Executive Summary: Improving Depression Treatment Quality in Primary Care

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- High-quality treatment for major depressive disorder (MDD) can be challenging to access in the United States.
- Primary care providers handle most outpatient visits for depression (Feldman & Winograd, 2021) but can be lacking in knowledge of evidence-based treatment and best practices (Montano et al., 2023).
- Targeted education can enhance primary care providers' competence and confidence in treating depression.

Background and Purpose

Major depressive disorder (MDD) is a serious mental illness and leading cause of disability throughout the world (National Institute of Mental Health, 2022). Psychiatric specialty care can be difficult to access in the United States (U.S.) due to a limited supply of providers and steadily increasing wait times for appointments (Sun et al., 2023). Primary care providers, including physicians, physician assistants/associates, and nurse practitioners, provide more than 60% of mental health care services in the U.S. (Montano et al., 2023). While primary care providers are the practitioners most likely to identify and treat cases of depression (Feldman & Winograd, 2021), the quality of care can be negatively impacted by providers' limited knowledge of current clinical guidelines and evidence-based treatment options (Montano et al., 2023). This quality improvement (QI) project aimed to enhance the knowledge base among primary care nurse practitioner students in treating depression, increasing their levels of competence and confidence on the topic.

Methodology

The group of project participants comprised nurse practitioner students enrolled in one of several Doctor of Nursing Practice (DNP) concentrations at a large southeastern university college of nursing (CON). Participants were provided access to a series of four educational videos, developed specifically for this project and totaling approximately one hour, on the diagnosis and treatment of depression. Integrated into the university's learning management system (LMS), the videos were made available for ad-hoc viewing during the second half of the spring 2024 semester.

Prior to viewing the videos, participants were asked to complete a pre-participation survey including demographic elements, preexisting opinions, level of interest, and level of confidence about the subject matter, and a series of knowledge assessment questions. Following the viewing of the educational videos, participants were asked to complete another survey. The post-participation survey collected feedback on the perceived quality and value of the educational videos, level of confidence about the subject matter, and a repeat of the knowledge assessment questions originally presented.

Survey data were downloaded from the university LMS by the project site liaison, de-identified, and provided to the project leader for analysis using Microsoft Excel®. The impact of the educational videos was determined by comparing participants' pre- and post-participation knowledge assessment scores and subjective reports of confidence via Likert scale rating.

Results

- A total of 34 students fully participated in the project, completing both the pre- and post-participation surveys, and were included in the final data analysis.
- Participant **competence** was measured via comparison of pre- and post-participation knowledge assessment scores.

    - Average increase in participant competence: 9%.

- Participant **confidence** was measured using a Likert scale rating of one through five: (1) not at all confident, (2) slightly confident, (3) moderately confident, (4) very confident, or (5) extremely confident.
    - Most participants (88%) reported an increased level of confidence, with 71% of all participants reporting a one-level increase and 18% reporting a two-level increase. There were no decreased levels of confidence reported.

Strengths and Limitations

The educational videos were integrated into the university LMS, permitting seamless access for participants. This also allowed the project team to track user-level participation and progress. The timing of project implementation during the latter half of a semester minimized the potential impact on completion of program-required curricula.

The lack of participant monitoring prevented the project team from identifying any use of outside resources to aid in the completion of knowledge assessments. The questions were not independently evaluated for reliability or validity. The fact that some participants had voluntarily opted-in to the project introduces the potential for self-selection bias. Participants were not provided with a method by which to contact the project team with questions concerning educational video content.

Implications and Conclusions

The provision of targeted education on the topic of depression treatment resulted in increased levels of both competence and confidence among project participants. All participants reported a sense that their future practice would be positively influenced by this project, suggesting that the quality of depression treatment in the primary care setting can be improved

with targeted education. While this project was deployed in a single university site, the same methods could be easily implemented in other school programs or within public or private health care systems.

References

Feldman, E., & Winograd, S. M. (2021). Diagnosis, treatment, and management of depression: The role of the primary care provider. *Primary Care Reports*, *27*(1). https://www.reliasmedia.com/articles/147339-diagnosis-treatment-and-management-of-depression-the-role-of-the-primary-care-provider

Montano, C. B., Jackson, W. C., Vanacore, D., & Weisler, R. (2023). Considerations when selecting an antidepressant: A narrative review for primary care providers treating adults with depression. *Postgraduate Medicine*, *135*(5), 449-465. https://doi.org/10.1080/00325481.2023.2189868

National Institute of Mental Health. (2022). *Major depression*. https://www.nimh.nih.gov/health/statistics/major-depression

Sun, C.-F., Correll, C. U., Trestman, R. L., Lin, Y., Xie, H., Hankey, M. S., Uymatiao, R. P., Patel, R. T., Metsutnan, V. L., McDaid, E. C., Saha, A., Kuo, C., Lewis, P., Bhatt, S. H., Lipphard, L. E., & Kablinger, A. S. (2023). Low availability, long wait times, and high geographic disparity of psychiatric outpatient care in the US. *General Hospital Psychiatry*, *84*, 12-17. https://doi.org/10.1016/j.genhosppsych.2023.05.012