

MaineHealth

MaineHealth Knowledge Connection

Costas T. Lambrew Research Retreat 2021

Costas T. Lambrew Research Retreat

2021

PHQ 9 Utilization in Maine Health

Steven Gerrish
Maine Medical Center

Kerri Barton
Maine Medical Center

Neil Korsen
Maine Medical Center

Follow this and additional works at: <https://knowledgeconnection.mainehealth.org/lambrew-retreat-2021>



Part of the [Internal Medicine Commons](#)

Recommended Citation

Gerrish, Steven; Barton, Kerri; and Korsen, Neil, "PHQ 9 Utilization in Maine Health" (2021). *Costas T. Lambrew Research Retreat 2021*. 50.

<https://knowledgeconnection.mainehealth.org/lambrew-retreat-2021/50>

This Book is brought to you for free and open access by the Costas T. Lambrew Research Retreat at MaineHealth Knowledge Connection. It has been accepted for inclusion in Costas T. Lambrew Research Retreat 2021 by an authorized administrator of MaineHealth Knowledge Connection.

PHQ 9 Utilization in Maine Health

Steven Gerrish, Tufts Maine Track 3rd year; Kerri Barton MPH; Neil Korsen MD, MS

• Background:

The PHQ is a brief patient survey for diagnosing depression and monitoring response to treatment.

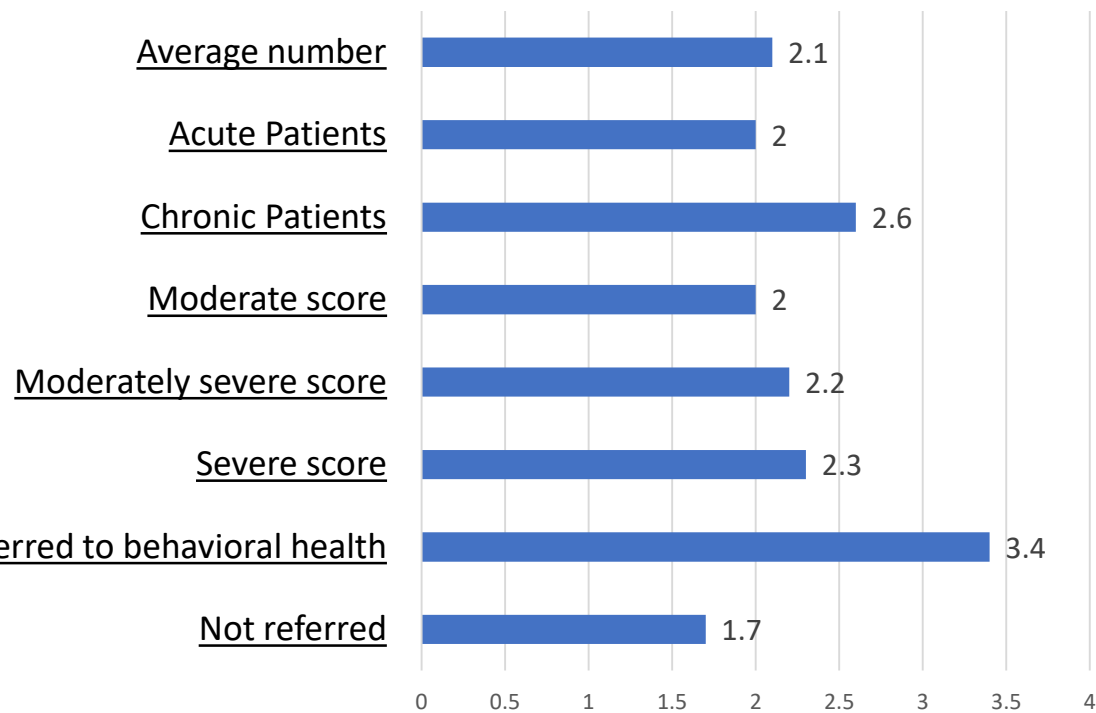
- The PHQ 9 is often utilized within the Maine Health system to screen for and diagnose depression.
- We hypothesize that it is underutilized for monitoring patient response to treatment, based on publicly reported data from MN primary care practices and one investigator's experience working with practices.

• Methods:

- Eligible population included all patients over the age of 18 who had a PHQ 9 score of >9 during the 2018 calendar year (referred to as the index score).
- We assessed the number of PHQ 9 surveys these patients received in the 12 months following the index score.
- We stratified the population by age, gender, severity of index PHQ-9 score, and chronicity of symptoms, as well as whether the patient was referred to the integrated behavioral health clinician in the primary care practice.

The research reported here was supported by grant U54 GM115516 from the National Institutes of Health for the Northern New England Clinical and Translational Research network.

All patients with PHQ9 administered 12 months after index score



Results:
 Clinical guidelines recommend screening newly diagnosed patients 3-6 times in the 12 months following the initial diagnosis. Our results suggest that many patients within the Maine Health network do not meet this goal. Increasing PHQ 9 utilization for monitoring may improve patient outcomes.

Characteristic	N
Total Population	7,927
Female	5,316 (67%)
Male	2,611 (33%)
Behavioral health referral after index score	1,674 (21%)
Elevated PHQ-9 in prior 12 months (chronic depression)	1,381 (17%)

Severity of index score	N
Moderate	3,977 (50%)
Moderately severe	2,468 (31%)
Severe	1,482 (19%)