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Title

Improving Clinician Understanding of Management in Patients Who Screen Positive for Depression in Primary Care: A QI Project

Priority 1 (Research Category)

Practice management and organization

Presenters

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Abstract

BACKGROUND: Depression rate among patients seen in primary care remains high; of Mayo Clinic's 128,000 paneled adult patients in midwest region, 28,000 (22%) have been diagnosed with depression. Processes for screening and managing patients with depression constitute reportable quality metrics. How well these processes are implemented depends on how well they are understood. OBJECTIVE: This study aimed to evaluate clinicians' understanding of process to screen for and manage patients with depression and improve clarity in the management of patients who screen positive. METHODS: A Redcap survey was sent to 183 primary care providers regarding components of depression screening and management in patients aged 12-75 without diagnosis of depression who screen ≥ 9 on PHQ-9 or PH9-M on annual screening. The survey asked about identifying those who screen positive, enacting and documenting a management plan, and identifying those not meeting remission at 5 months. Intervention: Based on initial survey result, participants were sent brief educational emails describing the three depression care processes with focus on managing those patients who screen positive for depression on screening. RESULTS: 86/183 providers completed the initial survey. 64% indicated that the screening process was clear while only 29% agreed that process for managing those who screened positive was clear. 72/183 providers completed post intervention survey. 71% agreed that the process for managing those who screened positive was clear. CONCLUSIONS: Following a brief electronically delivered educational intervention, providers reported improved understanding of the process for managing patients who screen positive for depression. This could be a low-cost method for enabling clinicians to respond appropriately to Best Practice Advisories and avoid gaps in care. It can also be potentially used to improve other chronic diseases quality metrics.