Out in the Exam Room & Inside the EMR

Incorporating the PHQ-9 into Family Health Team Depression Care: Results of Two Pilot Sites

Leslie Born, MSc, PhD
Enhanced Depression Care Initiative Coordinator

Acknowledgements

HFHT Colleagues
- Sarah Wojkowski (practice facilitator)
- Karl Langton (information technology)
- Dr. Carrie McAiney (evaluation)
- Dr. Carolynne Darby (MH medical)
- Catherine McPherson-Doe (MH manager)
- Dr. Nick Kates (design)

Introduction

- Extensive research in Primary Care has shown that a comprehensive depression management program can:
  - Enhance quality of care for depression
  - Reduce depression severity
  - Increase patient satisfaction & adherence to treatment

(Kates & Mach 2007)
Introduction
- Accumulating literature and recent guidelines reveal: the PHQ-9 has become a keystone in facilitating systematic detection and management of depression in primary care, including
  - making a diagnosis
  - selecting treatment
  - monitoring treatment response
  - suggesting when to alter treatment

(Kroenke et al 2001; DeJesus et al 2007)

Introduction
- Yet, challenges to translate depression care management strategies (e.g., MacArthur Initiative on Depression & Primary Care) into clinical practice remain
- the literature has limited information about the actual process

Introduction
- One USA pilot program (incl. 8 primary care practices) used a 4-stage process,
  1. Using the PHQ-9 for screening & diagnosis
  2. PHQ-9 & monitoring depression severity
  3. Implementing care management forms
  4. Creating a registry database

(Nease et al 2008)
Introduction

- Many enhanced mental health care components are in place at Hamilton Family Health Teams:
  - Mental health counsellors (75) are part of the health teams (152 FPs)
  - Extensive experience in Mood Disorders
  - Consulting Psychiatrists
  - Peer Support Worker program
  - Specialized Groups
    - Group leader training increasing
  - Patient preferences for treatment

Where to Start?

- Standard measure of Depression symptoms (PHQ-9) & screening
- Depression Information Sheet (flowsheet)
- Evidence-based Treatment Algorithm & Guidelines
- Routine Patient follow-up
- Plan to prevent Depression relapse
- A Depression Registry
- Supported Patient Self-Management
**Enhanced Depression Care Initiative (EDCI)**

- **Start Up**
  - Introduce EDCI to a Health Team
  - Team decisions

- **Implementation**
  - Create & upload documentation
  - Training

- **Evaluation**
  - Feedback

---

**Start Up: Pilot sites**

- Introduction of EDCI to Health Team
  - "Champions"
  - Staff resistance issues

- Team decision: priority for Depression care
  - Patients with Diabetes

- Create patient Depression Information form (aka "Flowsheet" or "Stamp")
  - Content decisions
  - EMR adaptations to Practice Solutions, P&P

- Upload into EMR
  - Insert a case example
  - EMR resistance issues
Implementation: Pilot Sites

- Health Team completes the Assessment of Clinician Depression Management (ACDM) survey*
  - 22-items: measures aspects of the chronic care model as applied to depression in primary care
- Health Team Training:
  - PHQ-9 & Use of (McArthur) Treatment Guidelines
- Begin using the PHQ-9 & Depression Information form
  - Prospectively
- Piggy-back Depression in Diabetes registry

*see Nease et al 2008, courtesy of Donald Nease & Perry Dickinson

Assessment of Clinician Depression Management

Use of Mental Health Consultants

- MHC by referral
- Communication with MHC is seldom (3) to active (5)

Assessment of Clinician Depression Management

Use of Standardized Questionnaire for Depression

- Screening, Diagnosis, Monitoring change is rarely completed with Standardized Questionnaire (1)
Assessment of Clinician Depression Management

**Use of Depression Care Guidelines**

- E-B Guidelines for Depression are used to guide my patient care in general, but not in any formal way in my practice (5).

**Team Approach**

- Care of patients with depression centers on me but with some help from other resources within my practice.
- Contact with patients is done by me or by other care team members on a planned (3) or as-needed (1) basis.

**Commitment to Depression Care Improvement**

- Commitment to improving management of depression is moderate (3) to high (5).
- I have not (3) or have (5) dedicated specific attention to improving depression care.
Assessment of Clinician Depression Management

Information System Support

- Management and tracking of critical elements of care by way of flow charts & systems to assure patient monitoring are not available in my practice (1).

Assessment of Clinician Depression Management

Commitment to Quality Improvement

- QI does not exist formally in my practice (1).
- QI is formally conducted in my practice but has not addressed the care of depressed patients (3).

Assessment of Clinician Depression Management

Self Management Support

- Assessment and provision of SMS for my depressed patients is rare (1) or occasional (3).
- Educational material assists patients in developing SMS plans but follow-up does not occur (3).
Implementation:
Training Allied Staff on PHQ-9

- Using the PHQ-9
- Facilitating the flow of patient information about depression within the team
  - Mental Health Counsellors (75)
  - Pharmacists (12)
  - Registered Dietitians (20)

Evaluation: Pilot Sites

- At 3 months: feedback on use of PHQ-9 and Depression Information form
- At 9 months: Health Team Completes the ACDM (post)
- At 15 months: Use of depression treatment guidelines and Patient remission

Lessons Learned

- Time needed
- Health Team priorities
- Capacity for change
- EMR systems: limits
  - e.g., PrSolns does not have pull-down menus
- Depression Care Management: continue to address:
  - Team approach
  - Use of guidelines
  - Use of information systems (technology)
  - Self-Management support