

# Screening for opioid use disorder and co-occurring depression and post-traumatic stress disorder in primary care in New Mexico

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**INTRO:** Identifying patients in primary care services with opioid use disorder (OUD) and co-occurring mental health disorders (Co-MHD) is critical to providing treatment.

**OBJECTIVES:** (1) To assess the feasibility of recruiting people to screen in-person for OUD and co-MHD (depression and/or post-traumatic stress disorder (PTSD)) in primary care clinic waiting rooms. (2) To compare results of detecting these disorders by universal in-person screening compared to electronic health record (EHR) diagnoses.

## METHODS:

- Cross-sectional feasibility/pilot study conducted at 4 primary care clinics, (2 rural and 2 urban) from three healthcare organizations in New Mexico in February and March 2020.
- Inclusion criteria: adults (≥ 18 years), attending 1 of 4 primary care clinics as a patient; who spoke English or Spanish. Exclusion: people attending non-primary care visit (e.g., dental, Rx pick-up).
- Data Sources:
  - EHR data from participating clinics.
  - Screening survey (in person):
    - myTAPS screener for probable OUD
    - PHQ-8 for probable depression
    - PC-PTSD-5 checklist for probable PTSD

## MAIN OUTCOMES AND MEASURES:

- (1) Recruitment feasibility: frequencies and proportions of people approached and consented for in-person screening.
- (2) Prevalence and prevalence ratios were calculated to assess relative differences of detecting OUD and co-MHD in waiting rooms relative to aggregate EHR data from each clinic.

# Patients with probable opioid use disorder, depression and, particularly, post-traumatic stress disorder are under-identified in electronic health records compared to universal, in-clinic screening.

	Universal Screening Survey (N=1445) <sup>a</sup>		Clinic EHR Estimates (N=740) <sup>b</sup>		Prevalence Ratio (95% CI)
Total participants	n (%)	95% CI	n (%)	95% CI	
Consented	1145 (77.5) <sup>c</sup>	75.3%, 79.6%	-	-	-
Probable OUD	51 (4.5) <sup>d</sup>	3.3%, 5.6%	25 (3.4%)	2.1%, 4.7%	1.32 (0.83, 2.12)
Depression	214 (18.7) <sup>d</sup>	16.4%, 20.9%	94 (12.7%)	10.3%, 15.1%	<b>1.47 (1.18, 1.84)</b>
PTSD	218 (19.0) <sup>d</sup>	16.8%, 21.3%	27 (3.6%)	2.3%, 5.0%	<b>5.28 (3.58, 7.79)</b>
OUD and co-occurring depression and/or PTSD	27 (2.4) <sup>d</sup>	1.5%, 3.2%	6 (0.8%)	0.2%, 1.5%	<b>3.00 (1.25, 7.23)</b>

<sup>a</sup> For the Universal screening study, this may be an undercount as they were all patients the research staff correctly approached for potential participation. Correctly means the person was age 18+ and was at the clinic for a primary care visit. Some patients may have been missed.

<sup>b</sup> Data collected from the EHR was collected over a one-year period from October 1, 2018 to September 30, 2019. Counts have been divided by 26 to estimate an average 2-week period for comparison to the pilot data.

<sup>c</sup> Denominator is patients correctly approached, N=1478.

<sup>d</sup> Denominator is patients consented, N=1145.

## RESULTS:

### Feasibility:

**1,145 people were consented and screened.**

- Over two weeks, an average of 115 patients/day were consented;
- Equivalent to 45.2% of unique patients attending an adult primary care visit, and 77.5% of patients approached.

### Population characteristics:

- Median (Q1, Q3) age: 50 (33,62)
- 65.2% female;
- 12.4% took survey in Spanish

### Prevalence of probable OUD, depression, and PTSD:

- 4.5% OUD
- 18.7% Depression
- 19.0% PTSD
- 9.6% Depression & PTSD
- 2.4% OUD and co-MHD.

## CONCLUSIONS:

- In-person screening identified a three-fold higher proportion of patients (2.4%) with OUD and co-MHDs compared to the EHR (0.8%).
- We also identified a higher proportion of each condition separately, OUD, depression, and particularly PTSD- with the survey.
- It is not surprising that EHR data would underestimate these conditions as patients may not disclose symptoms or problems to providers in association with discomfort, poor help-seeking intention, trust, shame, or stigma. Universal screening in primary care clinics for these conditions is feasible.

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Universal screening for OUD, depression, and PTSD in primary care clinics is feasible. Screening could be performed as part of routine sign-in via tablet or paper.

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