CareOregon

Screening for depression and follow-up plan

OHA technical specifications[1]

Who: All patients aged 12 and older (at the beginning of the measurement year with at least one qualifying encounter during the measurement period.

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: Percent of patients aged 12 and older who have at least one qualifying visit during the year (including telehealth visits) who were screened for clinical depression using an age-appropriate standardized tool, and, if positive, have a follow-up plan documented.

Therefore, there are two ways to meet numerator:

Patients received a depression screening on the date of the encounter or up to 14 calendar days prior to the date of the qualifying counter and

1. it was negative;
2. it was positive, AND a follow-up plan is documented on the same date or up to two calendar days after the date of the qualifying encounter.

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: One rate is reported for this measure using EHR-based data.

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 and alerts/flags.
- 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.
- Consider bundling your relevant screenings as part of an annual workflow (e.g., SBIRT, depression, etc.)
- **Note:** if you are sending screenings in advance (like electronically via patient portal) you should have a workflow setup to respond in a timely manner to safety concerns
- Create collaborative appointments such as the behavioral health clinician (BHC) that sees patients who score positive on the depression screening (e.g., PHQ-9 of 10+). BHC can see patients before the PCP to assess for safety and develop a follow-up plan. BHC can inform PCP of the plan during warm hand off, which allows the PCP to address additional issues during the visit.

Screening for depression and follow-up plan

- Develop a process for documenting patient refusal at each point in the workflow (screen or follow-up) to ensure that you are then able to exclude patients from the measure. Examples of ways to document: EHR check box next to the survey documentation, within a dot phrase or use of diagnosis? z-codes.
- Create missed opportunity reports. Follow up with those who were not screened or did not receive a follow up conversation. Behavioral health clinicians (BHCs) or other support staff (e.g., THWs) can follow up with patients within the 14 calendar day timeframe to provide follow up.
- Please reach out to your Quality Improvement Analyst or Innovation Specialist for additional support or technical assistance.

Exclusions/exceptions

Exclusions and exceptions include:

- Patients with a current or historical diagnosis for depression or bipolar disorder. This measure is intended to capture new cases.
- 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.

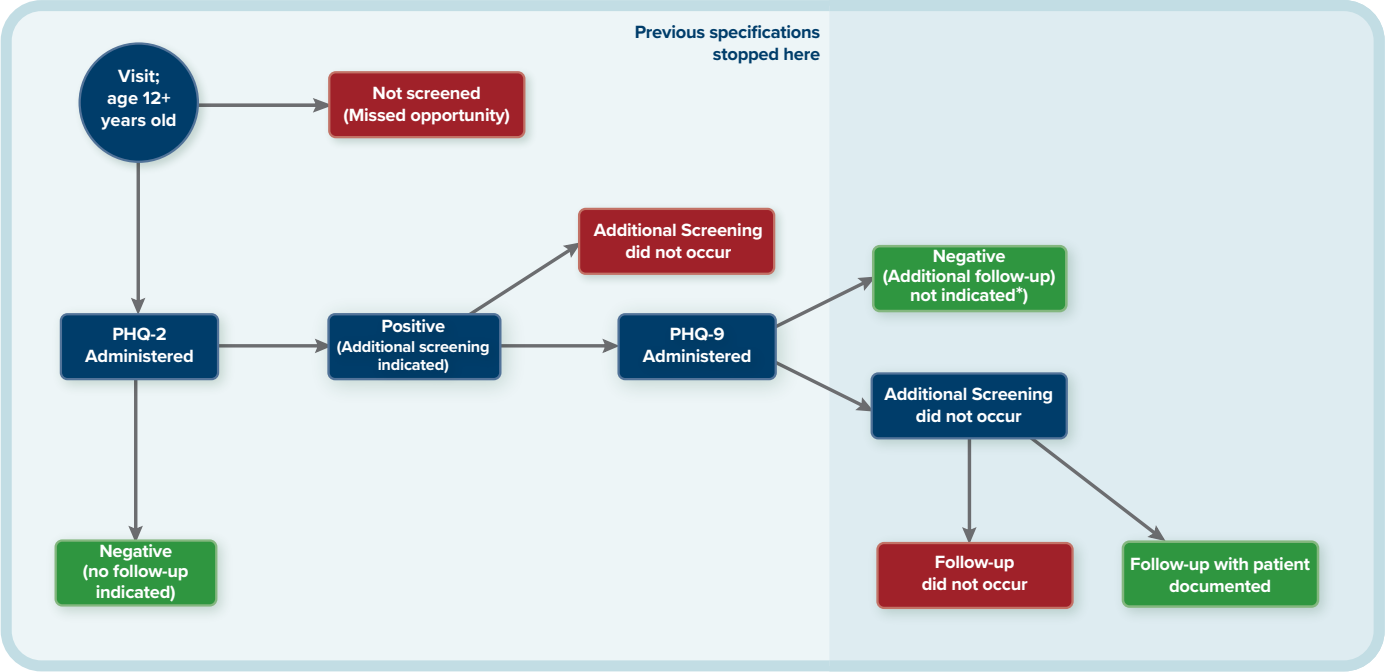
Note on telehealth: For details on the allowance of telehealth encounters, visit: Telehealth Guidance for Electronic Clinical Quality Measures (eCQMs) for Eligible Clinician 2023 Quality Reporting (healthit.gov)

Reporting: This measure aligns with CMS 2v12.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 2023; mid-year reports preferred in a rolling 12- month time frame.
- Data must be formatted in Excel.

Screening for depression and follow-up plan

Recommended workflow and reporting logic



*Follow-up as defined by OHA specifications.
Referral, medication, sucide risk assessment.

Continued >

Screening for depression and follow-up plan

Frequently asked questions

Q: Can Behavioral Health Clinics (BHC's) help?

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

A: No. Depression screenings performed 14 calendar 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 or up to two calendar days after the date of the encounter.

Q: Can an Integrated Behavioral Health Clinician (BHC) support depression screening and follow up?

A: Yes, BHC visits count as a qualifying visit.

A: BHCs can provide support via collaborative appointments such as the BHC sees patients who score positive on the depression screening (e.g., PHQ-9 of 10+). The BHC can see the patient before the PCP to assess for safety and develop a follow-up plan. The BHC can inform the PCP of the plan during the warm hand off, allowing the PCP to address additional issues during the visit.

A: BHCs can provide the depression screening and follow up in their daily appointments. By making it part of their workflow, they can provide high quality patient care and contribute to the metric. Support your BHCs in understanding where/how to document depression screening and follow up to assure it is properly captured in your data.

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.

Continued >

Screening for depression and follow-up plan

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

A: Documentation of one or more of the following:

- Referral to a practitioner or program for further evaluation for depression, for example, referral to a psychiatrist, psychiatric nurse practitioner, psychologist, clinical 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.
- Physical therapy evaluation?
- Other interventions designed to treat depression such as behavioral health evaluation, 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)

Continued >

Screening for depression and follow-up plan

- 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

Performance Measure Set:
CCO Incentive Metric

Quality Measurement Type:
Process

Data Type:
EHR-based/eCQM

State Benchmark:
61.0% (MY2021 CCO 90th percentile)

[1]*https://www.oregon.gov/oha/HPA/ANALYTICS/CCOMetrics/Final-2023-Depression-Screening-Specifications.pdf*