



The 2 E's: EMR and Education to Improve Depression Screening

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Background:

- Mental wellbeing is an important tenant of diabetes management.
- The **ADA and ISPAD** re-iterate the importance of depression screening to be able to intervene when needed as early detection can lead to earlier treatment and decrease potential adverse effects.

Objective:

- In 2023 our depression screen percentage decreased significantly to 50.9%.
- At the same time, our EMR system was in the process of changing, and thus this was the moment to intervene to improve this important clinical metric.
- Our goal was to increase our depression screening to >70% within 6 months.**

Methods:

- Three clinic days from three different clinic sites were reviewed every month to analyze our percentage of eligible patients that had appropriate depression screens done (PHQ-2/PHQ-9).
- We used our PDSA cycles to create interventions and then used this data to analyze and help guide further changes.

PDSA cycle changes:

Education

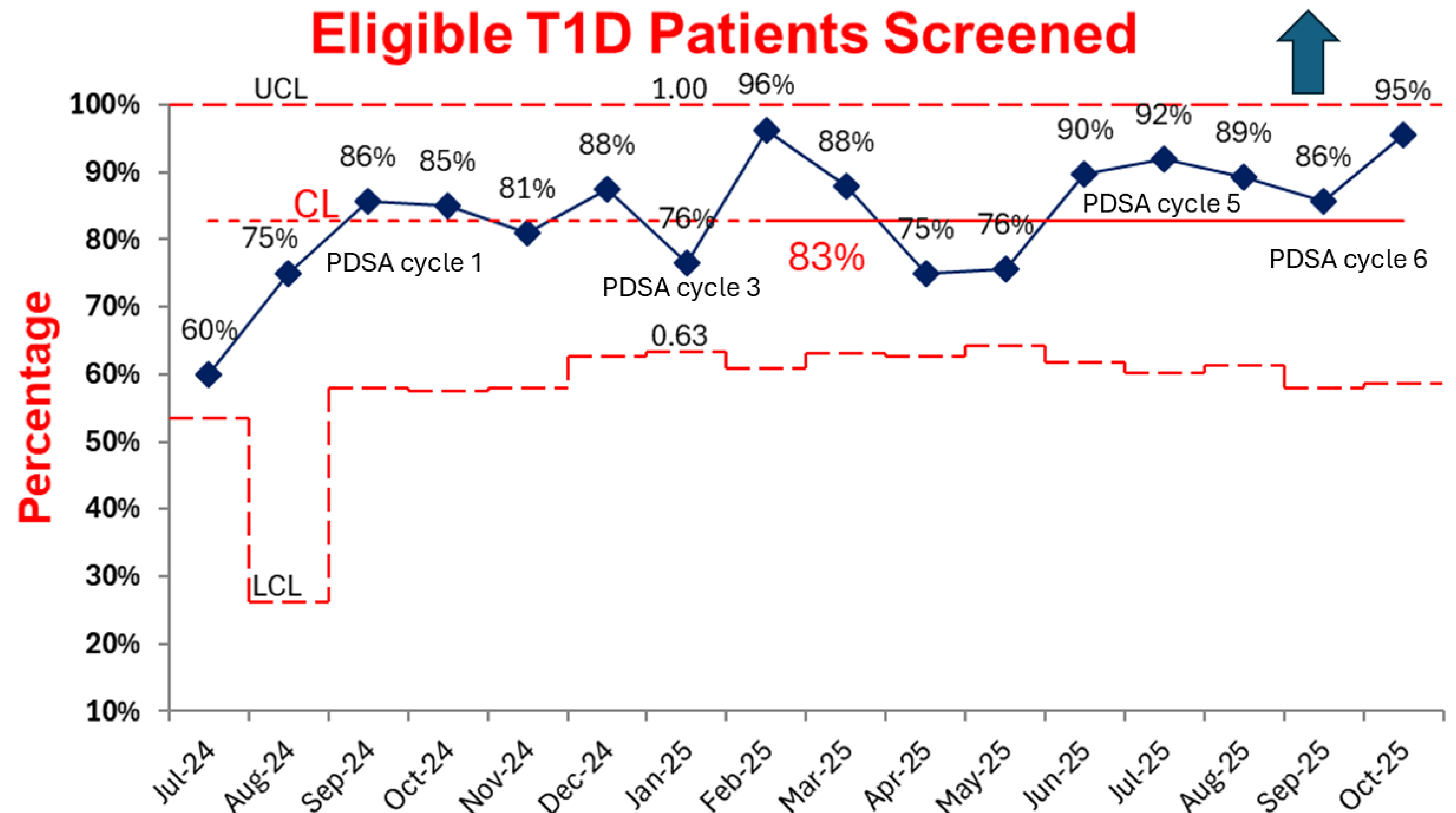
- Created a **standardized clinical pathway** for whom to screen, when to screen and what to do with the results
 - Worked as a **multidisciplinary team with our providers, diabetes nurses, and social work**
- Provided**
 - Educational Sessions
 - Informational Emails
 - Handouts
- This was provided by both our physician team and our diabetes nurse QI champion**

EMR

- Created the Diabetes Tab**
 - Created and later edited to be more clear
- Worked with the Epic team to **optimize the current Epic flow** for how to access the depression screen
 - PHQ-2/PHQ-9 right below in the same tab
- Created an **Epic SmartPhrase** that automatically pulls the results and in addition has a drop down with the plan for each score

RESULTS

Figure 1:



Results:

- Baseline**
 - Our 2023 baseline was 51%
 - Our baseline data in the 2 months prior to starting the QI project using our 3-site clinic analysis method was **63%**.
- After the initial PDSA cycle:**
 - We quickly increased our percentage to meet our goal (Figure 1).
- We had some decreases in depression screening rates, which prompted further analysis and interventions. After these further PDSA cycles**
 - Our percentage rose again
 - Our most recent months average is 90%**
 - Our relative increase from baseline was 31.7%

Conclusions

Using targeted education with a multidisciplinary approach and harnessing the EMR helped to increase our diabetes depression screening rates and exceed our goal for this important clinical care metric.

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