

**HEALTH AND HOSPITALS CORPORATION
DEPRESSION ANALYSIS #1**

I. Query your IS to identify 5 patients (with PHQ scores to support the diagnosis of depression) started on treatment for depression between April and June 2005.

	Did the pt have a f/u visit or call within 1-3 weeks of starting treatment?	Did the pt have a repeat PHQ within 4-8 weeks of starting treatment?	Did the pt have a self-management plan in the last six months?	Was there a clinically sig improvement (5 pt drop in PHQ) within 3 months? If not, any ideas why?	Was there a response (50% drop in PHQ) within 6 months? If not, any ideas why?
Patient #1 RS 1896539 initial PHQ9=15	Yes_X_ No___ Comments:	Yes_X No___ Comments:	Yes__X_ No___ Comments:	Yes_X__ No___ Comments: PHQ9=10	Yes___ No__X_ Comments: Patient followed closely by psych, PHQ9 was not repeated in last 6 months, but multiple notes report that depression fully treated and mood good
Patient #2 RA 1833910 PHQ9=15	Yes_X_ No___ Comments: Phone call contact. Pt agreed to see therapist	Yes_X No___ Comments: PHQ9=2	Yes_X_ No___ Comments:	Yes_X_ No___ Comments: PHQ9=2	Yes_X_ No___ Comments: PHQ9=2 Patient very excited about her pregnancy
Patient #3 GC 1575544 PHQ9=11 SMG set	Yes___ No__X_ Comments: <i>Phone not in service</i>	Yes___No_X_ Comments: Pt missed followup visit , Returned to clinic @14wks PHQ9=15, has marital problems, Rxd Zoloft 50mg	Yes_X_ No___ Comments: Exercise and socialization discussed	Yes___ No_X_ Comments: Medication was not started until 3.5 months, since f/u was lost. Once medication was begun and phone contact info corrected pt had beter followup. Repeat PHQ9 at 4.5 months =5	Yes_X_ No___ Comments: PHQ9=2
Patient #4 LN 1593787 PHQ9=10 Recurrent episode of depression -SMG setting and followup plan	Yes__ No_X_ Comments: Phone contact at 3.5 weeks. Pt continues to feel bad, agrees to start lexapro	Yes_X No___ Comments: PHQ9=10 at 4 weeks Lexapro started PHQ9=5 at 8 weeks	Yes_X_ No___ Comments: Keep active with grandchildren	Yes_X_ No___ Comments: PHQ9=5	Yes_X_ No__X_ Comments: PHQ9=2 at 5 months, Continued lexapro PHQ9=9 at 8 months Stressful situation at home.

Patient #5 WC 1327410 PHQ9=27 Started Zoloft, SMG discussed Psych appts made	Yes_X__ No____ Comments: Multiple phone attempts made until we were able to contact patient. Moving between different family members homes Non compliant with meds, psych appt and other medical appts	Yes_X__ No____ Comments: PHQ9=27 at 3wks, 5wks 8wks	Yes_X__ No____ Comments: Eat meals with family instead of in your room alone Keep appointments	Yes____ No__X_ Comments: Pt non compliant with treatment plan. Too depressed to follow up with anything. A1c =15, lots of complications from medical co morbidities	Yes____ No__X_ Comments: Unsuccessful attempts to treat depression utilizing maximum resources as outpatient for >2 years due to patient non compliance. Finally admitted patient to psych inpatient service where depression aggressively treated with medications and group therapy PHQ9=7, A1c =7.3
Summary Percentag e...	____ 60 ____ %	____ 60 ____ %	____ 100 ____ %	____ 60 ____ %	____ 40 ____ %

II. What key problems/barriers to improved depression care emerge from these chart reviews?

Accurate patient contact information is key.

Non compliance with treatment plan is a challenge.

Contacting patients before 3 weeks is difficult in my population

Difficult to repeat PHQ9 at 4-8 weeks if provider has no available appointments. (appointment cycle usually q 3 months)

Depression is cyclical. Patients who may have been in remission often relapse.

III. Describe at least one PDSA cycle you plan to conduct aimed at overcoming the barriers/problems identified above.

P: Ask patients for correct contact information when provider completes PHQ9. Add contact information line on PHQ9 form

D: We will reformat the PHQ9 form and add a line for correct contact information. Providers will ask patients who score>10 for their contact phone number during the visit once they have completed the PHQ9.

S: Over the next month we will determine whether there is an increase in the percentage of patients we are able to successfully contact by phone at the 1-3 week point

A: If successful we will encourage all providers to confirm the patient contact information on patients who score >10 on the pHQ9.

**HEALTH AND HOSPITALS CORPORATION
DEPRESSION ANALYSIS #1**

I. Query your IS (or other data source) to identify 4 patients (with PHQ scores of 10 or greater) started on treatment for depression (preferably between April and June 2005).

	Did the pt have a f/u visit or call within 1-3 weeks of starting treatment?	Did the pt have a repeat PHQ within 4-8 weeks of starting treatment?	Did the pt have a self-management plan in the last six months?	Was there a clinically significant improvement (5 pt drop in PHQ) within 3 months? If not, any ideas why?	Was there a response (50% drop in PHQ) within 6 months? If not, any ideas why?
Patient #1 Baseline PHQ 17 77 yr M with DM wife died 1 yr ago	Yes <u>X</u> No ___ Comments: 9/15 10/13 Zoloft 50mg	Yes <u>X</u> No ___ Repeat PHQ <u>4</u> Comments: 10/13	Yes ___ No <u>X</u> Describe plan/comments:	Yes <u>X</u> No ___ Last PHQ within 3 months of NE PHQ <u>4</u> Comments: 12/8/05	Yes <u>X</u> No ___ Last PHQ within 6 months of NE PHQ Comments: Zoloft 75mg
Patient #2 Baseline PHQ 14 ___ 7/20/05 82 yr M with CAD HTN ↑ lipids S/P T/A	Yes ___ No ___ Comments: 7/21/05 NP 9/8 10/6 1/19	Yes <u>X</u> No ___ Repeat PHQ <u>4</u> Comments:	Yes ___ No <u>X</u> Describe plan/comments:	Yes ___ No ___ Last PHQ within 3 months of NE PHQ <u>0</u> Comments: 10/6 PHQ9 helped by son	Yes ___ No <u>X</u> Last PHQ within 6 months of NE PHQ <u>12</u> Comments: 1/19/06 2% ft 100mg ↑
Patient #3 Baseline PHQ 15 ___ 11/3/05 67 yr F HTN sciabica Chr Hep C	Yes ___ No <u>X</u> Comments: 4 weeks 12/8	Yes <u>X</u> No ___ Repeat PHQ <u>7</u> Comments:	Yes ___ No <u>X</u> Describe plan/comments:	Yes <u>X</u> No ___ Last PHQ within 3 months of NE PHQ <u>9</u> Comments: 2/9/06	Yes ___ No <u>X</u> Last PHQ within 6 months of NE PHQ Comments: Increase dose Zoloft 100mg
Patient #4 Baseline PHQ 14 ___ 5/17/05 69 F HTN ↑ lipids PAO S/P Start	Yes ___ No <u>X</u> Comments: 5 weeks	Yes ___ No <u>X</u> Repeat PHQ <u>24</u> Comments: 3+months non-compliant with meds Financial problems	Yes ___ No <u>X</u> Describe plan/comments:	Yes ___ No <u>X</u> Last PHQ within 3 months of NE PHQ <u>24</u> Comments: 9/24/05 Son's ETOH abuse Pt. refuses	Yes <u>X</u> No ___ Last PHQ within 6 months of NE PHQ <u>9</u> Comments: 12/29/05 Social Service consult/follow-up Psych appt. Zoloft 100mg
Summary Percentage	<u>50</u> %	<u>75</u> %	<u>0</u> %	<u>75</u> %	<u>50</u> %

II. What key problems/barriers to improved depression care emerge from these chart reviews?

- Need to start with self-management plan for all patients
- PHQ9 should be done by patient not family member
- Need to schedule follow-up appointment with NP in 1-3 weeks instead of 4 weeks
- Address social issues – need social work involvement

III. Describe at least one PDSA cycle you plan to conduct aimed at overcoming the barriers/problems identified above.

1. Schedule all new patients with diagnosis of depression PHQ9 score > 10 to see NP in 1-3 weeks
2. Call all no show patients check for 1) compliance 2) ADR's 3) Barriers to keeping appointment 4) # of new patients getting self-management plan.
3. Follow-up PHQ9 to be done in 4 weeks.