Collaborative Care to Reduce Depression and Increase Cancer Screening

Among Low-Income Urban Women - Prevention Care Management 3 (PCM3) Project

Albert Einstein College of Medicine OF YESHIVA UNIVERSITY

EINSTEIN

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Background

- Bronx County is the poorest urban county in the US, with primarily Latino or African American residents.
- Cancer is the leading cause of premature death in the Bronx.
- Lung, prostate, and colorectal cancers account for the highest mortality among men.
- Lung, breast, and colorectal cancers account for the highest mortality among women.
- Cervical cancer death rate is about 35% higher in the Bronx than the U.S. as a whole.
- Women who experience **depression**, especially untreated depression, are less likely to participate in cancer screening.
- This study builds on community-based participatory pilot research in the Bronx and research on the efficacy, effectiveness and Dissemination & Implementation of the Prevention Care Management Intervention.
- Mental Health and Cancer Connection (MHC) partnership studied, qualitatively, the individual and system-level barriers and facilitators for receiving cancer screening and mental health services in the Bronx, and how the access issues are related.
- The Prevention Care Management Intervention, a Community Health Center (CHC) based cancer screening intervention, was found to be effective in improving breast, cervical and colorectal cancer screening rates in CHC patients (PCM1, PCMT and PCM2).
- × Addresses multi-level barriers to screening
- **x** Is effective at increasing CRC screening rates
- × Has greater impact in the Latina population
- × Can be translated and implemented successfully across a wide range of clinical settings in medically underserved communities
- x Is robust and transferable across CHC, Diagnostic & Treatment Centers (D&TC) and Medicaid Managed Care Organizations (MMCO) settings
- x Is an important strategy to be implemented in primary care systems to be effective and sustainable

Goals and Objectives

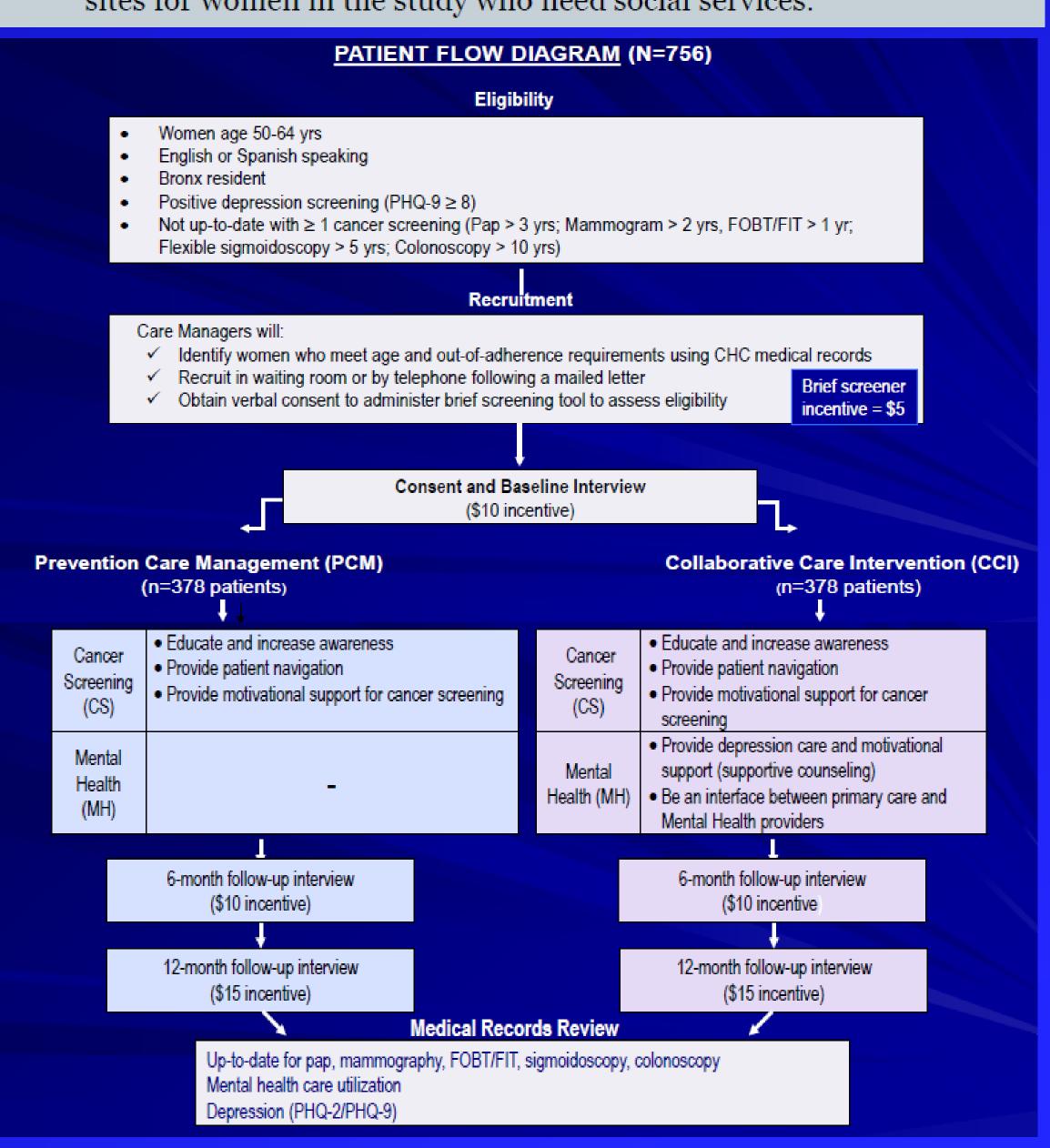
- To determine whether addressing and reducing depression are necessary steps to increase rates of cancer screening among low-income depressed women ages 50-64 in the Bronx
- To do this, and with screening as the primary outcome, we will implement a study, with 756 women aged 50-64, across 3 Bronx Health Centers, to compare the effectiveness of two year-long interventions:
- 1) Collaborative Care Intervention (CCI) that addresses depression and cancer screening needs simultaneously
- 2) Prevention Care Management (PCM) Cancer screening intervention



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Methods

- Study is being conducted with 3 Community Health Centers (Montefiore Family Care Center, Morris Heights Health Center and Urban Health Plan) and 2 Community Based Organizations (BronxWorks and Good Shepherd Services).
- 6 Care Managers (CMs), one per study arm in each health center.
- CMs will undergo extensive training and have considerable supervision and accountability; clinicians and other staff will be educated about the study.
- Both intervention arms will entail at least monthly contact with patients by phone and in person, as possible.
- We will recruit, across the 3 Health Centers, 756 English and Spanish-speaking women ages 50-64 who have depression and who are non-adherent to cervical, breast, and/or colorectal screening guidelines.
- Women will be randomized to the two arms (1:1) and will complete surveys at baseline, six months, and 12 months.
- Intent to treat analysis will be applied to compare participation in screening tests between the intervention and control arms, and multivariate analyses will be used to control for possible confounding and effect modification.
- Our community-based service partners, BronxWorks and Good Shepherd Services, provide ongoing guidance and are referral sites for women in the study who need social services.



Prevention Care Management (PCM)

In the PCM condition the Care Manager will focus on addressing barriers to cancer screening and

- educate patients about cancer screening;
- provide patient navigation to improve access to and use of cancer screening services, and connect patients to outside services;
- provide motivational support to overcome screening barriers and form favorable attitudes towards screening.

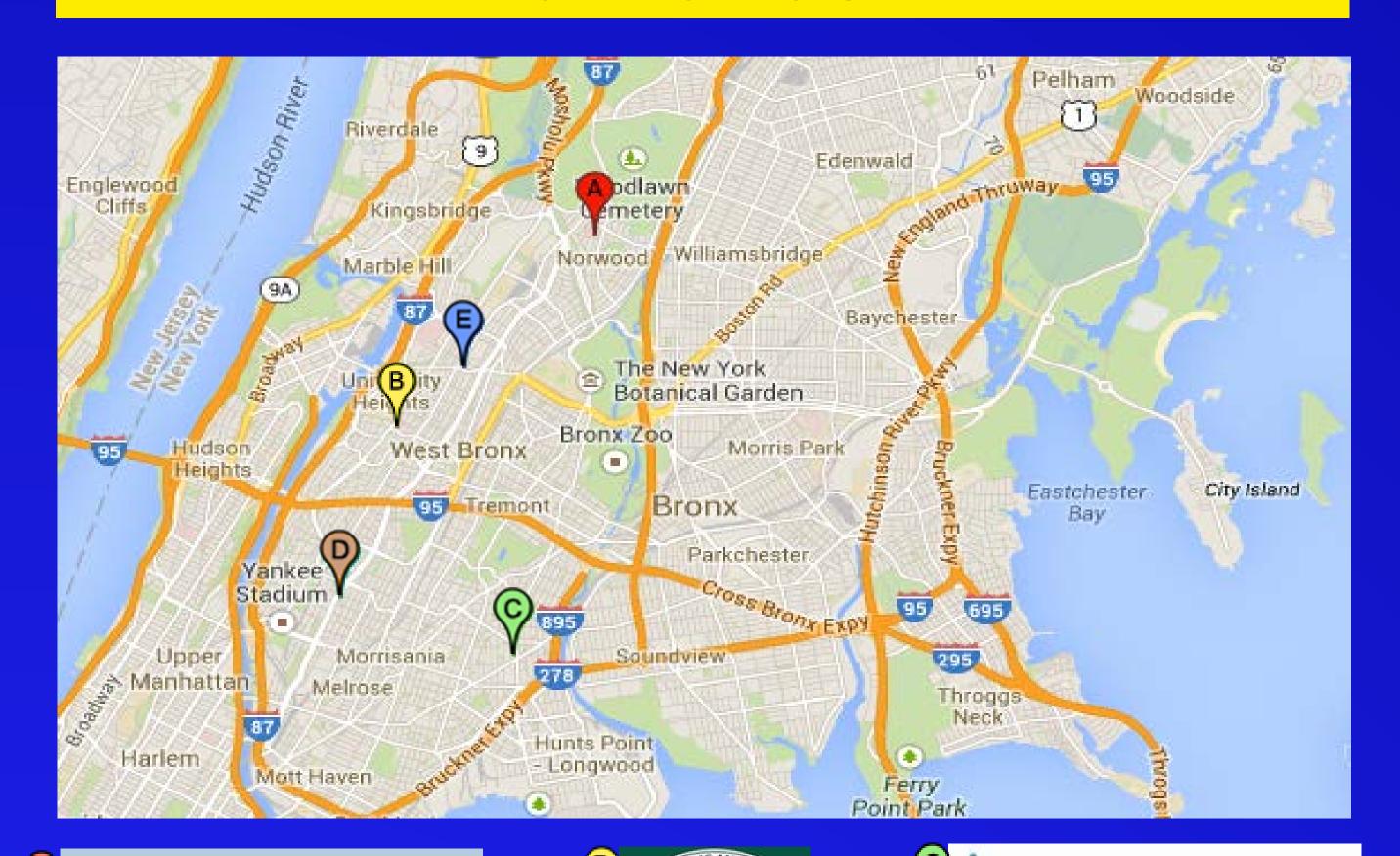
Patients in the PCM condition will be referred to their primary care clinicians for their depression, if they are not in treatment.

Collaborative Care Intervention (CCI)

Collaborative Care Intervention (CCI) facilitates decision-making and action to engage in screening AND reduce depression. The Care Manager will:

- educate patients about cancer screening and depression;
- provide patient navigation to improve access to and use of cancer screening services, and connect patients to outside services;
- provide depression care management and motivational support (includes addressing barriers) for self-care with respect to screening, depression, and other conditions;
- act as a critical link between primary care, mental health care provider, and the patients, helping to develop and implement a treatment plan.

Bronx Partners



Montefiore THE UNIVERSITY HOSPITAL

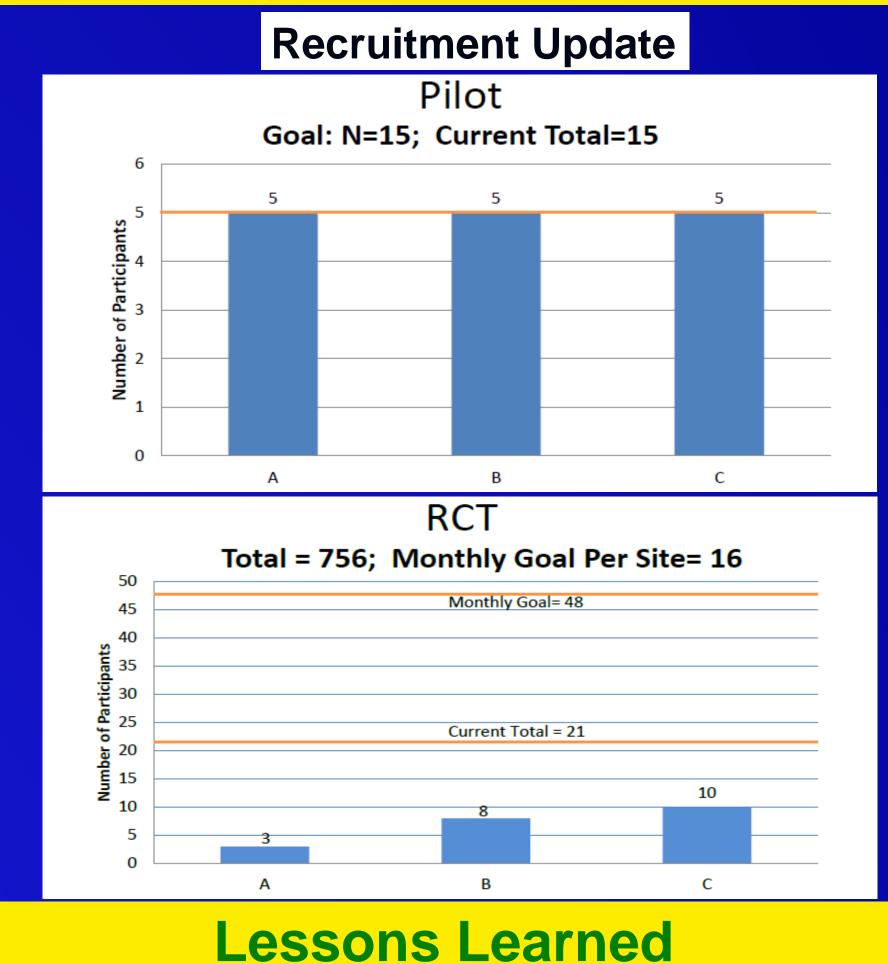




Milestones Achieved

- Approval of Study Protocol
- Study protocol, instruments and informed consent were initially approved in July 2013 by CDN's Institutional Review Board (IRB).
- Final approval was provided in November 2013.
- Final Intervention Package Developed
- Intervention Manual developed for both PCM and CCI Intervention.
- Completion of Project Database
- Outcomes and process measures have been finalized and programmed in REDCAP in English and Spanish.
- Care Manager Training
 - Training for four CMs and two Community Based Organizations (CBOs) outreach staff completed.

Progress in Data Collection



Facilitators and Barriers to Study Implementation

Facilitators:

- Study champion at each health center
- Robust EHR system
- Multi-disciplinary team
- Existing, longstanding relationships are pivotal

Barriers:

- Bureaucratic systems that slow the hiring of study
- Competing priorities for clinicians and staff
- Lack of a central IRB

CDN Online Tools: Clinician Training Resources (CME) COLORECTAL CANCER SCREENING WEBCAST



York City: Taking a Radical New Approach - Lorna Thorp PhD, New York City Department of Health and Mental hiatrist, Instructor in Psychiatry, Weill Cornel rectal Cancer Screening: Tools for your Practice and the rrent Trends in Prevention and Early Detection of Brea orectal and Prostate Cancers - Hildégarde Toth, MD, nple University School of Medicine, Roshini Rajapaksa D, NYU School of Medicine New York City Department alth and Mental Hygiene, Samire S. Tanéja, MD, NYU Improving the Early Detection of Colorectal Cancer - Alle Deitrich, MD, Dartmouth Medical School

Acknowledgments



WWW.CDNetwork.org

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bstance Abuse, Mental Health and HIV Management ta Vaughn, MD, Supervising Physician, Newark partment of Health HIV Program