

Provider Use and Comfortability with Standardized Mental Health Screeners at the Center for the Urban Child

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Introduction

The purpose of this quality improvement project is to assess the frequency of use of standardized mental health screeners at well child visits at the Center for the Urban Child (CUC), a large pediatric academic outpatient center, as well as to assess provider comfortability in interpretation of scores and planning interventions.

Methods

Via a confidential survey, 35 ambulatory care providers at the CUC including pediatric residents, attending physicians, and mid-level providers reported their frequency of use and comfort levels with scoring of and implementation of change for various mental health screeners during encounters with children ages 6 to 21. The selected screeners included the Patient Health Questionnaire-9 (PHQ-9), Generalized Anxiety Disorders (GAD-7), Screen for Child Anxiety Related Disorders (SCARED), both Parent and Child Versions, and Pediatric Symptom Checklist (PSC-17).

In addition, we obtained quantitative data from the Electronic Health Record (EHR), looking at well visits of patient 6 years to 21 years of age. We obtained, as recorded and billed to EPIC by providers, the Current Procedural Terminology (CPT) code 96127. CPT 96127 is a billing code that is used for conducting brief emotional and behavioral assessments performed with standardized instruments, such as depression and anxiety inventories.

Results

Our results show that pediatric residents had a lower percentage of usage of screeners at well visits, comfort level with scoring, and comfort level with using more than one screener compared to all other providers. The majority of pediatric residents (90%) were comfortable scoring the PHQ-9 whereas a majority (90%) were uncomfortable scoring the PSC-17. The majority of all providers (40%) only felt comfortable with using one screener, whereas only 25% of providers felt comfortable with three or four of the examined screeners. The frequency of CPT code 96127 (“Brief Behavioral Assessment”) attached to well child visit encounters on Epic for patients ages 6 to 12 in the past one year was 2-7%, compared to 32-50% in ages 13 to 21, ages 13 to 17 being the most commonly screened with an average of 47%, indicating overall low rates of routine use of mental health screening at well visits at the CUC.

Conclusion

These results indicate that most providers would find benefit from additional training on scoring and implementation of changes for the GAD-7, SCARED, and PSC-17 screeners. We plan to provide needed educational sessions and complete a PDSA cycle with follow-up surveys and assessment of CPT billing rates.