

Simplifying Depression & Anxiety Screening for Patients ≥ 12 at a Family Medicine Clinic

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Introduction: Depression and anxiety are widely prevalent in the US, with more than 1 in 3 US adults reporting symptoms of these conditions. As such, the USPSTF recently issued Grade B recommendations for the routine screening of depression and anxiety in all adults, which is most common done with the Patient Health Questionnaire-9 (PHQ9) and Generalized Anxiety Disorder-7 (GAD7) validated screening tools for patients ≥ 12 .

Problem to Address: Though the McLaren Greater Lansing Family Medicine Clinic (MGL FMC) uses the PHQ9 and GAD7 forms, we found our patients were not routinely completing them. Prior to our QI project, MAs would verbally screen patients when rooming them with the PHQ2, the first two questions of the PHQ9. If positive, the patients were given the PHQ9 and GAD7 forms separately, which were reviewed by the provider who would enter the results into the EMR. However, in a spot review, only 20% of patients with +PHQ2s had a documented PHQ9 result in the EMR. To address this, our QI project's primary aim was to increase our clinic's depression and anxiety screening rate, with a S.M.A.R.T. goal of screening $\geq 50\%$ patients ≥ 12 for depression and anxiety over 1 week, with a secondary aim of simplifying the screening process altogether.

Methods & Results: In the "PLAN" stage of our project, we identified barriers to the forms' completion—how the two forms added to the form burden shared by patients, staff, and providers; we addressed this by combining the PHQ9 and GAD7 onto one page with a corresponding electronic form to document the result in the EMR. During the "DO," phase of the project, we implemented the new process, which entailed our reception team providing the combined form to all patients ≥ 12 at check-in for 1 week. In the "STUDY" phase of the project, we analyzed our results and found we had screened 81% of patients ≥ 12 for depression and anxiety over 1 week using the new form, exceeding our S.M.A.R.T. goal. We also collected feedback from the staff and physicians on the new process: the main positive feedback was that the combined form was less burdensome to administer and interpret than the two separate forms, and the main construction criticism was that providing the form to every patient ≥ 12 at every visit distracted from other health concerns needing to be addressed. In the "ACT" phase of the project, we adjusted our clinic's depression and anxiety screening process by continuing to have the MAs verbally screen our patients using the PHQ2, and if that positive, they now provide the combined PHQ9/GAD7 form instead of the two separate forms.

Discussion/Conclusions: Combining the PHQ9 and GAD7 onto one page to screen for anxiety and depression is less burdensome for the providers and staff to administer and interpret than two forms separately. Further research is needed on how depression and anxiety screening can be more equitable, how often it should be done, and how providers should best triage positive screens when other health concerns need to be addressed.