Improving Depression Screening in Primary Care

Session 295, February 15, 2019

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Population Health Portfolio Manager
Conflict of Interest

Dr. Clara Lin, MD, FAAP
Has no real or apparent conflicts of interest to report.

Kimberly Chen, MSN RN-BC PMP
Has no real or apparent conflicts of interest to report.
Agenda

- Learning Objectives
- Background
- Process Improvement for Depression Screening
- Health IT Implementation
- Outcome
- Next Steps
Learning Objectives

• Recognize the importance of depression screening in the primary care population

• Identify gaps and obstacles in the existing workflow that contribute to underperformance in depression screening and follow-up care

• Develop tools and optimization strategies to meet quality goals in depression care

• Collect and interpret relevant clinical outcomes data after project implementation
UCLA Health by the Numbers

4 hospitals
• 795 inpatient beds
• 60,000 hospital encounters per year

250+ outpatient practices
• 30+ specialties
• 1.9 million ambulatory visits per year
  – 310,000 primary care population (59% patients in plan where UCLA shares some risk)
  – 208,000 specialty care population
Why this matters...

Depression Prevalence in Primary Care

- Leading cause of disability worldwide
- About 26% of adults and 20% of children have a diagnosable behavioral health disorder in primary care setting; and more patients receive behavioral health from Primary Care providers than mental health specialists

UCLA Grand Challenge: Depression

- A multifaceted effort to cut burden of depression in half by 2050, and eliminate it by end of the century

Accountable Care Organizational Goals:

- PREV-12: Screen patient for depression with age appropriate tool and document follow-up if positive.
- MH-1: Achieve depression remission 12 months after the initial diagnosis
**Depression Screening: Operational Standard**

**Screening:** For adults ages 18 and up without prior depression risk factors, a verbal PHQ-2 is administered annually, upon rooming.

**Diagnostic Evaluation:** If either of the questions on PHQ-2 is positive, then a PHQ-9 is administered and documented for provider review.

**Follow-Up:** Provider conducts appropriate evaluation and management based on PHQ-9 score.

**Documentation & Charging:** Provider documents in notes and drop charges.

**Verbal PHQ-2** (Annually)

- **Positive:** Administer PHQ-9 on Paper & Transcribe
- **Negative:** MD Review; Referrals as needed

**MD Notes Charge Capture**

- **PHQ9 < 5**
- **PHQ9 >= 5; or Dx**
Pre-Intervention: Screening

Verbal PHQ-2 (Annually)
Pre-Intervention: Diagnostic Eval

- If PHQ-9 is indicated, staff prints PHQ-9 form for patient to complete in private and transcribes back into EHR
Pre-Intervention: Follow-Up

- Provider reviews PHQ-9 score; addresses passive alerts regarding depression risk and suicide ideation (requires action)
Pre-Intervention: Documentation

- Provider often “hunt and peck” for screening results and transcribes into notes
- Recall of appropriate codes to include in visit charging
Local Problems

• In Sept 2016, the PHQ-2 screening rate was only 16% for all unique adult patients seen in participating primary care offices.

Missed opportunity to screen for depression during office visits in Primary Care offices

• In Sept 2016, only 38% of the patients who endorsed depression symptoms on PHQ-2 screening had a documented PHQ-9 score.

Incomplete follow-up for positive screenings!
Continuous Improvement with PDCA

Plan
• Perform Site Visits & Surveys to Identify Challenges
• Review Current State and Brainstorm Workflow Redesign

Do
• Implement New Workflow
• Change Management, Onsite Training

Check
• Review Performance Reports
• Collect User Feedback
• Assess for Optimization Changes

Act
• Continue Monitoring of Performance
• Hardwire Excellence with Recognitions, Leadership Communication and Patient Stories
Workflow Challenges Identified

**Screening & Diagnostic Eval** (Clinic Staff)
1. Staff omission of depression screening: “I didn’t think patient needed to be screened…”
2. Tedious PHQ-9 workflow: paper workflow and manual transcription

**Follow-Up** (Providers)
3. Finding hidden screening results
4. Missing score interpretation: Time consuming to interpret results and research patient management options

**Provider Documentation & Charging**
5. Incomplete documentation of screening results
6. Missed opportunity to capture appropriate charges
Continuous Improvement with PDCA

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Health IT Solutions: Overview

• Implement electronic patient-entered response: Behavioral Health Checkup (BHC)
  - Automatic integration of patient response into EHR
  - Automatic summary note for provider review in EHR

• Reorganize depression & other screening tools
  - Behavioral Screening Navigator
  - smartText for quick documentation
  - Task based orders to capture behavioral-health care charges

• Provide Operational Performance Feedback
  - Clarity reporting for clinic managers
Problem 1: Staff omission of depression screening

Solution: Reinforced best practice workflow with additional staff and physicians training

- Ambulatory Nursing Rounds
- Webinar Trainings
- Tip Sheets
- Training Website
**Problem 2:** Tedious PHQ-9 workflow

**Solution:** Implement web-based workflow to collect patient response

- Results and scores are automatically integrated with EHR flowsheets, removing the need for manual transcription of the PHQ-9.
Depression Screening: Operational Standard

**Screening**: For adults ages 18 and up without prior depression risk factors, a verbal PHQ-2 is administered annually, upon rooming.

**Diagnostic Evaluation**: If either of the questions on PHQ-2 is positive, then a PHQ-9 is administered and documented for provider review.

**Follow-Up**: Provider conducts appropriate evaluation and management based on PHQ-9 score.

**Documentation & Charging**: Provider documents in notes and drop charges

- **Verbal PHQ-2 (Annually)**
- **Electronic Patient Entered PHQ-9 (BHC)**
- **MD Review; Referrals as needed**
- **MD Notes Charge Capture**
Problem 3: Finding hidden screening results

Solution: Results readily accessible within dedicated Behavioral Screening Navigator
Problem 4: Missing score interpretation

Solution: Auto-generated Assessment Note; provider score interpretation and patient education resources
**Depression Screening: Operational Standard**

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- **Verbal PHQ-2 (Annually)**
- **Electronic Patient Entered PHQ-9 (BHC)**
- **Simplified MD Review**
- **MD Notes Charge Capture**
## Problem 5: Incomplete documentation of screening results

**Solution:** Leverage SmartPhrases to quickly pull in relevant scores

<table>
<thead>
<tr>
<th>.BHCShort</th>
<th>.BHCLong</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>PHQ-9 total score:</strong></td>
<td>Depression Screening (Patient Health Questionnaire PHQ)</td>
</tr>
<tr>
<td><strong>PHQ-9 Total Score:</strong> 6 (11/17/17 1840)</td>
<td>11/17/2017</td>
</tr>
<tr>
<td><strong>GAD-7 total score:</strong></td>
<td>Yes</td>
</tr>
<tr>
<td><strong>Total score:</strong> 13 (11/17/17 1840)</td>
<td>Yes</td>
</tr>
<tr>
<td><strong>DAST total score:</strong></td>
<td>Several days</td>
</tr>
<tr>
<td><strong>Total Score:</strong> 1 (11/17/17 1840)</td>
<td>Several days</td>
</tr>
<tr>
<td><strong>Audit-C total score:</strong></td>
<td>Feeling down, depressed, or hopeless</td>
</tr>
<tr>
<td><strong>Total Score:</strong> 11/17/2017 1840</td>
<td>Feeling down, depressed, or hopeless</td>
</tr>
<tr>
<td><strong>PHQ-2: Feeling down, depressed, or hopeless:</strong></td>
<td>Feeling down, depressed, or hopeless</td>
</tr>
<tr>
<td><strong>PHQ-2: Little interest or pleasure in doing things:</strong></td>
<td>Feeling down, depressed, or hopeless</td>
</tr>
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<td>Feeling down, depressed, or hopeless</td>
</tr>
<tr>
<td><strong>Feeling down, depressed, or hopeless:</strong></td>
<td>Feeling down, depressed, or hopeless</td>
</tr>
<tr>
<td><strong>Trouble falling or staying asleep, or sleeping too much:</strong></td>
<td>Feeling down, depressed, or hopeless</td>
</tr>
<tr>
<td><strong>Feeling tired or having little energy:</strong></td>
<td>Feeling down, depressed, or hopeless</td>
</tr>
<tr>
<td><strong>Poor appetite or overeating:</strong></td>
<td>Feeling down, depressed, or hopeless</td>
</tr>
<tr>
<td><strong>Feeling bad about yourself - or that you are a failure or have let yourself or your family down:</strong></td>
<td>Feeling down, depressed, or hopeless</td>
</tr>
<tr>
<td><strong>Trouble concentrating on things, such as reading the newspaper or watching television:</strong></td>
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</tr>
<tr>
<td><strong>Moving or speaking so slowly Or being so fidgety or restless:</strong></td>
<td>Feeling down, depressed, or hopeless</td>
</tr>
<tr>
<td><strong>Thoughts that you would be better off dead, or of hurting yourself in some way:</strong></td>
<td>Feeling down, depressed, or hopeless</td>
</tr>
<tr>
<td><strong>PHQ-9 Total Score:</strong></td>
<td>Feeling down, depressed, or hopeless</td>
</tr>
<tr>
<td><strong>Depression: Evaluation/treatment initiated this encounter:</strong></td>
<td>Feeling down, depressed, or hopeless</td>
</tr>
<tr>
<td><strong>GAD-7 Results:</strong></td>
<td>Feeling down, depressed, or hopeless</td>
</tr>
<tr>
<td><strong>Feeling nervous, anxious, or on edge:</strong></td>
<td>Feeling down, depressed, or hopeless</td>
</tr>
<tr>
<td><strong>Not being able to stop or control worrying:</strong></td>
<td>Feeling down, depressed, or hopeless</td>
</tr>
<tr>
<td><strong>PHQ-2: Feeling down, depressed, or hopeless:</strong></td>
<td>Feeling down, depressed, or hopeless</td>
</tr>
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</tr>
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<td>Feeling down, depressed, or hopeless</td>
</tr>
</tbody>
</table>
Problem 6: Missed opportunity to capture appropriate charges

Solution: automate billing with “Tasked Based Order Completion

1. Provider places order
2. Staff completes task once screening is completed.
3. Charges dropped automatically (CPT code 96127 billable charge for each questionnaire completed)
**Depression Screening: Operational Standard**

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Continuous Improvement with PDCA

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**Do**
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**Check**
- Review Performance Reports
- Collect User Feedback
- Assess for Optimization Changes

**Act**
- Continue Monitoring of Performance
- Hardwire Excellence with Recognitions, Leadership Communication and Patient Stories
Reinforce Best Practices: Tracking Performance

- Tableau reports to track practice behavior at *clinic* level, available to office managers in real time
- Financial incentives available for achieving performing thresholds

<table>
<thead>
<tr>
<th>Department Name</th>
<th>Percent Screened</th>
<th>Screened</th>
<th>Not Screened</th>
<th>Screening Opportunities</th>
</tr>
</thead>
<tbody>
<tr>
<td>CPN 15TH SM</td>
<td>31.04%</td>
<td>1,075</td>
<td>2,390</td>
<td>3,463</td>
</tr>
<tr>
<td>CPN BRENTWOOD</td>
<td>52.25%</td>
<td>1,733</td>
<td>1,585</td>
<td>3,317</td>
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<tr>
<td>CPN CENTURY CITY</td>
<td>48.58%</td>
<td>1,201</td>
<td>1,271</td>
<td>2,472</td>
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<tr>
<td>CPN MALIBU</td>
<td>28.17%</td>
<td>646</td>
<td>1,647</td>
<td>2,293</td>
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<tr>
<td>CPN MANHATTN BCH</td>
<td>30.14%</td>
<td>1,378</td>
<td>3,195</td>
<td>4,572</td>
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<tr>
<td>CPN PARKSIDE SM</td>
<td>26.76%</td>
<td>1,042</td>
<td>2,853</td>
<td>3,894</td>
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<tr>
<td>CPN PED MANHATTN BCH</td>
<td>0.00%</td>
<td>0</td>
<td>68</td>
<td>68</td>
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<tr>
<td>CPN PED SANTA MONICA</td>
<td>14.08%</td>
<td>10</td>
<td>61</td>
<td>71</td>
</tr>
<tr>
<td>CPN PED WEST LA</td>
<td>0.00%</td>
<td>0</td>
<td>103</td>
<td>103</td>
</tr>
<tr>
<td>CPN WEST WASHINGTON</td>
<td>52.81%</td>
<td>2,289</td>
<td>2,045</td>
<td>4,334</td>
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<tr>
<td>CPN WOODLAND HILLS</td>
<td>40.68%</td>
<td>2,340</td>
<td>3,413</td>
<td>5,752</td>
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</table>
Reinforce Best Practices: Individualized Coaching

- Drilldown details available by user (Medical Assistant) for Professional Performance Evaluation

<table>
<thead>
<tr>
<th>Department Name</th>
<th>Attributed User</th>
<th>Percent Screened</th>
<th>Screened</th>
<th>Not Screened</th>
<th>Screening Opportunities</th>
</tr>
</thead>
<tbody>
<tr>
<td>WOODLAND HILLS</td>
<td>809</td>
<td>97.52%</td>
<td>100</td>
<td>0</td>
<td>100</td>
</tr>
<tr>
<td>BAR</td>
<td>80</td>
<td>87.50%</td>
<td>7</td>
<td>1</td>
<td>8</td>
</tr>
<tr>
<td>BAN</td>
<td></td>
<td>100.00%</td>
<td>5</td>
<td>0</td>
<td>5</td>
</tr>
<tr>
<td>CPN WOODLAND HILLS</td>
<td>AMJ</td>
<td>87.50%</td>
<td>70</td>
<td>10</td>
<td>80</td>
</tr>
<tr>
<td></td>
<td>PAR</td>
<td>86.46%</td>
<td>83</td>
<td>13</td>
<td>96</td>
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<tr>
<td></td>
<td>LA [3789]</td>
<td>76.83%</td>
<td>63</td>
<td>19</td>
<td>82</td>
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<tr>
<td></td>
<td>JAR</td>
<td>75.00%</td>
<td>3</td>
<td>1</td>
<td>4</td>
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<tr>
<td></td>
<td>GON</td>
<td>72.79%</td>
<td>99</td>
<td>37</td>
<td>136</td>
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<tr>
<td></td>
<td>ORT</td>
<td>55.70%</td>
<td>44</td>
<td>35</td>
<td>79</td>
</tr>
<tr>
<td></td>
<td>LAR</td>
<td>53.33%</td>
<td>60</td>
<td>60</td>
<td>120</td>
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<tr>
<td></td>
<td>URG</td>
<td>52.53%</td>
<td>99</td>
<td>59</td>
<td>138</td>
</tr>
<tr>
<td></td>
<td>VAR</td>
<td>46.28%</td>
<td>93</td>
<td>132</td>
<td>121</td>
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<tr>
<td></td>
<td>MAP</td>
<td>44.07%</td>
<td>121</td>
<td>59</td>
<td>180</td>
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<tr>
<td></td>
<td>FRA</td>
<td>19.57%</td>
<td>46</td>
<td>46</td>
<td>92</td>
</tr>
<tr>
<td></td>
<td>EIMG AWHC</td>
<td>70.00%</td>
<td>10</td>
<td>10</td>
<td>20</td>
</tr>
<tr>
<td></td>
<td>CRA</td>
<td>70.59%</td>
<td>17</td>
<td>17</td>
<td>34</td>
</tr>
</tbody>
</table>

**Screening Opportunity:** An encounter where the patient had not been previously screened or marked as screened.

**Encounter types included for evaluation:** Initial Consult, Office Visit, Confidential, Social Work, Nutritional

**Excluded:**
- PHQ2 completed without PHQ9: 2
- PHQ2 positive, PHQ9 complete: 9
- PHQ2 screened negative: 33

**Screening Breakdown:**
- Department Name: CPN WOODLAND HILLS
- Performance: 55.70% (44/79)
Value/Outcome

I Pilot Sites (2 clinics: go-live Aug 2017)

II Additional Clinics (12 clinics: go-live Dec 2017)

III Remaining Primary Care Clinics (est go-live March 2019)
PHQ 2 Screening Rate

PHQ-2 Screening Rate = Patients screened with PHQ-2
Total unique patients due for screening

74% 16%
PHQ-9 Completion Rate

PHQ-9 Screening Rate (When PHQ-2 Is Positive)

PHQ-9 Completion Rate =

Patients with positive PHQ-2 And completed PHQ-9

Total unique patients with positive PHQ-2
Total Documented PHQ-9 by month

N_PHQ9_SCRNINGS

June 2018: 956

Sept 2016: 73
# Management Outcome

<table>
<thead>
<tr>
<th>% New Depression Diagnosis (count)</th>
<th>2016</th>
<th>2017</th>
<th>2018 (est)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1.7%</td>
<td>2.0%</td>
<td>3.2%</td>
</tr>
<tr>
<td>(1,421)</td>
<td>(6,189)</td>
<td></td>
<td>(2,016)</td>
</tr>
<tr>
<td>Psychiatry/Psychology Referrals</td>
<td>13.8%</td>
<td>16.4%</td>
<td>17.8%</td>
</tr>
<tr>
<td>(25,670)</td>
<td>(28,830)</td>
<td></td>
<td>(19,484)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>96127 Charges ($ reimbursed)</th>
<th>2016</th>
<th>2017</th>
<th>2018 (est)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>2231</td>
<td>4809</td>
<td>9094</td>
</tr>
<tr>
<td></td>
<td>($15,117)</td>
<td>($39,160)</td>
<td>($80,734)</td>
</tr>
</tbody>
</table>
STEPS to Value

- **Population Management**: Improved universal depression screening rate
- **Treatment/Clinical**: Improving our diagnosis and management of depression and other co-morbidities in primary care
- **Treatment/Clinical**: Increasing referrals to appropriate specialists
- **Electronic Secure Data**: Discrete data are now searchable and trackable
- **Savings**: Improved risk adjusted coding and appropriate charge capture
Next Steps

- **Optimization:**
  - Express Lane (to package depression related content)
  - Direct external link to questionnaires from CareConnect
  - Prompt provider with correct TBOC charge suggestions

- **Examine Patient Outcomes:**
  - ED utilization
  - Benzodiazepine Use
  - Depression remission

- **Expanding Patient Resources:**
  - Internet CBT Referrals
  - Headspace Integration
  - Patient Psychoeducation Handouts
Questions?

Presenters:

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Population Health Portfolio Manager
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