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 Two

October 2021 – June 2022

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Table of Contents

Key Project Information

Timeframe
- Enrollment deadline **September 21, 2021**
- Webinar trainings and data submission **October 1, 2021 – May 31, 2021**

Eligibility
- Any clinician or clinical site providing medical care to youth ages 12-25 and currently implements, or will start implementing, depression screening and management.

Incentives
- 25 credits toward Maintenance of Certification (MOC), Part 4 from the American Board of Pediatrics (ABP)
- 20 Performance Improvement Continuing Medical Education (CME) credits
  - These credits are eligible for the ABFM Family Medicine Certification program

Data Requirements
- Chart review: 10 charts per month for 9 months
- Office Systems Inventory (pre/post)
- Monthly PDSA log for 6 months
- Staff Impact Survey (post)

Training topics
- Promoting Emotional Well-being
- Depression Screening Tools and Operationalizing Screening
- Addressing Positive Screens: Referrals and Care Coordination
- The Nuts and Bolts of Prescribing SSRIs for Primary Care Clinicians
- Clinicians Quick Guide to Comorbid Mental Health Disorders in Primary Care
- Addressing Self Harm and Suicide Prevention
- Motivational Interviewing in Primary Care

Benefits to Participation
- NIPN has 20 years' experience supporting QI in primary care
- Improve depression screening rates (may be quality metric)
- Receive assistance in assessing office systems, identifying barriers, and selecting strategies to test with PDSA cycles
- Monitor progress through monthly data reports and coaching support
- Earn free MOC and/or Performance improvement CME
- QI collaborative meets criteria for PCMH recognition
- Opportunity to connect with state MCH partners

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Addressing Adolescent and Young Adult Depression in Primary Care

This project is an activity within the [Adolescent and Young Adult Health National Capacity Building Program](#), a partnership between the [National Adolescent Health Information Center](#) (NAHIC) at the University of California at San Francisco, 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 collaborative with clinical sites.

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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 the United State Preventive Services Taskforce (USPSTF) and other professional organizations recommend screening for adolescent depression in primary care, screening rates remain low. Pediatricians report lack of comfort in providing initial management for depression, counseling youth, and limited time to address mental health issues. An estimated 75% of youth with mental disorders are not treated due to the stigma associated with mental health, shortages of mental health specialists, administrative barriers in health insurance plans, and cost.[1] The COVID-19 pandemic has exacerbated depression in youth, which has been rising since 2011. The US mental health system is strained and does not have the capacity to treat all those in need of services. As many youth receive routine care in primary care settings, these provide an opportunity to detect and initiate treatment for depression.

The QI collaborative, "Addressing Adolescent and Young Adult Depression in Primary Care" will train clinicians in screening for depression, addressing positive screens, managing medications, and coordinating care for youth with depression. With training and coaching support, practices will work improve their systems of care related to mental health. Clinicians from Arizona, California, Illinois, Iowa, Ohio, and Pennsylvania are eligible 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, Performance Improvement 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 6 or more monthly webinars: a minimum of three live
- Present PDSA activities one monthly webinar
- 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

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[1] Foy JM, Green CM, Earls MF , AAP Committee on psychosocial aspects of child and family health, mental health leadership work group. Mental Health Competencies for Pediatric Practice. Pediatrics. 2019;144(5):e20192757
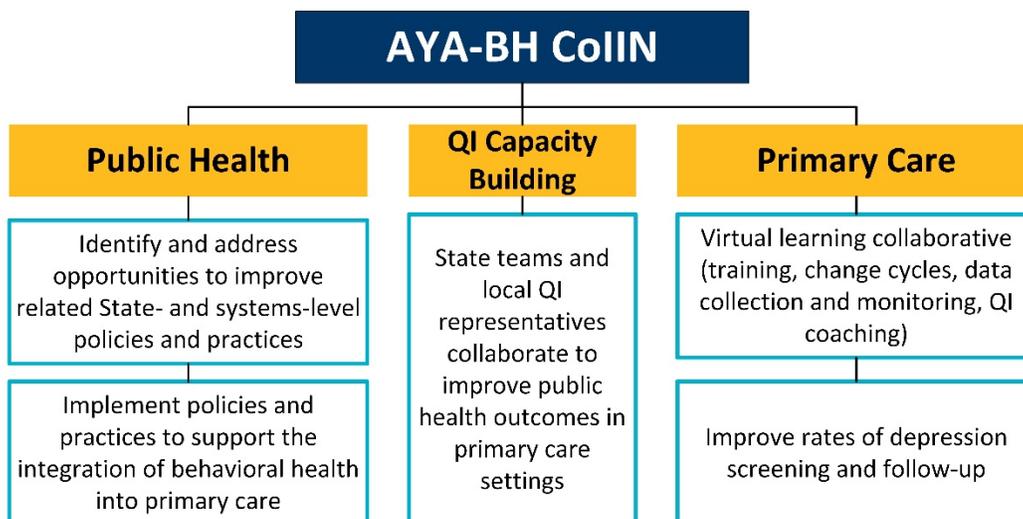
NIPN will:

- Provide training via hour-long webinars
- Analyze data and provide sites monthly reports with practice-specific coaching
- Provide MOC and Performance Improvement CME credits to participants who meet project requirements
- Communicate with participants about the collaborative 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

October-November 2021	**Pre-Intervention Phase** • Office Systems Inventory • Baseline Data • Project Orientation • Webinar Trainings
December 2021 - May 2022	**Learning Collaborative Implementation Phase** • Strategy Implementation/PDSA Cycles • Monthly Learning Collaborative Webinars • Monthly Chart Reviews
June 2022	**Wrap Up Phase** • Staff Impact Survey • Office Systems Inventory • Project Evaluation

Learning Collaborative Overview

Project Context

This project is part of the Adolescent and Young Adults Health National Capacity Building Program, a partnership between the National Adolescent Health Information Center (NAHIC) at the University of California at San Francisco, the Association of Maternal and Child Health Programs (AMCHP), the State Adolescent Health Resource Center (SAHRC), and the National Improvement Partnership Network (NIPN). This QI collaborative is an activity within the Adolescent and Young Adult Behavioral Health Collaborative Improvement and Innovation Network (AYA-BH CoIIN) run by AMCHP and NIPN. AMCHP focuses on improving State- and system-level policies with state public health (Title V) to support integration of behavioral health in primary care, while NIPN leads the QI collaborative in clinical practices.

AYA-BH CoIIN

Public Health	QI Capacity Building	Primary Care
Identify and address opportunities to improve related State- and systems-level policies and practices	State teams and local QI representatives collaborate to improve public health outcomes in primary care settings	Virtual learning collaborative (training, change cycles, data collection and monitoring, QI coaching)
Implement policies and practices to support the integration of behavioral health into primary care		Improve rates of depression screening and follow-up

Background

The adolescent and young adult (**AYA**) years, ages 10-25, 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.   Nearly half of lifetime diagnosable mental disorders begin by age 14 and three quarters begin by age 24.[2] After being stable for many years, the prevalence of 12-month major depressive episode (MDE) in AYA has been steadily increasing since 2011.[3] In 2019, 15.7% of

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[2] 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.

[3] Mojtabai, R., Olfson, M., Han, B., 2016. National Trends in the Prevalence and Treatment of Depression in Adolescents and Young Adults. Pediatrics 138.

adolescents (12-17 yr) and 15.2% of young adults (18-25 yr) experienced a MDE in the past year.[4] Shelter-in-place orders, transition to remote learning, and social isolation due to the COVID-19 pandemic led to even higher rates of depression. The mental health of young adults ages 18-24 were disproportionate affected by the pandemic, with 52.3% experiencing depressive disorder and 25.5% seriously considering suicide in the past 30 days.[5]

The US Preventive Services Task Force recommends universal depression screening in primary care for all adults over age 18, regardless of risk factors and 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.[6] Pediatrician-reported barriers to screening for mental health issues in primary care settings include lack of skills in screening and managing moderate depression and difficulties in linking to mental health treatment.[7] 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 increasing rates of depression screening and follow-up for adolescents and young adults. 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 use Plan-Do-Study-Act (PDSA) cycles to test strategies to increase depression screening rates and improve follow-up planning and completion. Practices will complete surveys and submit baseline and monthly data to track progress during the intervention phase and work towards achieving an 80% depression screening rate. The NIPN QI team will provide resources and expertise through monthly QI Collaborative webinars and ongoing support.

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[4] Substance Abuse and Mental Health Services Administration. (2020). Key substance use and mental health indicators in the United States: Results from the 2019 National Survey on Drug Use and Health (HHS Publication No. PEP20-07-01-001, NSDUH Series H-55). Rockville, MD: Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration. Retrieved from https://www.samhsa.gov/data/

[5] Czeisler MÉ , Lane RI, Petrosky E, et al. Mental Health, Substance Use, and Suicidal Ideation During the COVID-19 Pandemic — United States, June 24–30, 2020. MMWR Morb Mortal Wkly Rep 2020;69:1049–1057. DOI:http://dx.doi.org/10.15585/mmwr.mm6932a1.

[6] 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.

[7] 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.

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.

Webinars and Training

All training occurs during hour-long webinars over Zoom. The typical format for a training is as follows:

- Announcements & Project Updates (5 minutes)
- Peer learning (20 minutes)
    - State-specific breakouts discussions of barriers and facilitators with clinicians and public health professions
    - Cross-state discussions of practice barriers and facilitators
- Content presentation (30 minutes)
- Discussion and Q&A (5 minutes)

Peer Collaboration

A key element of this QI collaborative is peer sharing and learning; each webinar will start with 20 minutes of time focused on sharing lessons learned and implementation support. Discussions will alternate monthly between state-specific break out groups and cross-state discussions. In state-specific breakouts, clinicians and public health professionals will meet to discuss activities, barriers, and facilitators in their work. During cross-state discussion, clinicians will share their work and get support as they implement new processes. A representative from the practice QI team must be present at a **minimum of three peer-learning sessions**.

NIPN records all webinars so participants who are unable to join the live webinar broadcast can access the content from the project website. Participants must view the webinar recording within the same month of the live webinar 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 below.

Date and Time	Webinar Topic *(Topic and presenters are subject to change)*	Presenters
October 5 4-5 pm ET 3-4 pm CT 2-3 pm MT 1-2 pm PT	**Project Orientation** **required for all project participants*	Wendy Davis, MD, FAAP Rachel Wallace-Brodeur, MS, MEd
October 7 4-5 pm ET 3-4 pm CT 2-3 pm MT 1-2 pm PT	**Data Orientation** *Recommended for Chart Reviewers and Data Entry Personnel* *Not applicable for MOC/CME credit*	Susan E.V. Richardson, PhD
November 3 11 am-12 pm ET 10-11 am CT 9-10 am MT 8-9 am PT	1. Promoting Emotional Well-being and Family Wellness	Nimi Singh, MD, MPH
November 9 4-5 pm ET 3-4 pm CT 2-3 pm MT 1-2 pm PT	**Quality Improvement 101** *Optional webinar, recommended for participants without prior quality improvement experience* *Applicable for MOC/CME credit*	Rachel Wallace-Brodeur, MS, MEd
December TBD	2. Depression Screening Tools & Processes	Charlie Irwin, MD
January TBD	3. Addressing Positive Screens: Referrals and Care Coordination	Laura Richardson, MD, MPH
February TBD	4. Medication Management	Amanda Downey, MD
March TBD	5. Motivational Interviewing	Amanda Downey, MD
April TBD	6. Addressing Self Harm and Suicide Prevention	Tom Delaney, PhD Charlotte McCorkel, LICSW
May TBD	7. Other Mental Health Conditions: Anxiety, ADHD, Eating Disorders	Amanda Downey, MD

Webinar Link

All webinar trainings occur via Zoom and have the same link:
https://uvmcom.zoom.us/j/99110154858?pwd=aHpXRVdrdVZXSFhZNCt1L3NrTk1adz09

Meeting ID: 991 1015 4858
Passcode: 450730
One tap mobile
+13017158592,,99110154858# US
Find your local number: https://uvmcom.zoom.us/u/abrcb1T0GQ

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 six hour-long Learning Collaborative webinars
- One member of practice team presents PDSA work on one webinar
- Perform monthly chart audits on patients to measure depression screening (10 charts/month for 9 months)
- 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

NIPN collects data at the level of the practice, not the clinician, as we are encouraging systems-level change for participating sites. Each site will submit one set of data for all individuals at that site. All project data is submitted electronically through REDCap, an online, encrypted data collection system. NIPN assigns all practices a unique identifier, so that data is not associated with a practice name.

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 the entire practice team completed.

Depression Screening and Follow-Up
Depression screening and follow-up will be measured monthly for nine months: three months of baseline (September – November 2021) and six months of intervention

(December 2021 -May 2022). Practices will audit 10 patient charts per month for patients ages 12-25 who had a visit during each measurement period.

Quality Improvement
Practices will submit monthly Plan-Do-Study-Act (PDSA) logs during the six-month intervention period. Practices the strategies they are testing to improve depression screening and follow-up rates.

Staff Impact and Evaluation
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 and an evaluation of the QI collaborative.

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)
- **20 Performance Improvement** Continuing Medical Education (CME) credits
    - These credits are eligible for the **ABFM Family Medicine Certification** program.

The individual clinician earns credit, but many activities required for credit are completed at the practice level. The criteria for earning project credit are outlined below.

| Individual Requirements *Required for each individual seeking project credit.*	Practice Requirements *Activities completed by the practice that count towards all individuals in the practice seeking project credit.*

1. Attend Orientation webinar
2. Attend **six** monthly Learning Collaborative webinars
	1. Surveys
	  • Office Systems Inventory (pre/post)
	  • Staff Impact Survey & Evaluation (post)
	  • Monthly PDSA log (6 months)
	
	2. Patient Data
	  • Monthly chart review of 10 patients (9 months)

Project Tools and Resources

Virtual Toolkit

The Virtual Toolkit (http://www.med.uvm.edu/nipn/aya-bh_coiin_virtual_toolkit/home) 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
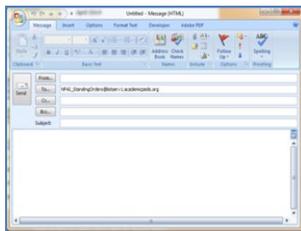
The project listserv allows practices to use e-mail to interact with one another outside of the monthly Learning Collaborative Webinars. NIPN automatically adds all members of practices' project team to the listserv. Project staff will also use the listserv to communicate with participants about webinars, important project dates and activities, and other project information. Adding **AYABHQI-COIIN2@LIST.UVM.EDU** to your contacts can ensure that project communications do not go to your spam or junk folder.