

Rural Health Clinic – PHQ9 Depression Screening

Background

Amidst ongoing national concerns over mental health, we have taken proactive steps to address this crisis within our organization. While Medicare mandates annual depression screenings for all patients, we recognized the necessity for more frequent assessments based on current research and trends. Our proposal advocates for screening patients at every visit, starting from age 10, in alignment with recent findings suggesting early intervention is crucial. This approach has already proven valuable; during recent visits, our staff identified instances of self-harm among children aged 10 and 11, reinforcing the importance of our initiative.

- How can we identify patients in need?
- How can we be sure to address the need and get those patient support?

Changes Tested

We consulted with aides and nurses to identify current challenges in conducting intake screenings. Through these discussions, we concluded that providing patients with a printed copy of the screening questionnaire would yield more candid responses. Verbal questioning often led to hesitancy and inaccuracies in the screening process, as reported by our team. Aides expressed discomfort with verbal delivery of questions and uncertainty about the most effective approach.

- Patients screened before each appointment.
- Patient answers the questions on paper oppose to verbal answers.

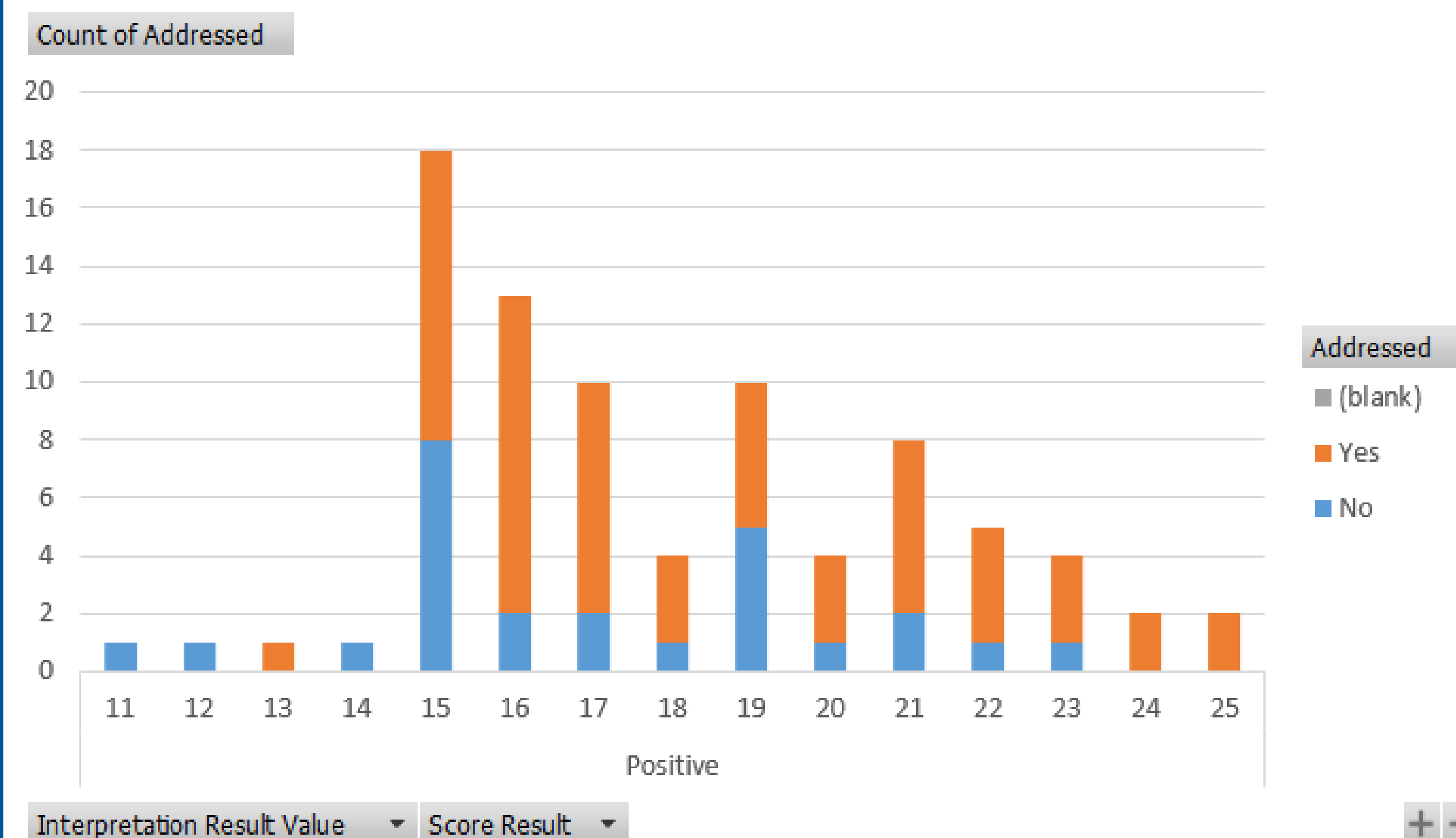


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Results

Patients scoring 10 or higher on the screening tool are identified, their results promptly communicated to the healthcare provider, and if deemed suitable, they are referred to behavioral health services. Over a three-week period, 84 patients scored 10 or higher. While most of these patients had their positive screening results documented in their charts, some did not. These findings were thoroughly reviewed with providers, emphasizing the critical importance of addressing depression screenings with the same diligence as other vital health indicators such as elevated blood pressure. The graph below reflects the mentioned numbers.



- Any positive screening results are promptly recorded and communicated verbally to the provider by the attending aide or nurse during the patient's intake appointment.
- Patients identified as moderate risk were extensively reviewed.
- Numerous patients have been referred to behavioral health services following a positive screen and follow up discussion by provider.

Lessons Learned

As with any new process there are areas for improvement and opportunities for growth.

- Continual evaluation of processes and outcomes is necessary to ensure compliance and achieve our objectives.
- Effective closed-loop communication and feedback are crucial for the success of any new initiative.
- Plans and reality may not always align perfectly, so making real-time adjustments is key to maintaining smooth operations.
- Ultimately, our success should be measured by our ability to identify and assist even one patient who might have been overlooked prior to these changes. This should remain our focus.

Next Steps

We are working to develop consistency in the OB depression screening as well, the questions are the same during pregnancy but do differ post-partum. As the project progresses, we plan to:

- Continue screening each patient
- Address a positive screen
- Refer to appropriate behavioral health services.

Team Members

Dr. John Kelley, Melissa Spellman, Claudine Irwin, Jessica Badsky, All RHC aides, nurses, and providers.

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