# Project Request: Preventative Care & Screening for Depression

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SPONSOR: CLINICAL SYSTEMS DIRECTOR AT XYZ HEALTH

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

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|---|---|
| **Situation:** PCPs are the first line of defense in identifying and targeting depression | **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 |
| **Assessment:** Through screening for depression and recommending patients for follow-up care, PCPs can help catch depression in its earliest stages | **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

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| **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

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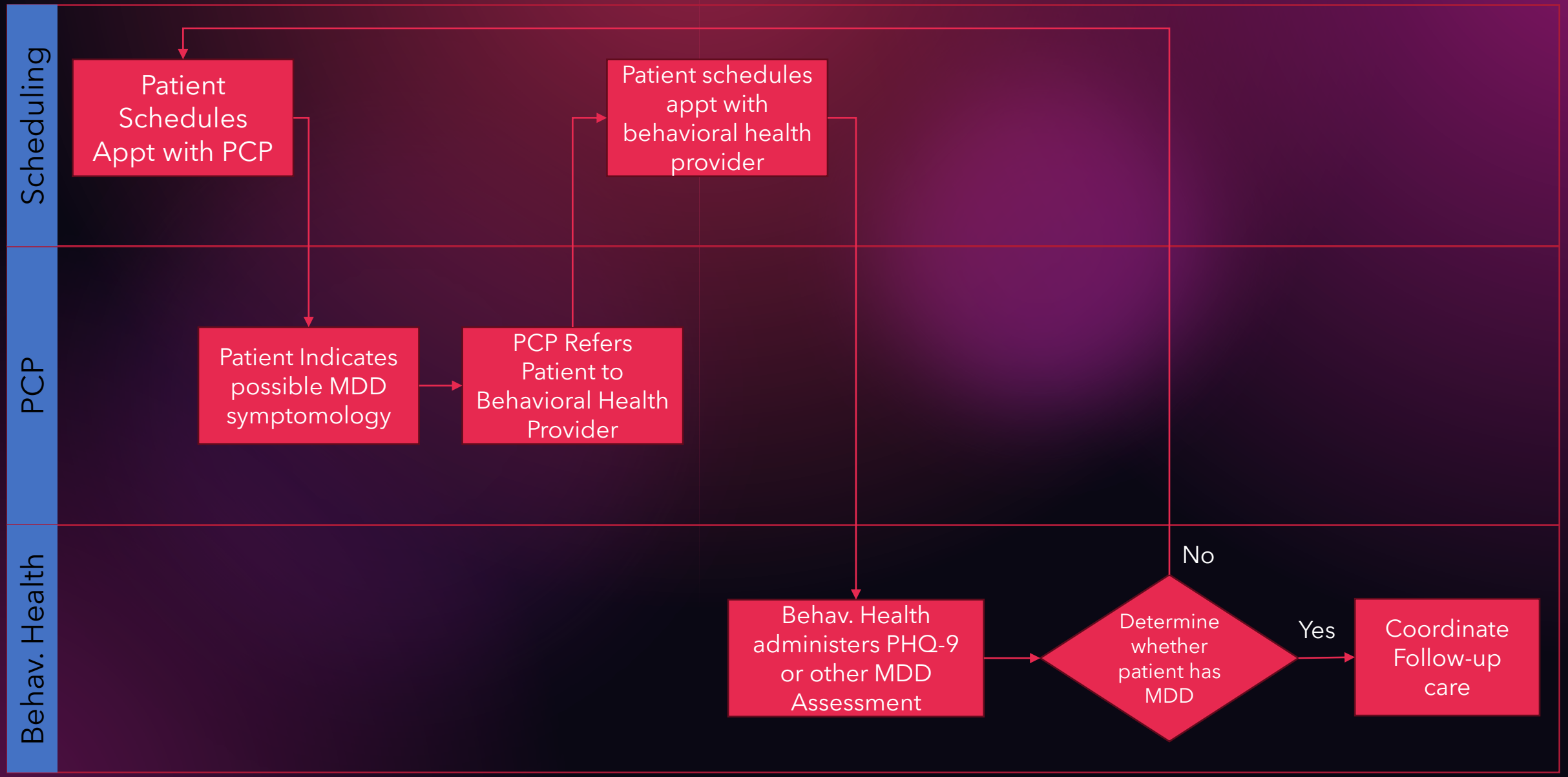
| **The Who**<br>Denominator | Active patients who:<br>• >12 years old<br>• No previous Depression or Bipolar Disorder diagnoses |
| **The What**<br>Numerator | Eligible patients who:<br>• Received the PHQ-9 Depression Screening<br>  • If Positive: recommended for follow-up care |
| **The When**<br>Timing | Screenings must occur:<br>• At patient's visit during measurement period (or 14 days prior)<br>• Follow-up care must be documented on the same day |

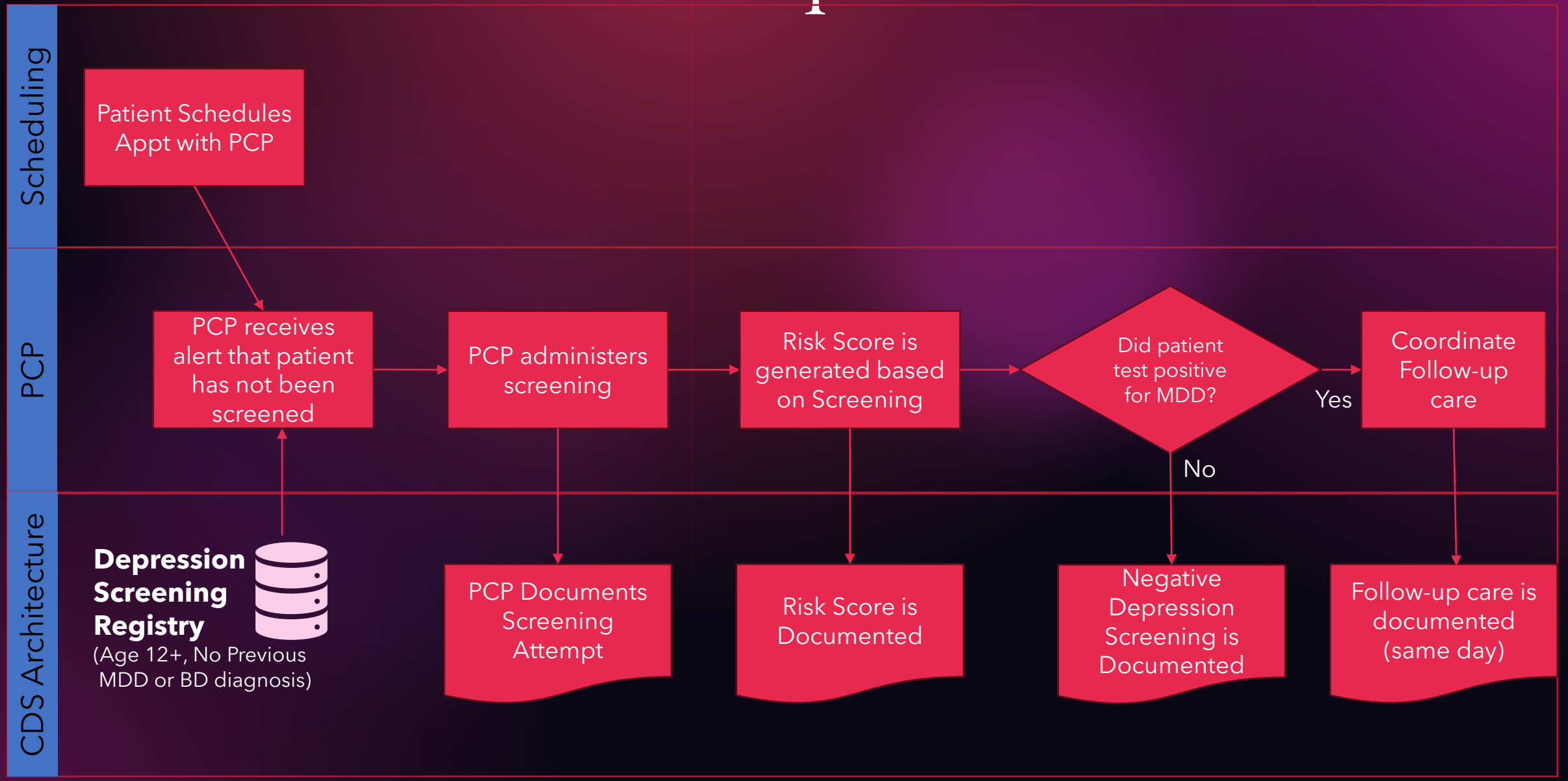
# Process Changes

| How | By Whom: |
| --- | --- |
| • Eligible Patients identified through registry<br>• Dynamic order set<br>• Alert provider of incomplete screening<br>• Best Practice Alert for assessment administration, follow-up care and case management<br>• Risk score generated based on screening<br>• Intervention scheduler to schedule follow up care | • New Work Created for:<br>  • Primary Care Providers (MD, RN, LVN)<br>  • Schedulers<br>  • Case Managers<br>• Automation<br>  • CDS assist with assessment administration<br>  • CDS to automate scheduling and referral to case management |
| | |

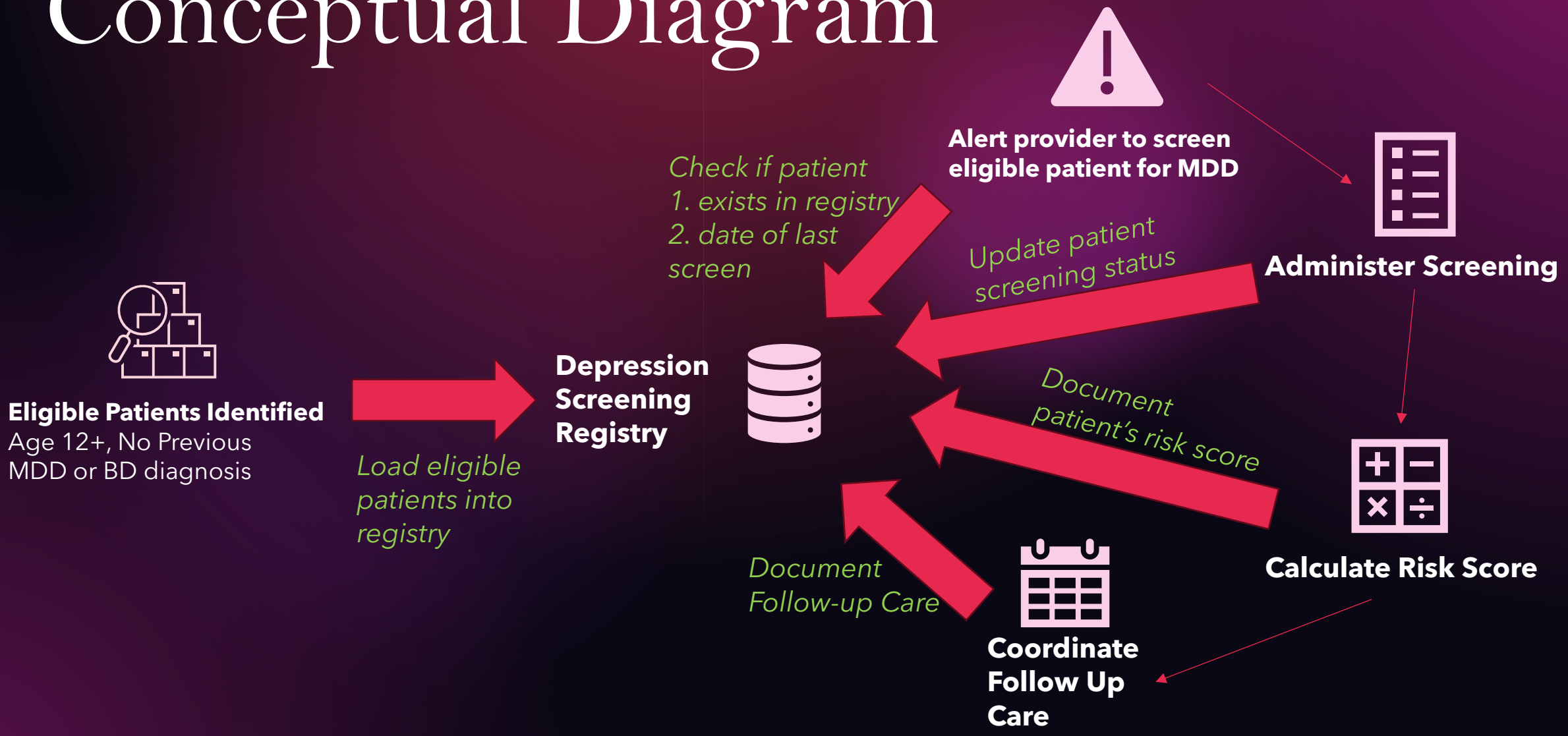
# Process Flow – As Is



# Process Flow – Proposed



# Conceptual Diagram



# Project Management

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| **Primary Stakeholders** | Clinical staff are primary stakeholders<br>• PCPs (MD, RN, LVN)<br>• Case Managers |
| **Consensus** | Stakeholders agree on need and priority<br>• Early stage MDD is easier/cheaper to treat<br>• Low complexity & High patient volume |
| **Patient Experience Impact** | Patients may feel a greater focus on mental health<br>• Increased conversations around mental health<br>• Follow up care may prove challenging for some |
| **Impact on Provider Experience** | Adds extra assessment to PCP's workflow<br>• Requires significant training<br>• Increases patient time per visit<br>• Automation can reduce clinician burden |

See Notes Below

# 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!**

# References


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- Johns Hopkins Medicine. (2024). Mental Health Disorder Statistics. Johns Hopkins Medicine. https://www.hopkinsmedicine.org/health/wellness-and-prevention/mental-health-disorder-statistics
- K Health. (n.d.). How Much Do Antidepressants Cost? K Health. https://khealth.com/learn/antidepressants/how-much-do-antidepressants-cost/