Impact of Patient-Provider Communication on Adequacy of Depression Treatment for Women in the U.S.

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Background: Depression

• Among women, depression is the leading cause of health-related disability and the second leading cause of disease burden
• Depression and associated adverse risk behaviors may negatively impact women’s physical health
• Despite the existence of effective treatments, many women are untreated or undertreated

Background: Disparities in Treatment

• Disparities in depression treatment exist
  • Race/Ethnicity
  • Educational Attainment
  • Geographic Location

Background: Sources of Disparities

• Potential sources:
  – Patient preferences
  – Mistrust
  – Provider prejudice or bias
  – Communication
    • High quality communication behaviors in the medical interaction have been associated with improved outcomes
    • Disparities in the quality of patient-provider communication experienced exist

Gaps in the Literature

• Lack of population-based research on the relationship between provider communication behaviors and mental health care outcomes

Research Question

Is there an association between patient-centered communication behaviors and the receipt of adequate treatment for women with depression?
Methods

- **Data Source:**
  - Medical Expenditure Panel Survey (MEPS), 2002-2008

- **Sample:**
  - 3,179 adult women (representing 4,707,255 women nationally)
  - reported conditions or symptoms meeting criteria for ICD-9 codes for affective disorders (296 or 311) at any time point and
  - had visited a provider in the previous 12 months.

Key Measures

- **Language Spoken:** English vs. Others
- **Adequacy of Treatment**
  - **Adequate treatment:** women who in any 1 year received either:
    - at least 4 prescriptions related to depression treatment, or
    - at least 8 outpatient or office-based psychotherapy or counseling visits
  - **Some treatment:** women who reported any use of pharmacotherapy or psychotherapy in any round
  - **No treatment:** women who reported no pharmacotherapy or psychotherapy

- **Provider Communication Behaviors**
  - in the past 12 months, how often did doctors or other health providers...

<table>
<thead>
<tr>
<th>Communication Characteristic</th>
<th>Description of Variable</th>
</tr>
</thead>
<tbody>
<tr>
<td>Listening</td>
<td>listen carefully to you?</td>
</tr>
<tr>
<td>Explaining</td>
<td>explain things in a way you could understand?</td>
</tr>
<tr>
<td>Respect</td>
<td>show respect for what you had to say?</td>
</tr>
<tr>
<td>Spending Time</td>
<td>spend enough time with you?</td>
</tr>
</tbody>
</table>

Key Measures

- **Race/Ethnicity**
  - White (non-Hispanic)
  - Hispanic
  - Black (non-Hispanic)
  - Other (non-Hispanic)

- **Usual Source of Care**
  - Women who had a person or place they usually went if they were sick or needed advice about their health and that person or place was not an emergency department

Methods

- **Missing Data Strategy:**
  - Multiple imputation (MI) using chained equations (5 iterations)
  - All predictor and outcome variables included in the estimation models were also included in the imputation models
  - Descriptive characteristics of the study sample as well as characteristics of the outcome variables were consistent between the non-imputed and imputed samples

- **Statistical Approach:**
  - Univariate multinomial logistic regression
  - Multivariable multinomial logistic regression

RESULTS
Key Findings

- Patient’s language and quality of patient-centered communication were associated with depression treatment status
- Women who had a usual source of care had in increased likelihood of receiving adequate treatment
Potential Limitations

• Self-reported measure of depression
• Cross-sectional data
• Measurement of communication behaviors
• Adequacy of treatment

Implications

• Clinical Practice
  – Augment Provider Listening Behaviors
  – Ensuring equal language access
• Policy
  – Ensuring access to a usual source of care
  – Integration of mental health into patient-centered medical homes

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