Increased Utilization of PHQ-9 as a Measurement Based Care to Improve Depression Treatment in the Adult Population Among Mental Health Care Providers

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BACKGROUND

Increased utilization of PHQ-9 as a measurement-based care is a best practice (Department of Veterans Affairs Department of Defense (VA/DoD) , 2022).

- •Major depressive disorder (MDD) is the leading cause of disability in U.S residents 15 to 44 years old (APA, 2020).
- •Using PHQ-9 for outcome measurement routinely in evaluating patients for functioning and quality of life may help practitioners modify the sequence of therapy in a timely and appropriate method to better meet the needs of the client (Trivedi et al., 2006).
- •The use of validated rating scales such as PHQ-9 has shown improvement in outcomes and quality of care in psychiatry (Scott & Lewis, 2015).

PURPOSE AND HYPOTHESIS

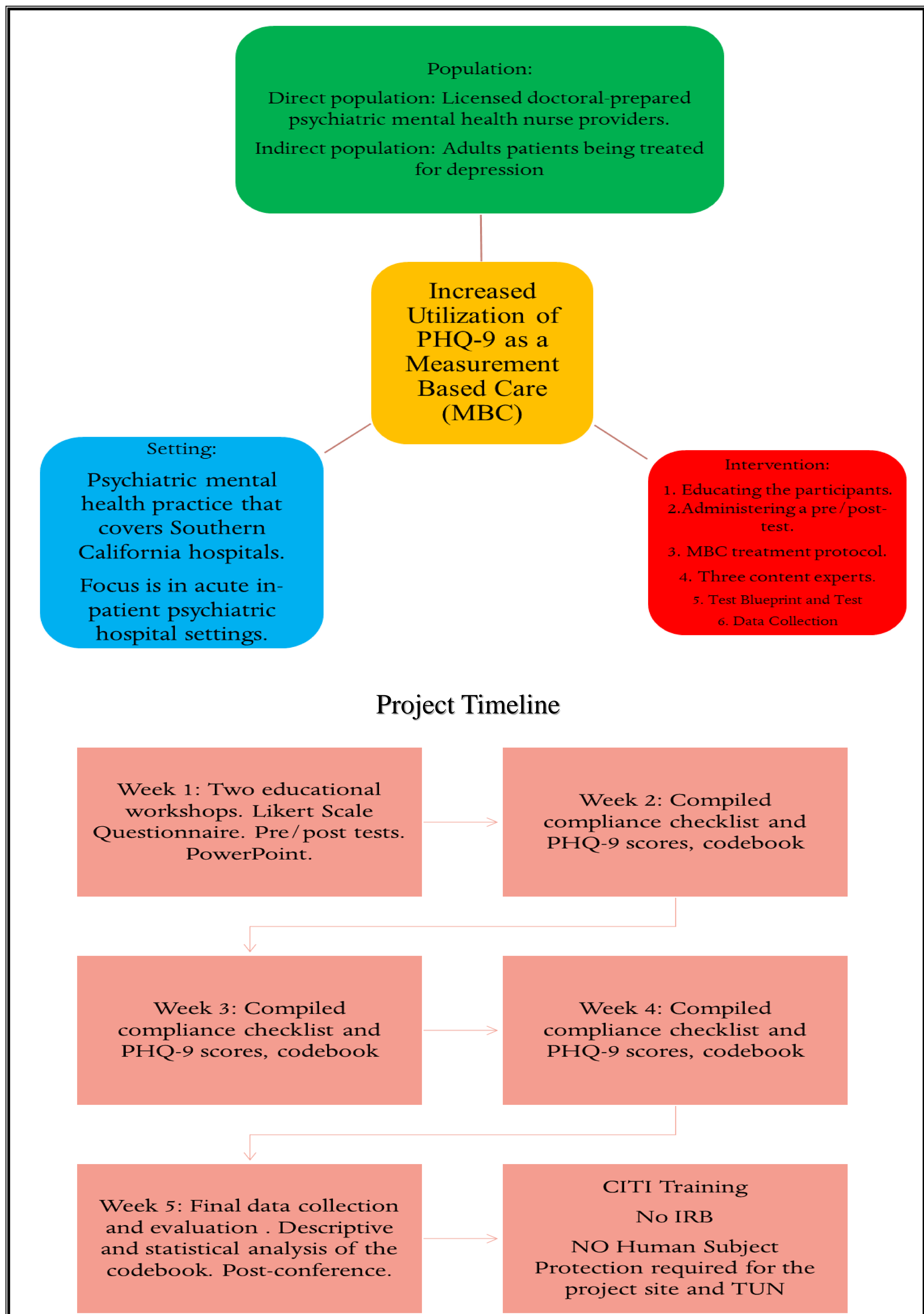
Purpose:

- Improve the knowledge and confidence level of providers using PHQ-9 to treat depression.
- Improve staff compliance for MBC tools rates to 95%.
- Improve PHQ-9 scores in the treatment of depression to a clinically significant change.

Hypothesis:

- By improving the confidence in providers' ability to utilize the MBC when treating depression and improving provider's knowledge of the application of the PHQ-9 during real-time encounters with patients, providers will be able to quantify clinical improvement in patients' symptoms thereby improving patients' quality of life.

METHODS



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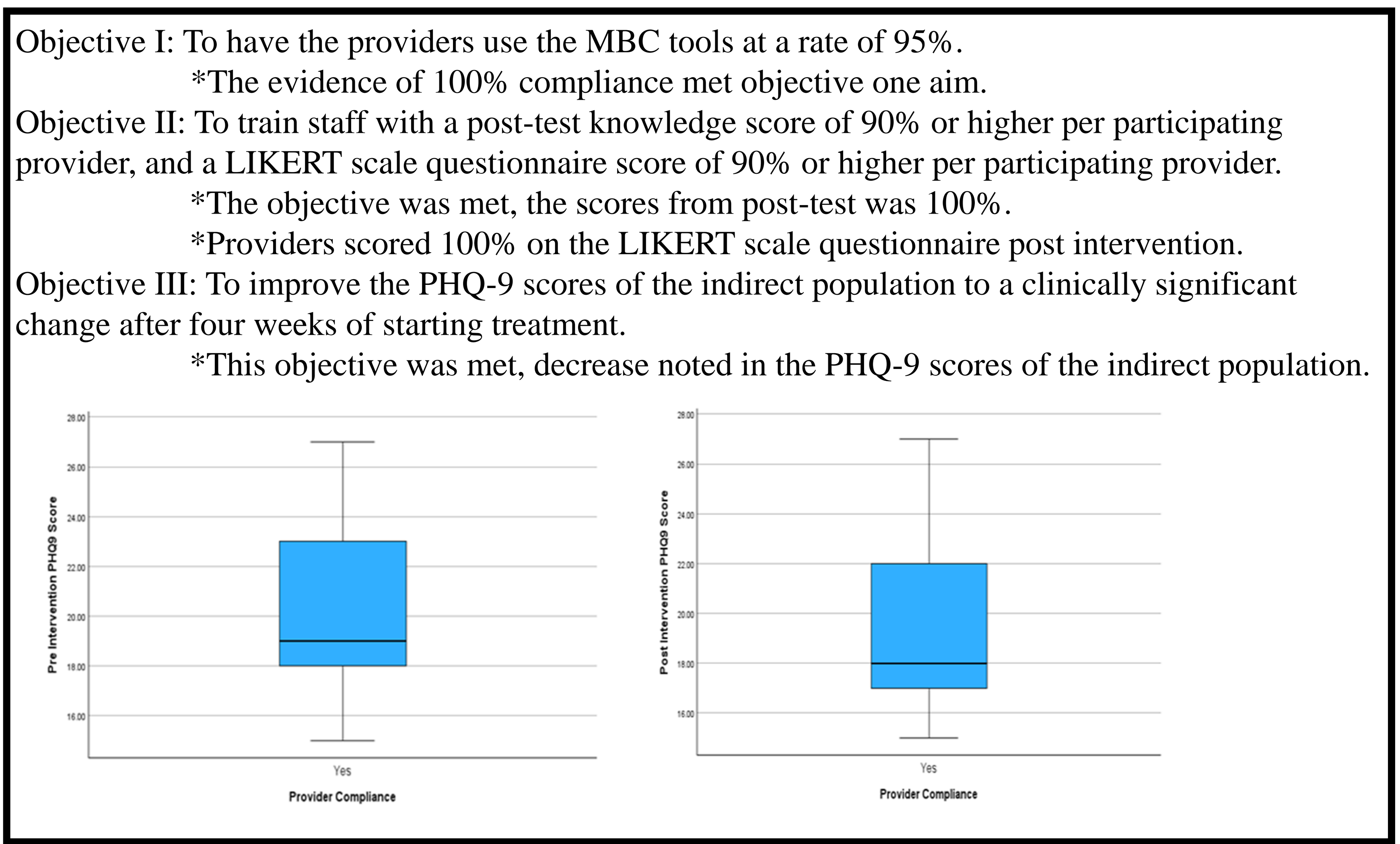
RESULTS



Objective I: To have the providers use the MBC tools at a rate of 95%.
*The evidence of 100% compliance met objective one aim.
Objective II: To train staff with a post-test knowledge score of 90% or higher per participating provider, and a LIKERT scale questionnaire score of 90% or higher per participating provider.
*The objective was met, the scores from post-test was 100%.
*Providers scored 100% on the LIKERT scale questionnaire post intervention.
Objective III: To improve the PHQ-9 scores of the indirect population to a clinically significant change after four weeks of starting treatment.
*This objective was met, decrease noted in the PHQ-9 scores of the indirect population.

CONCLUSIONS

The statistical findings generated from the data analysis support the hypothesis with a substantial decrease in the participant's average PHQ-9 scores, the improved confidence in the providers' ability to utilize the MBC when treating depression, and improved provider's knowledge of the application of the PHQ-9 during real-time encounters with patients.

The project's usefulness is the clinical acceptability of the accuracy of depression management using PHQ-9. The quality improvement program employs PHQ-9 into the clinical practice policy of the DNP project site for the timely identification of the severity of depressive symptoms when treating depression to facilitate treatment modalities and referrals to appropriate services.

The project findings may not apply to all behavioral health facilities, nonetheless, it provides an opening for addressing the neglected scope of depression management in behavioral health care settings.

Concluding findings showed improved confidence in providers' ability to utilize the MBC when treating depression, and improved provider's knowledge of the application of the PHQ-9 during real-time encounters with patients.

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