Patients’ and doctors’ views on depression severity questionnaires incentivised in UK quality and outcomes framework: qualitative study

Christopher Dowrick,1 Geraldine M Leydon,2 Anita McBride,2 Amanda Howe,3 Hana Burgess,2 Pamela Clarke,1 Sue Maisey,1 Tony Kendrick2

STUDY QUESTION What are general practitioners’ and patients’ views of the introduction of severity questionnaires for depression and their interpretation in practice?

SUMMARY ANSWER General practitioners were more cautious about the validity and utility of severity measures than were patients. Doctors favoured clinical judgment over questionnaires, whereas patients placed more weight on questionnaires as an objective adjunct to medical judgment and an indication of doctors’ careful assessment.

Rationale, design, data collection method
Since April 2006 the UK quality and outcomes framework (QOF) has offered financial incentives to general practitioners to measure the severity of depression, using validated questionnaires, at the outset of treatment in all diagnosed cases. How and patients view this is unclear. We did a semistructured qualitative interview study to examine their views.

Participants and setting
Thirty four general practitioners and 24 patients from Southampton, Liverpool, and Norfolk took part.

Recruitment/sampling strategy
The doctors were recruited from a parallel quantitative study. Potential patients for participation were identified by general practitioners during routine consultations, by written invitation, or by self referral.

Data analysis method
Semistructured interviews were done by researchers. Topic guides included views on intended and unintended consequences of the introduction of the depression severity indicator. Analysis of transcribed interviews followed the principles of constant comparison.

Main findings
Patients generally favoured the measures of severity for depression, whereas general practitioners were generally cautious about their validity and utility and sceptical about the motives behind their introduction. Both doctors and patients considered that assessments of severity should be seen as one aspect of holistic care. Doctors considered their clinical judgment to be more important than objective assessments and were concerned that the assessments reduced the human element of the consultation. Patients were more positive about the questionnaires, seeing them as an efficient and structured supplement to medical judgment and as evidence that doctors were taking their problems seriously. Doctors and patients were aware of the potential for manipulation of indicators: for economic reasons for doctors, and for patients to avoid stigma or achieve desired outcomes.

Implications
Patients’ favourable responses suggest that the depression severity measures may have benefits for primary care consultations, by increasing patients’ confidence that doctors are taking their mental health seriously. Education of primary care staff may be necessary to optimise the use of the measures. In future, quality indicators should be piloted before their introduction. The findings of both convergence and divergence between doctors’ and patients’ perspectives are likely to have relevance beyond the UK’s indicators for depression care.

Bias, limitations, generalisability
Doctors who took part in this study may have expressed stronger opinions than the norm: we need to be aware of the complexity of doctors’ narratives. Patients recruited through general practitioners may have been relatively sympathetic to general practice. We could not assess whether patients’ responses may have varied according to current severity of depression.

Study funding/potential competing interests
Funding came from Lilly, Lundbeck, Servier, and Wyeth pharmaceuticals; Southampton City Primary Care Trust; and the Mental Health Research Network. The study sponsor was the University of Liverpool. None of the above bodies had any role in the conduct of the study or its publication. TK and CD are mental health expert advisors for the UK GP contract QOF.

This is a summary of a paper that was published on bmj.com as BMJ 2009;338:b663