery interviews will be conducted with representative patients and primary support persons across the participating practice sites.

Identifying best practice clinical model pathways

The completed process maps will be based on what actually happens when care is provided to specified patient groups. Information from the health provider interviews and discovery interviews will be given to the project team to help develop best practice model clinical pathways for people with co-morbid depression, heart disease and diabetes. This will also enable evaluation of current practice, appropriateness of particular investigations and treatments, and sustainability of the model in the longer term.