Reflections on the Effect of the PHQ-9 on Two Residency Programs

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Background

Integrating behavioral health into primary care:
- Improves medical outcomes,
- Is an important element of PCMH, and
- Is incentivized through the Affordable Care Act and CMS through the DSRIP waiver programs.

Despite the basis in evidence, achieving actual integration is difficult. Even in organizations where there is buy-in, changing practice habits and professional culture is challenging.

PHQ-9 is time saving: its time demand is on the patient, not the provider.

Outcomes (continued)

Number of patients diagnosed with depression

Total Patients Screened with PHQ-9

Patients treated by mental health professionals in residency clinic

No Show Rate (%) for Psychology

Discussion

- It was intriguing to discover that a measurement tool for depression became the catalyst for first practice change, then cultural change in the clinic.
- Resistance to the implementation of the tool created awareness of the need for greater behavioral science support.
- Once this support was in place, resident physicians were willing to utilize the PHQ-9 to assist in the treatment of their patients.
- Physicians were not resistant to behavioral health integration efforts, but rather to increasing demands on their time.
- Once they were able to access immediate behavioral health support, they took the opportunity to collaborate with psychology and provide integrated care to their patients.
- An added benefit was the reduction in “no show” rates for behavioral health follow-up appointments.

Project Description

- What is the effect of administering the PHQ-9 to all patients in two residency clinics?
- Implementation occurred in both Family Medicine and Internal Medicine residency training clinics.
- Resident physicians were initially resistant to utilizing the PHQ-9. This resistance evaporated when behavioral health support, in the form of “warm handoffs,” was offered to residents at all times in the clinic.
- Residents were offered didactics on depression and its effects on physical illness. They were also trained in the use of the PHQ-9, a depression inventory.
- All patients were offered the PHQ-2 and/or the PHQ-9 at check-in at each residency clinic. The inventories were scored and given to the resident before the patient’s appointment.

Outcomes

We discovered that the tool we selected to measure patient improvement (PHQ-9) served as a catalyst, creating actual change in practice, leading to changes in clinic culture.

These were:
- Increased awareness of underlying depression in patients.
- Patients’ awareness they were depressed also increased.
- Increased behavioral science utilization and collaboration.
- Decreased “no show” rates in behavioral science.
- Increased collaboration with other mental health resources in the community
  - Psychiatry service
  - Local Mental Health Authority
  - Local psychiatric facility
  - Use of our own (new) psychiatric facility

References