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BACKGROUND

- Anxiety is characterized by feelings of excessive uneasiness, worry, and fear.
- Anxiety in adolescents can impair daily functioning, academic achievement, increase involvement with the juvenile justice system, increase risk for suicide, and is associated with other chronic health conditions.
- Globally, 1 in 5 youth were estimated to experience anxiety during the first year of the COVID-19 pandemic.
- In Rhode Island, 1 in 5 children ages 6 to 17 has a diagnosable mental health problem.
- Routine screening tools such as the General Anxiety Disorder 7 (GAD-7) screen can improve identification of at-risk patients and increase access to appropriate care.

OBJECTIVE

To investigate and understand why screening rates for anxiety are low among adolescent patients at Providence Community Health Centers (PCHC) - Central.

METHODS

QI Project:

Design:

- Retrospective analysis of structured data obtained from electronic health records from March 2021 to March 2022.
- Key-informant interviews of 5 medical assistants and 2 family medicine providers.

Participants:

- 5 medical assistants and 2 family medicine providers who screened adolescent patients ages 12-17 using the GAD-7 and PHQ-9 tools.

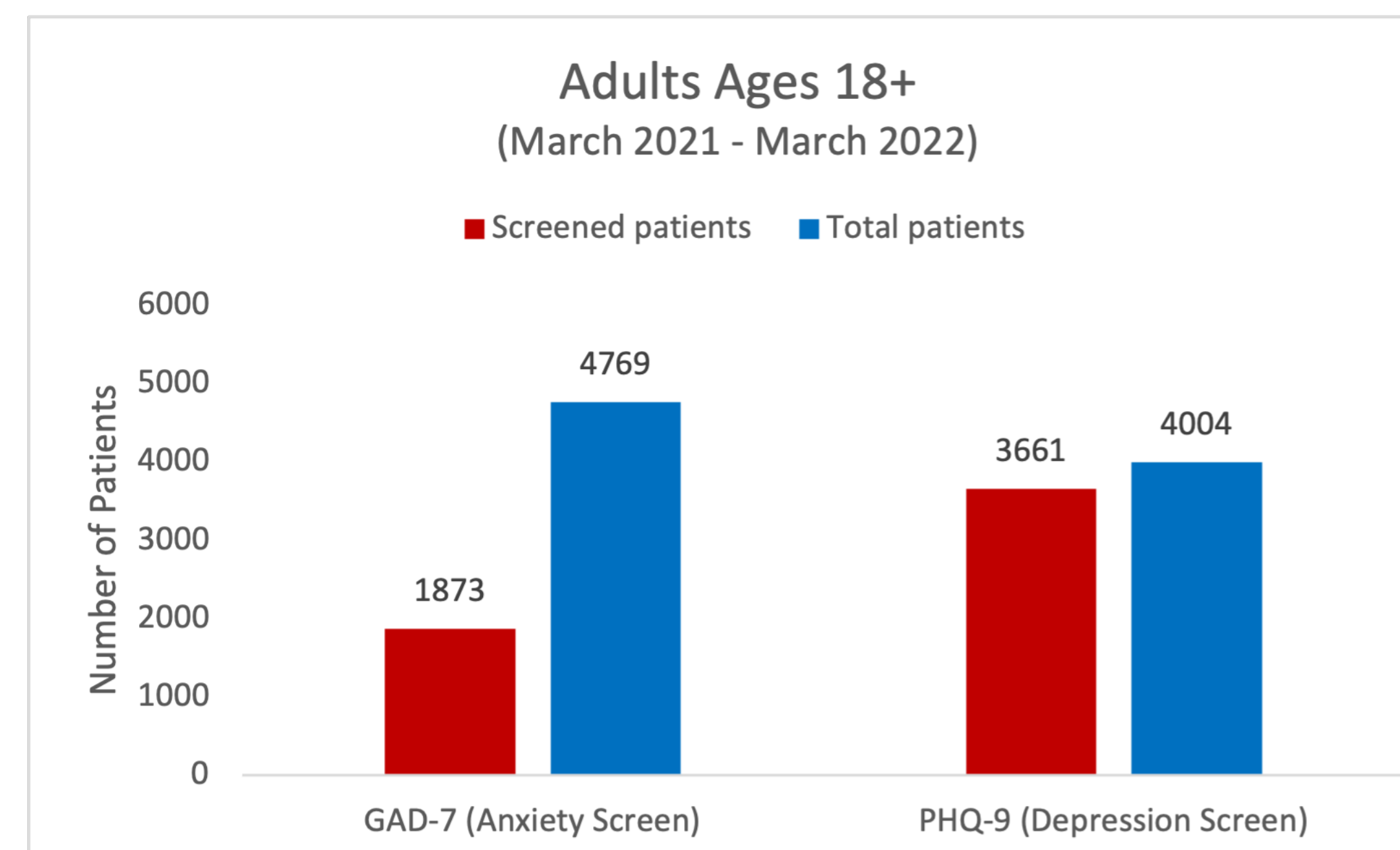
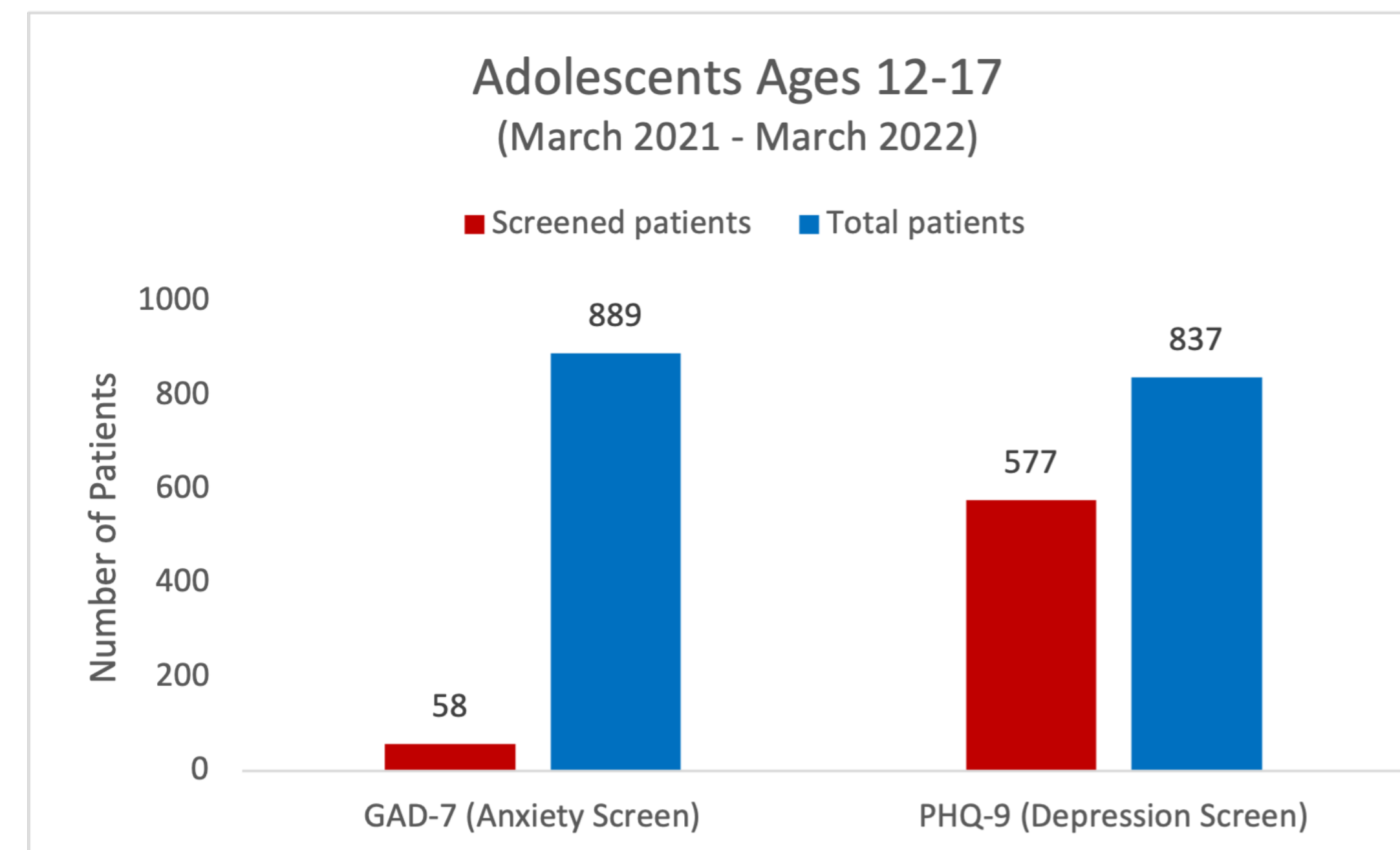
Instruments:

- PowerBI was used to process data from electronic health records into Excel for analysis. An interview guide was developed to navigate conversation during the medical assistant and physician interviews.

Literature Review:

- Electronic databases such as PubMed and Google Scholar were utilized. Medical Subject Headings (MeSH) terms were applied for: mental health, anxiety, adolescents, and screening.

RESULTS



RESULTS (cont.)

- 1 in 10 adolescents screened with PHQ-9 also have screens for GAD-7
- 1 in 3 adults screened with PHQ-9 also have screens for GAD-7

CONCLUSIONS & NEXT STEPS

Low anxiety screens in adolescents may be due to the:

- Recency of the GAD-7 anxiety screen to PCHC workflow
 - GAD-7 screen was added to clinic workflow in 2021
- Less supported roll out system for GAD-7 screens during the COVID-19 pandemic
 - Complicating factors include increased use of telehealth and greater variations in the way screening was conducted
- Attribution of patient symptoms to depression rather than anxiety
 - Staff may be more attuned to recognizing depressive symptoms and are likely to prioritize the PHQ-9 screen
- Attribution of patient symptoms to physical rather than mental health symptoms
 - Example: Attributing increased heart rate to a cardiac health issue and not anxiety

Next Steps:

- Utilize monthly care team meetings to understand specific obstacles and evaluate any changes made to workflow
- Gather data on the unique needs of each PCHC branch and how each care team can best be supported
- Consider screening adolescents without their guardian in the room
- Provide more clinically validated translations of the GAD-7 screen (e.g., in K'iche and Khmer)

ACKNOWLEDGMENTS

I wish to thank all the staff at PCHC - Central for their continued support throughout this project.

Special thanks to Mallory Hafferty and Dan McGuire for their assistance with data collection, Jen Etue for her tremendous insights, and Dr. Karen Saal for her careful guidance and mentorship.

Lastly, I would like to thank the Brown Gateways to Medicine, Healthcare, and Research program for making this opportunity possible.

KEY-INFORMANT INTERVIEW HIGHLIGHTS:

"GAD-7 is a helpful way to normalize and standardize the way you ask patients about mental health"

"Most of the patients are open to responding"

"Patients may be more responsive when their parents are not in the room"

"Sometimes timing is difficult (e.g., if a patient is late to an appointment)"

"I'll reword the question if they don't understand"

"The current process is good"

*Key informant interviews were conducted prior to obtaining screening numbers. Staff impression of barriers may change.