

# Use of PHQ-2/PHQ-9 Patient Health Questionnaires for Depression Screening in Primary Care

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Fairview Counseling Centers  
and Clinical Systems Integration

Linda Damman  
Senior Epic Engineer  
Fairview Health Services



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## Welcome!

Moderator – Joe Kalaidis  
Webinar will be recorded & presentation can be downloaded  
Presenters from Fairview Health Services

- Chris Beamish, LICSW
- Linda Damman

Q & A

- Use Webex Chat if possible
- Phone lines will be opened

Join our project!



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## Lake Superior Quality Innovation Network (Lake Superior QIN)

### Improving Health Quality at the Community Level



**Lake Superior Quality Innovation Network**

Lake Superior Quality Innovation Network, under contract to Centers for Medicare & Medicaid Services, brings together Medicare beneficiaries, providers, and communities in Michigan, Minnesota, and Wisconsin through data-driven initiatives that increase patient safety, make communities healthier, better coordinate post-hospital care, and improve clinical quality.



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### Behavioral Health Project Goals

- ✓ Ambulatory
  - Increase screening for depression and alcohol use disorder (AUD) in primary care clinics and physician practices
- ✓ Inpatient Psychiatric Facilities
  - Increase 7-day and 30-day follow-up with a behavioral health professional
  - Reduce 30-day readmissions for patients with mental health diagnosis

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### Today's Objectives

Learn about Fairview Health Services:

- ✓ Use of PHQ-2 and PHQ-9 depression screening tools
- ✓ Process for depression screening in primary care
- ✓ Roles of physician, other medical staff, and support staff in depression screening in primary care

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### Today's Presenters

**Chris Beamish**, LICSW, is a manager for Fairview Counseling Centers (FCC) and Clinical Systems Integration, which is a part of the M Health academic health system. He is responsible for the clinical, operational, and financial performance of a team of outpatient clinic therapists and integrated primary care behavioral health clinicians. He also is the lead motivational interviewing trainer for Fairview and M Health and a member of the Motivational Interviewing Network of Trainers (MINT).

**Linda Damman** is Senior Epic Engineer, Fairview Health Services. Linda is an experienced project specialist and systems analyst supporting patient care, ancillary processes and associated applications.



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## Fairview Health Services

### Use of PHQ-2/PHQ-9 Patient Health Questionnaires for Depression Screening in Primary Care

**Quality Improvement Organizations**  
Partnerships Supporting Excellence  
www.fairview.org/qualityimprovement

**Leap Superior Quality Innovation Network**  
www.leapquality.com

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## Fairview Health Services



Fairview Health Services is an award-winning nonprofit health care system with more than 21,000 employees and 2,300 aligned physicians. Based in Minneapolis, we deliver care at all stages of life and are committed to high value health—superior outcomes and an exceptional experience at a lower cost of care.

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## Depression Screening Tools

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### Progression

**Objective: Need to improve safety and efficiency**

- PHQ-2/9 as part of standard rooming process
  - Previous process completed in clinic with staff entering responses
  - New process included electronic via MyChart for annual exams - no staff involved in entering responses.
  - PCP receives InBasket for patients with positive #9 via MyChart
- Consolidate multiple PHQ-9 Doc Flowsheets
- Health Maintenance is appropriately updated
- Best practice alerts are presented appropriately
- Ensure appropriate follow-up is performed



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### Progression

- VP of Quality and Innovation created a workgroup to lead the MyChart PHQ-9 initiative:
  - Researched best practices
  - EMR assigns Annual Exam MyChart appointment questionnaire which includes the PHQ-2 and PHQ-9 if PHQ-2 >=3
    - Appointment provider addresses appointment questionnaire responses
  - Manual assignment of PHQ-9 to a patient for med refills or when due for a PHQ-9
    - Nurse follows up on manually assigned PHQ-9s
  - Explored internal/external resources and their capacity to respond to patient calls



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### Progression

- VP of Quality and Innovation created an SBAR for Senior Leadership related to adding a disclaimer to MyChart PHQ-9
- Met with Risk Management
- Received permission from Pfizer to add the disclaimer to the beginning of electronic PHQ-9



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### Progression

- Developed a disclaimer for patients who complete the PHQ-9 via MyChart

**Patient Health Questionnaire (PHQ9)**

This is a questionnaire about depression for your upcoming visit or contact, and your care team may not see this information before then. We care about you. If at any time you feel unsafe or have concerns about the safety of others please take immediate action by calling 1-800-273-8255, for mental health crisis phone support 24 hours a day, 365 days per year. As always, you can also go to your local ER, or call 911 if you have immediate safety concerns.

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### Progression

- Developed follow-up questions for patients to answer electronically if they respond positively to question 9

**Patient Health Questionnaire (PHQ9)**

You indicated that you feel as though you'd either be better off dead or had thoughts of self-harm. We have a few more questions to better understand your response / symptoms.

\*Indicates a required field.

In the past two weeks have you had thoughts of suicide or self-harm?

Yes No

Next

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### Progression

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    graph TD
      Q1[1. In the past two weeks have you had thoughts of suicide or self-harm?] -- No --> Q1
      Q1 -- Yes --> Q2[2. In the past two weeks have you thought about a plan or had intention to harm yourself?]
      Q2 -- No --> Q1
      Q2 -- Yes --> Q3[3. In the past two weeks have you acted on these thoughts in any way?]
      Q3 -- No --> Q1
      Q3 -- Yes --> Q4[4. Do you have concerns about your personal safety or thoughts of harming others?]
      Q4 -- No --> Q1
      Q4 -- Yes --> End[End]
    
```

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## Progression

- Best practice alert Inbasket message is sent to the patient's PCP when he/she responds positively to PHQ-9 question #9 via MyChart
- Message displays pertinent patient information
  - Patient demographics
  - Current and past PHQ-9 responses
  - Recent outpatient visits
  - Preferred pharmacy
  - Current Medications
  - Problem List
  - Patient Care Team

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## Best Practice Alert

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## Workflow

If patient responds positively to an appointment questionnaire and does not show for appointment, what then?

- Created an automated daily report of patients who completed the PHQ-9 via MyChart, responded positively to question #9, and either no-showed or canceled their appointment

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**Conclusion**

- Think safety first, then efficiency
- Identify a leader to champion the work
- Be relentless and willing to change. Aligning system work takes time and effort!




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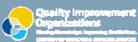
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**Q&A**




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**Join the Behavioral Health Project**

How are you identifying depression in your patients?

**“Often referred to as ‘the common cold of mental health’, depression causes about 8 million doctors’ appointments a year. More than half are with primary care physicians.”**  
 – a recent article in Kaiser Health News

Join Lake Superior Quality Innovation Network to participate in this CMS-funded project to increase screening for depression and alcohol use in primary care.

Michigan: contact Mark Loush 248-465-1375 or [mloush@mpro.org](mailto:mloush@mpro.org)  
 Minnesota: contact Joe Kalaidis 952-853-8594 or [jkalaids@stratishealth.org](mailto:jkalaids@stratishealth.org)  
 Wisconsin: contact Kim Johnson 608-441-8291 or [kjohnson@metastar.com](mailto:kjohnson@metastar.com)




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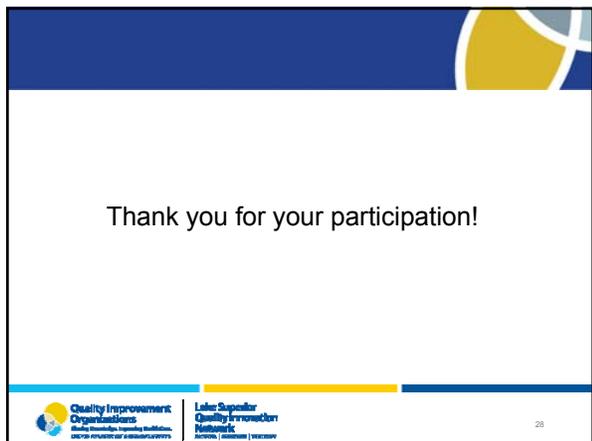
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Thank you for your participation!

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and other providers or employers improve

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