Improving Depression Screening in Primary Care with Health IT

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4 hospitals

795 inpatient beds

60,000 hospital encounters

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: Patient Story
Depression Prevalence in Primary Care

- Leading cause of disability worldwide
- Each year, 26% of adults and 20% of children have a diagnosable behavioral health disorder, and more Americans 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
**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.

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**Depression Screening Workflow: Operational Standard**

1. **Verbal PHQ-2 (Annually)**
   - **positive**
     - Administer PHQ-9 on Paper & Transcribe
     - MD Review; Referrals as needed
     - MD Notes
     - Charge Capture
   - **negative**
     - PHQ9 < 5
     - PHQ9 >= 5; or Dx

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**Patient Health Questionnaire (PHQ)**
**Pre-Intervention: Screening**

- Passive reminder during Rooming process, displays the appropriate PHQ tool due.

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)
- Follow-Up actions include adding Diagnosis (HCC), Referrals, etc.
Pre-Intervention: Documentation

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

Epic “More Activities” Menu
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 & Billing
5. Incomplete documentation of screening results
6. Missed opportunity to capture appropriate charges
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Health IT Solutions: Overview

Implement electronic patient-entered response: Behavioral Health Check Up
- Automatic upload 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 charging capture behavioral-health care charges

Provide Operational Performance Feedback
- Clarity reporting for clinic managers
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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

Paper PHQ-9

Electronic Behavioral Health Check-Up (BHC)
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**Documentation & Charging**: Provider document in notes and drop charges.

**Verbal PHQ-2 (Annually)**

- **Positive**
  - **Electronic Patient Entered PHQ-9 (BHC)**
  - MD Review; Referrals as needed
  - No more paper and transcription!

- **Negative**

**MD Notes Charge Capture**
Problem 3: Finding screening results

Solution: Results readily accessible within dedicated Behavioral Screening Navigator
**Solution:** auto-generated Assessment Note; provider score interpretation and patient education resources.

Generalized Anxiety Disorder 7-item (GAD-7)
Score: ORANGE (12) Individual is likely experiencing moderate to high levels of anxiety. Identify and practice emotional regulation tools. Consider introducing relaxation techniques such as diaphragmatic breathing, mindfulness meditation, progressive muscle relaxation or visualization. Further evaluation is recommended.

Patient Health Questionnaire 9-item (PHQ-9)
Score: RED (endorsed suicide item Q9) Attention: Additional screening and assessment for depression is required. This may include assessing for possible SI, safety planning, referral for additional services and/or contacting local emergency teams if individual is determined to be at risk.

Alcohol Use Disorders Identification Test (AUDIT-C)
Score: YELLOW (3) Score of 0 on item 2 or item 3 suggests that individual is drinking within recommended limits. Individual’s alcohol intake over past few months should be reviewed to confirm accuracy.

http://primarycare.semeldpbh.org
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**Optimized Depression Screening Workflow**

1. **Verbal PHQ-2 (Annually)**
   - **Positive**
   - **Electronic Patient Entered PHQ-9 (BHC)**
   - **Simplified MD Review**
     - **MD Notes Charge Capture**
       - **MD Review; Referrals as needed**
       - **No more paper and transcription!**
       - **Dedicated Behavioral Health Navigator**
       - **Automated Assessment Note**

2. **Negative**
   - **No further action required.**

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**UCLA Health Information Technology**

ISS | OHIA | DGIT
**Problem 5: Incomplete documentation of screening results**

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

<table>
<thead>
<tr>
<th>PHQ-9 Results</th>
<th>Date</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Depression Screening (Patient Health Questionnaire PHQ)</td>
<td>11/17/17</td>
<td>11/17/17</td>
</tr>
<tr>
<td>PHQ-2: Feeling down, depressed, or hopeless</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>PHQ-2: Little interest or pleasure in doing things</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>Little interest or pleasure in doing things</td>
<td>Several days</td>
<td></td>
</tr>
<tr>
<td>Feeling down, depressed, or hopeless</td>
<td>Several days</td>
<td></td>
</tr>
<tr>
<td>Trouble falling or staying asleep, or sleeping too much</td>
<td>Not at all</td>
<td></td>
</tr>
<tr>
<td>Feeling tired or having little energy</td>
<td>Several days</td>
<td></td>
</tr>
<tr>
<td>Poor appetite or overeating</td>
<td>Not at all</td>
<td></td>
</tr>
<tr>
<td>Feeling bad about yourself - or that you are a failure or have let yourself or your family down</td>
<td>More than half the days</td>
<td></td>
</tr>
<tr>
<td>Trouble concentrating on things, such as reading the newspaper or watching television</td>
<td>Several days</td>
<td></td>
</tr>
<tr>
<td>Moving or speaking so slowly Or being so fidgety or restless</td>
<td>Not at all</td>
<td></td>
</tr>
<tr>
<td>Thoughts that you would be better off dead, or of hurting yourself in some way</td>
<td>Not at all</td>
<td></td>
</tr>
<tr>
<td>PHQ-9 Total Score</td>
<td>6</td>
<td></td>
</tr>
<tr>
<td>Depression: Evaluation/treatment initiated this encounter</td>
<td>Yes</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>GAD-7 Results</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>GAD-7</td>
<td>11/17/17</td>
</tr>
<tr>
<td>Feeling nervous, anxious, or on edge</td>
<td>3 - Nearly every day</td>
</tr>
</tbody>
</table>
Problem 6: Missed opportunity to capture 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)
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**Documentation & Charging:** Provider document in notes and drop charges

- **Verbal PHQ-2** (Annually)
- **Electronic Patient Entered PHQ-9 (BHC)**
- **Simplified MD Review**
- **Streamlined Notes & Charging**

**Optimized!**

- No more paper and transcription!
- Dedicated Behavioral Health Navigator
- Automated Assessment Note
- Smartphrases to ease documentation
- TBOC orders for 96127 charges
Continuous Improvement with PDCA

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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
Reinforce Best Practices: Individualized Coaching

• Drilldown details available by user (Medical Assistant) for Professional Performance Evaluation
Participating clinics:

I. **Pilot Sites** (2 clinics: Aug 2017 to Present)

II. **Additional Clinics** (12 clinics: Dec 2017 to Present)

III. **Remaining Primary Care Clinics** (ETA Oct 2018)
PHQ-2 Screening Rate

PHQ-2 Screening Rate =
Patients screened with PHQ-2
Total unique patients \textit{due} for screening
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 # of documented PHQ-9 by month

- June 2018: 956
- Sept 2016: 73
## Management Outcome

<table>
<thead>
<tr>
<th></th>
<th>2016</th>
<th>2017</th>
<th>2018 YTD (8 months)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>% New Depression Diagnosis (count)</strong></td>
<td>1.7% (1,421)</td>
<td>2.0% (6,189)</td>
<td>3.2% (2,016)</td>
</tr>
<tr>
<td><strong>Psychiatry/Psychology Referrals</strong></td>
<td>13.8% (25,670)</td>
<td>16.4% (28,830)</td>
<td>17.8% (19,484)</td>
</tr>
<tr>
<td><strong>96127 Charges ($ reimbursed)</strong></td>
<td>2231 ($15,117)</td>
<td>4809 ($39,160)</td>
<td>9094 ($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
Thank you!
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