

Improving Depression Screening in Primary Care with Health IT

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Presenters

UCLA Health by the Numbers

4 hospitals

795 inpatient beds

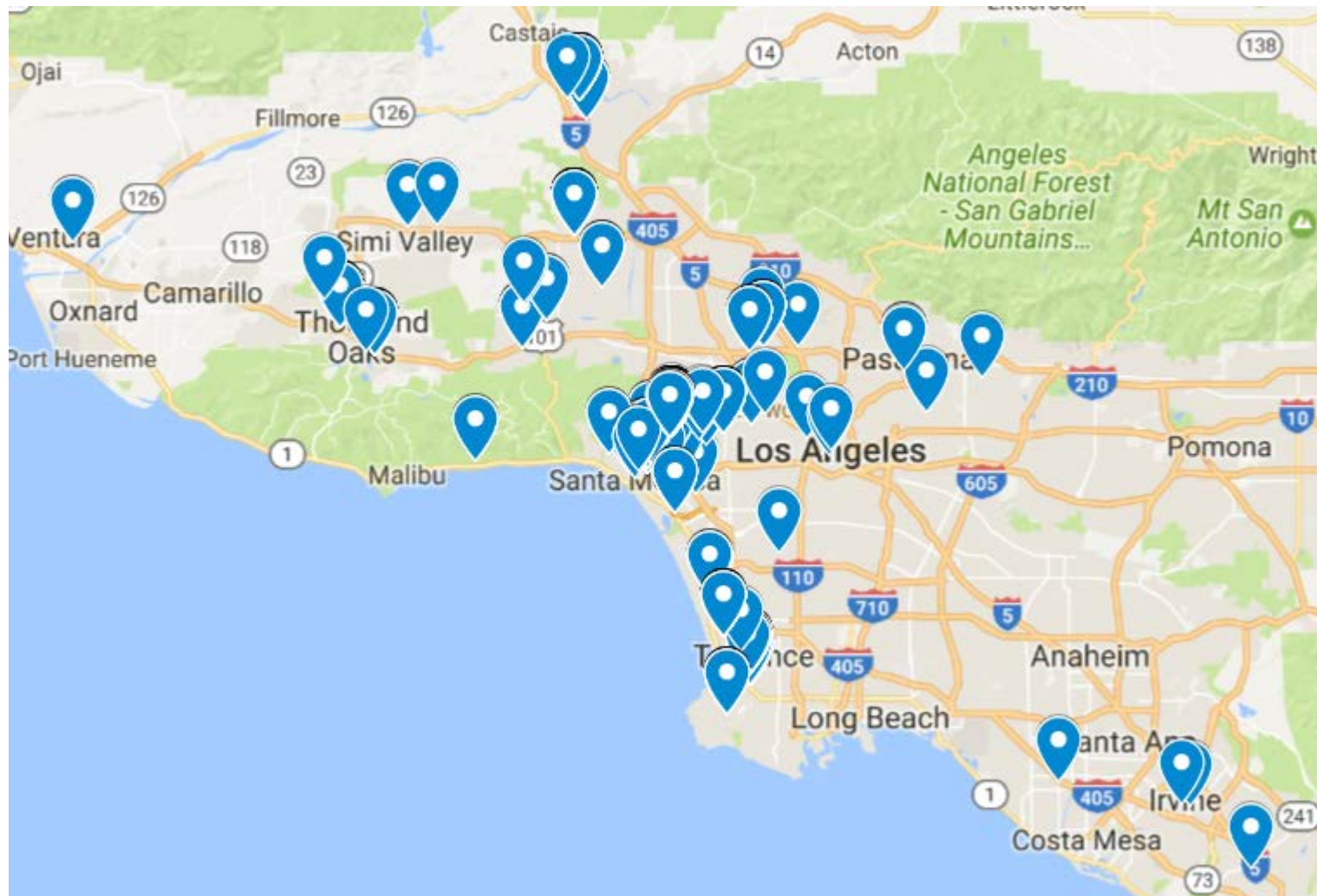
60,000 hospital encounters

250+ outpatient practices

30+ specialties

1.9 million ambulatory visits per year

- 310,000 primary care population
 - 59% patients in plan where UCLA shares some risk
- 208,000 specialty care population



Why This Matters:

Patient Story



Background

Depression Prevalence in Primary Care

- Leading cause of disability worldwide
- Each year, 26% of adults and 20% of children have a diagnosable behavioral health disorder, and more Americans receive behavioral health from Primary Care providers than mental health specialists

UCLA Grand Challenge: Depression

- A multifaceted effort to cut burden of depression in half by 2050, and eliminate it by end of the century

Accountable Care Organizational Goals:

- PREV-12: Screen patient for depression with age appropriate tool and document follow-up if positive.
- MH-1: Achieve depression remission 12 months after the initial diagnosis

Depression Screening Workflow: Operational Standard

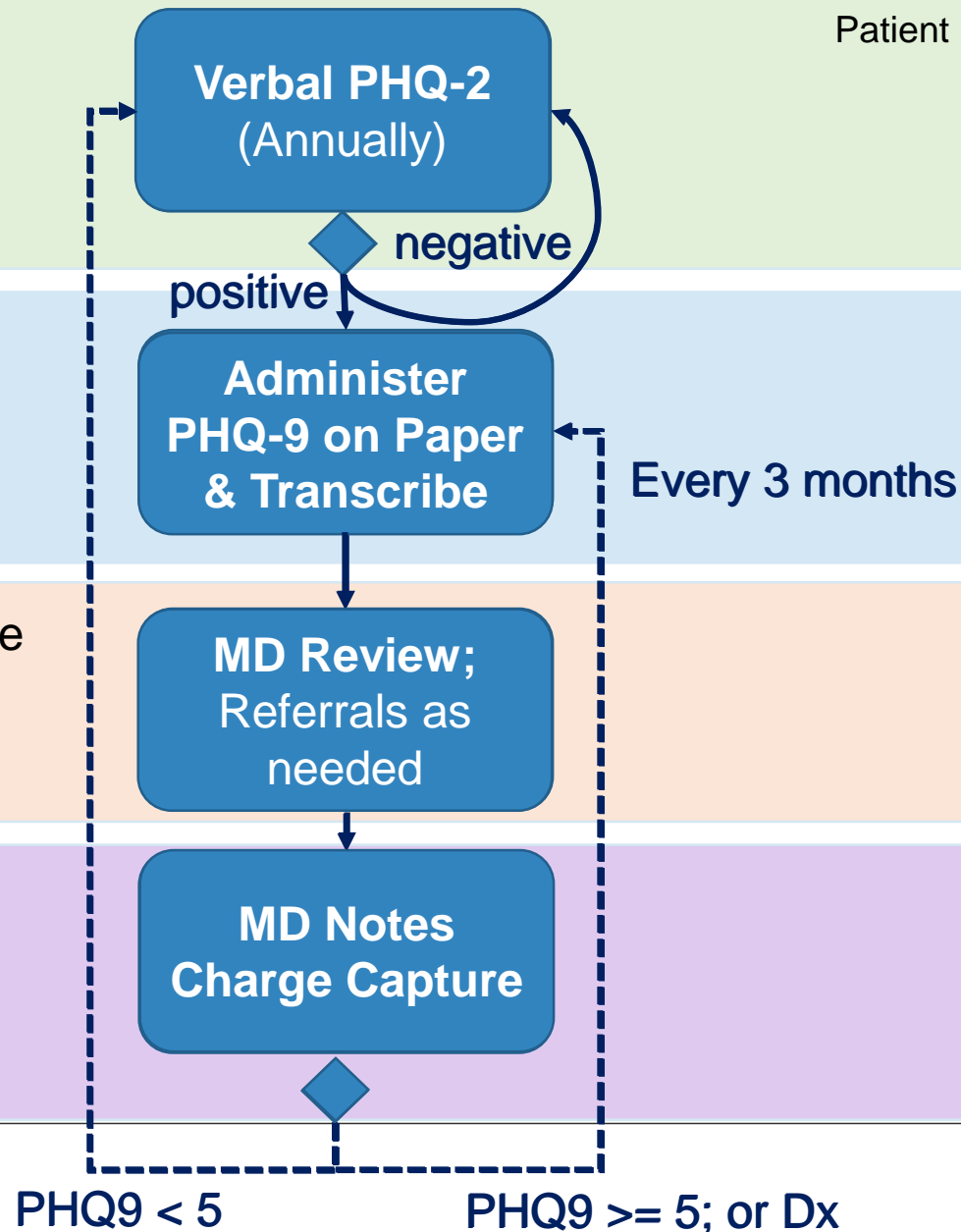
Screening: For adults ages 18 and up without prior depression risk factors, a verbal PHQ-2 is administered annually, upon rooming.

Diagnostic Evaluation: If either of the questions on PHQ-2 is positive, then a PHQ-9 is administered and documented for provider review.

Follow-Up: Provider conducts appropriate evaluation and management based on PHQ-9 score.

Documentation & Charging: Provider documents in notes and drop charges

Patient Health Questionnaire (PHQ)



Pre-Intervention: Screening

Verbal PHQ-2
(Annually)

- Passive reminder during Rooming process, displays the appropriate PHQ tool due.

The screenshot displays the Epic EMR interface during a rooming process. On the left, a sidebar titled 'Rooming' contains several sections: 'Depression Screening' with a '+ New Reading' button, 'Patient Goals' with a search and '+ Add' button, and 'Allergies/Contraindications' with a 'No Known Allergies' checkbox. A red arrow points from the '+ New Reading' button to a 'Depression Screen' charting window on the right. The charting window shows a 'Depression Screening - PHQ2 Depression Screen' with a 'Time taken' of 1549 and a date of 9/5/2018. It includes a 'Patient Health Questionnaire' with two questions: 'Feeling down, depressed, or hopeless' and 'Little interest or pleasure in doing things'. Each question has 'Yes', 'No', and 'Patient declines to answer' options, along with an 'Unable to screen (add comment)' button. At the bottom, there are 'Restore', 'Close', and 'Cancel' buttons, and 'Previous' and 'Next' navigation buttons. The footer of the charting window reads '© 2019 Epic Systems Corporation. Used with permission.'

Pre-Intervention: Diagnostic Eval

Administer
PHQ-9 on Paper
& Transcribe

- If PHQ-9 is indicated, staff prints PHQ-9 form for patient to complete in private and **transcribes** back into EHR

▼ Patient Health Questionnaire: Over the last 2 weeks, have you been bothered by any of the following problems?

<input checked="" type="checkbox"/> Feeling down, depressed, or hopeless	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Patient declines to answer
	<input type="button" value="Unable to screen (add comment)"/>		
<input checked="" type="checkbox"/> Little interest or pleasure in doing things	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Patient declines to answer
	<input type="button" value="Unable to screen (add comment)"/>		

If the answer to either question above is "Yes", click the link below to print the PHQ-9 for the patient to complete and transcribe below.

▼ PHQ-9: Over the last 2 weeks, how often have you been bothered by any of the following problems?

<input type="checkbox"/> PRINT PHQ-9 Form (520308)	<input type="checkbox"/> PHQ-9 response transcribed below	<input type="checkbox"/> Patient declined to answer	<input type="checkbox"/> Unable to screen (add comment)
	<input type="button" value="Patient undergoing treatment"/>		

Please [CLICK HERE TO PRINT the PHQ-9 form](#) for the patient to complete, then enter their responses below.

<input type="checkbox"/> Little interest or pleasure in doing things	<input type="checkbox"/> 0=Not at all	<input type="checkbox"/> 1=Several days	<input type="checkbox"/> 2=More than half the days	<input type="checkbox"/> 3=Nearly every day
<input type="checkbox"/> Feeling down, depressed, or hopeless	<input type="checkbox"/> 0=Not at all	<input type="checkbox"/> 1=Several days	<input type="checkbox"/> 2=More than half the days	<input type="checkbox"/> 3=Nearly every day
<input type="checkbox"/> Trouble falling or staying asleep, or sleeping too much	<input type="checkbox"/> 0=Not at all	<input type="checkbox"/> 1=Several days	<input type="checkbox"/> 2=More than half the days	<input type="checkbox"/> 3=Nearly every day



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Pre-Intervention: Follow-Up

MD Review;
Referrals as
needed

- Provider reviews PHQ-9 score; addresses passive alerts regarding depression risk and suicide ideation (requires action)
- Follow-Up actions include adding Diagnosis (HCC), Referrals, etc.

BestPractice Advisories © 2019 Epic Systems Corporation

Care Guidance (Measure: 1)

ⓘ Patient has been screened positive for DEPRESSION (PHQ-9). Please document a follow-up plan.

Patient Latest PHQ-9 Score: 14 (09/05/18 1549)

PHQ-9 Score	Depression Severity	Proposed Treatment Actions (reference)
0 - 4	None - minimal	• None
5 - 9	Mild	• Watchful waiting; repeat PHQ-9 at follow-up
10 - 14	Moderate	• Treatment plan, considering counseling, follow-up and
15 - 19	Moderately Severe	• Active treatment with pharmacotherapy and/or psych
20 - 27	Severe	• Immediate initiation of pharmacotherapy and, if severe response to therapy, expedited referral to a mental he psychotherapy and/or collaborative management

Add Problem Do Not Add Mild major depression, single episode (HCC) [Edit details](#)

Add Problem Do Not Add Moderate major depression, single episode (HCC) [Edit d](#)

BestPractice Advisories Expand/Collapse All ↻

Patient Safety (Measure: 1) ⤴

SUICIDE RISK ALERT! Patient has been screened positive for SUICIDE RISK (PHQ-9). Please evaluate patient, indicate an acknowledge reason below and document a follow-up plan in your note. Collapse ✕ ⤴

Thoughts that you would be better off dead, or of hurting yourself in some way:
Several days (09/05/18 1549)

[Click here to review all documentation for Depression Screening.](#) ↗

[ACO Quality Performance Standards](#) ↗

ⓘ Acknowledge Reason _____

Follow-up action taken; see progress note Patient declines follow-up Evaluated; Low risk

Assessment Pending

✓ Accept

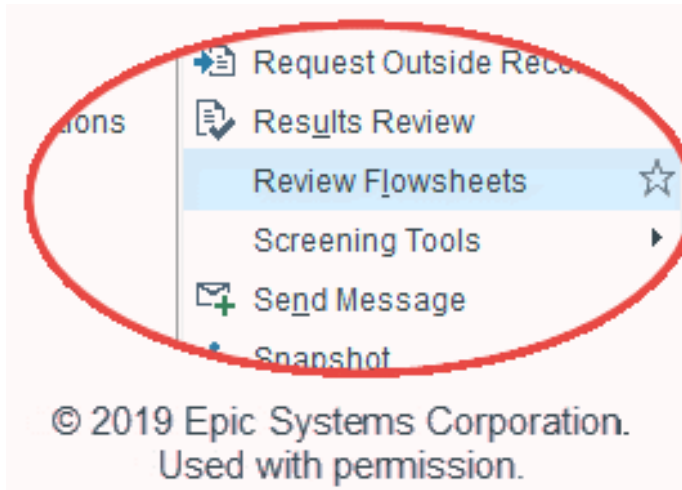
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Pre-Intervention: Documentation

MD Notes Charge Capture

- Provider often “hunt and peck” for screening results and transcribes into notes
- Recall of appropriate codes to include in visit charging

Epic “More Activities” Menu



Flowsheet Report © 2019 Epic Systems Corporation. Used with permission.

Select Flowsheets to View

Depression Screening (Patient Health Questionnaire PHQ)	4/16/2018	7/16/2018	7/16/2018	8/16/2018
PHQ-2: Feeling down, depressed, or hopeless	Yes			
PHQ-2: Little interest or pleasure in doing things	No			
Little interest or pleasure in doing things	Several days		Several days	
Feeling down, depressed, or hopeless	Several days		More than half the days	
Trouble falling or staying asleep, or sleeping too much	Several days		More than half the days	
Feeling tired or having little energy	More than half the days		Several days	
Poor appetite or overeating	Several days		Not at all	
Feeling bad about yourself - or that you are a failure or have let yourself or your family down	More than half the days		Nearly every day	
Trouble concentrating on things, such as reading the newspaper or watching television	More than half the days		More than half the days	
Moving or speaking so slowly Or being so fidgety or restless	More than half the days		Several days	
Thoughts that you would be better off dead, or of hurting yourself in some way	Several days		Several days	
PHQ-9 Total Score	13		13	
Depression: Patient Undergoing Treatment		Yes		
Depression: Evaluation/treatment initiated this encounter	Yes			Yes
Suicide Risk: Follow-up documented	Follow-up action taken;see	Evaluated; Low risk		Evaluated; Low risk



Local Problem:

Pre-Implementation
(Aug 2017)

- In Sept 2016, the PHQ-2 screening rate was only 16% for all unique adult patients seen in participating primary care offices.

Missed opportunity to screen for depression during office visits in Primary Care offices

- In Sept 2016, only 38% of the patients who endorsed depression symptoms on PHQ-2 screening had a documented PHQ-9 score.

Incomplete follow-up for positive screenings!

Continuous Improvement with PDCA

Plan

- Perform Site Visits & Surveys to Identify Challenges
- Review Current State and Brainstorm Workflow Redesign

Do

- Implement New Workflow
- Change Management, Onsite Training

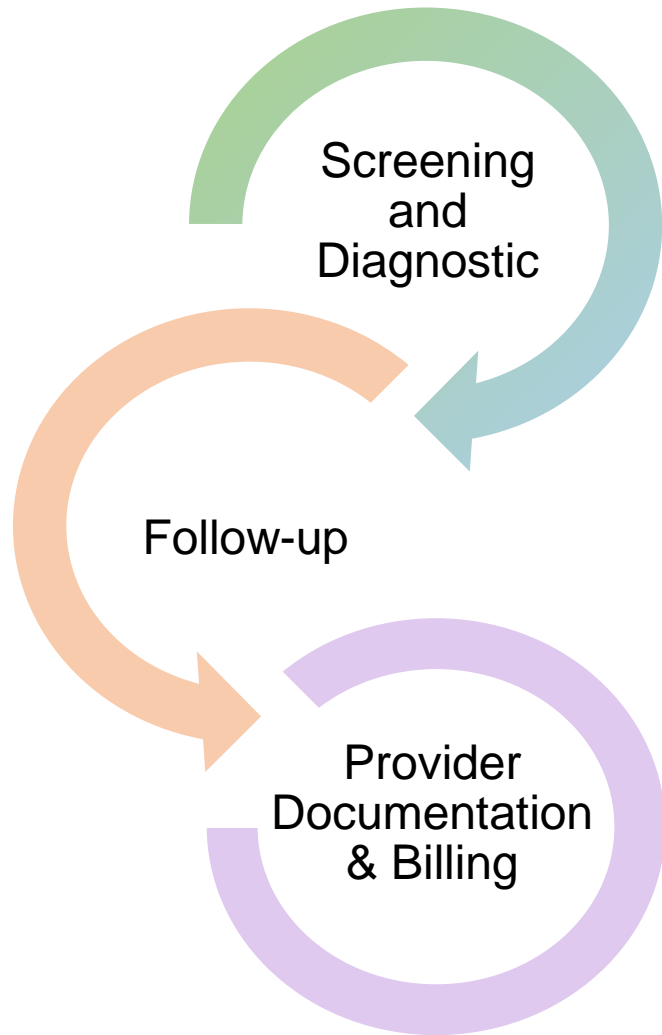
Check

- Review Performance Reports
- Collect User Feedback
- Assess for Optimization Changes

Act

- Continue Monitoring of Performance
- Hardwire Excellence with Recognitions, Leadership Communication and Patient Stories

Workflow Challenges Identified



Screening & Diagnostic Eval (Clinic Staff)

1. Staff omission of depression screening: “I didn’t think patient needed to be screened...”
2. Tedious PHQ-9 workflow: paper workflow and manual transcription

Follow-Up (Providers)

3. Finding hidden screening results
4. Missing score interpretation: Time consuming to interpret results and research patient management options

Provider Documentation & Charging

5. Incomplete documentation of screening results
6. Missed opportunity to capture appropriate charges

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Health IT Solutions: Overview

Implement electronic patient-entered response: Behavioral Health Check Up

- Automatic upload of patient response into EHR
- Automatic summary note for provider review in EHR

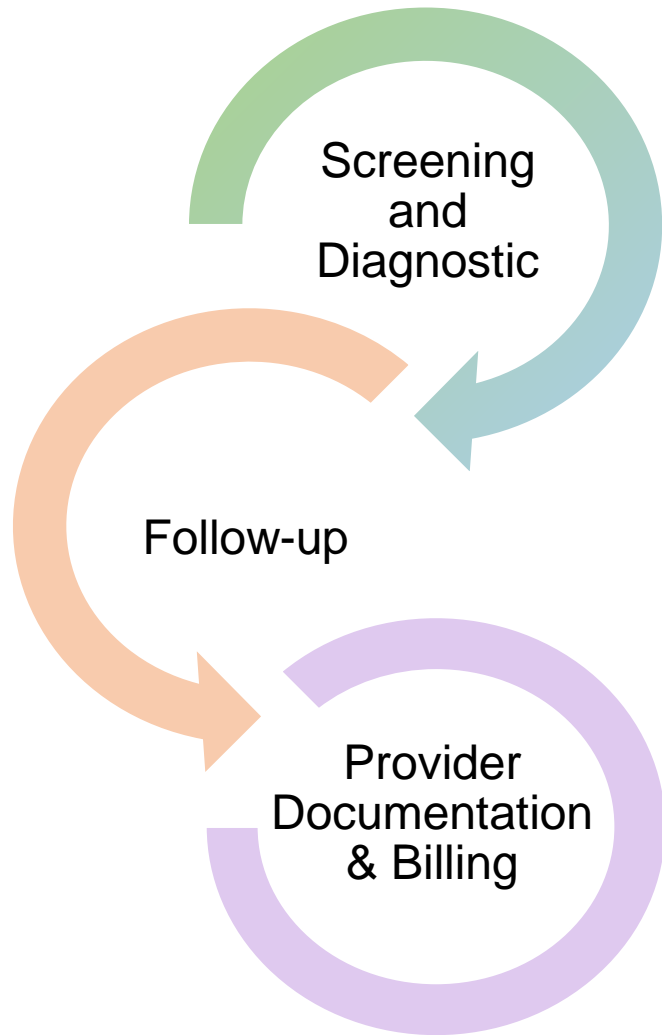
Reorganize depression & other screening tools

- Behavioral Screening Navigator
- smartText for quick documentation
- Task based charging capture behavioral-health care charges

Provide Operational Performance Feedback

- Clarity reporting for clinic managers

Workflow Challenges Identified



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Provider Documentation & Charging

5. Incomplete documentation of screening results
6. Missed opportunity to capture appropriate charges

Problem 1: Staff omission of depression screening

Solution: Reinforced best practice workflow with additional staff and physicians training

- Ambulatory Nursing Rounds
- Webinar Trainings
- Tip Sheets
- Training Website

The screenshot displays the CareConnect interface. At the top left is the 'careCONNECT' logo. At the top right, a blue banner reads 'Tip Sheet Ambulatory Providers'. Below this is the title 'CPN BHC Pilot: New Behavioral Screening Tools'. The main text describes the BHC tool and its integration with CareConnect. A 'Try It Out' section explains that a 'Depression Screen' link will appear in the navigation menu. The screenshot shows the navigation menu with 'Depression Screen' highlighted by a red circle and a red arrow pointing to it.

careCONNECT

Tip Sheet
Ambulatory Providers

CPN BHC Pilot: New Behavioral Screening Tools

Enhanced Questionnaires: The BHC (Behavioral Health Checkup)

BHC is a new and improved way to administer behavioral health questionnaires (PHQ-9, GAD7, DAST, AUDIT) to patients electronically. It can be accessed via a clinic iPad or desktop computers. Results from the questionnaires are integrated into CareConnect for providers to review. The BHC can help us increase our mental health screening rates and track patients' progress over time within electronic health records.

Try It Out

Based on the current ACO recommendations, when the patient is due for a depression screening, a **Depression Screen** link will appear automatically for the back-office staff upon opening the Rooming tab in an office visit.

Questionnaires Admin Open Orders Care Teams Room Patient Immunizations Med CURES

Chart Review CHARTING Bill Area Visit Info Vital Signs Orthostatic Vitals **Depression Screen** Goals Allergies Verify Rx Benefits

Outside Meds Medications Preferred Lab History Questionnaires Office Spirometry SOGI SmartForm

Orthostatic Vitals

Problem 2: Tedious PHQ-9 workflow

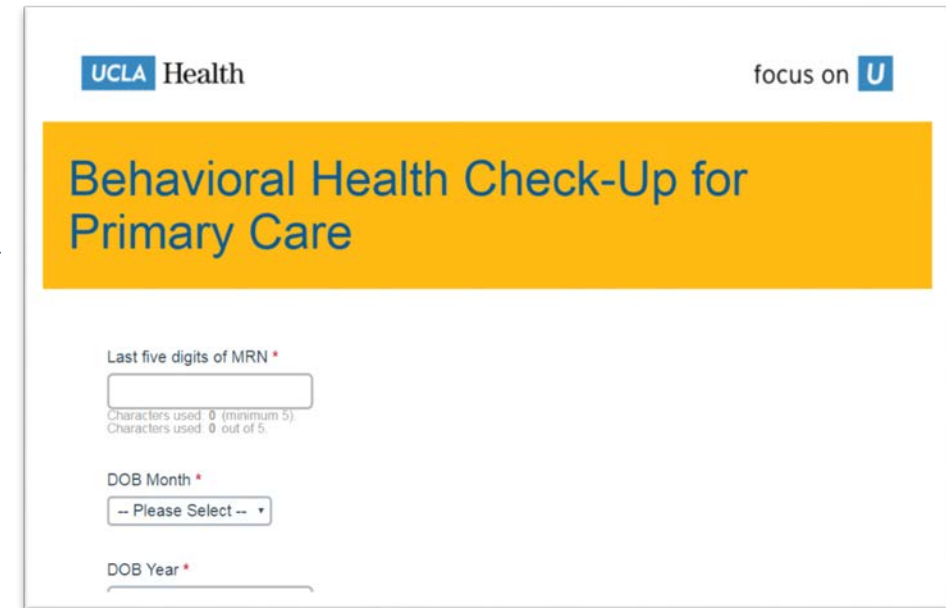
Solution: Implement web-based workflow to collect patient response

- Results and scores are automatically integrated with EHR flowsheets, removing the need for manual transcription of the PHQ-9

Paper PHQ-9



Electronic Behavioral Health Check-Up (BHC)



Depression Screening Workflow: *Optimized!*

Screening: For adults ages 18 and up without prior depression risk factors, a verbal PHQ-2 is administered annually, upon rooming.

Verbal PHQ-2
(Annually)

negative
positive

Diagnostic Evaluation: If either of the questions on PHQ-2 is positive, then a PHQ-9 is administered and documented for provider review.

Electronic
Patient Entered
PHQ-9 (BHC)

- No more paper and transcription!

Follow-Up: Provider conducts appropriate evaluation and management based on PHQ-9 score.

MD Review;
Referrals as
needed

Documentation & Charging: Provider document in notes and drop charges

MD Notes
Charge Capture

Problem 3: Finding screening results

Solution: Results readily accessible within dedicated Behavioral Screening Navigator

The screenshot displays the 'Behavioral Health Screening Tools' interface. A red box highlights the 'Behavioral Hea...' link in the left sidebar. The main content area shows the PHQ-9 results for an 'Office Visit from 6/13/2018 in UCLA HEALTH BRENTWOOD INTER 06/13/18 1200'. The PHQ-9 score is 27 (calculated). Below the PHQ-9 results, the GAD-7 tool is also visible.

PHQ-9: Over the last 2 weeks, how often have you been bothered by any of the following problems?	Frequency
Little interest or pleasure in doing things	Nearly every day
Feeling down, depressed, or hopeless	Nearly every day
Trouble falling or staying asleep, or sleeping too much	Nearly every day
Feeling tired or having little energy	Nearly every day
Poor appetite or overeating	Nearly every day
Feeling bad about yourself - or that you are a failure or have let yourself or your family down	Nearly every day
Trouble concentrating on things, such as reading the newspaper or watching television	Nearly every day
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	Nearly every day
Thoughts that you would be better off dead, or of hurting yourself in some way	Nearly every day
PHQ-9 Total Score	27 (calculated)

Problem 4: Missing Score Interpretation

Solution: auto-generated Assessment Note; provider score interpretation and patient education resources.

Date of Service	Status	Note Type	Author
Recent Notes			
09/07/2018 13:14	Signed	Assessment	Me

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Generalized Anxiety Disorder 7-item (GAD-7)

Score: ORANGE (12) Individual is likely experiencing moderate to high levels of anxiety. Identify and practice emotional regulation tools. Consider introducing relaxation techniques such as diaphragmatic breathing, mindfulness meditation, progressive muscle relaxation or visualization. Further evaluation is recommended.

Patient Health Questionnaire 9-item (PHQ-9)

Score: RED (endorsed suicide item Q9) Attention: Additional screening and assessment for depression is required. This may include assessing for possible SI, safety planning, referral for additional services and/or contacting local emergency teams if individual is determined to be at risk.

Alcohol Use Disorders Identification Test (AUDIT-C)

Score: YELLOW (3) Score of 0 on item 2 or item 3 suggests that individual is drinking within recommended limits. Individual's alcohol intake over past few months should be reviewed to confirm accuracy.



Behavioral Health Screenings in Primary Care

Link to tool: <http://nrc.ucla.edu/bhc-ps> or <http://bhc.primarycare.semelpbh.org>

About the Workflow

What is the Behavioral Health Checkup?

The Behavioral Health Checkup (BHC) is a web-based tool that allows the patient to take behavioral health assessments via a computer or tablet device while waiting for their provider.

The assessments are scored and interpreted, providing clinically relevant results to the clinician (via CareConnect) in real time, which helps identify the patients in need of immediate assistance and referrals.

How do I use the tool in a clinical setting?

While capturing the vitals, you may notice a Depression Questionnaire in CareConnect. This is the PHQ-2, a 2-Item questionnaire for depression. This appears once a year as part of the patient's annual check-up.

Step 1:

- If the PHQ-2 appears, ask the patient these two questions verbally

Step 2:

- If the patient answers "Yes" to any of these questions, then launch the Behavioral Health Checkup from a tablet or exam room computer.
- Simply enter the patient's MRN and DOB, verify the patient identity, and give



<http://primarycare.semelpbh.org>

Depression Screening Workflow: *Optimized!*

Screening: For adults ages 18 and up without prior depression risk factors, a verbal PHQ-2 is administered annually, upon rooming.

Verbal PHQ-2
(Annually)

negative
positive

Diagnostic Evaluation: If either of the questions on PHQ-2 is positive, then a PHQ-9 is administered and documented for provider review.

Electronic
Patient Entered
PHQ-9 (BHC)

- No more paper and transcription!

Follow-Up: Provider conducts appropriate evaluation and management based on PHQ-9 score.

Simplified
MD Review

- Dedicated Behavioral Health Navigator
- Automated *Assessment Note*

Documentation & Charging: Provider document in notes and drop charges

MD Notes
Charge Capture

Problem 5: Incomplete documentation of screening results

Solution: Leverage SmartPhrases to quickly pull in relevant scores

11 B A Insert SmartText

.BHCSHORT

PHQ-9 total score:
PHQ-9 Total Score: 6 (11/17/17 1840)

GAD-7 total score:
Total score: 13 (11/17/17 1840)

DAST total score:
Total Score: 0 (11/17/17 1840)

Audit-C total score:
Total Score: 1 (11/17/17 1840)

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.BHCLong

PHQ-9 Results

Depression Screening (Patient Health Questionnaire PHQ)	11/17/2017	11/17/2017
PHQ-2: Feeling down, depressed, or hopeless	-	Yes
PHQ-2: Little interest or pleasure in doing things	-	Yes
Little interest or pleasure in doing things	-	Several days
Feeling down, depressed, or hopeless	-	Several days
Trouble falling or staying asleep, or sleeping too much	-	Not at all
Feeling tired or having little energy	-	Several days
Poor appetite or overeating	-	Not at all
Feeling bad about yourself - or that you are a failure or have let yourself or your family down	-	More than half the days
Trouble concentrating on things, such as reading the newspaper or watching television	-	Several days
Moving or speaking so slowly Or being so fidgety or restless	-	Not at all
Thoughts that you would be better off dead, or of hurting yourself in some way	-	Not at all
PHQ-9 Total Score	-	6
Depression: Evaluation/treatment initiated this encounter	Yes	-

GAD-7 Results

GAD-7	11/17/2017
Feeling nervous, anxious, or on edge	3-Nearly every day
Not being able to stop or control worrying	2-Nearly every day

Problem 6: Missed opportunity to capture charges

Solution: automate billing with “Tasked Based Order Completion”

1. Provider places order
2. Staff completes task once screening is completed.
3. Charges dropped automatically (CPT code 96127 billable charge for each questionnaire completed)

The screenshot shows an Epic EHR search interface. The search bar contains the text "tboC bhC screen". Below the search bar, there are several filterable sections:

- Panels**: (No results found)
- Outpatient Medications**: (No results found)
- Outpatient Procedures**: Expanded to show a list of results.

	Name
	TBOC - BHC Screeners Completed x 2
	TBOC - BHC Screeners Completed x 3
	TBOC - BHC Screeners Completed x 4
- Clinic Performed/Administered Orders**: Collapsed

At the bottom of the interface, there is a copyright notice: © 2019 Epic Systems Corporation. Used with permission.

Depression Screening Workflow: *Optimized!*

Screening: For adults ages 18 and up without prior depression risk factors, a verbal PHQ-2 is administered annually, upon rooming.

Verbal PHQ-2
(Annually)

negative
positive

Diagnostic Evaluation: If either of the questions on PHQ-2 is positive, then a PHQ-9 is administered and documented for provider review.

Electronic
Patient Entered
PHQ-9 (BHC)

- No more paper and transcription!

Follow-Up: Provider conducts appropriate evaluation and management based on PHQ-9 score.

Simplified
MD Review

- Dedicated Behavioral Health Navigator
- Automated *Assessment Note*

Documentation & Charging: Provider document in notes and drop charges

Streamlined
Notes &
Charging

- Smartphrases to ease documentation
- TBOC orders for 96127 charges

Continuous Improvement with PDCA

Plan

- Perform Site Visits & Surveys to Identify Challenges
- Review Current State and Brainstorm Workflow Redesign

Do

- Implement New Workflow
- Change Management, Onsite Training

Check

- Review Performance Reports
- Collect User Feedback
- Assess for Optimization Changes

Act

- Continue Monitoring of Performance
- Hardwire Excellence with Recognitions, Leadership Communication and Patient Stories

Reinforce Best Practices: Tracking Performance

- Tableau reports to track practice behavior at *clinic* level, available to office managers in real time
- Financial incentives available for achieving performing thresholds

PHQ Screening © 2019 Epic Systems Corporation. Used with permission.

Department Name	☰	Percent Screened	Screened	Not Screened	Screening Opportunities
CPN 15TH SM		31.04%	1,075	2,390	3,463 ▲
CPN BRENTWOOD		52.25%	1,733	1,585	3,317
CPN CENTURY CITY		48.58%	1,201	1,271	2,472
CPN MALIBU		28.17%	646	1,647	2,293
CPN MANHATTN BCH		30.14%	1,378	3,195	4,572
CPN PARKSIDE SM		26.76%	1,042	2,853	3,894
CPN PED MANHATTN BCH		0.00%	0	68	68
CPN PED SANTA MONICA		14.08%	10	61	71
CPN PED WEST LA		0.00%	0	103	103
CPN WEST WASHINGTON		52.81%	2,289	2,045	4,334
CPN WOODLAND HILLS		40.68%	2,340	3,413	5,752

Reinforce Best Practices: Individualized Coaching

- Drilldown details available by user (*Medical Assistant*) for Professional Performance Evaluation

PHQ Screening, with attributed user

Department Name	Attributed User	Percent Screened	Screened	Not Screened	Screening Opportunities
	VERMAGEN, HELEN [0001892]	87.50%	7	1	8
	BAN [000180]	100.00%	5	0	5
CPN WOODLAND HILLS	AMJ [000180]	87.50%	70	10	80
	PAR [0073994]	86.46%	83	13	96
	LA B [033789]	76.83%	63	19	82
	JAR [000180]	75.00%	3	1	4
	GOM [000180]	72.79%	99	37	136
	ORT [000180]	55.70%	44	35	79
	LAR [000180]	53.33%	16	14	30
	URQ [0074367]	52.53%	21	18	39
	VAR [000183]	46.28%	13	15	28
	MAR [000180]	44.07%	11	15	26
	FRA [01137]	19.57%	3	13	16
EIMG AWHC	CRA [05888]	70.00%	7	3	10
	SAR [000180]	70.59%	12	5	17

Department Name: CPN WOODLAND HILLS	
Performance: 55.70% (44/79)	
Screened Breakdown:	
Excluded:	0
PHQ2 completed without PHQ9:	2
PHQ2 positive, PHQ9 complete:	9
PHQ2 screened negative:	33

Screening Opportunity: An encounter where the patient had not been previously screened or marked as screened.

Encounter types included for evaluation: Initial Consult, Office Visit, Confidential, Social Work, Nutritional Counseling, Follow-up



Value/Outcome

Participating clinics:



Pilot Sites (2 clinics: Aug 2017 to Present)

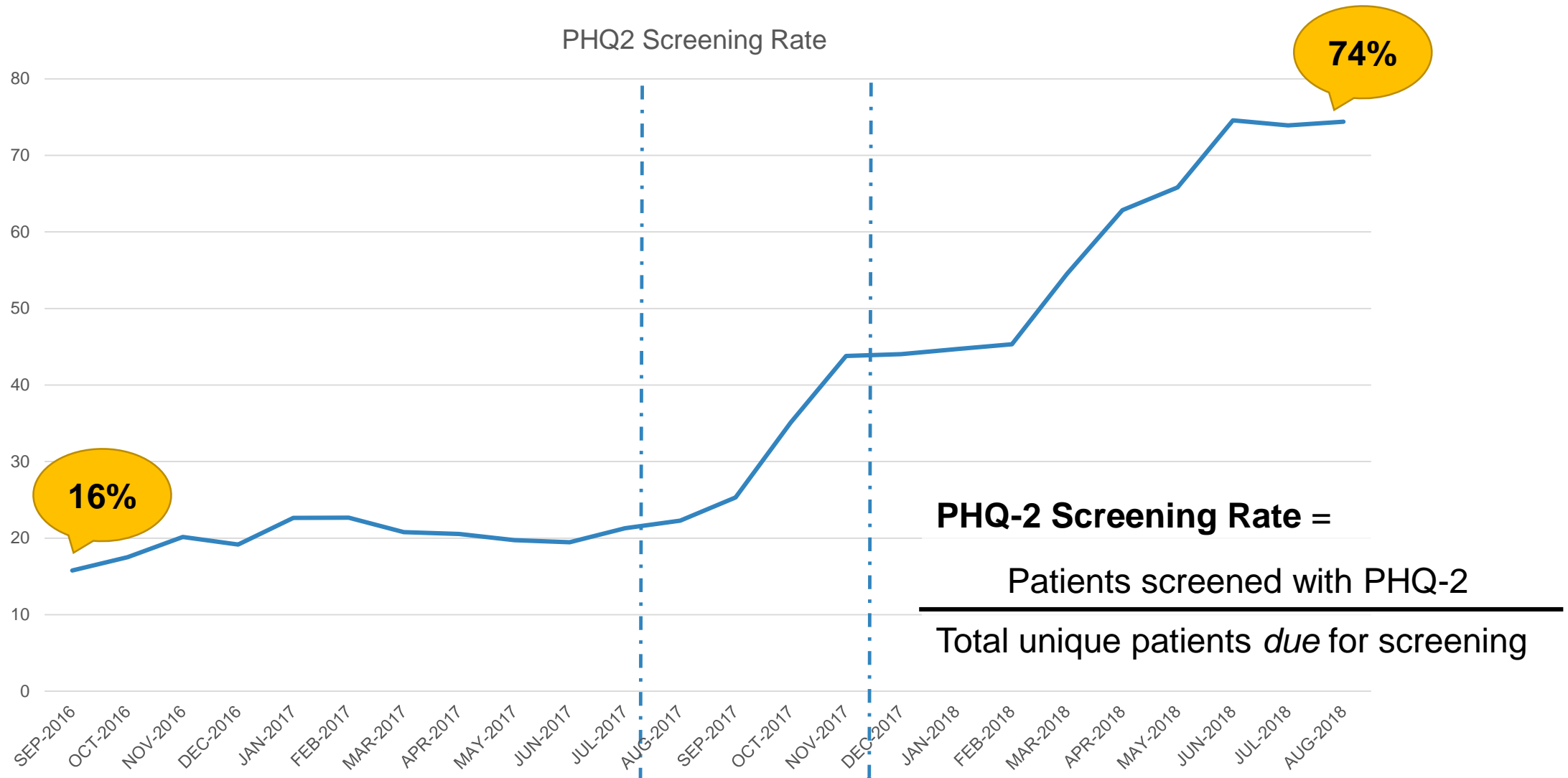


Additional Clinics (12 clinics: Dec 2017 to Present)



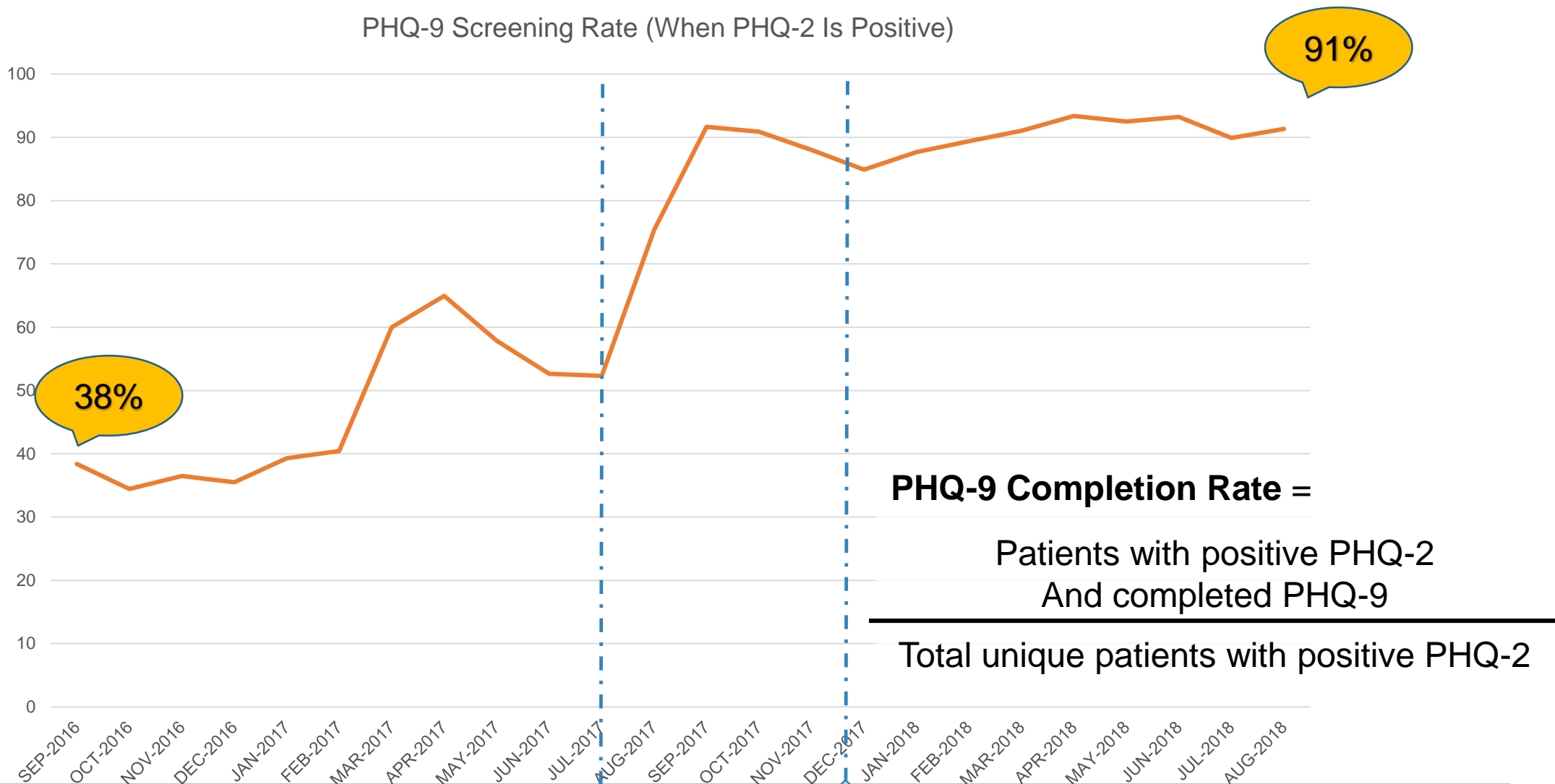
Remaining Primary Care Clinics (*ETA Oct 2018*)

PHQ-2 Screening Rate



PHQ-9 Completion Rate

PHQ-9 Screening Rate (When PHQ-2 Is Positive)

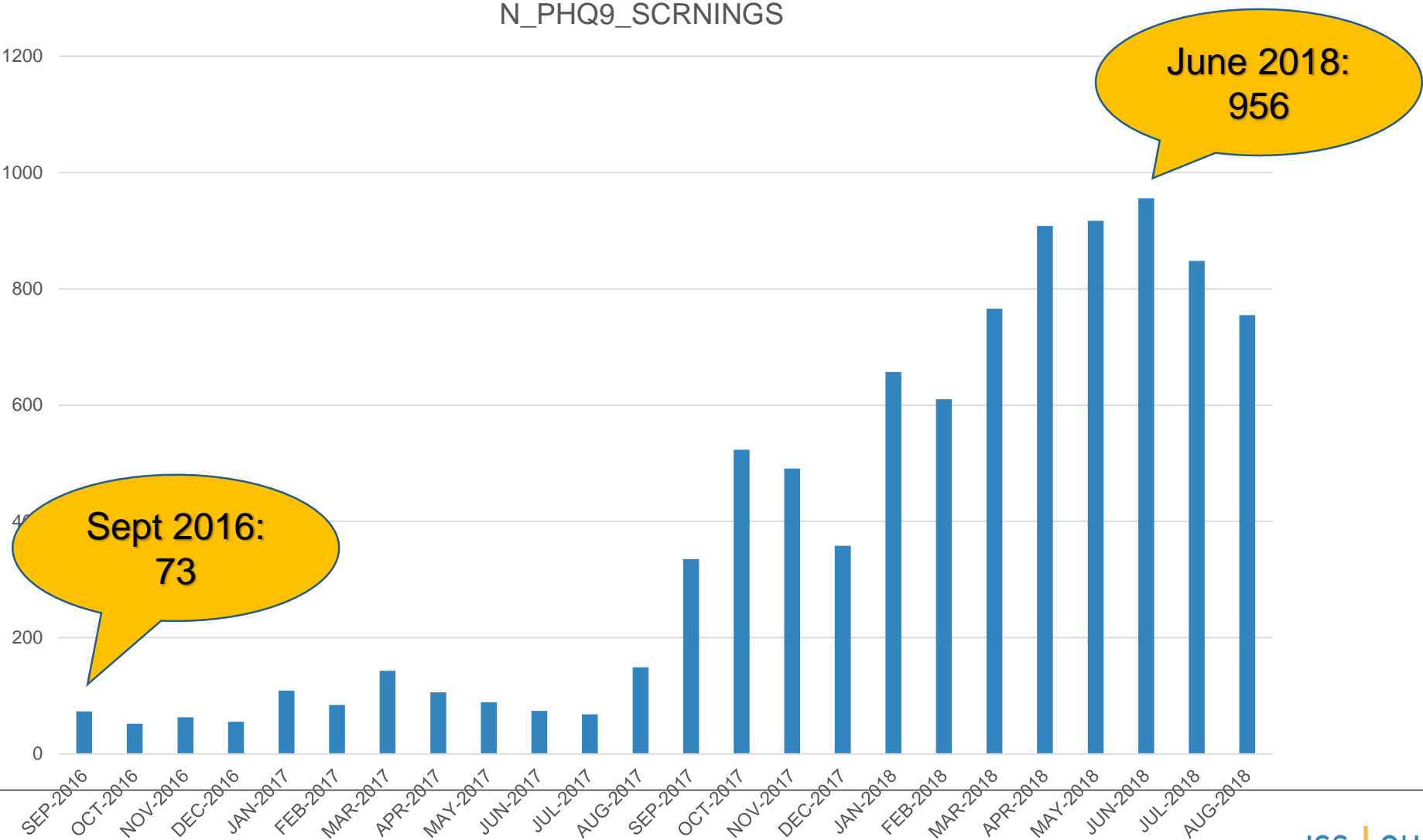


PHQ-9 Completion Rate =

Patients with positive PHQ-2
And completed PHQ-9

Total unique patients with positive PHQ-2

Total # of documented PHQ-9 by month



Management Outcome

	2016	2017	2018 YTD <i>(8 months)</i>
% New Depression Diagnosis (count)	1.7% (1,421)	2.0% (6,189)	3.2% (2,016)
Psychiatry/Psychology Referrals	13.8% (25,670)	16.4% (28,830)	17.8% (19,484)

	2016	2017	2018 <i>(annualized)</i>
96127 Charges (\$ reimbursed)	2231 (\$15,117)	4809 (\$39,160)	9094 (\$80,734)

STEPS To Value

- **Population Management:** Improved universal depression screening rate
- **Treatment/Clinical:** Improving our diagnosis and management of depression and other co-morbidities in primary care
- **Treatment/Clinical:** Increasing referrals to appropriate specialists
- **Electronic Secure Data:** Discrete data are now searchable and trackable
- **Savings:** Improved risk adjusted coding and appropriate charge capture



Next steps

- *Optimization:*
 - Express Lane (to package depression related content)
 - Direct external link to questionnaires from CareConnect
 - Prompt provider with correct TBOC charge suggestions
- *Examine Patient Outcomes:*
 - ED utilization
 - Benzodiazepine Use
 - Depression remission
- *Expanding Patient Resources:*
 - Internet CBT Referrals
 - Headspace Integration
 - Patient Psychoeducation Handouts



Questions

Thank you!



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Contact Us