Effectiveness of a Breakthrough Collaborative aimed at the implementation of depression guidelines in primary and secondary care.

No registrations found.

Ethical review	Not applicable
Status	Pending
Health condition type	-
Study type	Interventional

Summary

ID

NL-OMON23202

Source
NTR

Brief title
Effectiveness of a Depression Breakthrough Collaborative

Health condition

depression, implementation, guidelines, collaboratives

depressie, implementatie, richtlijnen

Sponsors and support

Primary sponsor: Trimbos-institute
Source(s) of monetary or material Support: RVVZ
ZonMw

Intervention

Outcome measures

Primary outcome

Outcomes are on the professional, organisational and on the patient level.
1. The primary outcome measure of professional performance is:
a. A reduction of antidepressants prescription for patients with non-severe depression (reduction of overtreatment);
2. The primary outcome measure of organisational performance is:
a. A reduction of the waiting time to specialised depression treatment for patients with severe or long term depression (reduction of undertreatment);
3. The primary outcome measures on the patient level are:
a. A reduction in depressive symptoms and an improvement in disability status (effectiveness).

Secondary outcome

Secondary measures are:
1. Professional performance: satisfaction with collaboration, patient education delivered;
2. Organisational level: monitoring system in use;
3. Patient level outcomes: care consumption, satisfaction with care.

Study description

Background summary

This study aims at gathering conclusive information about the effectiveness and efficiency of the second
Depression Breakthrough Collaborative and to make the results useful to other implementation
programs.

This study aims to answer the following central questions:
1 .Does a Depression Breakthrough Collaborative lead to better adherence to guidelines with better outcomes for patients compared to care as usual?
2.Does implementing guidelines with the Breakthrough Method lead to more efficient health care compared to care as usual?
3. What are the implementation activities and experiences of the improvement teams and what barriers and facilitators for successful implementation can be identified? The design is a quasi-experimental trial, consisting of a systematic measurement of patient outcomes (depression symptoms and functional status) and care provided by practitioners (antidepressant prescription, monitoring) of the new Depression Collaborative. Outcomes are compared to care as usual
delivered by a control group of primary and specialty mental health practitioners from the NESDA cohort study (ZonMw/GeestKracht consortium Depression). The design of the economic evaluation is a cost-effectiveness study. (In-)direct health care cost as well as

implementation costs are included. Additional information about the implementation processes is gathered using mainly qualitative methods. The intervention group consists of mental health workers and their patients aged 18-65 diagnosed with depression.
Results are published in 2009/2010

Study objective

Implementation of innovations in mental health care needs multifaceted strategies in order to improve care with better outcomes for patients. The hypothesis in this study is: teams of health care professionals participating in a Breakthrough Depression Project implement national guidelines to a higher degree with better outcomes for patients than a control group of health care professionals and their patients receiving care as usual.

Intervention

The intervention group receives depression care according to guidelines, the control group receives care as usual. Depression care according to guidelines concerns a series of effective interventions, in a specific order. According to this stepped care principle patients start at the lowest level of treatment from which effect can be expected in order to step up to a more intense level of treatment, when the first step has not generated the expected effect within a number of weeks. The levels of treatment consist of one of more of the following interventions: information, psycho-education, individual or group selfhelp course, running therapy, problem solving treatment or brief psychotherapeutic interventions, antidepressants, psychotherapy (cognititve therapy, cognitive behavioral therapy, interpersonal psychotherapy). Stepped care assumes that depression symptoms are being monitored. In the intervention group a Beck Depression Inventory will be administered every 6 weeks until the score is under 10.

Contacts

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Eligibility criteria

Inclusion criteria

1. Aged 18-65;
2. Sufficient Dutch language skills.

Exclusion criteria

1. Aged younger than 18 and older than 65;
2. Insufficient Dutch langauage skills

Study design

Design

Study type:	Interventional
Intervention model:	Parallel
Masking:	Open (masking not used)
Control:	Active

Recruitment

NL

Recruitment status:	Pending
Start date (anticipated):	01-09-2006
Enrollment:	585
Type:	Anticipated

Ethics review

Not applicable

Application type:	Not applicable

Study registrations

Followed up by the following (possibly more current) registration

No registrations found.

Other (possibly less up-to-date) registrations in this register

No registrations found.

In other registers

Register	ID
NTR-new	NL875
NTR-old	NTR889
Other	: N/A
ISRCTN	ISRCTN99634826

Study results

Summary results
study report and scientific articles from 2009 onwards