Standardizing Depression Screening Workflows Including Response and Remission Rates

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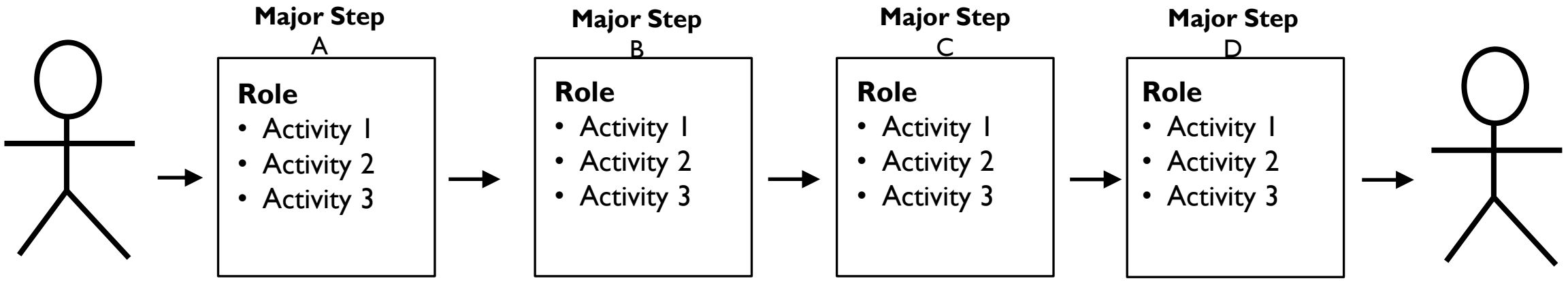
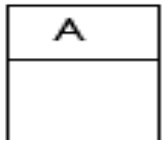
Process Map Template: Mapping Your Workflow



Process Map Symbols



Major step in the process

Delay in the process

Recognized benefit

Opportunity for Improvement

Guiding Principles for Mapping

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.

What is Standard Work?

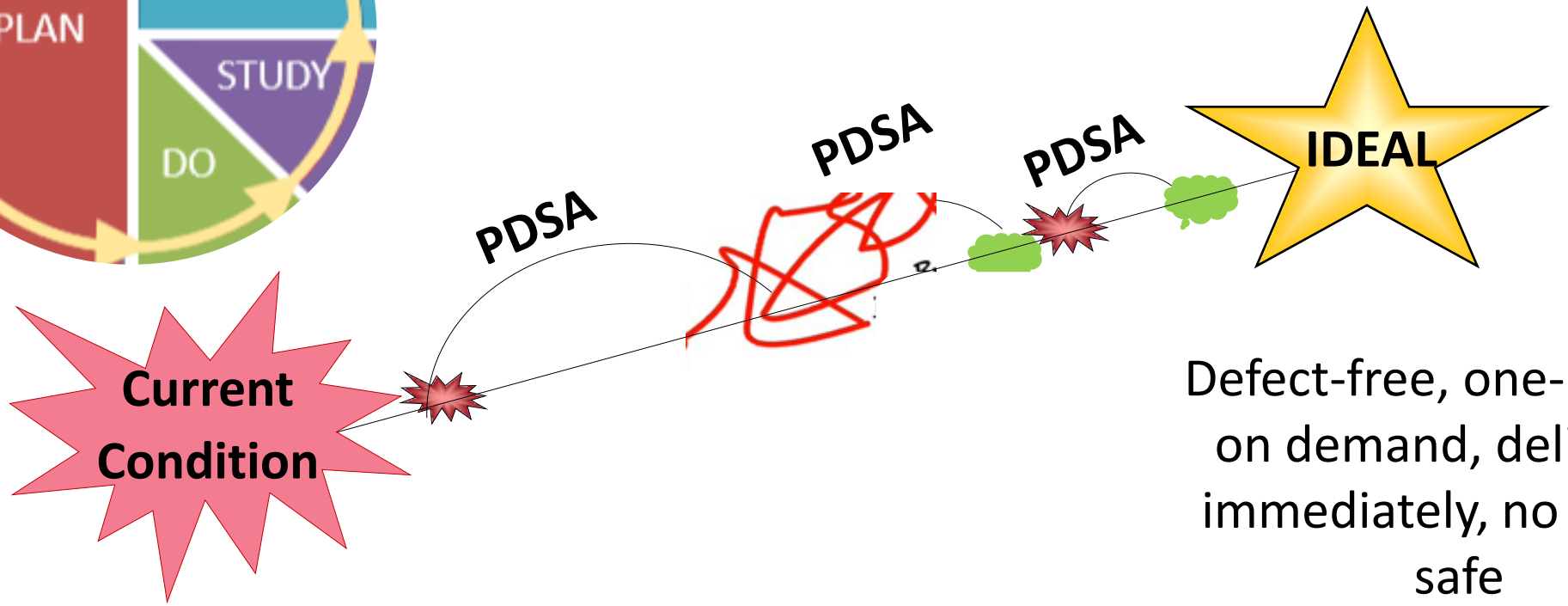
Documentation of the current best practice

Standard work is the foundation of continuous improvement.

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

PDSA is Iterative and Continuous

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



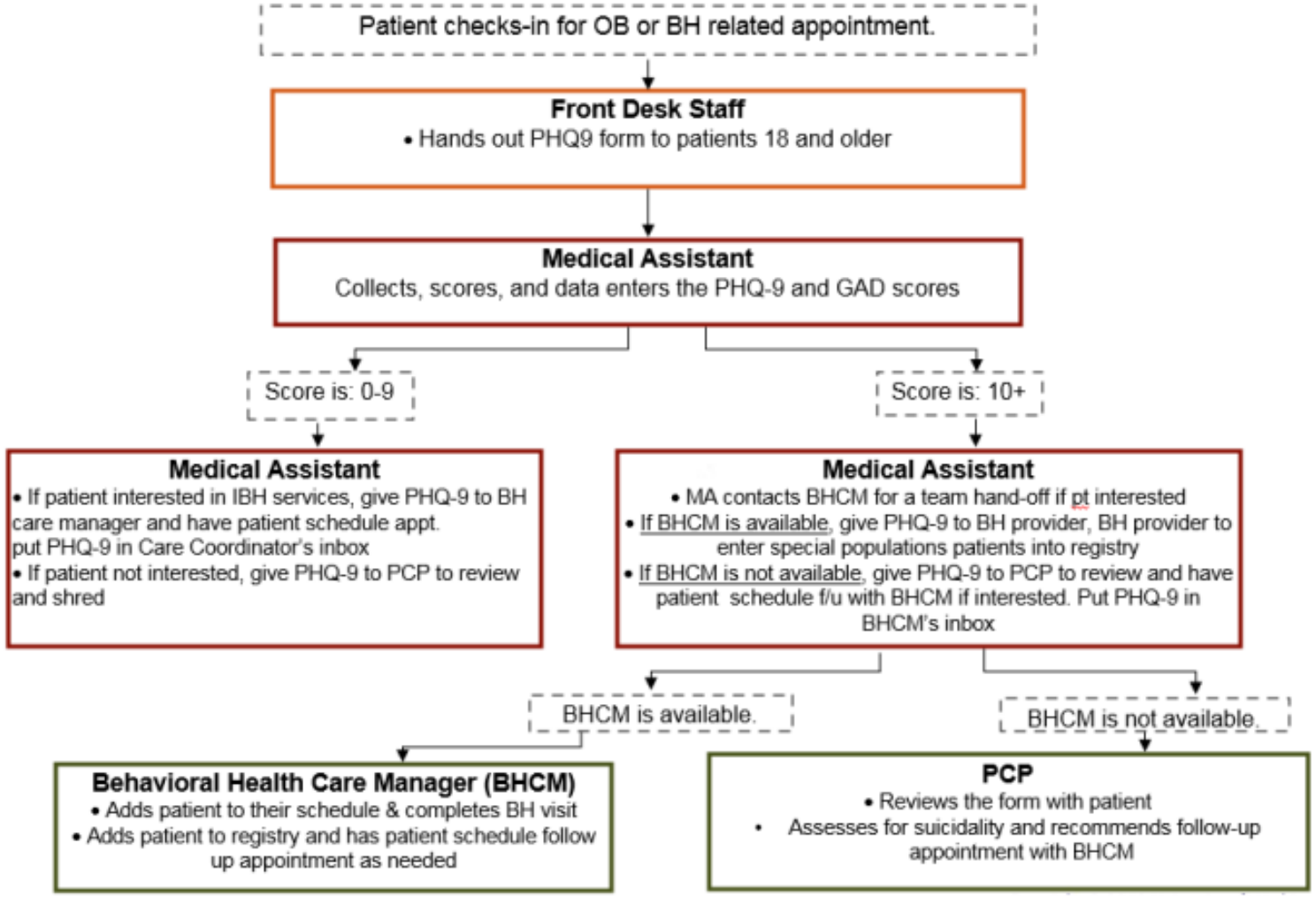
Defect-free, one-by-one, on demand, delivered immediately, no waste, safe

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?

Sample Depression Screening Workflow

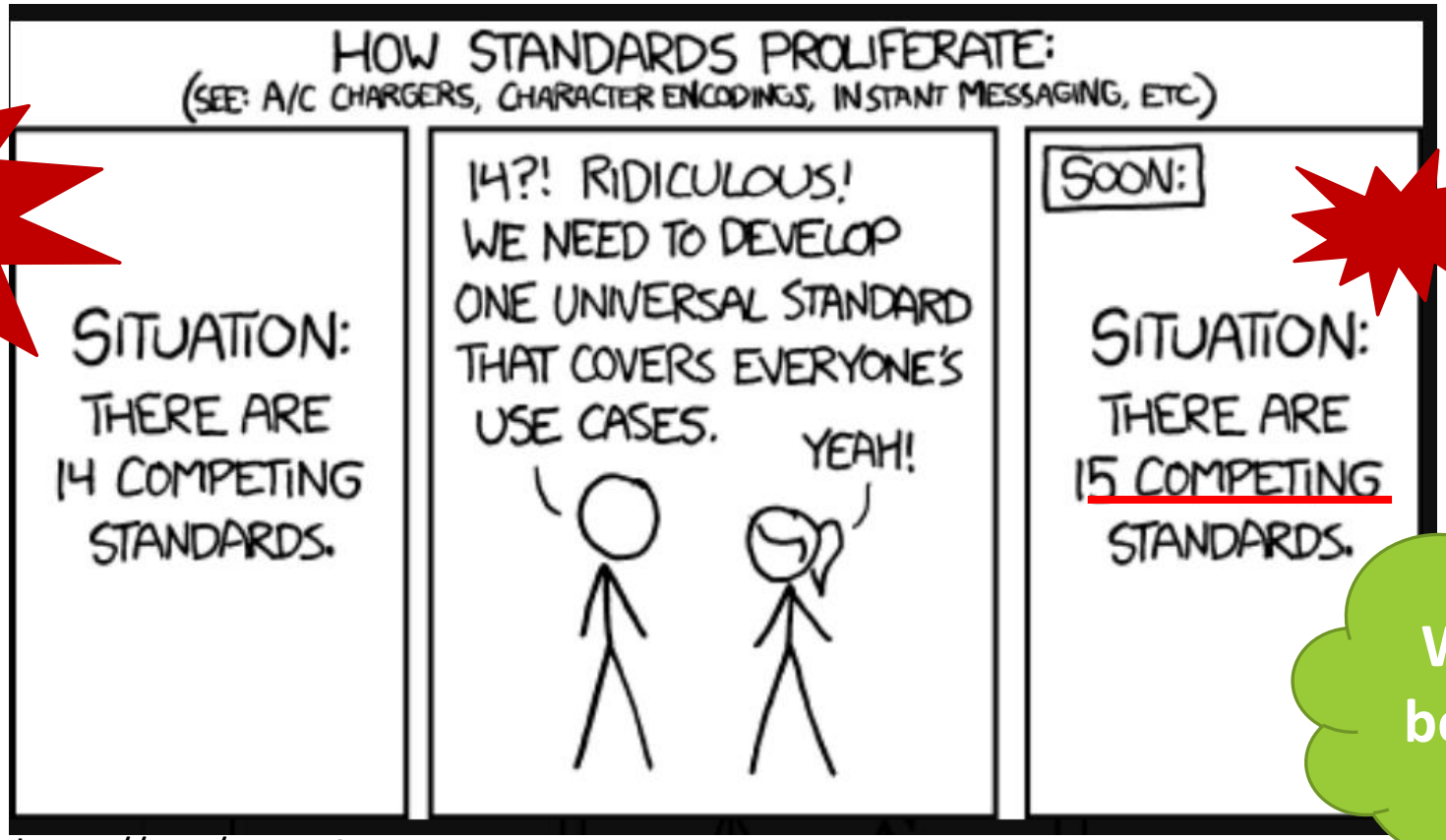
Used with permission from HealthPoint CHC



https://aims.uw.edu/nyscc/training/sites/default/files/Screening%20and%20Case-finding%20Toolkit_Final_0.pdf

Why We Need Standard Work

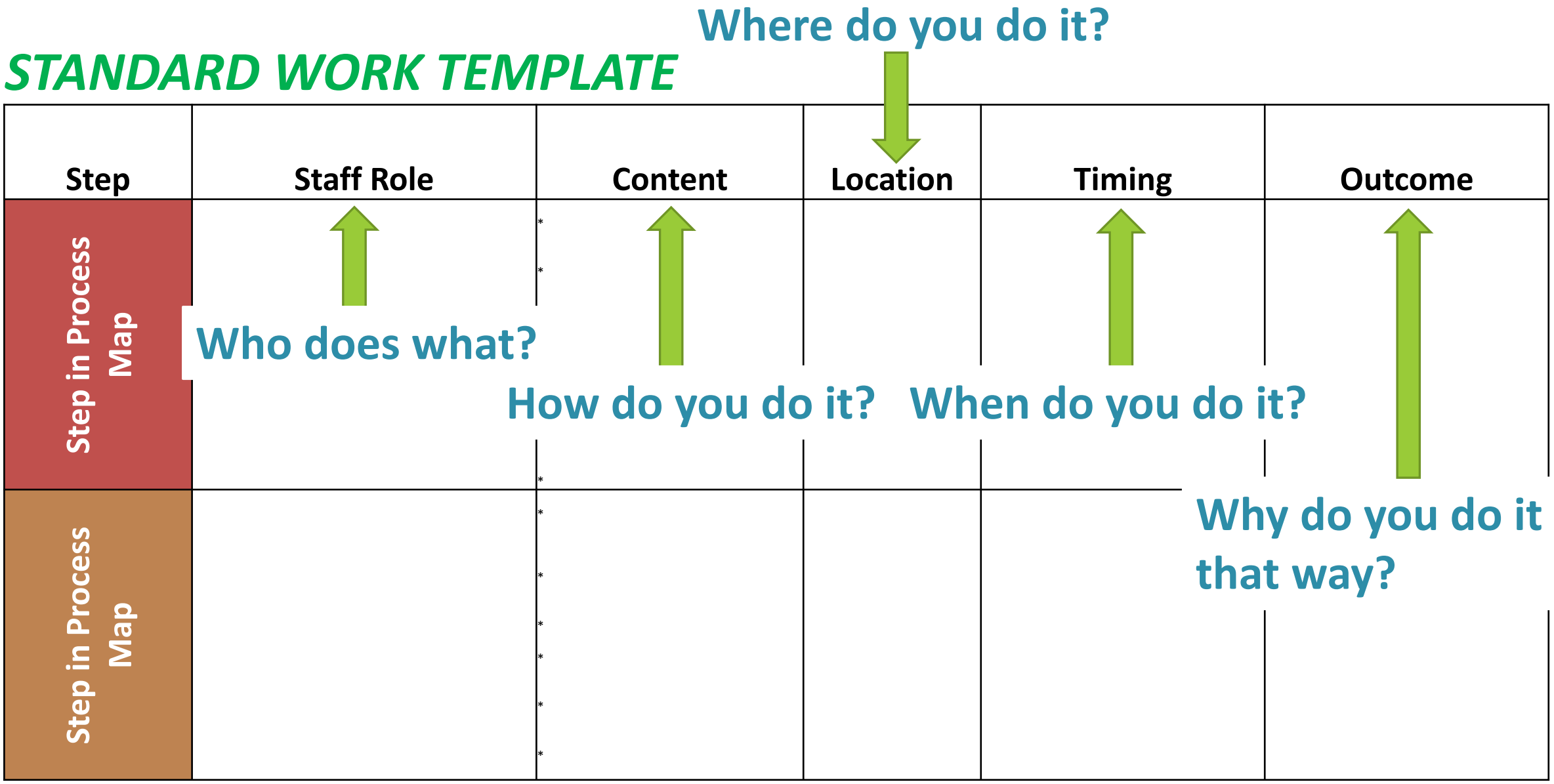
We can't agree on the best way



https://t.co/peHet3PNc4

What is the best practice

STANDARD WORK TEMPLATE



CARE OUTREACH STANDARD WORK

Step	Content	Location	Timing	Outcome
Identification	1. Review referrals from Case Managers	Office	Daily	Clients are added to lost to care list for outreach
	2. Review closed cases for clients who fell out of contact	File Room	Monthly	
	3. Print performance measures and identify high risk patients	CAREWare	Monthly	
	4. Answer physician referral calls	Phone		
Contact	5. Call/E-mail client primary information	Phone/Computer		
	6. Call/E-mail client emergency or alternate contact	Phone/Computer	3 a	
	7. Call/E-mail provider to research client contact information	Phone/Computer	3 a 10 days	
	8. Initial contact with client	Phone	15 minute increments	
ent	9. Review medical facility options with client and give contact information	Phone		
	10. If requested, make client an appointment at medical facility	Phone		

- 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?

Content:
I know what to do!

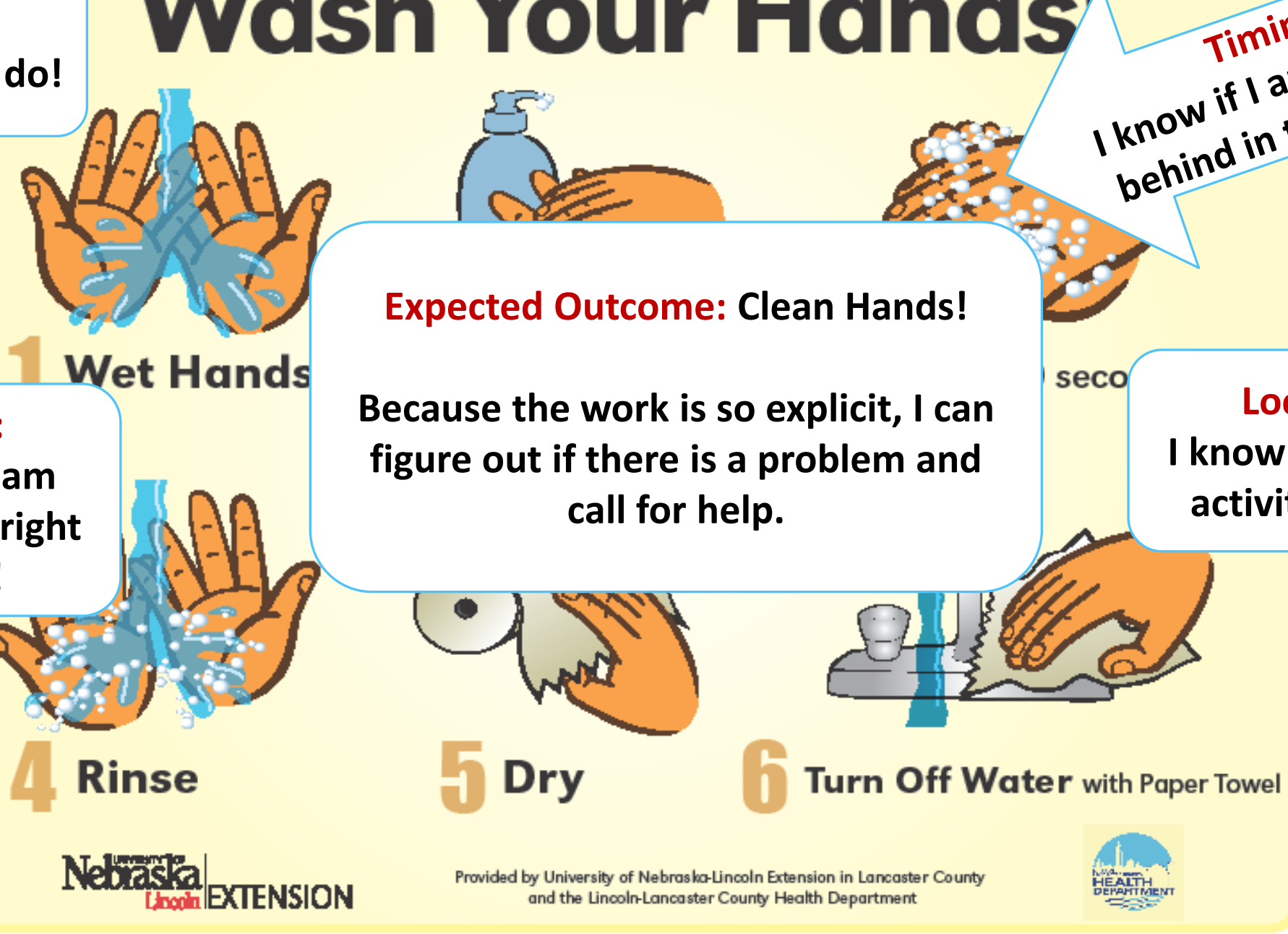
Timing:
I know if I am ahead or behind in the process.

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.



Benefits of Mapping the Process using Standard Work

Building in reliability

Explore a complicated process involving: different people, lots of tasks, important decisions

Identify opportunities to improve the process: things that work and do not work

Help people learn about the work to be done (new employees, care team, supervisors)

Experience of a Standard Workflow

Builds the Workflow

- **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?**

Develops the Team

- **Connects**: unites a team in improvement
- **Appreciation** of each other's work: explores work across departments
- ***The 'Why' we are doing it*: generates** a deeper understanding of work
- Identifies **opportunities** for improvement
- Creates a **visual** document

Depression Screening Workflow

Patient	MA	Provider
Patient completes PHQ-2 or PHQ-9 during registration or through patient portal prior to visit	MA reviews and scores the PHQ-2 or PHQ-9 during rooming and documents findings in EHR	Provider reviews score with patient, provides education, and uses **shared decision making** to discuss next steps

PHQ-2 Scoring
(a first step approach)
<3 no action needed
≥3 administer the PHQ-9

PHQ- 9 Scoring
0-4 No depression
5-9 Minimal or does not meet criteria
10-14 Mild Depression
15-19 Moderate/Severe
20-27 Severe Depression

Follow-up Recommendations Based on PHQ-9: Beyond the Screening

Provider, Care Manager & Patient

Score 5-9: Care Manager maintains contact. If no improvement in 1-2 months, consider treatment.
Score 10-14: Combined psychotherapy and pharmacotherapy. When unable to do both due to patient preference, availability, or affordability, start with psychotherapy. Consider weekly, then monthly contact.
Score 15-19: Combined psychotherapy and pharmacotherapy. When unable to do both due to patient preference, availability or affordability, start with psychotherapy. Consider weekly contact to ensure engagement, then every 2-4 weeks.
Score ≥20: Combined psychotherapy and pharmacotherapy. When unable to do both due to patient preference, availability, or affordability, start with psychotherapy. Weekly contacts until less severe.
Suicidality: If a patient answers yes to Q9 or presents as a present danger to him/herself or others, implement practice's suicidal protocol.

https://www.icsi.org/guideline/depression/

Care Management Guidance to Assist a Patient Through Treatment

Active Engagement Phase	Active Management Phase	Active Transition Phase	Maintenance Phase
Setting up a roadmap for care Build relationship with patient, identifying strengths, challenges, and preferences	Clinical prioritization and **shared decision making** Setting up a care plan with short and long-term goals Purposeful care management using **MI, Behavioral Activation, and goal setting to link treat to target** clinical plan with personal health goals by developing strategies for self-monitoring, treatment (including medications) adherence and problem solving	Based on patient's progress with clinical and personal goals and agreement that significant improvement has been made Less frequent contact as an opportunity for patient to practice identifying triggers, problem solve and self- monitor Durat*on may need to be variable based on patient readiness, unanticipated pitfalls, coaching needs but overall becomes longer periods of self-management success.*	Patient has been demonstrating self-management Maintenance plan developed and patient can articulate when they would contact the office for support if assistance is needed Schedule is established for PCP follow up and lab/clinical monitoring intervals Care Team understands maintenance plan including their support role and follow up expectations.

Create standard work

Follow-up Recommendations Based on PHQ-9: Beyond the Screening

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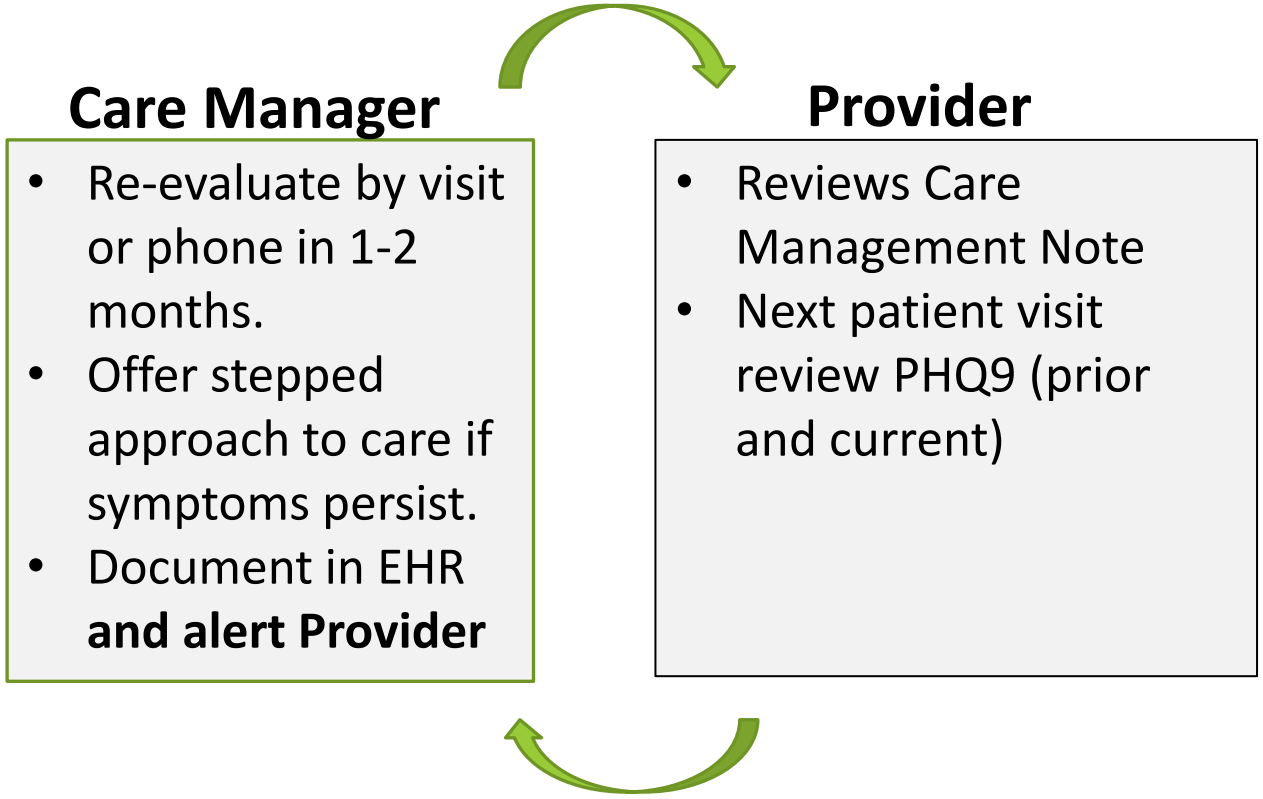
Standard Work for Follow Up to Depression Screening Based on PHQ-9 Score 5-9

- 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 for Follow Up to Depression Screening Based on PHQ-9 Score 10-14

Provider

- Review PHQ-9 score
- Provide education of care options
- Shared decision-making using patient preferences, short and long-term goals, use of medication, psychotherapy, care management
- Introduce Care Manager for support
- Schedule follow up in 4 weeks with Provider

Care Manager

- Weekly or bi-weekly contact with patient to develop:
  - strategies for coping,
  - self-care,
  - self-monitoring,
  - medication adherence and side effect management,
  - problem solving
- Shared understanding of treat to target approach and the organic but intentional approach of outcome-oriented care management
- Document Care Management Notes in EHR/huddle
- Re-assess (*screening) patient before Provider appointment

Depression Response and Remission: Adjusting the Course of Treatment

Treatment Response definition: 50% or greater reduction in PHQ-9 Score

Remission definition: PHQ-9 Score <5 for two consecutive months

Example:
Patient's PHQ-9 score is 20 on first screening. On the follow up screening, the PHQ-9 score is 15. This is a 25% decrease in symptom severity.

Patient is not at remission. Use shared decision making to determine what adjustments could be made to continue the decrease in severity of symptoms.

Standard Work for Follow Up to Depression Screening Based on PHQ-9 Score 10-14

Provider

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- Provide education of care options
- Shared decision-making using patient preferences, sh… and long-term goals, use o… psychotherapy, care m…
- Introduce Care Manager for support
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Adjustments made with patient moving toward the target goal

Care Manager

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Beyond Screening: Goal of Treatment

Return to previous level of employment or psychosocial functioning

PHQ-9 as a monitoring and management tool

- ✓ **Clinically significant:** ≥ 5-point drop in PHQ-9 score
- ✓ **Partial response:** 25-49% reduction in symptoms
- ✓ **Response:** ≥ 50% reduction in symptoms
- ✓ **Remission:** PHQ-9 < 5 over two months

Response and Remission Take Time

- ✓ Response can take up to 6-10 weeks
- ✓ Stress coping strategies and lifestyle changes to support patient's ability to work with medication if prescribed.
- ✓ Identify a **relapse prevention plan** which includes support persons, early symptom identification, self help action steps, and when to seek professional help.

PHQ-9 Scoring

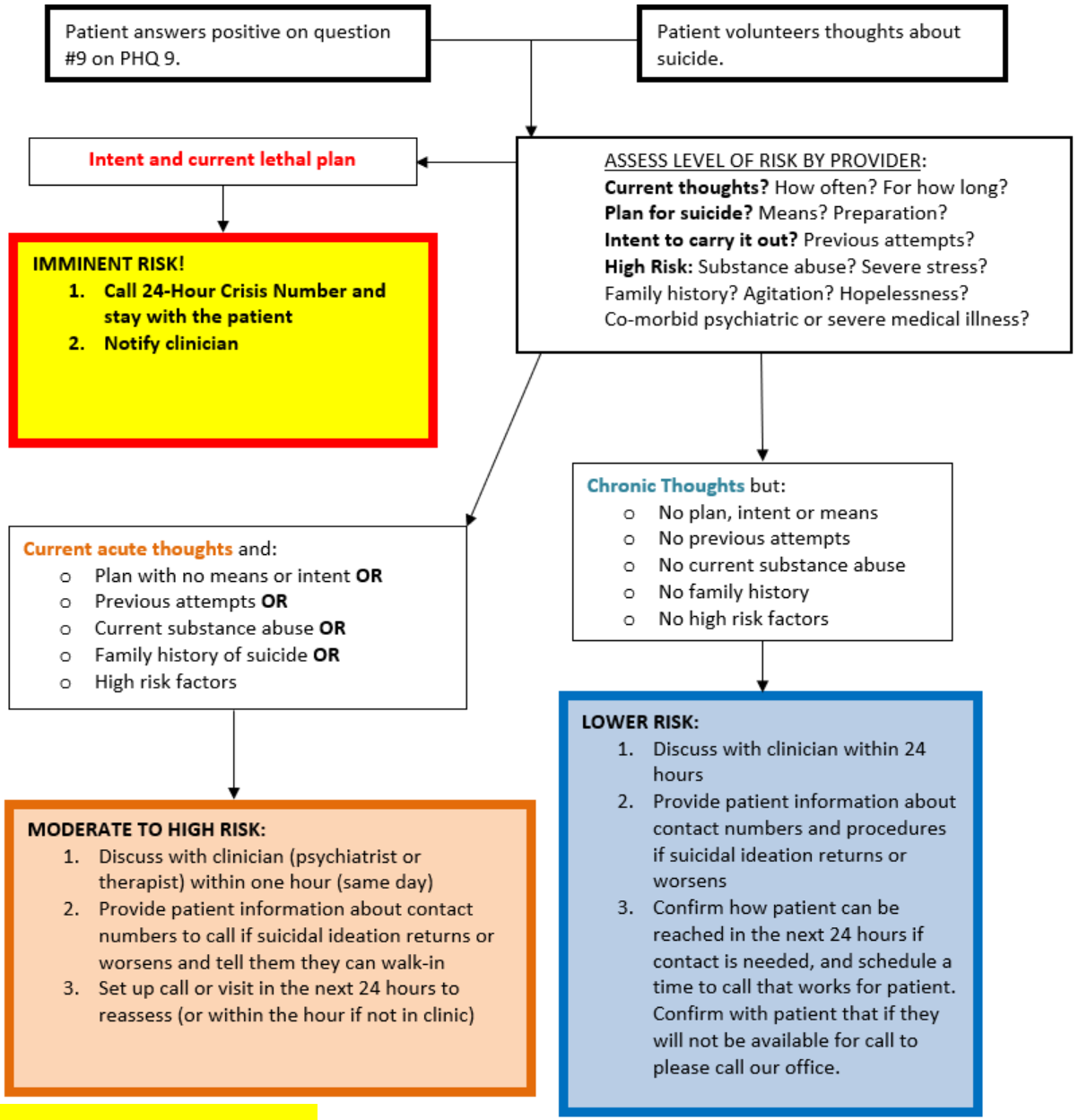
0-4 No depression
5-9 Partial Remission
10-14 Mild
15-19 Moderate/Severe
20-27 Severe Depression

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