

California Health Improvement Project (CHIP)

Redefining Usual Care in the Gynecology Clinic: A Collaborative Care Depression Intervention Model

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Problem Statement and Underlying Causes

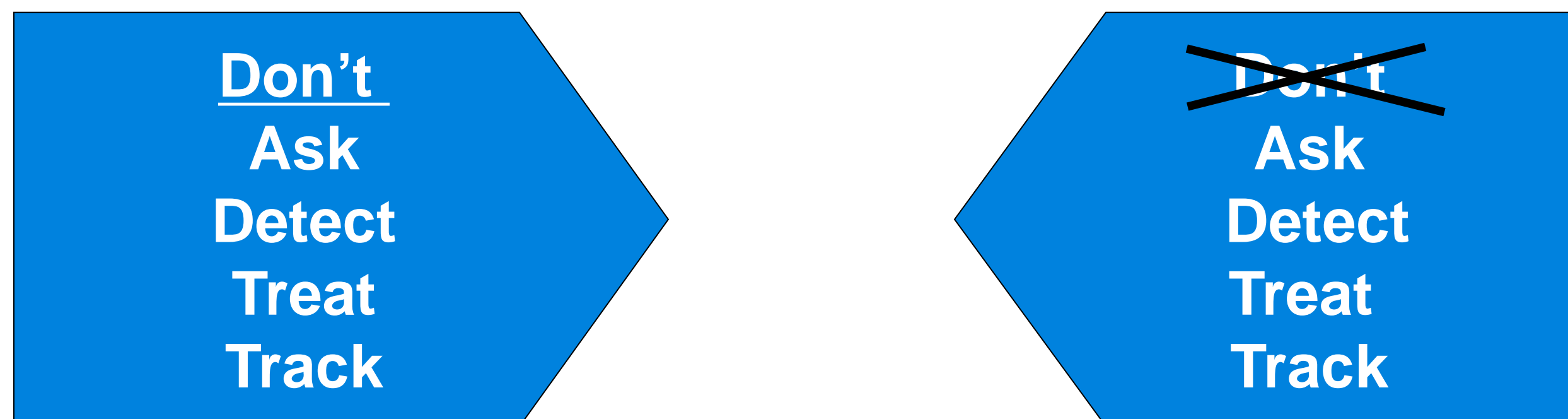
Reproductive Aged, Poor Minority Women have high rates of Depression (25%) and they are more likely to seek a gynecologist as their primary care physician

HOWEVER...

Depression Screening and Treatment is not Usual Care in GYN

- Providers not trained to detect and treat depression
- Defined resources for follow-up and care coordination are unclear

This combination results in a MISSED OPPORTUNITY to detect and treat depression in these patients



Project Description

Redefine usual care in our GYN clinic to include treatment of depression by implementation of a Collaborative Care model. Sharing in this care with our Behavioral Health colleagues allows "shared care" to become "usual care." It lets the patient know her depression matters to us and we're going to help her with it...beginning today.

Goal and Objectives

Improve outcomes of women with depression who obtain care in the Gynecology Clinic through an integrated Collaborative Care model that will:

- immediately engage the patient in her depression care
- promote patient input into care treatment options
- track care
- step care to reach the desired target state.

Output-oriented Objectives:

1. All GYN residents, faculty, clinic nurses, and behavioral health colleagues will receive training in the evidence based collaborative care model by January 2016.

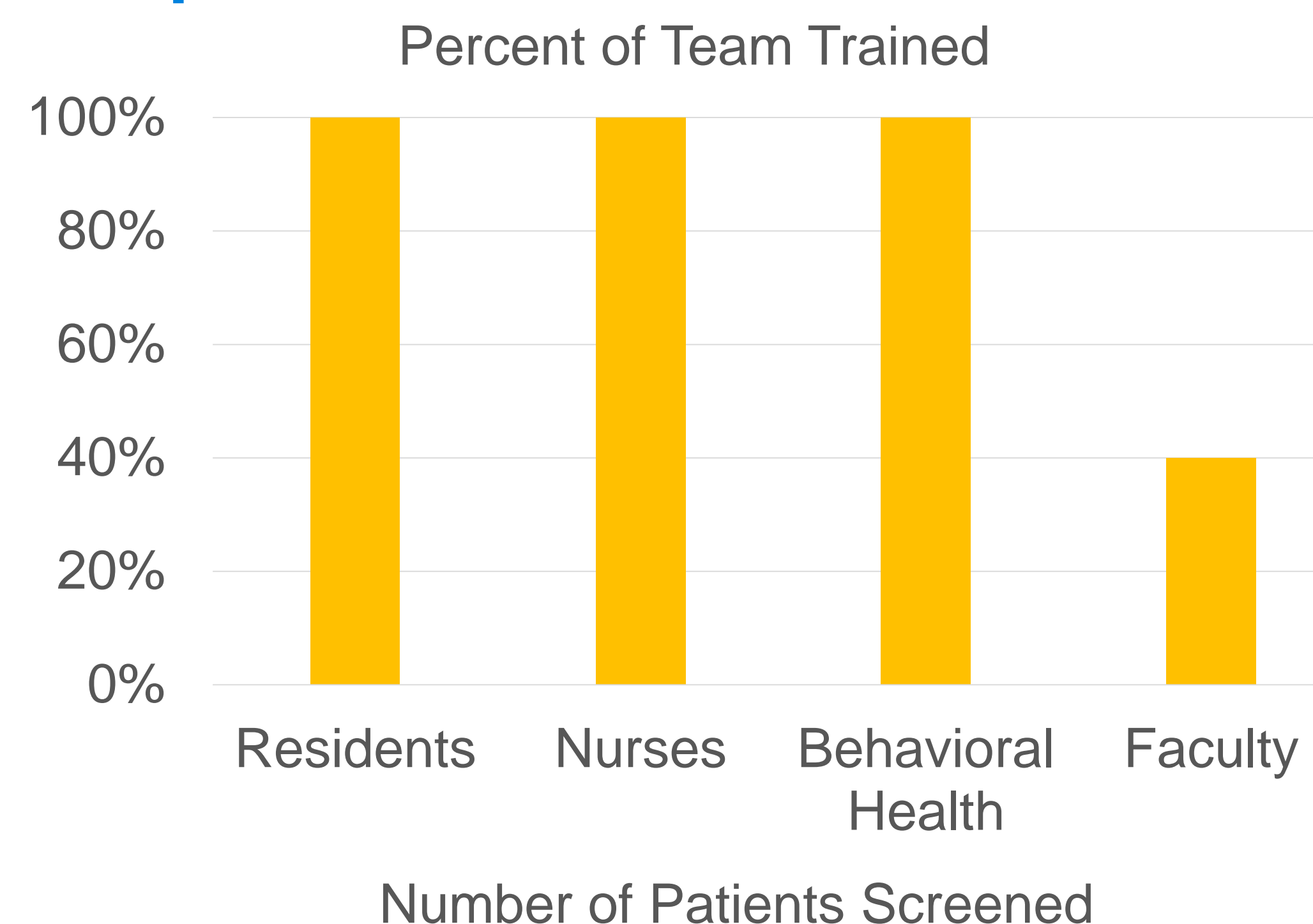
2. 100% of patients presenting to Collaborative Care Clinic will be screened for depression by June 30, 2016.

Outcome-oriented Objective:

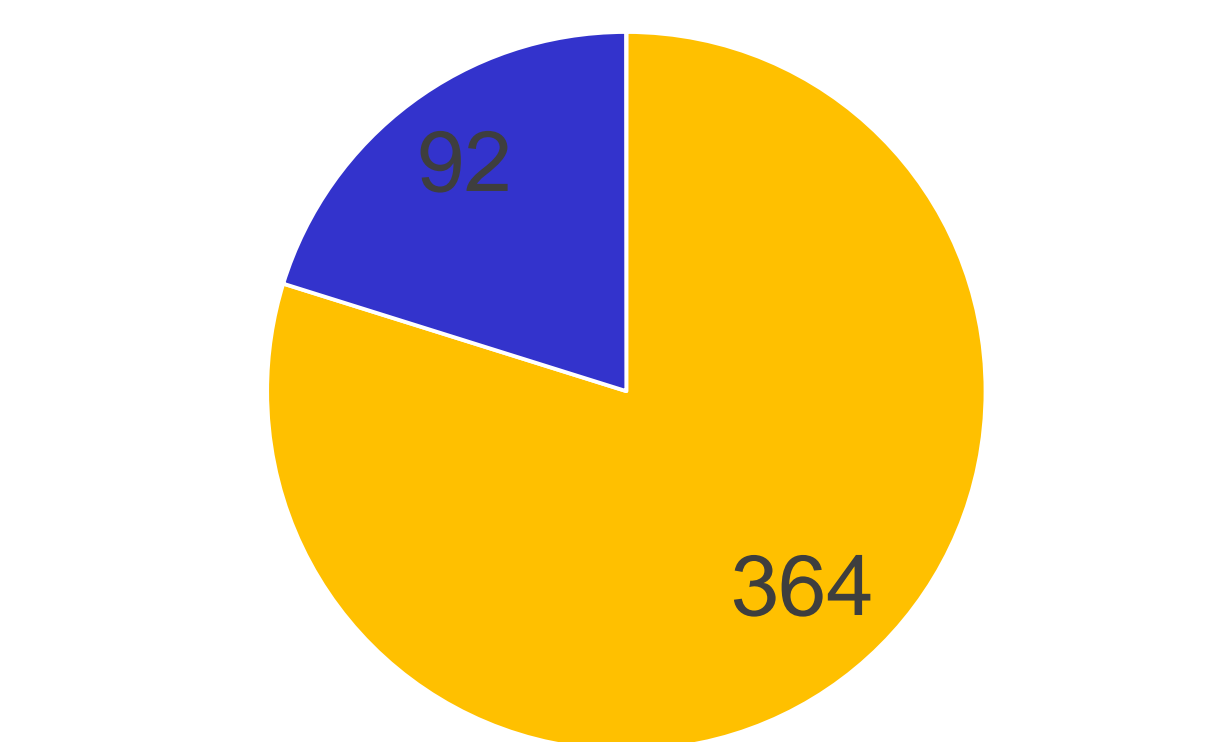
50% of patients engaged in Collaborative Care will have a 50% reduction in depression scores from baseline over 9 months of treatment.

Outputs & Outcomes

Outputs Achieved

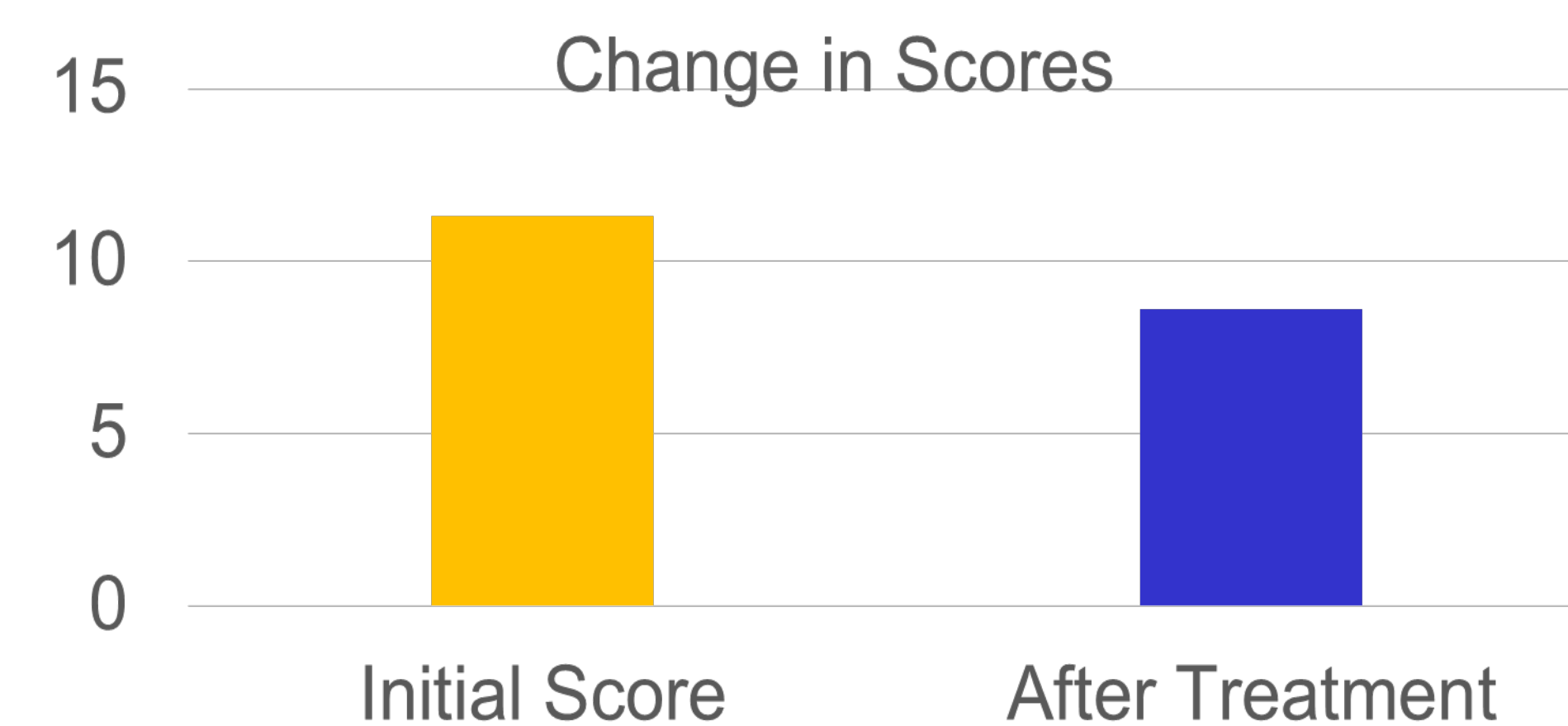


Number of Patients Screened



■ Screened ■ Screen Positive

Outcomes Achieved



- 29 providers and 17 nurses onboarded to collaborative care model
- 364 patients were screened for depression over 26 Collaborative Care Sessions for a screen positive rate of 25.2%
- Over a 6 month period of time, scores decreased by an average of 25%.
- Patients who opted for treatment with at least one follow-up appointment had a significant decrease in their scores from the first session to their last follow-up session
- Still several barriers to treatment exist - several patients were lost to follow-up, despite initial agreement to participate in collaborative care

Lessons Learned

Lessons learned in the fellowship regarding engagement led to developing buy-in from nurses first. Education and coaching nurses with frequent check-ins proved critical to having champions within clinic to drive project forward.

Embedded model was feasible in a public, tertiary care teaching institution.

Future focus will be on identifying and resolving barriers to treatment and problem solving during the engagement session.

Being flexible and open can help bring a version of the project to new areas – for this project, we identified that patients presenting for options counseling regarding pregnancy heavily benefited from an embedded collaborative care model.

About My Organization



Harbor-UCLA Medical Center is a public, tertiary care hospital in Los Angeles County.

Our mission is to improve the health and well-being of our patients by providing exceptional women-centered care attained through clinical service, education, and research.

The Department of Obstetrics & Gynecology plays a pivotal role in the delivery of care to a largely underserved, minority community of women in south Los Angeles County, regardless of their ability to pay. We see ~25,000 patient visits per year

Working together with our patients, who often face complex clinical and psychosocial conditions, we represent a group of highly dedicated problem solvers committed to education through service.

Contact Me

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