

Clinical Depression Pathway Implementation: Outcomes From Pilot Practices

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Clinical Depression Pathway Implementation - A Single Institution's Experience at Three Pilot Practices

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Background

- In 2017, an estimated 17.3 million adults (7.1%) in the United States had at least one major depressive episode.¹
- Although there are known, effective treatments for depression, fewer than half of those affected receive such treatments.¹
- PHQ-9 (Patient Health Questionnaire) is a self-administered screening tool for depression in which patients score from 0 (not at all) to 3 (nearly every day) on 9 DSM-IV criteria.²
- The PHQ-9 survey has also proven reliable in measuring the severity of depression and response to antidepressive treatment.³
- Only 72% of patients within the Lehigh Valley Physician Group (LVPG) were screened for depression in 2018.

Methods

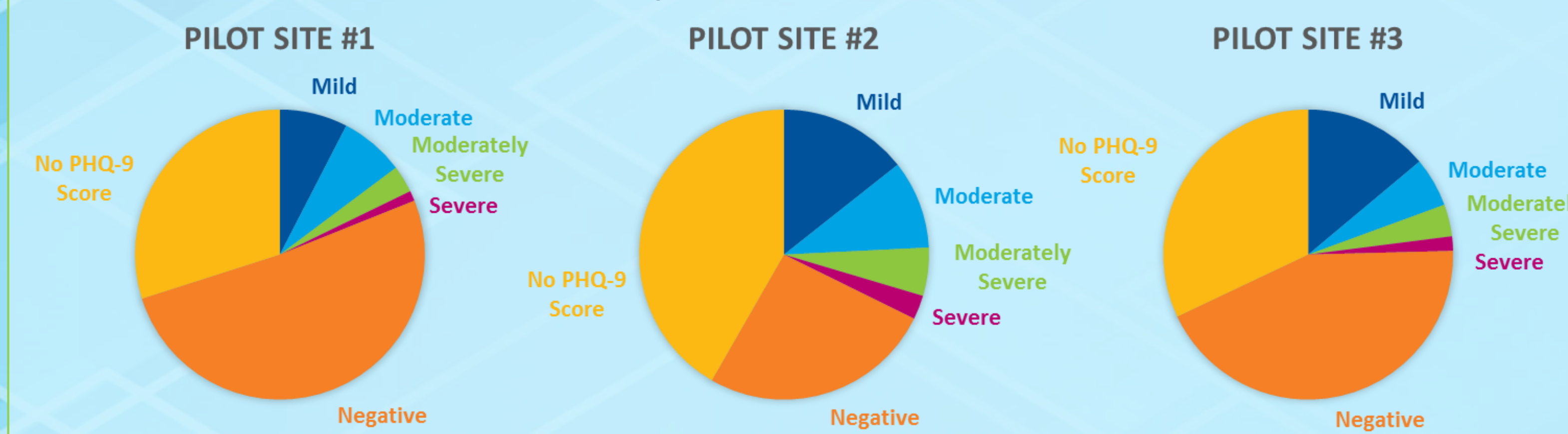
- LVPG implemented a depression pathway using the PHQ-9 questionnaire at three pilot sites to improve depression screening, symptom management, remission documentation, and patient quality of life.
- The pathway included guidelines for follow up, patient education, and medical management (Figure 1).
- Pathway adherence and patient response was measured via a retrospective chart review six months after the pathway had been implemented.

FIGURE 1: Pathway Recommendations Based on PHQ-9 Scores

5 – 9 MILD (not addressed in clinical pathway)	15 – 19 MODERATELY SEVERE
<ol style="list-style-type: none"> Provide education to call Primary Care Provider if symptoms worsen. Provide education such as proper diet, exercise, sleep and the importance of pleasurable activities. If the patient refuses further follow-up, this should be documented. Provider will document return visit in 4-6 weeks. Practice makes appointment and reviews with patient on the After Visit Summary (AVS). Use a "Memo Text" to remind rooming staff at next visit to repeat the PHQ-9/PHQ-9. <p>NOTE: Watch for a progression or worsening of symptoms.</p>	<ol style="list-style-type: none"> Provider will make recommendation for treatment with both medication and counseling. Provide education to call Primary Care Provider if symptoms worsen. Follow-up by phone call by the Provider or licensed designee within 7 days to verify patient has complied with recommendation. Provider will document return visit in 4 weeks. Once the patient's treatment plan is in place and patient is improved, the PHQ-9 is repeated annually. If the patient refuses further follow-up, this should be documented.
10 – 14 MODERATE	20 – 27 SEVERE
<ol style="list-style-type: none"> Provider will make recommendation for medication or supportive counseling (mental health plan). Provide education to call Primary Care Provider if symptoms worsen. If the patient refuses further follow-up, this should be documented. Provider will document return visit in 4 weeks. Practice will make the appointment and review with patient on the After Visit Summary (AVS). Use a "Memo Text" to remind rooming staff at next visit to repeat the PHQ-9/PHQ-9. Once the patient's treatment plan is in place and patient is improved, the PHQ-9 is repeated annually. 	<ol style="list-style-type: none"> Provider determines treatment: emergency department, inpatient unit or partial program. Provide education to call Primary Care Provider if symptoms worsen. Follow-up call by the Provider or licensed designee at minimum within 1 – 3 days to monitor compliance of recommended treatment plan. Provider will document return visit in 1 week. Once the patient's treatment plan is in place and patient is improved, the PHQ-9 is repeated annually. If the patient refuses further follow-up this should be documented.

Results

FIGURE 2: Initial PHQ-9 Screening Results at Three Pilot Sites



Severity of Depression	PHQ-9 Score	PILOT SITE #1	PILOT SITE #2	PILOT SITE #3
Mild	5-9	8% (20)	14% (32)	14% (43)
Moderate	10-14	7% (19)	10% (22)	6% (17)
Moderately Severe	15-20	3% (8)	5% (12)	4% (11)
Severe	20+	1% (3)	3% (6)	2% (5)
Negative	0	51% (135)	26% (58)	43% (134)
No PHQ Score	-	30% (79)	42% (93)	32% (99)
Total		264	223	309

FIGURE 3: Site Adherence to the Depression Pathway and Patient Response



Conclusion

- 525 individuals were screened during the 6-month pilot study; 38% were diagnosed with depression (PHQ Score ≥ 5). Of those, 82% were prescribed antidepressant medications and 60% received education.
- Follow up via phone for moderately-severe to severe patients occurred in 28% of encounters, while in-office follow up was completed within 6 months for 32% of depressed patients.
- 73% of patients who followed up showed improvement in depression with a 15% rate of complete remission.
- One site's decreased adherence (58% screened, 24% in-office follow up) resulted in less response in more severe depression.

Future Directions

- Study results were presented at the LVHN Depression Pathway Rapid Improvement Event in October, 2018 to identify barriers in care and create solutions.
- Short term goals: Create an effective practice workflow to improve depression screening rates. Create web links to treatment algorithms, medication guides, and crisis management steps. Add a weblink on Epic to outpatient resource SharePoint site.
- Long term goals: Connect PHQ-9 scores to the Epic problem list, and add online training for staff. Create an at-risk depression registry for better identification and follow up of patients that no-show or cancel appointments.

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