

# Development of an Interventional Psychiatry Clinic for Treatment Resistant Depression: Administrative, Clinical, and Measurement Considerations

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## OBJECTIVES

- Treatment-resistant depression (TRD) is associated with substantial healthcare resource utilization, morbidity, and mortality.
- Treatments have emerged that can offer relief to patients with depression that is difficult to treat.
- These treatments include repetitive transcranial magnetic stimulation (rTMS) and esketamine. However, these are not routinely offered within our health authority.
- This project addresses the question: what are the clinical, administrative, and measurement considerations involved in the inception of an Interventional Psychiatry Clinic? This clinic offers a streamlined approach to treatments for TRD, including ECT, rTMS, and ketamine.

## METHODS

The approach to development of the clinic involved:

1. Integration of critical review of research and clinical experience, including determination of patient need.
2. A business case was created that outlined not only medical need for the services, but also administrative considerations, including alignment with strategic framework, analysis of organizational risks, and resource allocation including materials, staffing, and expenditures.
3. Clinical protocols were created, which balanced evidence-based practice with the constraints of routine clinical practice; included referral pathway and in/exclusion criteria; and proposed a method of triage for patient referral to ECT, rTMS, and ketamine.

## RESULTS

A sample of patients who had received clinical care via the esketamine clinic provided information regarding patient exemplars likely to access the Interventional Psychiatry Clinic. These patients generally had: early age of onset/lengthy illness durations, multiple psychiatric comorbidities, and multiple failed trials of antidepressants.

The business case involved: description of rTMS and ketamine, rationale for clinic, resources required, benefits of clinic vs. status quo, and risks to project realization. See Table 1.

The clinical protocol included: treatment protocols, contra/indications, procedure and setting, safety and risk mitigation. See Table 2 for descriptions of tools used in the context of an evidence-based care model.

## CONCLUSION

- Development of programs within health authorities involve multiple facets of physician medical expert CANMEDs roles, including scholar, advocate, communicator, and collaborator.
- Physician, interdisciplinary, and administrative collaboration was of utmost importance.
- Relevance to local context and organizational priorities is a key consideration.
- Quality improvement and measurement-based care is an essential consideration in project design.

## Reference / Bibliography

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Table 1: Business Case and Description

Element of Business Case	Description
Background	TRD, Ketamine, rTMS in non-technical language
Rationale	Local prevalence of TRD and associated burden Limited treatment options, limitation of current treatment offerings Availability of rTMS and ketamine other regions
Resources required	Capital investments, supplies, and staffing
Benefits of TRD clinic vs. Risks of non-action	Clinical benefits (measurement-based care of relevance) Organizational benefits (align with values and strategic direction) Societal benefits (personal and economic burden) Risks are increased morbidity and disparity in access to care
Risks to project and risk mitigation	Staffing, organizational support, budget restriction, demand>supply, regulatory change

Table 2: Outcome Assessment

	Measure Name	Description
Depression and Suicide	Montgomery Asberg Depression Rating Scale (MDRAS)	15 minute, clinician-rated depressive symptoms scale
	Patient Health Questionnaire-9 (PHQ-9)	<3 min, self-report depressive symptoms scale
	Columbia Suicide Scale	<5 min, clinician-rated suicide scale
Comorbidities	Generalized Anxiety Scale	<3 min, self-report anxiety scale
	Young Mania Rating Scale	15 min, clinician-rated manic symptom scale
General Psychiatric Health	Clinical Global Impression Scale	<1 min, clinician-rated global severity scale
	Quality of Life Enjoyment Satisfaction Scale	<5 min, self-report QOL scale
QOL	Visual Analogue Scale	<1 min, self-report QOL scale
	Work and Social Adjustment Scale	<2 min, self-report functional impairment scale
	Visual Analogue Scale	<1 min, collateral-rated QOL scale
Collateral	Quality of Life Enjoyment Satisfaction Scale	<5 min, self-report QOL scale
	Transcranial Magnetic Stimulation Adult Safety Screen (TASS)	<4 min, clinician-rated safety tool for rTMS administration
Safety	Ketamine Side Effect Tool (KSET)	Clinician-rated safety tool for ketamine administration

