

FY2024

Continuum of Care Goal

Depression Screening and Follow Up Toolkit



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Introduction

Depression is one of the most common mental disorders in the United States. Ten to fourteen percent of primary care patients are estimated to have major depression disorder, as many as 50% of those go undetected. Untreated depression causes emotional suffering, reduced productivity, lost wages, impaired relationships, and increased comorbidity risk.

The US Preventive Services Task Force (USPSTF) recommends screening for depression in the adolescent and general adult population, including pregnant and postpartum women. Recommendations include implementation of depression screening with adequate systems in place to ensure accurate diagnosis and appropriate follow-up to connect patients with necessary treatment. The Centers for Medicare & Medicaid Services (CMS) Screening for Depression and Follow-Up Plan clinical measure is included in its Quality Payment Program for clinicians and accountable care organizations.

Primary Care Providers (PCPs) serve as the first line of defense in the screening and identification of mental health symptoms. Recent studies have found nearly 30% of individuals who died by suicide had a healthcare visit in the 7 days prior, with almost 10% being seen in primary care clinics. In light of these findings, CommonSpirit Health is committed to improving Depression Screening and Follow up Planning processes within our clinic practices.



Measure Definition

Objective

Increase rates of depression screening in primary care settings to improve identification of depression in adolescents and adults. If diagnosed, promote treatment of depression in its early stages, which can lead to better patient outcomes, both psychologically and physically.

Rationale

Depression is a serious medical illness associated with higher rates of chronic disease, exacerbation of chronic disease and increased healthcare costs. Rates of depression rose during the COVID-19 pandemic, notably in adolescents, young adults, and in communities of color. Left untreated, depression leads to up to 4% increased risk of suicide. Evidence suggests systems that include depression screening, or screening results feedback, improve the likelihood of symptom reduction and treatment response.

Metric

Percentage of patients aged 12 years and older screened for depression within 365 days and up to 14 days from the date of the encounter using an age-appropriate standardized depression screening tool.

Numerator

Patients whose depression screening was completed within 365 days and up to 14 days prior to the most recent encounter during the measurement period using an age-appropriate standardized tool.

Examples of standardized depression screening tools include but are not limited to:

- **Adolescent Screening Tools (12-17 years)**

Patient Health Questionnaire for Adolescents (PHQ-A), Patient Health Questionnaire (PHQ-9), PRIME MD-PHQ-2

- **Adult Screening Tools (18 years and older)**

Patient Health Questionnaire (PHQ-9), Geriatric Depression Scale (GDS), PRIME MD-PHQ-2,

- **Perinatal Screening Tools**

Edinburgh Postnatal Depression Scale, Postpartum Depression Screening Scale, Patient Health Questionnaire 9 (PHQ-9)

Denominator

All patients aged 12 years and older at the beginning of the measurement period with at least one eligible encounter during the measurement period

Inclusion Criteria

- Patients with an ambulatory encounter during the measurement period
- Ambulatory patients seen by providers who are either employed or contracted within clinics that are affiliated with CommonSpirit Health and that utilize an owned instance of Cerner, Epic, eClinicalWorks or Allscripts EHR.

Exclusion Criteria

- Patients with a diagnosis of depression or bipolar on diagnosis or problem list
- Deceased during the measurement period
- Attributed primary care provider not affiliated with CommonSpirit Health

Exception Criteria

- Patients who refuse to participate
- Documented medical reason for not screening

Data Source: CommonSpirit Health owned instances of Cerner, Epic, eClinicalWorks or Allscripts electronic health record.

How To Use This Toolkit

Improving depression screening and management will require an expanded effort and improved focus from ambulatory leaders, providers and clinic staff across CommonSpirit Health. This toolkit has been developed to support implementation of evidence-based best practices to address challenges in depression screening and management within the clinic setting.

Clinic leadership is asked to share this resource and deploy referenced tools to advance efforts in depression screening and management with a focus on the following areas for improvement:

1. Establish Depression Screening Management as Practice Priority
2. Optimize Workflow to Support Depression Screening & Follow Up
3. Engage and Support Patients in Self-Management of Depression
4. Establish a Defined Workflow for Provider Interpretation and Follow Up for Positive Screening Results
5. Deploy Evidence-Based Approach to Diagnosis, Treatment and Ongoing Management of Mild to Moderate Depression

Link to [Depression Screening & Follow Up improvement](#) strategy resources

Key Strategies for Success

1 Establish Depression Screening Management as Practice Priority

- Designate a Depression Screening Management Champion
- Increase visibility and transparency of depression screening performance data

2 Optimize Workflow to Support Depression Screening & Follow Up

- Create a defined clinic workflow for depression screening and follow up
- Educate clinic staff on the depression screening process, including, but not limited to:
 - The importance of depression screening within the clinic setting
 - Differences between and use of various depression screening tools
 - Best practices in the depression screening process
 - Role & responsibility in depression screening
- Establish a process to ensure consistent documentation of depression screening results and follow up actions within discrete fields in the electronic medical record

3 Engage and Support Patients in Self-Management of Depression

- Provide resources and referrals to facilitate self-awareness and self-care for patients with depression
- Integrate emotional & behavioral support strategies into patient engagement approach
- Provide resources and education in the patient's preferred language; ensure content and approach are sensitive to the patient's cultural and literacy levels

4 Establish a Defined Workflow for Provider Interpretation and Follow Up for Positive Screening Results

- Enhance provider knowledge regarding depression screening interpretation and documentation elements for follow up
- Ensure decision algorithm/guidelines for depression screening interpretation and follow up are easily accessible to providers

5 Deploy Evidence-Based Approach to Diagnosis, Treatment and Ongoing Management of Mild to Moderate Depression

- Ensure evidence-based guidelines for diagnosis and treatment of depression are easily accessible to providers
- Integrate community resources and/or collaborative care model to support patient centered treatment planning

Instructions for Gap Analysis Tool

What is this tool?

The purpose of the gap analysis is to provide goal improvement teams with a mechanism to:

- Compare the evidence-based “must have” improvement strategies with the processes currently in place within the facility
- Determine the “gaps” between current clinic practices and identified best practices
- Provide a structured approach in documenting action plans to address identified “gaps”
- Provide a reference of available resources to support improvement efforts

Who should use this tool?

The Champion(s) or designee will facilitate completion of the gap analysis with participation from providers and other team members. The completed gap analysis should be shared at the clinic’s staff meetings and huddles to address identified gaps, create an improvement plan and successfully deploy improvement strategies.

How can the tool help you?

Upon completion of the gap analysis, leaders and clinic team members will have:

- An understanding of the differences between current practices and evidence-based, best practices
- An assessment of the barriers that need to be addressed before successful implementation of best practices
- An awareness of available resources to support improvement efforts

Instructions

1. All gap analyses should be completed electronically on the FY24 Clinical Scorecard. The following document can serve as a reference.
2. Planned improvement strategies to address identified practice gaps should be documented on the Action Planning Document

THANK YOU!

Gap Analysis Guide

Key Concept	Improvement Strategy	Available Resources
<p>Establish Depression Screening & Follow Up as a Practice Priority</p>	<p>A designated provider or other member of the healthcare team (partnered with a provider) oversees depression screening & follow up improvement activities within one or multiple clinics</p> <p>The Initiative Champion collaborates with providers and clinic managers to facilitate completion of this gap analysis of current depression screening & follow up practices within assigned clinic(s) and</p> <ul style="list-style-type: none"> Facilitates clinic approach to support adherence to improvement strategies to address gap analysis findings. (For example, establish an improvement team or work group to focus on these efforts.) Mentors providers, clinic staff, improvement teams to effectively apply improvement methods and tools Facilitates process for periodic review, monitoring, and sharing of performance outcome data reports with providers and staff Celebrates key milestone achievements <p>Increase visibility and transparency of depression screening performance data</p>	<p>CommonSpirit Health Depression Screening and Follow-up Champion Role Description</p>
<p>Optimize Clinic Workflow to Support Depression Screening & Follow Up</p>	<p>A defined clinic workflow has been established for depression screening and follow up</p> <ul style="list-style-type: none"> Staff roles and responsibilities in depression screening process is clearly defined Workflow addresses process for managing patients whose screening results reveal them as at risk for hurting themselves or being “better off dead.” <p>Clinic staff receive training on the depression screening process, including but not limited to:</p> <ul style="list-style-type: none"> The importance of depression screening within the clinic setting Difference and use of various depression screening tools Best practices in the depression screening process Role & responsibility in depression screening <p>A process exists to ensure consistent documentation of depression screening results and follow up actions within the electronic medical record</p>	<p>CommonSpirit Health Depression Screening Workflow</p> <p>CommonSpirit Health Depression Screening Staff Education Program</p> <p>EHR Tip Sheets for Clinic Staff Documentation</p>
<p>Engage & Support Patients in Self-Management Strategies for Depression Symptoms</p>	<p>A process exists to provide resources and referrals to facilitate self-awareness and self-care for patients with depression</p> <ul style="list-style-type: none"> Patient education includes/addresses the following: <ul style="list-style-type: none"> Overview of symptoms, causes of depression Criteria for seeking medical treatment Overview of treatment options Medications & side effects (If applicable) Resources for self-management, i.e. activity scheduling, behavioral activation Suicide prevention resources Collaborative Care program (if applicable) Staff and clinicians have been educated and expectations communicated regarding use of available resources to support patients in managing depression <p>Patient engagement approaches integrate emotional & behavioral support strategies</p> <p>Resources and education are provided in patient’s preferred language and are sensitive to cultural and literacy levels</p>	<p>Printable evidence-based patient education resources can be found under the Depression Screening and Follow Up Patient Resources Clinical Scorecard Resource folder</p> <p>Resources to Help Support You in Managing Depression flyer with links to organizations, tools, resources to assist in managing depression</p> <p>Behavior Activation Resources: Activity List and Patient Planning tools (also available in Spanish)</p>

Key Concept	Improvement Strategy	Available Resources
<p>Establish a Defined Workflow for Provider Interpretation and Follow Up for Positive Screening Results</p>	<p>Providers receive education related to depression screening interpretation and documentation elements for follow up</p> <p>Decision algorithm/guidelines for depression screening interpretation and follow up are easily accessible to providers</p>	<p>EHR Tip Sheets for Providers</p> <p>Coming soon-Depression Screening/Diagnosis resource for providers</p>
<p>Providers Use an Evidence-Based Approach to Diagnosis, Treatment and Ongoing Management of Mild to Moderate Depression</p>	<p>Evidence-based guidelines for diagnosis and treatment of depression are easily accessible to providers</p> <p>Integrate community resources and/or collaborative care model to support patient centered treatment planning</p>	<p>Coming soon-Depression Management resource for providers</p> <p>Coming soon-Local community support service inventory</p>

Gap Analysis Action Plan

Facility/Entity Name

Completed By

Date Initiated

Key Concept/ Process	Action Plan	Responsible Person	Estimated Completion Date	Monitoring/Validation Process (How do you know it's happening)

Additional Comments:

Champion Role Description

Role Summary

In collaboration with the Physician Enterprise Division Quality Leader and market leadership, Depression Screening and Follow-up Champion is authorized to serve as a liaison and coordinate implementation of evidence-based practices and strategies to improve depression screening and follow-up, if screening is positive within the clinic setting. This individual is responsible for overseeing the improvement activities within one or multiple clinics. This role should be fulfilled by a clinician or other member of the healthcare team partnered with a supporting clinician.

Desired Skills:

1. Knowledgeable about the importance of screening patients for depression and implementing a follow-up plan, if screened positive
2. Good communication skills and able to work well with others
3. Willing/able to invest time in necessary activities including conducting educational presentations to providers and clinic staff, sharing performance outcome data

Functions and Duties as Depression Screening and Follow-up Champion:

1. Actively & enthusiastically promote depression screening and follow-up as a practice/clinic improvement priority
2. Collaborate with providers and clinic managers to facilitate a gap analysis of current depression screening and follow-up practices within assigned clinic(s) and promote, advocate and implement an improvement plan using evidence-based strategies to address identified gaps
3. Provide input and leadership for implementation, monitoring, and evaluation of deployed improvement strategies
4. Work collaboratively with providers and clinic staff to leverage and optimally utilize clinic infrastructure to:
 - Facilitate clinic approach to support adherence to depression screening and follow-up improvement strategies as directed by the Physician Enterprise Division Quality Leadership group and gap analysis findings. (For example, oversee establishment of an improvement team or work group to focus on these efforts.)
 - Mentor providers, clinic staff, improvement teams to effectively apply improvement methods and tools
 - Facilitate process for periodic review, monitoring and sharing of performance outcome data reports
 - Celebrate key milestone achievements

Adapted from "Kaiser Permanente. Cardiovascular Physician Champion Role Description" included as Appendix A. Centers for Disease Control and Prevention. Hypertension Control Change Package for Clinicians. Atlanta, GA: Centers for Disease Control and Prevention, US Dept of Health and Human Services; 2015

Frequently Asked Questions

Q Why isn't my clinic's data included in the CommonSpirit Health National Quality Measure Report?

A The National Quality Measure Report includes data elements abstracted from electronic health records of ambulatory patients seen by providers who are either employed or contracted within clinics that are affiliated with CommonSpirit Health and that utilize an owned instance of Cerner, Epic, eClinicalWorks or Allscripts EHR. Data from these entities have undergone a thorough validation process. By using this validated data we are able to produce an accurate, reliable snapshot of measure performance. While this year's measurement and data extraction processes will include only employed or contracted providers as above, our goal is to communicate and align efforts for depression screening across all of CommonSpirit Health

Q What is the expectation for clinics that do not have data in the CommonSpirit Health National Quality Measure Report?

A Although not all clinics are able to compare their measure performance within the CommonSpirit Clinical Scorecard, depression screening is a national initiative. All markets will be expected to monitor ongoing performance through use of locally produced or claims-based reporting systems, participate in national improvement activities, deploy recommended strategies and monitor effectiveness of improvement initiatives

Q What is the source of the Depression Screening measure data?

A The measurement data is aggregated from discrete fields within the electronic medical record as well as coded or claims-based information.

Q What patients are excluded from the Depression Screening measure?

A Patients are excluded from the Depression Screening measure cohort if there is coded or documented evidence within discrete fields of the ambulatory electronic health record of the following:

- Patients with a diagnosis of depression before or during the measurement period and/or during the 365 look back period
- Patients with a diagnosis of bipolar disorder before or during the measurement period and/or during the 365 look back period
- Patients whose refusal to participate in the depression screening is documented within discrete fields of the electronic health record
- Patients who have medical reason to not screen documented within discrete fields of the electronic health record, i.e. diminished functional capacity
- Patients who are deceased in the measurement year
- Patients whose primary care provider is outside of CommonSpirit Health

Q Is this only a Primary Care and Pediatric Provider measure or will the depression screening in a specialist visit satisfy the measure, if it is the most recent screening?

A The most recent depression screening in the EHR will be used to determine screening completion. If this depression screening is performed for a patient assigned to an in-network primary care provider during an in-network, specialist office encounter, the depression screening will be part of the data cohort.

Q Is this a cumulative report as the measurement period progresses? For example, do December results also include those patients seen in October and November?

A Yes, the rate would be cumulative, showing “Screened/Encounters for patients 12 years and older” status for each patient landed in the denominator during the measurement period, and using the MOST RECENT depression screening to determine numerator status. (Patients in prior months would be included, because it is cumulative, but each patient is only counted once.)

Q Can depression screenings be captured during telehealth visits?

A The CommonSpirit depression measure is aligned with the Centers for Medicare and Medicaid Services (CMS) quality measure specifications. Current CMS guidance allows depression screenings to be performed during a telehealth visit.

Q Do depression screenings performed during an annual wellness visit count?

A Yes, the depression screenings conducted in an annual wellness visit are acceptable as long as they are documented in EHR discrete fields.

Q Can a depression screening be performed prior to an encounter?

A Yes, the depression screenings may be conducted up to 14 days prior to an encounter but must be documented and addressed by the provider during the encounter in the discrete EHR fields. Data in scanned documents cannot be captured for this measure.

Q Which depression screening tools are acceptable for the national measure?

A While there are several depression screening tools, the following are embedded in the CSH owned instances:

EHR	Adult Screening Tools	Adolescent Screening Tools	Postpartum Screening Tools
Allscripts	PHQ2 PHQ9 Geriatric Depression Scale	PHQ2 PHQ9 PHQA	Edinburgh Postnatal
Cerner	PHQ2 PHQ9	PHQA	Edinburgh Postnatal
eClinicalWorks	PHQ2 PHQ9	PHQ2 PHQ9 PHQA in OH and TX	PHQ2 PHQ9
Epic	PHQ2 PHQ9 Geriatric Depression Scale	PHQ9	Postpartum Depression Scale

Q Documented medical reason is an exception to performing a depression screen. What is an acceptable medical reason for not conducting depression screening?

A CMS measure definition states “Documentation of medical reason for not screening patient for depression (e.g., cognitive, functional, or motivational limitations that may impact accuracy of results; patient is in an urgent or emergent situation where time is of the essence and to delay treatment would jeopardize the patient’s health status)”

Q What is the Depression Screening look back period for a patient with a visit encounter during the measurement period (July 1, 2023 – June 30, 2024)?

A The most recent Depression Screen documented up to 14 days prior to a clinic encounter with a 365 day look back during the measurement period will qualify for numerator inclusion.

Scenario #1:

Patient seen in July 2023 with a Depression Screen completed in June 2023 (outside of the measurement period, but within the 365 day look-back period.) The Depression Screen in June 2023 would be included in numerator criteria.

Scenario #2:

Patient seen in March 2024 with the most recent Depression Screen done in January 2023 (outside of the measurement period.) The January 2023 Depression Screen exceeded the 365 day look-back period.

If the Depression Screen is not repeated within the measurement period (July 1, 2023 – June 30, 2024), this patient would be categorized as out of compliance due to lack of Depression Screen within the look-back and measurement periods.

Q We have heard that the national team conducts virtual visits with clinic teams requiring assistance with performance or quality improvement support. Can we request a visit?

A Absolutely! Many clinics participating in focused virtual visits with national team members have demonstrated improvement in performance rates and reported the visits as a positive experience for providers and staff. Reach out to Debra Rockman or Kelly Bitonio to discuss options.

Contacts

National Contact:

Debra Rockman, RN, MBA, CPHQ, CPHR
System VP, Ambulatory Quality
Debra.Rockman@commonspirit.org

Kelly Bitonio, BSN, MHA, NEA-BC, CPHQ
System Director, Ambulatory Quality
Kelly.Bitonio@commonspirit.org

Physician Champion

Gary Greensweig, MD
System SVP, Chief Physician Executive
Physician Enterprise
Gary.Greensweig@commonspirit.org

References

1. U.S. Preventive Services Task Force. (2016). Final recommendation statement depression in adults: Screening.uspreventiveservicestaskforce.org/uspstf/recommendation/depression-in-adults-screening
2. U.S. Preventive Services Task Force. (2016). Final recommendation statement depression in children and adolescents: Screening.uspreventiveservicestaskforce.org/uspstf/recommendation/depression-in-children-and-adolescents-screening
3. Ahmedani BK, Westphal J, Autio K, Elsis F, Peterson EL, Beck A, Waitzfelder BE, Rossom RC, Owen-Smith AA, Lynch F, Lu CY, Frank C, Prabhakar D, Braciszewski JM, Miller-Matero LR, Yeh HH, Hu Y, Doshi R, Waring SC, Simon GE. Variation in patterns of health care before suicide: A population case-control study. *Prev Med*. 2019 Oct;127:105796. doi: 10.1016/j.ypmed.2019.105796. Epub 2019 Aug 7. PMID: 31400374; PMCID: PMC6744956.
4. Siniscalchi KA, Broome ME, Fish J, Ventimiglia J, Thompson J, Roy P, Pipes R, Trivedi M. Depression Screening and Measurement-Based Care in Primary Care. *J Prim Care Community Health*. 2020 Jan-Dec;11:2150132720931261. doi: 10.1177/2150132720931261. PMID: 33185122; PMCID: PMC7673056.
5. Blackstone SR, Sebring AN, Allen C, Tan JS, Compton R. Improving Depression Screening in Primary Care: A Quality Improvement Initiative. *J Community Health*. 2022 Jun;47(3):400-407. doi: 10.1007/s10900-022-01068-6. Epub 2022 Jan 25. PMID: 35076803; PMCID: PMC8787741.
6. OConnor E, Rossom RC, Henninger M, Groom HC, Burda BU, Henderson JT, Bigler KD, Whitlock EP. Screening for Depression in Adults: An Updated Systematic Evidence Review for the U.S. Preventive Services Task Force [Internet]. Rockville (MD): Agency for Healthcare Research and Quality (US); 2016 Jan. Report No.: 14-05208-EF-1. PMID: 26937538.