Setting Up Your Depression Screening Workflow

Collect Key Information

Assess needs and risks of the population

Considerations

- Identify prevalence of behavioral risks (e.g., substance use, PTSD, depression, child abuse)
- Identify prevalence of co-morbid chronic medical conditions (e.g., diabetes, fibromyalgia, chronic pain)
- Identify barriers to care (e.g., access to BH services)
- Identify community psychosocial stressors (e.g., high unemployment, lack of food or adequate housing)

Determine resource needs

Considerations

- Train existing staff
- Develop relationships with BH organizations
- EHR modifications
- Tracking and closing referral loops

Choose your screeners based on the needs of your population

The PHQ (2 and 9) for Depression
The PHQ 2 and 9 is a multipurpose instrument for screening, diagnosing, monitoring, and measuring the severity of depression.
There is also an adolescent version of the PHQ as well.

The Geriatric Depression Scale
The Geriatric Depression Scale is used to identify and monitor depression in the elderly.

Consider the staffing in your practice to fill in the following roles and responsibilities below:

- Provider
- RN
- Psychiatrist
- Behavioral Health Specialist
- Care Manager
- Pharmacist

- Front Desk
- Referral Specialist
- Nutritionist/Dietician
- Quality Improvement Specialis
- MA

Developing the Workflows to Support Your Screening

Task	Who is involved in the task?	How will the process happen (including communication methods)?	When does the task in the workflow occur?	Where will service occur (e.g., exam room, in the practice, community agency)?
Initiate Screening				
Identify which patients will benefit from screening				
Identify who is due for screening				
Explain purpose of screening to patient				
Complete initial screen				
Explain screening results to patient				

Task	Who is involved in the task?	How will the process happen (including communication methods)?	When does the task in the workflow occur?	Where will service occur (e.g., exam room, in the practice, community agency)?
Provide Treatment				
Assess behavioral health issues and diagnose conditions				
Determine treatment options and needs				
Educate patient about condition(s)				
Prescribe psychotropic medications				
Provide self-management support				
Provide brief intervention				
Documentation of visit				

Task	Who is involved in the task?	How will the process happen (including communication methods)?	When does the task in the workflow occur?	Where will service occur (e.g., exam room, in the practice, community agency)?
Post-Visit Follow-up				
Facilitate Referral to Traditional psychotherapy				
Facilitate referral to specialty care or social services				
Reassessment and follow-up care				
Treatment Tracking				
Reach out to patients who are disengaged				
Track patients' symptoms with measurement tool (e.g., PHQ-9)				
Track medication side effects and concerns				
Track outcome of referrals and other treatments				

Task	Who is involved in the task?	How will the process happen (including communication methods)?	When does the task in the workflow occur?	Where will service occur (e.g., exam room, in the practice, community agency)?
Additional Tasks				
Psychiatric consultation or assessment of patients with complex needs				
Communication among team members/providers (huddle, electronic communication)				
Administrative support for program (e.g., scheduling, resources)				
Clinical supervision for program				
Training of team members in basic behavioral health (Mental Health First AID)				

Example Practice Depression Screening

Front Desk

Give PHQ-2 to patient as part of intake packet to fill out in waiting room

Patient

Fill out PHQ

Medical Assistant

Review results. If PHQ-2 is positive, complete PHQ-9. Report findings to provider

Document in EHR

Provider

Review PHQ score

Discuss results with patient, ask clarifying questions to determine level of severity

Provide warm handoff to BH Specialist if depression is indicated *(see algorithm)*

Prescribe medication if indicated

Document action taken

BH Specialist

Provide further assessment and indicated brief intervention

Discuss plan for follow up or referral to higher level care

Follow up with team on outcome of visit and document action taken

Care Manager

Send any recommended referrals and add patient to depression registry for tracking

Add rescreening trigger in EHR

Reach out to patients that miss follow up appointments