

Provider's Depression Survey Summary Report

Introduction/Methodology

The 2012 Community Health Needs Assessment, conducted by Healthy Adams County and the Healthy York County Coalition, revealed that 1 in 5 adults in York and Adams counties report having been told by a doctor that they have a depressive disorder. The probability of being diagnosed with a depressive disorder is greater for those living in poverty, females, and those who have been diagnosed with heart disease, heart attack or stroke. In both counties, being married reduces the probability of having a depressive disorder. Those over 55 are less likely to report an anxiety or depressive disorder.

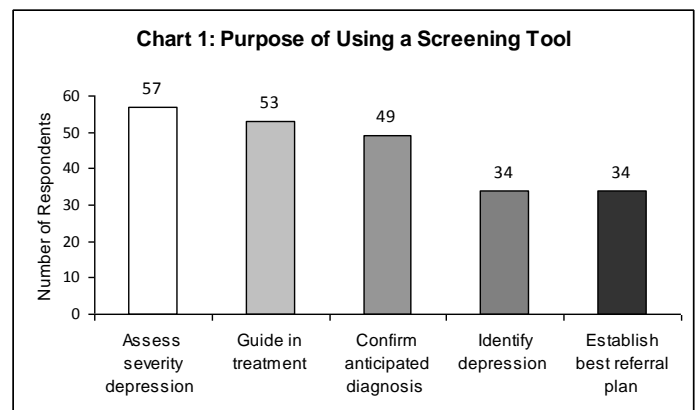
Primary health care providers in York and Adams Counties were invited to participate in an anonymous survey to help guide Healthy Adams County and the Healthy York County Coalition in addressing the issue of depression in their respective communities. Eighty-nine (89) providers completed the survey, with 65 (73.0%) practicing in York County, 23 (25.8%) practicing in Adams County, and one (1.1%) who indicated "Other" as a response. Primary care providers completing the survey represent private/independent practices (46.6%, n = 34) and practices affiliated with WellSpan Health (53.4%, n = 39). There were 16 (18.0%) respondents who did not indicate their affiliation.

Screening

Nearly all respondents indicated that they believe depression is a medical issue that their patients want them to help them with. More than half of the respondents (59.1%, n = 75) indicated that patients are screened for depression by a primary care provider (physician, physician assistant or nurse practitioners). There were 23 (18.1%) respondents who indicated that nurses administer the screening tools, and one practice reporting anecdotally that depression surveys are handed to patients at check-in. Access to a screening tool was not reported to be a challenge for the majority (72.0%, n = 59) of respondents. When presented with possible challenges to screening patients with depression, the top three factors cited as "challenging/very challenging" were time constraints (65.5%, n = 55), lack of referral services (51.8%, n = 42), and no access to counseling services (42.7%, n = 35). There were several other challenges to screening identified anecdotally by respondents, including "unacceptable time delays between patient referral and counseling and/or psychiatric consultations" and "patient resistance to accept a diagnosis or treatment."

There does not appear to be a preferred depression screening tool used by primary care providers in York and Adams counties, nor is there a standardized screening tool recommended by the U.S Preventive Services Task Force. In fact, some respondents indicated using a combination of the screening tools from the list of nine on the survey. Others (8.4%, n = 42) were not familiar with the screening resources listed in the survey. It should be noted that the WellSpan Health Medical Group endorses the PHQ-2 question survey ("Over the past 2 weeks, have you felt down, depressed, or hopeless?" and "Over the past 2 weeks, have you felt little interest or pleasure in doing things?"), and encourages practices to use this tool as an initial screening tool.

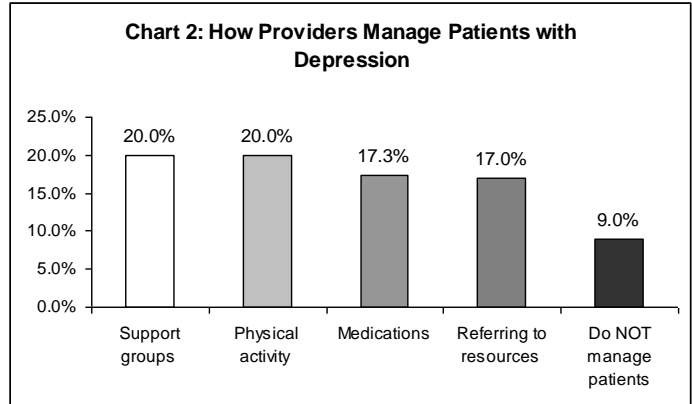
How often primary care patients are screened for depression varies, as respondents indicated that they administer screening tools to patients on every visit (18.0%, n = 16), once a year (28.1%, n = 25), or only when depression symptoms are observed or self-reported (37.1%, n = 33). At least one provider who administered depression screening tools once a year reported anecdotally that they do so during a patient's annual check up. The purpose of administering a depression screening tool varies among the respondents. Given a list of possible responses (multiple responses allowed), providers indicated using screening tools in order to: assess the severity of the patient's depression (n = 57); guide in the treatment of depression (n = 53); confirm anticipated diagnosis (n = 49); identify patients with depression (34), and/or; to establish the best referral plan for the patient (n = 34).



Most (78.7%, n = 70) primary care providers indicated that their decision to screen patients is not influenced by the specific population(s) of the patient with regards to age, race, or gender. However, respondents also indicated that they are “likely / very likely” to screen patients who are struggling with the following circumstances: experiencing life changes (93.0%, n = 80), have chronic pain (89.5%, n = 77), have financial difficulties (82.2%, n = 75), are pregnant or postpartum (83.7%, n = 72), have two or more chronic conditions (77.6%, n = 66), have a family history of depression (75.8%, n = 66), present with multiple vague symptoms (68.2%, n = 79), and/or who are obese (63.2%, n = 55).

Management

The primary care providers participating in this survey managed patients with depression through a variety of modalities, including connecting patients with support groups (20.0%, n = 80), encouraging patients to become more physically active (20.0%, n = 80), prescribing medications (17.3%, n = 68), and/or referring patients to resources (17.0%, n = 68). Other strategies for managing patients with depression reported through anecdotal comments include advising patients to keep a journal and make dietary changes, and scheduling close and frequent follow-up visits. A small portion of the respondents (9.0%, n = 36) reported that they do not manage patients with depression.



Survey participants were asked to indicate their familiarity with a list of seven potential community resources. The top four resources that respondents reported as “familiar – very familiar” were counseling services (72.5%, n = 58), medication accessibility (68.9%, n = 53), outpatient services (67.1%, n = 51), and psychiatric inpatient services (63.3%, n = 50). The majority (76.9%, n = 60) of respondents indicated they are “unfamiliar / somewhat familiar” with community support groups. Two other community resources that respondents commonly reported as being “unfamiliar / somewhat familiar” were day treatment/partial hospitalization (60.5%, n = 46) and mental health case management (59.0%, n = 46).

The majority (72%) of survey respondents expressed a need for additional community resources to better serve patients with depression. Anecdotal comments reflect a need for resources and systems changes aimed at increasing the number of behavioral specialists, minimizing delays in treatment, and improving insurance coverage for patients with depression. When provided with a list of potential educational resources designed to help providers improve management of patients with depression, respondents indicated a need for (multiple responses allowed): information about community resources (n = 73); depression screening tools (n = 53); information about mental health service payment options (n = 61), and; treatment information/guidance (n = 53). An additional 51 (17.1%) respondents indicated a need for all educational resources listed.

Next Steps/Resources

Survey results provided insight into how primary care providers in York and Adams counties manage depression in the adult population. To improve the routine screening and diagnosis of depressive symptoms in a primary care setting, and to gain a better understanding of the needs of clinicians, Healthy Adams County and the Healthy York County Coalition may consider the following next steps:

- engage providers in discussions regarding the importance of routine screening for depressed patients in primary care settings;
- bring together primary care providers and behavioral health specialists in discussions regarding collaborative care models;
- compile and promote access to a “directory” of community resources to manage patients with depressive symptoms, and;
- encourage active patient engagement in treatment, goal setting, and self-management.

For information on evidence-based practices, including the components of a collaborative care model for the management of depressive disorders, visit the U.S Preventive Services Task Force page at: <http://www.uspreventiveservicestaskforce.org/uspstf09/adultdepression/addeprsr.htm>.