Depression Screening: QIP in an Infectious Disease Primary Care Practice

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Objectives

• Describe relevance of identifying depression in a clinic based HIV population
• Review process for screening depression using Patient Health Questionnaire (PHQ 9) in an infectious disease primary care clinic
• Define results of QI Project

Background and Significance

• University of Colorado Hospital, Infectious Disease Group Practice (IDGP) provides specialty and primary care for its HIV positive patients
• Primary Care Guidelines include screening for depression

Background and Significance

• The Quality Improvement Project (QIP) was undertaken to identify the prevalence of unrecognized depression in the Infectious Disease Group Practice (IDGP)
### Evaluation Questions

- Would PCPs in ID clinic utilize the Patient Health Questionnaire (PHQ 9) to screen for depression?
- Does screening & identifying patients with depression uncover untreated depression in the IDGP?
- Of patients screened what % are referred to MH?
- Of patients screened what % have Face to Face or Phone Contact with the ID Clinic within 45 days

### IDGP Depression Screening QIP Background

- Prevalence of depression occurs 4 - 22% of HIV infected men & 2 - 18% of HIV infected women
- Nearly 50% PLWH (N=2864) identified as having a psychiatric disorder
- 30% identified with major depression

* Benton, 2008, Ohl et al., 2008

### IDGP Depression Screening Local Problem

- Most common diagnosis in study looking at psychiatric comorbidities in HIV positive population (N=152) 32% depression diagnosis in past year (21% in past month)
- Previously no formal depression screening in IDGP
- Patients self identified or were identified by providers through the course of primary care interview
**IDGP Depression Screening Methods**

- Pre / Post Design
- 200 charts reviewed for baseline depression screening information
- Post test data collected from January 2012 to March 2012
- Post data collection included chart review & collection of over 200 PHQ 9s

**IDGP Depression Screening Measures**

- PHQ 9 HIV-population validated tool
- Database
  - MRN
  - PHQ 9 score
  - Provider
  - Patients arrived per day

**IDGP Depression Screening QIP Timeline**

- March - July 2011: initial chart review
- September - November 2011: intervention with providers for depression algorithm & guide (office: exam room) 6 cycles
- September - November 2011: intervention with providers for depression algorithm & guide (office: exam room) 8 cycles
- January 2012: gather post test date PDSA cycles with MA staff evaluating clinic flow issues
- March 2012: post test data complete

*Crane et al., 2010, Gilbody et al., 2007*
Over the last 2 weeks, how often have you been bothered by any of the following problems? (use “√” to indicate your answer)

1. Little interest or pleasure in doing things
2. Feeling down, depressed, or hopeless
3. Trouble falling or staying asleep, or sleeping too much
4. Feeling tired or having little energy
5. Poor appetite or overeating
6. Feeling bad about yourself—or that you are a failure or have let yourself or your family down
7. Trouble concentrating on things, such as reading the newspaper or watching television
8. Moving or speaking so slowly that other people could notice. Or the opposite—being so fidgety or restless that you have been moving around a lot more than usual
9. Thoughts that you would be better off dead, or of hurting yourself in some way

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Outcomes

- Screening for depression improved from 0% at baseline to 52% in March 2012
- Chi-square test performed to determine whether screening improved between months of February 2011 and March 2012

Difference in screening rates was significant

χ² (2, N = 490) = 143.5, p < .0001, OR = 208.72
Outcomes

- 21.7% of patients screened (125/576) over course of QIP met the cut-off score for clinically significant depressive symptoms (PHQ 9 ≥ 10)
- PHQ 9 scores did not improve from initial assessment to follow up
- Average pretest PHQ 9 score was 14.3 & average of follow-up PHQ 9 score was 13.9

Discussion

- The QIP did demonstrate the utility of a depression screening program for IDGP providers as a tool to identify patients with depression
- Most Effective Interventions
  - Elevate the urgency of identification and possible treatment of depression in HIV infected patients
  - Educating providers and clinic staff about screening for depression

Outcomes

- Because average percentage of patients screened/patients arrived is 29.6% referrals for MH after being screened as potentially depressed may have been a substantially unrealized opportunity to provide interventions for depression
Limitations

• Initial analysis and implementation began during the course of clinic moving over to a hospital wide EHR
• The move to new EHR was stressful and anxiety provoking for providers and staff

Limitations

• This shortened the process of the QIP by a couple of months
• QIP cannot be proven to have increased screening b/c not RCT and therefore no controls for confounding variables

Conclusions

• Depression screening QIP was really welcomed in the clinic – began to hear the acronym QIP used in relation to other projects being proposed
• QIP demonstrated itself as important in the education and coaching of providers and staff regarding screening for depression in the IDGP primary care patient population
• Strengthened the clinic’s commitment to delivery of comprehensive primary care in the IDGP
• Depression screening in clinic has been seen as important piece of this

Conclusions

• Depression screening QIP heightened an awareness for the need for Psychiatric Mental Health services in the clinic
  – this lead to an increase in Psychiatric Mental Health services FTEs
Conclusions

• Sparked a lot of discussion about treatment of depression and access to mental health in IDGP (date of first available appointments and follow up appointments)
• Plan is to continue screening patients
• When EHR (EPIC) moves to next level of optimization PHQ 9s will be delivered directly into the EMR as patient completes them

Conclusions

• A future project may be to consider interventions with providers and /or patients to decrease high PHQ 9 scores

References

• PHQ-9 is adapted from PRIME MD TODAY, Copyright ©1999 Pfizer Inc. All rights reserved.

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