Effective Screening and Treatment of Depression in Adults Living with HIV/ AIDS at a Federally Qualified Health Center

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HIV and Depression

Objectives

Purpose:

To improve provider knowledge, assessment, and treatment of depression in those living with HIV/AIDS

- Recognize the importance of treating depression in those living with HIV/AIDS.
- Identify the risks associated with not treating depression in those living with HIV/AIDS.
- State methods to improve assessment and treatment in clinical settings.

Introduction

General population depression rates are approximately 5%-10% (SAMHSA-HRSA, 2016)

Rates two to five times higher in HIV/AIDS (SAMHSA-HRSA, 2016)

Four times higher in HIV positive women (SAMHSA-HRSA, 2016)

Underdiagnosed in primary care (Bess et al., 2013).

Approximately one-half to two-thirds of cases missed (Bess et al., 2013).

Introduction

Early Detection: increases adherence to antiretroviral therapy (ART) and slows disease progression (Bhatia & Munjal, 2014)

Adverse Effects of Depression in HIV:

- Decreased quality of life
- Increased mortality rate
- Accelerated disease progression
- Risky Behaviors resulting in increased transmission rates

(Morrison et al., 2014).

AVAILABLE KNOWLEDGE

- Screening and treatment considered a national health priority (Zipursky et al., 2013)
- Clinicians do not routinely assess for depression (Pence, 2009)
- Deficient screening and treatment correlates with decreased adherence to ART (Yun, Maravi, Kobayashi, Barton, & Davidson, 2005)
- Depression in HIV linked to risky behaviors (SAMHSA-HRSA, 2016)
- HIV medical costs are estimated 36.4 billion dollars (Hutchinson et al., 2006)

WHY WAS THIS QI PROJECT IMPLEMENTED???

LOCAL PROBLEM

- Depression in HIV patients not routinely screened
- PHQ-2 used prior to project implementation
- Chart audit indicated 59% of patients screened
- Audit indicated 13% appropriately referred to treatment
- Lack of efficient tracking system

RATIONALE

- Theory: Measurement-Based Care model delivered by a multidisciplinary team caring for depression in HIV (Adams et al., 2012)
- Toolkit: The Case for Behavioral Health Screening in HIV Care Settings (SAMHSA-HRSA, 2016)
- Guideline: New York State Department of Health AIDS Institute (NYSDHAI, 2010)
- Framework: The SBIRT framework supports early detection and treatment. All patients should receive appropriate care; the right care that is consistent and of high quality (SAMHSA-HRSA, 2016; Institute of Medicine, 2001)

PUTTING IT TOGETHER

AIM

To increase provider screening and treatment of depression in people aged 18 years and older living with HIV to 100% in 90 days.

CONTEXT

Federally Qualified Health Center

Approximately 1,181 HIV clients served annually

Ryan White (RW) funded

Full range of health care benefits serving 23 counties

41% Caucasian, 53% African American, 6% Hispanic, 1.2% Asian

INTERVENTION

Plan-Do-Study-Act (PDSA)

Team engagement- Team Kick-off meeting, education on guidelines and recommendations, anecdotal reports, surveys

Patient engagement- 3-item patient engagement tool, Patient tracers

Depression Screening utilized the PHQ-9 tool

Right care tracking tool

RESULTS

- Progress toward goals were improved and sustained.
- Team knowledge and comfort reached high score of 5 on 5-point Likert scale.
- Team engagement increased by 25% mean score >4.
- Patient engagement increased by 80%.
- Screening rates increased 41%.
- Appropriate referral and treatment increased 87% reaching goal of 100%.

ANALYSIS and DISCUSSION

INTERPRETATION

- Team and patient engagement prompted change
- Multidisciplinary approach consistent with literature and the Measurement Based Care Model
- Changing system processes transformed clinic culture
- Team and patient engagement facilitated appropriate care
- Efficient team utilization and education improved engagement
- Focus on system rather than individuals
- Right Care Tracking tool was vital in analyzing and closing gaps in care
- Increased positive screens noted with PHQ-9 versus PHQ-2

LIMITATIONS

- Application to non-English speaking patients and pediatrics
- Decreased access to psychiatric providers specializing in HIV/AIDS
- Small population n=65
- Stigma and assumptions associated with disparate populations

CONCLUSION

- Team and patient engagement is integral to system change
- Screening is vital to achieving right care and necessitates treatment
- QI project improved the system resulting in increased access to care (right care)
- Replication to other clinics and organizations is next logical step.

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