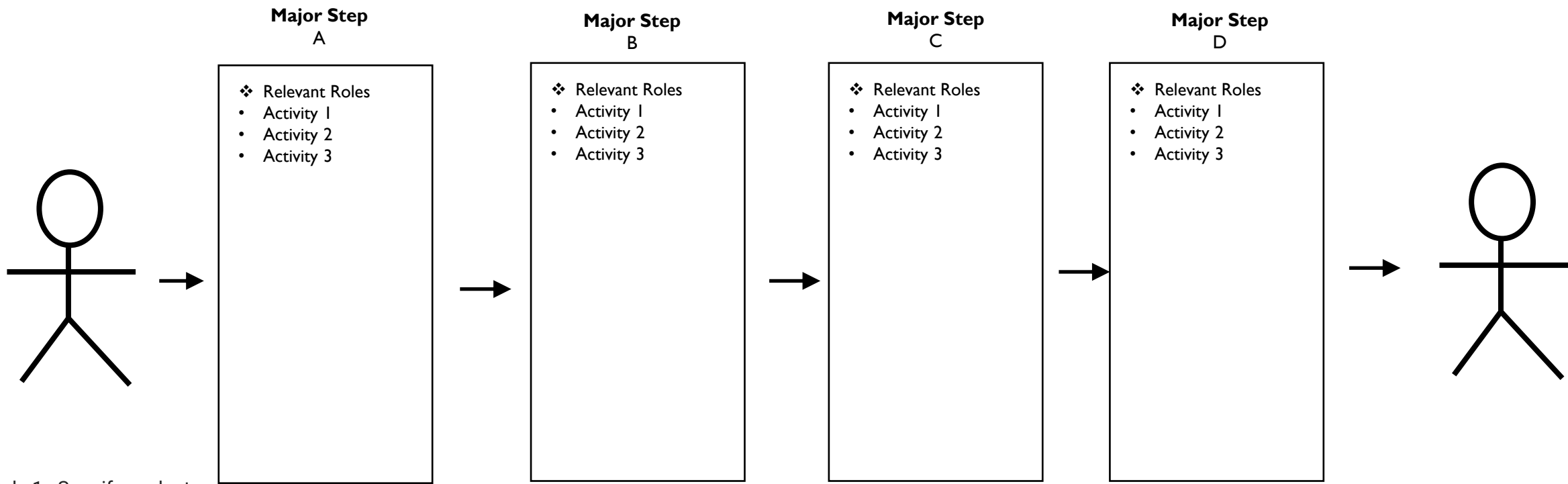


Standardizing Depression Screening Workflows Including Response and Remission Rates

Jennifer Condel, SCT(ASCP)MT, Manager Lean Healthcare Strategy and
Implementation

Carol Frazer, MEd, LPC Practice Transformation Specialist

Depression Screening & Follow-up Workflow



Rule 1: Specify each step.

Rule 2: Communicate directly.

Rule 3: Follow simple and direct pathways.

Rule 4: Let staff members and data drive process improvements.

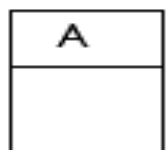
Process Map Symbols



Opportunity for Improvement



Recognized benefit



Major step in the process



Delay in the process

Advantages of Mapping the Process

Building in reliability

Explore a complicated process involving

- different people
- lots of tasks
- important decisions

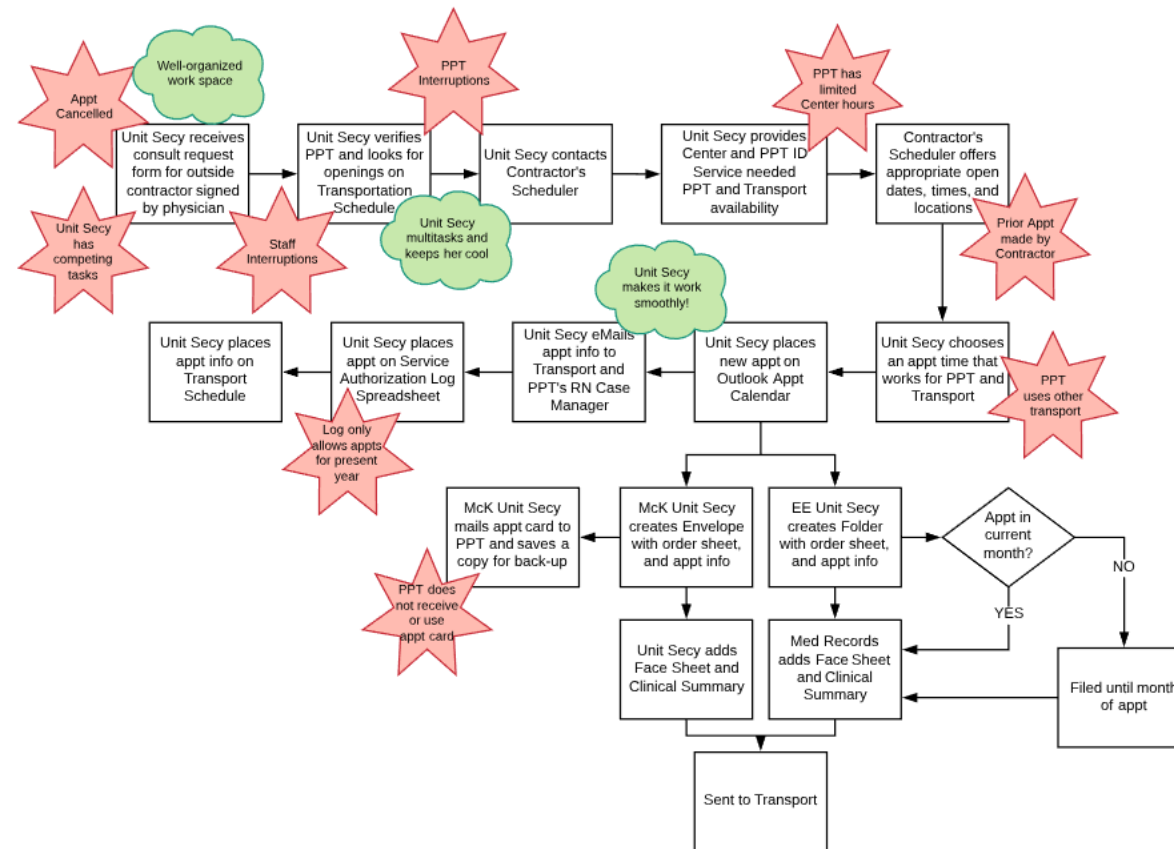
Identify opportunities to improve the process

- things that work
- things that don't work

Help people learn about the work to be done

- new employees
- care team
- supervisors

Making Consultant Appointments



What is Standard Work

- Documentation of the current best practice

Standard work is the foundation of continuous improvement.

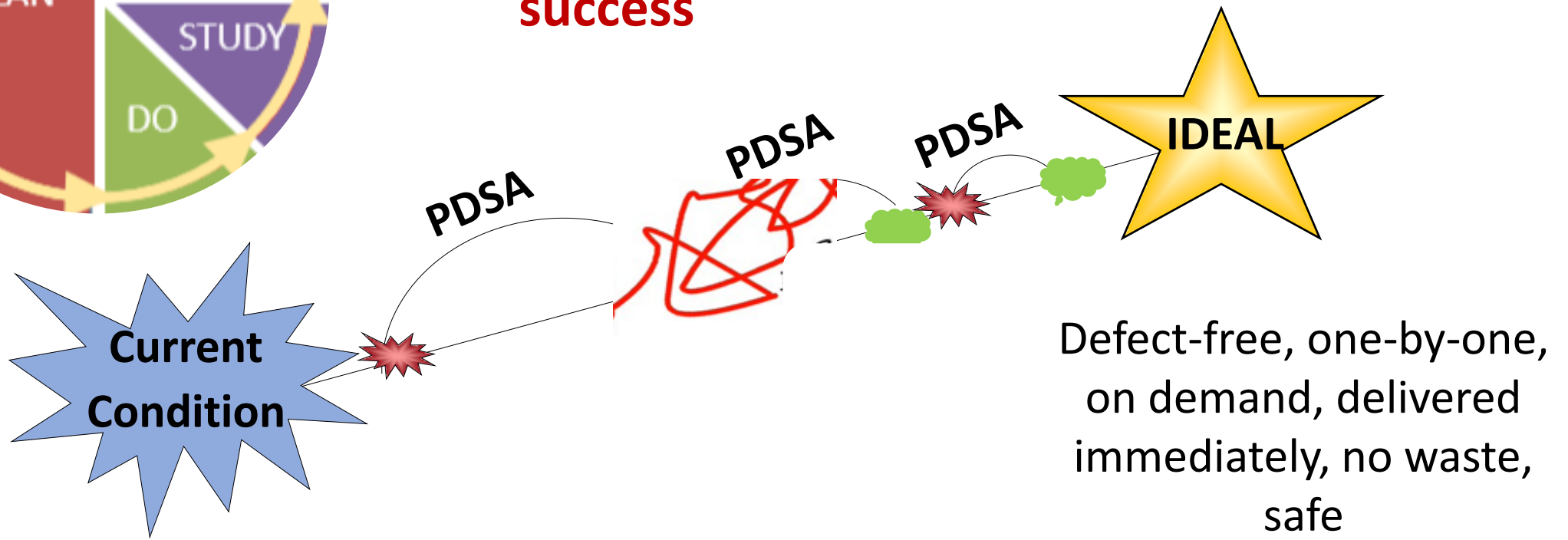
We can't improve a process unless we know how it happened in the first place.

Create, Stabilize, Improve

PDSA is Iterative and Continuous



**Problems are solved one step at a time
– each attempt gets you closer to
success**






Standard Work Tells Us...

- Who does what?
- How do you do it?
- When do you do it?
- Where do you do it?
- Why do you do it that way?

Standard Work Document

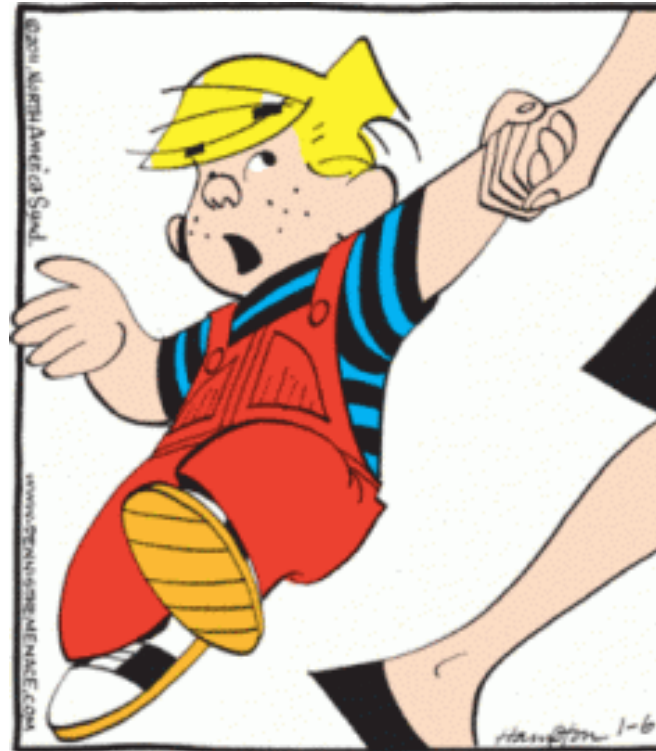
Process:	Room Service Meal Delivery- EXAMPLE ONLY
Staff Involved:	RN Process
Date:	8/12/2012

Step:	Time:	Process Explained:	Example:
1	-	<p>Resident with Diabetes (on consistent carb diet or on insulin) calls Room Service for a tray</p> <p>*If the resident does not order a meal, the Call Center will contact the resident (or RN if resident does not answer)</p> <p>*Breakfast by 8 am *Lunch by 12 noon *Dinner by 5 pm</p>	
2	30 sec	<p>Nursing informed of tray order</p> <p>*Call Center will tell resident to turn on call light and let nurse know that you just ordered a meal</p> <p>*Delivery within 45 minutes</p> <p>*For resident safety: DO NOT GIVE INSULIN IN ANTICIPATION OF MEAL DELIVERY</p>	
3	90 sec	<p>Nursing checks medication orders for insulin or other mealtime meds</p> <p>*Insulin: Novolog, Humalog, Lantus, Levemir</p> <p>*Oral meds: Glipizide, Glimepride, Glyburide, Prandin, Starlix</p>	

Why standard work won't work...

Staff don't follow it

We can't agree on the best way



"BUT YOU TOLD ME TO BEHAVE...
YOU DIDN'T SAY HOW!"

Can't transfer it from one area to another

People still do it their own way

STANDARD WORK TEMPLATE

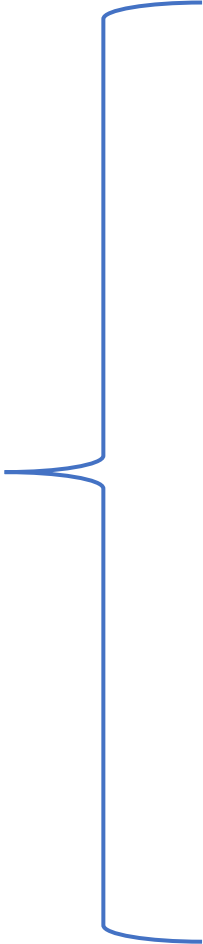
Step	Staff Role	Content	Location	Timing	Outcome
Step in Process Map		* * * * * *			
Step in Process Map		* * * * * *			
Step in Process Map		* * * * * *			
Step in Process Map		* * * * * *			
Step in Process Map		* * * * * *			

CARE OUTREACH STANDARD WORK

Step	Content	Location	Timing	Outcome
Identification	1. Review referrals from Case Managers	Office	Daily	Clients are added to care list for outreach
	2. Review closed cases for clients who are out of contact	File Room	Monthly	
	3. Print performance measures and identify high risk patients	CAREWare	Monthly	
	4. Answer physician referral calls	Phone	Daily	
Contact	5. Call/E-mail client primary information	Phone/Computer	3 attempts over 10 days	Client remains engaged in care
	6. Call/E-mail client emergency or alternate contact	Phone/Computer	3 attempts over 10 days	
	7. Call/E-mail provider to research client contact information	Phone/Computer	3 attempts over 10 days	
	8. Initial contact with client	Phone	15 minute increments	
Appointment	9. Review medical facility options with client and give contact information	Phone		Client remains engaged in care
	10. If requested, make client an appointment at medical facility	Phone		
	11. Call patient one day prior and remind of medical appointment	Phone		
	12. If requested, provide transportation or incentive	Client location		
	13. If requested, attend appointment with patient	Medical facility		
Support & Follow-up	14. Follow up with MD for lab results	Medical facility		Client remains engaged in care
	15. Enter data collection into MAI spreadsheet	Office		
	16. Follow-up with other services for client	Office		
	17. Follow-up with client on next steps	Phone		

Is this specific to:

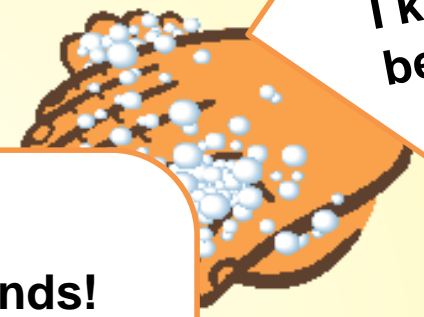
- Content
- Sequence
- Timing
- Location
- Expected outcome



Wash Your Hands!

Content:
I know what to do!

Timing:
I know if I am ahead or behind in the process.



Expected Outcome: Clean Hands!
Because the work is so explicit, I can figure out if there is a problem and call for help.

Sequence:
I know that I am doing it in the right sequence!

Location:
I know where the activity occurs.



CARE OUTREACH STANDARD WORK

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Is this specific to:

- Content
- Sequence
- Timing
- Location
- Expected outcome

Summary

- Process mapping benefits:
 - Unites a team in improvement
 - Explores work across departments
 - Generates a deeper understanding of work
 - Identifies opportunities for improvement
 - Creates a visual document



Depression Screening Workflows May Vary.....

BUT they include the following elements:

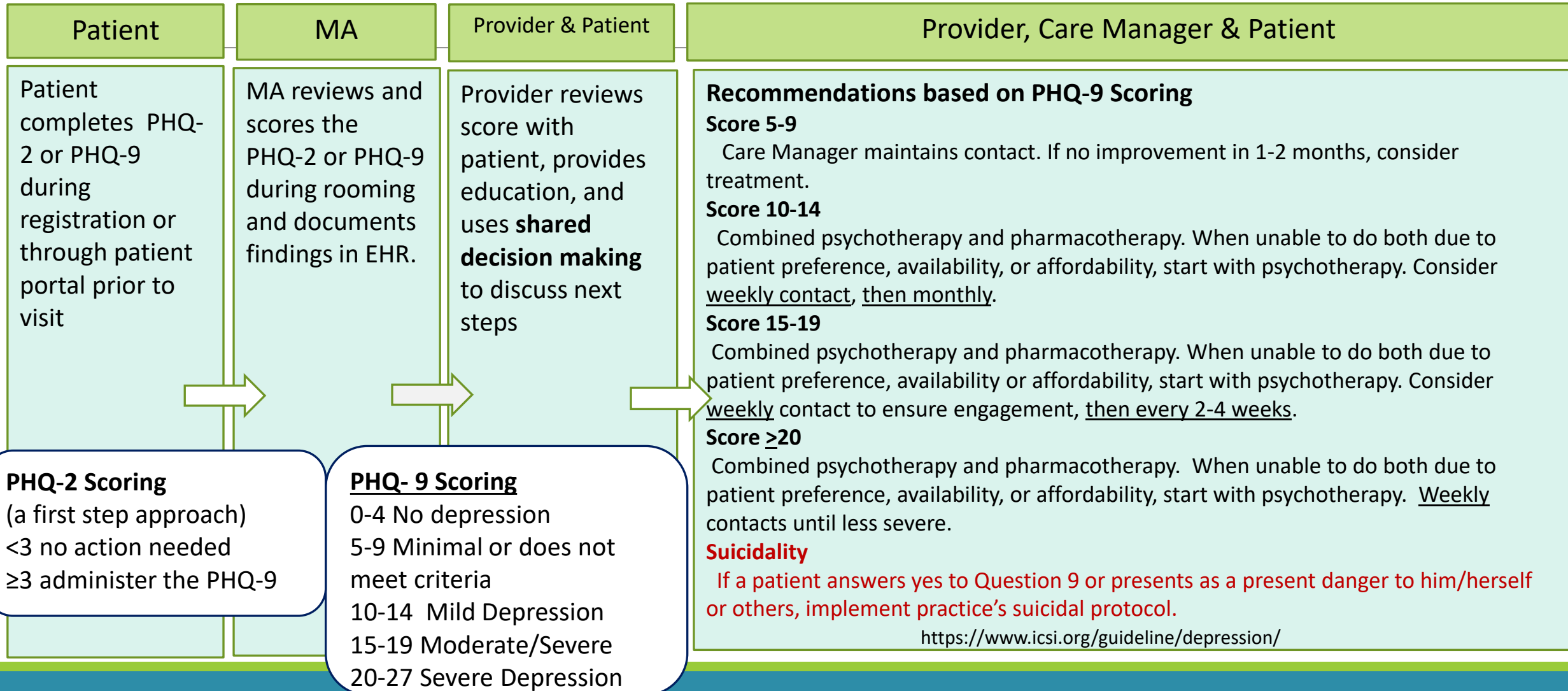
1. Convey non-judgement language and approach throughout the screen
2. Score and interpret results
3. Offer education, self-management feedback, and recommendations
4. Use Shared Decision-Making regarding treatment decisions and care planning
5. Deliver appropriate level of intervention

Universal Depression Screening is Recommended Annually

- For people with a **history of depression**, it would make sense to “screen” for illness activity at each visit.
- For groups at **intermediate risk**, such as patients receiving regular care for chronic medical conditions (diabetes or heart disease), it is reasonable to screen at least once each year.
- For patients in **generally good health** who only see their primary care physicians sporadically, it may make sense to screen at each visit, although it is likely that a person who rarely sees a physician may not necessarily schedule an appointment to see a primary care physician within weeks or even months of onset of a depressive syndrome. For such individuals, it may make more sense to incorporate periodic web-based “health checks.”

Thase, M, JAMA. 2016

Depression Screening Workflow: A Team-based Approach



Over the *last 2 weeks*, how often have you been bothered by any of the following problems?
(use "✓" to indicate your answer)

	Not at all	Several days	More than half the days	Nearly every day
1. Little interest or pleasure in doing things	0	1	2	3
2. Feeling down, depressed, or hopeless	0	1	2	3
3. Trouble falling or staying asleep, or sleeping too much	0	1	2	3
4. Feeling tired or having little energy	0	1	2	3
5. Poor appetite or overeating	0	1	2	3
6. Feeling bad about yourself—or that you are a failure or have let yourself or your family down	0	1	2	3
7. Trouble concentrating on things, such as reading the newspaper or watching television	0	1	2	3
8. Moving or speaking so slowly that other people could have noticed. Or the opposite—being so fidgety or restless that you have been moving around a lot more than usual	0	1	2	3
9. Thoughts that you would be better off dead, or of hurting yourself in some way	0	1	2	3

add columns: 3 + 4 + 6

(Healthcare professional: For interpretation of TOTAL, please refer to accompanying scoring card.) **TOTAL: 13**

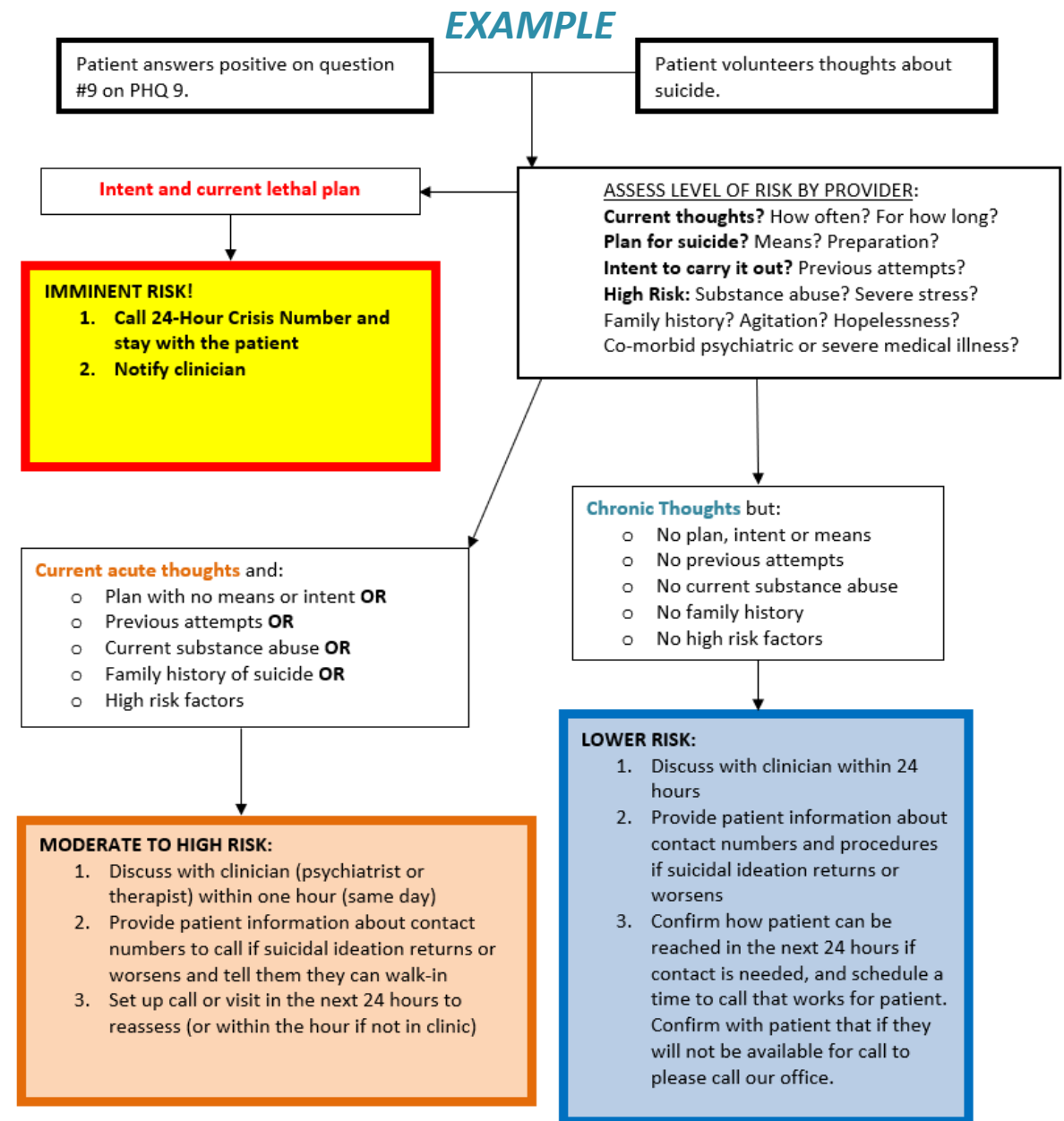
PHQ was developed by Drs. Robert L. Spitzer, Janet B.W. Williams, Kurt Kroenke and colleagues, with an educational grant from Pfizer Inc.

Suicidality Screening & Response

Develop a clinic-specific protocol (based on your workflows and resources) to assess and minimize suicide risk

- ✓ A clear process for risk assessment
- ✓ When to involve the on-call/same-day mental health clinician
- ✓ When and how to use local or national hotlines
- ✓ When to use on-site security, if available
- ✓ When and how to access crisis services, and what to with the patient while waiting

<https://www.icsi.org/guideline/depression> (pages 26-27)



Document all patient interactions re: suicidal ideations

Follow-up Care 30 days After Positive Screen

- **Outpatient, telephone, e-visit or virtual check-in follow-up visit** with a diagnosis of depression or other behavioral health condition
- **Depression case management encounter** that documents assessment for symptoms of depression or a diagnosis of depression or other behavioral health condition
- **Behavioral health encounter**
- **Dispensed antidepressant medication**
- Documentation of a **negative full-length screen** (e.g., PHQ-9) **on the same day as a positive brief screen** (e.g., PHQ-2)

Refer to HEDIS® specifications for details