



Original article

Implementation of Depression Screening and Global Health Assessment in Pediatric Subspecialty Clinics

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A B S T R A C T

Purpose: Adolescents with chronic illness face greater risk of psychosocial difficulties, complicating disease management. Despite increased calls to screen for patient-reported outcomes, clinical implementation has lagged. Using quality improvement methods, this study aimed to investigate the feasibility of standardized screening for depression and assessment of global health and to determine recommended behavioral health follow-up, across three pediatric subspecialty clinics.

Methods: A total of 109 patients aged 12–22 years (median = 16.6) who were attending outpatient visits for treatment of diabetes (80% type 1), inflammatory bowel disease, or cystic fibrosis completed the 9-item Patient Health Questionnaire (PHQ-9) depression and Patient-Reported Outcomes Measurement Information System (PROMIS) Pediatric Global Health measures on electronic tablets. Patients screening positive on the PHQ-9 received same-day behavioral health assessment and regular phone check-ins to facilitate necessary follow-up care.

Results: Overall, 89% of 122 identified patients completed screening during a 6-month window. Patients completed measures in a timely manner (within 3 minutes) without disruption to clinic flow, and they rated the process as easy, comfortable, and valuable. Depression scores varied across disease type. Patients rated lower global health relative to a previously assessed validation cohort. Depression and global health related significantly to certain medical outcomes. Fifteen percent of patients screened positive on the PHQ-9, of whom 50% confirmed attending behavioral health appointments within 6 months of screening.

Conclusions: A standardized depression and global health assessment protocol implemented across pediatric subspecialties was feasible and effective. Universal behavioral health screening for adolescents and young adults living with chronic disease is necessary to meet programmatic needs in pediatric subspecialty clinics.

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IMPLICATIONS AND CONTRIBUTION

Standardized screening for depression and assessment of global health within multiple pediatric subspecialty clinics was feasible and effective. Youth with chronic medical illness and unmet mental health needs were identified and successfully connected to behavioral health services. In-clinic screening links patients with needed treatment to improve quality of life and health outcomes.

Conflict of Interest: The authors have no conflicts of interest to disclose.

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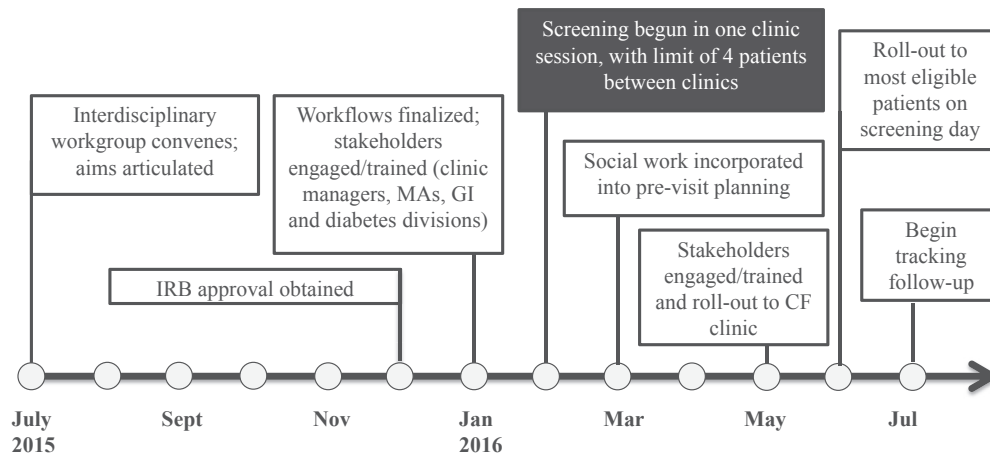


Figure 1. Quality improvement timeline.

Chronic disease has become more common for adolescents as prevalence increases for many conditions and life expectancies improve [1–4]. To enhance subspecialty care and understand the whole-person impacts of chronic disease management, momentum has gathered behind evaluating patient-reported outcomes (PROs)—symptoms or health-related well-being assessed from youths' own perspectives [5]. Although the science of obtaining PROs has progressed significantly [6], implementation barriers persist in many pediatric subspecialty settings [7,8]. This report describes an initiative to assess PROs—specifically depressive symptoms and global health—among adolescent and young adult patients across three distinct disease groups and subspecialty clinics.

Depression affects youth with chronic disease at higher rates than their peers, arising from the unique challenges of living with a chronic disease while also complicating and interfering with disease management itself [9–11]. Depressed adolescents fare worse in their clinical outcomes, due in part to difficulties adhering to their often-complex medication and treatment regimens [12–14]. Yet, most adolescents do not receive systematic screening for depressive symptoms or other psychological concerns [15,16], and only a small percentage of adolescents with depressive symptoms receive treatment [17]. Underdetection and inadequate treatment of depression represent missed opportunities to improve both well-being and clinical outcomes [18–20].

Assessment of patient-reported global health may also provide clinically valuable information. Global health encompasses physical, mental, and social health, and it correlates strongly with positive measures of health-related quality of life [21]. Measuring global health can highlight areas of difficulty and personal strength not captured by a depression measure or traditional medical outcomes. Youth with chronic disease report reduced health-related quality of life relative to peers [22], and these deficits in turn predict health deterioration [9,23,24]. Recently, researchers validated a brief global health measure for pediatrics as part of the PROMIS initiative [21,22], facilitating standardized global health assessment across medical settings.

Using a quality improvement (QI) framework, our initiative implemented a standardized screening program aimed to meet the needs of multiple pediatric subspecialty populations.

The primary objectives were to (1) investigate the feasibility of standardized screening of depressive symptoms and assessment of global health among patients aged 12–22 years in three subspecialty clinics (endocrinology/diabetes, gastroenterology/inflammatory bowel disease [IBD], and pulmonology/cystic fibrosis [CF]) and (2) to determine recommended behavioral health referrals for patients screening positive for depression based on systematic same-day and follow-up assessment.

Methods

Participating patients

Eligible patients were aged 12–22 years and attending an office visit for diabetes or IBD care in endocrinology or gastroenterology clinics from February 3, 2016 to August 3, 2016. Diabetes and IBD clinics conducted screening on Wednesdays. Beginning from May 2, 2016, additional eligible patients in the same age group were screened as part of their annual CF evaluation visit in pulmonology Monday through Friday. The minimum age of 12 years was selected in accordance with screening recommendations [25].

Interventions

Interdisciplinary planning process. A workgroup of physicians, psychology and social work providers, and care coordinators representing the three target clinics met on a biweekly basis throughout the screening period. The workgroup used a Plan-Do-Study-Act methodology to implement interventions in small cycles and make adjustments in an iterative fashion using feasibility data (Figure 1) [26]. The Stanford University Institutional Review Board approved study procedures.

Stakeholder education. Workgroup members met formally with clinic colleagues and patient advisory groups to explain screening procedures and elicit feedback to guide the planning process. Maintenance of certification credit was offered to physicians for involvement in this QI project.

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