The Effect of Implementing Symptom Feedback into Psychiatric Care at a Non-Profit Clinic

14th National DNP Conference

Deirdre O. Rea, DNP, MSN-CNS, PMHRN-BC

Jeannie Garber, DNP, NEA-BC, Project Chair

Literature Review

Cons	Pros
Time consuming (Kotte, 2016; Zimmerman, 2008)	**Time saver** (Fortney, 2016; Kennedy Forum, 2015)
Clinical judgment supersedes tool (Dowrick, 2009; Hatfield, 2009)	**Clinical judgment scores = tool measurements** (Trivedi, 2006; Rush, 2006)
Patient preference- too impersonal (Dowrick, 2009; Kotte, 2016)	**Patient preference- patient engagement** (Dowrick, 2009)

PICO question

- In psychiatric providers at a charity-based clinic, what is the effect of pro-active reporting of scores on the patient-reported Patient Health Questionnaire-9 (PHQ-9) tool for depression and the Generalized Anxiety Disorder-7 (GAD-7) tool for anxiety, as compared to care as usual, on treatment outcomes and provider perceptions of measurement-based care (MBC)?

Objectives

- To institute the regular practice of obtaining measurements of patient-reported symptom scores on the PHQ-9 (depression) and GAD-7 (anxiety) of all patients seen at the clinic for either medication management or psychotherapy and embed in the new EMR. Goal: 90% completion rate.
- To measure and compare scores on the PHQ-9 and GAD-7 both prior to and following an office-based intervention to provide intentional, proactive reporting of patient scores to providers. Goal: 10% change toward positive.
- To determine the effect on providers of intentional, proactive reporting of their patient scores toward assessment and treatment decisions.

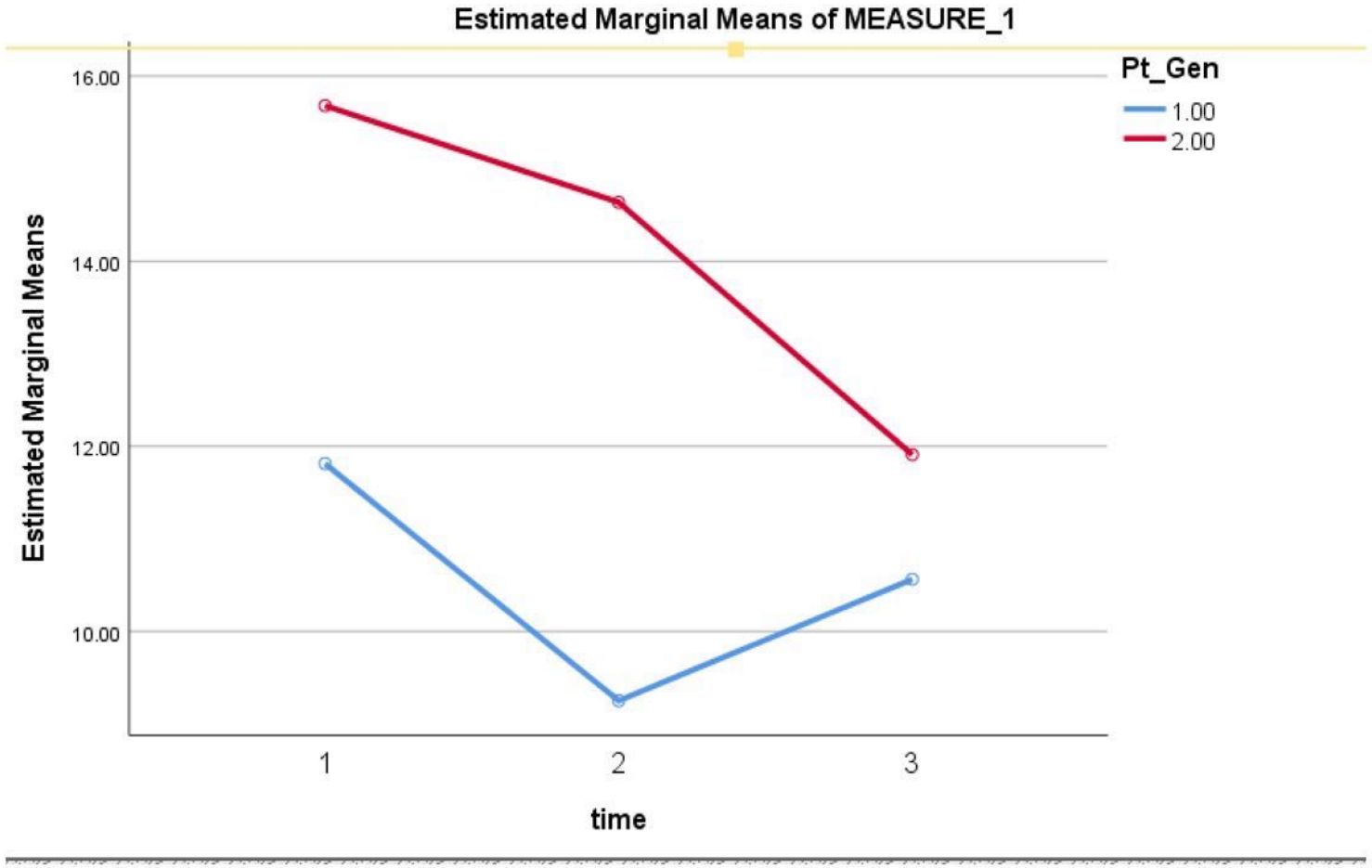
Findings

- *T*-tests:
- Significant reduction of symptoms overall in both the PHQ-9 depression scores (p< .022) and the GAD-7 anxiety scores (p< .001)
- No intervention effect on the depression scores
- A significant positive intervention effect on anxiety scores (p< .044)

Paired Samples Test

		Paired Differences					t	df	Sig. (2-tailed)
					95% Confidence Interval of the Difference				
		Mean	Std. Deviation	Std. Error Mean	Lower	Upper			
Pair 1	gad1 - gad2	1.20833	5.34733	.77182	-.34437	2.76104	1.566	47	.124
Pair 2	gad1 - gad3	2.90909	5.24213	.79028	1.31534	4.50284	3.681	43	.001
Pair 3	gad2 - gad3	1.94872	5.84424	.93583	.05423	3.84320	2.082	38	.044

- There was an effect for patient gender on the PHQ-9 data



Qualitative

- 338 references
- 14 organizing themes

64 codes

4 global themes

Global Theme	Organizing theme
Barriers to MBC	Burden
	Choice of Appropriate Tool
	Patient Population and Diagnosis
	Depersonalizing Care
Value of MBC	Baseline Measurements and Markers
	Guides Treatment
	Use as an Adjunct
	Patient Centered Care

Global Theme	Organizing Theme
Need for MBC	Evidence based
	Utility
Operational Processes	Office-based mechanism
	EMR Use
	Choice of Tools
	Outcome Reporting

Project Evaluation and Outcomes

- Driving force- motivation of the Executive Director and Board to produce outcomes
- Restraining Force- difficulty integrating the EMR
- Obj #1- After January, 2019 patient reporting was at 100%.
- Obj #2- Overall results showed statistically significant reduction in patient symptoms over 7 months reflecting clinic effectiveness. Anxiety symptoms showed significant response to intervention. Females approached significance for depression.
- Obj #3- Provider comments drove adjustment of office process for increased utility and standardization of process

Practice Implications

- Implementing a change like MBC can be successful with small changes in workflow and a team approach:
- Providers choose their tools of choice
- Office staff manage distribution, collection and documentation
- Patients come prepared for self-reflection and ready to respond

- Clinic benefits from quantification of outcomes
- Providers see the results of their work
- Patients are actively engaged in their healthcare

Acknowledgements

- Special Thanks:
- Annie Harvey, William Rea, MD, Liam Rea, BS,BA, Summer St. Peter, Matthew Jones, PhD, Thomas Strayer, PhD, Allison Tegge, PhD, Donna Houchins, Bridgette Vest, DNP, NP-BC

References

- Dowrick, C., Leydon, G., McBride, A., Howe, A., Burgess, H., Clarke, P., Maisey, S., Kendrick, T. (2009). Patients' and doctors' views on depression severity questionnaires incentivized in UK quality and outcomes framework: qualitative study. *BMJ, 338.*Retrieved from http:///www.bmj.com. Doi: 10.1136/bmj.b663
- Fortney, J., Unutzer, J., Wrenn, G., Pyne, J., Smith, G., Schoenbaum, M., Harbin, H. (2016). A tipping point for measurement-based care. *Psychiatry Online.* Retrieved from https://ps.psychiatryonline.org/doi/full/10.1176/appi.ps.201500439
- Hatfield, D., McCullough, L., Frantz, S., Krieger, K. (2010). Do we know when our clients get worse? An investigation of therapists' ability to detect negative client change. *Clinical Psychology and Psychotherapy, 17,* 25-32. Doi: 10.1002/cpp.656
- How to apply Lippitts' Theory of Change in Nursing. (2018). Retrieved from https://classroom.synonym.com/apply-lippitts-theory-change-nursing-5940860.html
- Kotte, A., Hill, K., Mah, A., Korathu-Larson, P., Au, J., Izmirian, S.,… Higa-McMillan, C. (2016). Facilitator and barriers of implementing a measurement feedback system in public youth mental health. *Administration and Policy in Mental Health and Mental Health Services Research,* 1-18.
- Kroenke, K., Spitzer, R., Williams, J. (2001). The PHQ-9: Validity of a brief depression severity measure. *Journal of General Internal Medicine, 16*(9), 606-613.
- Rush, A., Carmody, T., Ibrahim, H. (2006). Comparison of self-report and clinician ratings on two inventories of depressive symptomatology. *Psychiatric Services, 57*, 829-837.
- Spitzer, R., Kroenke, K., Williams, J., Lowe, B. (2006). A brief measure for assessing generalized anxiety disorder. *Archives of Internal Medicine, 166,* 1092-1097.
- The Kennedy Forum. (2015). *Fixing behavioral health in America: A national call for measurement-based care in the delivery of behavioral health services.* (MBC Issue Brief) Washington, DC: Fortney, J., Sladek, R., & Unutzer, J.
- Trivedi, M., Daly, E. (2007). Measurement-based care for refractory depression: A clinical decision support model for clinical research and practice. *Drug Alcohol Depend., 88*(Suppl 2), S61-S71. Doi: 10. 1016/j.drugalcdep.2007.01.007
- Zimmerman, M., McGlinchey, J. (2008). Why don't psychiatrists use scales to measure outcome when treating depressed patients? *The Journal of Clinical Psychiatry, 69*(12), 1916-1919.
- Zubkoff, L., Young-Xu, Y., Shiner, B., Pomerantz, A., Watts, B. (2012). Usefulness of symptom feedback to providers in an integrated primary care-mental health care clinic. *Psychiatric Services, 63*(1), 91-93.