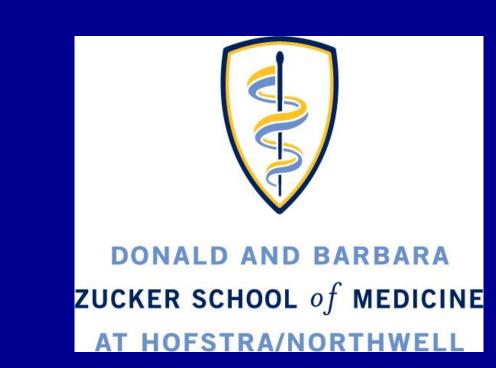
Increasing Depression Screening Rates of Adolescents with Connective Tissue Diseases or Juvenile Idiopathic Arthritis in an Ambulatory Setting

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Weekly Depression Screening Rates

of Adolescents with CTD or JIA



Introduction

Northwell Health

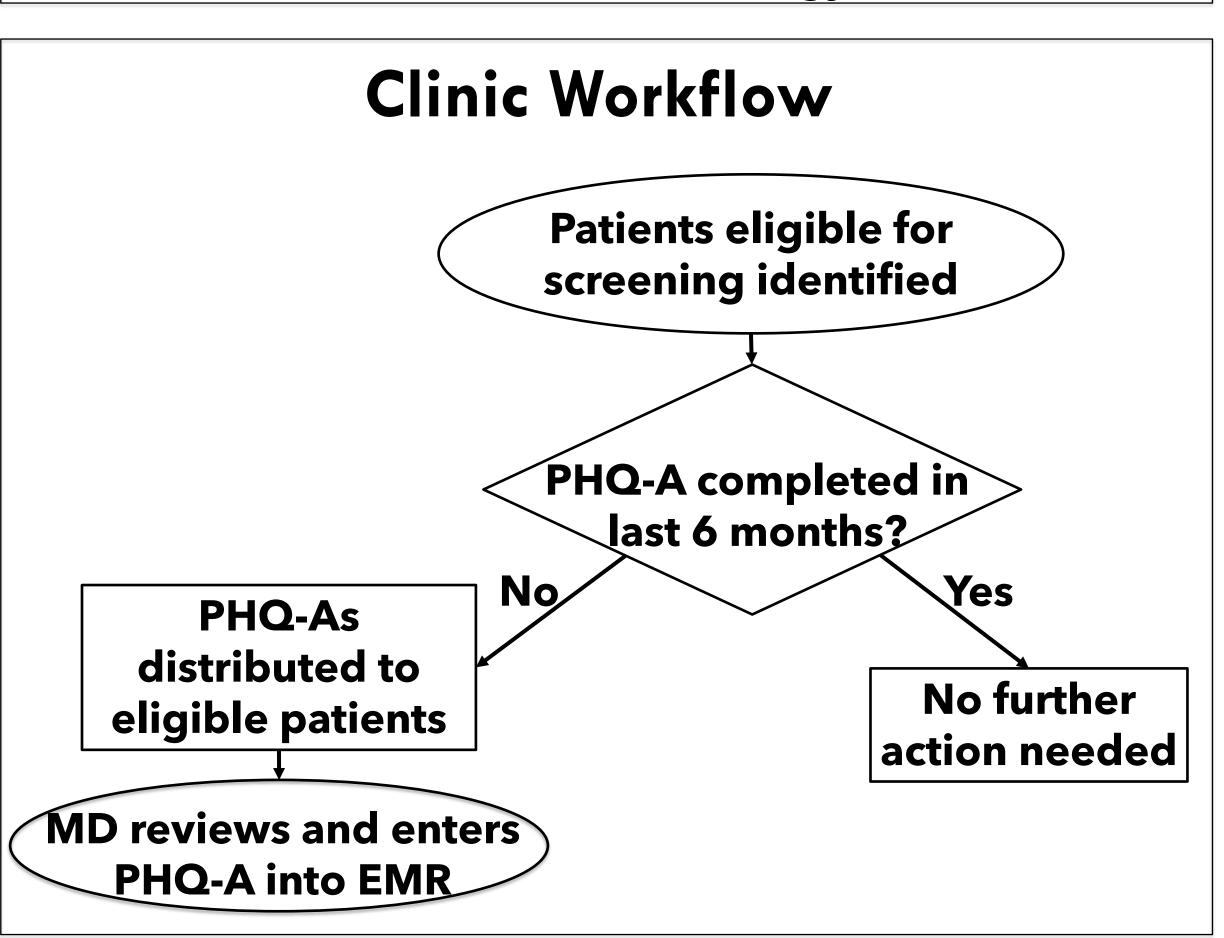
Cohen Children's Medical Center

- Adolescents with Connective Tissue Diseases and Juvenile Idiopathic Arthritis (JIA) increased risk of developing have depression.
- While most pediatric rheumatologists agree on the importance of screening this high-risk cohort for depression, only a minority report doing so routinely.
- The American Academy of Pediatrics and the United States Preventative Services Task Force recommend annual depression screening for all children aged 12 and older.
- There are no guidelines regarding frequency recommended of depression adolescents with screening among rheumatologic diseases.
- We aimed to increase the rate of semi-annual depression screening using the Patient Health Questionnaire Modified For Adolescents (PHQ-A) among patients aged 13-18 with known diagnoses of CTD or JIA from zero to fifty percent within ten months.

Methods

- 2023 PDSA cycles began in April continued through February 2024.
- Cycle 1 (4/3-6/9/23): senior fellow manually identified eligible patients in fellows' clinics; prepared PHQ-As for MOAs to distribute.
- Cycle 2 (6/12-9/8/23): participating providers expanded; same process used to identify and distribute PHQ-As to eligible patients.
- Cycle 3 (9/11-12/1/23): individual providers manually identified and distributed PHQ-As to eligible patients.
- Cycle 4 (12/4/23-2/2/24): weekly data abstractions using pre-specified ICD-10 codes identified eligible patients; MOAs automatically notified to prepare and distribute PHQ-As

Results Factors Leading to Failure to Screen **Policies** People No formal Constraints on guidelines providers' time for patient and willingness **Adolescent** cohort to screen not screened in clinic PHQ-A as No systematic available tool tracking of within EMR not screening rates disseminated Measures **Technology**



No Eligible

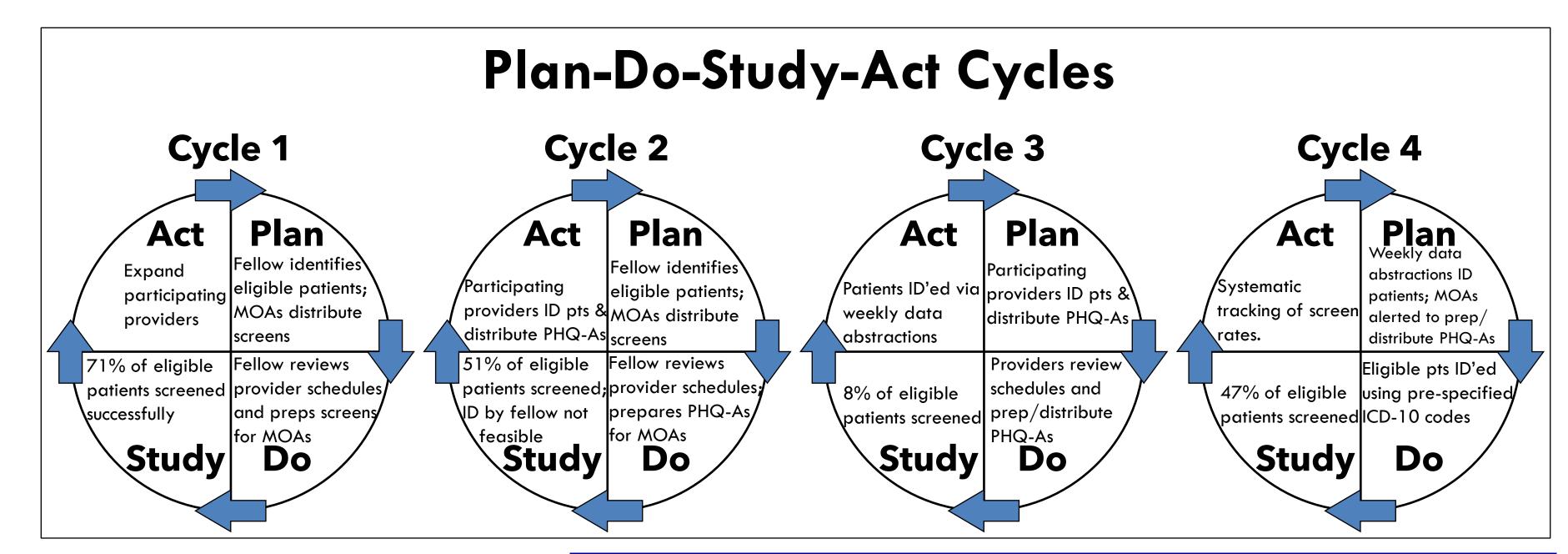
Patients

Rate 8.0

50.6

U 0.2

Key Drivers Diagram Key Drivers Aim Interventions Providers educated regarding importance of regular depression Provider willingness and screening and clinic workflow. ability to screen for depression in clinic. To improve rates of Manual or automatic Time constraints in the lsemi-annual identification of eligible patients. identification of eligible depression screening Individual or ancillary staff patients and distribution of among adolescents distribute(s) PHQ-As to eligible screens to them. with CTD or JIA. patients. Standardized process of documenting screen results. Providers enter screen results directly into EMR.



Weekly Average

Cycle Average

Discussion/Conclusions

- Depression screening of adolescents with CTD/JIA is feasible in an ambulatory setting.
- While the weekly screening rate dropped when the cohort was expanded to include non-fellow patients, this rate was preserved when scheduled data abstractions were employed.
- All patients were provided with a list of mental health resources and Social Work was available to intervene as needed.
- Future cycles will employ a workflow for, and systematic tracking of, interventions based on screen results.

Selected References

- Hanns L et al. Rheumatology. 2018 Aug 1;57(8):1381-9. Johnson et al. Journal of Adolescent Health. 2002 Mar 1;30(3):196-204.