Online Supplement to: "Practices of Depression Care in Home Health Care: Home Health Clinician Perspectives"

Interview Guide – Director of Nursing/Clinical Director/Director of Patient Care

Demographics

1. How long have you been working in home health care? Any experience in settings other than HH?

2. How long have you been working at this agency?

3. How long have you been at your current position?

Depression and Experience Prior to CAREPATH

1. How do you think depression affects your patient population?

Probe: Is it a big problem? If you were to put a number on that, approximately what % of your patients are likely depressed? To most of your patients, would you say that depression was a fairly new problem? Or, did it seem to exist before home health care? Or, both?

How does it interfere with home health care?

2. Prior to implementing the Cornell depression protocol, what do you think nurses would do when they saw patients who were bothered by depression?

Probe: Did you wish you could do better? What would be the ideal situation? Should depression (and other mental health issues) be managed together with medical conditions (esp. if they said that depression interfered with medical home care a lot.)? Is co-management realistic?

Experience with CAREPATH

1. Let's talk about your experience with the Cornell Depression Protocol?

    1) What appealed to you when you signed up for the study?

    2) Did it meet your expectation?

        2a) What had you expected but did not get?

        2b) What exceeded your expectation?

    3) Any particular components of the protocol that you think are most helpful?

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Barriers to sustained implementation

1. The Cornell study will soon come to an end. With that, nurse training, clinical support, and financial support will no longer be available. How likely do you think nurses at XXX would continue to practice the depression protocol at the current level?

2. [IF "LIKELY" OR "VERY LIKELY"]: What made you think so?

   [IF "NOT LIKELY" OR "NOT VERY LIKELY"]: What are the most important factors you had in mind that made it unlikely?

Final Reflections

1. So far we have focused on the clinical side of depression care. Other than clinical tools and technical assistance, are there other things that either help or hinder in a big way? What would they be?

Probe: Think about things that happen at your agency, in the home health market, or at the policy level.

- Support from the agency leadership? Competing priorities?
- Affiliation with hospitals or integrated health care systems?
- CMS payment policies and regulations?

2. Reflecting on our discussion so far, when it comes to depression, what would be the realistic expectations for home health agencies and nurses?

   - What are their roles and responsibilities?

   - How is depression different from other conditions?

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Interview Guide – Nursing Supervisor

Demographics

1. How long have you been working in home health care? Any experience in settings other than HH?

2. How long have you been working at this agency?

2. How long have you been at your current position? Do you currently see patients?

Depression and Experience Prior to CAREPATH

1. How do you think depression affects your patients?

Probe: Is it a big problem? If you were to put a number on that, approximately what % of your patients are likely depressed? To most of your patients, would you say that depression was a fairly new problem? Or, did it seem to exist before home health care? Or, both?

How does it interfere with home health care?

2. Prior to implementing the Cornell depression protocol, what do you think nurses would do when they saw patients who were bothered by depression?

Probe: Did you wish you could do better? What would be the ideal situation? Should depression (and other mental health issues) be managed together with medical conditions (esp. if they said that depression interfered with medical home care a lot.)? Is co-management realistic?

Experience with CAREPATH

1. Let's talk about your experience with the Cornell Depression Protocol.

    1) How was it helpful or not helpful?

    2) Any particular components of the protocol that you think are most helpful?

    3) Your nursing team may have experience with other programs to improve the quality of care. How does your experience with the Cornell depression protocol differ from your experience with those other programs?

Barriers to sustained implementation

1. The Cornell study will soon come to an end. With that, nurse training, clinical support, and financial support will no longer be available. How likely do you think nurses in your team would continue to practice the depression protocol once the study comes to an end?

2. [IF "LIKELY" OR "VERY LIKELY"]: What made you think so?

[IF "NOT LIKELY" OR "NOT VERY LIKELY"]: What are the most important factors you had in mind that made it unlikely?

Final Reflections

1. So far we have focused on the clinical side of depression care. Other than clinical tools and technical assistance, are there other things that either help or hinder in a big way? What would they be?

Probe: Think about things that happen both within and out of your control.

2. Reflecting on our discussion so far, when it comes to depression, what would be the realistic expectations for home health agencies and nurses?

    - What are their roles and responsibilities?

    - How is depression different from other conditions?

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Interview Guide – Home Health Nurse

Demographics

1. How long have you been working as a home health nurse?

2. How long have you been working at this agency?

3. Prior to home health care, have you worked in any other settings as a nurse? What are these settings?

Depression and Experience Prior to CAREPATH

1. Tell me about your experience caring for depressed patients:

    1) In general, how would you tell if a patient is depressed?

    2) Approximately what % of the patients you see seem to be depressed?

    3) How does depression interfere with the way you care for these patients?

2. [NURSES IN THE INTERVENTION ARM]: Prior to receiving the training for depression management, what did you normally do with depression?

[NURSES IN THE USUAL CAER ARM]: What do you normally do with depression?

Probe: Limit what you do to the minimum? Follow a protocol? Could you describe the protocol?

Experience with CAREPATH

1. [NURSES IN THE INTERVENTION ARM]: Could you describe your experience with the protocol?

    1) How is that helpful or not helpful to your practice? Any components that are particularly helpful?

    2) How would you compare it with trainings you received or protocols you used in the past for depression or other conditions?

[NURSES IN THE USUAL CAER ARM]: Do you think there is a better way (than is currently the case) to care for home health patients with depression? What would that be?

    1) Could you fit that into your daily practice?

    2) What kind of support and resources would you need?

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Barriers to sustained implementation

1. [NURSES IN THE INTERVENTION ARM]: When the Cornell study comes to an end, how likely do you think you will continue to use the protocol when caring for depressed patients?

[NURSES IN THE USUAL CARE ARM]: Think about trainings you received and protocols you learned about in the past to improve the quality of care. How likely do you think these efforts will have a lasting effect on the way you care for patients on a daily basis?

2. [IF "LIKELY" OR "VERY LIKELY"]: What made you think so?

[IF "NOT LIKELY" OR "NOT VERY LIKELY"]: What did you have in mind when you said it would be unlikely?

Final Reflections

1. So far we have focused on the clinical side of depression care. Other than clinical tools and technical assistance, are there things that are out of your control but matter a lot when it comes to better caring for depressed patients? What are they?

2. Reflecting on our discussion so far, do you think depression is something a home health nurse can and should take care of?

- Definitely yes, definitely not, partially?

- Realistically, what could home health nurses do to help patients with depression?

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Depression care in home health care: Best-practice recommendations, typical practices, and barriers to closing the gaps

Clinical functional area	Best-practice recommendations*	Typical practices#	Barriers pertaining to home health clinicians and physicians			
			Belief about scope of practice	Lack of knowledge and/or stigma towards depression	Poor communication with other care providers	Poor quality of antidepressant management by PCPs
Screening	PHQ-2 followed by PHQ-9 for patients scored >=3; 2 weekly follow-up screenings for initial score <=2	PHQ-2 use was routine; PHQ-9 use and follow-up screening to confirm absence of depression was rare	X	X		
Assessment	Nurse follows the course of and documents depression symptoms on a weekly basis using PHQ-9	No routine use of PHQ-9 to track symptom changes	X	X		
Case coordination	Nurse coordinates care with the patient's physician and/or mental health providers at agency	Nurses routinely contacted physicians, but challenges abound with timely communication, broken linkages between HHC	X	X	X	

Clinical functional area	Best-practice recommendations*	Typical practices#	Barriers pertaining to home health clinicians and physicians			
			Belief about scope of practice	Lack of knowledge and/or stigma towards depression	Poor communication with other care providers	Poor quality of antidepressant management by PCPs
		and primary care, and inter-clinician trust. Referral to agency social workers was a standard practice; post-referral coordination was poor or nonexistent.				
Medication management	Nurse monitors patient response and side effects of antidepressant treatment, conducts patient education and recommends changes in dosage or medications.	Nurses conducted medication reconciliation for antidepressants but would leave antidepressant management to the physicians.	X	X	X	X

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Clinical functional area	Best-practice recommendations*	Typical practices#	Barriers pertaining to home health clinicians and physicians			
			Belief about scope of practice	Lack of knowledge and/or stigma towards depression	Poor communication with other care providers	Poor quality of antidepressant management by PCPs
Patient education and goal setting	Nurse educates patients to dispel misperceptions and stigma about depression and helps set goals for self-care, pleasurable activities, and social contact.	Nurses strongly endorsed a role to educate patients about depression. Actual roles are unknown.	X	X		

*Summarized based on Bruce et al. 2011(1)
#Typical practices prior to the CAREPATH intervention
"X" in the table indicates that the barrier was associated with gaps in the clinical function area

References

1. Bruce ML, Raue PJ, Sheeran T, et al.: Depression Care for Patients at Home (Depression CAREPATH): home care depression care management protocol, part 2. Home healthcare nurse 29:480-9, 2011