

# PHQ-9 Utilization in the Primary Care Setting

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## BACKGROUND

- Depression is a common and treatable medical condition seen by primary care clinicians.
- The U.S. Preventive Services Task Force (USPSTF) recommends screening for major depressive disorder (MDD) in adolescents aged 12 to 18 years and all adults, including pregnant persons, postpartum mothers, elderly adults.
- The Patient Health Questionnaire-9 (PHQ-9) is a tool used for assessment, diagnosis and monitoring of depression.
- When the self-administered PHQ-2 is positive, the PHQ-9 is administered to evaluate depression in more detail.
- Currently at our continuity clinics, PHQ-2 questionnaires are administered to new patients only as part of a previous quality improvement project to improve screening for depression in our clinic. While PHQ-2 and PHQ-9 are being administered to our patients, the results are not input properly into our electronic medical records (eCW). PHQ-9 utilization and tracking was an area of quality improvement (QI) in our clinics.

## OBJECTIVE

The aim of this project was to assess appropriate utilization of the PHQ-9 in our clinics.

## METHODS

Quality metric (QM) 371 is calculated as follows:

- Numerator: All patients age 12 and older that have completed the PHQ-9 at least once within the 4-month period.
- Denominator: All patients 12 years and older with a diagnosis of MDD within the eligible 4-month period

### PDSA-1

- Sept 1, 2022: Gave an educational presentation to residents regarding depression, the importance of screening (PHQ2/PHQ9) and how to properly document the results in eCW for data tracking using the smart form.
- Tracked data monthly – September and October

### PDSA-2

- Nov 9, 2022: Queried the data
- Authors monitored manually their PHQ-9 utilization and appropriate documentation during the collecting period
- A value of 0% prompted further investigation.

### PDSA-3

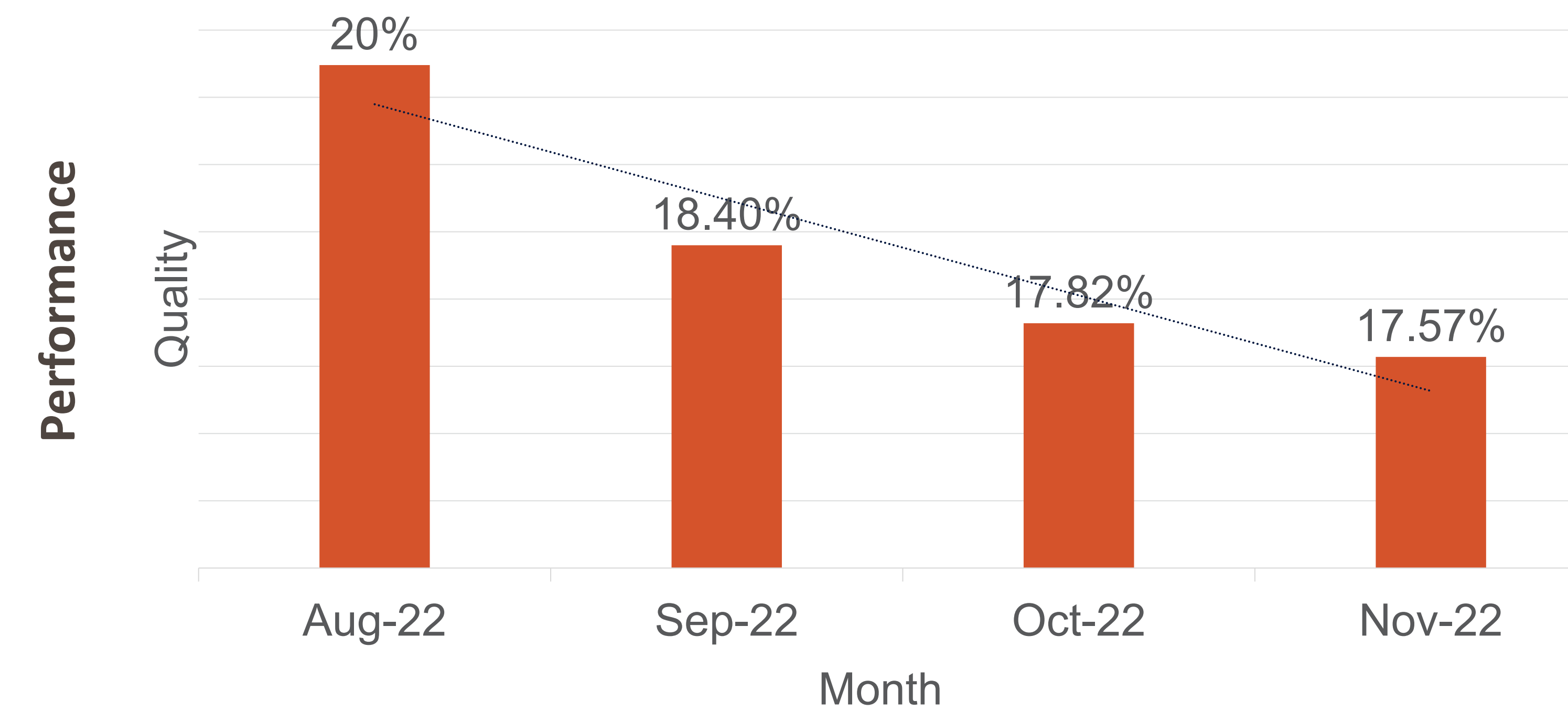
- Discussion with Division Director of Quality Initiative for further review.
- Discovered that CMS discontinued QM 371, explaining the 0% values.
- The quality team provided the data that would have been displayed by QM371.

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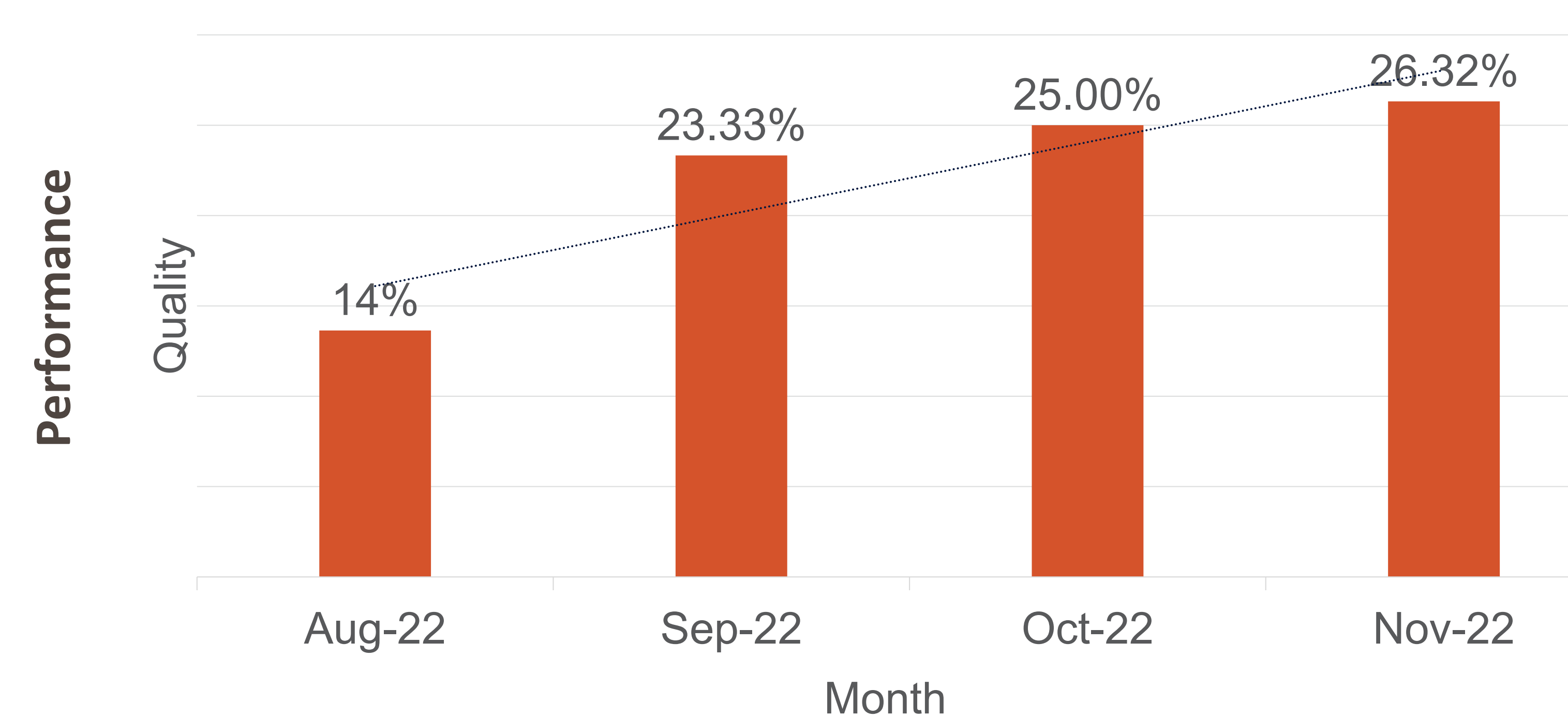
## RESULTS

At the time of this QI project's inception, QM 371 was reporting at 0%.

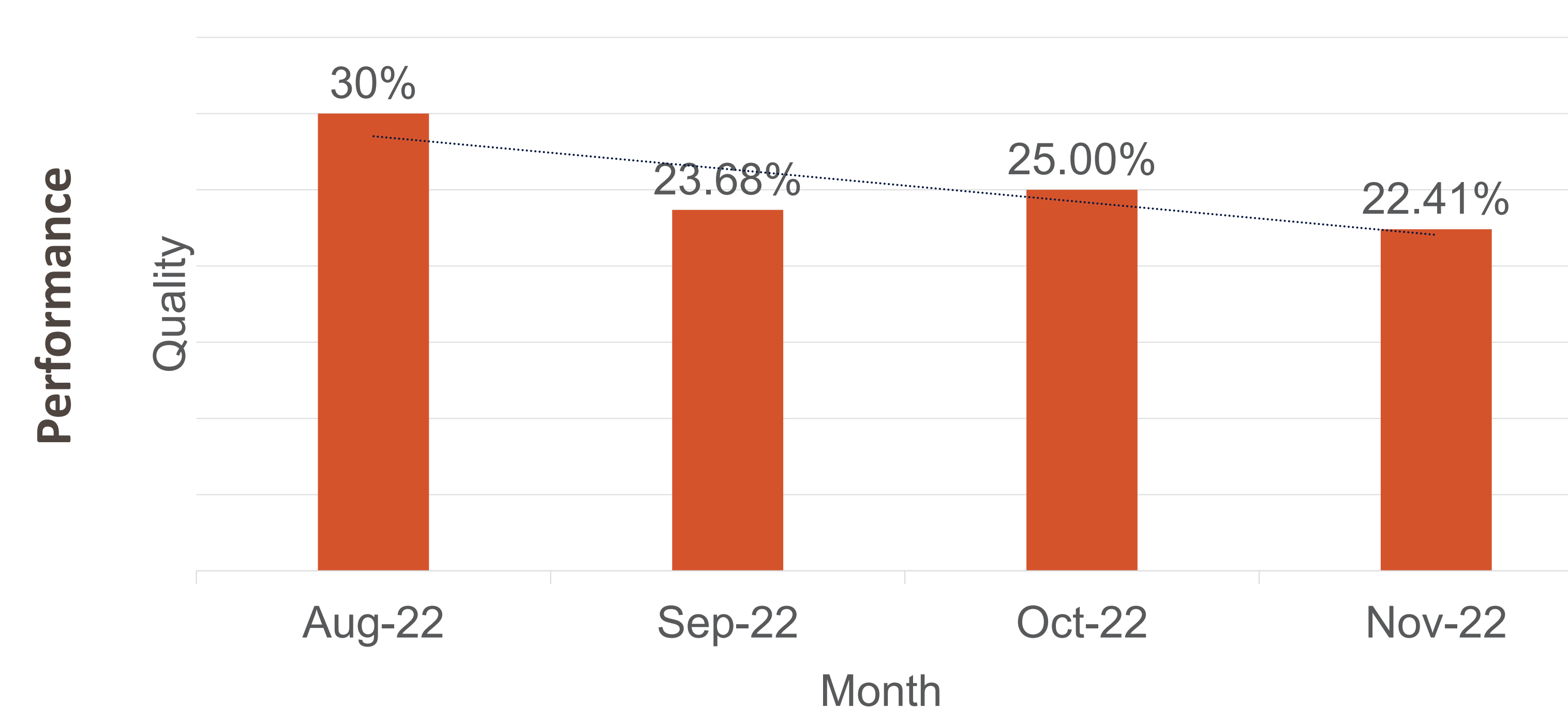
Quality Performance month to month for Grand Prairie



Quality Performance month to month for North Hills



Quality Performance month to month for Denton



## DISCUSSION

- This QI project was designed to ensure USPSTF guidelines were being followed to appropriately screen for depression in the clinic. Utilization of the PHQ-9 smart form was not being appropriately documented or tracked in clinic; thus, this project was important to make sure we are and can continue to provide the best care to patients.
- Two issues were identified through this analysis:
  - Physicians were not entering the results of PHQ-9 properly into eCW
  - QM371 was discontinued while this continued to remain a measurable metric at our clinics
- Our educational intervention, described in PDSA-1, was unsuccessful in improving documentation of the PHQ-9, as shown by declining usage of PHQ-9 in 2 out of 3 of our clinics during the review period.
- Currently, Centers for Medicare and Medicaid Services (CMS) is using QM134 for screening of depression. QM134 tracks administered depression screening tools in patients 12 and older, AND if positive, a treatment plan must be documented. QM134 is similar to QM371, but it has a wider scope, as it triggers with any of the various depression screening tools, and it requires a treatment plan to be enacted. Our clinic does track QM134.
- We will continue to track PHQ-9 utilization with the internal data collection process in the interim by working with our Division of Quality Initiatives to optimize our patient care related to assessment, diagnosis and monitoring of depression.
- Future QI projects can attempt to optimize depression screening in clinic by delivering more presentations during didactics, reminding residents to use smart forms during clinic huddles, and exploring how PHQ-9 is utilized in patients with established MDD. Additionally, future PDSA cycles can focus their interventions on QM134.

## CONCLUSION

- It was discovered that QM 371 was discontinued by CMS. Our QI project identified a major gap between our clinical practice and the clinical informatics that were being reported.
- The awareness of this gap has created an opportunity within our organization to determine a new way to measure and track the quality of care we provide to patients in accordance with USPSTF guidelines.
- A future addition to this project would be to track PHQ-9 utilization in subsequent encounters for patients with MDD using QM134.

## REFERENCES

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