Beating the Blues: Using Technology to Increase Access to Treatment for Depression and Anxiety

Sunflower Foundation Integrated Care Initiative Learning Collaborative
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COMCARE of Sedgwick County
Presentation Objectives

• Context
• Drivers for embracing online CBT and why
  Beating the Blues
• Implementation/building a presence
• Measuring change/Outcomes
• Lessons learned

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Context for Using Beating the Blues

- 2011 – explored technology options. Were planning ahead for primary care integration
- 2012 – purchased/implemented BTB’s
  - Increased volume
  - Access
  - Addressing unmet needs
  - Innovative
- 2014 – where we are today
Our Drivers

• Putting the person back at the center of what we do – empowering individuals
• Equitable Access
• Reducing stigma/increasing awareness
• Challenge existing perceptions/interests
• Link between physical and behavioral health
• Acceptance of technology- embracing innovation
• Provides us more options in a stepped care approach
So Why Beating the Blues

Evidence
Beating the Blues® has been through independent randomised controlled trials.

Beating the Blues US is now included in SAMHSA’s National Registry of Evidence-based Programs and Practices after meeting its requirements for review. SAMHSA stated that Beating the Blues US “has been independently assessed and rated for Quality of Research and Readiness for Dissemination.”

“The independent recognition by SAMHSA is a major milestone for U Squared Interactive,” said Diane P. Holder, Chairman of the Board of U Squared Interactive. “Beating the Blues US is the only computerized CBT program to achieve this and confirms that our evidence base sets us apart from all other products on the market.”
Depression and Anxiety

• Very common – treated most often in PH settings
• Among the largest causes of disability internationally
• Significant economic consequences
• Co-exist with may other emotional and physical problems
• Can (and should) be treated and managed
Implementation Considerations

- Measurements/suicide question (PHQ-9 and GAD-7)
- Focused on marketing it in-house
- Under COMCARE Mother ship, but outside it in perception
- Dedicated e-mail: beatingtheblues@sedgwick.gov
- Dedicated phone line
- Dedicated staff – critical characteristics
- Brief video and orientation
- Coaching model
- Marketing cards
- Marketing posters
- Consultation with Scotland
- Open Access for full community
- Use of Reports

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The Key to Beating the Blues is at Your Fingertips

What is Beating the Blues?
Beating the Blues is proven to help reduce your depression and anxiety. This online resource offers 8 weekly sessions that empower users to take an active role in their own care.

The Benefits:
- Accessible anywhere with an internet connection
- Confidential and private
- Coaching support
- Move at your own pace
- Experience less anxiety and depression
- No cost

7 out of 10 people who have used Beating the Blues have been able to reduce their depression or anxiety symptoms.

How do I begin?
- Contact a COMCARE Beating the Blues coach at 660-7919 or
- Email your contact information to BeatingTheBlues@sedgwick.gov or
- Ask your doctor about a referral. Call 660-7919 to provide contact information for the person being referred.

What did others say after using Beating the Blues?
"People should really give it a try. I have been in therapy before, but not until Beating the Blues have I been able to see how my thoughts and behaviors affected my feelings."
"I really like it because I get to think about my responses and not come up with something on the spot like I would in a therapist's office."

COMCARE
Sedgwick County... working for you

www.beatingthebluesus.com
Sometimes life gets you down. Get back up.

Beating the Blues

Get back up with 8 online sessions that help reduce your depression and anxiety. With Beating the Blues, you set the pace, you control your progress.

Email your contact information to BeatingTheBlues@sedgwick.gov or call COMCARE of Sedgwick County at 660-7618 to begin.
Is depression and anxiety sinking your ship?

Beating the Blues

Stay afloat with 8 online sessions that help reduce your depression and anxiety. With Beating the Blues, you set the pace, you control your progress.

Email your contact information to BeatingTheBlues@sedgwick.gov or call COMCARE of Sedgwick County at 660-7618 to begin

beating the blues US

Sedgwick County... working for you
What is CBT and Computerized CBT?

- CBT is evidenced based
- Utilized around the world, well researched
- Focuses changing how you think (the cognitive bit) and what you do (the behavioral bit)
- Shown to be as effective as anti-depressants
- Add an internet connection – becomes cost effective to deliver.
- Similar outcomes to face-to-face services for mild and moderate depression
- Accepted by patients
- Supports practitioners
- Widens scope of services
Beating the Blues

- Completely online
- Evidence based
- Utilized around the world for over 10 years
- Developed to meet the demands of Primary Care
- Limited “professional” intervention
- First to introduce computerized CBT
- 8 weekly online sessions
- Accessible whenever and wherever there is an internet connection.
Benefits

• Confidential
• Fiscally sound
• Widens access (24/7)
• Improves/increases choice
• Provides outcome metrics
• Demo

www.beatingthebluesus.com
Lessons Learned

- Change is hard
- Patient acceptance is high
- Coaching is a critical component
- Organizational change takes time
- You must have champions committed to the innovation
- Keep going even if it is messy or difficult
- Participants do not have to complete all 8 sessions to benefit
Faces of Sedgwick County Beating the Blues

Amy, Joan and Kaitlin
Fun Facts and Outcomes

• As of last week: Over 230 participants completing close to 1,000 sessions.
• Kaitlin – dissertation project (N= 181 – as collected earlier this year.
• Unique in that BTB’s was developed for mild to moderate – we had large number in severe range
<table>
<thead>
<tr>
<th>Severe Symptoms- PHQ-9/GAD-7 of 15 or higher</th>
<th>Non-Severe Symptoms</th>
<th>Combined N</th>
</tr>
</thead>
<tbody>
<tr>
<td>116</td>
<td>65</td>
<td>181</td>
</tr>
</tbody>
</table>

Mean age--- 45.03
Female mean age- 44.63
Male mean age 46.06
38/181 completed all eight sessions, now we have 63

**Ave number of sessions completed**
- All = 3.8,
- female = 3.5,
- male = 4.5

**Completion rate**
- Non-Severe males- 41% compared to non-severe females 15%
- Severe males 26%, severe females 19%

**PHQ9 changes--- completers**
- Male severe = 10
- Male non-severe = 5.57
- Female severe = 5.5
- Female non-severe = 2.86

**GAD7 changes--- completers**
- Male severe = 8.6
- Male non-severe = 3.7
- Female- severe = 8.19
- Female non-severe = 1.71

### Qualitative Data – What Participants report helped them complete the program

<table>
<thead>
<tr>
<th>Reason</th>
<th>Number of participants</th>
<th>Percent of participants</th>
</tr>
</thead>
<tbody>
<tr>
<td>Coaching</td>
<td>4</td>
<td>23.53%</td>
</tr>
<tr>
<td>Enjoyed program</td>
<td>6</td>
<td>35.29%</td>
</tr>
<tr>
<td>Program challenged me</td>
<td>3</td>
<td>17.65%</td>
</tr>
<tr>
<td>Liked the characters in the program</td>
<td>4</td>
<td>23.53%</td>
</tr>
<tr>
<td>Convenience</td>
<td>4</td>
<td>23.53%</td>
</tr>
<tr>
<td>Specific lesson or coping technique</td>
<td>7</td>
<td>41.18%</td>
</tr>
</tbody>
</table>

Perception of Coaching – Did participants believe the coaching had an effective on their depression/anxiety?

<table>
<thead>
<tr>
<th>Response</th>
<th>Participant number/ percentage</th>
<th>Completer number/ percentage</th>
<th>Non-completer number/percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>17 65.39%</td>
<td>11 64.71%</td>
<td>6 66.66%</td>
</tr>
<tr>
<td>No</td>
<td>4 15.39%</td>
<td>2 11.75%</td>
<td>2 22.22%</td>
</tr>
<tr>
<td>Motivational/Moral support</td>
<td>5 19.23%</td>
<td>4 23.53%</td>
<td>1 11.11%</td>
</tr>
</tbody>
</table>

Why coaching helped with symptom reduction

<table>
<thead>
<tr>
<th>Reason</th>
<th>Number of Participants</th>
<th>Percent of Participants</th>
</tr>
</thead>
<tbody>
<tr>
<td>Real person to talk to</td>
<td>4</td>
<td>23.53%</td>
</tr>
<tr>
<td>Filled a gap</td>
<td>5</td>
<td>29.41%</td>
</tr>
<tr>
<td>Encouraging/Motivational</td>
<td>3</td>
<td>17.65%</td>
</tr>
<tr>
<td>Vague/Unclear</td>
<td>5</td>
<td>29.41%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Type of services</th>
<th>Number of participants, % of participants</th>
<th>Number of completers, % of completers</th>
<th>Number of non-completers, % of non-completers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medication management</td>
<td>15</td>
<td>12</td>
<td>3</td>
</tr>
<tr>
<td></td>
<td>57.69%</td>
<td>70.59%</td>
<td>33.33%</td>
</tr>
<tr>
<td>Individual Therapy</td>
<td>8</td>
<td>6</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td>30.77%</td>
<td>35.29%</td>
<td>22.22%</td>
</tr>
<tr>
<td>Group Therapy</td>
<td>6</td>
<td>4</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td>23.08%</td>
<td>23.53%</td>
<td>22.22%</td>
</tr>
<tr>
<td>Addictions treatment</td>
<td>3</td>
<td>2</td>
<td>1,11.11%</td>
</tr>
<tr>
<td></td>
<td>11.54%</td>
<td>11.77%</td>
<td></td>
</tr>
<tr>
<td>Case management</td>
<td>2</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>7.69%</td>
<td>5.88%</td>
<td>11.11%</td>
</tr>
<tr>
<td>Peer Support</td>
<td>1</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>3.84%</td>
<td>0.00%</td>
<td>11.11%</td>
</tr>
</tbody>
</table>