

**Compliance and Drop Out Rates Among Minority Patients in Collaborative Care Management for Depression**

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Treatment compliance continues to be a challenge in chronic disease management. Depression is not an exception with low treatment engagement seen particularly among minority population. The collaborative care model (CCM) has been shown to potentially improve treatment engagement in this group. We conducted a retrospective study aimed at comparing treatment engagement in CCM, measured by compliance and drop-out rates, between minority and non-minority groups.

Using the registry, records of patients eligible for CCM from March 2008 until August 2013 were reviewed. Both 6 month compliance and drop-out rates were compared between Caucasian and minority (non-Caucasian) patients followed under CCM. Treatment compliance between minority patients enrolled in CCM and those in usual care (UC) was also evaluated.

Of 624 minority patients eligible for CCM, 38.6% (N=241) enrolled; the rest stayed in UC. Compliance with 6 month follow-up was 61.8% (n=149) among minority patients in CCM vs. 12.3% (n=47) in UC (p value =0.0001). Within CCM, compliance was lower in minority group than in Caucasians although not statistically significant (p value=0.058). Six month drop-out rate from CCM was significantly higher in minority patients compared to Caucasians (36.1% vs. 27.9%, p value=0.011).

While CCM appear to improve compliance with depression treatment among minority patients, treatment engagement in this population group remains a challenge as reflected by lower compliance and higher dropout rate. Identifying barriers to treatment retention and re-evaluating CCM process to address these barriers are key elements to successful implementation of this model in depression management among minority patients.