

# Addressing Adolescent and Young Adult Depression in Primary Care

*A project within the Adolescent and Young Adult Behavioral Health Collaborative Innovation and Improvement Network*

## Project Overview

Cohort One

**February – October 2020**



This project is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) (under #U45MC27709, Adolescent and Young Adult Health Capacity Building Program). The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by HRSA, HHS, or the U.S. Government. For more information, please visit [HRSA.gov](https://www.hrsa.gov).

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This project is an activity within the Adolescent and Young Adult Health National Capacity Building Program, a partnership between the University of California, the Association of Maternal and Child Health Programs (AMCHP), the State Adolescent Health Resource Center (SAHRC), and the National Improvement Partnership Network (NIPN). NIPN is an organization housed at the Vermont Child Health Improvement Program (VCHIP) at the Larner College of Medicine and is the lead organization for the quality improvement project in primary care practices.

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## Project Snapshot

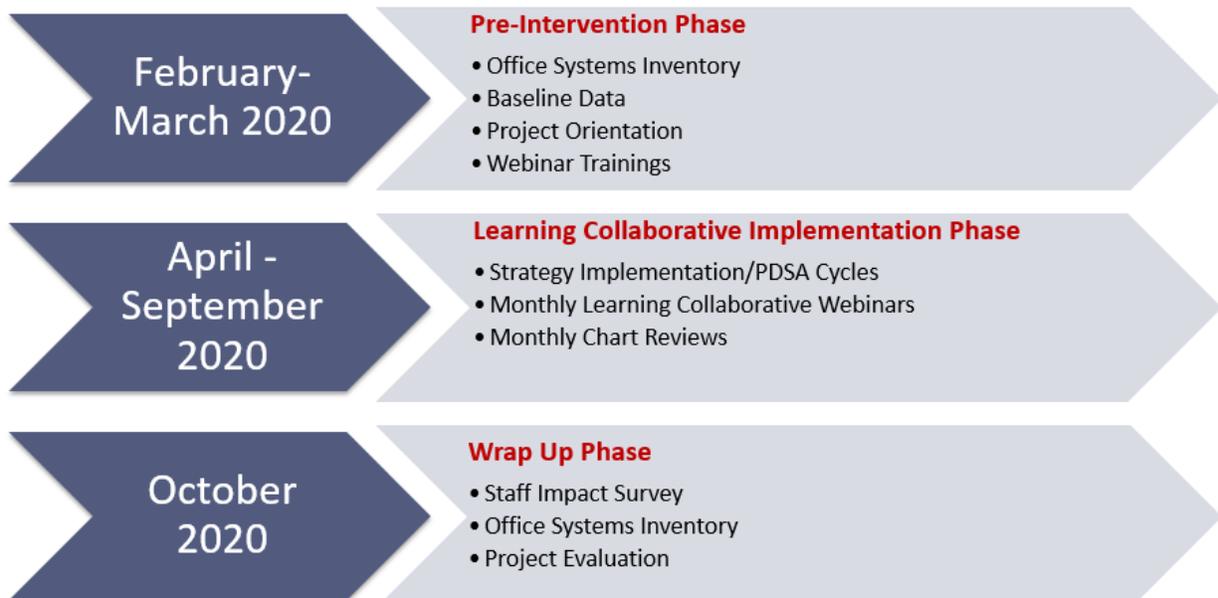
Nearly half of lifetime diagnosable mental disorders begin by age 14 and three quarters begin by age 24. Although screening for adolescent depression in primary care is recommended, screening rates remain low. Clinicians from Indiana, Minnesota, South Carolina, Vermont, and Wisconsin can participate in this 10-month, virtual, learning collaborative, which will train participants in quality improvement (QI) methodology and evidence-based strategies to improve depression screening and follow-up planning for adolescents and young adults. Project participants will earn credit toward professional certification (MOC, MC-FP, CME) and monitor their progress through monthly data feedback reports.

### Participants will:

- Assemble a multi-disciplinary practice QI team
- Attend the Project Orientation webinar (live or recorded)
- Participate in seven monthly webinars (live or recorded)
- Audit 10 patient visits per month for 9 months to assess depression screening and follow-up
- Complete three project surveys
- Test strategies to improve depression screening and follow-up through monthly PDSA cycles

### NIPN will:

- Provide training via hour-long webinars
- Analyze data and provide sites monthly reports with practice-specific coaching
- Provide MOC, MC-FP, and Performance Improvement CME credits to participants who meet project requirements
- Communicate with participants about project via listserv
- Provide technical assistance and QI support
- Provide summary report of practice data and results compared with aggregate data
- Track project participation and provide monthly updates regarding project requirements
- Provide tools and resources to support improving office systems related to mental health



## Learning Collaborative Overview

### Project Context

This project is an activity within the Adolescent and Young Adult Health National Capacity Building Program, a partnership between the University of California, the Association of Maternal and Child Health Programs (AMCHP), the State Adolescent Health Resource Center (SAHRC), and the National Improvement Partnership Network (NIPN). This learning collaborative is an activity within the Adolescent and Young Adult Behavioral Health Collaborative Improvement and Innovation Network (AYA-BH CoIIN). The AYA-BH CoIIN is run by AMCHP and NIPN. AMCHP's work in the CoIIN is focused on improving State- and system-level policies with state public health (Title V) to support integration of behavioral health in primary care, while NIPN is leading the quality improvement project in clinical practices.

### Background

The adolescent and young adult (**AYA**) years are periods of major physical, cognitive and psychosocial development. This growth brings opportunities and challenges for improving health and preventing disease and disability, both in the short- and long-term. Challenges include the emergence of risky behaviors and behavioral health issues, such as substance use and mental illness. The prevalence of 12-month major depressive episode (MDE) in AYA has been steadily increasing since 2011.<sup>1</sup> In 2017, 13.3% of adolescents and 13.1% of young adults experienced a MDE in the past year.<sup>2</sup> Nearly half of lifetime diagnosable mental disorders begin by age 14 and three quarters begin by age 24.<sup>3</sup>

The US Preventive Services Task Force recommends universal depression screening in primary care for all adults over age 18, regardless of risk factors and recommends universal screening for adolescents ages 12-18 year when adequate systems are in place to ensure accurate diagnosis, effective treatment, and appropriate follow-up. Although screening for adolescent depression in primary care is recommended, screening rates remain low; in 2017 about 60% of pediatricians reported that they screen for depression.<sup>4</sup> Pediatrician-reported barriers to screening for mental health issues in primary care settings include lack of skills in screening and

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<sup>1</sup> Mojtabai, R., Olfson, M., Han, B., 2016. National Trends in the Prevalence and Treatment of Depression in Adolescents and Young Adults. *Pediatrics* 138.

<sup>2</sup> Results from the 2017 National Survey on Drug Use and Health. (2018) Retrieved from <https://www.samhsa.gov/data/sites/default/files/cbhsq-reports/NSDUHDetailedTabs2017/NSDUHDetailedTabs2017.htm#tab9-8B>

<sup>3</sup> Kessler, R.C., Berglund, P., Demler, O., Jin, R., Merikangas, K.R., Walters, E.E., 2005. Lifetime prevalence and age-of-onset distributions of DSM-IV disorders in the National Comorbidity Survey Replication. *Arch Gen Psychiatry* 62:593-602.

<sup>4</sup> Stein, R.E., Storfer-Isser, A., Kerker, B.D., Garner, A., Szilagyi, M., Hoagwood, K.E., O'Connor, K.G., McCue Horwitz, S., 2016. Beyond ADHD: How Well Are We Doing? *Acad Pediatr* 16:115-21.

managing moderate depression and difficulties in linking to mental health treatment.<sup>5</sup> Yet, given the onset of mental disorders in the AYA years, screening and follow up are critical.

## Quality Improvement Intervention

Practice-level change is crucial to improving the assessment and care of mental health issues in primary care. Therefore, NIPN is implementing a primary care-focused QI intervention to strengthen office systems for screening youth for depression and addressing positive screens. Participants in the project will receive training in QI methodology and implement strategies to increase depression screening rates and improve follow-up planning and implementation. Practices will complete surveys and submit baseline and monthly data to track their progress and work towards achieving improved depression screening rates. The NIPN QI team will provide resources and expertise through monthly Learning Collaborative webinars and ongoing support.

### Project Aim

Clinical partners participating in the project will achieve an 80% screening rate among patients ages 12-25 for a major depressive episode using an age-appropriate standardized tool with documentation of a follow-up plan if the screen is positive.

### Project Goals

**Goal 1:** To strengthen strong provider use of validated tools to provide universal depression screening for youth ages 12-25.

**Goal 2:** To support participating practices' implementation of strategies to improve their office systems for managing depression screening and follow-up planning for youth.

**Goal 3:** To support the practice team in identifying office systems areas for improvement, planning and implementing changes, and studying changes made using the Plan/Do/Study/Act (PDSA) model of rapid-cycle improvement.

### Specific Measurable Objectives

**Objective 1:** To increase the rate of depression screening in youth ages 12-25 years to 80%.

**Objective 2:** To increase the rate of youth with a positive depression screen who have a documented follow-up plan to 80%.

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<sup>5</sup> Horwitz, S.M., Storfer-Isser, A., Kerker, B.D., Szilagyi, M., Garner, A., O'Connor, K.G., Hoagwood, K.E., Stein, R.E., 2015. Barriers to the Identification and Management of Psychosocial Problems: Changes From 2004 to 2013. *Acad Pediatr* 15:613-20.

## Training

All training for this project occurs via hour-long webinars. For each webinar topic, NIPN provides two live broadcasts on different days and times. For participants who are unable to join the live webinar broadcast, webinar recordings are available. For participants earning project credit, the webinar recording must be viewed within the same month the live webinar was offered so that participants are current with the project training and are able to apply the content during the project. The schedule of project webinars is shown below.

Webinar Dates (EST)	Webinar Topic <i>(Topic and presenters are subject to change)</i>	Presenters
02/11/20, 12-1pm 02/13/20, 1-2pm	<b>Project Orientation</b> <i>*required for all project participants</i>	Wendy Davis, MD, FAAP Rachel Wallace-Brodeur, MS, MEd
02/18/20, 12-1pm 02/20/20, 1-2pm	<b>Data Orientation</b> <i>Required for Data Entry Personnel Only Not applicable for MOC/MC-FP credit</i>	Susan E.V. Richardson, PhD
03/10/20, 12-1pm 03/12/20, 1-2pm	<b>1. Quality Improvement 101</b>	Rachel Wallace-Brodeur, MS, MEd
TBD	<b>2. State System for Mental Health</b>	State MCH Teams
04/06/20, 1-2pm 04/07/20, 12-1pm	<b>3. Depression Screening Tools &amp; Payment</b>	Charlie Irwin, MD
05/12/20, 12-1pm 05/14/20, 1-2pm	<b>4. Addressing Positive Screens: Referrals and Care Coordination</b>	Laura Richardson, MD, MPH
06/09/20, 12-1pm 06/11/20, 1-2pm	<b>5. Co-Morbid Conditions</b>	Sion Harris, PhD CPH
07/14/20, 12-1pm 07/16/20, 1-2pm	<b>6. Confidentiality &amp; Family Engagement</b>	Yolanda Evans, MD, MPH
08/11/20, 12-1pm 08/13/20, 1-2pm	<b>7. Addressing Self Harm and Suicide Prevention</b>	Tom Delaney, PhD Charlotte McCorkel, LICSW
09/08/20, 12-1pm 09/10/20, 1-2pm	<b>8. Promoting Emotional Well-being &amp; Family Wellness</b>	Nimi Singh, MD, MPH
09/29/20, 12-1pm 10/01/20, 1-2pm	<b>9. Project Wrap-up</b>	Wendy Davis, MD, FAAP Rachel Wallace-Brodeur, MS, MEd State MCH Teams

The typical webinar agenda format is: 1) project announcements, 2) Stories from the Field (reports from participating practices), 3) topic presentation, and 4) questions and discussion.

Participants do not need to register to attend webinars. During the day and time of the webinar, participants will go to the following link: <https://uvm-vchip.adobeconnect.com/aya/>

- Enter first and last name
- Select “dial-out” or call 866-814-9555 Conference Code: **8942049766**

## Requirements for QI Project Participation

- Designate a practice Clinic Champion and QI/Change team that will meet regularly to review practice level data, then identify and continually implement improvement strategies using PDSA cycles during the intervention phase
- Attend one hour-long project orientation webinar
- Participate in seven hour-long Learning Collaborative webinars
- Perform monthly chart audits on patients to measure depression screening (10 charts/month)
- Submit monthly PDSA log sheets to guide rapid-cycle improvement
- Complete surveys and questionnaires: Office systems inventory (pre/post), staff impact survey (post)

### Data Requirements

All data is collected at the level of the practice, not the clinician, as we are encouraging systems-level change for participating sites. For sites with multiple clinicians participating, just one set of data is submitted for the site and credit is attributed to all individuals at that site. All project data is submitted electronically through REDCap, an online encrypted data collection system. All practices are assigned a unique identifier, so that data cannot be attributed to any site.

### Data Liaison

Each participating site will designate one person to serve as data liaison. This person will be the primary contact for all project data and survey requests. The data lead will be the only person at the practice who will receive data links from REDCap and will enter, or facilitate entry, of all practice data. The data lead will bring project surveys to the practice team and record the practice's responses, then enter those responses in REDCap.

### Data Submission

To measure progress on the project aims, practices will submit baseline and monthly data on depression screening and follow-up planning to evaluate the impact of their QI work. Practices will also submit pre- and post-intervention data on their office systems related to mental health.

#### ***Office Systems***

Participating practices will complete a pre/post inventory to assess the extent to which their office systems promote and support caring for adolescents and young adults with mental health concerns. Each participating site will submit one copy of the inventory that was completed by the entire practice team.

#### ***Depression Screening and Follow-Up***

Depression screening and follow-up will be measured monthly for nine months: three months of baseline (January – March 2020) and six months of intervention (April-September 2020). Practices will audit 10 patient charts per month for patients ages 12-25 who had health supervision visits.

**Quality Improvement**

Practices will submit monthly Plan-Do-Study-Act (PDSA) logs to report what strategies the practice is testing to improve depression screening and follow-up rates.

**Staff Impact**

At the end of the project, practices will complete a short, 6-question, Staff Impact Survey, which examines the value of practice input with project outcomes.

**Earning Project Credit**

Participants may earn credit for “meaningful participation” in the project.

- **25 credits** toward Maintenance of Certification (MOC), Part 4 from the American Board of Pediatrics (ABP)
- MC-FP credit for **1 Part IV module** or **20 Part IV points**, from the American Board of Family Medicine (ABFM)
- **20 Performance Improvement** Continuing Medical Education (CME) credits

To receive credit, the following criteria must be met. Credit is earned by the individual clinician, but many activities required for credit are completed at the practice level.

<b>Individual Requirements</b> <i>(Required for each individual seeking MOC/MC-FP/CME credit.)</i>	<b>Practice Requirements</b> <i>(Activities completed by the practice that count towards all individuals in the practice seeking MOC/MC-FP/CME credit.)</i>
<ol style="list-style-type: none"> <li>Attend Orientation webinar</li> <li>Attend <b>seven</b> monthly Learning Collaborative webinars</li> </ol>	<ol style="list-style-type: none"> <li>Surveys           <ul style="list-style-type: none"> <li>Office Systems Inventory (pre/post)</li> <li>Staff Impact Survey (post)</li> <li>Monthly PDSA log (6 months)</li> </ul> </li> <li>Patient Data           <ul style="list-style-type: none"> <li>Monthly chart review of 10 patients (9 months)</li> </ul> </li> </ol>

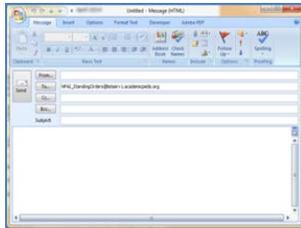
# Project Tools and Resources

## Virtual Toolkit



The Virtual Toolkit holds the most up-to-date information relating to the project with new information added regularly. This site contains project-specific materials, such as a project overview, data collection tools and instructions, webinar recordings, and project references. Additionally, tools and resources are available on topics such as adolescent and young adult depression screening, QI methodology, informational materials for patients, and general resources on adolescent and young adult health.

## Listserv



The project listserv allows practices to use e-mail to interact with one another outside of the monthly Learning Collaborative Webinars. All members of practices' project teams are automatically added to the listserv. Project staff will also use the listserv to communicate with participants about webinars, important project dates and activities, and other project information.