United in Follow-up

Ashlee Hatch
Nightingale College

NIGHTINGALE COLLEGE

Background

- Depression is the leading cause of global health related problems with 3.8% of adults worldwide will have MDD as part of their diagnosis of health concerns (Albere et al., 2023).
- Depression is the leading factor increased suicide rates of 700,000 people per year (Albere et al., 2023). US adults aged 18 years or older, was 17.3 million, representing 7.1% of all US adults (Siniscalchi et al., 2020).
- Despite the increased use of the number of antidepressant treatment strategies for depression, It is still a challenge for clinicians in the primary care setting to lower the rates of response and remission (Albere et al., 2023..
- Despite increased attention to depression screening and treatment from research and national guidelines over 50% of patients in primary care still are unrecognized and undertreated (Sinischalchi et al., 2020).
- Documentation in 2015 in a study of 10,636 patients seen given a PHQ-9only 6,551 were given the PHQ-2. With that 69% of those patients were positive for depression. Of the 69% only 18% were given a PHQ-9 screenings and of those that were positive only 13% were followed up on (Denson et al., 2018).

Purpose Statement

- The main goal is to start with screening each patient with the PHQ-9. With proper education, and patient engagement the goal for patient follow-up is 60% or above. That would be a 40% or more increase from the national average of 27%.
- Of that 40% follow-up the clinic is then able to follow through on a proper treatment plan and help lessen the national average of other health comorbidity, or even death.

Current Evidence

1: The US Preventive Services Task Force recommends screening adults for depression in primary care (Maurer et al., 2018).

2: Patient outcomes are improved when systematic follow-up is in place.

3: PHQ-9 screenings are the preferred tool for depression based on validity, reliability and brevity (Siniscalchi et al., 2020).

4: Evidence-based screening tools like the PHQ-9 are critical components of delivering integrated care (Chung, 2015).

5: Screening for depression is the cornerstone of early recognition, diagnosis, and management (Maurer et al., 2018).

Methodology

1.Populations at higher risks for depression are those with other diagnoses of co-morbidities such as cancer, heart failure, strokes, and other life altering chronic illnesses. This leaves and open door for all populations and all diversities to experience forms of depression (Maurer et al., 2018).

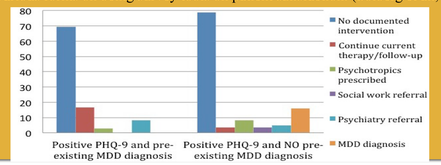
2: The U. S Preventive Services Task Force (USPSTF) recommends screening for depression starting at age 12. From there no population of individuals is exempt from being screening. The PHQ-9 should be implemented with adequate systems in place to ensure accurate diagnosis, effective treatment, and appropriate follow-up (Sinischalchi et al., 2020).

3: Physicians are obligated not to disclose confidential information given by a patient to another party without the patient's authorization. The implications of HIPAA to patients are that their healthcare information is treated more sensitively and can be accessed more quickly by their healthcare providers. Electronically stored health information is now better protected than paper records ever were, and healthcare organizations that have implemented mechanisms to comply with HIPAA regulations are witnessing an improved efficiency.

Design

1: All Patients 12 and over will fill out a PHQ-2 questionnaire as a baseline for depression screening.
2: All positive screenings pf the PHQ-2 will then be given then PHQ-9 questionnaire.
3: Those who score positive on the PHQ-9 will be followed up with a full assessment within1-2 weeks.
4: Patients will engage in mental health education and self management, learning about diagnosis, and the different treatment option to consider.
5: Following the assessment and possible treatment plan another follow-up appoint is to be scheduled within 3-4 weeks. Correlation with stakeholders that include pharmacy, medical assistants, psychotherapy, behavioral therapy, nutritional therapy, physical therapy and possible physician specialist.
6: Patients upon each follow-up will be given another PHQ-9 screening to help track treatment response.
7: Follow-up will continue every 4 weeks and show that 60-70% of those given PHQ-9 will continue to participate in follow-up appointments until depressive symptoms are decreasing or diminished, and patient satisfaction is met.
8: Follow-up appointments can be accomplished through telehealth sessions, phone calls, zoom meetings, and basically anyway technology can help communication if patients are not able to be seen in the clinic.
9: Utilizing tools set up in the treatment plan like survey packets or available patient satisfaction surveys online via email that will include patient feedback and help manage their treatment plan.
10: With proper follow-up on positive PHQ-9 screenings their will be reduced hospital admission, reduced suicide attempts/intentions, reduced use of anti-depressant medication, or the very least a reduction in the use and quality of prescribe satisfaction.
11: Quantitative Data: Using numerical data that can be measured or counted methods such as surveys, experiments, and statistical analysis will be used to measure follow-up care.
Qualitative Data will be collected is various forms on being survey tools on patient satisfaction. (Solberg et al., 2005).

Example: (Sinischalich et al., 2020).



Future Recommendations

1: How will you manage change or sustain effectiveness of your proposed project?

- Create an "APP" for patients to have access to a personal portal account under depression diagnosis.
- Create a support tool or patient outreach program to help relieve depressive symptoms.
- Create a follow-up care day that patients can do self scheduling on-line to maintain satisfactory follow-up care.
- Create a program for graduated depressive symptoms but patients are still able to maintain open communications and reach out for acute depressive needs.

Clinical Implication

1: What are the clinical implications for the proposed intervention?

- Improve patient follow-up on clients who screen positive on the PHQ-9.
- Improving depressive symptoms and helping to control depressive exacerbations.

2: What is the impact to advanced nursing practice?

- Practicing under the support of evidence-based practice/information will increase patient care satisfaction as well as decreasing the national average of having negative reactions to uncontrolled depressive symptoms in patients.

Conclusion

- Implementing the intervention for follow-up on the PHQ-9 will improve patient satisfaction and positive patient outcomes. Increasing the the correlation and use of stakeholders in patient follow-up with make the needed differences and influence patients to take part in their care plans and improve follow-up appointments. Thereby improving the experience for both the patient and the healthcare provider.
- Untreated depression causes emotional suffering, reduced productivity, lost wages, impaired relationships, and increased comorbidity risk. With the inextricable link between mental and physical health, evidence shows depression concomitant with serious chronic disease. And over 50% of patients in primary care still are unrecognized and undertreated (
- Results showed a statistically significant decrease in self-reported depression scores from baseline to follow-up. Use of PHQ2/9 were effective in improving identification and management of depression in primary care (Sinischalchial et al., 2020).

$$ Cost Analysis: Program of unknown cost based possibly on percentage and outcome of increasing implementing projects.

- **Increase use of paper products for questioner forms estimated cost increase of $25 per month**
- **PHQ-9 on-line follow-up program, estimation monthly cost of $250-500**
- **App programming estimation of 25-50,000 for set up and continued use**
- **Program cost for stake holder participation and correlation of patient cares would increase their annual pay percentage by 3%.**