

Depression Screening at Bowdoin Street Health

The Problem

For people with diabetes, studies have shown that major depression is about three times more common than in the general population (5-8%).

Depression has been found to be a risk factor for the development of complications of diabetes. Depression may be related to the person's helplessness in dealing with the emotional and self-care efforts required to control the disease. Additional stressors in our patient population, such as financial difficulties, language and cultural barriers, may increase the risk for depression.

Aim/Goal

By improving our depression screening methods, we would facilitate referrals to Mental Health services. Since April 2006, the Diabetes Care Team began tracking clinical outcome measures, including depression screening. Initial review of 120 of our patients with diabetes showed 7.5% of patients had been screened for depression in the past year. Our goal was to improve the screening rate to > 50%, and spread the screening to all of our patients with and without diabetes. The Diabetes Care Team adopted the Patient Health Questionnaire (PHQ-9) developed and copyrighted by Pfizer Inc.

The Team

Fran Azzara, RN Carol Palmer, LICSW Jane Driscoll, RN Jean Alves, MD

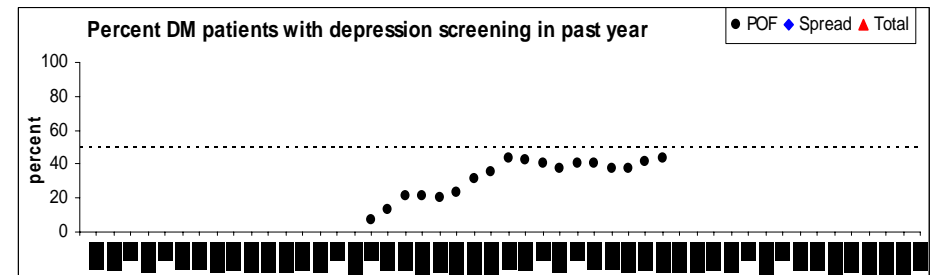
Rose O'Brien, RN Riza Pereira, CRS Sylma Prevost, CRS

The Interventions

- Initial screening trials of the PHQ-9 were conducted by the LICSW during group medical visits and Self-Care classes
- In order to spread to all patients with diabetes, we revised the visit Assessment Form to include PHQ-2 (first 2 questions of PHQ-9) for Practice Assistants to use at patient check-in
- LICSW conducted an educational session with Practice Assistants to give direction on how to approach asking questions. Providers were responsible for discussing results with patients.

The Results/Progress to Date.....

Depression screening rose to 43.2% by October 2007 in the initial point of focus group. While still slightly below the national goal, screening continues with the point of focus group, mainly during group medical visits. General screening of **all** patients during regularly scheduled appointments began in July 2007 and initial results (not reflected in this graph) of 58% increased further to 72% by the end of September. Positive findings from the point of focus patients indicated 30% were considered to have a depressive disorder with 10-15% having a diagnosis of a major depressive disorder.



Lessons Learned

- The concept or definition of "depression" was not understood by many patients from various cultures. This presented a challenge in explaining the questions, particularly about "hurting themselves" which for many patients, was unthinkable to even discuss.
- Time was a factor and resulted in our switch to the PHQ-2 for the general screenings done by flow staff.
- Referral process was set up for positive responses which increased case loads of Mental Health staff.

Next Steps/What Should Happen Next

Patients will continue to be screened with PHQ-2 during regularly scheduled appointments. The goal is to screen patients on a yearly basis.



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