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

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This study aims at gathering conclusive information about the effectiveness and efficiency of the secondDepression Breakthrough Collaborative and to make the results useful to other implementationprograms.This study aims to answer the following...

Ethical review	Approved WMO
Status	Recruitment stopped
Health condition type	Mood disorders and disturbances NEC
Study type	Observational non invasive

Summary

ID

NL-OMON30615

Source
ToetsingOnline

Brief title
Effectiveness of a Depression Breakthrough Collaborative.

Condition

- Mood disorders and disturbances NEC

Synonym
depression, down, major depression

Research involving
Human

Sponsors and support

Primary sponsor: Trimbos-instituut

Source(s) of monetary or material Support: ZonMw,RVVZ

Intervention

Keyword: depression, guidelines, implementation, research

Outcome measures

Primary outcome

Outcomes are on the professional, organisational and on the patient level.

The primary outcome measure of professional performance is:

• a reduction of antidepressants prescription for patients with non-severe depression (reduction of overtreatment)

The primary outcome measure of organisational performance is:

•a reduction of the waiting time to specialised depression treatment for patients with severe or long term depression (reduction of undertreatment)

The primary outcome measures on the patient level are:

•a reduction in depressive symptoms and an improvement in disability status (effectiveness).

Secondary outcome

Secondary measures are:

Professional performance: satisfaction with collaboration, patient education delivered

Organisational level: monitoring system in use

Patient level outcomes: care consumption, satisfaction with care

Study description

Background summary

Depression is a growing problem in terms of suffering and care utilization. Two depression guidelines contain recommendations about the use of effective interventions in Dutch mental health. There is a gap between guidelines and daily practice. One of the problems is the prescription of antidepressants to a broad group of patients, unrelated to the severeness of symptoms. The Breakthrough method is a promising guideline implementation strategy, but has not been evaluated in Dutch mental health. Some lessons can be learned from a pilot project actually being effectuated by the Trimbos-institute and the CBO.

A second large scale Depression Collaborative will start in december 2006. This study is and evaluation of the break through method in Dutch mental health. Results are of interest to implementation experts and researchers within and outside mental health, as well as to policy makers and financers of this type of projects. Results will be spread from 2008 onwards during an invitational conference and in the scientific literature, as part of a PhD programme.

Study objective

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?

Study design

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.

Study burden and risks

The additional burden in this reasearch caused to patients is limited and consist of 1 interview and 1 questionaire at inclusion and 1 questionaire at follow-up after 1 year.

The burden for health care providers is limited to some questionaires during the course of the project, and participation in a group and/or individual interview.

Contacts

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Trial sites

Listed location countries

Netherlands

Eligibility criteria

Age
Adults (18-64 years)
Elderly (65 years and older)

Inclusion criteria

down or depressive symptoms (according to general practitioner)
aged 18-65

Exclusion criteria

already receiving care, insufficient Dutch language skills, aged under 18 or above 65

Study design

Design

Study type:	Observational non invasive
Intervention model:	Other
Allocation:	Non-randomized controlled trial
Masking:	Open (masking not used)
Control:	Active
Primary purpose:	Health services research

Recruitment

NL

Recruitment status:	Recruitment stopped
Start date (anticipated):	01-10-2006
Enrollment:	600
Type:	Actual

Ethics review

Approved WMO

Date:	18-04-2007
Application type:	First submission
Review commission:	METIGG: Medisch Ethische Toetsingscommissie Instellingen Geestelijke Gezondheidszorg (Utrecht)

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
ISRCTN	ISRCTN99634826
CCMO	NL14942.097.06