

Improving Adolescent Depression Management in a Primary Care Clinic

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Background

- 3.2 million (13.3%) U.S. adolescents with depression
- Chicago adolescents – heightened depressive symptoms
 - Low socioeconomic status
 - High stress living environment
- Consequences of depression:
 - Academic difficulty
 - Substance use
 - Risky behavior engagement
 - Physical illness
 - Suicide

Problem Statement

- Low-income adolescents at Breakthrough Clinic are at increased risk for depression
- USPSTF recommends annual depression screening and follow-up in adolescents
- However, a chart review from January 2015-2017 revealed only 45.5% of adolescents at Breakthrough are screened for depression and 23.1% with moderate-to-severe depression are referred to behavioral/mental health services

Purpose

The purpose of this project was to improve depression management among Breakthrough adolescents

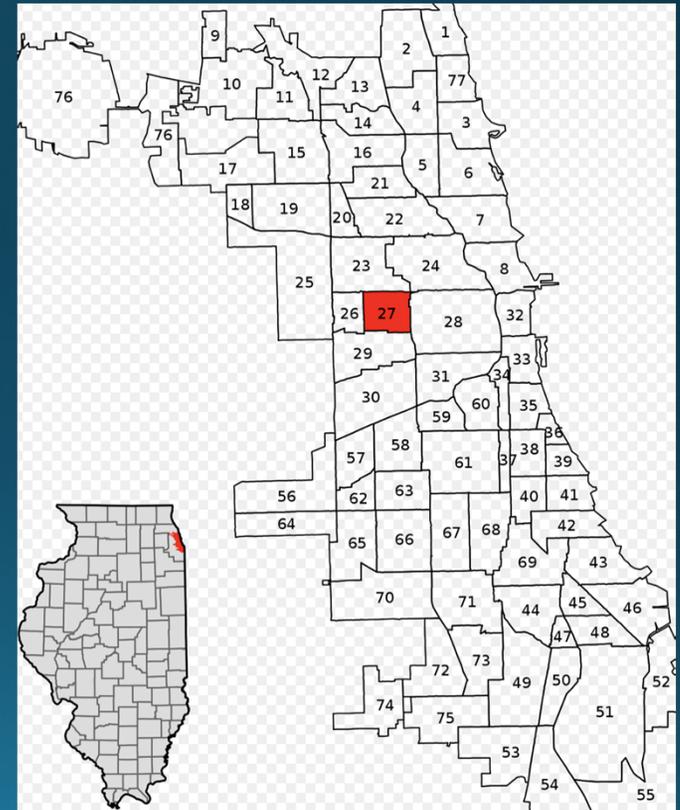
Sample and Setting

Target Population

- Adolescent clients
- Medical assistants (MAs)
- Providers

Setting

- Primary clinic in Chicago (535 adolescents per year)
- 93% Black
- Higher rates of crime: 15.51 per 1,000
- Households below poverty: 42.4%
- Age 0-19 years: 34.8%



Methods: Phase I – Protocol Development

Design:

- Focus group

Sample:

- 2 physicians
- 1 counselor

Protocol Development

- Literature review
- Draft protocol
- Review and edit protocol
- Protocol approval

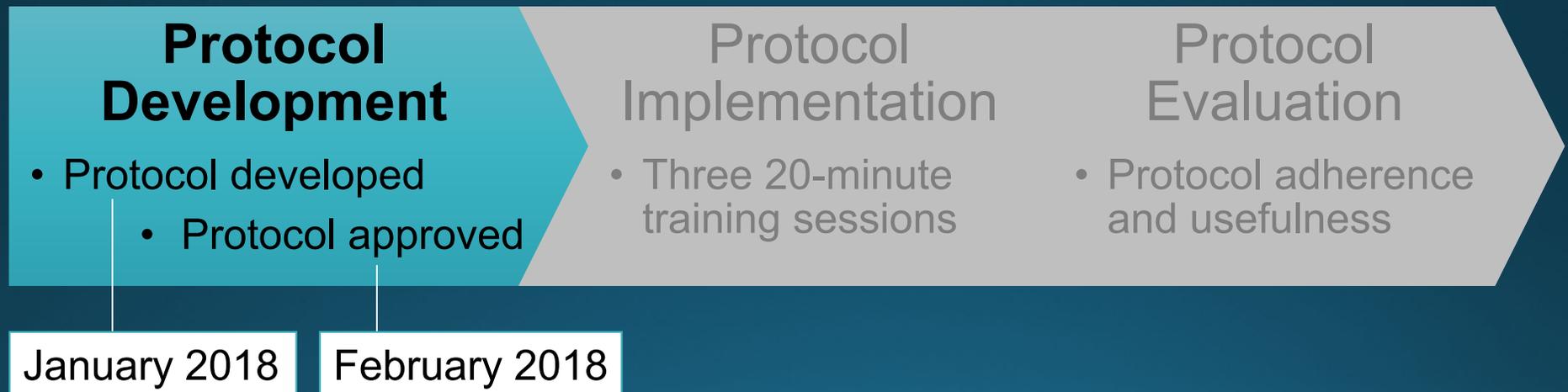
Protocol Implementation

- Three 20-minute training sessions

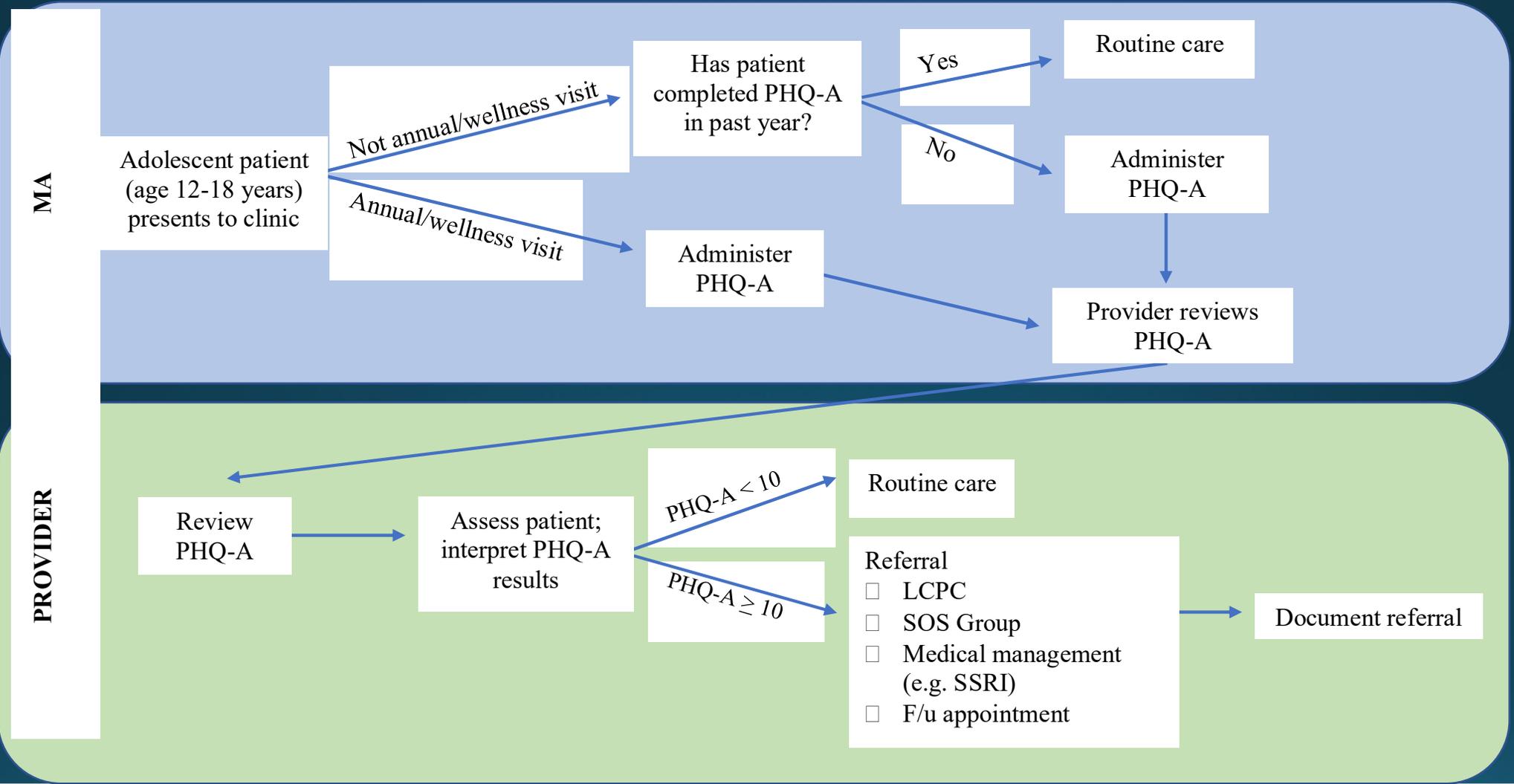
Protocol Evaluation

- Assess protocol adherence and usefulness

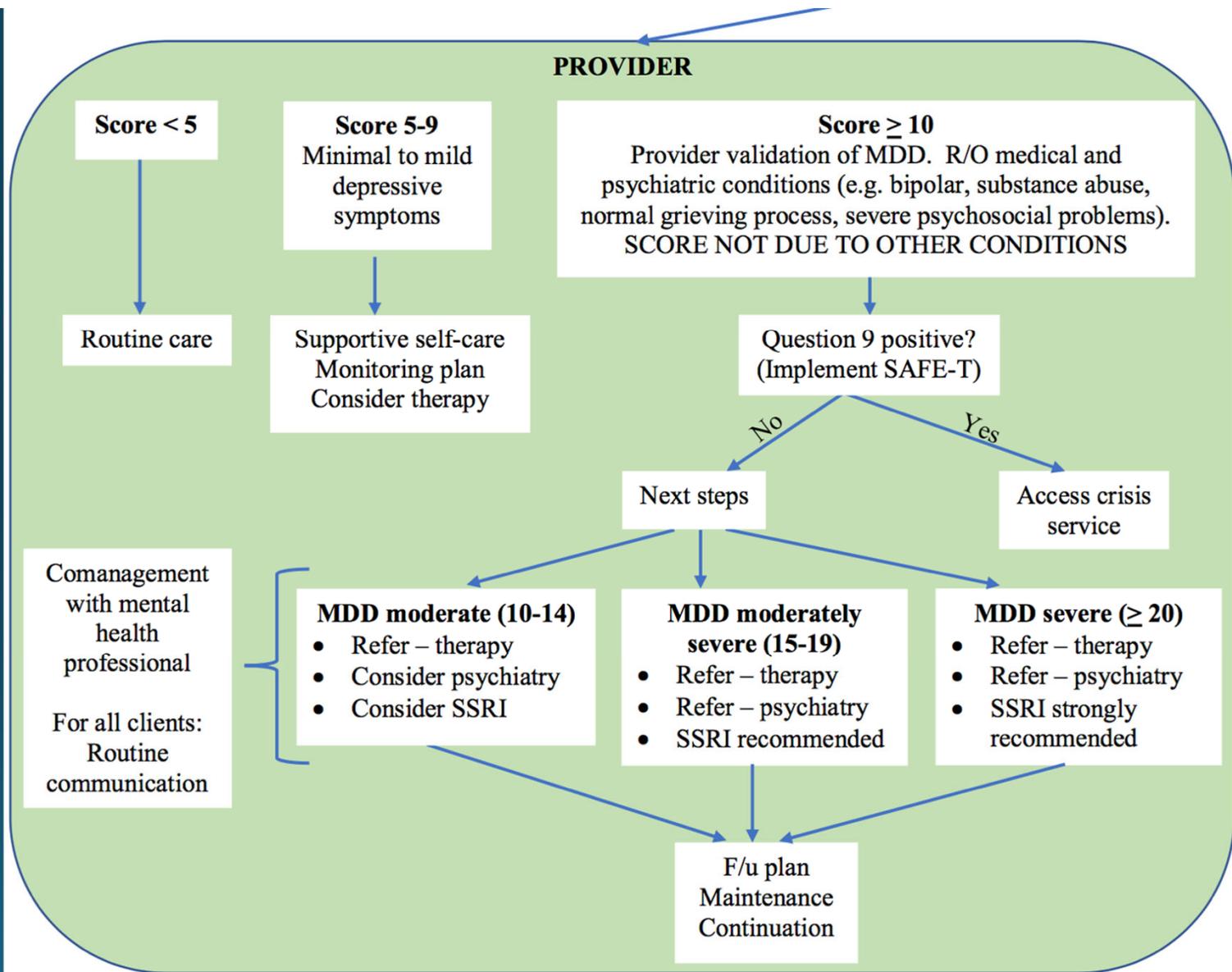
Results: Phase I – Protocol Development



Initial Protocol



Revised Comprehensive Protocol



Methods: Phase II – Protocol Implementation

Design:

- One-group pretest/posttest

Sample:

- 3 MAs
2 providers

Measures:

- Knowledge test
- Confidence survey

Analysis:

- Descriptive statistics



Results: Phase II – Protocol Implementation

Effects of Project on Knowledge and Confidence				
	Provider (n=2)		MA (n=3)	
	Pre	Post	Pre	Post
Knowledge			60.0%	80.0%
Confidence	63.3%	80.0%	90.0%	73.3%



Methods: Phase III – Protocol Evaluation

Design:

- One-group pretest/posttest

Sample:

- Breakthrough adolescents
- Providers

Measures:

- Chart reports
- Program evaluation survey

Analysis:

- Descriptive statistics

Protocol Development

- Literature review
- Draft protocol
- Review and edit protocol
- Protocol approval

Protocol Implementation

- Three 20-minute training sessions

Protocol Evaluation

- Assess protocol adherence and usefulness

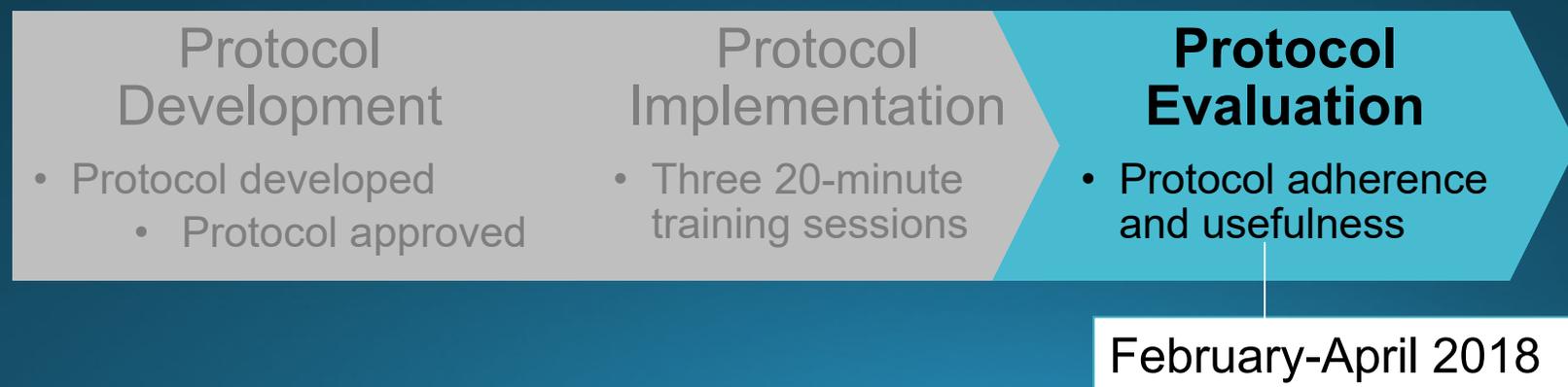
Results

Demographics	
	Clients (n=55)
Gender	
Female	45.5%
Race	
Black	78.0%*
White	**
Age (years)	
12-18	100%
25-35	0%
35-45	0%

*Calculated from available data, **Data not available

Results: Phase III – Protocol Evaluation

Depression Screening and Referral Rate			
	PRE	TARGET	POST
Screening (PHQ-A)	45.5% (n=218)	54.6%	61.8% (n=34)
< 5	56.0% (n=122)		58.8% (n=20)
5-9	32.1% (n=70)		32.4% (n=11)
≥ 10	11.9% (n=26)		8.8% (n=3)
Referral (PHQ-A ≥ 10)	23.1% (n=6)	27.7%	66.7% (n=2)



Discussion

- Adolescent depression management protocol successfully developed and implemented
- Protocol implementation increased depression screening and referral
- MA knowledge increased, but confidence decreased
- A more comprehensive clinical decision support model was developed
- Provider confidence increased

Limitations

- One provider left clinic halfway through project
- Short implementation time frame
- Small sample size

Recommendations

- Continue provider and MA training on adolescent depression management
- Incorporate training in MA orientation
- Depression management protocol
- Depression in adolescents is common; therefore, use of a clinical decision support tool is effective in increasing screening and referral
- Incorporate into EMR

References

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Hi Caley. I thought you might find this helpful. I think these guidelines affirm the work you're doing with screening, and might help us further improve our practices.

<https://www.jwatch.org/fw113891/2018/02/26/new-guidelines-managing-youth-with-depression-primary?query=pfwTOC&jwd=000020000039&jspc=MPD>

Thanks for the work you're doing to help us care for our adolescents!
-Chris

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Comments/Questions?