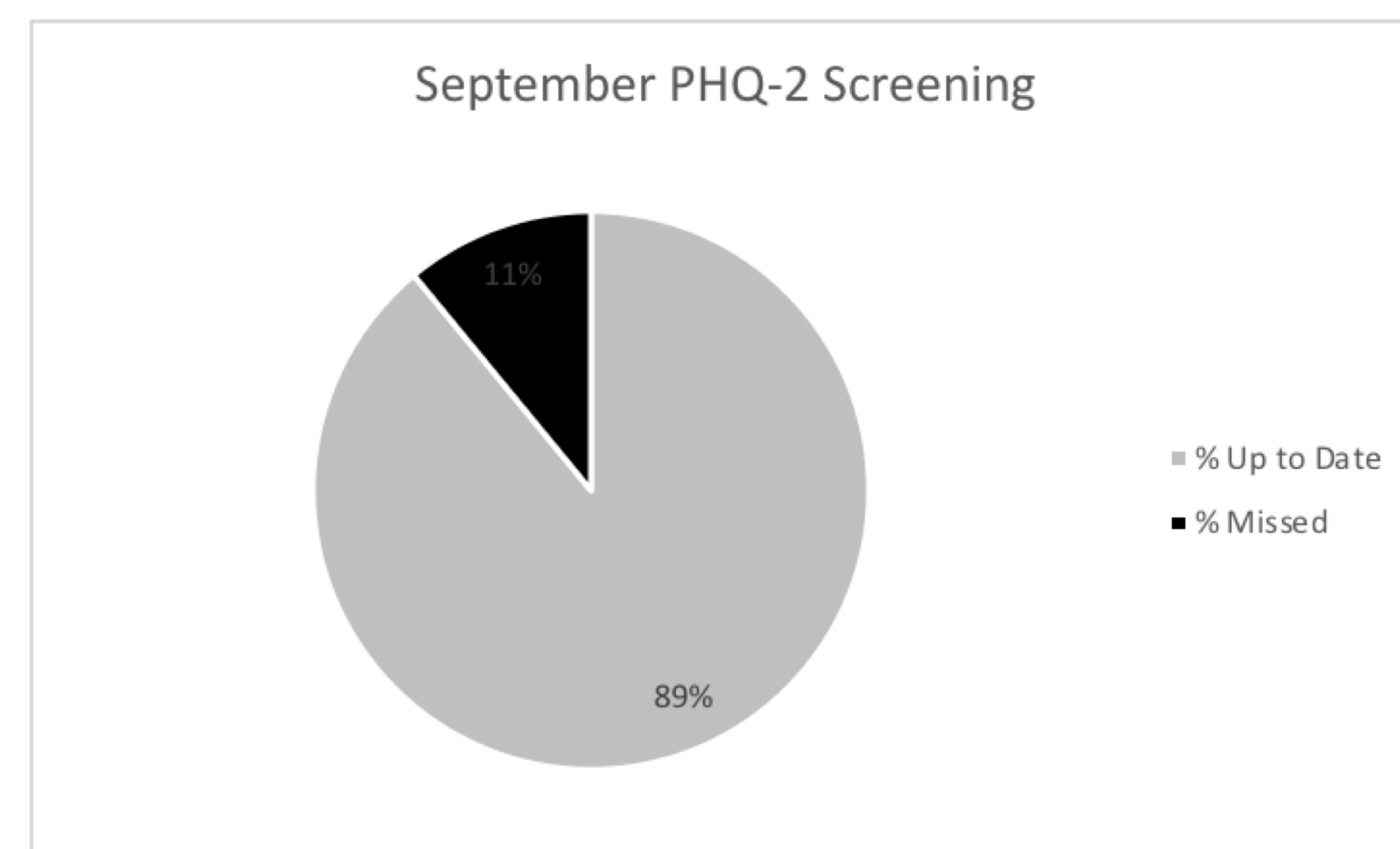


Increasing Depression Screening and Treatment

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Problem Definition

- Baseline data for our urban outpatient Family Medicine practice shows appropriate screening for depression:



- 2015 retrospective review:
 - “PHQ-2 screening did not necessarily lead to further evaluation, systematic follow-up, or changes in treatment.”
- So we screen for depression well, but how well do we act on it?
- In January 2021, EHR added a depression advisory intended to remind providers and inspire action.

Aims For Improvement

- Increase response to depression advisory in EHR from 39% (January 2021) to 60% or greater (March 2021)
- Increase referrals to behavioral health from baseline of 39/month (January 2021) by 25% (March 2021)

Intervention

- Introduce providers to the new depression advisory during practice team meetings
- Educational email to entire department
- Creation of a new practice-wide smart phrase to assist providers in addressing behavioral health needs

Measurements/Results

Baseline data (1/12-2/17)

- Total visits: 509
- Depression BPA addressed: 200 (39%)

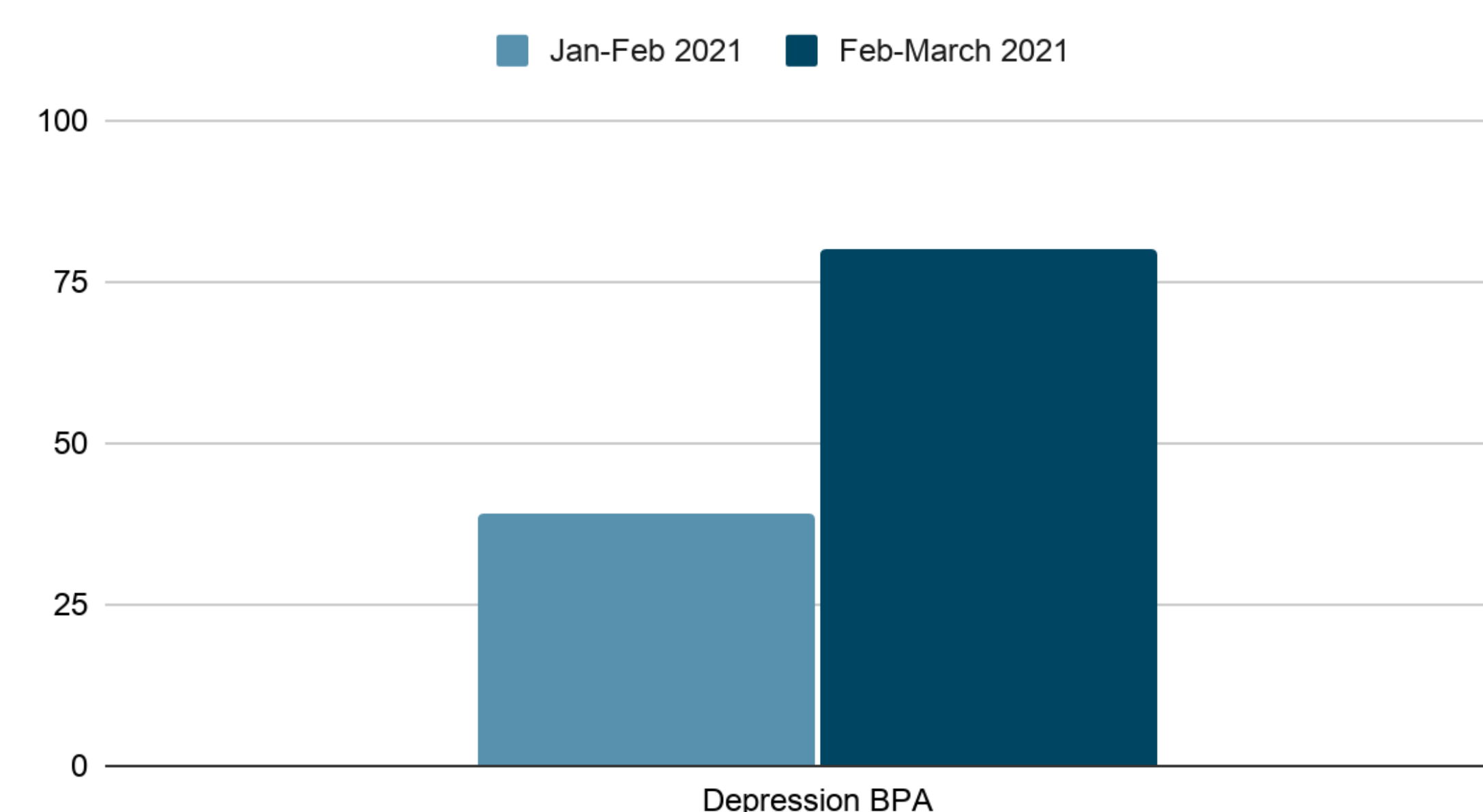
-- PDSA cycle 1 --

Follow up data (2/18-3/24)

- Total visits: 631
- Depression BPA addressed: 502 (80%)

-- PDSA cycle 2 ongoing --

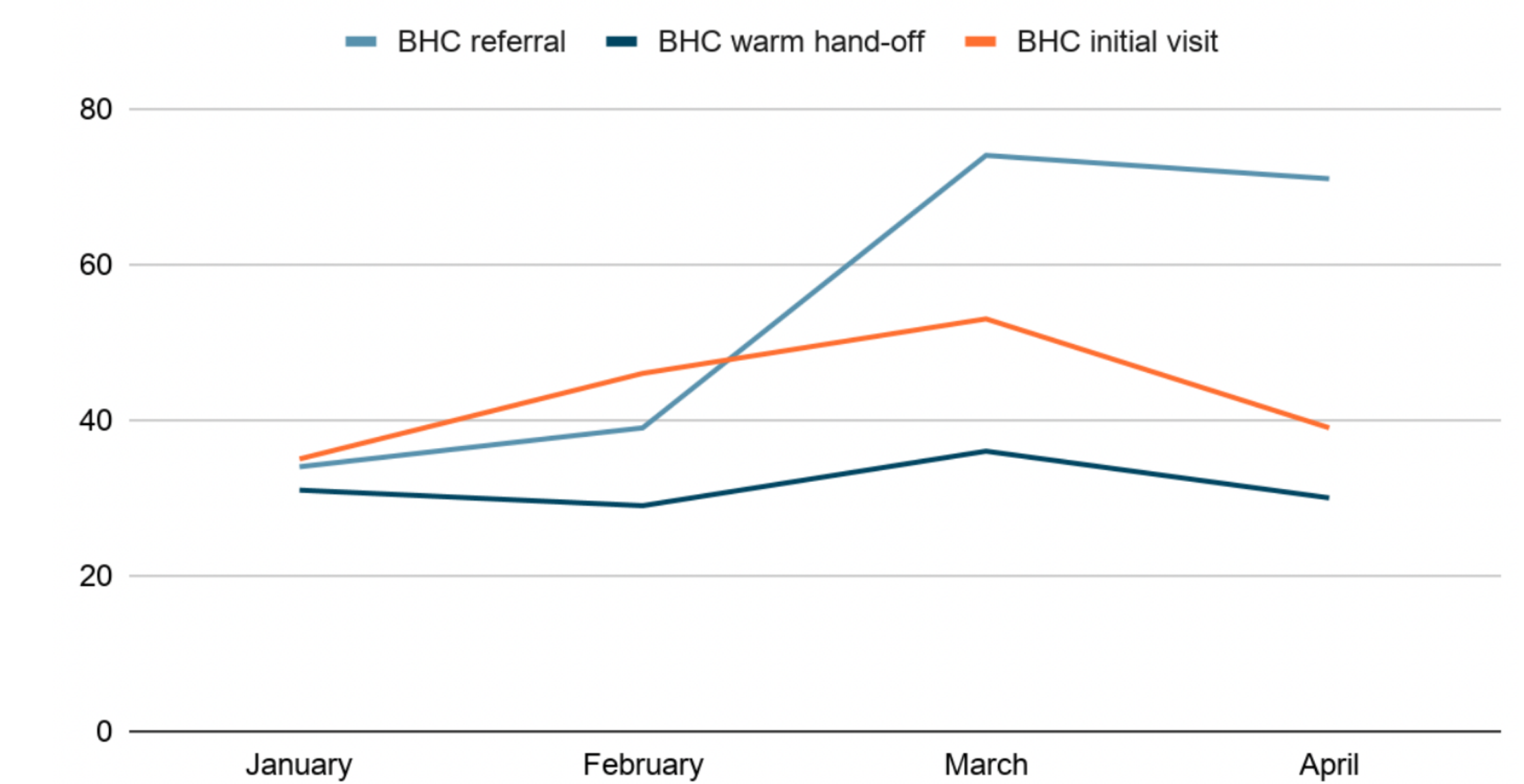
Depression BPA acted on by Team 1 provider



Behavioral Health referrals

	BHC referrals	BHC initial visits	BHC warm handoff
January '21	34	35	31
February '21	39	46	29
March '21	74	53	36
April '21	71	39	30

BHC rates 2021



Next Steps and Lessons Learned

- Findings show an increase in response to depression advisory data. An increase in BHC referrals was also noted.

Next steps:

- Contacting providers with low advisory response rates directly
- Evaluating entire practice
- Include MAs in process

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