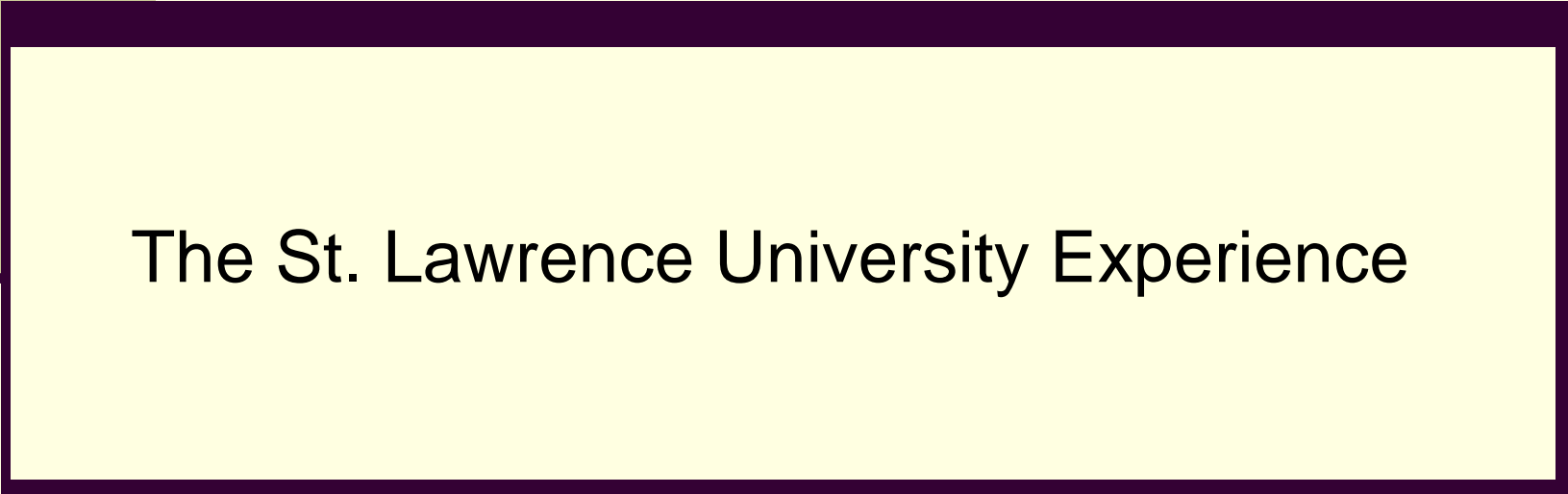




# Primary Care Screening, Structured Diagnosis, & Treatment Planning



The St. Lawrence University Experience

# Baseline Implementation Challenges

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- Paper-based charting system
- Small staff with a large number of part time employees in primary care service
- Very busy clinic schedule with little time for additional materials to be covered during visits
- Few community resources to assist in follow up

# SLU Health and Counseling Center

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- Health Service Staff:
  - Nurse Practitioners: 1.6 FTE
  - Physician: .2 FTE
  - Registered Nurses: 1.2 FTE
  - Secretary: 1 FTE
- Counseling Service Staff
  - Counselors: 3 FTE
  - Secretary: 1 FTE
- Center Director: 1 FTE

# SLU Health and Counseling Center (continued)

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- SLU student population: 2150 students
- Health and Counseling Services are located in a newly combined Health and Counseling Center
- Health Service last year
  - 4926 Clinic visits last academic year
  - 1610 unique students treated in Primary Care during last academic year
  - Greater than 80% of the student population is seen in the health service each academic year
- Counseling Service
  - 1414 student appointments last academic year
  - 319 unique students seen

# Implementation Process

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- Introduced of the depression project and key aspects to entire staff
- Discussed concerns and hurdles voiced by primary care and counseling services
- Developed procedure and target schedule for implementation with practice champions and key staff members
- Piloted process with practice champions in primary care and counseling services

# Implementation Process (continued)

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- Refined process with practice champions
- Introduce process to entire staff after another staff meeting
- Refined process again with entire staff
- Made the depression project a standing agenda item at weekly meetings
- Held weekly joint meeting to review mutual cases and exchange information between primary care services and counseling

# Primary Screening Process

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- PHQ-2 questionnaire is to be completed during the nursing screening in the exam room
- When handing the PHQ-2 to the student staff member states: “This short questionnaire will help your health care team improve your treatment plan and take better care of you.”
- If the PHQ-2 is negative, the result is noted on the flow sheet and the form is left on the chart
- If positive, PHQ-9 is given to student prior to nurse leaving the room so it will be completed when the practitioner arrives

# Primary Care Screening Process (continued)

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- PHQ 9: score is documented on flow sheet prior to filing
- PHQ-2 and 9's are collected and placed in a specified location at the nurses station
- Borderline PHQ 9's are placed in a follow up folder for practitioners to follow up in 2 weeks.



# Counseling Service Implementation Process

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- Depression project introduced and explained to counseling staff
- Counseling practice champion tested the process of using PHQ 9 as part of the intake and assessment process for students
- Results were reviewed by counseling staff and implementation team
- Process refined and re-implemented with the practice champion
- Process reviewed with full counseling staff and implemented with other counselors.

# Primary Care Screening Results

<b>Primary Care Screening</b>	<b>October '06 Results</b>	<b>November '06 Results</b>	<b>March '07 Results</b>
<b>Number of negative PHQ-2's obtained</b>	<b>99</b>	<b>153</b>	<b>143</b>
<b>Number of positive PHQ-2 obtained</b>	<b>31</b>	<b>30</b>	<b>15</b>
<b>Number of positive PHQ-9's</b>	<b>5</b>	<b>10</b>	<b>1</b>
<b>Total number of individuals screened</b>	<b>132</b>	<b>185</b>	<b>153</b>
<b>Monthly Rate of Depression Screening in Primary Care</b>	<b>74%</b>	<b>86%</b>	<b>95%</b>

# Initiation of Treatment in Primary Care

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- Positive PHQ-9: Practitioner has a conversation with the student to determine the need for mental health referral
- If PHQ score is >20/3-4: immediate referral to counseling service for evaluation
- Practitioner has a conversation with the counselor explaining findings and concerns
- Copy of PHQ-9 and notes given to counselor
- Follow up meeting between counselor and practitioner to discuss treatment plan

# Counselor Referral to PCS

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- Counselor recognizes need for medication evaluation
- Counselor has a conversation with primary care practitioner
- PHQ-9 and referral form given to practitioner
- Primary care practitioner evaluates student for antidepressant therapy
- Counselor and practitioner have a follow up meeting to discuss treatment plan

# Model for Improvement in Process

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- Used the “PDSA” cycle process to develop, test, and implement change.
- **Plan:** Who, what, when, where?
- **Do:** Carry out the change or test; collect data
- **Study:** Analysis of data, compare to predictions and summarize learning
- **Act:** Are we ready to make a change

Source: Associates in Process Improvement; The Improvement Guide-  
Jossey Bass 1996

# Major Change from PDSA Process

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- Purpose of test was to include entire PCC staff in the PHQ-2/9 process
- Director introduced concept and tool to entire staff
- Team tested process with PCC champion
- Process review with staff allowing time for process modifications
- Process implemented

# Results of PDSA Test

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- PHQ-2/9 used with entire PCC staff.
- There was significant confusion about where to put forms, what to do with a positive PHQ-2 and who would follow up on positive PHQ-2/9's
- These issues were discussed with team and entire staff.
- Process reviewed, modified
- The agreed upon process was posted for all staff to review and follow.

# Major Challenges Encountered During Change Process

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- Data management for screening and follow up
- Establishing a protocol for follow up of positive PHQ 9s
- Language and culture differences between primary care and counseling service
- Integration and standardization of process so it will continue and be part of clinic procedure
- Coordination of care and follow up with Counseling Service
- Difficulty tracking students during break



# Depression Screening Findings

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- Depression screening in primary care is an essential and integral part of what we do as primary care clinicians at SLU
- Significant “saves” during the screening process
- Low percentage of truly positive results that require immediate follow up
- Qualitative and quantitative improvement in student depression screening
- Increased knowledge of depression diagnosis and care