Depression Screening and Glycated Hemoglobin Levels: Diabetes Mellitus Follow-Up Measures

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Purpose and Rationale

- Internal evidence
  - A1C >8
  - Patients cancel without rescheduling follow-up appointments
  - Providers fail to re-initiate contact with patients not recently seen
  - A1C not ordered
  - Missed appointments
  - Link between elevated A1C and depression
  - Depression screening
  - Missed depression diagnosis
  - Depression screening
  - Quality of care
  - Nurse implementation
  - Costs of DM and depression

- Outside data
  - Up to 30% of adults with diabetes have co-existing depression
  - Patients with major depressive disorder have a mean life span of 25 to 30 years less than the average person

Background and Significance: Literature Review

- Depression screening
- Patients with major depressive disorder have a mean life span of 25 to 30 years less than the average person
- Link between elevated A1C and depression
- A1C >8
- Providers fail to re-initiate contact with patients not recently seen
- A1C not ordered
- Missed appointments
- Missed depression diagnosis
- Depression screening
- Quality of care
- Nurse implementation
- Costs of DM and depression

Clinical Significance

- Why is this important?
  - Repeat emergency department visits, hospital re-admissions, healthcare resources, quality of care and quality of life for patients
  - PICOT (Population, Patient, Problem, Intervention, Comparison, Outcome, Time, (P)
  - In adult patients with diabetes who are being cared for by CIM providers in an outpatient clinic, how does (I)
  - Screening for depression with the PHQ-2 for those who do not have a diagnosis of depression, or the PHQ-9 for those with a diagnosis of depression, in addition to A1C monitoring, versus (O) A1C monitoring alone, (Q) affect A1C and the time to initiation of the treatment of depression (T) over 3 to 6 months?

Conceptual Framework: The Chronic Care Model

- Room for improvement on all levels
- Identify high-risk patients
- Need for additional monitoring strategies
- Consistent follow-up
- Depression screening
- A1C level

Problem Statement

- Room for improvement on all levels
- Identify high-risk patients
- Need for additional monitoring strategies
- Consistent follow-up
- Depression screening
- A1C level

Project Proposal

- Stakeholders: Patients of the CIM department with DM, Doctor of Nursing Practice (DNP) student, DNP mentor and Family Nurse Practitioners (FNP)
- Pre-data: Age, gender, comorbidities, primary care physician, medication list, history of depression and treatment
- Interventions: PHQ-9 with sign-in paperwork at clinic appointment

Proposed Implications

- Measurable outcome: Number of DM patients who were not being treated for depression at the time they filled out the questionnaire, and whose responses to the PHQ-9 would support a diagnosis of depression
- Additional outcomes
  - Screening for depression at annual appointments
  - Improved chronic care health outcomes for DM patients
  - Positive PHQ-9
  - Patient has opportunity to be treated for depression
  - Cost-effective way to potentially reduce complications
  - Lower A1C levels over time
  - Marginal effort with potential benefits

CIM Instruments and Data Collection

- DM patients: PHQ-9 and A1C
- Staff (MDs, DOs, NPs, RNs, LPNs, MAs, administration): Pre- and post-questionnaires

References