Addressing Adolescent and Young Adult Depression in Primary Care

- **Location:** National Improvement Partnership Network
- **Submitted By:** Rachel Wallace-Brodeur, MS, MEd, National Improvement Partnership Network; project leader is Wendy Davis, MD
- **Key Takeaway:** National virtual learning collaborative with on-demand training provides a broad knowledge base for resources with site-specific feedback

WHAT PROBLEM (GAP IN QUALITY) DOES THE PROJECT ADDRESS?

The adolescent and young adult (AYA) years, ages 10–25, are periods of significant physical, cognitive, and psychosocial development. This growth brings opportunities and challenges for improving health and preventing disease and disability, both in the short and long term. Challenges include the emergence of risk behaviors and behavioral health issues, such as substance use and mental illness. After being stable for many years, the prevalence of 12-month major depressive episode (MDE) in AYA has been steadily increasing since 2011. In 2017, 13.3% of adolescents and 13.1% of young adults experienced an MDE in the past year. Nearly half of lifetime diagnosable mental disorders begin by age 14 and three quarters begin by age 24.

The U.S. Preventive Services Task Force recommends universal depression screening in primary care for all adults over age 18, regardless of risk factors, and universal screening for adolescents ages 12–18 when adequate systems are in place to ensure accurate diagnosis, effective treatment, and appropriate follow up. Although screening for adolescent depression in primary care is recommended, screening rates remain low; in 2017, about 60% of pediatricians reported that they screen for depression. Pediatrician-reported barriers to screening for mental health issues in primary care settings include lack of skills in screening and managing moderate depression and difficulties in linking to mental health treatment. Yet, given the onset of mental disorders in the AYA years, screening and follow-up appointments are critical.

In this project, we will focus on empowering clinicians to partner with adolescents, young adults, and their families in identifying and caring for depression. This virtual learning collaborative is open to clinicians in Indiana, Minnesota, South Carolina, Vermont, and Wisconsin.

WHAT DID THE PROJECT AIM TO ACCOMPLISH?

The virtual learning collaborative aims are to increase rates of mental health screening and follow-up plans of care for youth by 80% in participating sites.

MEASURES:

- **Measure Name**: Improve depressions screening with a validated tool
- **Type**: Process
- **Goal**: 80%
- **Unit of Measurement**: *Numerator:* Number of 12- to 25-year-olds seen for health supervision visit during the measurement period who were screened for depression using a validated tool; *Denominator:* Number of 12- to 25-year-olds seen for health supervision visit during the measurement period

Exemplar Project
Behavioral and Mental Health

This document summarizes an exemplary quality improvement project that was submitted to the American Board of Pediatrics and earned the participants 25 points of MOC Part 4 Credit.

- **Data Source**: Chart review
- **Collection Frequency**: Monthly

- **Measure Name:** Documented follow-up plan
- **Type:** Process
- **Goal:** 80%
- **Unit of Measurement**: *Numerator*: Number of 12- to 25-year-olds seen for a health supervision visit who had a positive depression screen with a follow-up plan documented; *Denominator*: Number of 12- to 25-year-olds seen for a health supervision visit who had a positive depression screen
- **Data Source:** Chart review
- **Collection Frequency:** Monthly

- **Measure Name:** Impact on staff
- **Type:** Balancing
- **Goal:** N/A
- **Unit of Measurement:** Likert scale score will be calculated at the endpoint of the project
- **Data Source:** Survey
- **Collection Frequency:** Other

NOTABLE CHANGE STRATEGIES:

- **Virtual Learning Collaborative:** This project's online format allows synchronized participation of a wide range of practices across five states. Online inventories and resources provide a broader scope of data and knowledge to empower community practices across a wide range of contexts in partnering, specifically with adolescents, young adults, and their families, in identifying and caring for depression.
- **Synchronized Timeline with Clear Steps in Each Phase:** The project's timeline is divided broadly into three phases for all participating sites: pre-intervention, learning collaborative intervention, and wrap up. Overview of each phase and action steps are presented in a clear, visual format.
- **Office Systems Inventory (OSI):** The OSI assesses the extent to which a participating site's office systems promote and support caring for adolescents and young adults with depression. This inventory will help inform their plan for improvement in these areas. Practices will also complete a staff impact survey, as a balancing measure, which will assess the outcomes of the project relative to the administrative burden of participation.
- **Live and On-Demand Training Resources**: All content training is provided during seven, hour-long live webinars. Recordings of these interactive webinars are then available for on-demand viewing to accommodate different provider schedules. Participants in the project orientation, and at least five of the six webinars, may claim CME credit as well.

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- **Clear Data Collection Plan**: Participants will work with a QI team specific to their practice. Teams collect and submit monthly self-administered chart audits of 10 randomly selected patients between the ages of 12 and 25 years. They will collect data on the process measures listed above for three months of baseline and then for six months during the project implementation phase. These data will be used for monthly measurements as well as for information selection and testing of improvement strategies.
- **Broad Knowledge Base with Site-Specific Feedback**: Monthly run charts will be generated to guide each site's process improvement and will include their data compared to aggregated data. A QI coach from VCHIP will provide written feedback to the practices based upon the run charts and PDSA log information. The participant works with the QI team at their site to modify systems within the practice using the PDSA methodology.
- **Wrap Up Provides Reflection and Next Steps**: Participants will complete end-of-project surveys and a final OSI to assess what changes occurred in their systems during the project. A staff impact survey will assess the outcome of the site's work and the impact of its administrative burden.

DATA:

Participating sites will receive monthly data reports on the utilization of a validated tool, screening completions, and follow-up plans for both their practice and the virtual learning network's aggregate rates.

QUESTIONS?

To learn how to create your own quality improvement project, visit https://www.abp.org/content/your-own-qi-project or contact our MOC Support Center at 919-929-0461 or moc@abpeds.org.