DEPRESSION & PRIMARY CARE: SCREENING & BUILDING BRIDGES WITH MENTAL HEALTH PROVIDERS

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Who We Are

- The Office of Health Integration
  - …in the Bureau of Mental Health
    - …in the Division of Mental Hygiene
    - …at the NYC Department of Health & Mental Hygiene!

- Dedicated to improving the physical health of people with mental illnesses

- Operate a HEAL 17 grant, to coordinate physical & mental health care using health IT
Care Gap that Led to the Innovation

- Depression is highly prevalent in the general population
  - 6.6% of adults had a major depressive episode in the past year (SAMHSA, 2011)
- Depression is broadly co-morbid with medical conditions including:
  - Heart disease
  - Cancer
  - Diabetes
Care Gap that Led to the Innovation

- Primary care is the prime setting for identifying depression
  - 61% of adults with MD who received tx in the past year received it from a PCP (SAMHSA, 2011)

- BUT:
  - Depression is underdiagnosed
  - Screening is only beneficial when accompanied by effective tx and follow up
Key Elements of the Innovation

- We set out to:
  - Increase depression screening rates in PCMHs
  - Help PCMHs to electronically send depression referrals for mental health treatment

- Partners: 8 PCMHs
  - All use eCW as their EHR
Description of the Innovation

- Timeline: Fall, 2012 to Fall, 2013

- Increase adult depression screening rates
  - QI project
  - Smartform to log depression screening
  - Data feedback from DOHMH
Description of the Innovation

- Electronic referrals for depression tx
  - Technical assistance with P2P web portal
  - Finding and connecting MH providers
  - Establishment of business relationships
Milestones and Results to Date

- Providers who completed a QI project improved their depression screening practices
- Business relationships established with MH providers
  - e-Referrals exchanged using P2P web portal
Depression Screening in Primary Care

Patients ≥ 18 years of age, seen in the past month, with a PHQ-9 or negative PHQ-2 in the past year


Practices 1 through 9 are represented with stars.
Lessons Learned

- PCPs understand the importance of addressing depression
- Simple practice changes worked
Lessons Learned

- Referrals were an enormous challenge
  - Insurance mismatches
  - Waitlists
  - Brokering of business relationships
  - Confusion over pre-auth requirements
  - Confusion over reimbursement
Next Steps/Next Phases

- More partnerships with MH providers
- Expansion of EHR platform support
  - Smartforms, CDSS, panel mgmt for comorbid conditions
- Maternal depression
  - Screening & tx in settings such as peds, Ob/Gyn
- Outcomes
  - Follow-up on depression treatment
  - Tracking remission
Summary

- QI project to:
  - Improve depression screening
  - Connect PCPs electronically with MH providers for referral and follow up
Summary

- **Successes:**
  - Increased depression screening rates
  - Newly established e-referral relationships

- **Key elements to success:**
  - Smart forms for screening
  - P2P web portal for referrals
  - Time & effort to establish new relationships
Closing Thoughts

- Importance of:
  - Whole health perspective
  - Getting consumers engaged in their care
Contact Information

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