



Project Request: Preventative Care & Screening for Depression

INTRODUCTION & OVERVIEW

REQUESTOR: JAMES RITTER

SPONSOR: CLINICAL SYSTEMS
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HCIN 600: POPULATION HEALTH
ANALYTICS

APRIL 13, 2024

Requesting Project Approval for:



1. Registry Creation

- Comprising eligible patients for depression screening
- Identifying patients in need of follow-up care



2. Clinical Decision Support Tools

- Alerting and reminding clinicians to screen eligible patients
- Assisting providers with depression assessment (PHQ-9)
- Facilitating scheduling for follow-up care



3. Staff Training

- Providing clinicians with necessary tools and information to administer PHQ-9 assessments

S.B.A.R

Situation: PCPs are the first line of defense in identifying and targeting depression

Assessment: Through screening for depression and recommending patients for follow-up care, PCPs can help catch depression in its earliest stages

Background: Depression has a high prevalence and high disease burden. Depression screening is not ubiquitous or standardized in primary care, where providers have the greatest access to a patient

Recommendation: Create a registry to identify patients eligible for depression screening, develop clinical decision support tools to assist providers in assessing patients for depression and coordinate follow-up care, and train staff on identifying mental health issues and administering assessments

Justification

Quality Measures	Quantify the proportion of patients, aged 12 or older, without a history of the disease, who have been screened for depression. If positive, coordinate follow-up care.
Rationale	Depression is highly prevalent and can be caught in its earliest stage through regular screenings with PCPs
Baseline Data	Capture the percentage of patients that have been screened for depression, in the year before the measurement period
Measure Target	Increase in depression screening to >90% of eligible patients screened during the measurement period

Intervention

The Who Denominator	Active patients who: <ul style="list-style-type: none">• >12 years old• No previous Depression or Bipolar Disorder diagnoses
The What Numerator	Eligible patients who: <ul style="list-style-type: none">• Received the PHQ-9 Depression Screening<ul style="list-style-type: none">• If Positive: recommended for follow-up care
The When Timing	Screenings must occur: <ul style="list-style-type: none">• At patient's visit during measurement period (or 14 days prior)• Follow-up care must be documented on the same day

Cost Analysis

- Treatment Costs
 - Severe depression is approximately \$16,000 - \$32,000 more expensive to treat annually, per patient, than subthreshold mild depression
 - Estimate 95± patients are at risk for depression: Possible saving of \$1.5 million - \$3 million

Assessment Rating	Therapy Costs (Monthly)	Medication Costs (Monthly)	Total Monthly Costs	Total Annual Costs	Cost Saved vs. Severe
Dysthymia*	\$200 - \$400	\$0	\$100 - \$200	\$1,200 - \$2,400	\$18,960 - \$32,400
Mild MDD**	\$400 - \$800	\$60 - \$100	\$460 - \$900	\$5,520 - \$10,800	\$15,840 - \$26,400
Severe MDD***	\$200 - \$400	\$180 - \$1,500	\$1,780 - \$3,100	\$21,360 - \$29,280	\$0

- Development & Implementation Costs
 - Software Development Costs: 12 Hours @ \$100/hour = **\$1,200**
 - Staff Training: 8 hours @ \$50/hour x 10 staff = **\$4,000**
- CBA = (Total Program Benefit / Total Program Cost) = (\$1.5M - \$3 M / \$5200) =

When preventing severe depression: \$288 - \$576 is saved for every \$1 spent!