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

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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)

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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)

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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

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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)

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EX. Implementation and Sustainability of Depression Care Improvements

8 Internal Medicine & 8 Family Practices

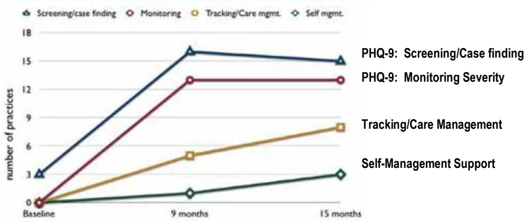

Figure 1. *The figure displays the progression of use of the nine-item Patient Health Questionnaire (PHQ-9) at baseline, 9 months (end of third learning session), and 15 months (representing follow-up six months after the intervention ended). Mgmt, management.*

Nease et al 2008

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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

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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

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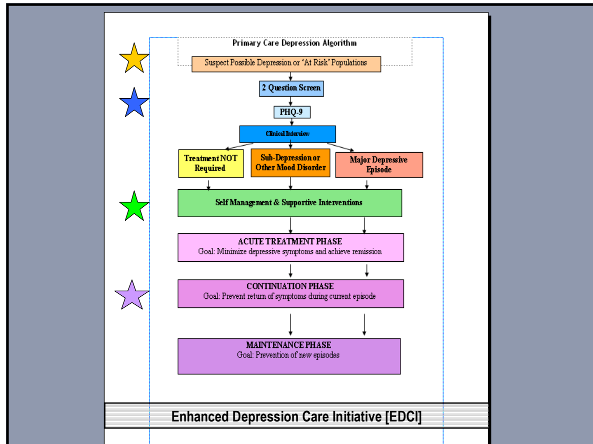

Enhanced Depression Care Initiative [EDCI]

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

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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

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Practice Solutions EMR

DEPRESSION INFORMATION

Seen By: ☐ FP ☐ PSYCH ☐ MHC ☐ RN

Comorbidity ☐ Past Suicide Attem ☐ Anxiety ☐ Bipolar ☐ Alcohol Abuse ☐ Substance Abuse (speci ☐ Other (specify):

Significant Factors Affecting Mood ☐ Menstrual magnification ☐ Postpartum ☐ Perimenopause ☐ Cultural ☐ Medical Conditions ☐ Life Stressors

PHQ-9 Score: (score > 9 consider active treatment)

☐ 9a. In the last 4 weeks patient had serious thoughts of suicide.

☐ 9b. Patient has deliberately hurt self in past or made a suicide attempt.

How difficult have these symptoms made it for patient to do work, take care of things at home, or get along with others?

☐ Not difficult at all ☐ Somewhat difficult ☐ Very difficult ☐ Extremely difficult

Psychotropic Medication: Medication 1, Medication 2, Medication 3, Medication 4

Wt: ..._value BP: ..._value

Referral Request ☐ FP ☐ Psychiatrist ☐ Mental Health Counsellor ☐ HFHT Group (specify) ☐ Mood Disorders Program ☐ Other (specify)

Self Management ☐ Discussed ☐ Goals Set ☐ Action Plan Recorded

Other Patient Information

☐ Other Treatment Modification (specify)

Next Follow-up Visit (weeks)

P&P EMR Headers

	Type of Entry	Visit 1	Visit 2	Visit 3
Date	Text box			
Clinicians	Pull down menu			
Comorbid anxiety	Text box			
Comorbid alcohol	Text box			
Comorbid Substance	Text box			
Comorbid Other	Text box			
Bipolar	Check box			
Medical Conditions Affecting Mood	Check box			
Life Stressors	Check box			
Cultural Factors	Check box			
Women	Pull down menu			
PHQ-9 Score	Text box			
Suicide Risk Assessed	Check box			
Past Suicide Attempt	Check box			
Care Plan in Place	Check box			
Medication 1	Text box			
Medication 2	Text box			
Medication 3	Text box			
Medication 4	Text box			

Full Screen
Close Full Screen

Paper Files

		Date:	Date:	Date:
Seen By	FP, PSYC, MHC, RN/NP			
Comorbidity	Anxiety:			
	Alcohol:			
	Substance:			
	Bipolar:			
	Other:			
Significant Factors Affecting Mood	Menstrual Magnification ☐ Postpartum ☐ Perimenopause ☐ Cultural ☐ Medical Conditions ☐ Life Stressors ☐			
PHQ-9	Score (>9 consider active treatment)			
	9a. serious thoughts of suicide in past 4 weeks			
	9b. deliberately hurt self in past or made a suicide attempt			
Suicidal Ideation	Care plan in place			
Medication	Med 1			
	Med 2			
	Med 3			
	Med 4			
Physical	Weight			
	Blood Pressure			
Referral Request	FP, PSYC, MHC, HFHT Group, Mood Disorders, Other			
Self Management	Discussed Goals Set Action Plan Recorded			
Other Treatment	Specify			
Other Patient Information				
Follow-up Visit				

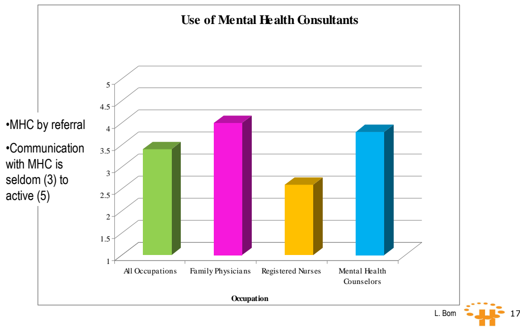
Implementation: Pilot Sites

- 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

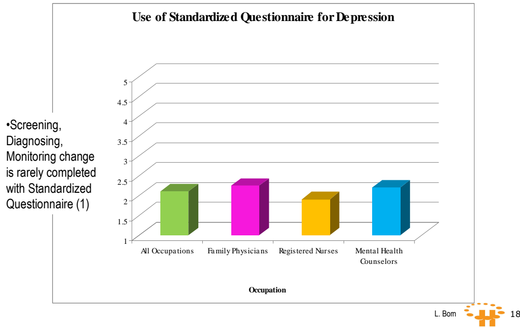
Assessment of Clinician Depression Management

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



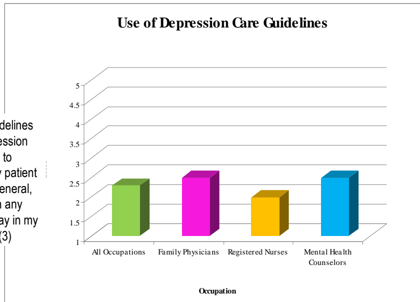
Assessment of Clinician Depression Management

- Screening, Diagnosing, Monitoring change is rarely completed with Standardized Questionnaire (1)



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)



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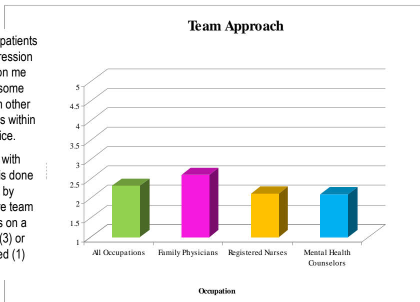
Assessment of Clinician Depression Management

•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.



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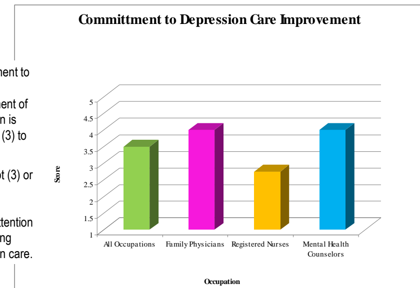
Assessment of Clinician Depression Management

•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.



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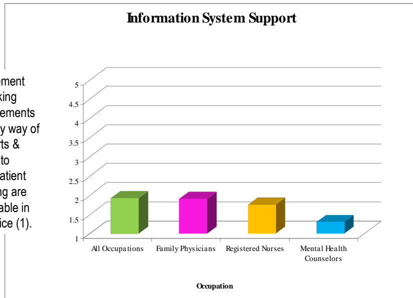
Assessment of Clinician Depression Management

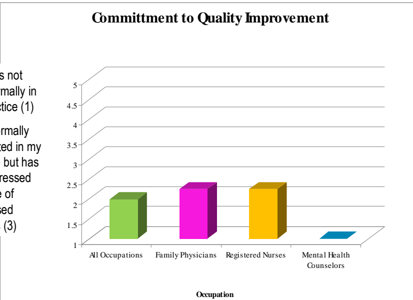
•Management and tracking critical elements of care by way of flow charts & systems to assure patient monitoring are not available in my practice (1).



Assessment of Clinician Depression Management

•QI does not exist formally in my practice (1)

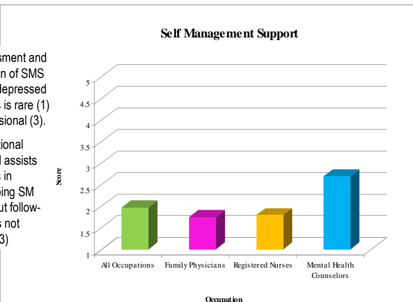
•QI is formally conducted in my practice but has not addressed the care of depressed patients (3)



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)



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)

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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

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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

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