



## Effective Screening and Treatment of Depression in Adults living with HIV/AIDS at a Federally Qualified Health Center (FQHC)

Tracy Hicks NP, Tammi Kelli RN, Anita Scribner MD, Tamara Garrett LVN, Myeshia Daniels, MA, Jackie Mayfield, LVN, Julie Ford, LPC, Lakeshia Harris LCSW

### Background

Clinical depression affects approximately 22% of the Human Immunodeficiency Virus/Acquired Immunodeficiency Syndrome (HIV/AIDS) population (New York State Department of Health AIDS Institute, 2010). Depression is often underdiagnosed in primary care with approximately 1/2 to 2/3 of depression cases missed. Detecting and treating depression early increases adherence to antiretroviral therapy (ART) and slows disease progression (Bhatia & Munja, 2014).

At Special Health Resources of Texas (SHRET), HIV/AIDS patients were not routinely assessed for depression utilizing the PHQ-9. After a chart review of 22 patients, it was noted that 59% of patients were screened for depression and of that 59%, only 13 % were appropriately treated and or referred to therapy/groups/counseling.

### AIM

Increase provider screening and treatment of depression in those living with HIV/AIDS from 59% to 100% in 90 days.

### Planned Improvement

The Plan Do Study Act (PDSA) model was used to conduct small tests of change. Team engagement included in-services, anecdotal discussions, education, a 5-item Likert scale survey, and utilization of the SAMHSA/HRSA tool kit: *The Case for Depression Screening in HIV Care Settings* as well as recommended guidelines. Patient engagement encompassed completion of a 3-item patient engagement tool and PHQ-9 with several iterations. Depression screening was completed with changes in location, team participation, and delegated responsibility. The Right care tracking tool was implemented to close gaps in the screening and referral to treatment process.

### Measures

AIM: Increase appropriate depression screening, referral, and treatment for people living with HIV/AIDS to 100% in 90 days			
Ramp	Measure Type	Operational Definition	
A. Team Engagement	Process	Number of team members attending in-services/number of team members	Increased by 25% over baseline
	Outcome	Team will score at least 80% on 5 point Likert scale survey	
B. Patient Engagement	Process	Number of patients receiving patient engagement tool/number of patients	Increased by 20% over baseline
	Outcome	Percentage of patients who utilize the Patient Engagement tool/Number of patients who qualify for the intervention Patients will demonstrate an 100% increase in utilization of the patient engagement tool in 90 days	
C. Process-Screening	Process	Number of screenings/number of patients seen	Increased by 27% over baselines
	Outcome	Number positive screens/Number of screens Screening utilizing the PHQ-9 will reach 100% in 90 days	
D. Process-Tracking	Process	Tracking Log- # patients in log/ # patients seen in clinic	Increased by 29% over Baseline
	Outcome	The mean right care score over time/# of patients seen in clinic	

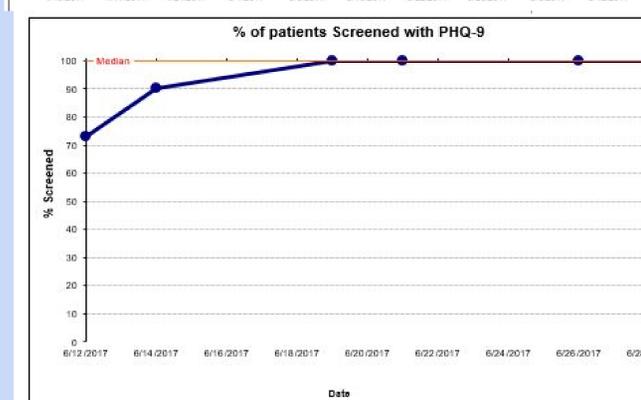
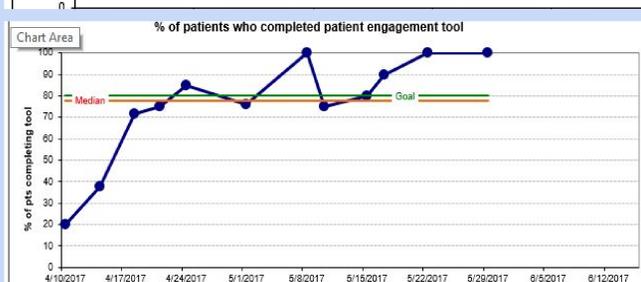
### References

Bhatia, M. S., & Munjal, S. (2014). Prevalence of Depression in People Living with HIV/AIDS Undergoing ART and Factors Associated with it. *Journal of Clinical and Diagnostic Research*

New York State Department of Health AIDS Institute. (2010). HIV clinical resource.Clinical guidelines. HIV and oral health. Depression and Mania in Patients Livingwith HIV/AIDS Retrieved from: <http://www.hivguidelines.org/clinical-guidelines/hiv-and-mental-health/depression-and-mania-in-patients-with-hiv-aids/>

Substance Abuse Mental Health Services. (2016). *The Case for Behavioral Health Screening in HIV Care Settings*. Retrieved from: <https://store.samhsa.gov/shin/content/SMA16-4999/SMA16-4999.pdf>

### Results



A right care tool was utilized to track appropriate screening via PHQ-9 tool and referral to treatment during implementation. Staff engagement was initiated with education and survey data was used to identify learning and comfort with screening. A 3-item patient engagement questionnaire increased patient involvement.

- Staff engagement was increased by 25%.
- Patient engagement increased by 20%.
- Depression screening rate improved by 27%.
- Patients receiving appropriate care (right care) increased by 29%.
- Provider time spent with patient was maintained at < 10% over 15 minute visit.

### Conclusion Lessons Learned

Staff and patients became engaged in the process. Having processes and back-plans proved integral to the success of this quality improvement initiative. Educational interventions, staff surveys, and reminders helped improve the screening process. Appropriate depression screening utilizing the PHQ-9 and referral to treatment may have a positive effect on adherence to antiretroviral therapy. Utilization of the right care tracking closed the gaps in screening and referral to treatment. Right care was delivered with efficient patient screening and referral to treatment. Sustainability is likely with continued staff and patient engagement. Continuing the right care tracking tool will provide effective analysis of referral needs and promote timely and patient centered care.. This quality improvement initiative is sustainable and may be spread to other clinics and healthcare organizations.

### Acknowledgements

A special thanks to Kim Nesvig CEO and other stakeholders for approving this quality improvement initiative.

Sincere gratitude to the following for patience, support, guidance and participation in multiple iterations. Dedicated efforts resulted in meeting project goals:

The SHRET team, patients, my family, DNP cohort, FNU faculty, Dr. Michael Noss, and the American Academy of HIV Medicine (AAHIVM).

