Psychotherapy for anxiety and depression:
The implementation research agenda

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Outline

What do we know about psychotherapy in community practice?
(And what do we think we know that might be wrong?)

- What providers are trying to do?
- What patients are getting?
- Is it working?

What do we need to move forward?

What does this say about implementation research?
(Warning: editorial comment)

State of psychotherapy for depression in community practice: questions

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What treatments are community therapists attempting to provide?

What treatments are patients actually receiving?

What are the outcomes of those treatments?

What characteristics of treatments determine variation in outcomes?

State of psychotherapy for depression in community practice: data available

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Survey of psychotherapists regarding treatment of depression in adults (n=58 prepaid group model, 290 fee-for-service practice)

Linked claims data regarding adherence to treatment (n=17,691)

Linked patient survey data regarding perceptions of care and self-rated improvement (n=5471, including 2666 surveyed after 1st visit)

Sample surveyed during triage call – prior to first visit (n=273)

Content of Therapy:
Therapists' reported use of CBT for depression

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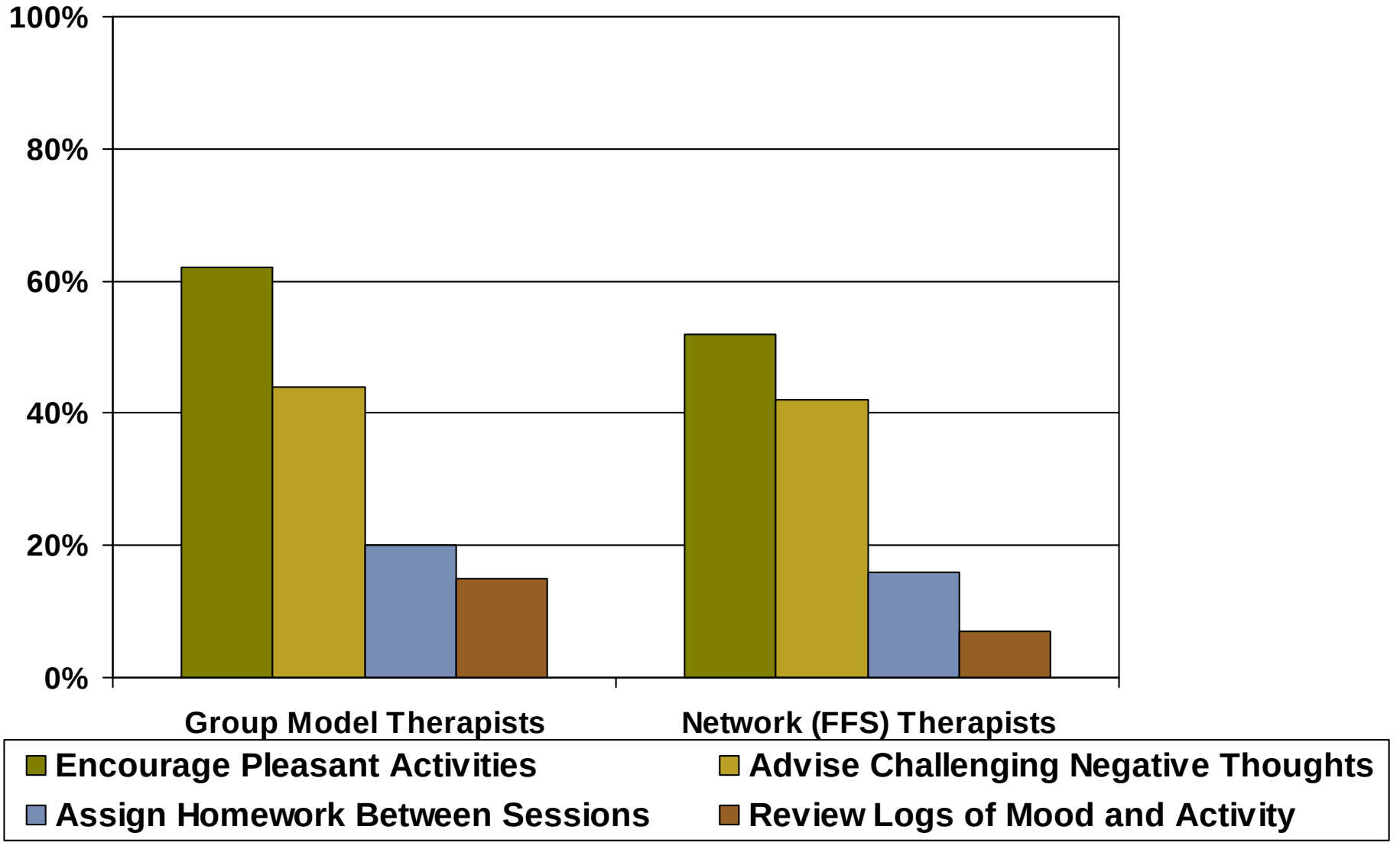
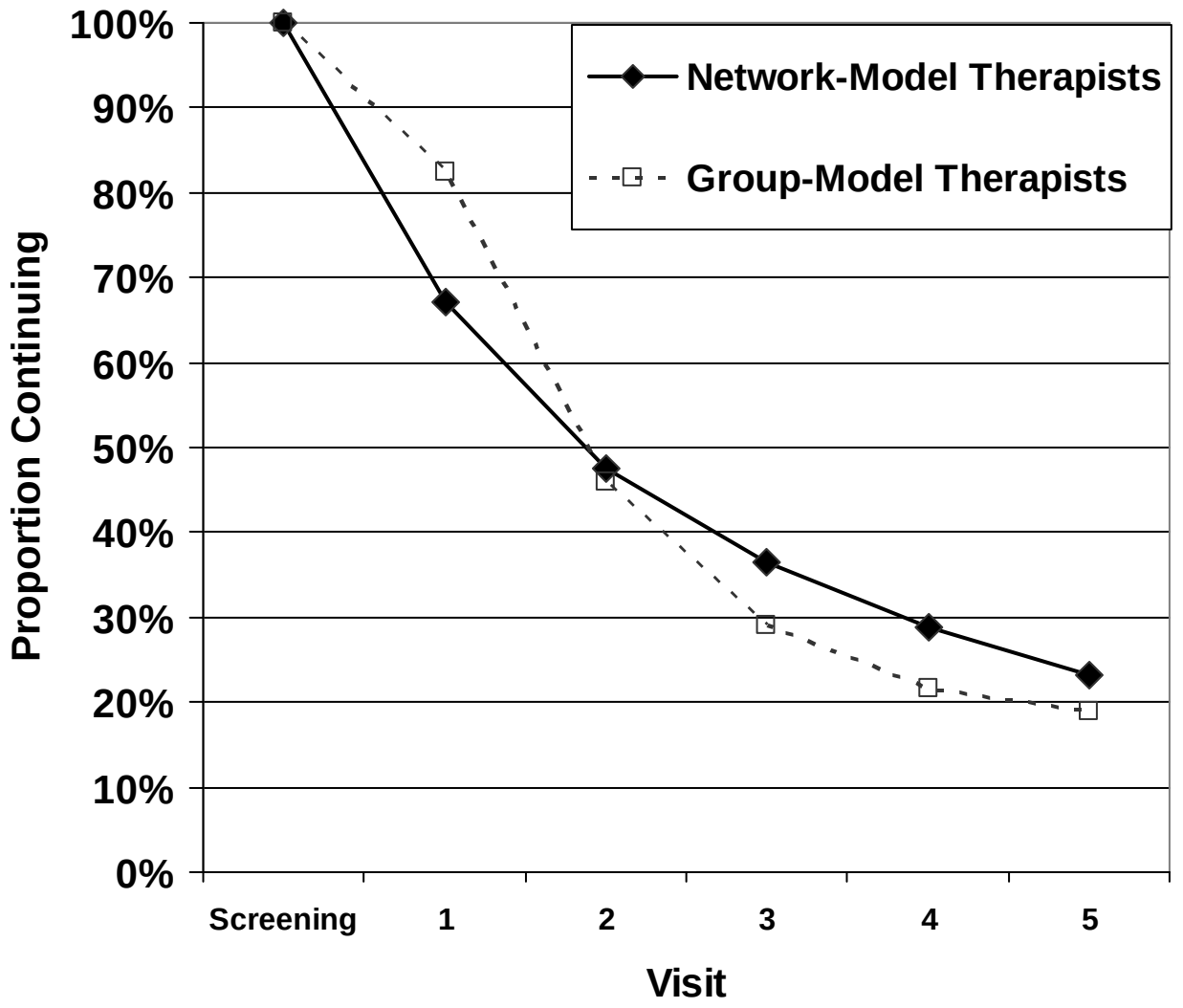


Adherence to therapy:
Early dropout for group and network therapists



Dropout after first visit according to severity of depression at telephone triage:

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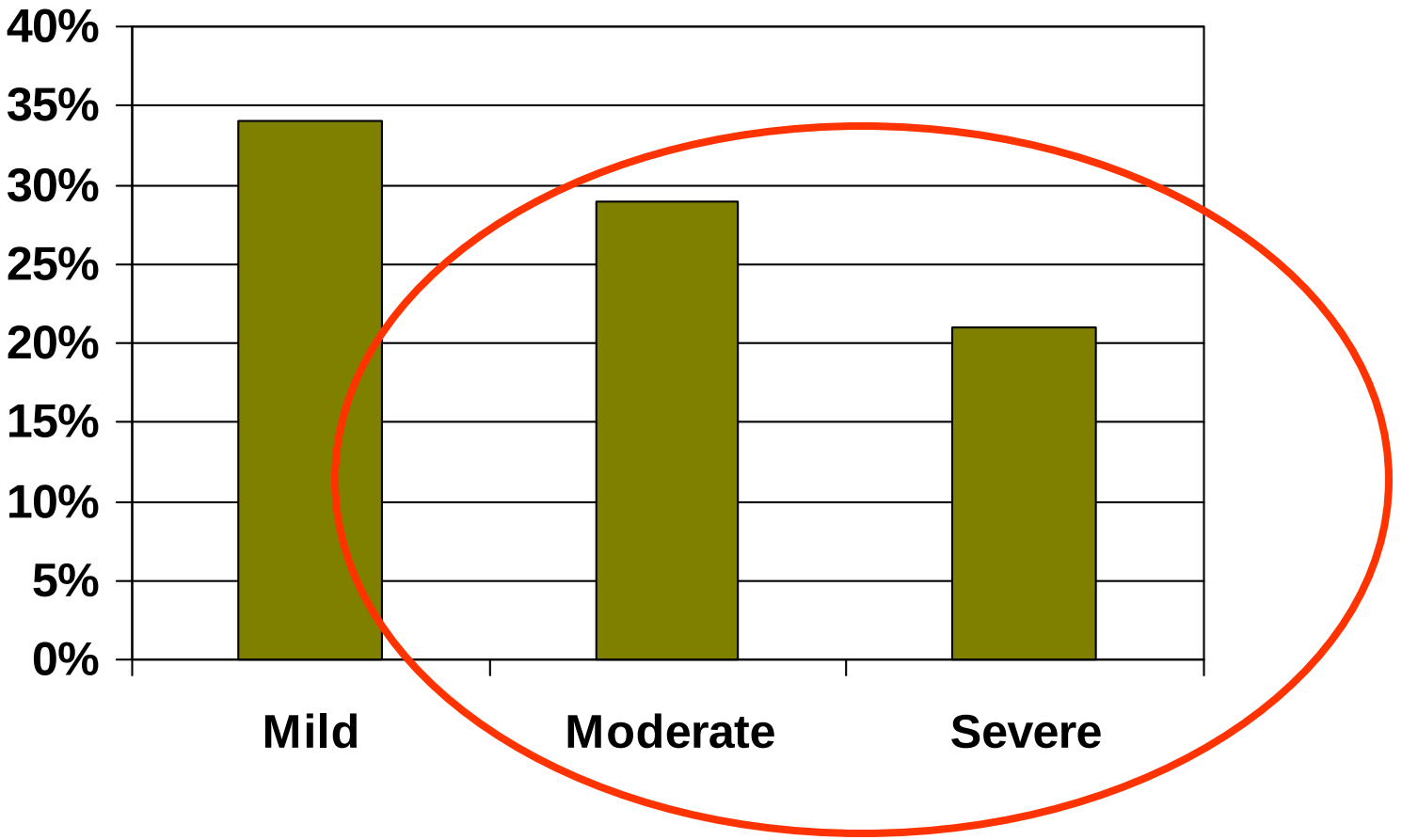
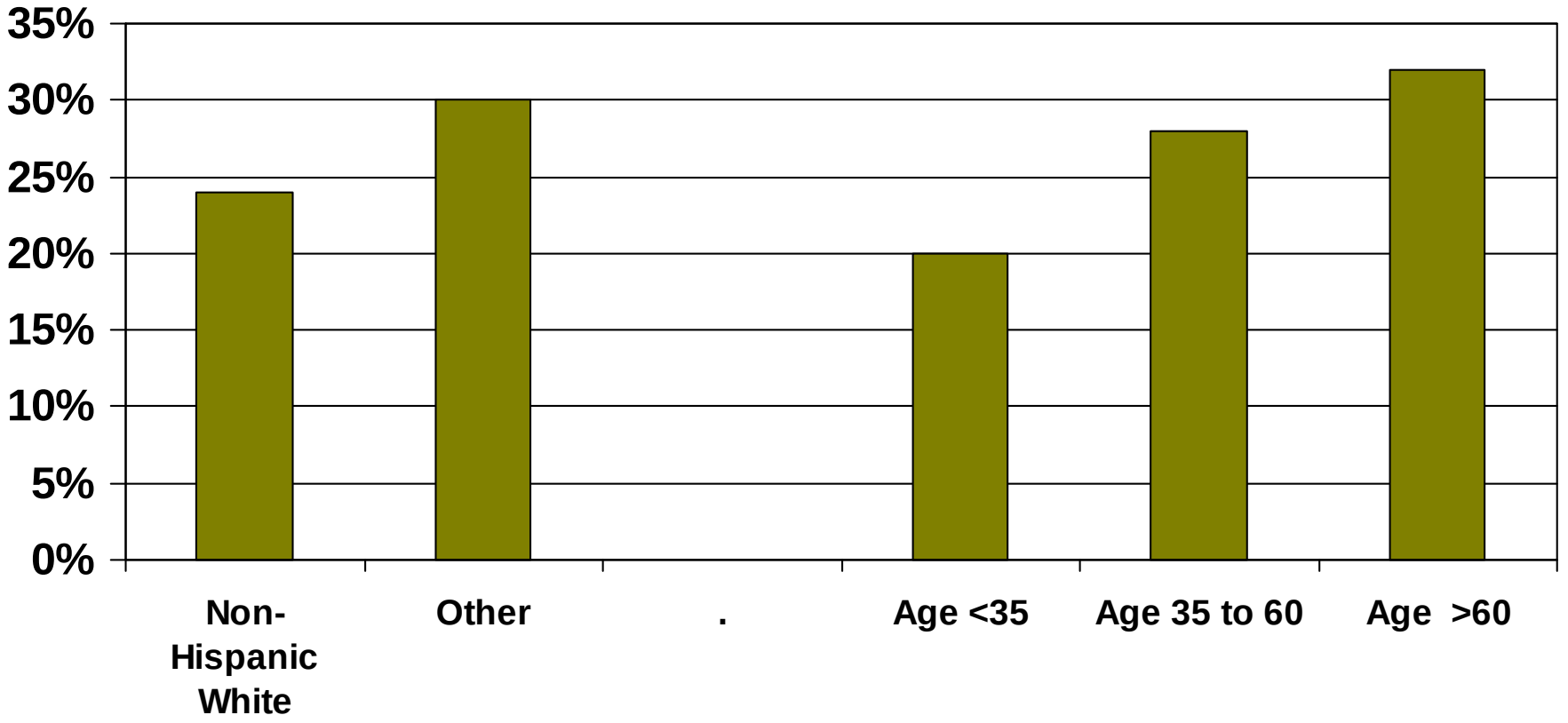


Dropout after first visit: variation by race/ethnicity and age



Adherence to therapy: Between-provider variation in return rate

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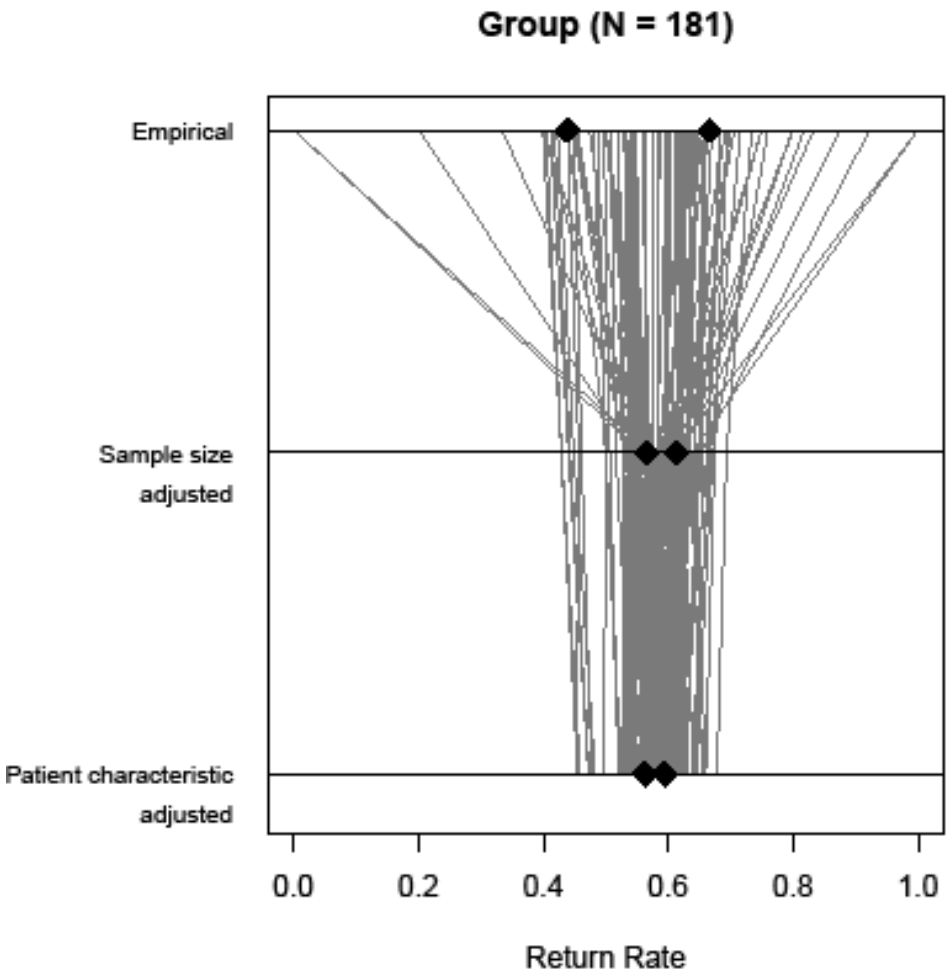

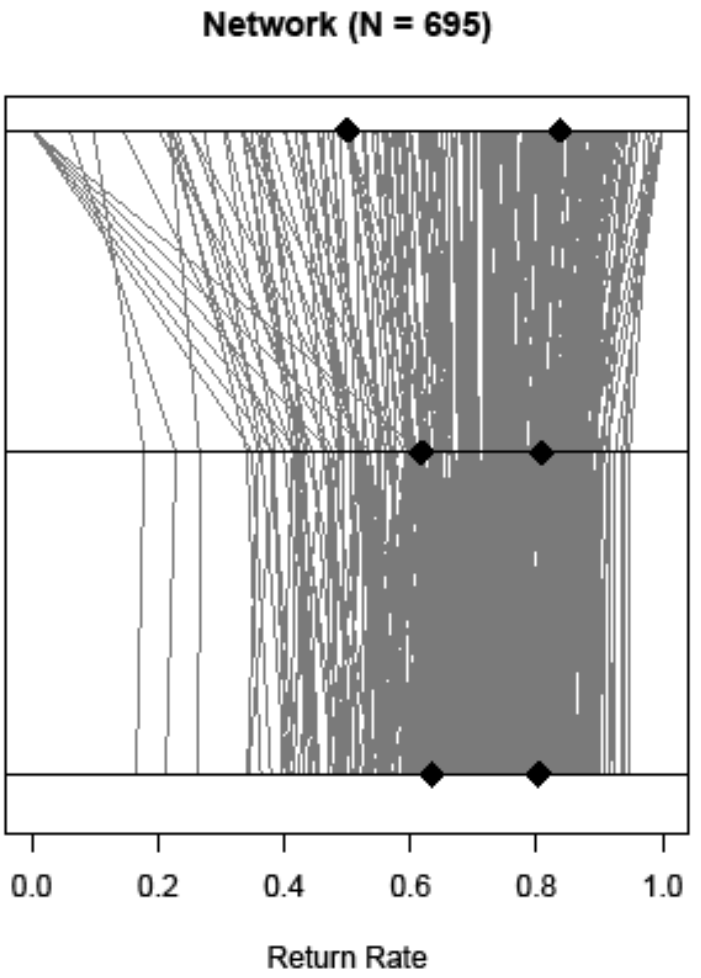

Content of Therapy:
Patients' report of satisfaction and alliance

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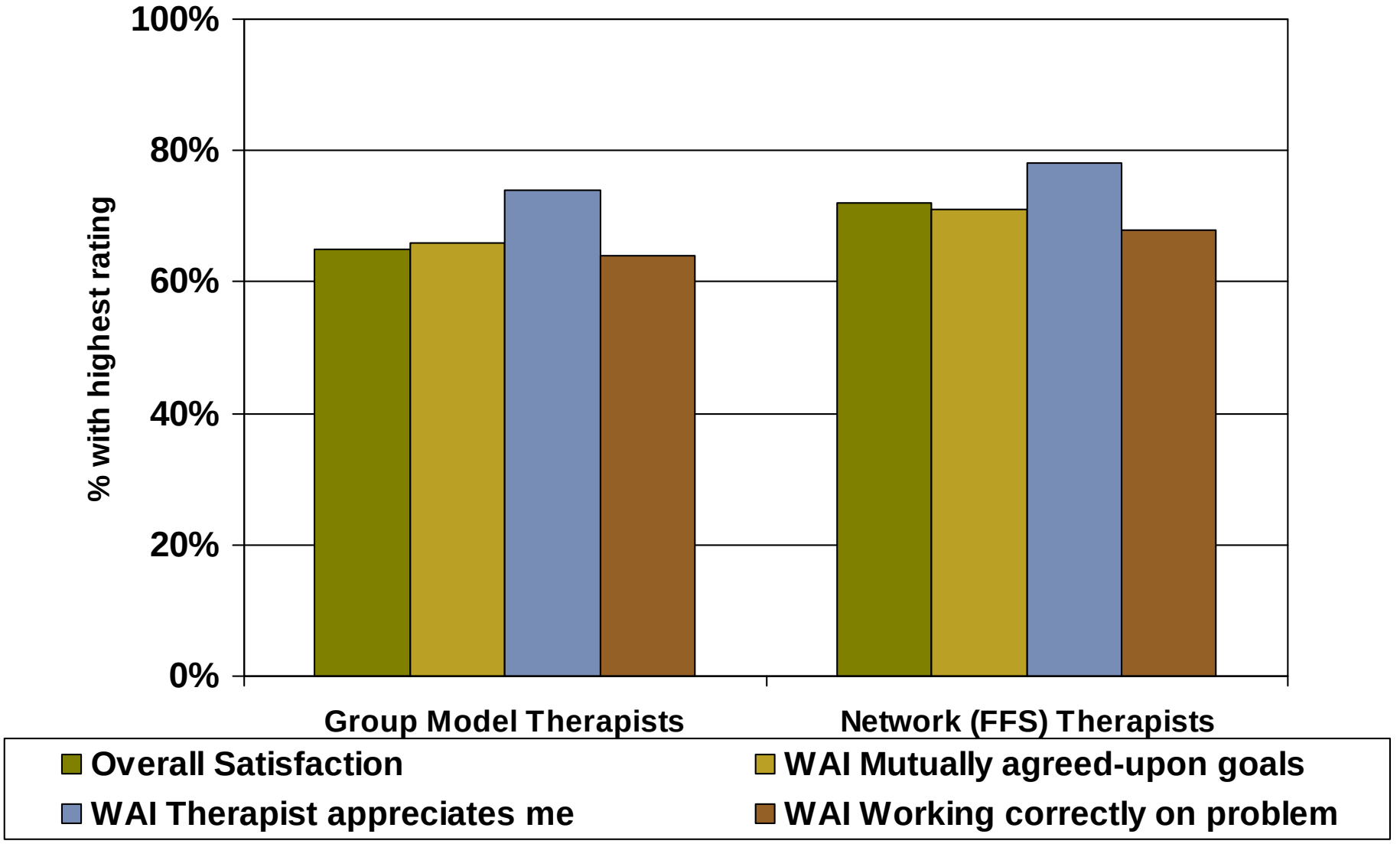

Content of Therapy:
Between-therapist variation in working alliance

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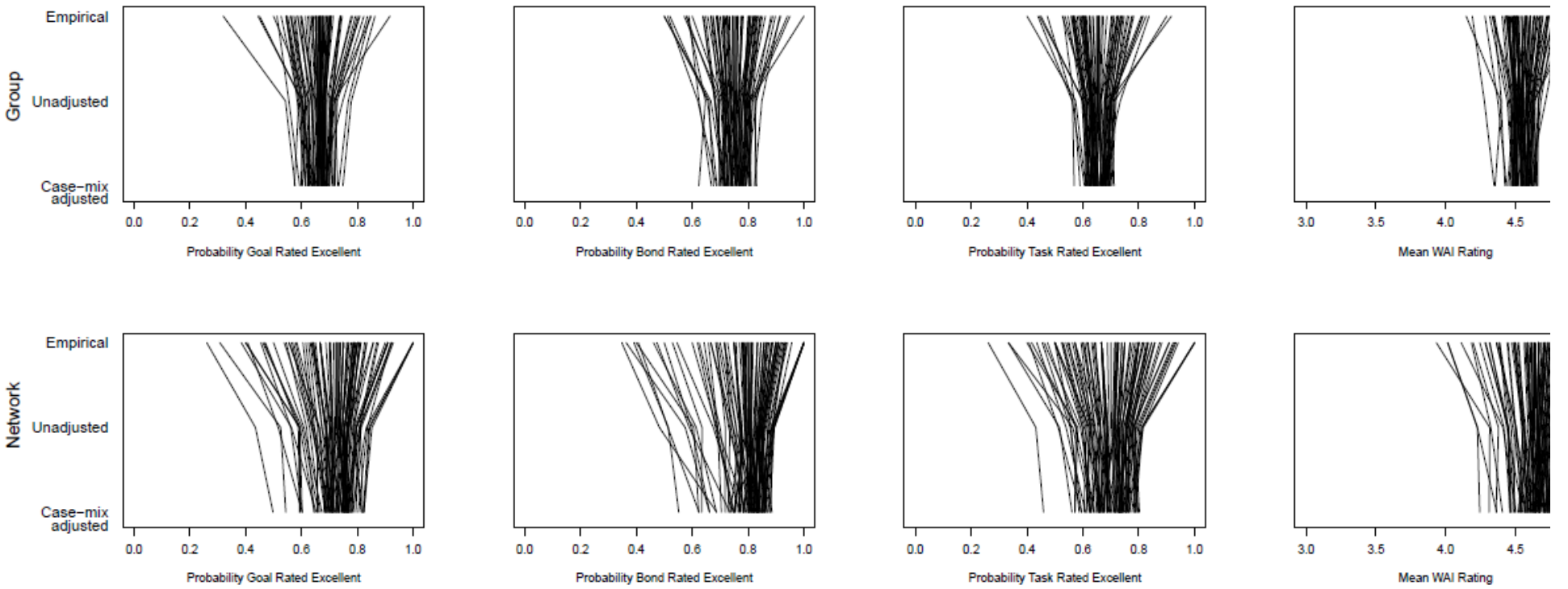
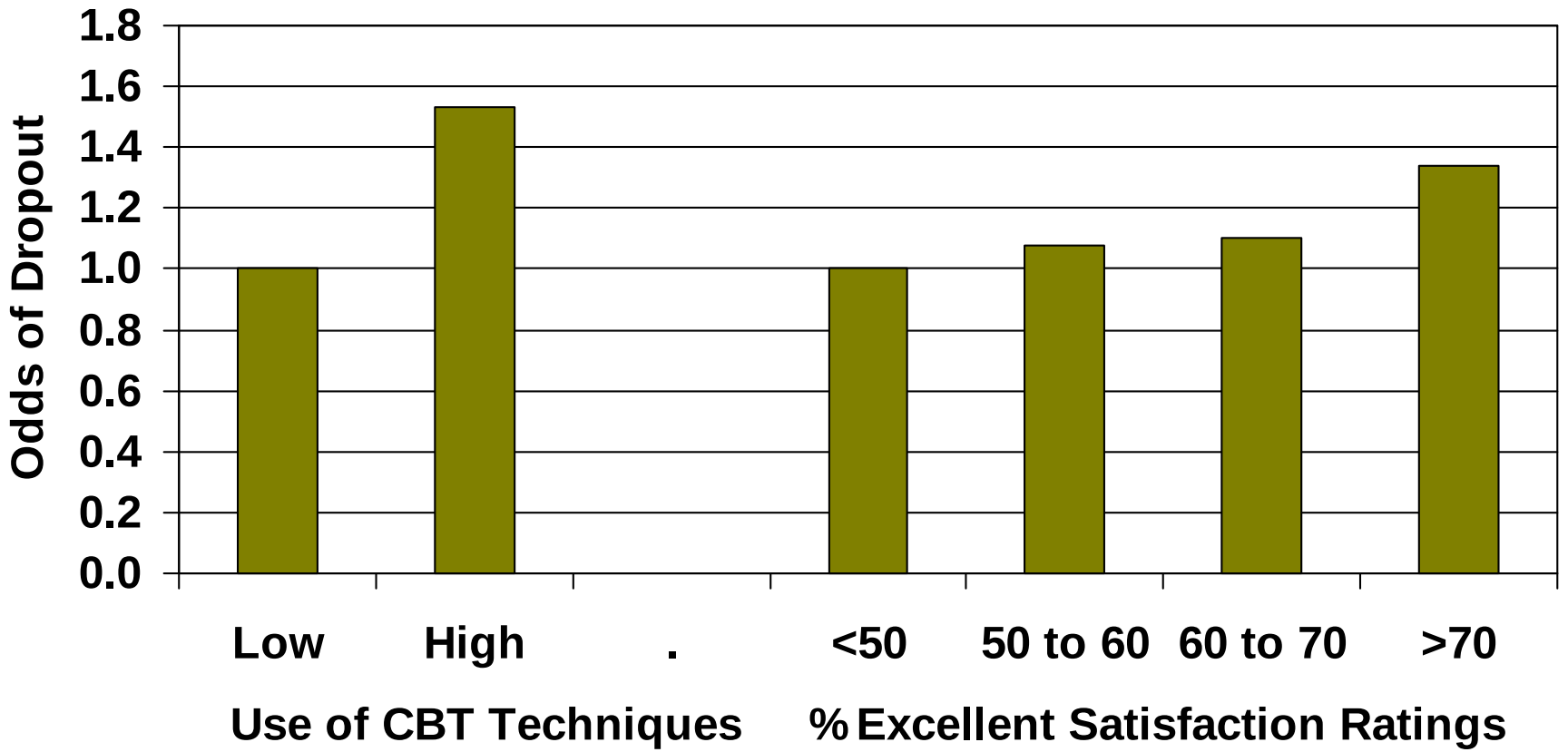
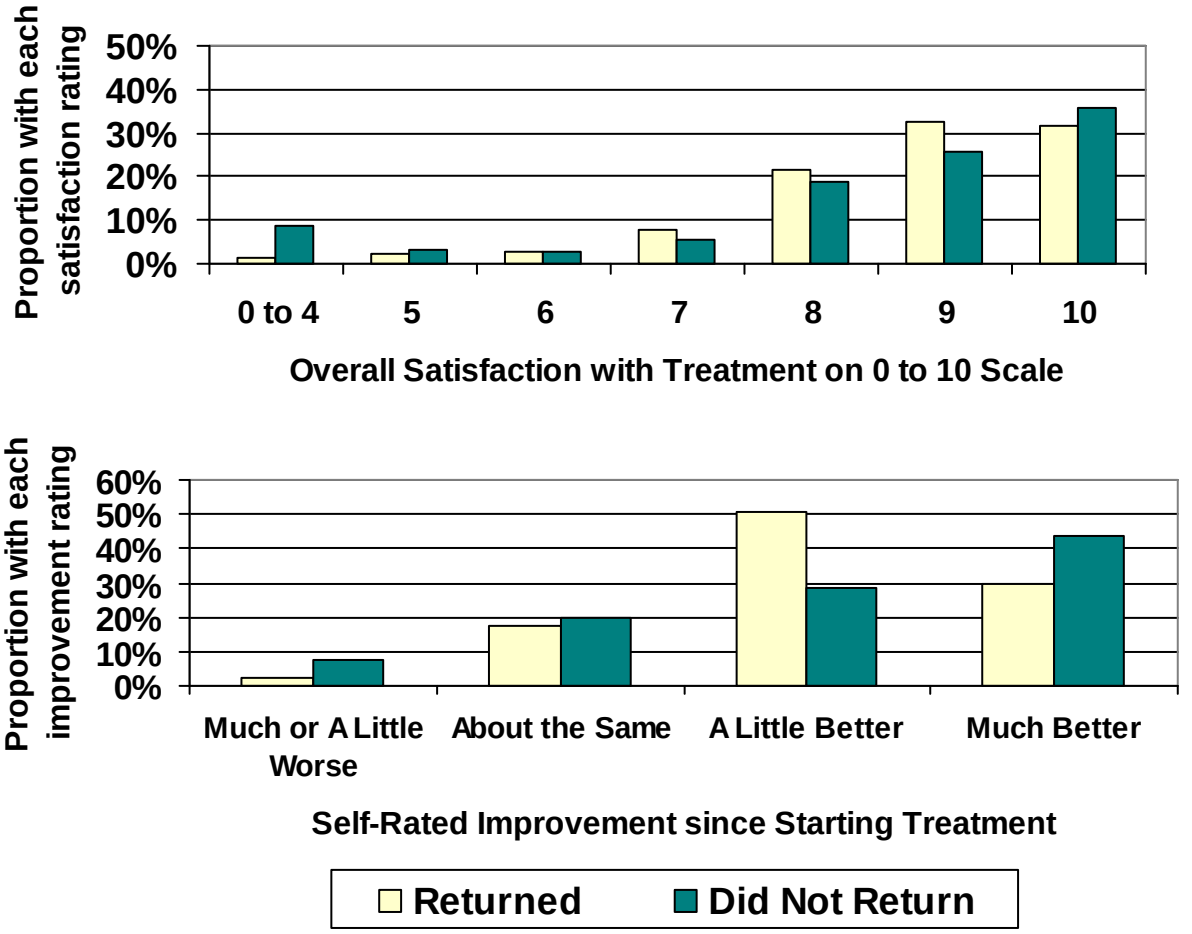


Dropout after first visit: Therapist factors



Dropout after first visit: Mixture of the best and the worst



State of psychotherapy for depression in community practice: questions

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What treatments are community therapists attempting to provide?

- Therapists strongly endorse CBT principles, but report low use of effective CBT techniques.

What treatments are patients actually receiving?

- 25% drop out before first visit, another 25% before second visit.
- Dropout rates vary minimally for group-model providers, much more for network or FFS providers.
- Dropout rates are higher for older and minority patients.

What are the outcomes of those treatments?

- On average, patients report high levels of satisfaction and strong alliance.
- Satisfaction and alliance ratings vary minimally for group-model therapists, much more for network or FFS therapists.

What characteristics of treatments determine variation in outcomes?

- On average, dropout rates are higher for therapists who have better satisfaction ratings and report greater use of CBT techniques!
- Early dropout is heterogeneous – reflecting both the best and worst outcomes.

Where does this leave us?

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Outcomes of current treatment are usually good – but sometimes very bad.

Utilization patterns alone (i.e. early dropout) clearly not adequate to identify targets for improvement – at either the patient or provider level.

We know very little about variation in the content or quality of treatment – at either the provider or patient level.

What tools do we need to move forward?

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How can we measure outcomes for everyone who starts (or even asks for) treatment?

How can we measure the quality or process of psychotherapy in real-world practice?

And how do we measure those things:

- **Quickly**
- **Cheaply**
- **Everywhere**
- **Forever**

What is a learning health care system?

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“Each patient care experience naturally reflects the best available evidence, and, in turn, adds seamlessly to learning what works best in different circumstances.”

IOM Roundtable on Evidence-Based Medicine, 2008

Closing the gap between research and practice

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Translating research into practice

A learning mental health care system:

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~~**Translating research into practice**~~

Seamless integration of research and practice

- Patients, providers, and researchers:
- Share the same mission
- Want the same information
- Collaborate in the same process of discovery and improvement

Core assumptions:

Innovation occurs and knowledge is produced outside of practice.

Experts know something that practitioners and patients do not.

Therefore, translation is necessary.

Editorial comment:

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Is implementation research a solution?

Or is it a symptom?