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

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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

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Background and Significance

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

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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

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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

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- 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)

- Gaynes, et al., 2008.

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IDGP Depression Screening Local Problem

- Previously no formal depression screening in IDGP
- Patients self identified or were identified by providers through the course of primary care interview

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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

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IDGP Depression Screening Methods

- In-Clinic QIP no consent necessary
- Plan Do Study Act Cycles (PDSA) with Providers and Clinic Staff
  - PDSA cycles assessing clinic flow & how to implement PHQ 9 in daily clinic visits
  - Developing depression algorithm & guides
- MA Staff were responsible for giving PHQ 9 to patients prior to visit with PCP

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IDGP Depression Screening Measures

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

Crane et al., 2010, Gilbody et al., 2007

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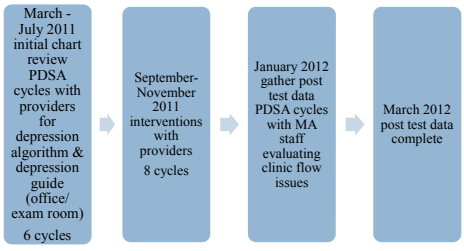
IDGP Depression Screening QIP Timeline



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PHQ-9 Screening Tool

Over the *last 2* weeks, how often have you been bothered by any of the following problems? *(use "√" to indicate your answer)*	Not at all	Several days	More than half the days	Nearly every da
1. Little interest or pleasure in doing things	0	1	2	3
2. Feeling down, depressed, or hopeless	0	1	2	3
3. Trouble falling or staying asleep, or sleeping too much	0	1	2	3
4. Feeling tired or having little energy	0	1	2	3
5. Poor appetite or overeating	0	1	2	3
6. Feeling bad about yourself—or that you are a failure or have let yourself or your family down	0	1	2	3
7. Trouble concentrating on things, such as reading the newspaper or watching television	0	1	2	3
8. Moving or speaking so slowly that other people could have noticed. Or the opposite—being so fidgety or restless that you have been moving around a lot more than usual	0	1	2	3
9. Thoughts that you would be better off dead, or of hurting yourself in some way	0	1	2	3
Add Columns:				
Total				

10 If you checked off any problems, how *difficult* have these problems made it for you to do your work, take care of things at home, or get along with other people?	Not difficult at all _____ Somewhat difficult _____ Very difficult _____ Extremely difficult _____

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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

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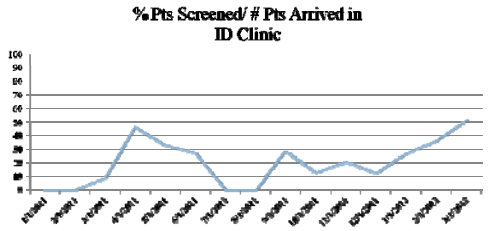
Difference in screening rates was significant
χ^2 (2, N = 490) = 143.5, p < .0001, OR = 208.72



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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

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

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

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

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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

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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

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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

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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

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Conclusions

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

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