



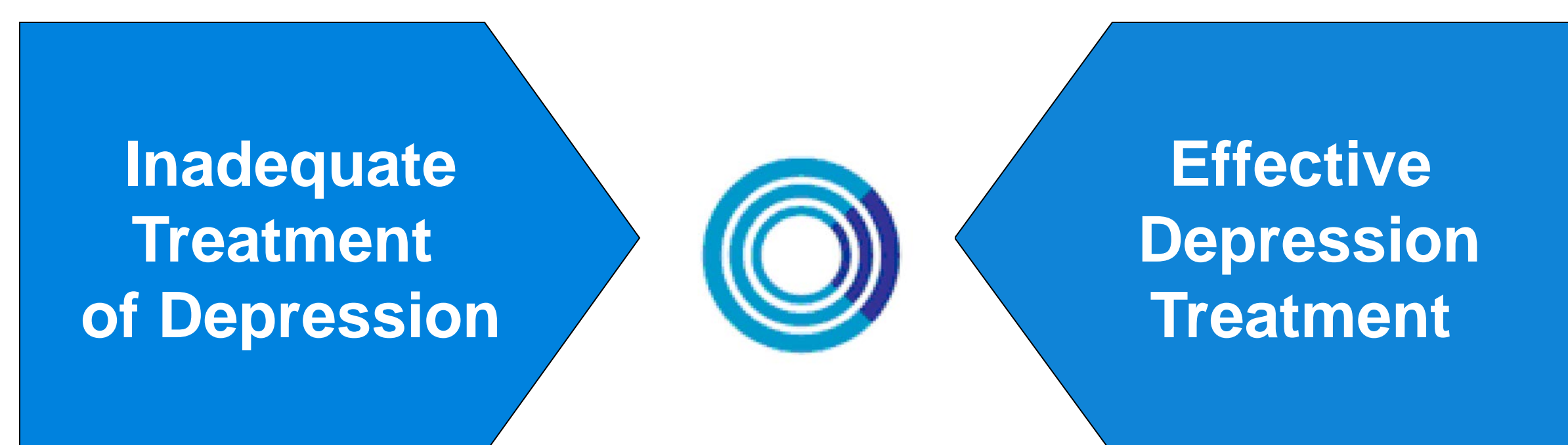
California Health Improvement Project (CHIP) Implementation of a Registry to Improve Depression Management

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Problem Statement and Underlying Causes

Currently, in La Clínica's primary care clinics, patients experiencing depression receive suboptimal care and clinical outcomes are unknown. Effective treatment of their depression is limited by: poor access to medical appointments, lack of clinical protocols, systems for patient tracking, and inefficient utilization of the Integrated Behavioral Health (IBH) clinicians and other staff as part of the care team.



Project Description

To develop & implement a depression registry for La Clínica's Transit Village patients with PHQ-9 scores of 10 and above who seek treatment for depression. Ensure that patients are treated to remission by:

- Developing clinical pathways and procedures to implement evidence-based guidelines
- Improving utilization of Integrated Behavioral Health staff
- Using the registry to track, monitor and adjust treatment.

Goal and Objectives

Goal: Patients will receive evidence-based treatments to treat their depression "to target": a 50% reduction in their baseline PHQ-9 score.

Output-oriented Objectives:

1. By September 2014, medical & behavioral health providers will be surveyed about their knowledge and use of evidence-based practices to treat depression.
2. By December 2014, a depression registry will be established.
3. By May 2015, medical & behavioral health providers will receive monthly reports on their patients in treatment.

Outcome-oriented Objective:

By December 2016, 50% of patients with PHQ-9 scores of 10 or above and in treatment for more than 20 weeks will have a 50% reduction in their baseline PHQ-9 score.

Outputs & Outcomes

Outputs Achieved

Depression Registry

- Configuration and pilot of depression registry using i2i Tracks
- Spread of registry to 15 clinics in 3 counties - all sites with EHR
- Pilot of reports for behavioral health & medical providers
- Baseline data on depression treatment established for clinics

Survey of Knowledge & Practice of Clinical Guidelines

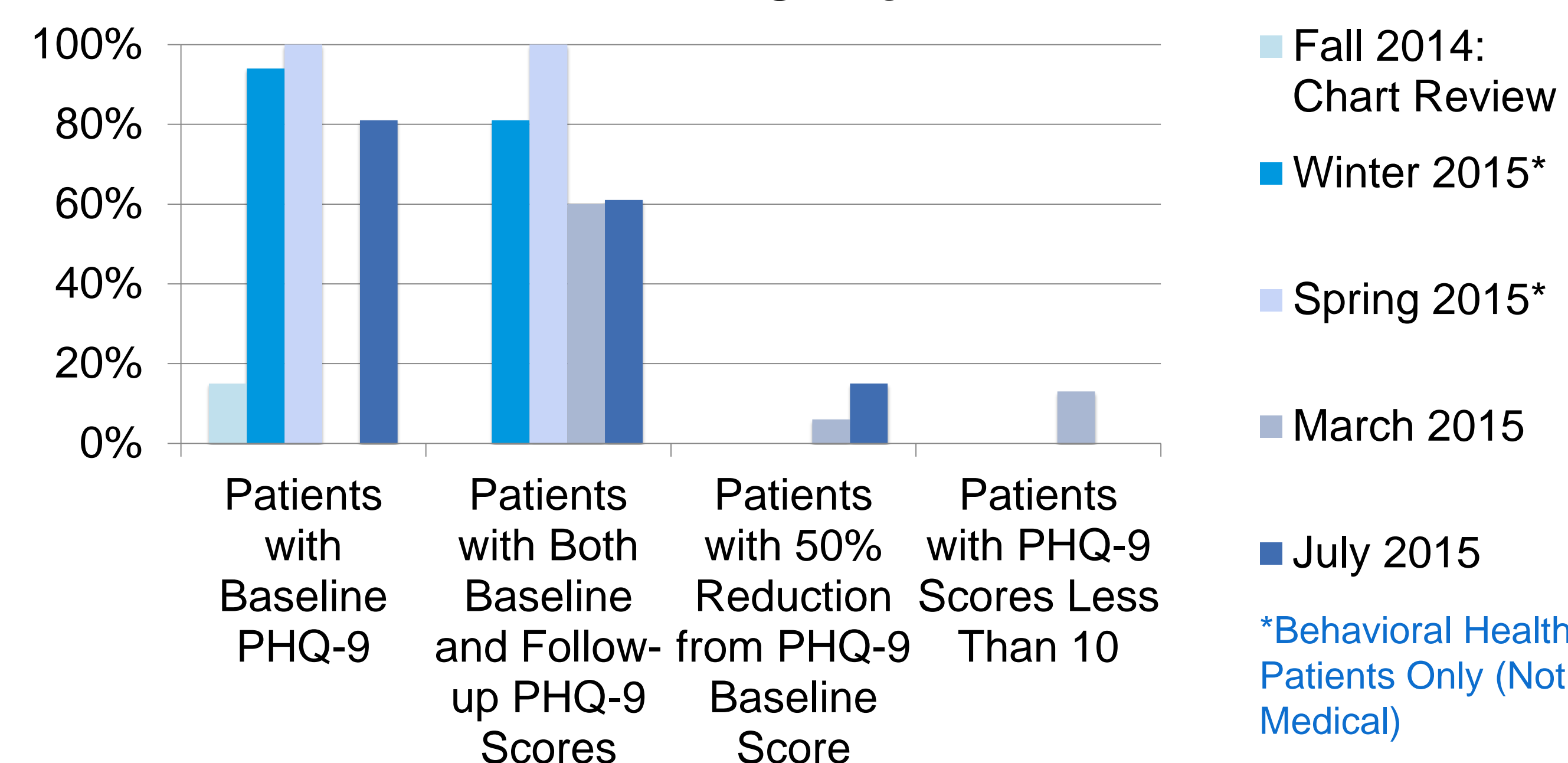
- Pre- and post-survey of frequency of evidence-based practices
- Roll out of clinical guidelines and workflows

Changes in Clinical Practice and Use of Team-Based Care

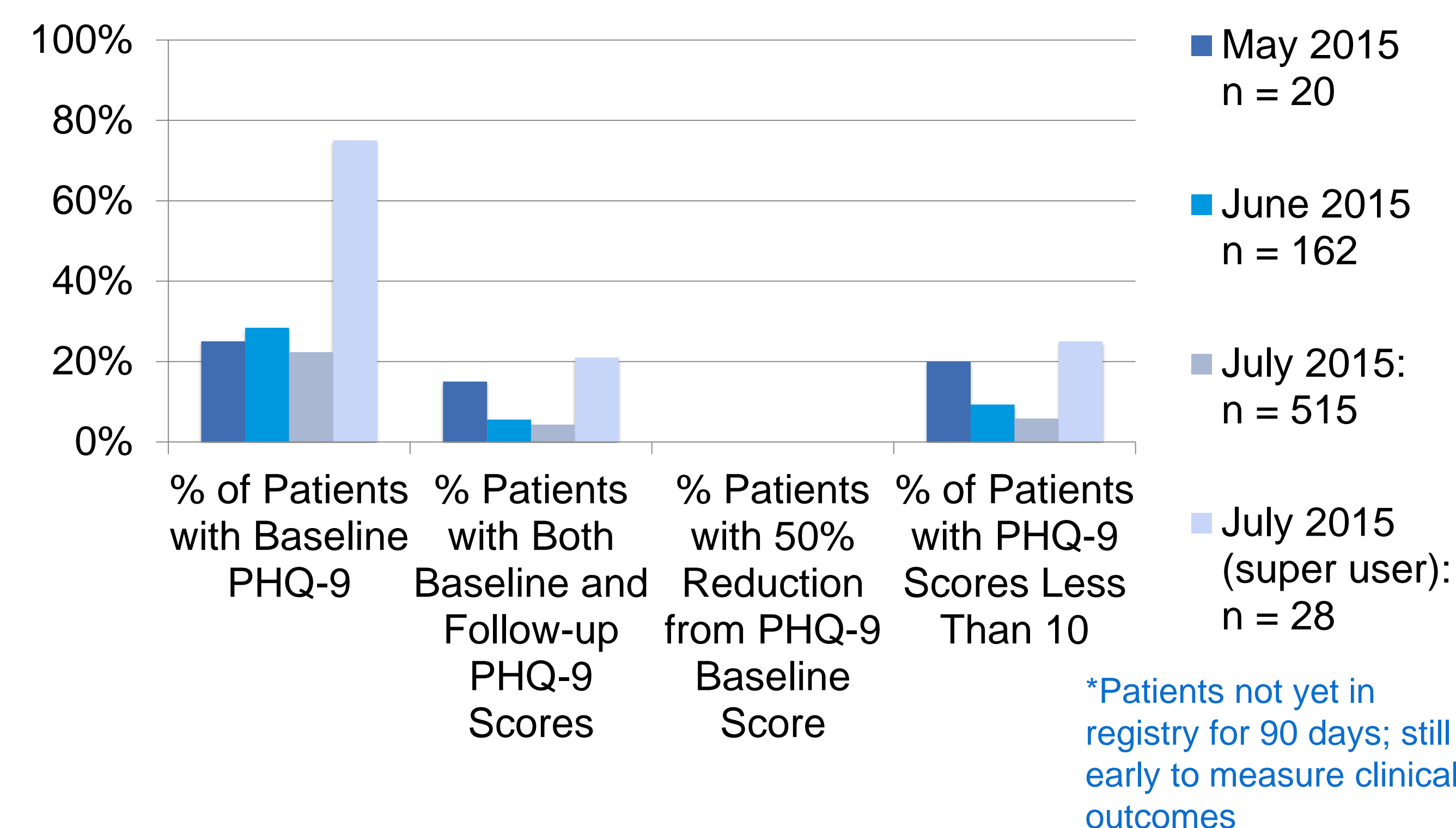
- Initiation of PHQ-9 measurement at baseline & follow-up
- Pilot of group visit for SSRI follow-up care
- Development of scripts & algorithms for phone follow-up

Outcomes Achieved

Pilot of Depression Registry (Manual Data Entry):
1 Clinic



Initiation of Depression Registry Linked to EHR:
Baseline Registry Data from 15 Clinics*



*Patients not yet in registry for 90 days; still early to measure clinical outcomes

Lessons Learned

- Designing a registry requires the specific technical understanding of the functionality of the software.
- Population metrics take years to develop and refine. Involving as many stakeholders as possible is essential to accurately define the numerator and denominator.
- The development of scripts and algorithms requires testing & refining with many patients in order to be include all scenarios that may arise.
- Scripts and algorithms enable the mobilization of staff – even those with just a few hours to spare – because the clear guidance allows small portions of FTE to be used.
- Tracking data is essential to effective depression treatment.
- Identifying and recruiting provider champions is a crucial factor in success.
- **In primary care, collaborative care improves the treatment of depression.**

About La Clínica de La Raza

La Clínica de La Raza is one of the largest community health centers in California with over forty-three years of experience providing culturally and linguistically appropriate health care services. With 29 service locations spread across Alameda, Contra Costa, and Solano Counties, La Clínica provides primary health care, dental, optical and behavioral health care. In 2014, La Clínica served 98,000 patients and provided 429,660 patient visits. 98% of our patients are 200% below FPL, and 78% fall below 100% of the FPL. 26% of patients are uninsured and 69% are covered by Medi-Cal, Medicare or other public insurance. 63% of patients served self-identified as Latino; 11% African-American; 8% API and 8% White.

Contact Me

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