

Improving Utilization of the PHQ-9 tool in the Primary Care Setting

Victoria Gonzalez, DNP, APRN, FNP-C

PROBLEM STATEMENT

- Primary care providers (PCPs) regularly deliver mental health services to individuals with major depressive disorder (MDD) without adequate knowledge to manage the condition adequately.
- The routine utilization of an evidenced-based standardized evaluation tool such as the Patient Health Questionnaire-9 (PHQ-9) is necessary to assess the stability of MDD symptoms and improve patient outcomes.

PROJECT PURPOSE

- The purpose of this project was to improve PCP knowledge regarding management of MDD, implement an evidence-based assessment tool to standardize MDD management, and assess for provider barriers that decrease utilization of the PHQ-9 questionnaire in order to improve patient outcomes.
- Clinical question: In adult patients with major depressive disorder (MDD) currently on antidepressant therapy managed in primary care, does the use of an educational intervention for providers regarding follow up management using the PHQ-9 questionnaire result in improved patient outcomes and standardized provider care?

MODEL/NURSING THEORY

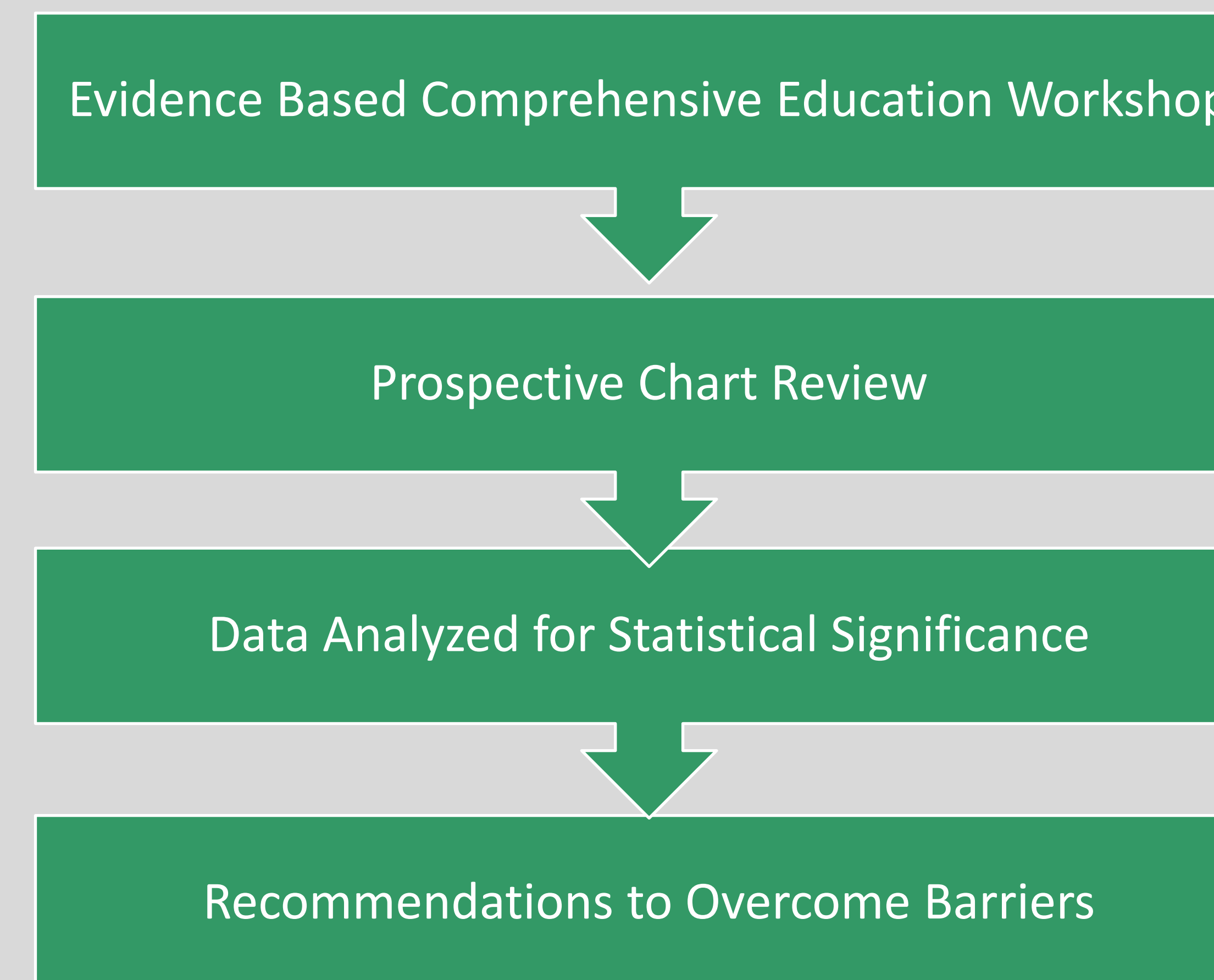
- This pilot evidence-based QI project was guided by the Plan, Do, Study, Act (PDSA) conceptual framework.
- Following the PDSA framework, a prospective data review assessed for factors among providers influencing under-utilization of the PHQ-9 after implementation of educational intervention regarding PHQ-9 use at follow up visits.

METHODS

- Subjects (Participants)**
 - Patients > 18 y.o. with an established diagnosis of MDD currently on antidepressant therapy
 - N=105 prospective review
 - N=3 providers (2 NPs, 1 MD)
- Setting**
 - A primary care clinic in the suburban setting treating ~6,000 patients/year.
 - Office staff: three providers, three medical assistants, and four clerical staff members.
- Instruments/Tools**
 - Post intervention electronic chart review collected data for 9 patient factors among 3 providers
 - Patient factors include race (Caucasian or non-Caucasian), age, biological sex, time of appointment, length of appointment, number of comorbidities, and type of appointment.
 - Data was entered & analyzed into SPSS.

RESULTS

- Quantitative analysis of the 9 factors among the three providers at the clinic that may affect use of PHQ-9 questionnaire revealed four statistically significant findings factors ($P < 0.05$).
- Statistically significant ($P < 0.05$) findings identified as provider barriers to PHQ-9 use include: opposite sex of patient from provider, sick visits, younger age of patients, and low number of comorbidities.



Factor	Provider
Age	1

Factor	Provider
Type of Appt.	1

Factor	Provider
# of Comorbidities	1

Factor	Provider
Biological Sex	3

DISCUSSION

- The results of the QI project provide insights into provider barriers to utilization of the PHQ-9 in the primary care setting.
- Mitigation of provider barriers can be accomplished by following the recommendations gathered by this QI project.
- Both patients with MDD and providers in the primary care setting will obtain clinical benefit through improved PHQ-9 use leading to improved patient outcomes.

RECOMMENDATIONS

- Schedule patients with MDD with same sex provider
- Give sick patients w/ MDD the PHQ-9 in waiting room
- Have the provider verbally confirm PHQ-9 questionnaire results with younger patients/lower number of comorbidities.

IMPLICATIONS FOR ADVANCE PRACTICE NURSING

- Increase provider knowledge and utilization of the PHQ-9 in primary care to improve patient outcomes.

SUSTAINABILITY

- This project will be sustained through dissemination of results, adoption of similar standardized care in similar primary care office setting, and implementation of recommendations to overcome provider barriers.

REFERENCES



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Provider barriers to utilization of PHQ-9 can be mitigated by implementation of a standardized protocol.