

Example Process Improvement Projects

Expanding the use of Evidence Based Psychotherapies for Posttraumatic Stress Disorder and Depressive Disorders

Find a process to improve:

After a recent review of the use of Evidence-Based Psychotherapies (EBPs) with patients who have been diagnosed with Posttraumatic Stress Disorder (PTSD) or unipolar depressive disorders, it was determined that we have a shortage of the use of EBPs for these disorders. The underutilization of EBPs for PTSD and depression in the clinic is believed to be contributing to issues with inadequate patient management/throughput, staff morale problems and lower quality care.

Organize a team that is familiar with the situation/process:

The following clinic personnel were recruited to serve on this Process Improvement (PI) project team:

- Clinic manager
- Departmental peer review coordinator
- Several clinic providers

Clarify the current process:

The team examined the available data on the levels of EBP usage within the clinic. This included data from peer reviews and from a recently completed provider questionnaire on EBP training and utilization for PTSD and depression ([EBP Training & Utilization Provider Questionnaire](#)). These data revealed that:

- For PTSD, use of EBPs was low, as was levels of training.
- For depression, many providers endorsed past training in CBT, but only a small number of providers report regularly using this treatment.

Uncover the root causes/Understand the issue:

The PI team spoke with both clinicians and leadership and brainstormed the issues and root causes associated with low use of EBPs for patients with the diagnoses of PTSD and depression. Below are the root causes identified:

- (A) There is a lack of training for EBPs for PTSD, with many providers being willing to learn the treatments, but not having had time to receive it.
- (B) Many providers who had past training in EBPs for Depression are not using them due to a lack of confidence in their ability to implement them. This also applied to a smaller number of providers with past training in EBPs for PTSD.
- (C) There were no EBP groups available in the clinic.
- (D) Several providers noted that their peers were reluctant to change the course of treatment to an EBP, especially if it meant needing to transfer the case to another provider.

These factors contributed to a suboptimal clinic experience for patients and providers alike.

Select the improvement (establish the goal you want to accomplish):

The goal is to expand EBPs for PTSD and unipolar depression in the clinic. The team believed this would positively impact treatment efficacy and patient management as patients will improve more quickly allowing openings in their schedule for more patients to be seen. This clinical progress is expected to improve patient satisfaction and is also expected to contribute to greater professional satisfaction for providers, improving staff morale.

Plan the improvement:

Part 1 - Outline of planned improvements

The team decided to address the problem using several improvements. Note that each improvement is tied back to one or more of the key issues identified as contributing to the problem.

Improvement #1: Increase the number of clinic providers who can deliver an EBP for PTSD. The clinic manager plans to locate providers who desire training and ensure their schedules are cleared so that they can attend. *Addresses issue A.*

Improvement #2: Start a peer consultation group for EBPs so that providers who have past training (or those who are newly trained) can become more comfortable with the treatments by taking on a few test cases and participating in consultation. *Addresses issue B.*

Improvement #3: Increase the availability of EBPs throughout the clinic by starting EBP groups for PTSD and for depression.

- Begin 2 CPT groups for PTSD. Begin two CBT for depression groups. *Addresses issue C.*

Improvement #4: Add an SOP/OI that addresses EBP use within the clinic. This SOP will specify that the clinic manager can reassign patients to EBP therapists if during the treatment team process it is concluded that it is the best course for a patient. *Addresses issue D.*

Part 2 - Data collection plan

The team determined that the following data would be collected to assess the success of this project:

- The following data would be gathered from the EBP Training & Utilization Provider Questionnaire, which the clinic will give out on a quarterly basis.
- Number of providers who have been trained in EBPs to treat PTSD and depression
 - Baseline was 3 out of 15 for PTSD and 7 out of 15 for depression
- Percentage of patients who are receiving an EBP for PTSD and depression
 - Baseline was estimated to be about 20% and 31% for PTSD and depression, respectively
- Use of EBP groups for PTSD/depression based off of number of patients treated in an EBP group and total number of appointments
 - Baseline was 0 as no such groups exist

Do:

These are the following steps that were carried out to implement the planned improvements.

1. Increase the number of clinic providers who can deliver an EBP for PTSD. The clinic manager located several available trainings that were delivered online, so providers did not require travel time. Provider schedules were cleared so they could attend these trainings.
2. Two peer consultation groups were started, one for depression (focusing on CBT-D), and a second for PTSD EBPs, which largely focused on PE and CPT.

3. The team identified a provider willing to start CPT groups for PTSD and two providers willing to run CBT for depression groups.
 - These groups were supported by a senior behavioral health technician.
 - Clinic providers treating PTSD and depression cases were encouraged to refer patients to these groups to augment the care they are providing.
4. A new SOP that addresses EBP use within the clinic was initiated and signed off on.

Check:

After implementing the changes for 6 months, the team found the following changes in the data:

Results of two more rounds of EBP Training & Utilization Provider Questionnaires showed:

- Number of providers who have been trained in EBPs for PTSD and depression
 - PTSD increased from 3 to 7 providers (out of 15) trained in EBPs
 - Depression increased from 7 to 11 providers (out of 15) trained in EBPs
- Percentage of patients who are receiving an EBP for PTSD and depression
 - PTSD increased from 20% to 47% of patients receiving EBPs
 - Depression increased from 31% to 61% of patients receiving EBPs

Analysis of clinic appointment data showed:

- Number of patients treated in an EBP group and total number of appointments
 - For PTSD groups: Number treated (35), total appointments (378)
 - For Depression groups: Number treated (42), total appointments (320)

Act:

Based on the findings, the team recommends that the clinic continue the aforementioned changes toward expanding EBP treatments for PTSD and depression.

We will also continue to collect data to measure the success of these changes and understand what modifications will be needed for further improvement.