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## Telephone-based Depression Treatment Program Effective While Cost Efficient

Patients who receive structured, telephone-based support to manage their depression gain significant benefits with only moderate increases in health care costs compared to those who receive usual care, according to an NIMH-funded analysis published in the October 2009 issue of the *Archives of General Psychiatry*.

**Background**

Previous research found structured depression treatment programs in primary care to be effective, but the success of their dissemination likely will depend on whether benefits can be balanced with costs, according to researchers at Group Health Research Institute in Seattle led by Gregory Simon, M.D., M.P.H.

Simon and colleagues conducted a randomized controlled trial of a telephone-based depression treatment program within one health care plan. Between November 2000 and June 2004, 600 patients were randomly assigned for two years to one of three depression treatment groups:

- telephone care management that included outreach calls for monitoring and support;
- telephone care management plus telephone-based cognitive behavioral therapy (CBT); or
- usual care, which consisted of follow-up by a primary care provider and referral to a mental health care specialist.

Previously published data showed that telephone care management plus CBT yielded the most significant and sustained improvements in depression, while the care management program alone showed modest improvements.<sup>1,2</sup> This most recent paper examined the cost effectiveness of the program.

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## Results of the Study

When compared to usual care, participants who received telephone care plus CBT had 46 more depression-free days at an increased cost of \$397 over usual care. Those who received just telephone care had 29 more depression-free days at an increased cost of \$676 over usual care. Costs included outpatient depression treatment as well as health care plan costs for all other outpatient services. Although adding CBT to telephone care management required more upfront costs, it led to more significant and sustained improvements, and therefore, more modest costs overall.

## Significance

The findings offer some guidance to insurers and health care systems that are considering ways to improve depression care. Both interventions led to increased spending over usual care, but the costs were balanced by improvements in depression symptoms, potentially allowing for improved worker productivity.

## What's Next

Additional research is needed to determine to what extent depression and depression treatment affect other economic factors such as work productivity and burden on families. In addition, findings may be different among health care plans that calculate mental health care costs separately from overall health care spending.

## References

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<sup>1</sup>Simon GA, Ludman EJ, Tutty S, Operskalski B, Van Korff M. Telephone psychotherapy and telephone care management for primary care patients starting antidepressant treatment: a randomized controlled trial. *Journal of the American Medical Association*. 2004;292(8): 935-942.

<sup>2</sup>Ludman EJ, Simon GE, Tutty S, Von Korff M. A randomized trial of telephone psychotherapy and pharmacotherapy for depression: continuation and durability of effects. *Journal of Consulting and Clinical Psychology*. 2007;75(2): 257-266.

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