

Derail Depression: Assessing the Effectiveness of a Continuing Education Quality Improvement Program

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4. University of Kentucky College of Medicine
5. RealCME

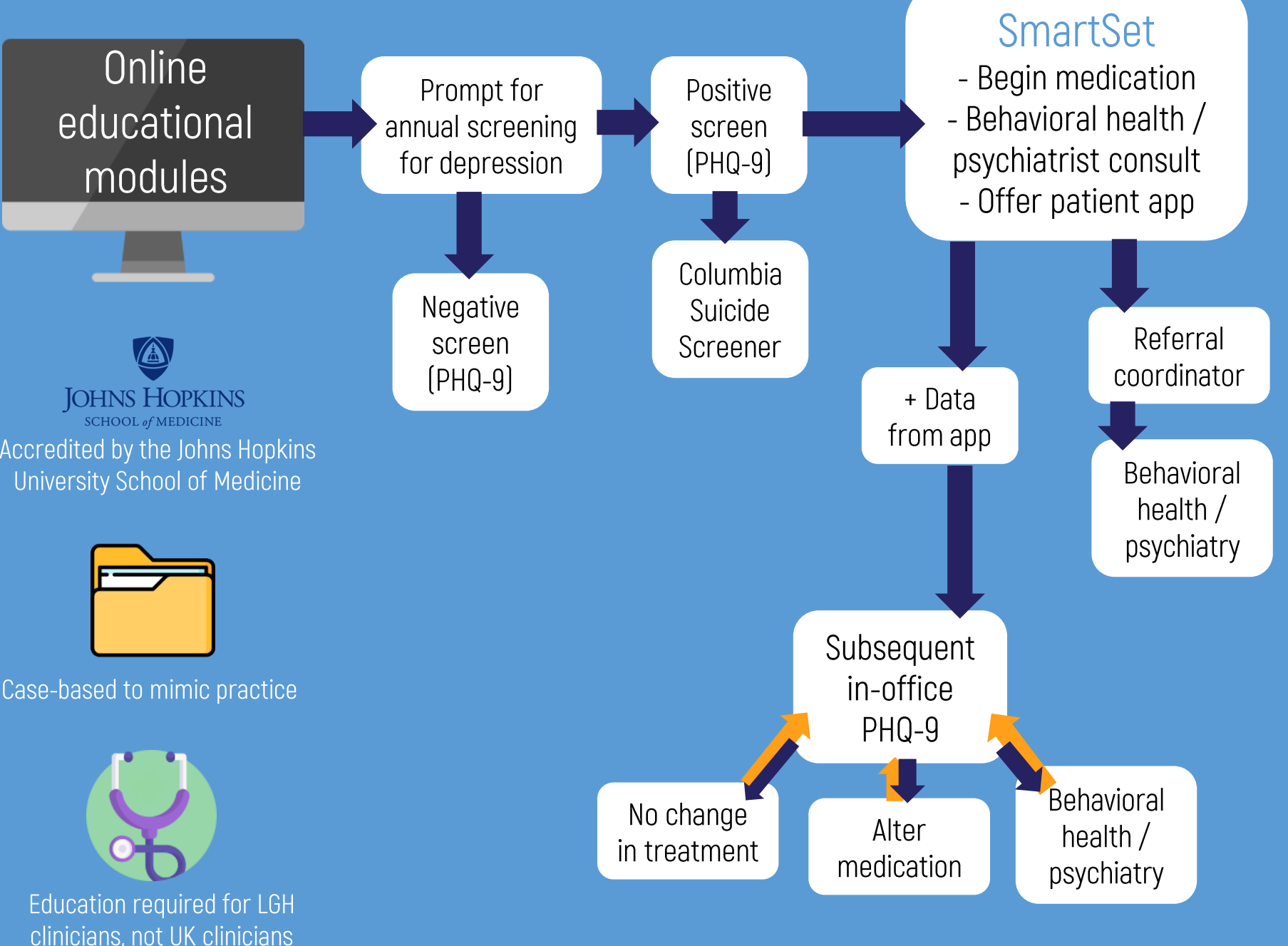
Introduction and Purpose

Nearly 15 million adults in the US have experienced one or more major depressive disorder (MDD) events in the past year; primary care clinicians are the first line for initial diagnosis and management. To encourage increased MDD screening and improve measurement-based patient care, we established a quality improvement (QI) program at 42 practices at Penn Medicine Lancaster General Health (LGH) and University of Kentucky College of Medicine (UK).

Learning Objectives

- Identify patients whose MDD is not diagnosed or whose MDD is not being adequately treated in the primary care setting.
- Create a comprehensive plan to work with patients in managing their MDD.
- Evaluate specific patient cases to determine when psychiatry consult is necessary.
- Design a collaborative plan to work with specialists in treating patients with complicated or difficult-to-treat MDD.
- Describe the importance of including measurement tools in treating patients with MDD.
- Integrate measurement-based tools available in the EHR into the treatment of patients with MDD.

Intervention Design

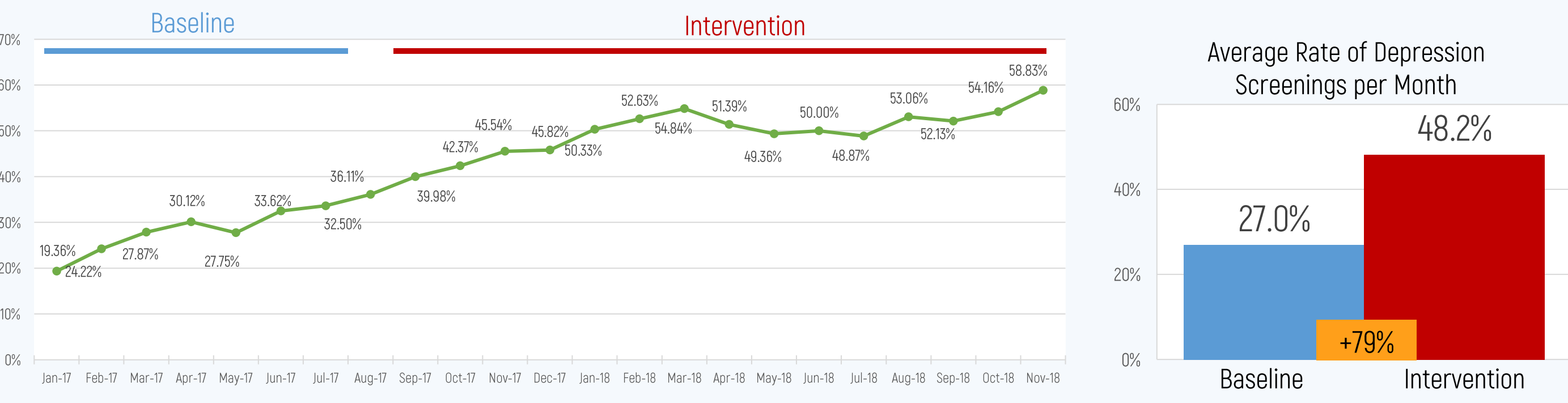


Results: Penn Medicine Lancaster General Health

- 296 LGH learners, 4,994 non-LGH learners
- 42% primary care, 15% psychiatry
- Per learner average of 18 patients with MDD seen per month
- Impact of education on nearly 100,000 patients with MDD per month

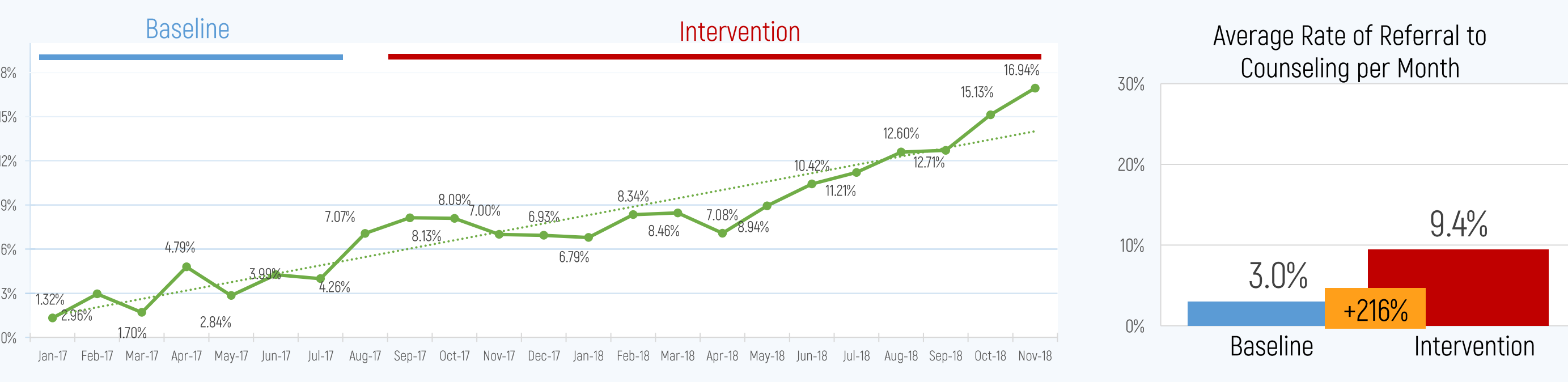
Initial Depression Screening Rates

The initial monthly depression screening rate increased from 27% to over 48% by the end of the intervention period, an increase of 79%.



Referral to Counseling Rates

The rate of referral to counseling by learners was 3% at baseline but increased by 216% to 9.4% in the intervention phase. N = 16,238

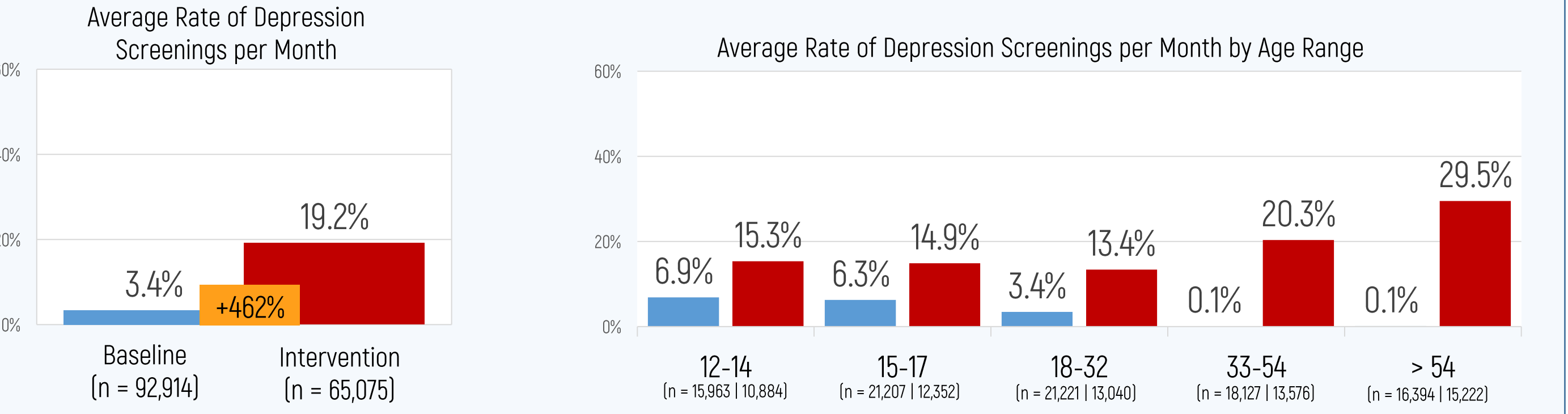


Results: University of Kentucky College of Medicine

- 112 UK learners, 2,778 non-UK learners
- 26% primary care, 32% psychiatry
- Per learner average of 14 patients with MDD seen per month
- Impact of education on over 40,000 patients with MDD per month

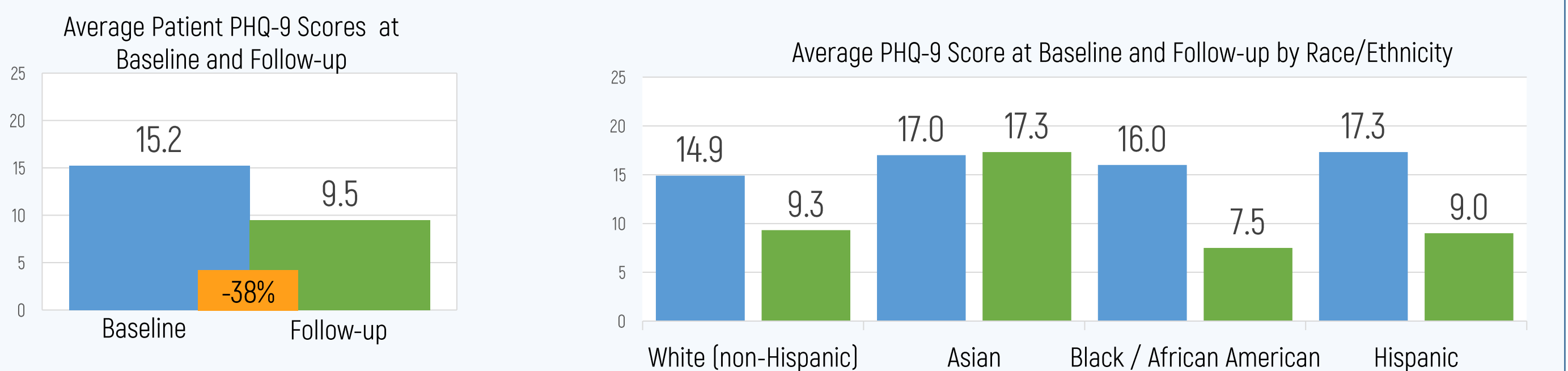
Initial Depression Screening Rates

The initial monthly depression screening rate increased from 3% to 19.2% by the end of the intervention period, an increase of 462%. Increases in screening rates were seen across all patient age categories for whom screening is consistent with guideline recommendations (12 years+).



PHQ-9 Scores

Overall, PHQ-9 scores decreased significantly among patients with MDD from an average of 15.2 at baseline to 9.5 at follow-up, a 38% decrease. This effect was most pronounced in Black / African American patients. N = 80



Conclusions and Next Steps

- The combined online educational initiatives with in-practice QI had a significant effect on improving screening in primary care, increasing referrals to counseling, and reducing MDD severity based on PHQ-9 scores.
- These initiatives had positive effects across age groups and follow-up studies suggest they may be impactful in patients subject to health care inequities.
- Initiatives using quality improvement methodology and tools should be implemented in other institutions to further increase rates of depression screening and positively impact patients with MDD.

ACKNOWLEDGEMENTS AND DISCLOSURES:

These educational and quality improvement initiatives were supported by an independent educational grant from Otsuka America Pharmaceuticals, Inc., Takeda Pharmaceuticals U.S.A., Inc., and Lundbeck.

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