The Problem
Cambridge Health Alliance developed a new screening tool to identify people who needed additional screening for depression, drug and alcohol use, titled the Adult Wellbeing Questionnaire. The drug and alcohol screening tools were completely new while the depression screening tool staff had used, PHQ9, was modified to identify new onset depression. We also changed the way staff would follow people identified with depression.
- Staff did not recognize the people who needed the Adult Wellbeing Questionnaire.
- Staff was concerned about the length of time the additional screening tools would take to complete with patients.
- Staff did not always record the screening tools in the EMR and the Health Maintenance.
- PCPs were not always aware of the results of screening tools.
- We did not always address the depression, alcohol or drug use in the visit or document the plan in the EMR, resulting in a potential patient safety problem and lack of Patient Centeredness.

Aim/Goal
The primary care team at Somerville Hospital Primary Care determined to improve our screening and communicating the results with the PCP. We sought to improve our positive screens for depression (PHQ2) and had a PHQ9 completed 73% to 100% by March 2016. We also sought to improve our depression screening and follow up from 38% to at least 50%.

The Team
Brian Green, MD. - Regional Medical Director
Ellie Grossman, MD, MPH - PCP and Mental Health Integration Lead Physician
Liza Hoffman, LCSW - Care Partner for Mental Health Integration
Jillian Burley, PhD. - Integrated Mental Health

Medical Assistants: Steven Chrobak, Katio DePina, Jasi Kaur, Dee Lima, Katie Luther, Karen Morgan, Nadia Nabat, Maggi Roc,

Practice Medical Receptionists: Kimberly Carvalho-Moreira, Mary Gioiosa, Jeanne Hyppolite, Tara McFarland, Norma Montano, Kovae Pierre, Samantha Pratt, Marcia Rocha et al,

Jamila Scott, BA. - Practice Manager
Fiona McCaughan, RN, MS. - Nurse Practice Administrator

The Interventions
- Reviewed and revised the workflow
- Revised check in process (to include those forms to be completed at the front desk and those to be completed and reviewed with MA/PCP)
- Developed scripts and provided the “why” for staff
- Included cues in the footer of the forms to increase compliance & communication.

The Results/Progress to Date

The Results/Progress to Date

Lessons Learned
- Implementation takes time and may require modifications.
- Any new process requires observation and verification that the process is occurring.
- Staff involvement in the PDSAs is important
- Listen to staff concerns.
- The why and what this means is critical for all members of the team to understand.

Next Steps/What Should Happen Next
- Continue to audit/verify questionnaire
- Spread to another Primary Care Site and observe.
- Continue to work on roles for follow up, MH team and/or nursing, pharmacist team, and PCP.

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