

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

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Background: Disparities in Treatment

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

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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

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Gaps in the Literature

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

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Research Question

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

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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.

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Key Measures

- *Provider Communication Behaviors*

In the past 12 months, how often did doctors or other health providers...

Communication Characteristic	Description of Variable
Listening	listen carefully to you?
Explaining	explain things in a way you could understand?
Respect	show respect for what you had to say?
Spending Time	spend enough time with you?

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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

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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

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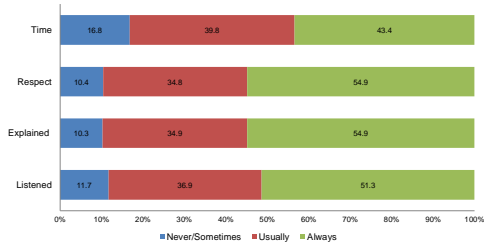
Methods

- **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

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RESULTS

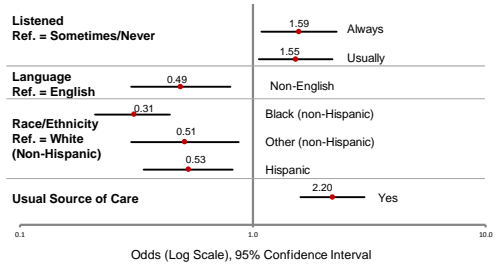
Ratings of Providers' Communication Behaviors



Results based on analyses of weighted sample (N = 3,179 , weighted N = 4,707,255)

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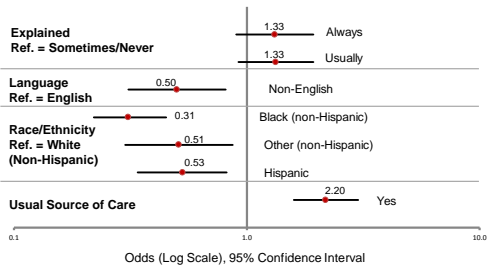
Adjusted Odds of Receiving Adequate Treatment



Odds (Log Scale), 95% Confidence Interval
Controlling for age, education, employment, insurance status, marital status, region, urbanicity, income, comorbid conditions, functional limitation status, health related quality of life, and previous use of health services.

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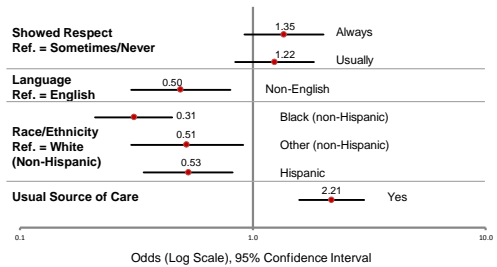
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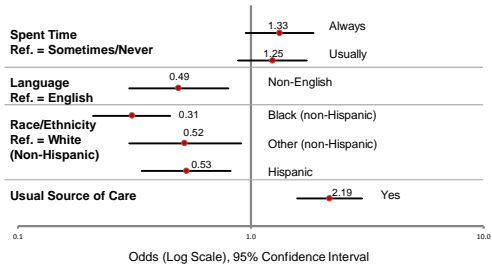
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Adjusted Odds of Receiving Adequate Treatment



Odds (Log Scale), 95% Confidence Interval
Controlling for age, education, employment, insurance status, marital status, region, urbanicity, income, comorbid conditions, functional limitation status, health related quality of life, and previous use of health services.

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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

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Potential Limitations

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

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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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QUESTIONS