Clinical Depression Pathway Implementation: Outcomes From Pilot Practices

Michael Wright BS
*USF Morsani College of Medicine*, Michael.Wright@lvhn.org

Janelle M. Sharma DNP, MBA
*Lehigh Valley Health Network*, Janelle_M.Sharma@lvhn.org

Deborah Bren DO
*Lehigh Valley Health Network*, deborah.bren@lvhn.org

Follow this and additional works at: [https://scholarlyworks.lvhn.org/family-medicine](https://scholarlyworks.lvhn.org/family-medicine)

**Published In/Presented At**

This Poster is brought to you for free and open access by LVHN Scholarly Works. It has been accepted for inclusion in LVHN Scholarly Works by an authorized administrator. For more information, please contact LibraryServices@lvhn.org.
Clinical Depression Pathway Implementation - A Single Institution’s Experience at Three Pilot Practices

Michael Wright, BS1; Janelle Sharma, DNP, MBA, CRNP2; and Deborah Bren, DO2

1University of South Florida, Morsani College of Medicine; 2Lehigh Valley Health Network, Allentown, Pennsylvania

Background

• In 2017, an estimated 17.3 million adults (7.1%) in the United States had at least one major depressive episode.1
• Although there are known, effective treatments for depression, fewer than half of those affected receive such treatments.1
• PHQ-9 (Patient Health Questionnaire) is a self-administered screening tool for depression in which patients score from 0 (not at all) to 3 (nearly every day) on 9 DSM-IV criteria.2
• The PHQ-9 survey has also proven reliable in measuring the severity of depression and response to antidepressive treatment.3
• Only 72% of patients within the Lehigh Valley Physician Group (LVPG) were screened for depression in 2018.

Methods

• LVPG implemented a depression pathway using the PHQ-9 questionnaire at three pilot sites to improve depression screening, symptom management, remission documentation, and patient quality of life.
• The pathway included guidelines for follow up, patient education, and medical management (Figure 1).
• Pathway adherence and patient response was measured via a retrospective chart review six months after the pathway had been implemented.

Results

FIGURE 2: Initial PHQ-9 Screening Results at Three Pilot Sites

TABLE 1: Initial PHQ-9 Screening Results at Three Pilot Sites

<table>
<thead>
<tr>
<th>Severity of Depression</th>
<th>PHQ-9 Score</th>
<th>PILOT SITE 1</th>
<th>PILOT SITE 2</th>
<th>PILOT SITE 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mild</td>
<td>5-9</td>
<td>8% (20)</td>
<td>14% (32)</td>
<td>14% (43)</td>
</tr>
<tr>
<td>Moderate</td>
<td>10-14</td>
<td>7% (19)</td>
<td>10% (22)</td>
<td>6% (17)</td>
</tr>
<tr>
<td>Moderately Severe</td>
<td>15-20</td>
<td>3% (8)</td>
<td>5% (11)</td>
<td>4% (11)</td>
</tr>
<tr>
<td>Severe</td>
<td>20+</td>
<td>1% (3)</td>
<td>3% (6)</td>
<td>2% (5)</td>
</tr>
<tr>
<td>Negative</td>
<td>0</td>
<td>51% (135)</td>
<td>26% (68)</td>
<td>43% (134)</td>
</tr>
<tr>
<td>No PHQ Score</td>
<td>-</td>
<td>30% (79)</td>
<td>42% (93)</td>
<td>32% (99)</td>
</tr>
</tbody>
</table>

Total 264 223 109

FIGURE 3: Site Adherence to the Depression Pathway and Patient Response

Conclusion

• 525 individuals were screened during the 6-month pilot study; 38% were diagnosed with depression (PHQ Score ≥5). Of those, 82% were prescribed antidepressant medications and 60% received education.
• Follow up via phone for moderately-severe to severe patients occurred in 28% of encounters, while in-office follow up was completed within 6 months for 32% of depressed patients.
• 73% of patients who followed up showed improvement in depression with a 15% rate of complete remission.
• One site’s decreased adherence (58% screened, 24% in-office follow up) resulted in less response in more severe depression.

Future Directions

• Study results were presented at the LVHN Depression Pathway Rapid Improvement Event in October, 2018 to identify barriers in care and create solutions.
• Short term goals: Create an effective practice workflow to improve depression screening rates. Create web links to treatment algorithms, medication guides, and crisis management steps. Add a weblink on Epic to outpatient resource SharePoint site.
• Long term goals: Connect PHQ-9 scores to the Epic problem list, and add online training for staff. Create an at-risk depression registry for better identification and follow up of patients that no-show or cancel appointments.

References:


© 2018 Lehigh Valley Health Network