

Screening for Depression and Follow-Up Plan

Performance Measure Set: CCO Incentive Metric Medicare Star Rating

Quality Measurement Type: Structure Process Outcome Patient Experience

Data Type: Claims Chart Documentation eCQM Survey Other

State Benchmark: N/A. 2020 is considered a reporting-only year for this measure.

Who: All patients aged 12 and older with at least one eligible encounter during the year.

Why: Major depression is a serious mental illness affecting millions of adults and children each year with impacts on health outcomes, quality of life, and cost of care. Comprehensive screening in primary care may help clinicians identify undiagnosed depression, earlier in the course of depression, and initiate appropriate treatment (Source: OHA Guidance Document, 2014).

What: This measure includes all members aged 12 and older who have at least one visit during the year. It reports those of whom were screened for clinical depression using an age appropriate standardized tool, and, if positive, have a follow-up plan documented on the same day as the positive screening result. Therefore, there are two ways to meet numerator:

1. members received an initial depression screening and it was negative
2. members received an initial depression screening and it was positive, AND they received appropriate follow up documented on the same date

NOTE: PHQ-9 no longer counts as follow-up to a positive PHQ-2 screening and additional follow-up options need to be completed and documented. Please see FAQ page below for detail on the changes.

How: Some ideas to improve Depression Screening and Follow-Up performance:

- Standardized, age appropriate, annual screening tools should be used for screening patients at least once per measurement period; ideally integrated in EHR workflows.
- Workflows that include front desk staff, MAs, and providers are necessary to ensure each patient receives the appropriate screening, correct scoring, review, and documentation during at least one encounter per year.
- Staff should be prepared to discuss your clinic's confidentiality practices and the importance of screening with each patient.

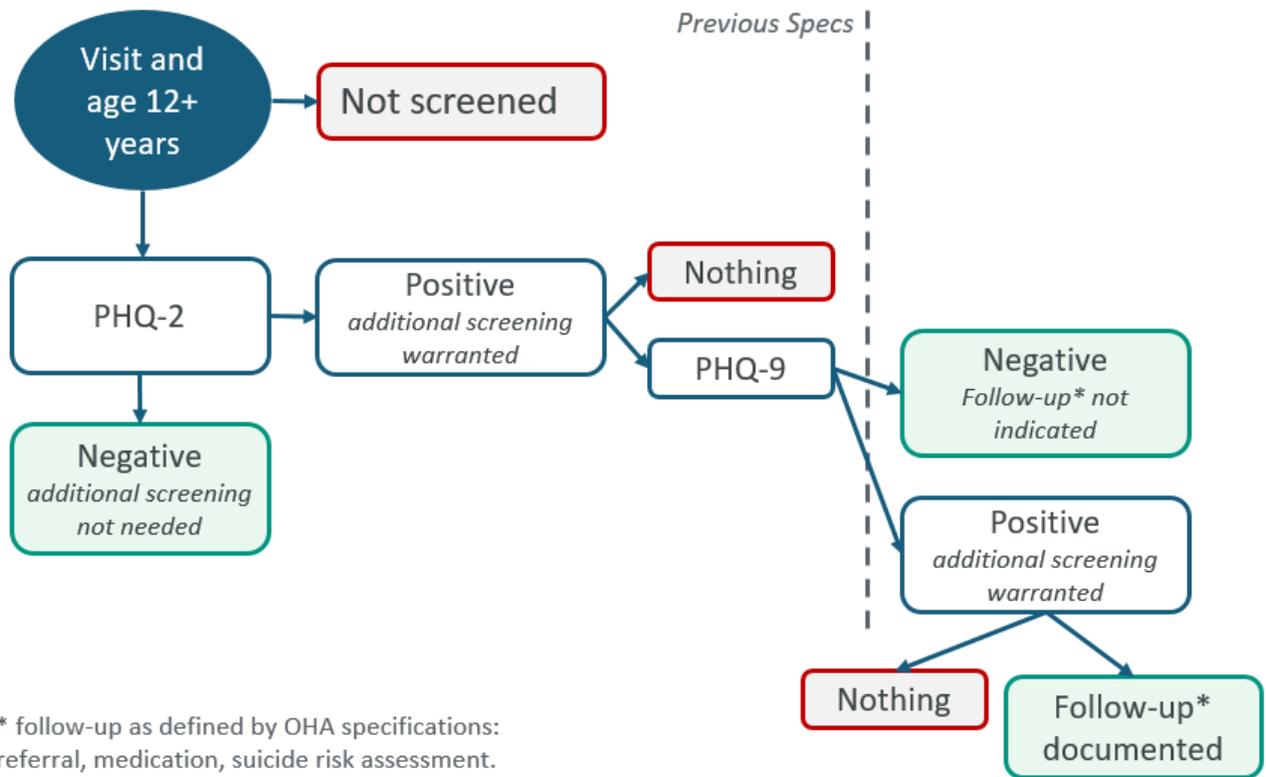
Exclusions: Patients with an active diagnosis for depression or bipolar disorder, patients who refuse to participate in screening, if there is a medically urgent reason to delay screening, or if the patient's cognitive capacity, functional capacity or motivation to improve may impact the accuracy of results.

Reporting: This measure aligns with **NQF 0418e/CMS 2v9**. CareOregon must collect data from each clinic's EHR for this measure. The data is then aggregated across all clinics in the CCO region and submitted to OHA. Please note the following reporting requirements:

- Patient-level detail for CareOregon members only is preferred
- Reporting must be for the full calendar year of 2020; mid-year reports preferred in a rolling 12- month timeframe
- Data can be formatted in QRDA category 1 or Excel.

Please email your Quality Improvement Analyst or Primary Care Innovation Specialist with any questions about data reporting.

Recommend Workflow and Reporting Logic:



Screening for Depression and Follow-up Plan FAQ:

Q: Does the depression screening need to happen on the same date as the visit encounter?

A: No. Depression screenings performed 14 days prior to the encounter are accepted to allow alternative methods of screenings, such as pre-screenings within EHRs. However, follow-up plans for a positive initial screening must be documented on the date of the encounter.

Q: What counts as a “positive” score?

A: Determination of a “positive” score is up to the clinical discretion of each provider and will be dependent on the screening tool used. CareOregon does not provide clinical guidance and defers to the best clinical judgement of providers to interpret the screening results and identify appropriate follow-up plans.

Q: What types of “follow-up” are sufficient for this measure?

A: Documented of at least one of the following:

- **Additional evaluation or assessment** for depression such as psychiatric interview, psychiatric evaluation, or assessment for bipolar disorder. Follow-up can be provided by clinic BHC (psychologist, social worker, psychiatrist, or PMHNP).
- **Suicide Risk Assessment** such as Columbia Suicide Severity Rating Scale or SAFE-T, discussed during the visit with the provider and captured for reporting purposes.
- **Referral to a practitioner or program** for further evaluation for depression, for example, referral to a psychiatrist, psychologist, social worker, mental health counselor, or other mental health service such as family or group therapy, support group, depression management program, or other service for treatment of depression. This can be an internal or external referral, and either type should be documented in a way that is captured in reporting.
- **Other interventions designed to treat depression** such as psychotherapy, pharmacological interventions, or additional treatment options.
 - Pharmacologic treatment for depression is often indicated during pregnancy and/or lactation. Review and discussion of the risks of untreated versus treated depression is advised. Consideration of each patient's prior disease and treatment history, along with the risk profiles for individual pharmacologic agents, is important when selecting pharmacologic therapy with the greatest likelihood of treatment effect.

Q: What screening tools are recommended?

A: OHA does not require use of specific screening tools, only that screening tools are normalized, validated, and age appropriate. Implementation of tools is at the provider or clinic’s discretion. Examples of depression screening tools include but are not limited to:

Adolescent Screening Tools (12-17 years)

- Patient Health Questionnaire for Adolescents (PHQ-A)
- Beck Depression Inventory-Primary Care Version (BDI-PC)
- Mood Feeling Questionnaire (MFQ)

- Center for Epidemiologic Studies Depression Scale (CES-D)
- Patient Health Questionnaire (PHQ-9)
- Pediatric Symptom Checklist (PSC-17)
- PRIME MD-PHQ2

Adult Screening Tools (18 years and older)

- Patient Health Questionnaire (PHQ9)
- Beck Depression Inventory (BDI or BDI-II)
- Center for Epidemiologic Studies Depression Scale (CES-D)
- Depression Scale (DEPS)
- Duke Anxiety-Depression Scale (DADS)
- Geriatric Depression Scale (GDS)
- Cornell Scale for Depression in Dementia (CSDD)
- PRIME MD-PHQ2
- Hamilton Rating Scale for Depression (HAM-D)
- Quick Inventory of Depressive Symptomatology Self-Report (QID-SR)
- Computerized Adaptive Testing Depression Inventory (CAT-DI)
- Computerized Adaptive Diagnostic Screener (CAD-MDD)

Perinatal Screening Tools

- Edinburgh Postnatal Depression Scale
- Postpartum Depression Screening Scale
- Patient Health Questionnaire 9 (PHQ-9)
- Beck Depression Inventory
- Beck Depression Inventory-II
- Center for Epidemiologic Studies Depression Scale
- Zung Self-Rating Depression Scale