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.

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).

RESULTS

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.

REFERENCES


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