BACKGROUND

The Social Determinants of Health (SDOH) are a key element of care delivery and patient outcomes. Patients who live in communities with high levels of SDOH are more likely to have poorer health outcomes, regardless of their socioeconomic status. At the Duke University Family Medicine Residency Program, we utilize a data-driven approach to improve the quality of care provided to our patients. A key component of this approach is depression screening, which is a standardized module within our curriculum to identify patients at risk of depression and ensure they receive appropriate treatment.

CHANGES MADE (PDSA CYCLES)

POSA1
Discuss Depression screening during module meeting, including where module currently stands (39%) and expect on action that all providers and support staff should be reviewing pt charts prior to or during visit to see if pt requires a Depression screen based on guidelines and if it has been a year or more since their last annual screen at time of current visit. If the answers to these questions is yes, the provider/support staff will perform PHQ with patient during time of visit and address results accordingly.

POSA2
Building on POSA Cycle 1 and improvement in panel metric (41%), providers and staff will incorporate PHQ-2 scoring into standardized module workflow and providers will be educated on where to locate captured depression screening data in EHC.

POSA3
Building on POSA Cycle 2 and improvement in panel metric (45%), providers and staff will incorporate PHQ-2 scoring into standardized module workflow in which all pts without existing depression diagnosis will receive PHQ-2 screening by nursing prior to entering room and PHQ-2 score will be written on face sheet. All nursing staff were instructed of this expectation and the process was written and stored on module for reference. If score is negative, this will be documented in EHR and billed appropriately. If screen is positive, MD will f/u and nursing will still bill for screening.

POSA4
Building on POSA Cycle 3 and in panel metric improvement (45%), providers and staff will incorporate PHQ-2 screening into standardized module workflow in which all pts without existing depression diagnosis will receive PHQ-2 screening by nursing prior to entering room and PHQ-2 score will be written on face sheet. All nursing staff were instructed of this expectation and the process was written and stored on module for reference. If score is negative, this will be documented in EHR and billed appropriately. If screen is positive, MD will f/u and nursing will still bill for screening. It will take multiple POSA cycles for this change.

POSA5
Building on POSA Cycle 4 and in panel metric improvement (48%), providers and staff will incorporate PHQ-2 screening into standardized module workflow in which all pts without existing depression diagnosis will receive PHQ-2 screening by nursing prior to entering room and PHQ-2 score will be written on face sheet. All nursing staff were instructed of this expectation and the process was written and stored on module for reference. If score is negative, this will be documented in EHR and billed appropriately. If screen is positive, MD will f/u and nursing will still bill for screening. It will take multiple POSA cycles for this change.

POSA6
Ad hoc meeting cancelled this month due to Hurricane Florence. No new activity to report this POSA cycle.

POSA7
Building on POSA Cycle 5 and in panel metric improvement (53%), providers and staff will incorporate PHQ-2 screening into standardized module workflow in which all pts without existing depression diagnosis will receive PHQ-2 screening by nursing prior to entering room and PHQ-2 score will be written on face sheet. All nursing staff were instructed of this expectation and the process was written and stored on module for reference. If score is negative, this will be documented in EHR and billed appropriately. If screen is positive, MD will f/u and nursing will still bill for screening. Additionally, all providers were shown how to create a CPT button in EHR for ease of dropping charge and capturing data, and all providers were encouraged to create this button in their own EHR workspace.

PROJECT AIM

We will incorporate formalized QI/Process improvement curriculum into already scheduled regular monthly resident didactic time and provide a structured, module specific environment for real world application of these principles; thus creating a culture of inquiry to foster resident-physician led, multidisciplinary and interprofessional QI projects to improve patient health as evidenced by a module specific Quality 2018-2019.