IMPROVING DEPRESSION SCREENING RATES

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Purpose

Depression rates are growing rapidly nation-wide and with even greater prevalence in Utah. According to The Utah Department of Health, in 2015 self-reported lifetime depression was 20.8%, compared to the national rate of 17.6%. National data shows that of people who have completed suicide, 40% had visited their PCP in the month prior to their suicide and these patients were rarely screened for depression (Pomerantz). Aligning with the Healthy People 2020 initiative and the US Preventative Task Force's recommendation for depression screening in all people over the age of 12, the University of Utah's Community and Department of Family and Preventive Medicine Clinics have identified this as an area for improvement.

The Patient Health Questionnaire-2 (PHQ-2)

Over the past 2 weeks, how often have you been bothered by any of the following problems?	Not At All	Several Days	More Than Half the Days	Nearly Every Day
1. Little interest or pleasure in doing things	0	1	2	3
2. Feeling down, depressed, or hopeless	0	1	2	3

Objective

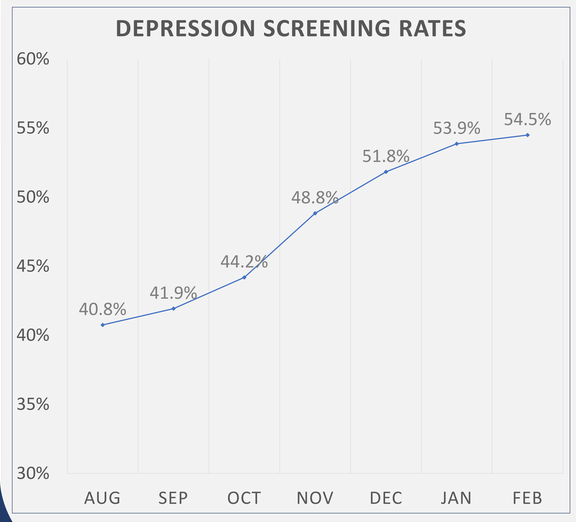
Improve annual depression screening rates for all patients ages 12 and older across University of Utah Community Clinics and Department of Family and Preventative Medicine Clinics.

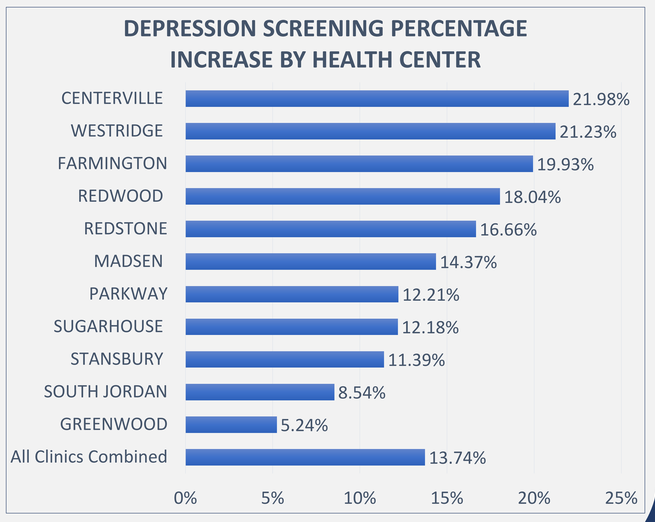
Methods

Collectively, the University of Utah's Community Clinics and Department of Family and Preventative Medicine Clinics committed to increase screening rates, using PHQ-2,9,A (Adolescent), Geriatric Depression Scale and mEval (patient reported outcomes tool).

Specific interventions included:

- Pre-visit planning to identify patients who are overdue for screening, including creation of a Health Maintenance topic and other visual reminders in Epic.
- Education for Medical Assistant staff to properly administer the screening, quickly interpret the scores and notify the provider as needed.
- Screening administered in a variety of ways, including:
    - mEval sent prior to patient appointments via email link or administered in the waiting room
    - Paper form or verbal review of the PHQ-2/9/A given during the rooming process
    - Patient completes the PHQ-2/9 on the computer while waiting for the provider to enter the exam room
    - Epic tools allowed the administration of questionnaires in different languages.
- Maximizing social work resources within the clinics for patients with a positive screening including warm hand-offs at the time of the visit, outreach to patients with positive mEval screens prior to the visit, and further follow-up as needed.





Results

Prior to the project, in August 2017, the Depression Screening rate across all eleven clinics was 40.75% and by February 2018 the screening rate had increased to 54.50%. This shows a 33.7% increase in depression screening in a seven month time frame. During the length of the project, 9,515 additional patients were screened in the participating clinics. Over the measurement period, between February 2017 and February 2018, 923 patients (18.75%) had a positive screen on the PHQ-2 or scored in the moderate to severe range for depression using the PHQ-9 and Adolescent tools.

Conclusions

As a result of this project, overall depression screening rates have increased. Pre- visit planning has been further embedded into clinic workflow and referral pathways to social work have been solidified. Patients have been able to utilize in-clinic expertise from social workers and other mental health providers. A future enhancement of the project will include data collection around tracking patient outcomes following the positive identification of depression.

References:

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