



If You Don't Ask, Will They Tell?

Screening for Depression at a Midwest HIV Clinic

Presented by:

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Acknowledgements:

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Background:

- The Specialty Care Center (SCC) serves ~1300 people with HIV in Nebraska and Western Iowa in the central Midwest (USA)
- providing specialty HIV management as well as primary care services since the early 1990s
- prior to Fall 2023, SCC had no formal depression screening process

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Map image courtesy of istock



Objective: Describe a quality improvement project implemented at the Specialty Care Center to increase depression screening for people with HIV (PWH).



-2024 HIVMA/IDSA* Primary Care Guidance for Providers who Care for Persons with HIV recommend:

- ⁴⁹annual depression screening with validated tool (obvious)

- Headliner: “Optimizing care engagement, medication adherence, and viral suppression” (let that settle...)

*HIV Medical Association/Infectious Diseases Society of America: <https://www.idsociety.org/practice-guideline/primary-care-management-of-people-with-hiv/>

Making the case for Patient Health Questionnaire (PHQ-2) Depression Screening at the Specialty Care Center (SCC)

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Completion of
depression screening
during medical provider
visits at SCC in
September 2023 = 2%

Under the surface...
How do we do it? Where is it? When do we
do it? How much time does it take? Why
does this matter? What if it's positive?

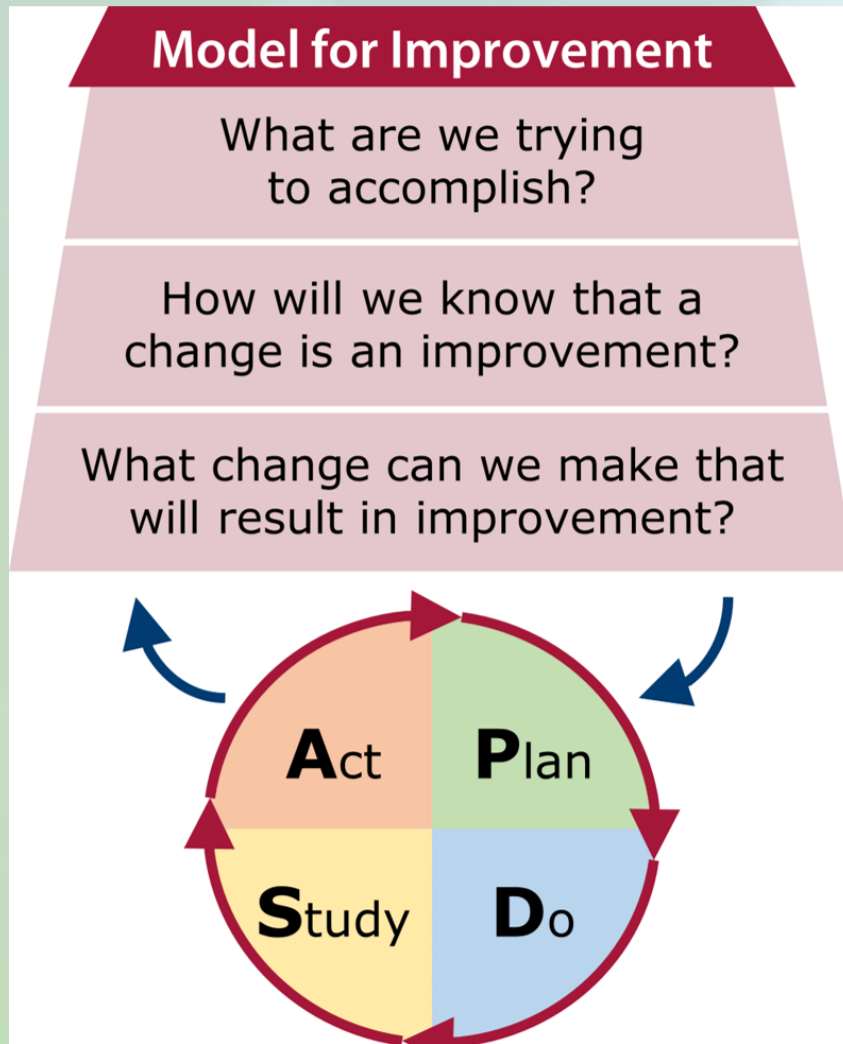
Despite...

- Nebraska Medicine expectations for annual screening (including EMR flags)
- HIVMA/IDSA recommendations
- variable but relatively high rates of depression described among PWH
- general consensus among team to address as many needs as possible for our patients
- assessments and plans addressing depression (history of?)
- collateral grant-funded project that embedded a behavioral health provider at the SCC**
- support and mentorship from University of Nebraska Medical Center Dept of Psychology**

Image courtesy of istock

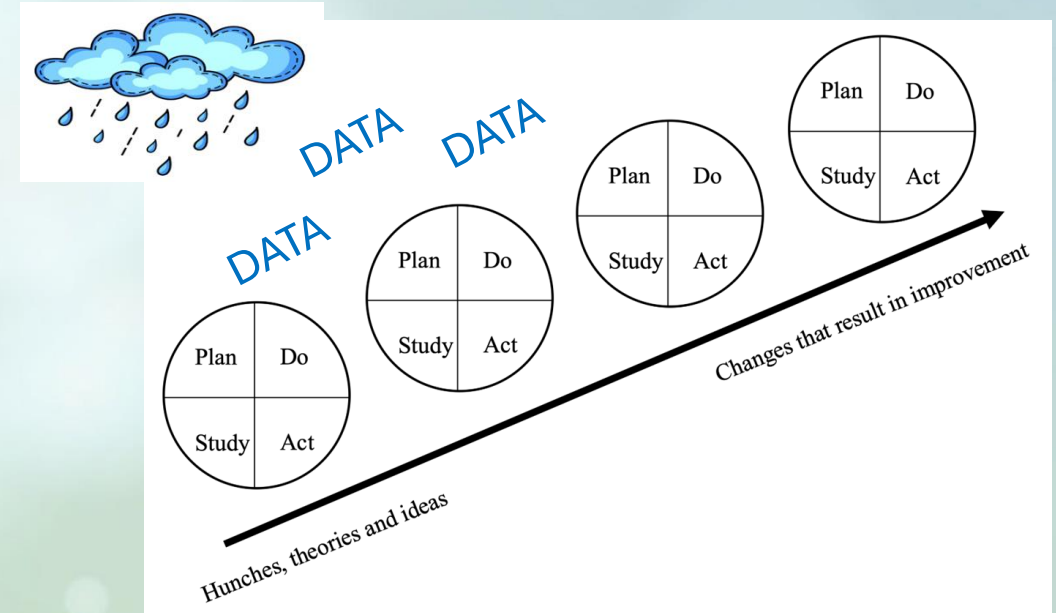
Quality Improvement Project: Increasing PHQ-2 Screening at all SCC Medical Provider Visits

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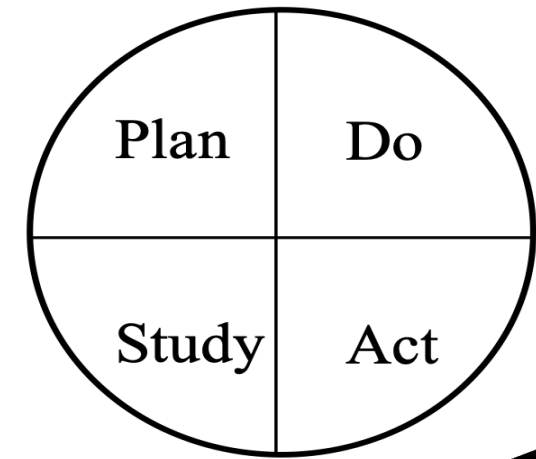
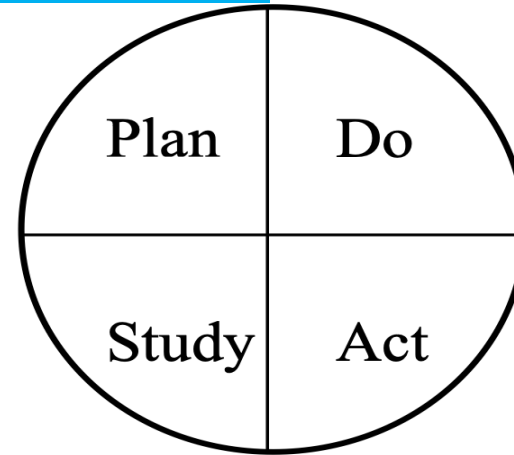
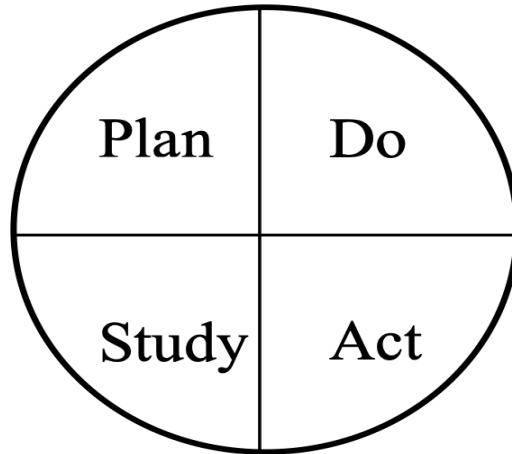
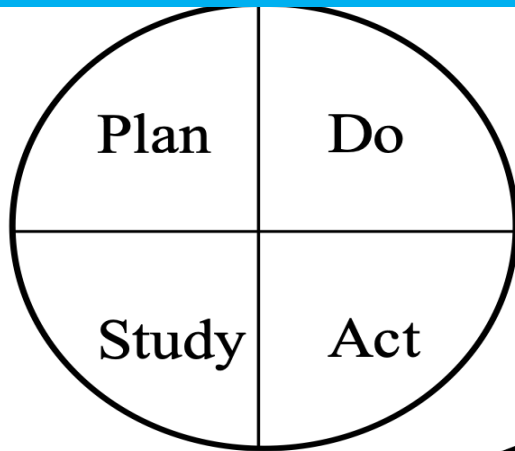
Problem: Depression screening is not being addressed during SCC medical provider visits (2% of visits in September 2023 had PHQ-2 documented).

Aim Statement: The Specialty Care Center (SCC) will increase PHQ-2 depression screening during **all** HIV primary/specialty care medical provider visits from baseline of 2% in Sept 2023 to a goal of 85% by December 2023. This will be measured with data from the electronic health record (completed questionnaire flowsheet).



- in-depth suicide risk
assessment training
-testing NOW referrals to BH

-train rooming staff
-train providers
-test workflows (1
provider/staff, 1 clinic
session, then scaled
up)
-consumer voices



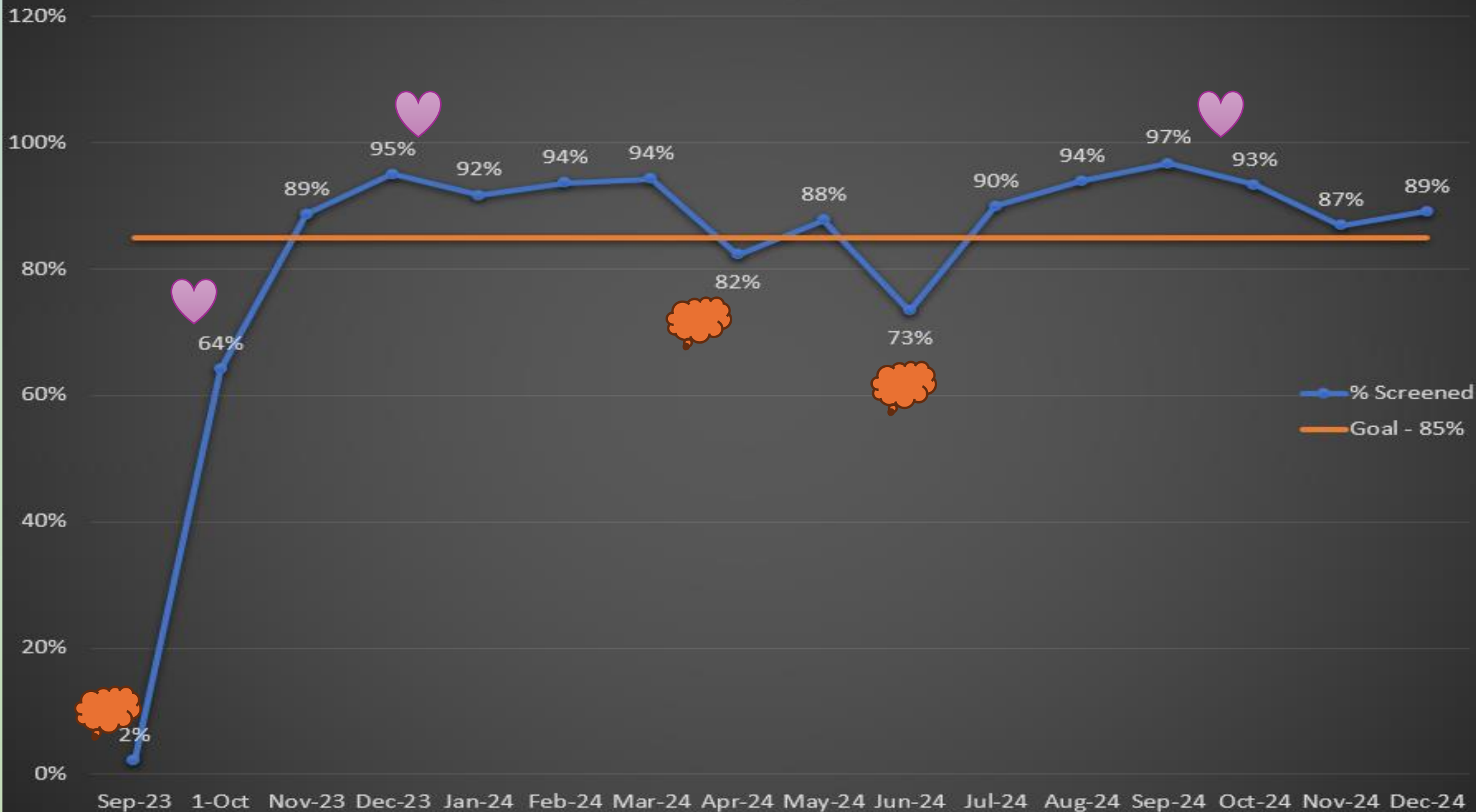
Changes that result in improvement

-weekly, even daily PHQ-2
completion queries
-real time monitoring of
completion in EHR

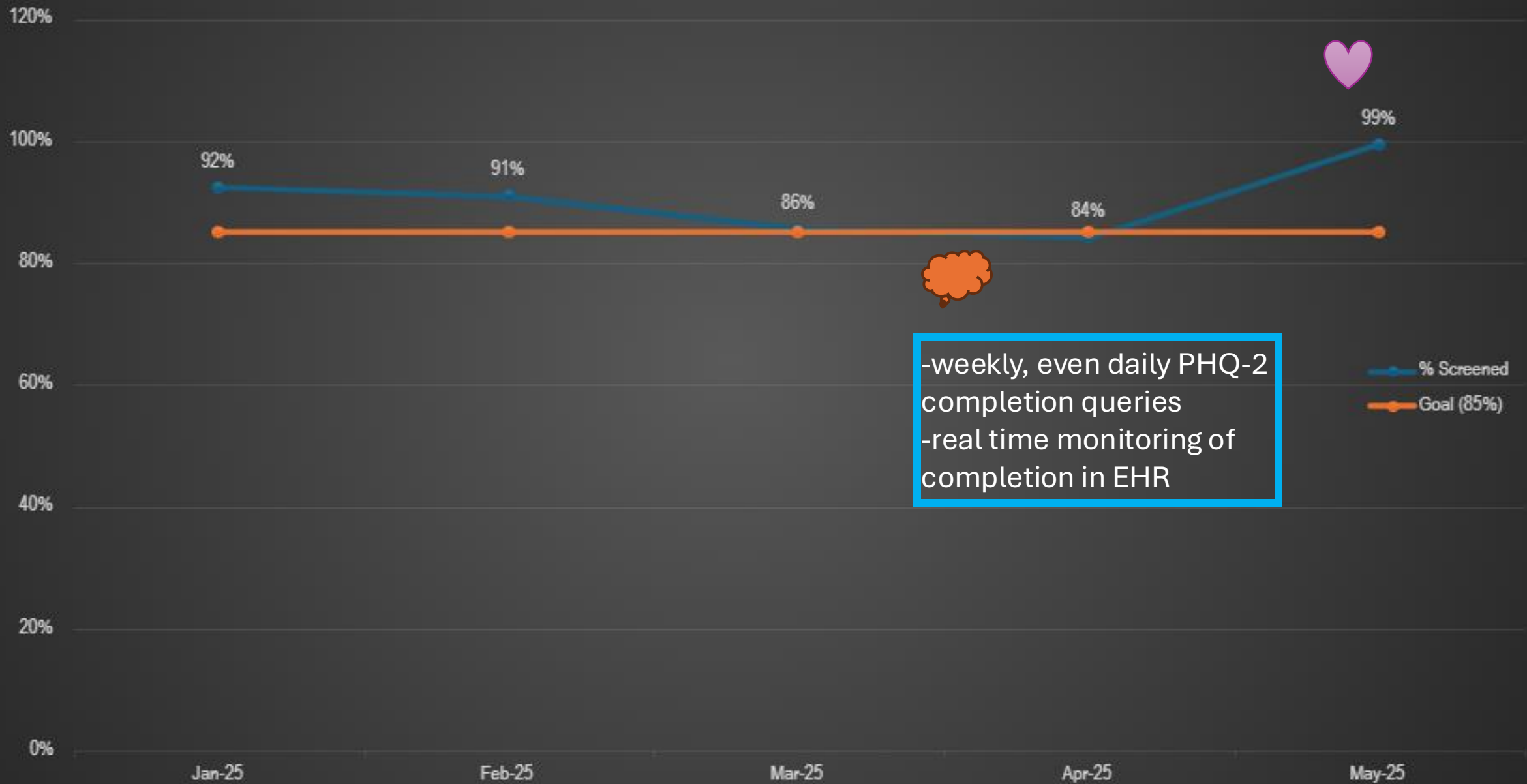
-laminated “answer keys”
(English/Spanish)
-rearrange PHQ-2
flowsheet location
-test referral order process

Hunches, theories and ideas

SCC Depression Screening 9/2023 - 12/2024



SCC Depression Screening 01/2025- 05/2025



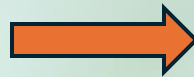


What can we do better?

Real Time Monitoring of PHQ-2 documentation during clinic

PHQ-2 completion
status visible to:

- providers
- rooming staff
- clinic leadership

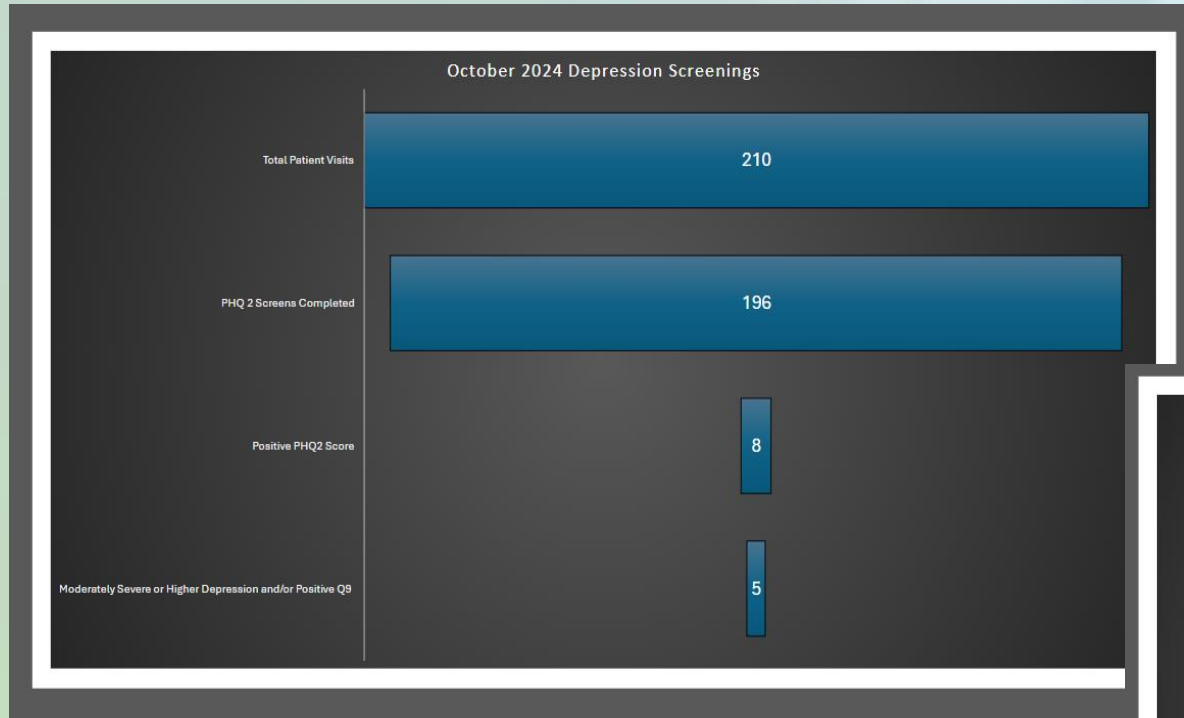


PHQ-2	Type	Status	P..
✓	NEW PATIENT	Signed Checked in: 1:34 PM	
✓	NURSE VISIT	Signed Checked in: 12:54 PM	
✓	RETURN PATIENT	Signed Checked in: 8:17 AM	
✓	RETURN PATIENT	Signed Checked in: 8:45 AM	
✓	RETURN PATIENT	Signed Checked in: 9:40 AM	

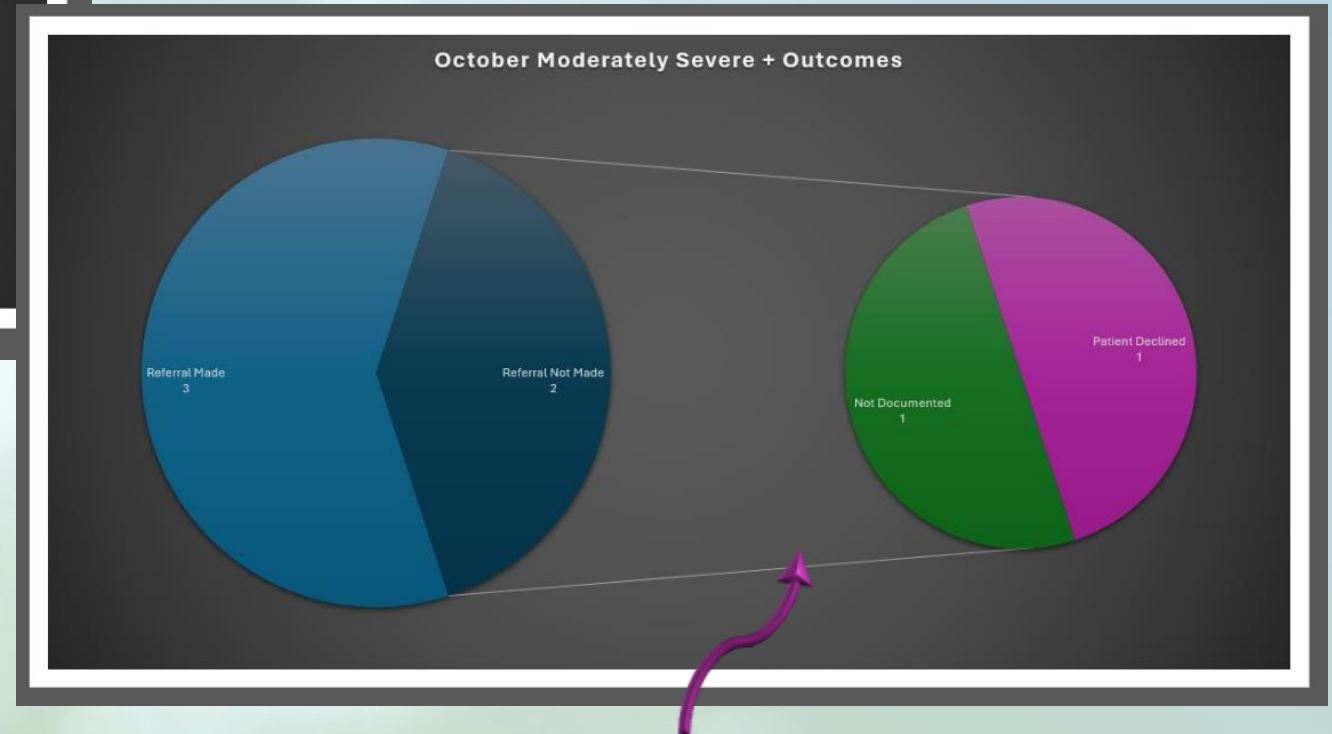


Once you get the data, have fun!
Play around with it.

What story is it telling you?



Depression screening “cascade”

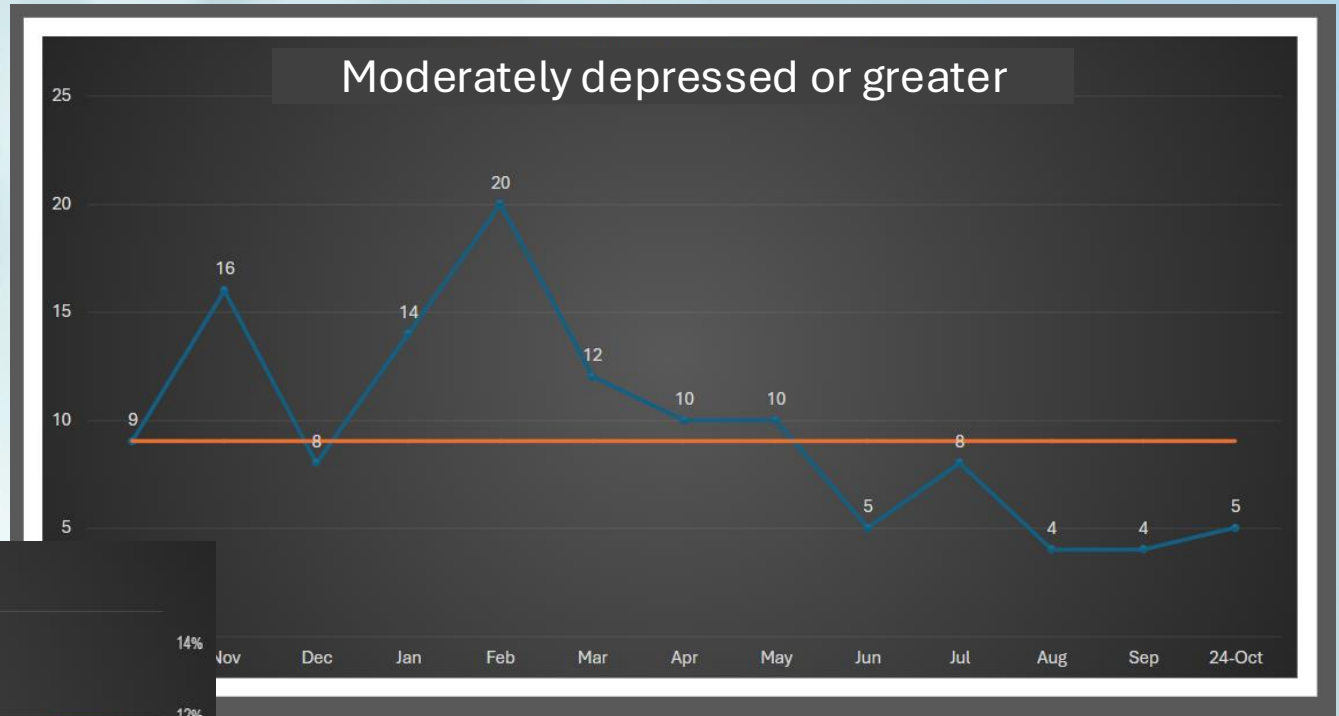


What's going on with referrals for positive PHQs?

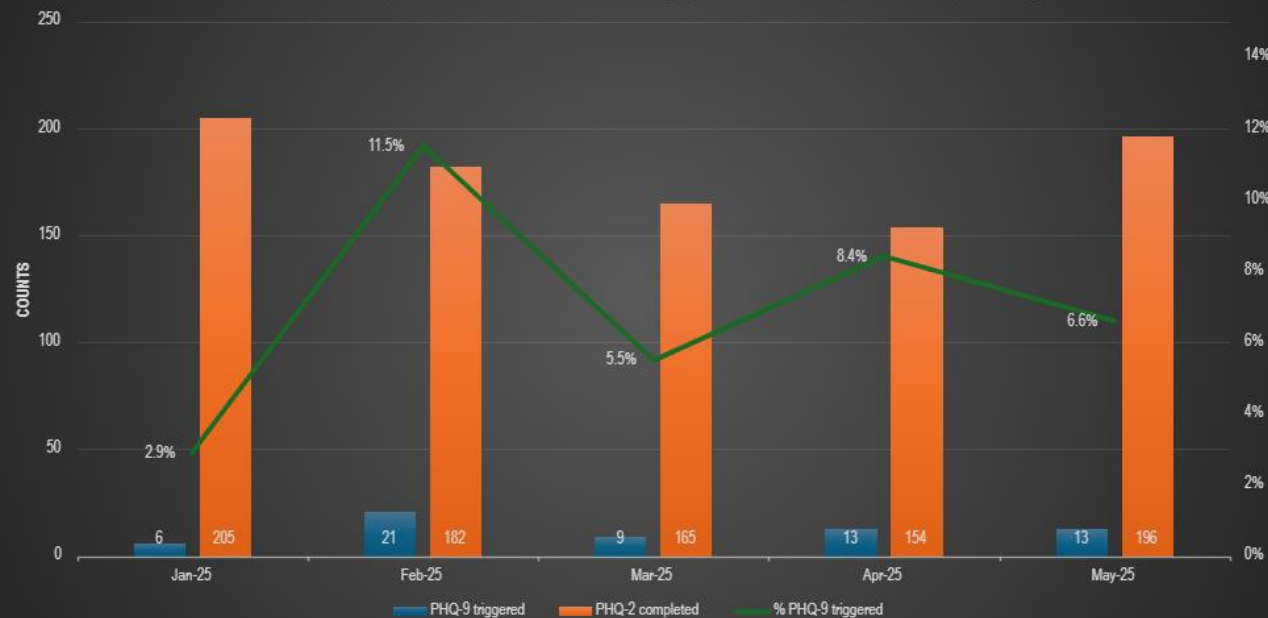


Variability in POSITIVE PHQ-2 results

- adjusting resources
- tracking individual patient responses over time



PHQ-2 Completion and PHQ-9 Triggered Rates (Jan-May 2025)



? Cyclical occurrences of positive screening?

Ongoing Data Monitoring & Clinical Implications:

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- cyclical/seasonal/survey fatigue impact on patient reported symptoms
- use data to substantiate ongoing/additional behavioral health resources
- depression screening addresses Mentation category for Age Friendly Health Care (...and then we learned the mini-cog! We can do anything!)
- continual staff and provider training and resources
- impact of depression screening and referral on engagement and viral suppression?
- Consumer Advisory Board ownership—checking in

We've added new mental health providers! If you've seen them, please provide feedback:

Dr. David Taylor (psychiatrist): _____

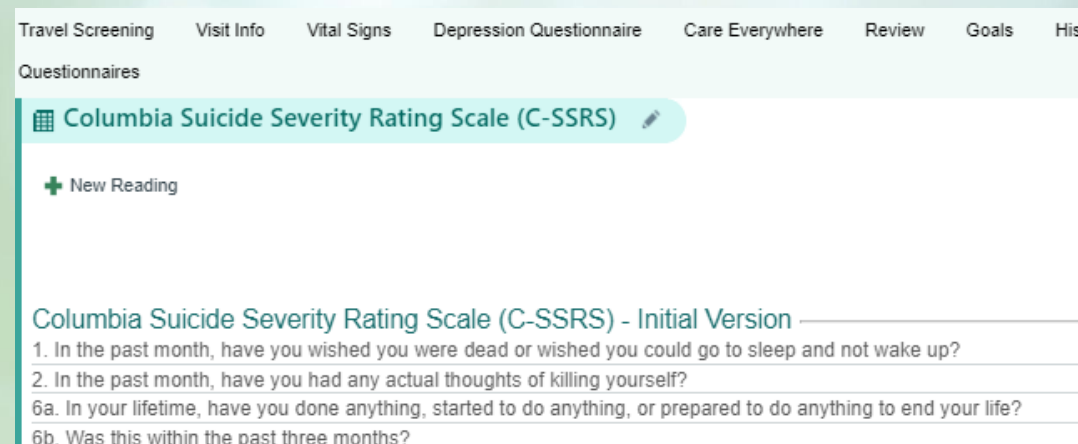
Lance Burwell (behavioral health): _____

Lessons Learned:

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- SCC clinic staff and providers were uncertain about depression screening and referral processes
- standardized screening tools ease concerns for staff and patients
- screening for depression opens a safe space for patients to discuss mental health in same way we routinely discuss sexual health in our clinics
- If you ask patients about depression, they might tell, so have a plan for positive screening results!



The screenshot shows a web-based interface for the Columbia Suicide Severity Rating Scale (C-SSRS). At the top, there is a navigation bar with tabs: Travel Screening, Visit Info, Vital Signs, Depression Questionnaire, Care Everywhere, Review, Goals, and Hist. Below the navigation bar, the page is titled "Questionnaires". A teal header bar contains the text "Columbia Suicide Severity Rating Scale (C-SSRS)" with a pencil icon for editing. Below this header, there is a "+ New Reading" button. The main content area displays the title "Columbia Suicide Severity Rating Scale (C-SSRS) - Initial Version" followed by a list of screening questions:

1. In the past month, have you wished you were dead or wished you could go to sleep and not wake up?
2. In the past month, have you had any actual thoughts of killing yourself?
- 6a. In your lifetime, have you done anything, started to do anything, or prepared to do anything to end your life?
- 6b. Was this within the past three months?



If You Don't Ask **YOUR CLINIC TEAM**,
Will They Tell **YOU WHY THEY AREN'T COMPLETING CLINICAL
SCREENINGS, & WHAT IT WILL TAKE TO FEEL
CONFIDENT AND SUPPORTED???**
IMPLEMENTING AND IMPROVING Depression Screening at a
Midwest HIV Clinic



Thank you!



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