

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



1

---

---

---

---

---

---

---

---

## 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)

L. Born  2

---

---

---

---

---

---

---

---

## 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)

L. Born  3

---

---

---

---

---

---

---

---

## 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)



---

---

---

---

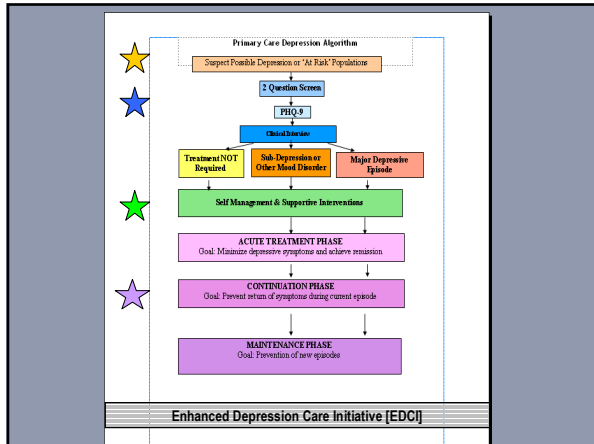
---

---

---

---






---

---

---

---

---

---

---

---

---

---

---

---

### Enhanced Depression Care Initiative [EDCI]

- Start Up
  - Introduce EDCI to a Health Team
  - Team decisions
- Implementation
  - Create & upload documentation
  - Training
- Evaluation
  - Feedback

L. Bon 11

---

---

---

---

---

---

---

---

---

---

---

---

### 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

L. Bon 12

---

---

---

---

---

---

---

---

---

---

---

---



## 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

L. Bon  16

---

---

---

---

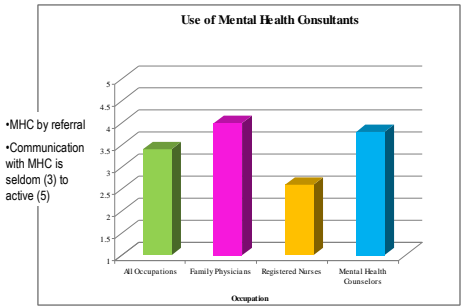
---

---

---

---

## Assessment of Clinician Depression Management



---

---

---

---

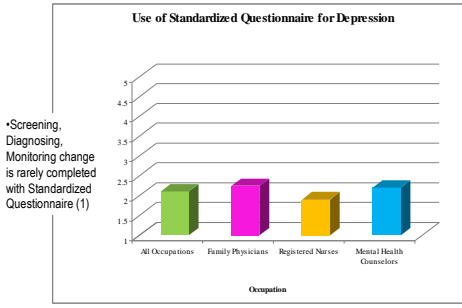
---

---

---

---

## Assessment of Clinician Depression Management



---

---

---

---

---

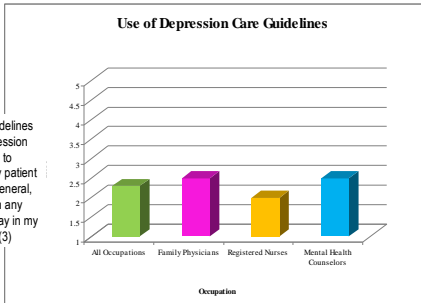
---

---

---

### Assessment of Clinician Depression Management

•E-B Guidelines for Depression are used to guide my patient care in general, but not in any formal way in my practice (3)



L. Bon 19

---

---

---

---

---

---

---

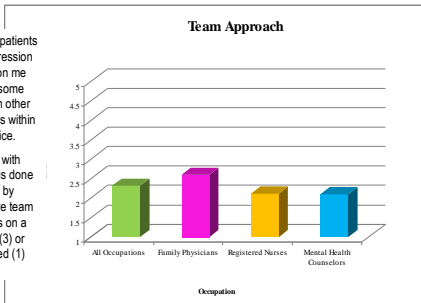
---

---

---

### Assessment of Clinician Depression Management

•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.



L. Bon 20

---

---

---

---

---

---

---

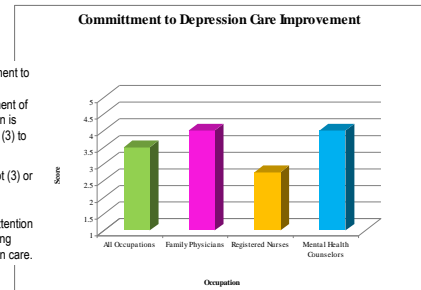
---

---

---

### Assessment of Clinician Depression Management

•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.



L. Bon 21

---

---

---

---

---

---

---

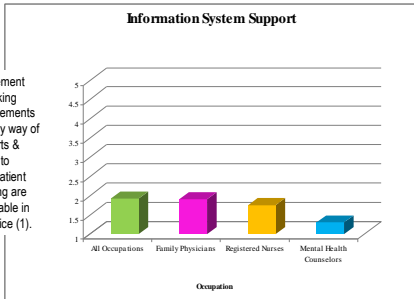
---

---

---

### Assessment of Clinician Depression Management

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



L. Bon 22

---

---

---

---

---

---

---

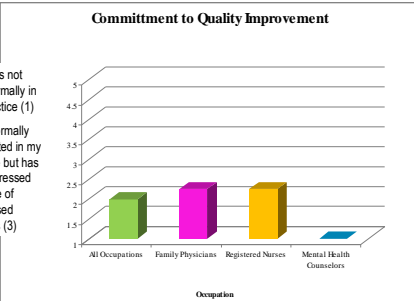
---

---

---

### Assessment of Clinician Depression Management

•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)



L. Bon 23

---

---

---

---

---

---

---

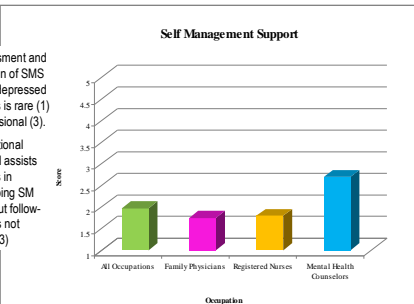
---

---

---

### Assessment of Clinician Depression Management

•Assessment and provision of SMS for my depressed patients is rare (1) or occasional (3).  
 •Educational material assists patients in developing SM plans but follow-up does not occur. (3)



L. Bon 24

---

---

---

---

---

---

---

---

---

---

## 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)

L. Bon  25

---

---

---

---

---

---

---

---

## Evaluation: Pilot Sites

- At 3 months: feed-back 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

L. Bon  26

---

---

---

---

---

---

---

---

## 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

L. Bon  27

---

---

---

---

---

---

---

---