

IMPROVING DEPRESSION SCREENING IN PATIENTS WITH IBD – A QUALITY IMPROVEMENT INITIATIVE

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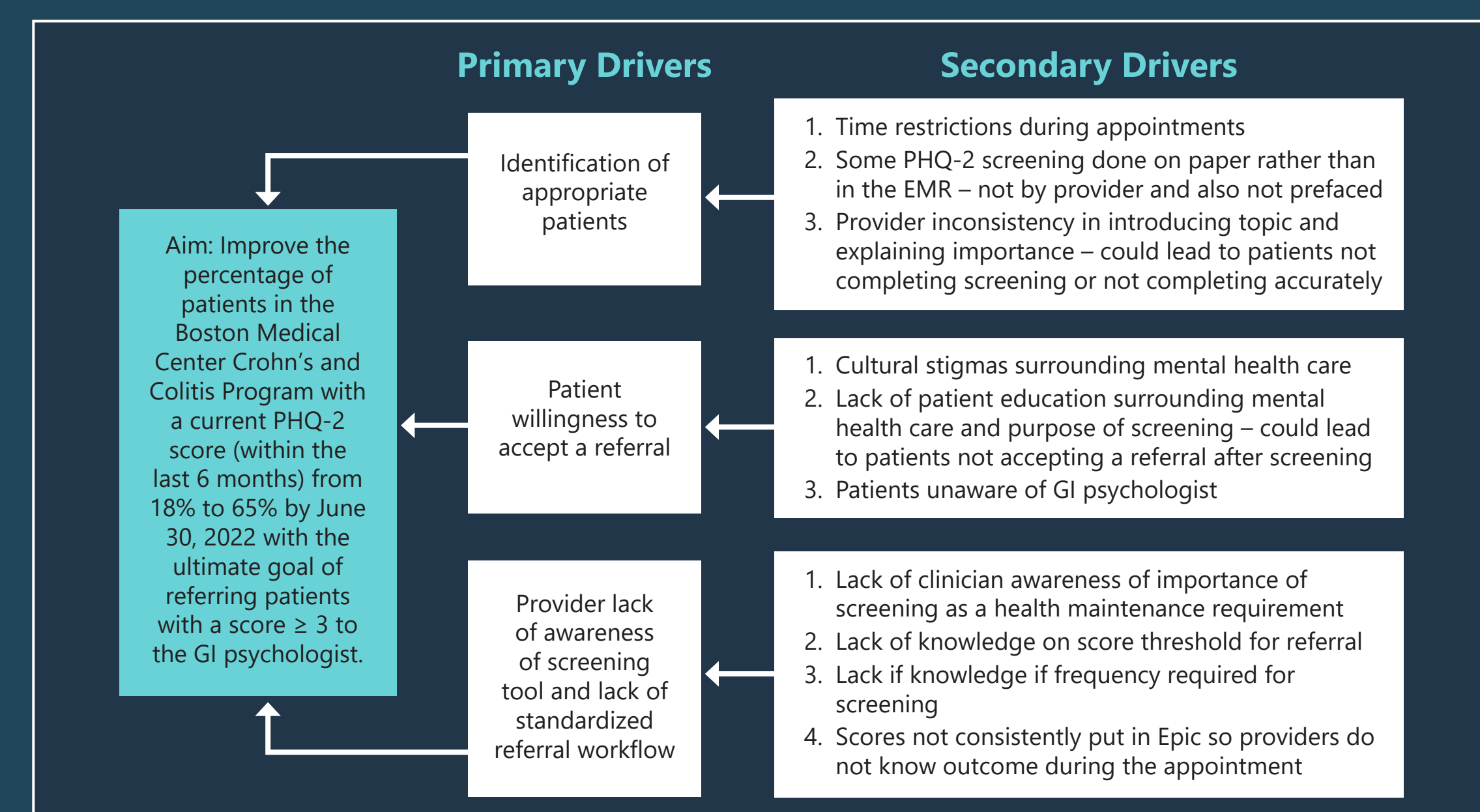
Background

Disparities in adherence to health maintenance recommendations have been well-documented in patients with IBD. Approaches to identify and address major depression in this population remain under-described.

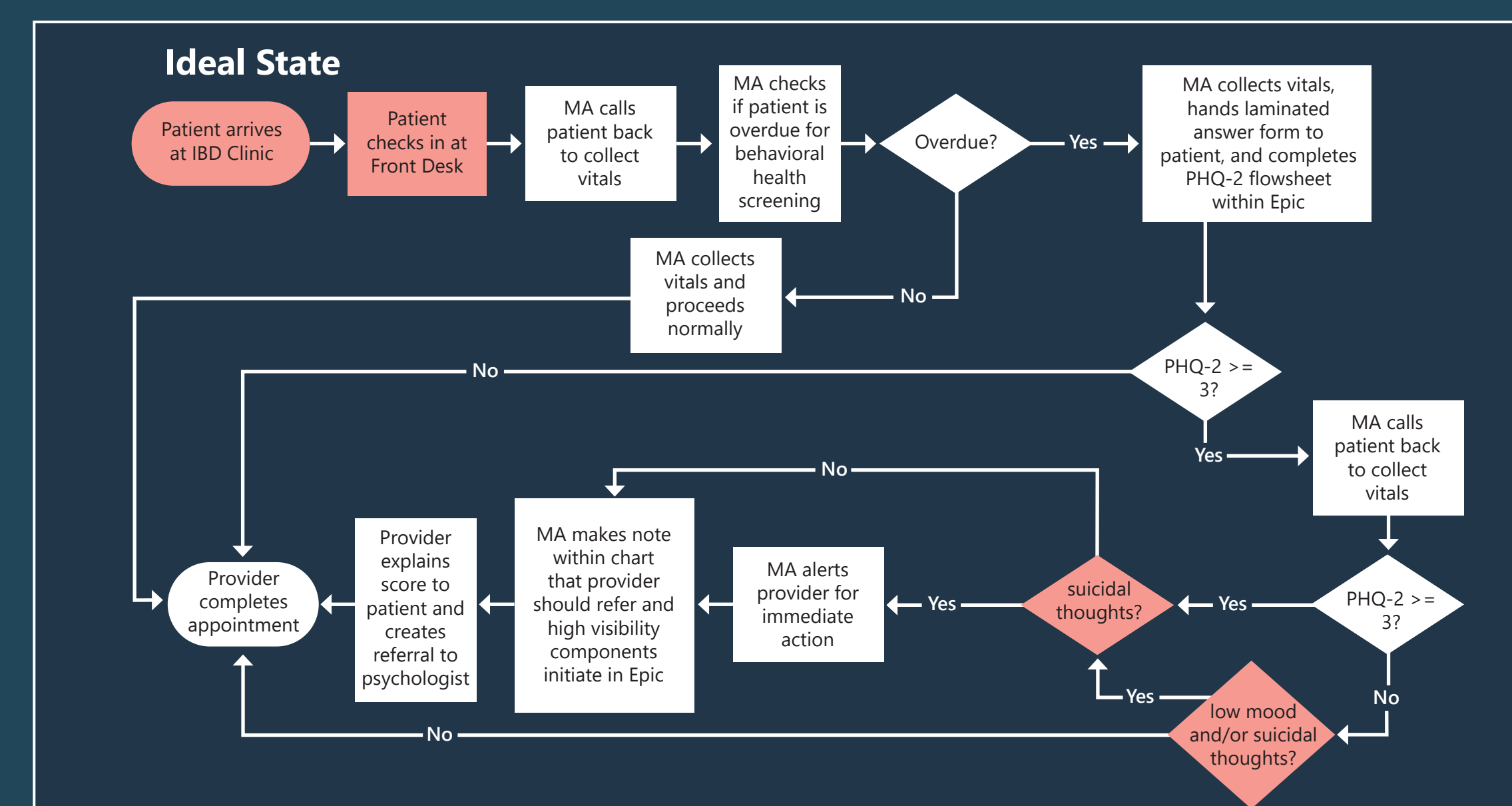
Methods

- Conducted at Boston Medical Center Crohn's and Colitis Program where approximately 59% of patients are underserved.
- We obtained demographic and screening data from the electronic health record (EHR).
- Employed the Institute for Healthcare Improvement's Model for Improvement as the methodological framework for implementation.
- Clinicians and staff contributed to a process map and driver diagram gap analysis undertaken to identify root causes and barriers to screening.
- Patient focus groups and individual provider interviews were conducted as part of the gap analysis.
- Analyzed data using descriptive statistics and statistical process control charts (SPC charts) using QI Charts.

Gap Analysis



Driver Diagram



Ideal state process map: MA-Driven Screening Process

"I have one patient who doesn't want to get out of bed because of her depression, so she misses all her infusion appointments. So, I think it's just a vicious cycle." - BMC IBD Clinician

Quality Improvement Aim

Improve the percentage of patients in the Boston Medical Center Crohn's and Colitis Program with a current PHQ-2 score (within the last 6 months) from 18% to 65% by June 30, 2022.

Interventions

PDSA 1 – Tune-up Clinic

DotPhrase Checklist

Patient Tracking Cards

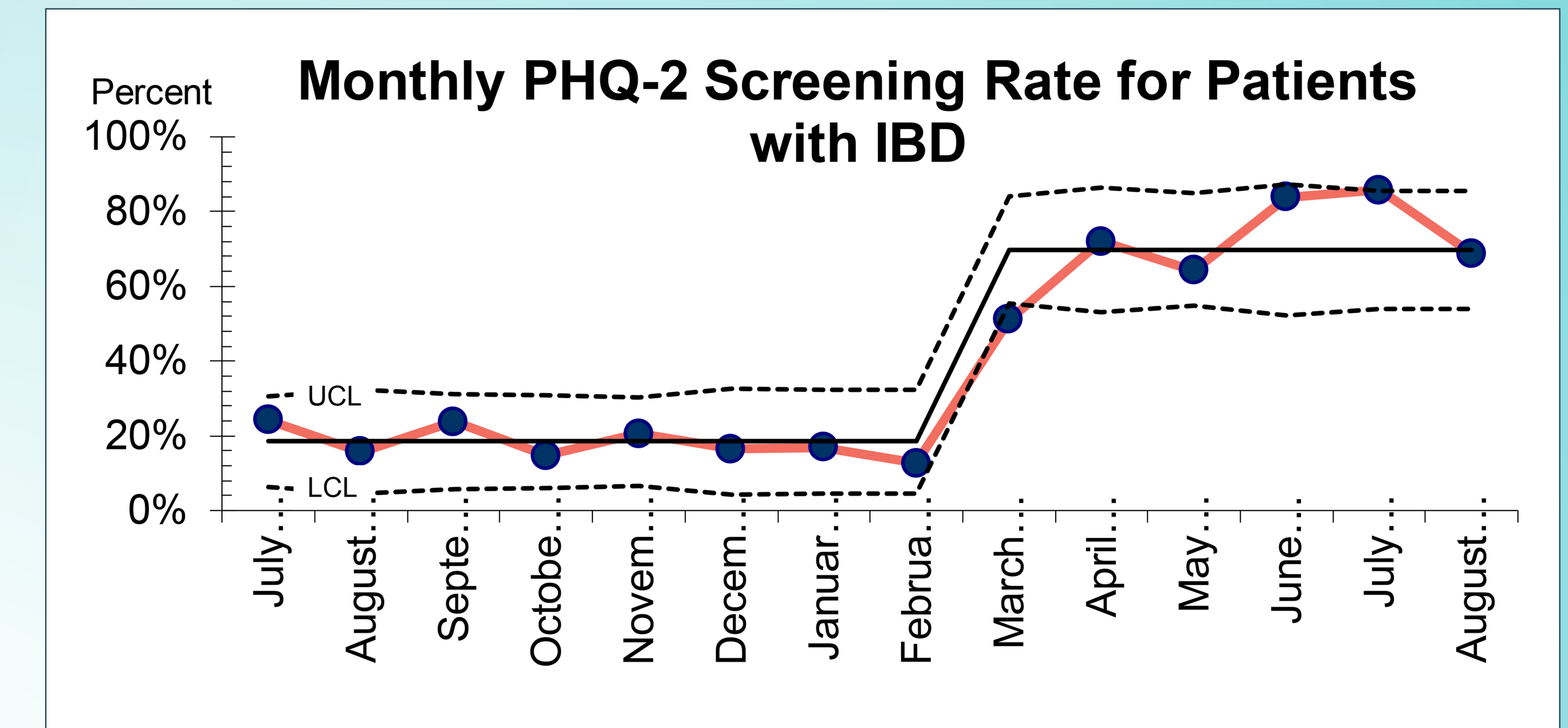
PDSA 2 – MA-Driven Screening

MA Training Materials

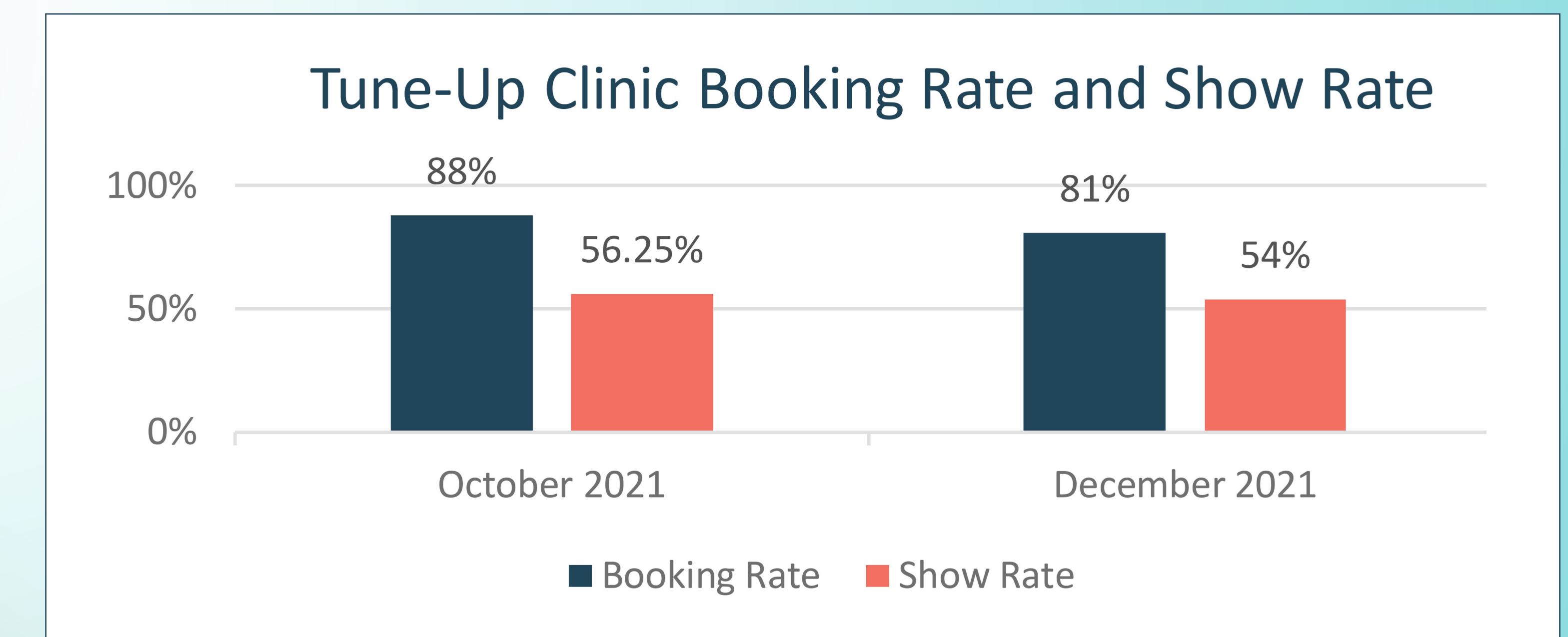
EHR Provider Alerts

Results

Outcome Measure: The percentage of patients with an up-to-date PHQ-2 Score



PDSA 1 Process Measure: Appointment booking rate and show rate at Tune-Up Clinic



- PDSA 1, a multidisciplinary care ("Tune-Up") clinic in October and December 2021, did not improve PHQ-2 screening rates and had low show rates.
- PDSA 2, The MA-driven screening process, deployed in March 2022, improved screening rates from 18% at baseline in August 2021 to 88% after three months of implementation.
- Since beginning, 62% of eligible patients were already followed by another mental health professional or received a referral to and made an appointment with the GI psychologist.

Discussion

- Patients with IBD have higher rates of depression compared to the general population and those who are underserved have an even higher prevalence!
- Instituting PHQ-2 screening as part of the vital signs is an easy way to identify patients at risk for depression.
- Patients identified at risk were referred to a GI psychologist in the practice to help improve mental health, however not every clinic has access to a GI psychologist. All practices should determine their referral practices prior to implementation of PHQ-2 Screening.