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COMPARING AUTOMATED MENTAL HEALTH SCREENING TO MANUAL PROCESSES IN A HEALTH CARE SYSTEM

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Aim: The implementation of Patient Reported Outcomes (PROs) to screen for mental health conditions has traditionally used a manual process of paper and pencil with little standardization throughout a Healthcare System. Patients are typically screened when a provider identifies them as at risk; many patients are not screened. As we move forward into an era of health technology, we can leverage this capability to provide a standardized health outcomes assessment using PROs for mental health screening to all patients.

Methods: We currently administer the PROMIS Depression v1.0 instrument as part of a standard PRO assessment to all patients. PRO assessments are either completed at home or in clinic with a tablet computer. We customize the time between assessments to minimize patient burden, while maximizing relevant data for clinicians. The PHQ-9 is still used as a manual screening process within primary care and mental health. ICD-10 codes identified patients diagnosed with depression; anti-depressant prescriptions identified treated patients. Patients with a PROMIS score of ≥65 or PHQ-9 score of ≥15 were identified as at risk for depression.

Results: Since September 2016, 205,813 unique patients have been seen at the University of Utah Health System. Of the 33,484 (16.3%) patients screened using PROMIS Depression in an automated electronic process, 2,312 were identified as at risk for depression. Of the 6,039 (2.9%) patients screened using the PHQ-9 in a manual process (2.9%), 2,212 being identified as at risk for depression Compared to the manual process, the automated process identified more patients at risk for depression and not diagnosed (982 vs 402) and at risk for depression and not treated with medication (852 vs 226).

Conclusions: The use of an automated PRO platform for mental health screening enables a clinician to identify patients at risk that may have otherwise gone unidentified. Our automated platform screened more unique patients than a manual process in the same time frame. The implementation of the automated process is implemented in just under 70% of our total health system's appointments. By implementing automated PROs, we hope to identify our total population of patients at risk for mental health conditions.

Biography

Josh has more than 10 years of leadership experience in a vast variety of settings. Most recently, Josh has been responsible for the implementation of Patient-Reported Outcomes throughout the University of Utah's ambulatory clinics. Prior to this, Josh spent a year as an IT Project Manager at Metlife where he was responsible for several high impact projects. Josh also spent over 8 years in the Air Force as an F-15E WSO and AC-130U Navigator and began his career as a high school math teacher in New Jersey. Josh holds a BS in Mathematics from Virginia Tech, a MS in Aeronautical Science with a Space Studies specialization from Embry-Riddle Aeronautical University and an MBA in Finance from Arizona State University. Josh is also currently enrolled in a Ph.D. program within the Population Health Sciences division within the School of Medicine at the University of Utah. He hopes to graduate in 2019.

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