

AIMING FOR REMISSION: QUALITY IMPROVEMENT IN FAMILY MEDICINE CLINIC TARGETING DEPRESSION

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ABSTRACT

- Major Depressive Disorder (MDD) causes significant morbidity, poor health outcomes of comorbid illness, overall worse self-rated quality of life, and exceeding health care resources utilization.
- The University of Texas Health Science Center at Tyler (UTHSCT) is tackling MDD with interprofessional teams of family, psychiatry, and psychology.
- MDD has a 20% prevalence in the UTHSCT primary care clinic.
- Attaining the status of remission is the treatment goal of MDD.
- The Patient Health Questionnaire (PHQ-9) screens, detects, and assess the severity and remission status of MDD.
- Remission is a reduction in PHQ-9 from an initial score greater than 9 to less than 5 within 6-months from initial detection.
- Our Quality Improvement (QI) project aimed to increase remission rates of MDD in our patient population from a baseline of 12.45% to 20% in one year with the end date of May 2020.

INTRODUCTION

- Depression is a common, treatable mental disorder. It is estimated that 10.4% of the US adult population will experience MDD during any 12-month period, which causes severe impairments on quality of living and an increased burden on medical care.

PARAMETERS OF THIS PROJECT

Timespan: Eight months.
Location: The Family Practice Clinic (FPC).
Positive depression screen: PHQ-9 score > 9.
Population: Patients aged ≥ 18 years
Remission: A follow-up PHQ-9 performed and a score less than 5 at 12 months (+/-60 days) of the initial (index event date).
Remission Rate: Percentage of patients that improved the PHQ-9 score from greater than 5 to less than 5.
Aim/purpose: To improve remission rates of MDD from an initial 12.45% to a goal of 20% within 8 months in FPC.

RESULTS

- Our initial AIM/purpose was to attain GOAL of 20% depression remission rate
- Delivery System Reform Incentive Payment (DSRIP)- **Projected Goal:** 15.19% depression remission rate
- **Actual Measurement:** 27% remission rate achieved for depression
- Thus, we had exceeded our initial goal (by 7%) AND our projected goal (by 12.81%) within 6 months

DISCUSSION

- **Process:** Process mapping turned out to be the most important aspect of quality improvement.
- Our remission rates are evidence of our clinic's effective management practices of Major Depressive Disorder; it highlights why consistent measurement is so important.
- Furthermore, our project resulted in UTHSCT being awarded DSRIP incentivized payments of \$250,000 by achieving the measure for MDD remission.

Potential Weakness: The process of PHQ-9 follow-up involves a direct phone call to the patient rather than having the patient fill out the PHQ-9 themselves. This can pose as a potential confounder and bias to the results.

METHOD, PROCESS, INTERVENTION

Initially, the process of obtaining and following up PHQ-9s in the FPC was unclear.

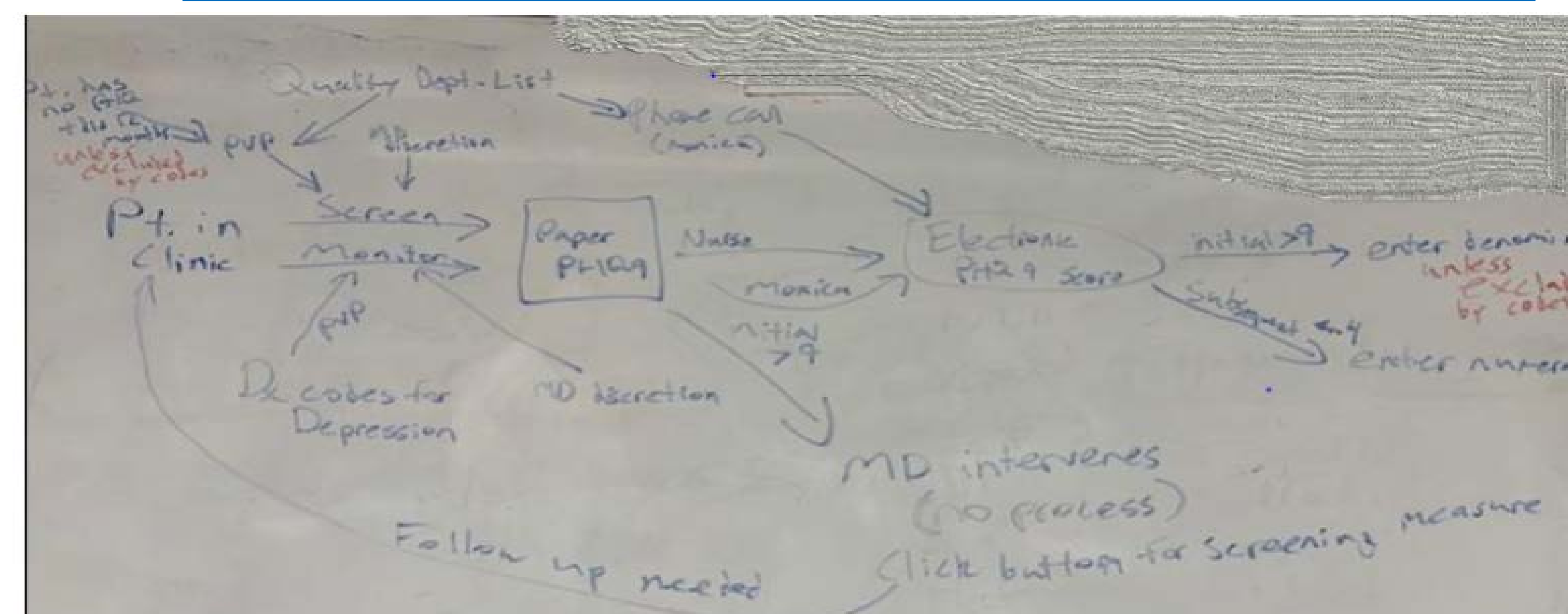


Figure 1: Process map of obtaining and tracking PHQ9 scores for patients. Contributions to different parts of the map provided by Nursing, Psychology, Family Resident, and Attending faculty/staff.

Process Mapping (Refer to Figure 1): This method demonstrated that there was no standardization of 6-month PHQ-9 score follow up. Because of that, one or more of the following was happening:

1. PHQ-9 score follow-ups did **not** occur.
2. PHQ-9 score follow-ups did occur but were not properly recorded.

Analysis: Before it could be decided on how to improve remission rates, more accurate data was needed.

Intervention: Development of a dedicated employee position whose sole purpose was to obtain PHQ-9 follow up at 6 months.

CONCLUSIONS

- The first step in this quality Improvement was to understand the process. It is a standardized perspective with powerful, humbling techniques that can improve measures and change our patients' lives.
- Dr. Sotelo will lead this interdisciplinary team going forward.
- For our next steps and sustained improvement, we will integrate collaborative care management and further standardize the treatment process through the development and implementation of efficient protocols and guidelines.

REFERENCES

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