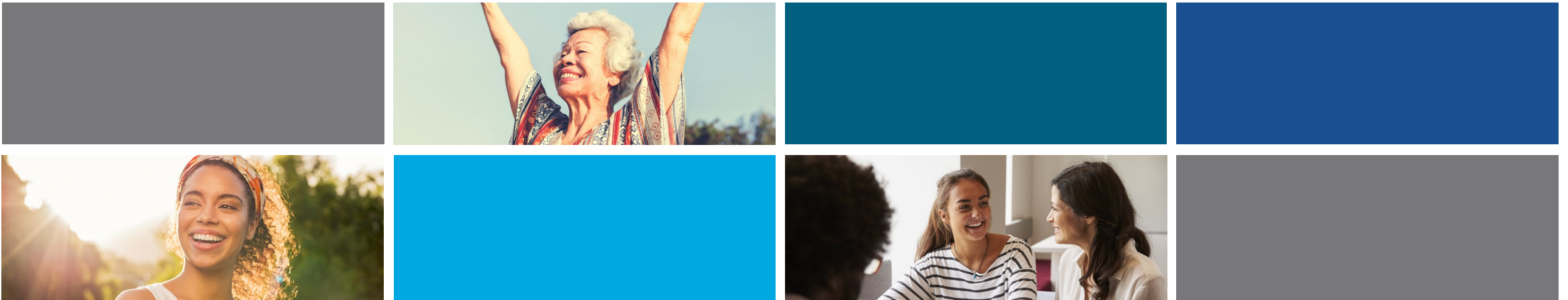


IMPLEMENTATION OF SCREENING GUIDELINES FOR ANXIETY, DEPRESSION, AND INTIMATE PARTNER VIOLENCE

Essential Health Care Services Related to Anxiety and Mood Disorders in Women
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IMPLEMENTATION PILOT PROJECT

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IMPLEMENTATION PILOT PROJECT TEAM

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- Chrystal Barnes, MPH

Kaiser Permanente School of Medicine (KPSOM)

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WOMEN'S PREVENTIVE SERVICES INITIATIVE (WPSI)

<https://www.womenspreventivehealth.org/about-wpsi/>

Coalition of national health professional organizations and patient advocates with expertise in women's health to continue the work of the National Academy of Medicine Committee to develop *Women's Preventive Services Guidelines* in 2011.

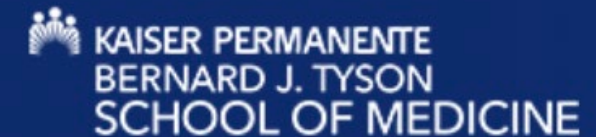
Reviews evidence, develops, and updates recommendations using methods similar to the U.S. Preventive Services Task Force (USPSTF) to fill gaps in recommendations.

Recommendations are reviewed by HRSA; if adopted, included for coverage under prevention services mandates of the Affordable Care Act.

Age 13 and older; inclusive definition of women; conditions specific to or different in women.

IMPLEMENTATION PILOT PROJECT

- Aim to improve implementation of WPSI/HRSA guidelines.
- Topics:
 - Screening for Anxiety
 - Screening for Intimate Partner Violence (IPV)



SCREENING RECOMMENDATIONS FOR DEPRESSION, ANXIETY, AND IPV

| | |
|----------------------|--|
| Depression screening | Screen for depression including pregnant and postpartum women; refer for appropriate therapy (USPSTF). |
| Anxiety screening | Screen for anxiety in adolescents and adult women including pregnant and postpartum women; refer for appropriate therapy (WPSI). |
| IPV screening | Screen for intimate partner violence and provide or refer women who screen positive to ongoing support services (WPSI). |

<https://www.womenspreventivehealth.org/recommendations/>

<https://www.uspreventiveservicestaskforce.org/uspstf/recommendation-topics>

CONDITIONS ARE RELATED BUT OFTEN UNDETECTED

- Screening can identify specific conditions as well as undetected related conditions.
- Identification of one condition can help address another.

Depression,
suicide

Anxiety, panic
attacks, sleep
disturbance

Eating disorders

Chronic
headaches

Gastrointestinal
distress

Musculo-skeletal
symptoms

Post-traumatic
stress disorder
(PTSD)

Unhealthy
alcohol and drug
use

GOAL 1: CURRENT PRACTICES

Research Findings

What are clinicians' current practices for screening for anxiety and IPV in the primary care outpatient setting?

- Screening practices and policies varied across clinics.
- Screening rates were low and not well captured in health records.
- Screening for depression was frequently performed and often used as a proxy for screening for anxiety which was not routinely done.
- Few protocols for referrals for anxiety and IPV.
- Clinicians and staff were often unaware of anxiety and IPV screening recommendations and ACA coverage.

GOAL 2: BARRIERS AND FACILITATORS TO SCREENING

Research Findings

Facilitators

Both IPV and anxiety

- Leveraging existing screening practices
- Built-in EHR screening tools
- Universal screening of all adult populations

Anxiety

- Increasing prevalence in society increased awareness of the need to screen

Barriers

Both IPV and anxiety

- Screening fatigue
- No required health maintenance metric

Primarily IPV

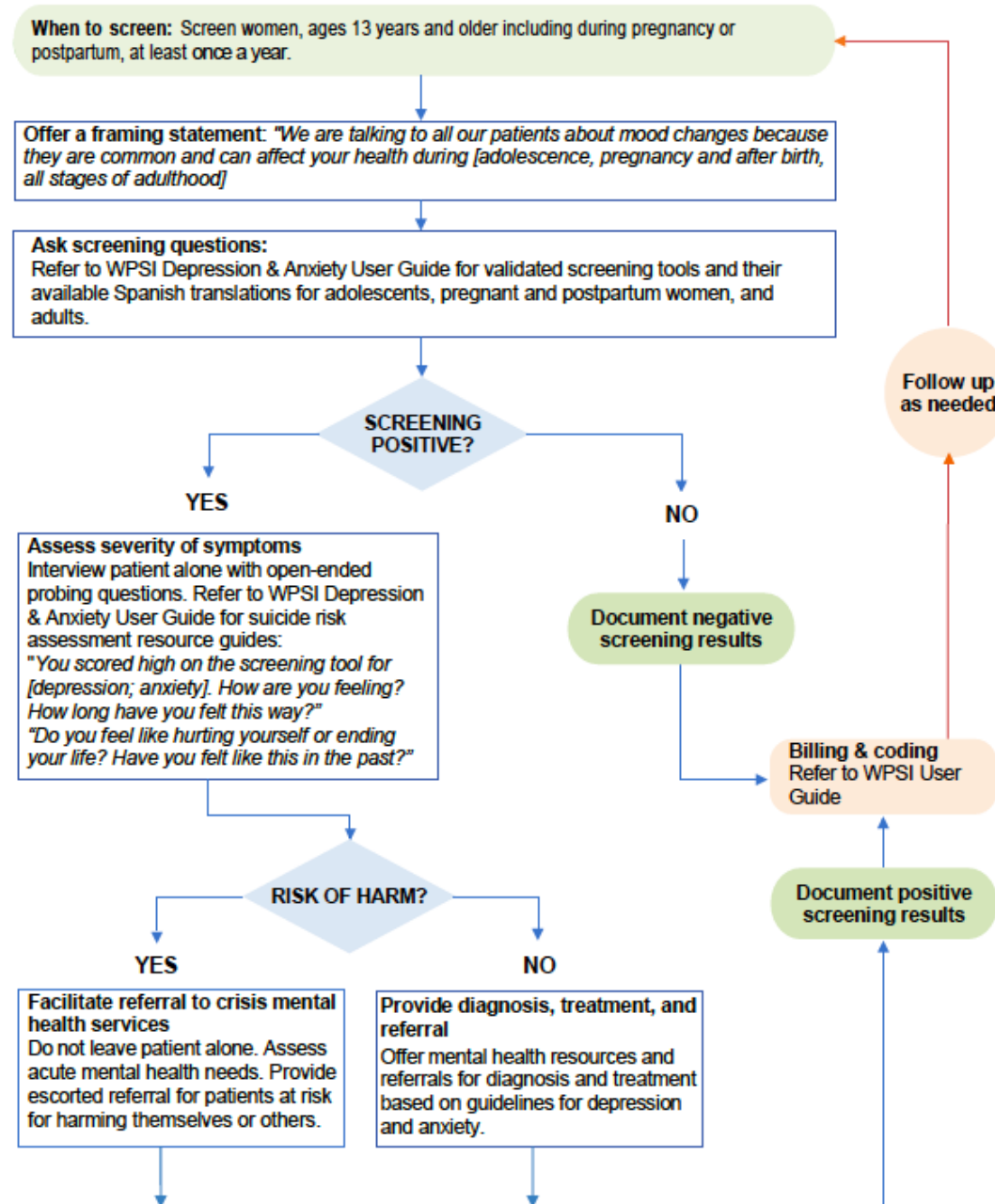
- Documentation and reporting
- Highly sensitive topic and low prevalence in daily practice
- Follow-up and resources are inadequate

GOAL 3: CLINICIAN RESOURCES

What resources are needed to support screening?

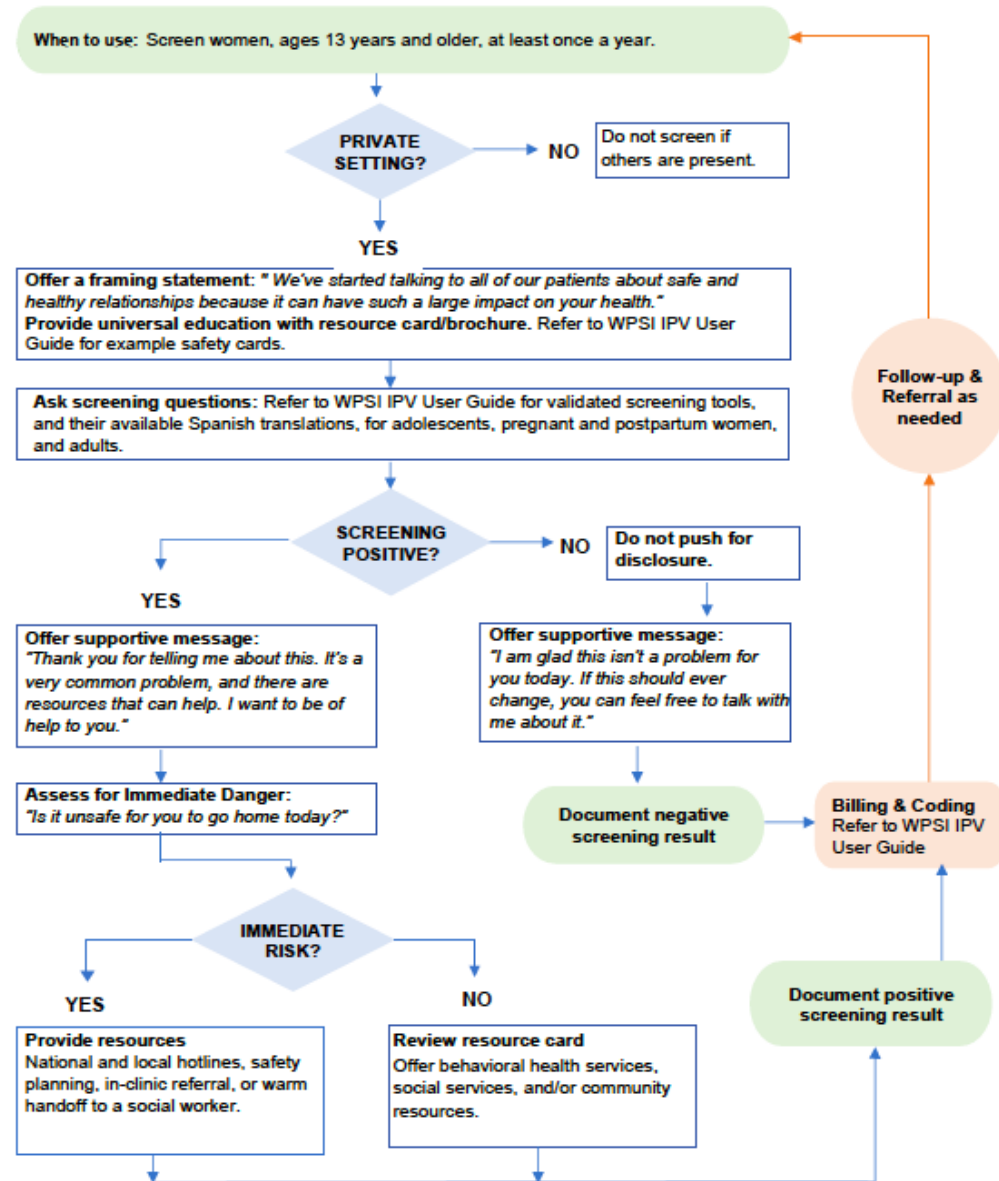
- Development of clinical workflows and user guides that expand existing practices.
- Paired anxiety screening with depression screening to facilitate workflow based on clinical practices and feedback from interviews.
- Includes clinician resources to support screening, assessment, and billing.
- Links to educational resources, clinical practice guidelines, and toolkits.
- Screening resources organized by populations:
 - Adolescents
 - Pregnant and postpartum
 - Adults

ANXIETY & DEPRESSION SCREENING Clinical Workflow



IPV SCREENING Clinical Workflow

| Quick Reference Resources | |
|--|----------------------------------|
| NATIONAL RESOURCES | LOCAL RESOURCES |
| National Domestic Hotline: 1.800.799.SAFE(7233) Thehotline.org | Local Domestic Hotline: ----- |
| National Sexual Assault Hotline: 1.800.656.4673 Online.rainn.org | Local Police: ----- |
| Love is Respect (Teens): 1.866.331.8453 1.866.331.8453 (TTY) | Local DV Advocate: ----- |
| | Local DV Shelter: ----- |
| | Info/Referral: ----- |



National Domestic Violence Hotline: 800-799-7233
Local Hotline:
Local Resource Center:

QUALITATIVE INTERVIEW RESULTS

Materials are Useful

Participants

- Had a positive perspective of the tools.
- Appreciated the framing statements.
- Felt tools were sufficient to perform screening.
- Appreciated the bilingual options.

Tools supported

- Assessing self-harm and conducting universal education for IPV.
- Screening for both anxiety and depression at the same time, while scoring and addressing the conditions distinctly.

SUGGESTED IMPROVEMENTS

Overall

Considerations

- Clinics have limited capacity.
- Patients experience screening fatigue.
- EHR function is an important implementation facilitator.
- Clinics want to implement screening regardless of gender.
- Clinic context affects implementation.

Screening tools

- Information and the idea of choosing a tool were overwhelming.
- Additional prompts
 - Name of the screening tool the clinic has chosen to use.
 - Screening tool modality.
 - Role of the staff responsible for each step with consideration for level of training.

SUGGESTED IMPROVEMENTS

IPV Screening

Mandatory reporting

- Add information about mandatory reporting.
- Prompts to inform patients about mandatory reporting guidelines.
- Training for clinicians to better understand their mandatory reporting status and how that influences IPV screening.

Private space

- More information about best practices for facilitating a private space.
- Framing statements to prompt patients into a private space.



SUGGESTED IMPROVEMENTS

Anxiety & Depression Screening

Self-harm assessment

- Insert an additional self-harm specific workflow.
- Prompts for administering another assessment tool to measure self-harm severity.
- Prompts for warm hand-offs to either internal or external behavioral health.
- Regional or national resources for clinics without local resources.



SUGGESTED IMPROVEMENTS

Billing, Coding, Documentation

Billing

- Add a table that indicates each billing code, what it is used for, and parameters on the code such as time requirements.
- Add the anxiety CPT diagnosis code and relevant Medicare codes to the existing code list.

Documenting

- Additional resources on:
 - Documentation best practices.
 - Follow-up if screening can't be completed.
 - When and how to follow-up or “try again” for incomplete screenings.
- For IPV, how to talk to patients about privacy of their chart notes and suggested practices when traditional documentation is not appropriate.

SUMMARY

While primary care clinicians acknowledge the importance of screening women for anxiety and IPV in addition to depression:

- Lack of awareness of guidelines, screening methods, and insurance coverage.
- Clinics have limited capacity to implement additional screening.
- Screening rates are low, vary in practice, and are not well-documented.
- General lack of referral protocols for patients with positive screens.

SUMMARY

- Implementation requires health system and policy approaches beyond individual clinicians and practices.
- More training and development are needed to
 - Establish clinic and health system screening procedures and workflows.
 - Improve skills and develop protocols to assure patient safety, mandatory reporting, assessing patients' self harm.
 - Provide resources for effective billing and documenting.
 - Create screening metrics to monitor progress and outcomes.