



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.

Snapfinger Woods Pediatrics Adolescent Depression Screening Initiative

- **Location:** St. John's Well Child and Family Center
- **Submitting Physician:** Brad Weselman, MD
- **Key Takeaway:** Key Driver Diagram w/SMART Aim and phased approach to interventions with multiple PDSA Ramps for strategic sequencing of changes

WHAT PROBLEM DID THE PROJECT ADDRESS?

Adolescent depression screenings are recommended at adolescent well-child visits (11-18 years of age). A validated, standardized tool, the Patient Health Questionnaire (PHQ-2), is available for screening. Providers in our practice have been inconsistent in their utilization of the screen, creating a care gap that could result in missed opportunities for the early identification and treatment of adolescent depression.

WHAT DID YOUR PROJECT AIM TO ACCOMPLISH?

We aimed to increase the rate of adolescent depression screenings utilizing the PHQ-2 from a baseline of 40% to a rate of 90%.

MEASURES:

- **Measure Name:** Adolescent depression screening rate
- **Goal:** Increase to 90%
- **Unit of Measurement:** CPT code for screen billed at adolescent well visit age 12- to 18-year-old (verified by chart review)
- **Data Source:** EHR
- **Collection Frequency:** Weekly

NOTABLE CHANGE STRATEGIES:

- **Identify PDSA "Ramps" for Individual Change Strategy Elements:** Change strategies identified in the KDD were developed into individual "ramps" for focused implementation and improvement of individual change strategy elements, such as depression screen documentation, EHR template refinement, PHQ-2 distribution, a follow up/referral pathway, etc. (examples provided).
- **Integrate PHQ-2 in the EHR:** Screening questionnaire added to the EHR in template form
- **Utilize Mandatory Coding Within EHR's Patient Plan:** Code for screening and documentation of action taken integrated as a mandatory aspect of the standard patient plan EHR record for tracking and payment.
- **Uniform Form Distribution Among All Providers:** The PHQ-2 screening form was universally distributed among providers to reinforce standard work.
- **Follow Up with Resources:** All positive results on PHQ-2 resulted in a follow-up screen with a list of community resources provided.
- **Ramps for Sequencing Change Strategically:** Once key change opportunities are identified, craft a specific sequence to build upon improvement effectively (see examples below).

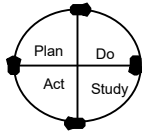


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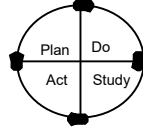
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Ramp 1: Depression Screen documentation



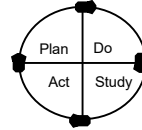
TEST 1

What: One physician develops and utilizes EHR template for Depression Screening
Who:
Where:
When:
Who executes:
Results: Template established and successfully utilized (reflects score, further explanation of responses and does not impede flow)
ADAPT:



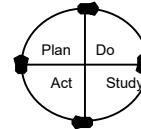
TEST 2

What: Two physicians utilize template for three hours
Who:
Where:
When:
Who executes:
Results: Providers requested change in mechanism to allow documentation of action taken and to allow for billing
ADAPT: Mechanism to document action taken added. Awaiting billing code to test generation of clean claim and payment



TEST 3

What: Additional physicians utilize template for three hours
Who:
Where:
When:
Who executes:
Results: Providers requested mechanism to make responses confidential within EHR
ADAPT: mechanism developed and implemented



TEST 4

What: Template utilized by all providers for 2 days and feedback solicited
Who:
Where:
When:
Who executes:
Results: ADOPT

Ramp 3: EHR template refinement



RAMP 2

What: PHQ-2 Screen and scoring developed for 11-18 yo Well Check Templates
Who:
Where:
When:
Who executes:
Results: If template is found effective, transition to useable format in chart and patient recs.
ADAPT:



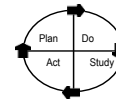
TEST 1

What: PHQ-2 template made available to all providers
Who: Patients 11-14 and 15-18 yo
Where:
When:
Who executes:
Results: All providers find template effective. Agree usable format in HPI. Inconsistent utilization. Tracking requires chart review
ADAPT: Inconsistent utilization. Baseline established at 40%



TEST 2

What: Depression screen result field added to Adolescent plan template in EMR with billable code
Who: All patients 11-18 yo
Where:
When:
Who executes:
Results: Admin audit and billing now possible. Reimbursement for screen \$4 - \$6 documented on paid claims. Documentation remains inconsistent because required in 2 fields (HPI and plan)
ADAPT:



TEST 3

What: Depression screen result field in plan made a mandatory field
Who:
Where:
When:
Who executes:
Results: Provider documentation improves. Providers complain that charts contain too many mandatory fields. Desire mechanism to ease documentation. Request mechanism to follow up positive screenings.
ADAPT: 2 new ramps initiated



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Ramp 4: Refinement of PHQ-2 distribution and completion



TEST 1

What: PHQ-2 provided to 12-18 at time of visit for completion before provider arrival
Who:
Where:
When:
Who executes:
Results: MA - Difficult to remember to provide screen to this patient age range. Patient completing while history being taken. Screen requires explanation. Provider - transcription of result easier.
ADAPT



TEST 2

What: PHQ-2 provided to 12-18 yo at check-in
Who:
Where:
When:
Who executes:
Results: All appropriate charts with PHQ-2 on chart and completed for provider. Check-in states easy to distribute like Developmental Screens. Suggests having back up forms in rooms if forgotten. Does not interfere with MA's. Concern patient may not want to complete with parent's knowledge.
ADAPT



TEST 3

What: Expand PHQ-2 distribution at check-in. Extra forms in back for providers to assess if desire form to be redone or if forgotten by front office.
Who:
Where:
When:
Who executes:
Results: Screen present on majority of appropriate patients. Screens in back office easy to obtain for those missed in the front distribution. Comfortable with opportunity to have patient redo screen in back if provider feels parent has influenced screen during check-in.
SPREAD



TEST 4

What: PHQ-2 distribution to all patients 11-18 yo at check-in
Who:
Where:
When:
Who executes:
Results: ADOPT

Ramp 5: Development of follow-up and referral pathway



TEST 1

What: PHQ-9 completed if PHQ-2 positive
Who:
Where:
When:
Who executes:
Results: PHQ-2 screen positive on single 18 yo patient. Follow up PHQ-9 indicated clear pathway to proceed. Easy to document using existing template.
SPREAD to others to test



TEST 2

What: PHQ-9 completed if PHQ-2 positive
Who:
Where:
When:
Who executes:
Results: All providers pleased with PHQ-9 documentation and utilization as follow up to initial screen
ADOPT



TEST 3

What: Development of psyche referral resource tool to supplement PHQ-9
Who:
Where:
When:
Who executes:
Results: Referral list produced and effective in identifying providers and insurance accepted
ADOPT



TEST 4

What: Distribution of Depression "Bundle"
Who:
Where:
When:
Who executes:
Results: 100% compliance with depression screening for 5 weeks!

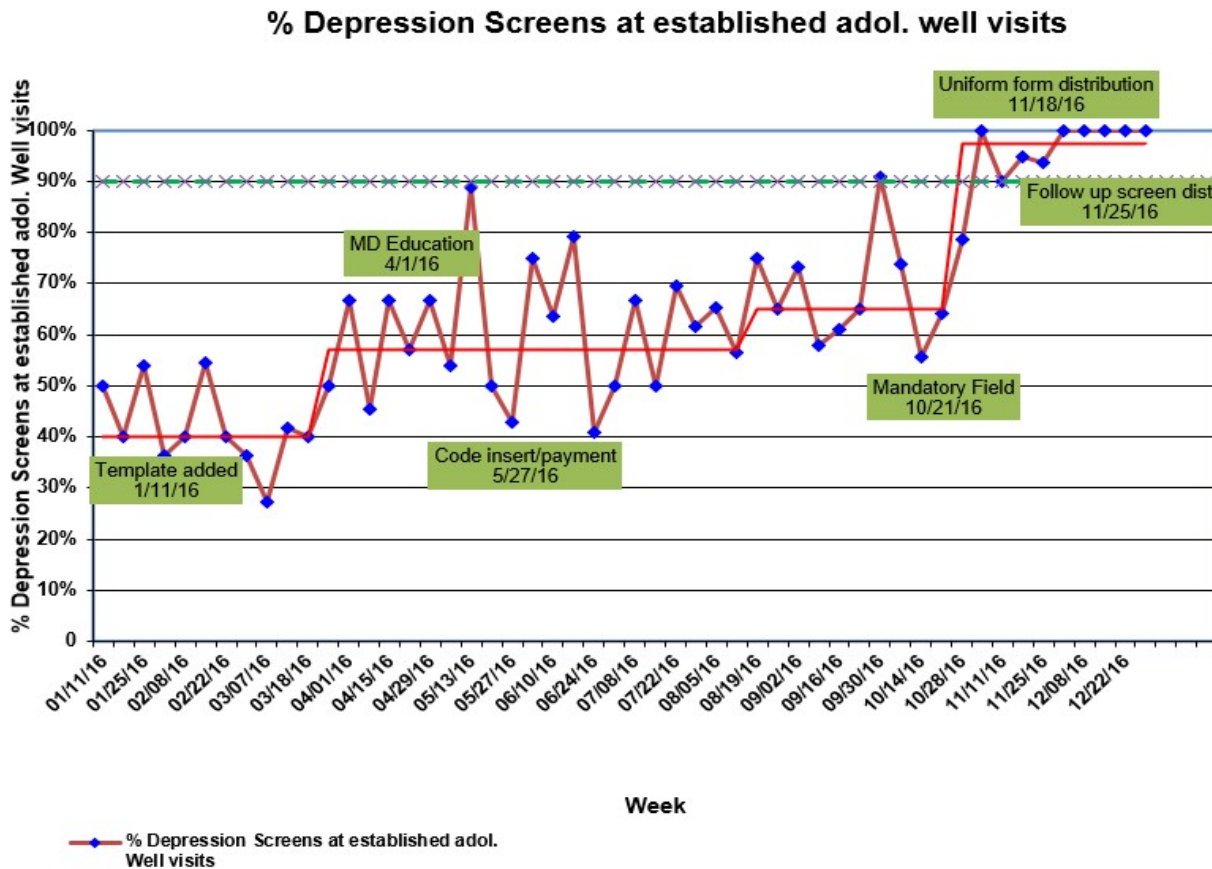


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DATA:



OUTCOME:

Depression screenings at established adolescent well visits improved from an average rate of occurring 40% of the time to upwards of 97% of the time.

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.