

Few care management processes used for depression

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"These findings may indicate that U.S. primary care practices are not well equipped to manage depression as a chronic illness, despite the high proportion of depression care they provide," the authors write. "Policies that incentivize <u>depression</u> care management, including additional quality metrics, should be considered."

More information: <u>Abstract</u> <u>Full Text (subscription or payment may be required)</u>

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(HealthDay)—U.S. primary care practices use less than one care management process for depression, on average, according to a study published in the March issue of *Health Affairs*.

Tara F. Bishop, M.D., M.P.H., from Weill Cornell Medical College in New York City, and colleagues used national survey data for 2006 to 2013 to examine the use of five care management processes for depression and other chronic illnesses among U.S. primary care practices.

In 2012 to 2013, the researchers identified significantly less use of care management processes for depression compared with asthma, <u>congestive heart failure</u>, or diabetes. Practices used an average of less than one care management process for depression, with no change in this level since 2006 to 2007, regardless of practice size. In larger care practices, use of diabetes care management practices increased significantly.



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