# The Journal of Clinical Psychiatry

### Supplementary Material

Article Title: Virtual Collaborative Care Versus Specialty Psychiatry Treatment for Depression or Anxiety

- Authors:Kathryn K. Ridout, MD, PhD; Mubarika Alavi, MS; Catherine Lee, PhD; Lisa Fazzolari, DO;<br/>Samuel J. Ridout, MD, PhD; Maria T. Koshy, MD; Brooke Harris, PhD; Sameer Awsare, MD;<br/>Constance M. Weisner, DrPH; Esti Iturralde, PhD
- **DOI Number:** 10.4088/JCP.24m15332

#### LIST OF SUPPLEMENTARY MATERIAL FOR THE ARTICLE

- 1. Table 1 Target Trial Protocol: Specification and Emulation Using Observational Data
- 2. <u>Table 2</u> International Statistical Classification of Diseases and Related Health Problems, Clinical Modification (ICD-10-CM) Diagnostic Codes for Depressive or Anxiety Disorders
- 3. <u>Table 3</u> Unadjusted Patient Depressive and Anxiety Symptom Outcomes

#### DISCLAIMER

This Supplementary Material has been provided by the author(s) as an enhancement to the published article. It has been approved by peer review; however, it has undergone neither editing nor formatting by in-house editorial staff. The material is presented in the manner supplied by the author.

## Supplementary Table 1. Target trial protocol. Specification and emulation using observational data

			Emulation using	
Protocol component	Description	Specification	observational cohorts	
<b>I</b>			Same as for	
			specification.	
			Required data for	
			each person: primary	
			diagnosis, age,	
			screening eligibility,	
			symptom screening,	
			and treatment	
			appointment status,	
		Patients with an ICD	treatment strategy	
		diagnosis for	assignment, symptom	
		depression or anxiety	measure for	
		between April 1 <sup>st</sup> ,	depression or anxiety	
		2020, to May 31 <sup>st</sup> ,	at baseline, suicide-	
		2021; age $\geq 18$ ;	related diagnosis or	
		symptom measure $\geq 5$	positive answer to	
		to <15; no suicide	question 9 of the	
	Who will be	intent in the last 30	PHQ-9 30 days prior	
	included in the	days	to eligibility	
Eligibility criteria	study?		screening	
		1. Collaborative care		
		for depression:		
		Systematic symptom		
		monitoring tied to		
		treatment. Therapy		
		frequency and		
		medication addition		
		determined based on		
		symptoms and follows		
		a recommended		
		protocol.	Same as for	
		2. Specialty	specification	
		psychiatry: Patient	Required data:	
		meets with a	baseline appointment	
		psychiatrist and	with one of the two	
	· · · · · · · · · · · · · · · · · · ·		interventions, clinical	
	What interventions	determined and	measurement of	
<b>—</b>	will eligible persons	scheduled based on	depressive or anxiety	
Treatment strategies	receive?	clinical judgement	symptoms	
<b>—</b> • •	How will eligible	Pragmatic trial	Eligible persons will	
Treatment	persons be assigned	without blind	be assigned to the	
assignment	to the interventions?	assignment.	strategies with which	

		Participants will be	their data were	
		randomly assigned to	compatible at the time	
		either strategy and	of eligibility. Inverse	
		will be aware of the	probability score	
		strategy to which they	weighing performed	
		have been assigned.	from eligibility	
			screening to adjust for	
			confounders to	
			emulate the random	
			assignment of	
			treatment strategies.	
			Same as for	
			specification.	
	What outcomes in	Change in PHQ-9 or	Required data:	
	eligible persons will	GAD-7 score from up	baseline and follow-	
	be compared among	to 6 months compared	up PHQ-9 and GAD-	
Outcome	intervention groups?	to baseline	7 scores	
	During which period	Starts at baseline and	Same as for	
	will eligible persons	ends at 6 months plus	specification.	
	be followed in the	two weeks after	Required data: date of	
Follow-up period	study?	baseline	loss to follow-up	
	Which			
	counterfactual		Observational	
	contrasts will be	Intention-to-treat	analogue of the	
	estimated using the	effect (effect of being	intention-to-treat	
Causal estimand	above data?	assigned to treatment)	effect	
		Intention-to-treat		
		effect estimated via		
		comparison of 6-		
		-		
		month PHQ-9 change		
		in symptoms from		
		baseline among		
		individuals assigned		
		to each treatment		
		strategy. For patients		
		without follow-up		
		symptom measures,		
		impute from the		
	How will the	baseline symptom		
	counterfactual	value (assumes a		
	contrasts be	conservative null	Same as intention-to-	
Statistical analysis	estimated?	effect).	treat analysis	

## Supplementary Table 2. International statistical classification of diseases and related health problems, clinical modification (ICD-10-CM) diagnostic codes for depressive or anxiety disorders

Anxiety disorders

F06.4	06.4 Anxiety Disorder Due To Known Physiological Condition				
F10.280	Alcohol Dependence With Alcohol-Induced Anxiety Disorder				
F12.180	Cannabis Abuse With Cannabis-Induced Anxiety Disorder				
F12.280	Cannabis Dependence With Cannabis-Induced Anxiety Disorder Sedative, Hypnotic Or Anxiolytic Use, Unspecified With Sedative, Hypnotic				
F13.980	Or Anxiolytic-Induced Anxiety Disorder				
F15.280	Other Stimulant Dependence With Stimulant-Induced Anxiety Disorder				
F16.980	Hallucinogen Use, Unspecified With Hallucinogen-Induced Anxiety Disorde Other Psychoactive Substance Dependence With Psychoactive Substance-				
F19.280	Induced Anxiety Disorder				
F40.9	Phobic Anxiety Disorder, Unspecified				
F41.1	Generalized Anxiety Disorder				
F41.8	Other Specified Anxiety Disorders				
F41.9	Anxiety Disorder, Unspecified				
F93.0	Separation Anxiety Disorder Of Childhood				
Adjustment disorder with anxiety					
F43.22	Adjustment Disorder With Anxiety				
Depressive disorders					
F32.0	Major Depressive Disorder, Single Episode, Mild				
F32.1	Major Depressive Disorder, Single Episode, Moderate Major Depressive Disorder, Single Episode, Severe Without Psychotic				
F32.2	Features				
F32.3	Major Depressive Disorder, Single Episode, Severe With Psychotic Features				
F32.4	Major Depressive Disorder, Single Episode, In Partial Remission				
F32.5	Major Depressive Disorder, Single Episode, In Full Remission				
F32.9	Major Depressive Disorder, Single Episode, Unspecified				
F33.0	Major Depressive Disorder, Recurrent, Mild				
F33.1	Major Depressive Disorder, Recurrent, Moderate				

- F33.2 Major Depressive Disorder, Recurrent Severe Without Psychotic Features
- F33.3 Major Depressive Disorder, Recurrent, Severe With Psychotic Symptoms
- F33.41 Major Depressive Disorder, Recurrent, In Partial Remission
- F33.42 Major Depressive Disorder, Recurrent, In Full Remission
- F33.9 Major Depressive Disorder, Recurrent, Unspecified

Adjustment disorder with depressed mood

- F43.21 Adjustment Disorder With Depressed Mood
- F43.23 Adjustment Disorder With Mixed Anxiety And Depressed Mood

	Depression N=8,166		Anxiety N=1,411	
	Collaborative care	Specialty psychiatry	Collaborative care	Specialty psychiatry
	(n=1,466; 18%)	(n=6,700; 82%)	(n=349; 24.7%)	(n=1,062; 75,3%)
Using last observation for follow-up				
Remission score*	632 (43%)	1,779 (27%)	11 (0.3%)	1 (0.1%)
Score 50% of baseline	806 (55%)	2,394 (36%)	80 (14%)	81 (10%)
Mean follow-up time, days	108		84	
	105	109	78	86
Mean baseline score	9.1	10.0	10.6	11.2
Mean last follow-up score in six months	4.9	7.6	8.8	10.8
Mean difference from baseline	-4.2	-2.6	-2.4	-0.9
Using all repeated observations for follow-up				
Mean time in treatment, days	73		67	
	61	78	56	71
Mean baseline score	9.3	10.3	11.2	11.5
Mean all scores in six months	6.1	8.7	9.9	11.4
Mean difference from baseline	-3.2	-1.7	-1.6	-0.5

#### Supplementary Table 3. Unadjusted patient depressive and anxiety symptom outcomes

\* Remission defined as a score of <5 depression (as measured by the patient health questionnaire [PHQ-9]) or <5 anxiety (as measured by the generalized anxiety disorder scale [GAD-7]). Population represents patients with follow-up measures only.