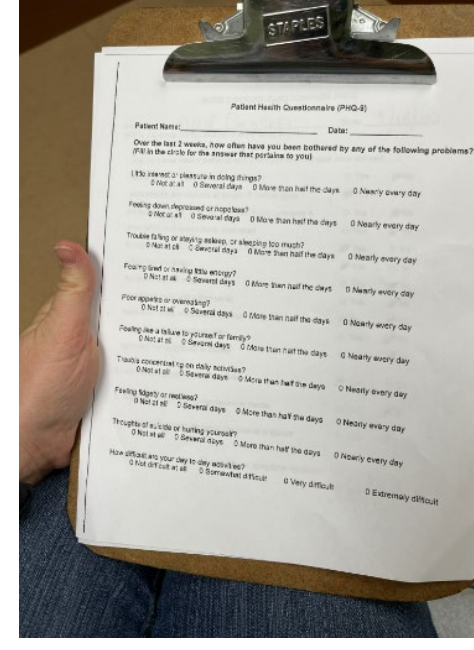


Background

- Prior to the COVID19 pandemic, primary care patients had annual screening for depression performed during in-clinic appointments
- This was an effective strategy with screening rates reaching almost 80%, however the pen/paper form method was also seen as time consuming and antiquated
- During the pandemic, when many patients elected for telehealth visits, screening rates fell significantly because patients were no longer completing the questionnaire in-clinic
- In order to improve screening performance and ensure quality patient care, an innovative solution was needed



Project Goals

Primary Goal

- Improve annual depression screening rates for UCSF primary care patients from 58% to 60.2% by the end of CY2022

Our multidisciplinary team identified the following priorities:

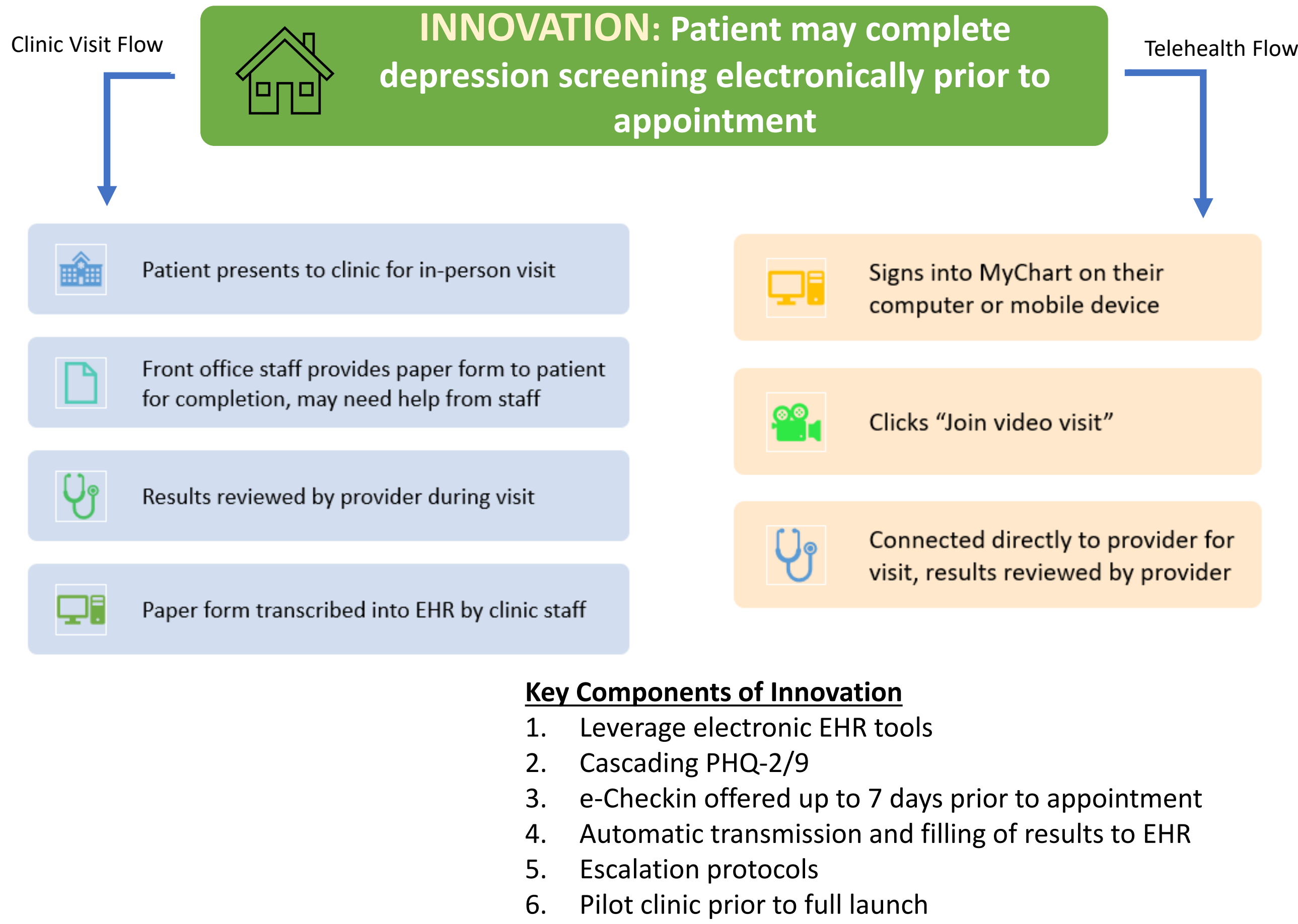
1. Create a depression screening tool that can be done by the patient electronically ahead of the visit
2. Ensure results are available to provider at the time of visit, whether it is in-person or virtual
3. The new tool should be reliable and convenient for the patient, and time saving for the clinic staff and providers

PROBLEM STATEMENT:

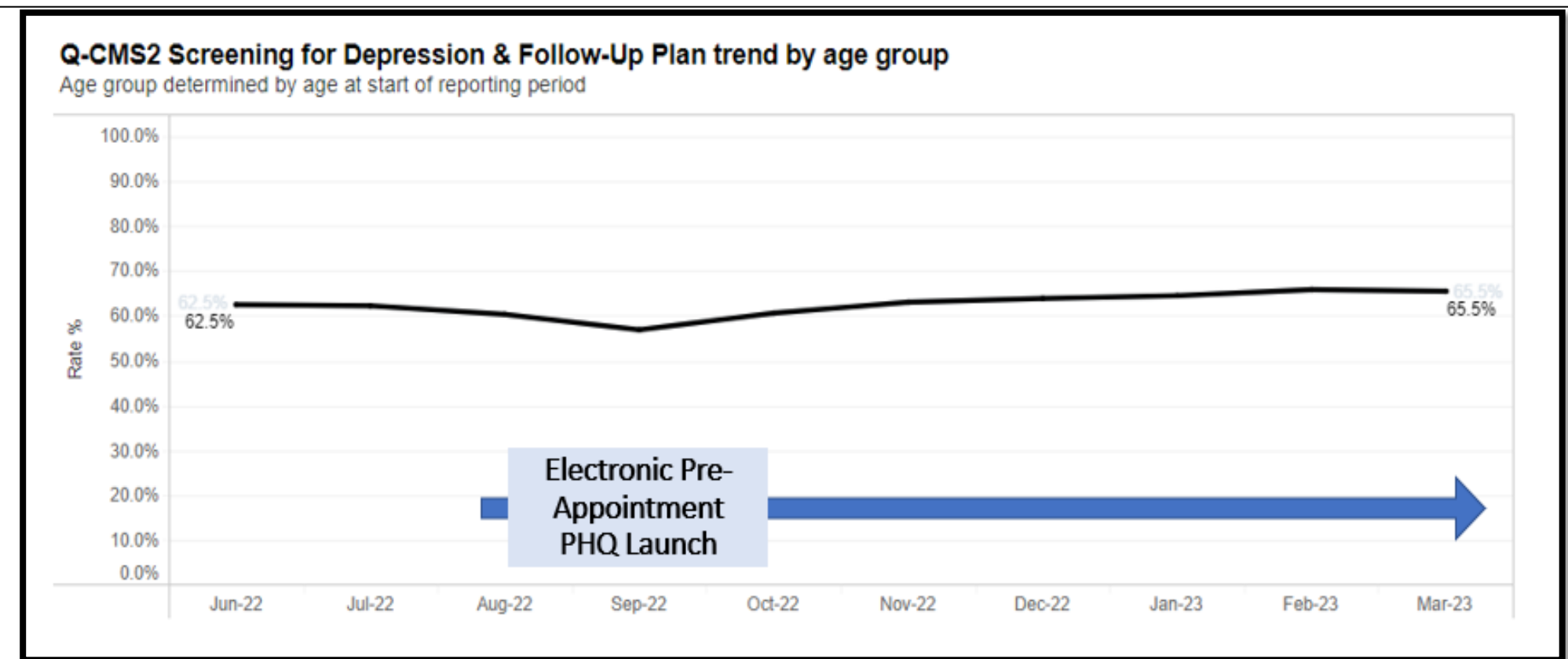
Post COVID-19 pandemic, the traditional pen and paper form method of screening for depression was no longer effective at screening all patients and was time consuming for patients and clinic staff.

THIS PAST YEAR, WE SAVED 19,000 PIECES OF PAPER, IMPROVED ANNUAL DEPRESSION SCREENING RATES AND SAVED STAFF TIME, BY INNOVATING AND INTEGRATING A TOOL TO CONDUCT ELECTRONIC DEPRESSION SCREENING PRE-APPOINTMENT

Project Plan and Intervention(s)

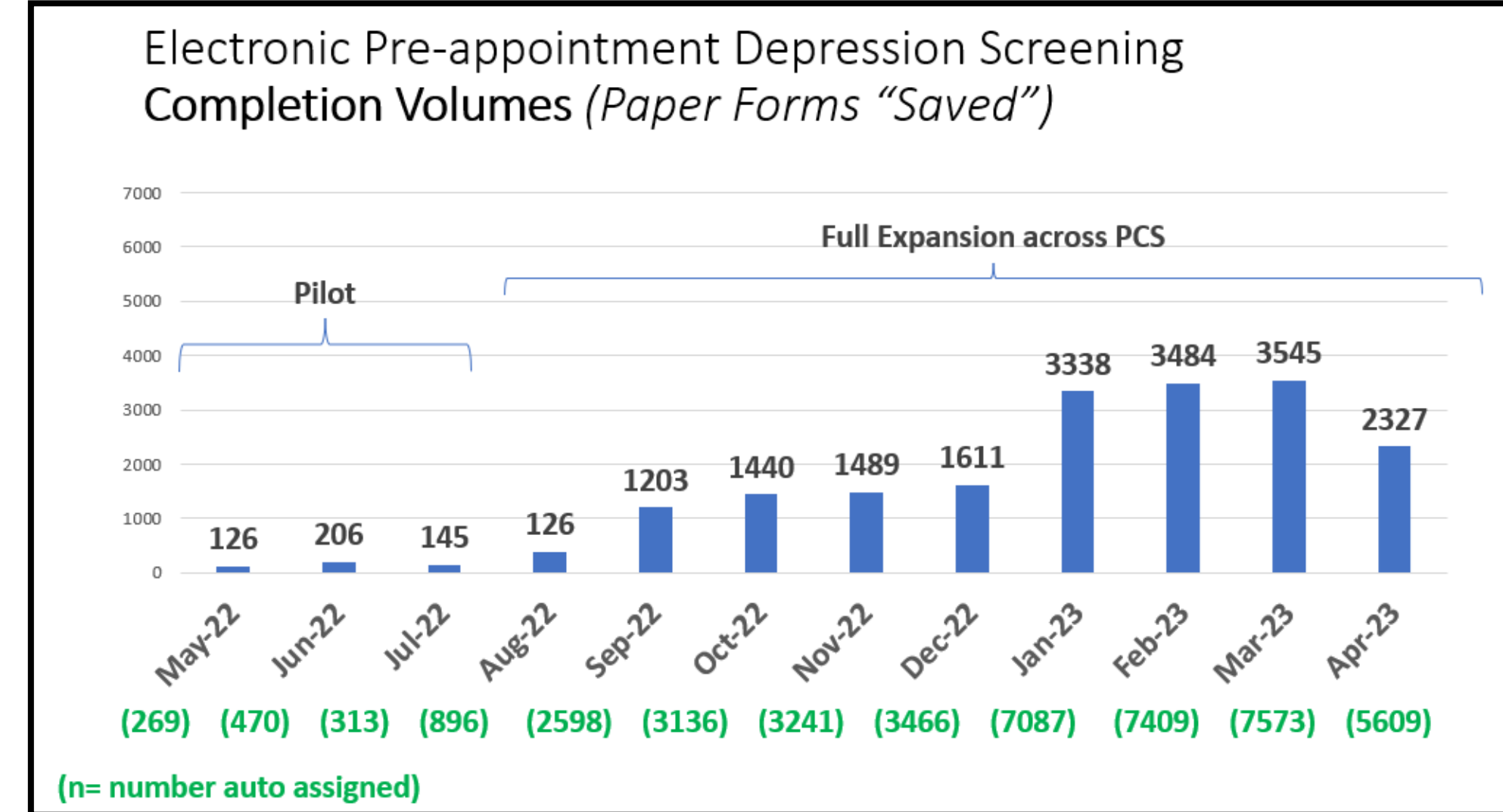


Project Outcomes, Results & Impact



Primary Care Annual Depression Screening Rates

CY2019: 77.5%
 CY2020: 71%
 CY2021: 65.7%
 CY2022: 62%
 YTD CY2023: 65.5%



Conclusions, Next Steps, & Lessons Learned

Conclusions: Leveraging pre-appointment EHR tools is a highly effective means for conducting depression screening. After 1 year of ongoing project launch, we have exceeded project screening rate targets and near half of all depression screening is now completed electronically, prior to the patient's appointment

Next Steps: While results have been favorable, we know this intervention will not work for some patients due to high potential for digital divide. We are currently working on identifying health disparities and additional interventions that may be needed to ensure equitable screening of all patients

Lessons Learned:

- Concise and clear staff education tip sheets and reminders, along with regular data reporting to celebrate wins are key to sustainability of any new workflow intervention
- Because the intervention was embedded within the larger eCheckin process, we are limited by engagement of eCheckin. Further efforts to encourage and expand eCheckin will likely have an ongoing and positive impact on depression screening