

Improvement in Screening for Depression in Adolescents with Diabetes

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Background

- Depression is common among adolescents, but rates increase significantly with chronic health conditions such as diabetes.
- Depression is associated with suboptimal diabetes outcomes (higher hemoglobin A1c, increased rates of diabetes-related hospitalizations).
- Standards of care recommend routine psychosocial screening
- Depression screening rates of adolescents 13-17 years old with Type 1 (T1D) and Type 2 (T2D) diabetes were 29% and 35% in 2019 and 2020 respectively at the two primary (East and West Bay) diabetes clinics at Benioff Children's Hospital (BCH).
- Mental health evaluations were not routinely completed in all patients or with the use of a validated screening tool in our clinics.

Objectives

Project goal

- To achieve depression screening in $\geq 50\%$ of adolescents aged 13-17 years with T1D and T2D seen at in-person clinic encounters for at least 9 of 12 months in fiscal year 2022 (FY22).

Global aim

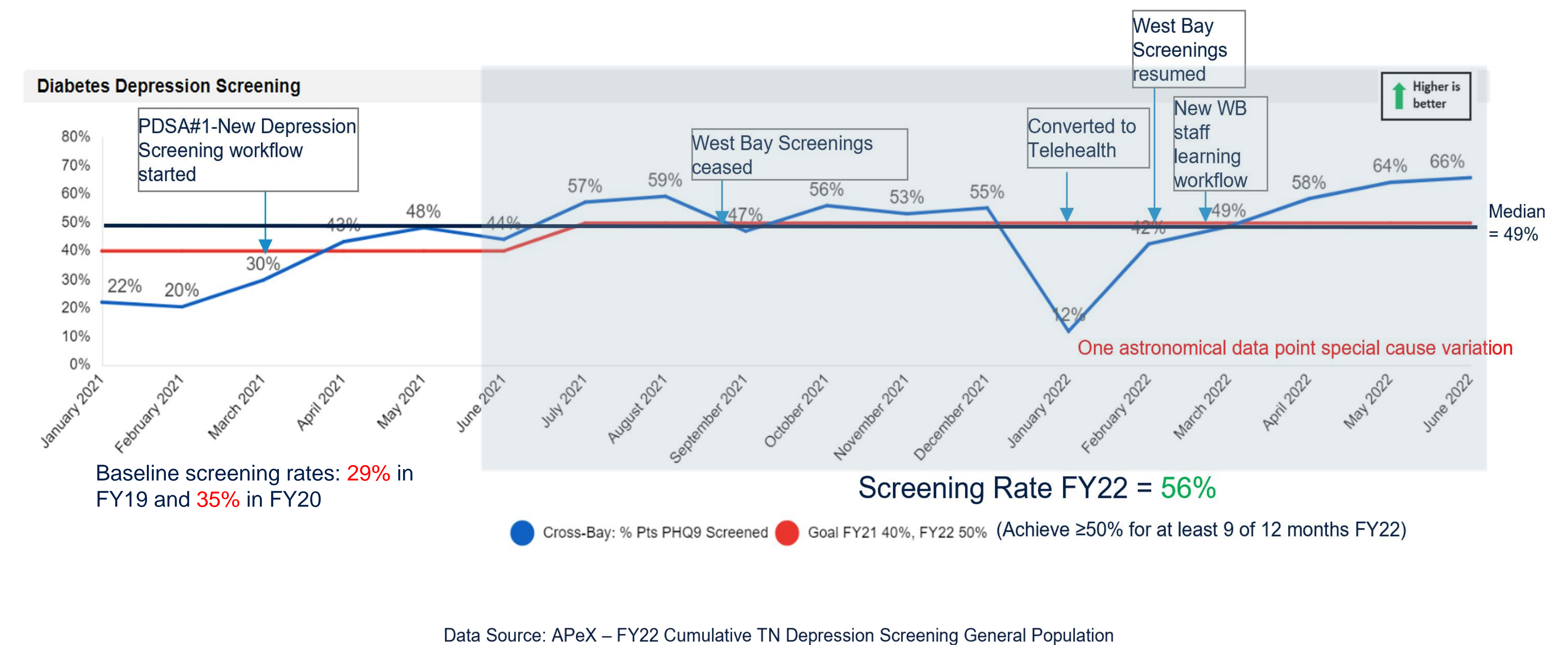
- To adequately address the psychosocial needs of patients with positive depression screens at BCH.

Methods

- A multidisciplinary Task Force was created in March 2021 to develop guidelines and clinic workflow.
- A workflow using the validated PHQ-9 screening tool in the electronic health record (EHR) was created to increase queryable screening rates and address the needs of patients with positive screens by referral to social work.
- PHQ-9 depression screening was conducted for adolescents aged 13-17 with T1D and T2D at in-person clinic visits.

Results

- The depression screening rates was achieved $\geq 50\%$ in 8 of 12 months in FY22 (Run chart).
- The cumulative screening rate for FY22 was 56% and the screening rate increased by 27% over the baseline



Conclusions

- Adolescents with diabetes are now routinely screened at every in-person clinic visit at the two primary BCH clinics with a standardized workflow and screening tool, and patients are referred to a clinic social worker based on the results criteria.
- Limitations:
 - In-person interventions were impacted by increased use of telehealth due to the COVID pandemic.
 - Staffing changes and resources limitations
- Future interventions:
 - Increasing screening population to all patients ≥ 13 years
 - Administering screening electronically so that results can be directly populated into the EHR
 - Screening via telehealth
 - Expanding depression screening workflows to satellite clinics with social work support