Use of PHQ-2/PHQ-9 Patient Health Questionnaires for Depression Screening in Primary Care

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Welcome!

Moderator – Joe Kalaidis
Webinar will be recorded & presentation can be downloaded
Presenters from Fairview Health Services
   — Chris Beamish, LICSW
   — Linda Damman
Q & A
   — Use Webex Chat if possible
   — Phone lines will be opened
Join our project!
Lake Superior Quality Innovation Network (Lake Superior QIN)

Improving Health Quality at the Community Level

Lake Superior Quality Innovation Network, under contract to Centers for Medicare & Medicaid Services, brings together Medicare beneficiaries, providers, and communities in Michigan, Minnesota, and Wisconsin through data-driven initiatives that increase patient safety, make communities healthier, better coordinate post-hospital care, and improve clinical quality.
Behavioral Health Project Goals

✓ Ambulatory
  — Increase screening for depression and alcohol use disorder (AUD) in primary care clinics and physician practices

✓ Inpatient Psychiatric Facilities
  — Increase 7-day and 30-day follow-up with a behavioral health professional
  — Reduce 30-day readmissions for patients with mental health diagnosis
Today’s Objectives

Learn about Fairview Health Services:

✓ Use of PHQ-2 and PHQ-9 depression screening tools
✓ Process for depression screening in primary care
✓ Roles of physician, other medical staff, and support staff in depression screening in primary care
Today’s Presenters

**Chris Beamish**, LICSW, is a manager for Fairview Counseling Centers (FCC) and Clinical Systems Integration, which is a part of the M Health academic health system. He is responsible for the clinical, operational, and financial performance of a team of outpatient clinic therapists and integrated primary care behavioral health clinicians. He also is the lead motivational interviewing trainer for Fairview and M Health and a member of the Motivational Interviewing Network of Trainers (MINT).

**Linda Damman** is Senior Epic Engineer, Fairview Health Services. Linda is an experienced project specialist and systems analyst supporting patient care, ancillary processes and associated applications.
Fairview Health Services

Use of PHQ-2/PHQ-9 Patient Health Questionnaires for Depression Screening in Primary Care
Fairview Health Services

Fairview Health Services is an award-winning nonprofit health care system with more than 21,000 employees and 2,300 aligned physicians. Based in Minneapolis, we deliver care at all stages of life and are committed to high value health—superior outcomes and an exceptional experience at a lower cost of care.
Depression Screening Tools
Assessment Tools – PHQ-2

MyChart PHQ-2 (embedded in Annual Exam questionnaire)

* Indicates a required field.

Over the past 2 weeks, how often have you been bothered by any of the following problems?

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* Little interest or pleasure in doing things

Not at all  Several days  More than half the days  Nearly every day

* Feeling down, depressed or hopeless

PHQ2 (©1999 Pfizer Inc. All Rights Reserved. Used with permission)

Not at all  Several days  More than half the days  Nearly every day

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Assessment Tools – PHQ-9

MyChart PHQ-9

- If PHQ-2 >= 3
- PHQ-9 assigned directly to patient
How Did Fairview Get to the Current Process for Depression Screening?
Progression

Objective: Need to improve safety and efficiency

- PHQ-2/9 as part of standard rooming process
  - Previous process completed in clinic with staff entering responses
  - New process included electronic via MyChart for annual exams - no staff involved in entering responses.
  - PCP receives InBasket for patients with positive #9 via MyChart
- Consolidate multiple PHQ-9 Doc Flowsheets
- Health Maintenance is appropriately updated
- Best practice alerts are presented appropriately
- Ensure appropriate follow-up is performed
Progression

• VP of Quality and Innovation created a workgroup to lead the MyChart PHQ-9 initiative:
  • Researched best practices
  • EMR assigns Annual Exam MyChart appointment questionnaire which includes the PHQ-2 and PHQ-9 if PHQ-2 >=3
    — Appointment provider addresses appointment questionnaire responses
  • Manual assignment of PHQ-9 to a patient for med refills or when due for a PHQ-9
    — Nurse follows up on manually assigned PHQ-9s
  • Explored internal/external resources and their capacity to respond to patient calls
Progression

- VP of Quality and Innovation created an SBAR for Senior Leadership related to adding a disclaimer to MyChart PHQ-9
- Met with Risk Management
- Received permission from Pfizer to add the disclaimer to the beginning of electronic PHQ-9
Progression

• Developed a disclaimer for patients who complete the PHQ-9 via MyChart

Patient Health Questionnaire (PHQ-9)

This is a questionnaire about depression for your upcoming visit or contact, and your care team may not see this information before then. We care about you. If at any time you feel unsafe or have concerns about the safety of others please take immediate action by calling 1-800-273-8255, for mental health crisis phone support 24 hours a day, 365 days per year. As always, you can also go to your local ER, or call 911 if you have immediate safety concerns.

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Progression

- Developed follow-up questions for patients to answer electronically if they respond positively to question 9
Progression

1. In the past two weeks have you had thoughts of suicide or self-harm?
   - No
   - Yes

2. In the past two weeks have you thought about a plan or had intention to harm yourself?
   - No
   - Yes

3. In the past two weeks have you acted on these thoughts in any way?
   - No
   - Yes

4. Do you have concerns about your personal safety or thoughts of harming others?
   - No
   - Yes

END
Progression

• Best practice alert Inbasket message is sent to the patient’s PCP when he/she responds positively to PHQ-9 question #9 via MyChart

• Message displays pertinent patient information
  • Patient demographics
  • Current and past PHQ-9 responses
  • Recent outpatient visits
  • Preferred pharmacy
  • Current Medications
  • Problem List
  • Patient Care Team
Best Practice Alert

This report displays patient specific information.

If positive, triggers Best Practice Alert (BPA) to Primary Care Provider and presents FUA questions for patient to answer.

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Workflow

If patient responds positively to an appointment questionnaire and does not show for appointment, what then?

• Created an automated daily report of patients who completed the PHQ-9 via MyChart, responded positively to question #9, and either no-showed or canceled their appointment
Workflow: PHQ9 Appointment Questionnaire—Patient indicates self-harm via MyChart

Patient

- Complishes Appointment PHQ9 Questionnaire using MyChart

- Thoughts of self-harm?
  - No
  - Yes

- Additional action required?
  - No
  - Yes

- Attend scheduled appointment?
  - No
  - Yes

- Reviews PHQ9 responses

- Assess patient safety

- Transportation Hold indicated?
  - Yes
  - No

- Safety Contract with patient to call 911 and/or go to ED/HC if they begin to feel unsafe

- Before patient to PCC for MH services

- Conclude

PCP

- Receives Best Practice Alert in InBox

Support Staff

- Rooms patient

Encounter Provider

End
LSQIN and Stratis Health Role

- Provide technical assistance on the screening process and screening tools
- Intervention and/or referral for positive assessments
- Billing
- Data collection if needed

Facilitate Learning and Action Network (LAN) and Minnesota cohort sharing calls

- Data reporting
  - Quarterly reports of Medicare claims
  - Other reporting as determined by our work with you
- Coding and reimbursement clarification

Workflow: PHQ9 Appointment Questionnaire—Patient indicates self-harm via MyChart

[Diagram of workflow process]
Making It Work

• Behavioral Health Clinicians – 9 across 7 sites
  — Licensed mental health professionals who work in Integrated Primary Care Clinics.

• Developed a process for BHCs to monitor the daily report and provide outreach/intervention and communication with the primary care provider

• Developed a standardized Epic Template for the BHCs to complete when outreaching to patients on the report

• Created a communication plan for primary care staff
Conclusion

- Think safety first, then efficiency
- Identify a leader to champion the work
- Be relentless and willing to change. Aligning system work takes time and effort!
Join the Behavioral Health Project

How are you identifying depression in your patients?

“Often referred to as ‘the common cold of mental health’, depression causes about 8 million doctors’ appointments a year. More than half are with primary care physicians.”

– a recent article in Kaiser Health News

Join Lake Superior Quality Innovation Network to participate in this CMS-funded project to increase screening for depression and alcohol use in primary care.

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Minnesota: contact Joe Kalaidis 952-853-8594 or jkalaidis@stratishealth.org
Wisconsin: contact Kim Johnson 608-441-8291 or kjohnson@metastar.com
Thank you for your participation!
This material was prepared by the Lake Superior Quality Innovation Network, under contract with the Centers for Medicare & Medicaid Services (CMS), an agency of the U.S. Department of Health and Human Services. The materials do not necessarily reflect CMS policy.
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