

Screening and Behavioral Health Integration in an Orthopaedic Trauma Clinic

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Purpose: Depression is a common comorbid condition in patients with orthopaedic injuries and is associated with worsened outcomes such as pain, opioid use, complications, and length of stay. We report our experiences implementing a behavioral health integration pathway, including a validated depression screening and referral to care, in a single surgeon's orthopaedic trauma clinic over the course of 1 year from January to December 2019.

Methods: We piloted the usage of Patient Health Questionnaire (PHQ)-2 and PHQ-9 screening for all patients presenting to a single surgeon's orthopaedic trauma clinic. The present study is a retrospective case series of the results of screening in that clinic from January 2019 to December 2019. An evidence-based, real-time treatment protocol embedded in the electronic health record was designed by a psychiatrist at our institution for appropriate psychiatric management triggered when a patient screens positive for depression.

Results: A total of 573 patients had an outpatient visit in the study clinic in 2019. Of these, 476 (83.1%) received the PHQ-2 screening. Of the 97 patients who did not receive the PHQ-2 screening, 80 were not screened because they had a current (within 1 year) PHQ screening in their medical record. Ultimately, only 17 patients (3.0%) were not screened. Based on the results of the PHQ-2, 172 patients (36.1%) required completion of the full PHQ-9 questionnaire; of those, 60 (34.9% of patients screened with full PHQ-9, 12.6% of patients screened) screened positive for depression. 50 of these patients were referred to behavioral health via the electronic health record-based pathway, and 8 of these patients enrolled in the formal behavioral health treatment program.

Conclusion: This case series demonstrates the feasibility of screening patients for depression and making referrals to necessary behavioral health treatment in an orthopaedic trauma clinic. Depression is common in this patient population and is also a risk factor for worsened patient-reported outcomes, complication rates, and quality metrics. We were able to identify 50 patients with depression and appropriately triage them for further care in our community without requiring any additional staffing at our clinic or increasing the amount of time spent per visit.