

BACKGROUND

- In the United States, around 20 million people are suffering from depression and the societal economic burden is estimated at \$333.7 billion dollars.
- Depression significantly affects quality of life and can result in severe impairments in functioning and irreversible consequences such as completed suicide.
- The PHQ-9 is a validated screening tool for depression and has good psychometric properties (sensitivity 0.83, specificity 0.72).

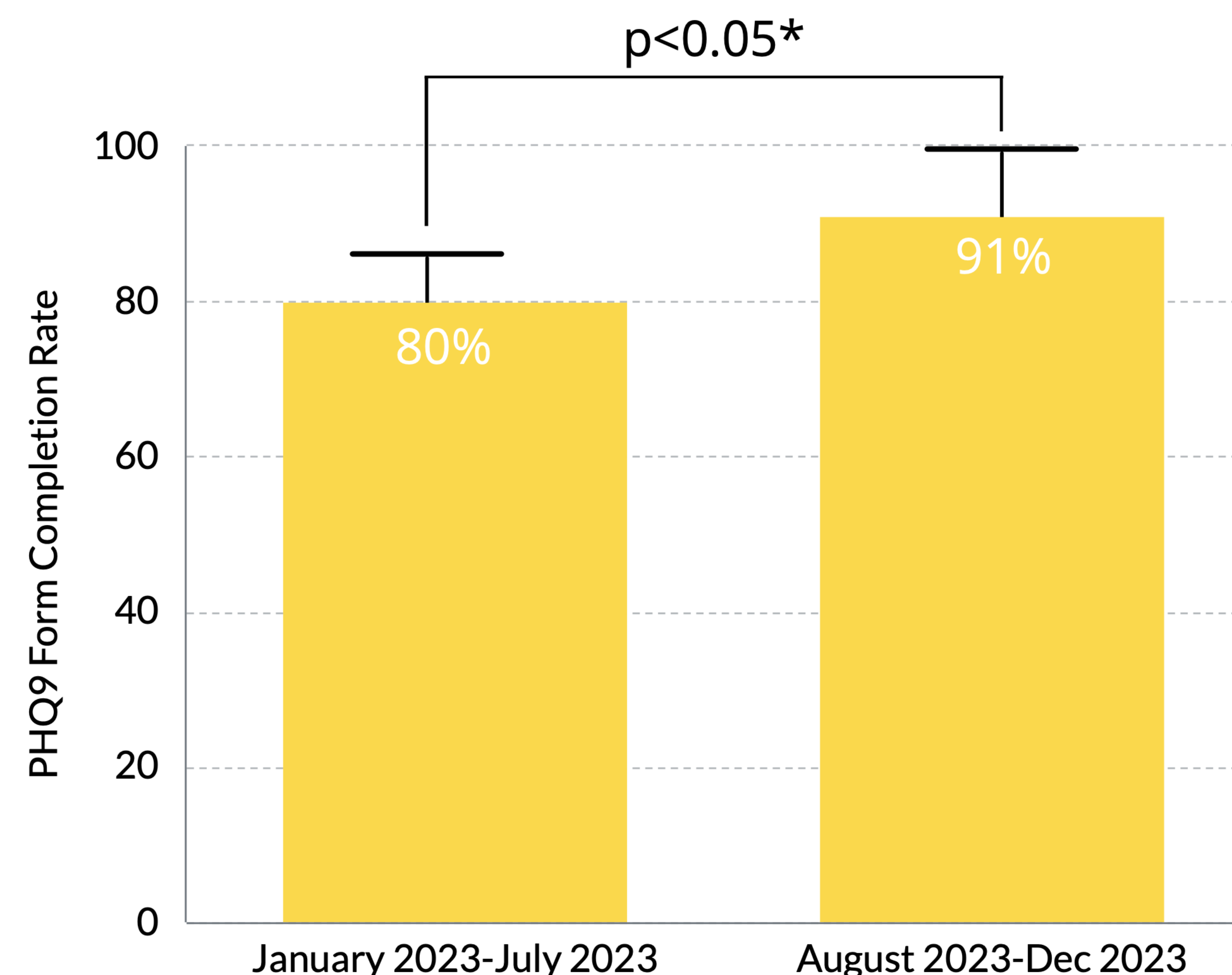
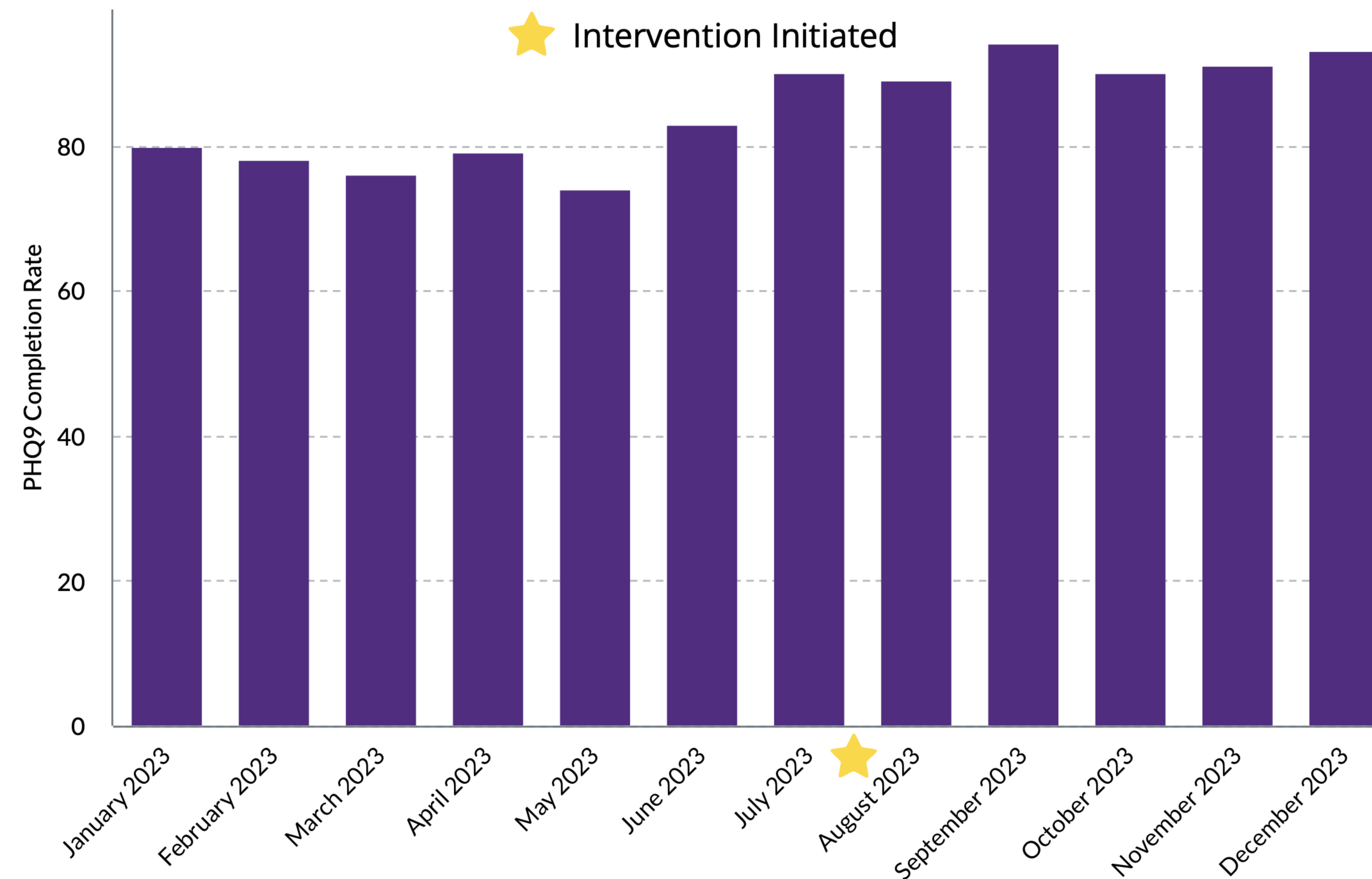
INTRODUCTION

- The Centers for Medicare and Medicaid Services (CMS) introduced the Merit-Based Incentive Payment System (MIPS) in 2015 and tied PHQ-9 completion rates to reimbursement.
- MIPS resulted in either penalties or bonuses of up to nine percent in 2022, and bonus percentages have tended to increase over time.
- There are several barriers to increasing PHQ-9 completion rates that include time constraints by staff, short appointments, and questions about how best to document PHQ-9 results.

MATERIALS & METHODS

- Educated providers, residents, and nursing staff about the importance of the PHQ-9 screening, how it ties to reimbursement, and how and when to document the results.
- Provided PHQ-9 forms for patients to fill out while in the waiting room, if they screened positive on the PHQ-2.
- Compared completion rates 6 months before and after the change, averaged rates, and conducted a two-sample t-test to assess for statistical significance.

RESULTS



DISCUSSION

- We concluded that changing the process for PHQ-9 screening was effective at increasing the completion rate in this clinic.
- Moreover, we feel that ongoing education was an important component of building awareness of the importance of quality measures and helped contribute to buy-in among stakeholders.
- This project highlights the impact of identifying barriers and optimizing clinic workflows to improve quality metrics.

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