

# Implementing Universal Depression Screening in an Urban Underserved Clinic Population

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PRESENTERS: SPENCER COOPERMAN, DO; NORMA SILVA, MA

RENEE CALCATERRA, NP; AARON GALE, MD; JILL HERSH, PSYD; ELIN KONDRAD, MD; SARAH ASHLEY ROBBINS, MD; MEGAN SANKEY, DO; LINDSEY SCHAFFER, MD; CARLOS SOSA, MA

SAINT JOSEPH FAMILY MEDICINE RESIDENCY

# Learning Objectives

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By the end of this presentation, participants will be able to...

1. Describe how to create and implement a standard workflow for screening all patients 12 years and older for depression using the PHQ-2 tool
2. Explain how universal depression screening helps to meet requirements for new payment models
3. Identify ideas for better utilization and integration of behavioral health staff in a primary care clinic

# Bruner Family Medicine

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- Family medicine residency clinic located in downtown Denver
- Underserved clinic population:
  - Payer mix: 50% Medicaid, 27% uninsured, 15% Medicare, 8% private
  - > 40% do not speak English as primary language
    - English: 58% Spanish: 40%
- Level 3 PCMH
- Recently added integrated behavioral health staff to our clinic, Jill Hersh PsyD, and are adding another psychologist this summer

# Setting the Stage – Our QI

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- Depression is the most common psychiatric disorder seen in primary care<sup>1</sup>
- Depression is highly prevalent throughout the world and prevalence appears to be increasing<sup>1</sup>
  - Annual prevalence in US of **6.7%**
  - Lifetime prevalence of **16.5 %**
- Has significant economic burden, accounting for billions of dollars in the United States alone each year<sup>1</sup>
  - **\$43 billion** in medical care costs

# Why Screen For Depression?

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- Depression is often under detected and inadequately treated
- Untreated depression associated with:
  - Decreased quality of life
  - Increased risk of all-cause mortality
  - Increased economic burden
- Depression can be successfully treated
  - Treatment more effective when started early in the course
- Screening instruments are available that are relatively easy to administer
  - Validated for use in primary care

# USPSTF Recommendation

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**Release Date:** January/February 2016

**Population:** Everyone age  $\geq 12$ , including pregnant and postpartum women

**Recommendation:** Screening for depression in the general adult population and adolescents aged 12 to 18 years, including pregnant and postpartum women.

- Screening should be implemented with adequate systems in place to ensure accurate diagnosis, effective treatment, and appropriate follow-up.

# USPSTF

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- 2009 systematic review for the USPSTF:
  - 8 RCTs evaluated screening in combination with additional staff support services (symptom monitoring, self-management plans, or facilitated referral)
  - Patients who received one or more interventions were more likely to show significant improvement in depression symptoms than control patients (RR 1.78)
  - Improvements persisted for up to five years
- 2016 USPSTF systematic review found one trial in the general adult population that reported no adverse events attributed to screening

# This Was a Problem

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- We were not conducting the recommended screening for depression
- Delay in identifying depression, as well as time/money spent trying to diagnose and treat somatic symptoms of depression
- Limited behavior health resources in the community- few options, costly, difficult to schedule, long wait times
- We were about to hire new behavioral health resources, and we wanted to utilize this resource to have a positive influence on our patients



# Goals

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**Screen 60% of patients seen in clinic ages 12 and over for depression using the PHQ-2 by June, 2017**

Help meet PCMH recertification requirements:

- Demonstrate that we regularly update a comprehensive health assessment with our patients using a standardized tool for depression screening
- Establish a way to identify patients who may benefit from care management which includes considering behavioral health conditions

Help meet new Medicare reimbursement requirements:

- MACRA and MIPS

# Methods

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- Bi-monthly team meetings where we put together workflow starting Fall 2016
- PDSA cycle on blue team only, January 2017 (53% screening rate)
- Role out to entire clinic March 2017

# Methods – Our Questions

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- **Who should we screen?** → Everyone ages 12 and up, continuity clinic patients, OB, and geriatrics
- **How often should we screen?** → Every visit to be consistent
- **When do we screen?** → MA check in (others considered)
- **How do we ask PHQ2 questions?** → laminated card (vs iPad, verbal, paper)
- **What if they score high? What is high?** → Provider discretion

# How To Screen?

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- **PHQ-2** — The Patient Health Questionnaire- 2
  - Briefer option to the PHQ-9
  - Sensitivity 83 percent; specificity 90 percent
  - Comprised of the first two questions from the PHQ-9:
    - During the last two weeks, have you often been bothered by feeling down, depressed, or hopeless?
    - During the last two weeks, have you often been bothered by having little interest or pleasure in doing things?
  - **Advantages:** easy verbal administration, responses scaled zero to three
    - Score  $\geq 3$  (total score range zero to six) indicate possible depression
    - If  $\geq 3$ , patients should be screened with PHQ-9

1. Over the *last two weeks*, how often have you been bothered by any of the following problems?

a. Little interest or pleasure in doing things

Not at all  
0

Several days  
1

More than half the days  
2

Nearly every day  
3

b. Feeling down, depressed, or hopeless



Not at all  
0

Several days  
1

More than half the days  
2

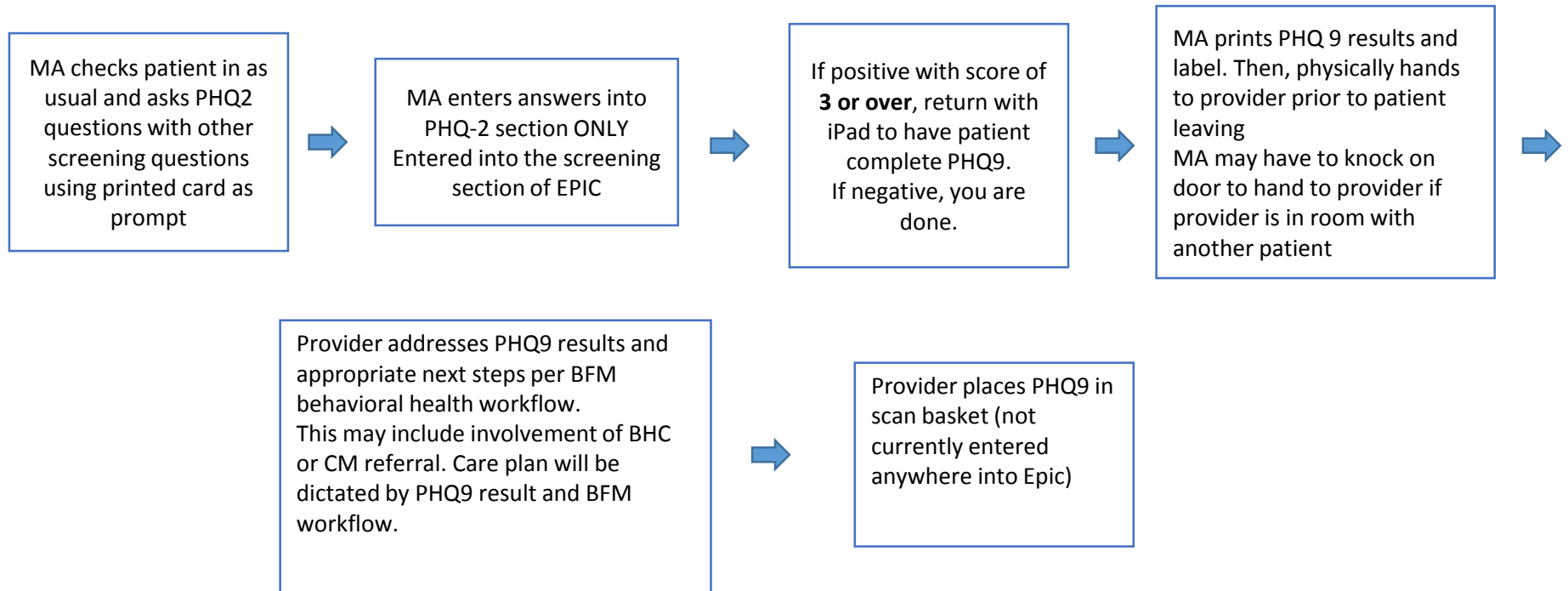
Nearly every day  
3

**\*\*If your total score is three or more, please complete PHQ-9 on IPAD.\*\***

Fall Risk Assessment					
▼ PHQ Depression Assessment (Optional)					
Little Interest /Pleasure in Doing Things		0=Not at all	1=Several Days	2=More than 50% of the time	3=Nearly everyday
Feeling Down, Depressed, or Hopeless		0=Not at all	1=Several Days	2=More than 50% of the time	3=Nearly everyday
Total-See Row Information					

# Final workflow

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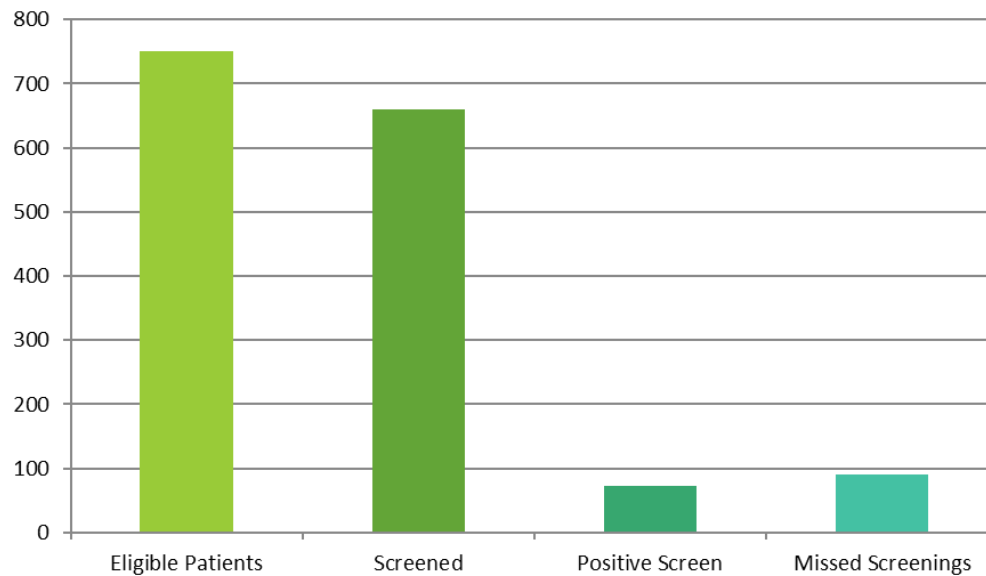


# Results

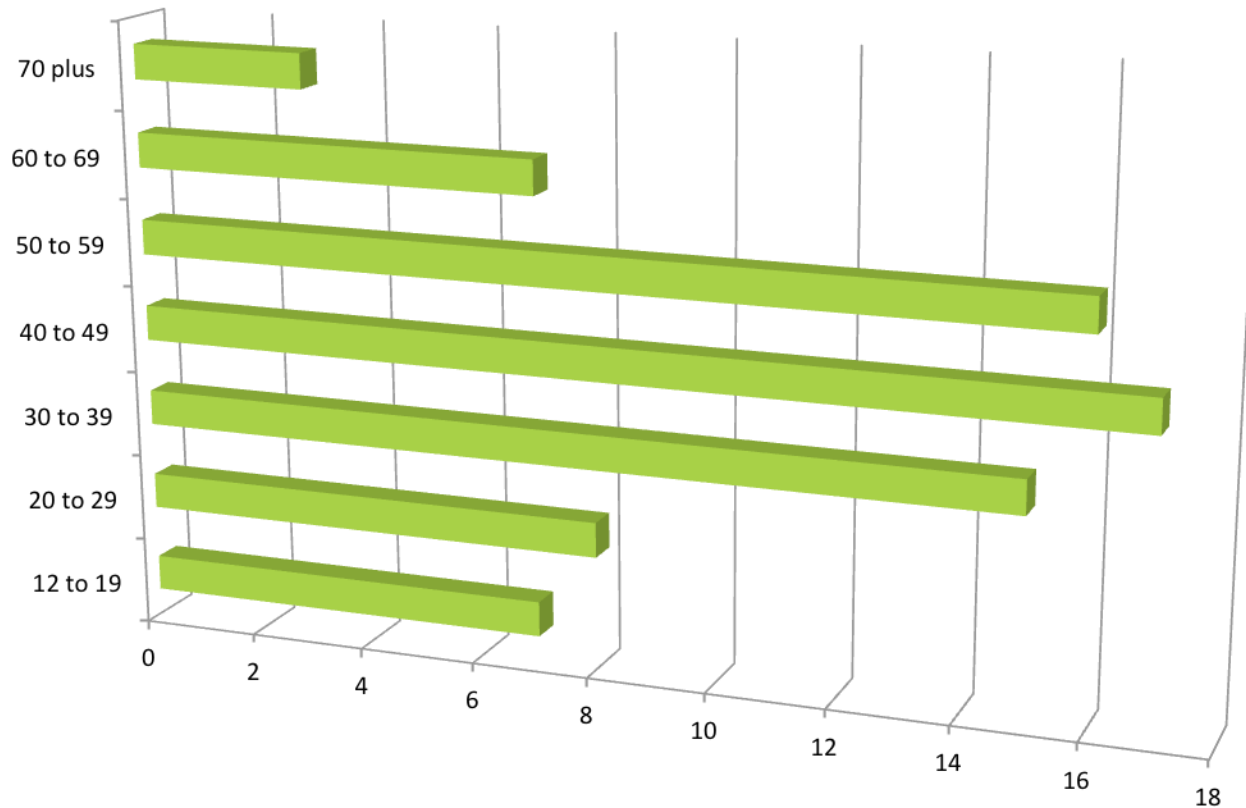
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- Clinic wide screening rate: (goal was 60%)
  - 3/20/17 - 4/3/17: 88%
  - 4/4/17 – 5/4/17: 91%

PHQ-2 Screenings March 20 to April 3

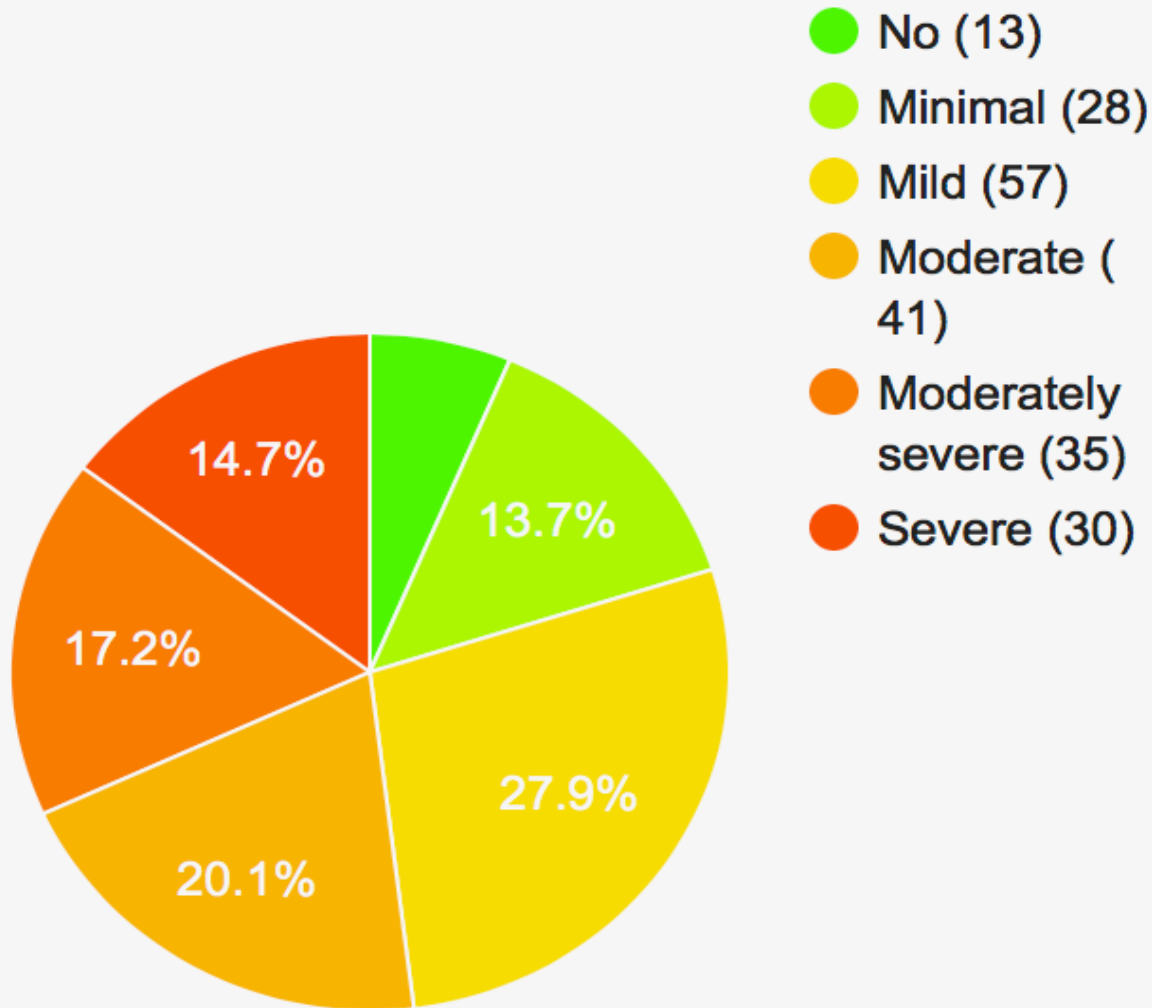


## Age Of Patients with Positive Phq-2 Screenings

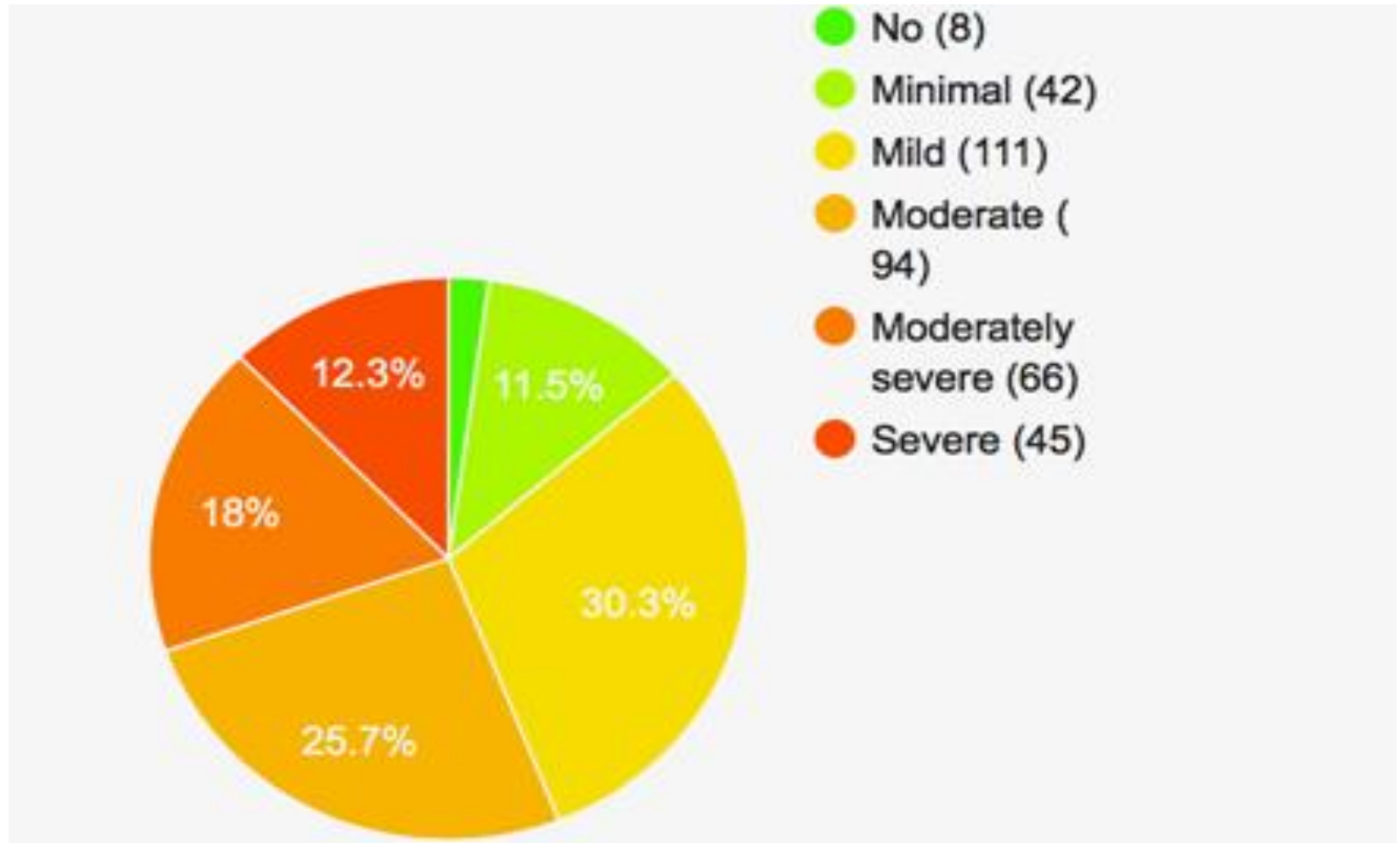




**Before screening implementation**  
PHQ 2/9 All Ages: 7/2016 – 12/2016, **204 screened**



**After** screening implemented  
PHQ 2/9 All Ages: 1/2017 – 3/2017, **366** screened



# Behavioral Health Integration

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PSYD role in depression screening implementation:

- Address positive PHQ 2/9 scores on the same day or at their next visit with their provider via warm hand-off
- PSYD can elect to see patients more frequently for short-term, evidence based therapy (6 to 8 sessions) or for bridge sessions until connected to outpatient therapy
- PSYD can help motivate and facilitate connection to ongoing outpatient therapy

# Conclusions

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- PHQ 2 Screening has been successfully implemented with a screening rate >88% since implementation on all teams.
- Screening for depression has increased recognition and diagnosis of depression as well as BH referrals
- Developing an integrated care model at Bruner helps to eliminate wait times for insured and uninsured patients that screen positive for depression symptoms, eliminating barriers to behavioral care
- Creating a workflow with input from all team members was key to our success

# Next Steps

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- Tracking outcomes
  - BH referrals, change in PHQ scores, patient satisfaction?
- Continue BH integration- just hired another PsyD to start this summer

# Questions?

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# Contact Information

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Saint Joseph Family Medicine Residency

Email addresses:

[Spencer.cooperman@sclhs.net](mailto:Spencer.cooperman@sclhs.net)

[Megan.sankey@sclhs.net](mailto:Megan.sankey@sclhs.net)

[Lindsey.schaffer@sclhs.net](mailto:Lindsey.schaffer@sclhs.net)

[Renee.calcaterra@sclhs.net](mailto:Renee.calcaterra@sclhs.net)

[Aaron.gale@sclhs.net](mailto:Aaron.gale@sclhs.net)

[Jill.hersch@sclhs.net](mailto:Jill.hersch@sclhs.net)

[Norma.silva@sclhs.net](mailto:Norma.silva@sclhs.net),

[Elin.kondrad@sclhs.net](mailto:Elin.kondrad@sclhs.net),

[Sarah.robbins@sclhs.net](mailto:Sarah.robbins@sclhs.net)

# References

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