Discovering the Capacity of Primary Care Frontline Staff to Expand Access to Depression Care

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Aims

Aim 1 of our of original study was conducted as described below. Then, immediately prior to launching the subsequent phases (developing and testing a task-sharing intervention in primary care), the World Health Organization declared a pandemic of the novel coronavirus and resultant social distancing measures and the ongoing uncertainty of the pandemic required we revise our aims. The sudden move towards telehealth during COVID-19 seemed like a timely and relevant issue to study in our revised Aims.

Aim 1: Discover implementation barriers to using task-sharing to deliver MobMPATI in primary care.
Conduct contextual inquiry to map the policies, workforce competencies, and clinical workflows with administrators and frontline staff (e.g., registered nurses, medical assistants, behavioral health consultants, care managers, etc.) from 2-3 primary care clinics (approx. *N* = 12 administrators and clinicians total). This semi-structured interview method will directly probe task-sharing for MobMPATI delivery to inform the implementation strategy (Aim 2) and identify the most suitable clinician end-users and workflows (Aim 3).
1a. Conduct contextual inquiry with administrators to assess stakeholder perceptions of local needs and characteristics of outer and inner setting (e.g., policies, culture, implementation climate, compatibility).
1b. Conduct contextual inquiry with providers to assess clinician end-user characteristics and workflows.

Aim 2: Assess the tele-mental health landscape (e.g., service delivery and distribution) and barriers in a web-based survey of WPRN practice champions (*clinic-level responses*).

Aim 3: Using a mixed-methods survey of a national sample of primary care providers, probe the tele-mental health landscape (service delivery, barriers, attitudes, and specific opportunities for task sharing) to formulate hypotheses for future solution development (*provider-level responses*).

Population/Sample

Aim 1: Two primary care clinics in Washington State; from these clinics, we interviewed 8 providers (primary care physicians and behavioral health providers), 10 frontline staff (registered nurses, medical assistant), and 4 clinic administrators.
Aim 2: Practice champions (of diverse professional backgrounds) from 16 primary care clinics in the WWAMI-region (Washington, Wyoming, Alaska, Montana, and Idaho) Practice Research Network.
Aim 3: 192 primary care providers, behavioral health providers, and nursing staff from across the U.S. who responded to a web-based survey

Key Findings

Aim 1: Such a model of task sharing for depression management was largely deemed acceptable, appropriate, and feasible in primary care. Primary barriers were adaptability (intervention characteristics), competencies and scope (concerns arose from existing behavioral health staff), complexity (of intervention), and an emergent theme highlighting staff misconceptions about aging (e.g., therapeutic nihilism about depression in older adults, or their willingness to engage in treatment). Facilitators included existing integration of behavioral health, high administrative priority on behavioral health services, and low provider and staff turnover.

Aim 2: Majority of clinics were not offering tele-mental health (TMH) pre-pandemic; more than half (56.3%) offering within 3 months of pandemic. The main barriers to such services were:
(1) maintaining appropriate staffing and workflows to deliver TMH;
(2) (perceptions of) patient willingness to use TMH; and
(3) billing and reimbursement challenges.

Aim 3: Results forthcoming; one published result to date:

From Zaslavsky, Chu, & Renn, 2022, doi: 10.2196/32664

Figure 1. Acceptance of digital health technologies across various clinical contexts by major primary care health care professional types (n=51 behavioral health consultants, n=52 primary care providers, and n=48 nurses).

Health Professional	Technology	Acute disease/ condition management	Chronic disease/ condition management	Common mental health conditions (e.g., anxiety, stress)	Health promoting behaviors (e.g. physical activity)	Medication management	Serious mental illness (e.g., bipolar disorder)	Sleep and insomnia	Substance use (e.g. alcohol)	All Clinical Contexts
Behavioral Health Consultant	Email	30.8%	34.6%	40.4%	40.4%	28.9%	7.7%	25.0%	28.9%	**29.6%**
	Instant chat	23.1%	26.9%	40.4%	32.7%	34.6%	15.4%	21.2%	36.5%	**28.8%**
	Live phone	44.2%	38.5%	67.3%	51.9%	46.2%	48.1%	32.7%	40.4%	**46.2%**
	Live video	63.5%	61.5%	80.8%	55.8%	57.7%	63.5%	51.9%	71.2%	**63.2%**
	Mobile app	50.0%	57.7%	67.3%	71.2%	50.0%	25.0%	63.5%	65.4%	**56.2%**
	Patient portal	50.0%	50.0%	42.3%	51.9%	36.5%	36.5%	40.4%	40.4%	**43.5%**
	Social media	7.7%	17.3%	30.8%	28.9%	9.6%	3.9%	9.6%	21.2%	**16.1%**
	Text message	42.3%	42.3%	50.0%	42.3%	34.6%	23.1%	28.9%	38.5%	**37.7%**
	Wearable	40.4%	42.3%	48.1%	59.6%	21.2%	11.5%	53.9%	34.6%	**38.9%**
Nurse	Email	27.1%	35.4%	43.8%	41.7%	25.0%	31.3%	12.5%	35.4%	**31.5%**
	Instant chat	39.6%	39.6%	52.1%	39.6%	35.4%	37.5%	25.0%	43.8%	**39.1%**
	Live phone	58.3%	45.8%	70.8%	41.7%	43.8%	56.3%	27.1%	58.3%	**50.3%**
	Live video	62.5%	52.1%	66.7%	56.3%	37.5%	52.1%	29.2%	60.4%	**52.1%**
	Mobile app	60.4%	64.6%	68.8%	75.0%	58.3%	41.7%	68.8%	68.8%	**63.3%**
	Patient portal	52.1%	56.3%	62.5%	45.8%	54.2%	47.9%	39.6%	45.8%	**50.5%**
	Social media	18.8%	20.8%	39.6%	37.5%	10.4%	22.9%	20.8%	35.4%	**25.8%**
	Text message	45.8%	37.5%	54.2%	43.8%	47.9%	37.5%	27.1%	52.1%	**43.2%**
	Wearable	41.7%	45.8%	45.8%	64.6%	18.8%	25.0%	52.1%	35.4%	**41.1%**
Primary Care Provider	Email	26.4%	32.1%	24.5%	32.1%	30.2%	11.3%	18.9%	26.4%	**25.2%**
	Instant chat	22.6%	11.3%	37.7%	26.4%	17.0%	17.0%	15.1%	18.9%	**20.8%**
	Live phone	54.7%	43.4%	62.3%	41.5%	47.2%	28.3%	34.0%	47.2%	**44.8%**
	Live video	67.9%	64.2%	69.8%	50.9%	54.7%	54.7%	45.3%	58.5%	**58.3%**
	Mobile app	50.9%	60.4%	54.7%	64.2%	50.9%	26.4%	62.3%	49.1%	**52.4%**
	Patient portal	50.9%	62.3%	47.2%	45.3%	56.6%	35.9%	39.6%	43.4%	**47.6%**
	Social media	7.6%	7.6%	17.0%	22.6%	5.7%	7.6%	11.3%	13.2%	**11.6%**
	Text message	32.1%	30.2%	30.2%	34.0%	30.2%	17.0%	20.8%	32.1%	**28.3%**
	Wearable	28.3%	34.0%	34.0%	62.3%	24.5%	13.2%	43.4%	28.3%	**33.5%**

Measures used

- Acceptability of intervention measure (AIM), Intervention appropriateness measure (IAM), and Feasibility of intervention measure (FIM); https://www.uwalacrity.org/wp-content/uploads/2020/04/AIM-IAM-FIM_with-reference.pdf
- Interview guides based off the Consolidated Framework for Implementation Research (CFIR; tool https://cfirguide.org/guide/app/#/). CFIR reference Damschroder et al., 2009 https://implementationscience.biomedcentral.com/articles/10.1186/1748-5908-4-50
- Organization readiness for implementing change (ORIC); https://implementationscience.biomedcentral.com/articles/10.1186/1748-5908-9-7
- Implementation climate scale (ICS); https://implementationscience.biomedcentral.com/articles/10.1186/s13012-014-0157-1

Methods

This study utilized a mixed methods approach, combining sources of quantitative and qualitative data from:

1. Focus groups
2. Individual interviews
3. Web-based and in-person surveys

Next steps

1. Resubmit findings from Aim 1 for publication in a peer-reviewed journal

2. A member of our research team is compiling analyses of Aim 3 for her PhD dissertation for the University of Washington School of Nursing; anticipated completion May 2023

Recommended readings

Zaslavsky, O., Chu, F., & Renn, B. N. (2022). Patient digital health technologies to support primary care across clinical contexts: Survey of primary care providers, behavioral health consultants, and nurses. *JMIR Formative Research, 6*(2), e32664. doi: 10.2196/32664

Renn, B. N., Chu, F., & Zaslavsky, O. (2021). Telemental health after COVID-19: Understanding effectiveness and implementation across patient populations while building provider acceptance are the next steps. *The Journal of Clinical Psychiatry*, *82*(5), Article 21lr14037. doi: 10.4088/JCP.21lr14037

National Presentations:

Chu, F., Renn, B. N., Blakeney, E., Munson, S., & Zaslavsky, O. (2022, April). *Implementing task sharing of tele-mental health interventions in primary care*. Western Institute of Nursing (WIN) 55th Annual Communicating Nursing Research Conference, Portland, OR.

Renn, B. N., Zaslavsky, O., Chu, F., Ishado, E., & Areán, P. A. (2020, November). Task sharing to improve access to geriatric depression care in primary care: Barriers and facilitators reported by providers and staff. In B. N. Renn (Chair) & A. Haim (Discussant), *Improving usability and implementation of evidence-based psychotherapies: A human-centered design approach*. Symposium presented at the Association for Behavioral and Cognitive Therapies (ABCT) 54th Annual Convention, virtual conference.