Effect of Primary Care Provider Stigma on Appropriate Follow Up PHQ-9 Administration

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Background

- Depression: number one disease burden in first world countries
  - Usually managed in primary care
- Stigma: "co-occurrence of labeling, stereotyping, separation, status loss, and discrimination where power is exercised"
- Non-US studies: primary care providers (PCPs) have higher stigma than mental health specialists
- Relationship between provider stigma and management of depression unknown

Aims

1. Describe provider stigma in two academic, internal medicine clinics
2. Evaluate current depression management practices using PHQ-9 data
3. Determine if a correlation exists between stigma and appropriate PHQ-9 administration

Methods

Provider survey

- Validated Opening Minds Scale for Health Care Providers (OMS-HC) survey to measure stigma related to depression
  - 15, five point Likert scale questions
  - Scores range from 15 (low stigma) to 75 (high stigma)
  - Incentivized with $10 gift cards
  - Distributed electronically
- Baseline demographics also collected

Depression management practices

- Retrospective chart review from July 1, 2015 through September 30, 2016
- Inclusion criteria
  - PHQ-9 ≥10 by internal medicine provider
  - Patient alive for entire study duration
- Appropriate PHQ-9 administration – follow up PHQ-9 within 6 months of a PHQ-9 ≥10 (i.e. index PHQ-9)
  - Data collection variables
    - First PHQ-9 ≥10 date and score
    - Follow up visit dates and PHQ-9 scores

Methods (continued)

- Appropriate administration ratio calculated for each provider and plotted with stigma score
- Primary outcome: correlation between stigma and appropriate PHQ-9 administration
- Secondary outcomes: correlation between appropriate PHQ-9 administration and age, gender, provider type, and personal mental illness exposure; description of PCP stigma

Results to Date

- Currently ongoing (March 28, 2017 to present)
- 44 of 107 completed survey thus far (41% response rate)

Baseline Characteristics and Preliminary Stigma Scores

Characteristic	Number (%) (n=44)	Mean stigma score (15 to 75)
Gender		
Male	24 (54.5)	30.6
Female	20 (45.5)	28.6
Provider type		
Attending physician	21 (47.7)	27.6
Resident physician	21 (47.7)	31.8
Midlevel provider	2 (4.6)	n/a
Age		
25 to 29	15 (34)	31.2
30 to 39	11 (25)	31.2
40 to 49	8 (18.2)	27.5
50 to 59	9 (20.5)	26.7
60 and older	1 (2.3)	n/a
Do you or someone you know have a mental illness?		
Yes	36 (81.8)	29.5
No	7 (15.9)	32.0
Prefer not to answer	1 (2.3)	n/a
Are you or someone you know in treatment for a mental illness?		
Yes	30 (68.2)	29.3
No	13 (29.5)	31.5
Prefer not to answer	1 (2.3)	n/a
PHQ-9 Assessment Confidence		
Below average	4 (9.1)	34.3
Above average	24 (54.5)	29.4
Excellent	16 (36.4)	29.1
Frequency of diagnosing depression		
Rarely	2 (4.6)	37.5
Occasionally	14 (31.8)	32.4
Frequently	28 (63.6)	27.8
Frequency of treating depression		
Rarely	1 (2.3)	n/a
Occasionally	13 (29.5)	33.7
Frequently	30 (68.2)	27.8

Stigma Questions

Domain 1: Attitudes of Health Care Providers Towards People with Mental Illness
I am more comfortable helping a person who has a physical illness than I am helping a person who has depression.
Despite my professional beliefs, I have negative reactions towards people who have depression.
There is little I can do to help people with depression.
More than half of people with depression don't try hard enough to get better.
Healthcare providers do not need to be advocates for people with depression.
I struggle to feel compassion for a person with depression.
Domain 2: Disclosure/help-seeking
If I were under treatment for depression I would not disclose this to any of my colleagues.
I would see myself as weak if I had depression and could not fix it myself.
I would be reluctant to seek help if I had depression.
If I had depression, I would tell my friends.
Domain 3: Social Distance
If a colleague with whom I work told me they had depression that was managed, I would be just as willing to work with him/her.
Employers should hire a person with managed depression if he/she is the best person for the job.
I would still go to a physician if I knew that the physician had been treated for depression.
I would not want a person with depression, even if it were appropriately managed, to work with children.
I would not mind if a person with depression lived next door to me.

Conclusion and Future Directions

- Range of stigma among primary care providers
- More survey responses needed for comparisons
- Correlation of stigma with PHQ-9 administration

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