

## 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: 64.6%

**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 (including telehealth visits). It reports those who 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.
- Create missed opportunity reports. Follow up with those who were not screened or did not receive a follow up conversation. BHCs or other support staff (e.g., THWs) can follow up with patients within the 14-day timeframe to provide follow up.
- Create collaborative appointments such as the BHC sees the patients who score positive on the depression screening (e.g. PHQ-9 of 10+). BHC can see patient before PCP to assess for safety and develop follow up plan. BHC can inform PCP of the plan during warm hand off, which allows PCP to address additional issues during visit.

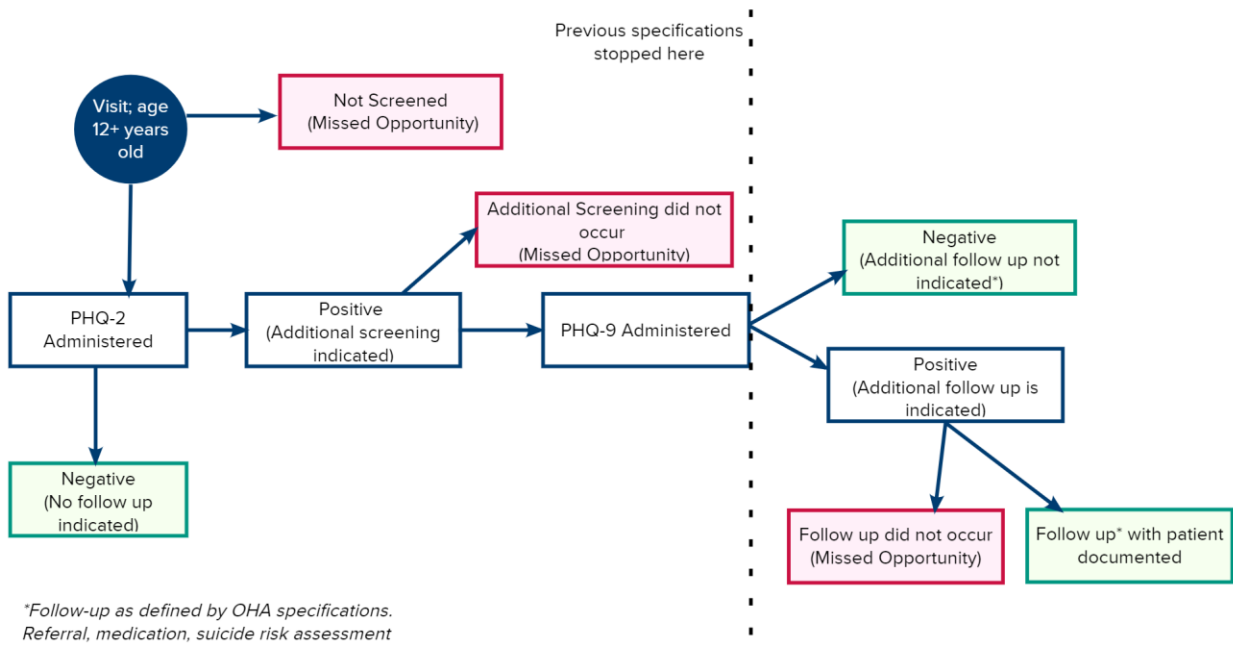
**Exclusions:** Patients with a current or historical diagnosis for depression or bipolar disorder, patients who refuse to participate in screening, if there is a medically urgent reason to delay screening, or if the patient's cognitive capacity, functional capacity or motivation to improve may impact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

**Reporting:** This measure aligns with **CMS 2v10**. 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 2022; mid-year reports preferred in a rolling 12- month timeframe.

Please email your Quality Improvement Analyst or Primary Care Innovation Specialist for additional support for meeting this metric.

**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: Can an Integrated Behavioral Health Clinician support Depression Screening and Follow up?**

**A:** Yes, BHC visits count as a qualifying visit for the Depression Screening and Follow up metric.

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

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 so as 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.

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

**A:** Documented of at least one of the following:

- **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.
- **Physical therapy evaluation**
- **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.

## Screening for Depression and Follow-up Plan FAQ (Continued):

### 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