

Differential Effectiveness of Enhanced Depression Treatment for Rural and Urban Primary Care Patients

Executive Summary

The goal in this research was to examine whether or not there is a differential impact of enhanced depression care on patient outcomes in rural versus urban primary care settings and whether differences any are mediated by receiving evidence-based care (pharmacotherapy and specialty care counseling). We conducted a secondary analysis of the Quality Enhancement for Strategic Teaming (QuEST) study data, which is composed of a consecutively sampled cohort of 479 depressed primary care patients recruited from 12 practices in 10 states for two years. Our findings indicated that enhanced care for depression improved mental health status over 18 months for urban primary care populations, but not rural patients. Intervention impact on depression severity was more observable in the urban than the rural group, although this difference did not reach statistical significance. Intervention effects on both outcomes were not mediated by pharmacotherapy or specialty care counseling in the urban or rural group.

Enhanced depression care models appear to improve outcomes in urban but not rural populations. Further research is needed to identify potential intervention mediators for rural primary care patients. For example, researchers should examine external factors such as the role of social support and stressful life events that might impact intervention effectiveness. If these factors are shown to mediate intervention impact, interventions to enhanced depression care should be redesigned. Second, these redesigned models need to be tested in rural practices. Because we observed virtually no clustering at the physician or clinic level, future studies should consider randomizing at the patient-level, rather than the clinic level. Findings from this research can then be used to tailor enhanced depression care interventions for rural populations. These tailored interventions should be carefully evaluated before enhanced depression care models are disseminated to rural populations.