Parental Depression Screening: Incorporating Validated Screening Tools into your Practice

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Disclosures

• I have no relevant financial relationships to disclose or conflicts of interest to resolve
• I will discuss no unapproved or off-label pharmaceuticals
Our practice

- Two sites: Burlington and Williston
- Serve about 7,500 patients
- 15 Providers including 2 Nurse Practitioners (primarily part-time or with other academic functions)
- Primary outpatient teaching site for UVM’s Pediatric Residency, hosting all the continuity clinics
- Pediatric New American Clinic, caring for new refugees and immigrants to Vermont
- Overall about 20% of patient population has limited English proficiency
Current Practice: Edinburgh Depression Screen

- Using since 2014
- Screen post-partum mothers at the following visits:
  - 2-4 weeks, 2 months, 6 months
- Process: Paper screening form handing out at front desk. Scored by the person rooming the patient
- Built-in documentation within the EHR when started
- Reliability: ?
  - Relatively reliable, but no hard data on this
Current Practice: Screening new refugee arrivals and their parents since 2010

- Patients aged 4-17 years screened with **Strengths and Difficulties Questionnaire** at arrival and at 1 month, 6 months and 1 year post-arrival
- Parents screened with **Edinburgh Depression screen** at arrival and with **PHQ-2** at following visits
- Documentation
- Only recently, the last couple months experimenting with screening other parents/guardians using PHQ2 at non-infant well child visits
Challenges

• Difficult to interpret/understand questions
  – Edinburgh – Things have been getting on top of me
  – PHQ-9 – Little interest or pleasure in doing things?
• Refugees – parents filling it out for the kid (no matter the age)
• Sometimes not clear who filled out the screen (which parent, etc.)
• Just not done sometimes
• Reliable process (easier with refugee patients – research study, small numbers – vs entire clinic)
• Provider and staff anxiety or discomfort around asking this topic.

Benefits:

• Opens up discussion of emotional health; Picking up things even though screen is “normal”
Reliability: Are we screening at all intended visits?

• How would we know this?
  – Chart review (CHAMP approach)
  – Report through EHR
  – Billing (using new codes could run billing report – how the State or ACO would do it if they had this as a measure)

Quality: Are we screening in a patient-centered way?

  – Patient/family feedback, patient and family advisors

High Risk Follow-up: Can we easily follow-up the patients at highest risk?

  – Report of high risk patients for patient outreach
  – Getting it on the problem list (vs just in the note)