USING PATIENT-REPORTED OUTCOMES MEASURES IN A PRIMARY CARE DEPRESSION SCREENING PROGRAM

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SUMMARY

UCLA Health has been using electronic PHQ-9, integrated directly into the health system's electronic health record (EHR), to screen for depression in its primary care practices since October 2018. Initially, the project's sole aim was to improve depression screening rates. The program has evolved into more comprehensive behavioral health screening that includes depression, anxiety, alcohol use, and drug use screenings. At the time of the interview, around 35 of the 60 primary care clinics were at some stage of PROMs implementation.

"There is a difference between an in-person interview and a patient answering questions about their health in privacy without fear of judgement. PROMS gives the patient the privacy and opportunity to truly reflect on the things that matter most to them."

The project is led by Dr. Jessica Jeffrey and Dr. Clara Lin. They aim to understand the patients' point of view on what they are experiencing, how they rate their symptoms, and to systematically quantify possible feelings of depression. Patients are also engaged in a clinical interview which allows the physician and healthcare team to establish a diagnosis of depression if appropriate and create optimal treatment recommendations for each patient.

The PROMs collection tool is utilized by primary care providers to help them diagnose and track a patient's depressive symptoms on a validated scale, and educate patients about depression, its symptoms and its impact on each individual. It has given patients a sense of control and progress tracking that has increased patient engagement.

In the second year of the universal depression screening program using this tool, UCLA Health primary care achieved a four-fold increase in depression screening by: 1) building customized and integrated information technology tools, 2) implementing robust operational workflows for screening, 3) increasing physician and staff awareness through both online and in-person trainings at the clinics, and 4) ensuring that incentives are aligned for scalability.

GOVERNANCE

A small work group comprised of Dr. Lin, Dr. Jeffrey and a few others oversees the program and decision-making. They seek guidance from steering groups and leadership within UCLA Health

and the UCLA Department of Psychiatry and Biobehavioral Sciences. For example, they consult and coordinate with the Primary Care Committee to implement changes to the program in the primary care setting.

MEASURES USED

In general, primary care patients are screened annually with the PHQ-2, and those who score positive on the screener are asked to complete the PHQ-9. UCLA then continues to administer the PHQ-9 to all positive patients (or those with an established diagnosis of major depressive disorder) every three months, until they achieve remission (score less than 5).

PROCESS

Initially, questionnaires were collected via paper survey instruments but have since become electronic. The UCLA Division of Population Behavioral Health developed a cloud-based platform, the Behavioral Health Checkup, that is integrated with their EHR. This integration allows multiple clinical settings to use the tool across the UCLA healthcare system. Patients may complete the questionnaires on their own device during their visit or utilize the clinic equipment following proper infection-control guidelines. All patients are screened with a yearly depression screening, PHQ-2, verbally. If positive, they are given the PHQ-9, which provides the primary care physician guidance for management. Patients being treated for depression are reassessed using the PHQ-9 every three months until they are considered in remission.

Since COVID-19, UCLA has been looking for ways to adapt the process for telemedicine visits. Due to the potential risk of the questionnaire revealing patients in immediate need of help, some questions could not be asked outside of the clinical setting. Therefore, rather than patients completing the questionnaires far in advance, questionnaires are filled out during or immediately prior to the appointment.

CHALLENGES AND BARRIERS

- COVID and the size of the healthcare system
- Workflow challenges for patients who are higher risk
- Workflow challenges for telehealth appointments

STRATEGIES FOR SUCCESS

BUY-IN OF PRIMARY CARE PHYSICIANS: Leadership buy-in is essential for PROMs implementation, beginning with agreement to permit the questionnaire to be used in the workflow. Once achieved, the implementation leaders can begin building the technology. Clinical and operational leadership at all levels, from medical assistants to clinic managers, were consulted in the design and roll-out of the workflow. Developing a workflow and deploying the relevant technology that will work for every clinic is vital to bringing more primary care offices on board.

> ***"Successful PROMs projects earn buy-in early from leadership. Get leadership bought into the process, it will help accelerate implementation."***

DEVELOP A STRONG INTERDISCIPLINARY TEAM: Implementation of PROMs requires buy-in and support from multiple stakeholders. It is important to understand how implementing PROMs affects all departments, workflows, and operations within the healthcare system. Developing a strong interdisciplinary implementation team helps provide the perspective and considerations needed for all relevant departments and is necessary for scaling the effort in a large health system.

THE FINAL WORD

In its two years of implementation, UCLA has achieved widespread adoption of PROMs, which has resulted in better patient outcomes and experiences. Despite some setbacks caused by COVID-19, the program found a way to thrive due to the buy-in and commitment from multiple departments. The PHQ-2 and PHQ-9 program for managing depression has also built a foundation for broader behavioral health assessments addressing anxiety and substance use.