

# Depression Screening and Appropriate Follow-Up

## Impact of Depression in Rural Northern California

- One in twelve adults nationally report having depression, and one in nine women experience postpartum depression.<sup>1</sup> Depression is associated with higher risk of suicide and cardiovascular death.
- In rural Northern California, 21.2% of low-income adults and 29.2% of teens reported needing help with emotional/mental health problems.<sup>2</sup>
- Nearly two-thirds of California adults who report a major depressive episode (MDE) receive treatment but only a third of adolescents who experienced a MDE received treatment.<sup>3</sup> Low income individuals are less likely to pursue treatment due to socio-economic barriers.
- The Northern and Sierra region of California has the highest rate of suicide (21.1 per 100,000), twice that of the state average of 10.4.<sup>4</sup>
- Most people who attempt suicide make some type of healthcare visit in the weeks or months before the attempt.<sup>5</sup>

## How Health Centers Provide the Necessary Care

### *Clinical Interventions*

- Integrate appropriate screening tools for adolescents and adults, such as PHQ-2, PHQ-9, and PHQ-A, into the electronic health record along with templates for documentation and tracking of follow-up care;
- Screen women for depression at initial visit for prenatal care and at the 1-, 2-, 4- and 6-month well-child visits and beyond the postpartum period;
- Implement collaborative care models in which a clinician teamlet coordinates care with social workers and behavioral health specialists to assist with housing, food security, life skills and mental health supports;
- Utilize reminders and recall systems to monitor depression screening, follow-up plan, and depression status;
- Train clinicians and care team members regularly on current research about depression identification, suicide prevention, and evidence-based strategies.

### *Community Interventions*

- Collaborate with health system and community-based organizations on health awareness campaign to reduce stigma regarding depression and seeking mental health care;
- Participate in Mental Health Awareness Month annually in May.

<sup>1</sup> Brody, Debra J, Pratt, Laura A, Hughes, Jeffery. Prevalence of Depression Among Adults Aged 20 and Over: United States, 2013-2016. National Center for Health Statistics Data Brief No. 303. Feb 2018.

<sup>2</sup> California Health Interview Survey. CHIS 2017 & 2005 Adult Public Use File. Los Angeles, CA: UCLA Center for Health Policy Research, Apr 2020.

<sup>3</sup> California Healthcare Foundation. California Health Care Almanac. Mental Health in California: For Too Many, Care Not There. March 2018.

<sup>4</sup> Ibid

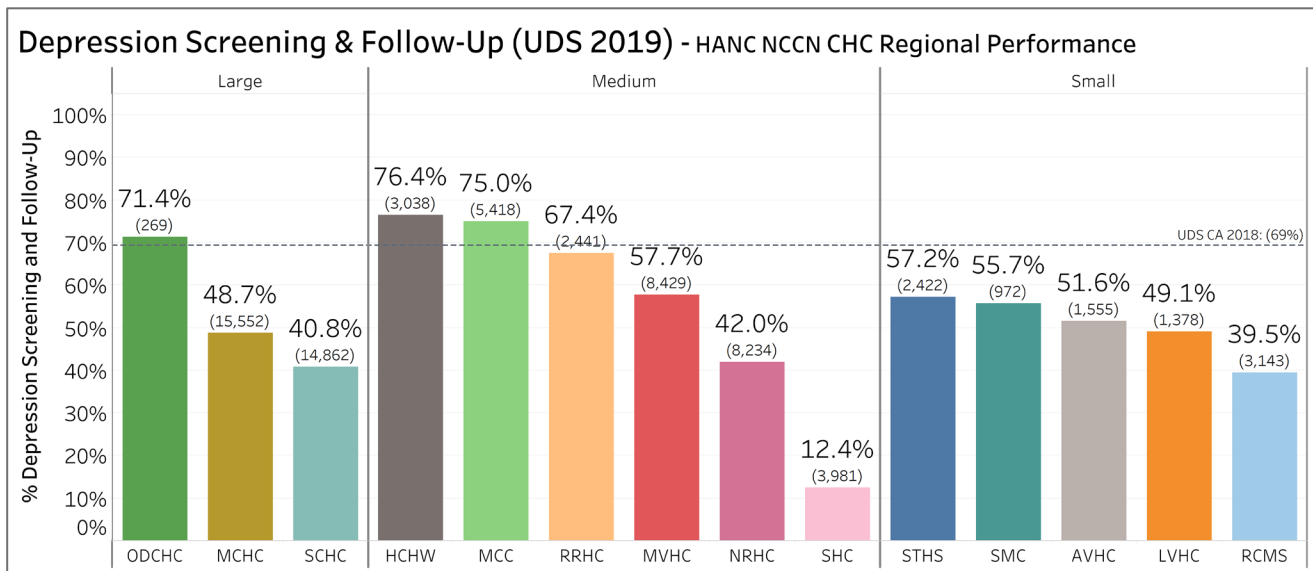
<sup>5</sup> Brian K. Ahmedani, Christine Stewart, Gregory E. Simon, Frances Lynch, et al. Racial/Ethnic Differences in Health Care Visits Made Before Suicide Attempt Across the United States. Medical Care, 2015; 53 (5): 430 DOI: 10.1097/MLR.0000000000000335

# Depression Screening and Appropriate Follow-Up

## Rural Northern California Health Center Data

### Key Points

- Electronic health records (EHRs) have integrated health maintenance alerts to support clinicians and care teams to conduct at least annual depression screening.
- However, not all EHRs have standardized documentation processes for capturing follow-up interventions, requiring many health centers to develop either manual or complex reporting mechanisms to track medication, service, or referrals related to screening results. As health centers in the region have developed automated reporting mechanisms, the region has seen increases in measure performance.



## Quality Measure Definitions (QIP)

The percentage of patients aged 12 years and older screened for depression on the date of the visit using an age-appropriate standardized depression screening tool **and** if positive, a follow-up plan is documented on the date of the positive screen.

- Screening paired with medication, lifestyle changes, and/or therapy has shown to be effective in adults: 25-30% are likely to achieve full remission and an additional 15-30% show a response to treatment over the course of 3–6 months.<sup>6</sup>

## National Quality Goals and Benchmarks

**UDS 2018 U.S. Average:** The average performance among health centers across the U.S. was 70.6%.

**UDS 2018 CA Average:** The average performance among health centers in California was 69.4%.

<sup>6</sup> Corey-Lisle PK, Nash R, Stang P, Swindle R. Response, partial response, and nonresponse in primary care treatment of depression. Arch Intern Med. 2004;164:1197-1204.