



Adirondack Health Institute

Lead • Empower • Innovate

Practice Transformation Workgroup

February 2021

PRESENTED BY:

Louann Villani, RN, AHI

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Feb. 18, 2021



Agenda

- I. Opening/Welcome – LVillani
- II. PCMH: Update – LVillani
mins 5
- III. Depression Screening Survey Results - LVillani 10 mins
- IV. Hixny and Depression Screening -RACraven 20 mins
- V. Quality Metrics and eCQM (Depression Screening) – BStiles
mins 5
- VI. Best Practice – Practice Representatives 15 mins
 - Plattsburgh Medical Care – Josh Rose



- Caution with completing QPASS, using the correct year; 2020 for 2021 submission.
- Have you started the Tracker Grid
- Any questions?



Depression Screening Survey Result

- Responses: 15 organizations: 8 Practices 4 Hospitals and 3 Behavioral Health
- 80% use PHQ2 / PHQ9, one organization was not applicable, others used modified mini screen, Columbia and Zung
- Of eligible organizations, 100% are working on improving their process and results



Depression Screening Best Practices

- Create discreet elements with hard stops, to be answered each visit.
- Use "Smartforms" from our E-HR, data collection process quicker.
- Autopopulate with score in the progress note including interpretation.
- Include in reports, regularly reviewed.
- Part of Pre-visit planning and AWW.
- Providers educated/trained on use of Risk Assessment within their template, where + screens are seen.
- Assure follow up for those that need it.



- If screen is positive with a PHQ2 then it directs you to a PHQ9.
- Hard stop for PHQ2.
- Documentation reminder in the progress note when last done
- In health maintenance screen.
- On DM/HM screen.
- CDS rule and alert, attached along with screens to choose.
- Use Medent DMHM sidebar within each patient's chart to track their depression screening due-date.
- Included in Quality Management tab / process.



**Ruth Ann Craven, MS, PCMH CCE, CTL
Hixny; Manager of Programs and Outreach**

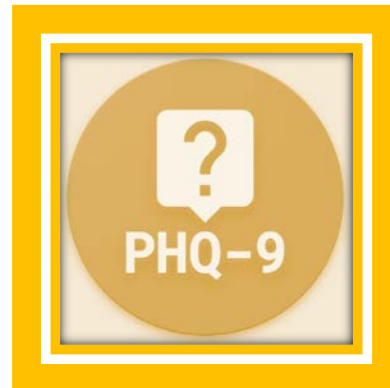
Screening for Depression and Follow-Up Plan eCQM Measure



CMS 2v10

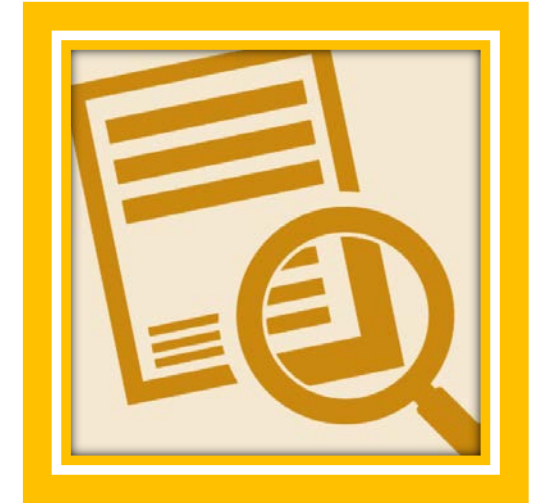
Preventive Care & Screening: Screening for Depression and Follow Up Plan

- Percentage of patients aged 12 years and older screened for depression on the date of the encounter,
- Or up to 14 days prior to the date of the encounter
- Using an age-appropriate standardized depression screening tool – AND –
- If positive, a follow-up plan is documented on the date of the eligible encounter



Exclusions

- Patients who have been diagnosed with depression
- Patients who have been diagnosed with bipolar disorder

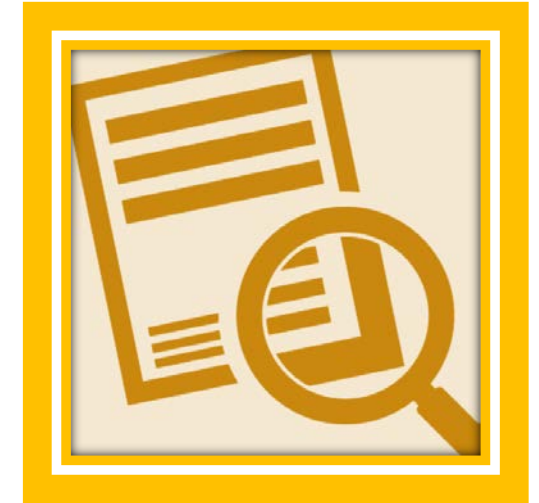


Exceptions

- Patient refuses to participate
- Documentation of medical reason for not screening patient for depression
 - Cognitive, functional or motivational limitations
 - Patient is in an urgent or emergency situation where time is of the essence and to delay treatment would jeopardize the patients' health status

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Examples of Follow Up Plan

- Referral to practitioner of program for further evaluation for depression
- Other interventions designed to treat depression such as behavioral health evaluation, psychotherapy, pharmacological interventions or additional treatment options
- NOTE: A suicide risk assessment alone does **not** qualify as a follow-up plan



Depression Screening Tools



Impact on Quality of Life

4.7% of adults with regular feelings of depression

11.2% of adults with regular feelings of worry, nervousness or anxiety

Source: [Early Release of Selected Estimates Based on Data From the 2019 National Health Interview Survey](#)

56.8 million visits annually to physician offices with mental / behavioral disorders as the primary diagnosis

Source: [National Ambulatory Medical Care Survey: 2016 National Summary Tables, table 14 pdf icon](#)

People with untreated mental health disorders are at **high risk for unhealthy and unsafe behaviors**, including alcohol or drug abuse, violent or self-destructive behavior, and suicide.

Source: [Healthy People 2020](#)

Screening for Depression

- In 2016 the U.S. Preventive Services Task Force updated its recommendation to screen for depression among:
 - ✓ **General adult population**
 - ✓ **Pregnant women**
 - ✓ **Postpartum women**
- Screening combined with early treatment and adequate support systems leads to improved outcomes



Screening Tools

Adults

- Patient Health Questionnaire – PHQ-9

Adolescents

- Patient Health Questionnaire Adolescents – PHQ-A

Elderly Population

- Geriatric Depression Scale

Maternity Population

- Edinburgh Postnatal Depression Scale

Diagnose (Or Not?)

All positive screening results should lead to additional assessment that considers severity of depression and comorbid psychological problems (eg, anxiety, panic attacks, or substance abuse), alternate diagnoses and medical conditions.

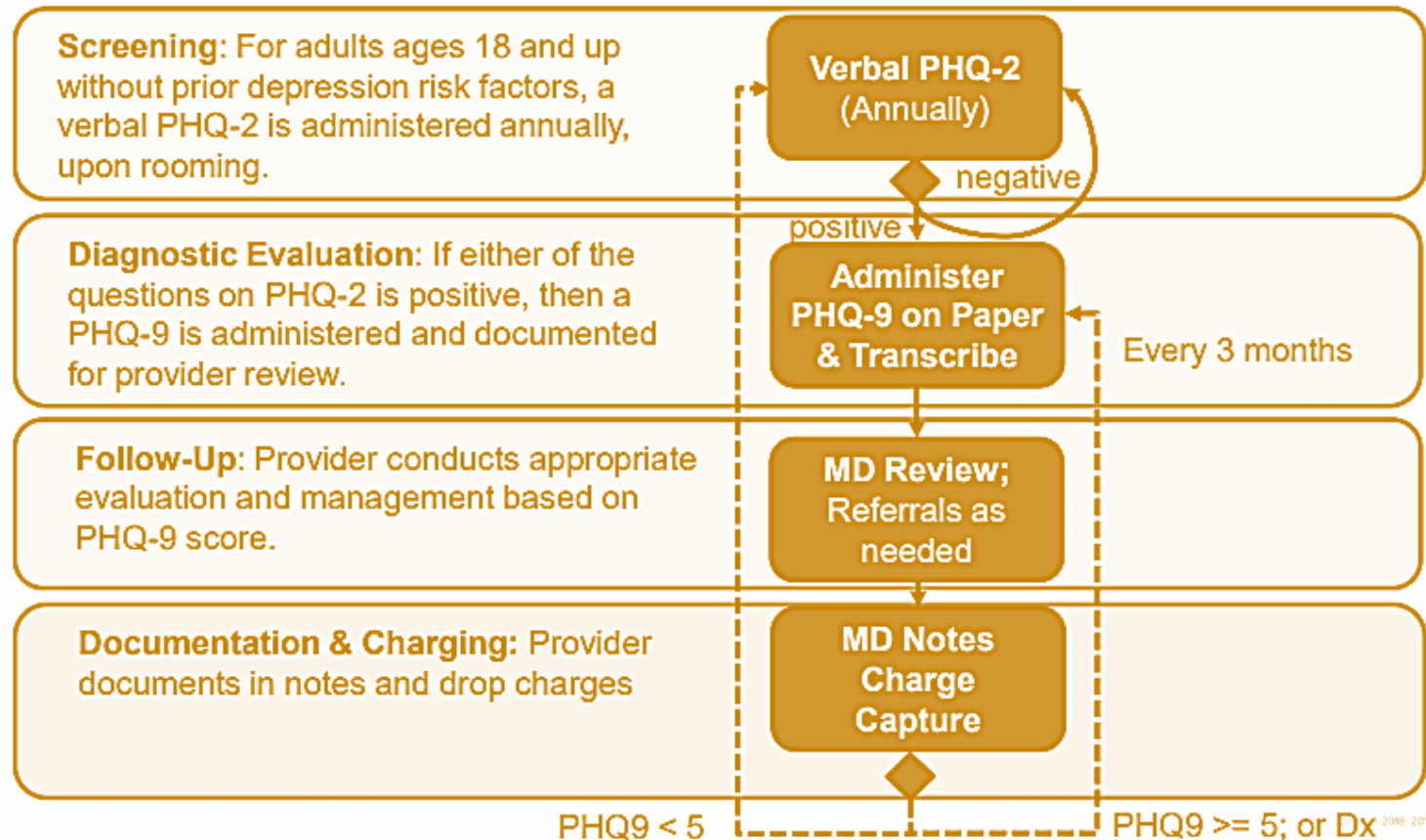
[US Preventive Services Task Force](#)



Practical Tools to Address Depression in Primary Care



Sample Workflow



Challenges

Clinical Staff

- Omission “I didn’t think the patient needed to be screened”
- Tedious PHQ-9 workflow – paper w/manual transcription

Clinicians

- Finding hidden screening results
- Missing score interpretation
- Time consuming research of patient management options

Documentation

- Incomplete or missing screening results
- Missing follow up plan that correlates to findings of screening

Document Process

- Define protocols for screening & place “alerts” or prompts in EHR
- Identify what **structured data fields** will be used for results – and be sure the entire team knows where these are
- Provide sample **follow up care plans** for clinicians to choose from
- Implement **follow up tracking sheets** for care managers
- Create **collaborative care** agreements with behavioral clinicians for peer-to-peer support

The screenshot displays a digital form titled "Behavioral Health Screening Tools". A red box highlights a button labeled "Behavioral Hea..." on the left sidebar. The main content area shows a "PHQ-9" form with a "New Reading" button. The form includes a header for an "Office Visit from 6/13/2018 in UCLA HEALTH BRENTWOOD INTER" and a date/time of "06/13/18 1200". The PHQ-9 questions and responses are as follows:

PHQ-9: Over the last 2 weeks, how often have you been bothered by any of the following problems?	Frequency
Little interest or pleasure in doing things	Nearly every day
Feeling down, depressed, or hopeless	Nearly every day
Trouble falling or staying asleep, or sleeping too much	Nearly every day
Feeling tired or having little energy	Nearly every day
Poor appetite or overeating	Nearly every day
Feeling bad about yourself - or that you are a failure or have let yourself or your family down	Nearly every day
Trouble concentrating on things, such as reading the newspaper or watching television	Nearly every day
Moving or speaking so slowly that other people could have noticed; Or the opposite - being so fidgety or restless that you have been moving around a lot more than usual	Nearly every day
Thoughts that you would be better off dead, or of hurting yourself in some way	Nearly every day
PHQ-9 Total Score	27 (calculated)

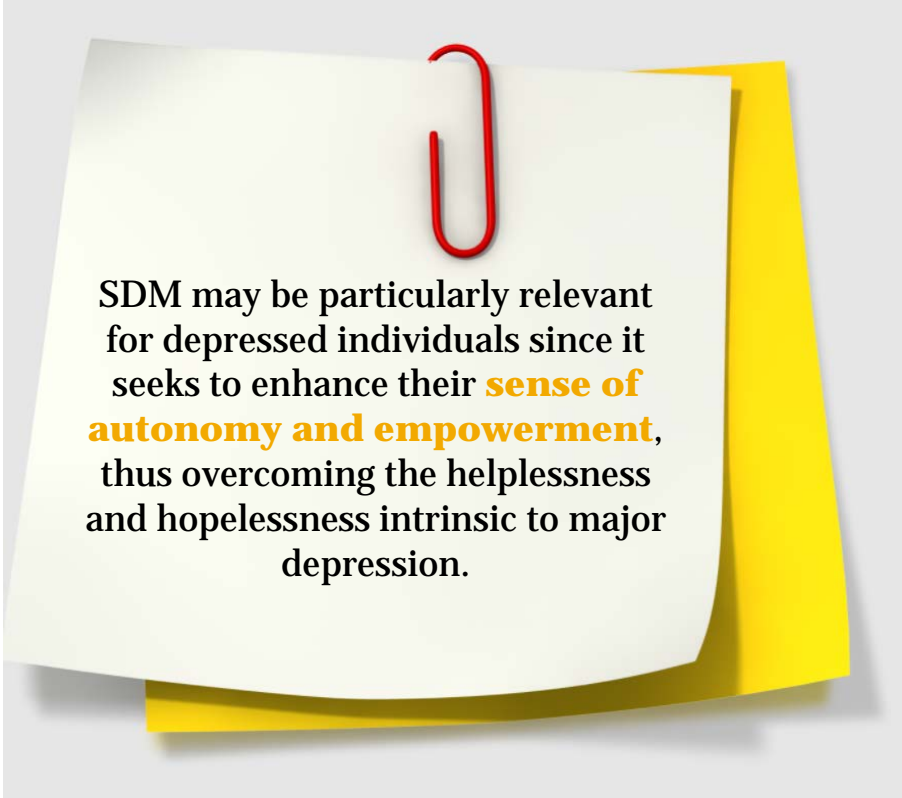
Below the PHQ-9 form is a "GAD-7" form with a "New Reading" button. The footer of the interface reads "© 2019 Epic Systems Corporation. Used with permission."

Follow Up Care

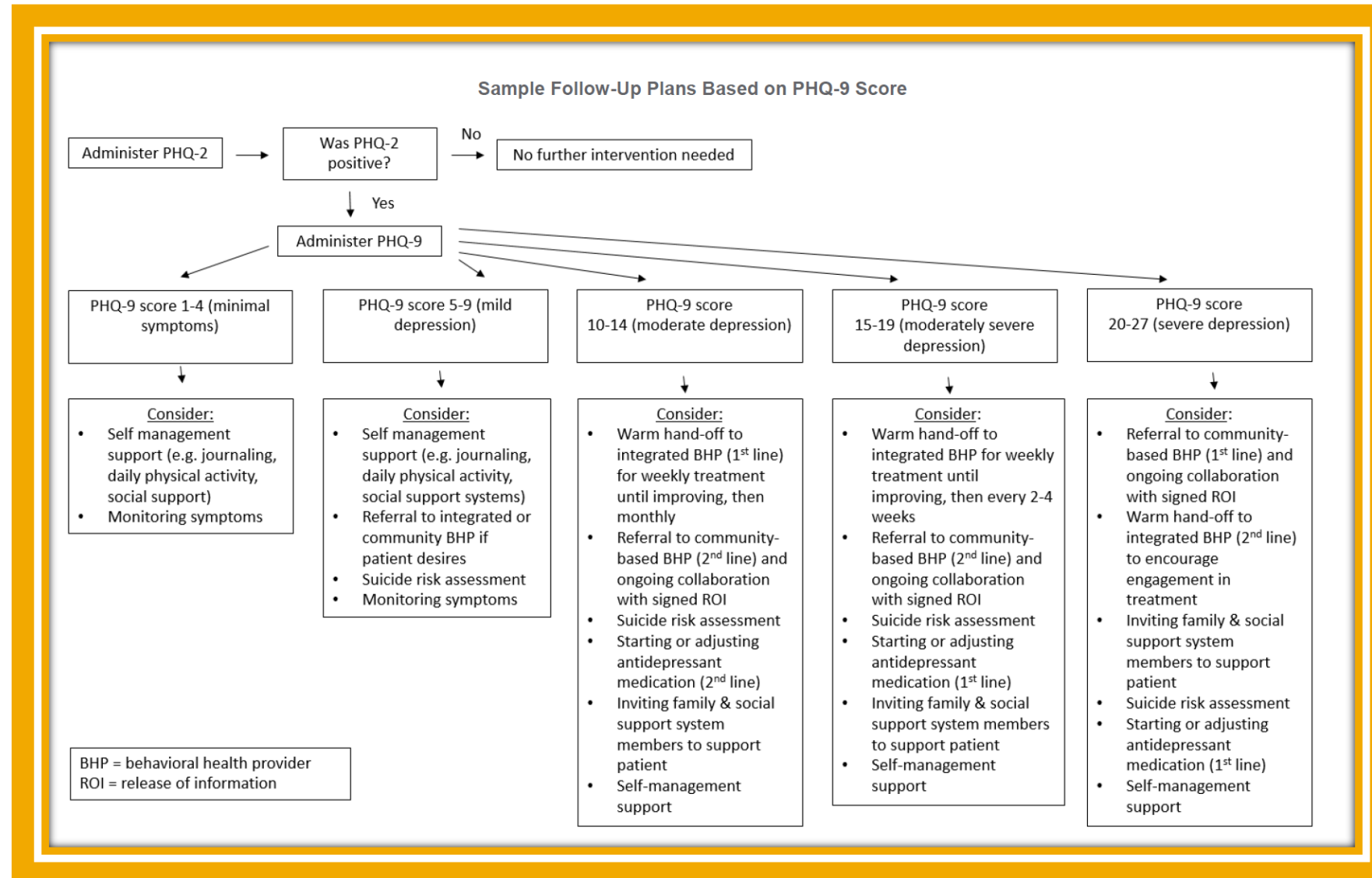
- Schedule follow up for **further assessment by PCP** within 30-days of positive screen
- Engage in ongoing **care management** overseen by PCP
- Prescribe antidepressant **medication**
- **Referral to behavioral health** clinician
- **Referral to emergency department** for crisis services

**** Engage the patient in shared decision making (SDM)*

<https://pubmed.ncbi.nlm.nih.gov/19946872/>



SDM may be particularly relevant for depressed individuals since it seeks to enhance their **sense of autonomy and empowerment**, thus overcoming the helplessness and hopelessness intrinsic to major depression.



PRACTICAL TOOLS

Depression Flow Sheet		Patient Name: _____	DOB: _____
Severity: Mild Moderate Severe		ID#: _____	Gender: M F

Depression Flow Sheet
Intervention: Watch/Wait: Medication Psychotherapy (circle all that apply)

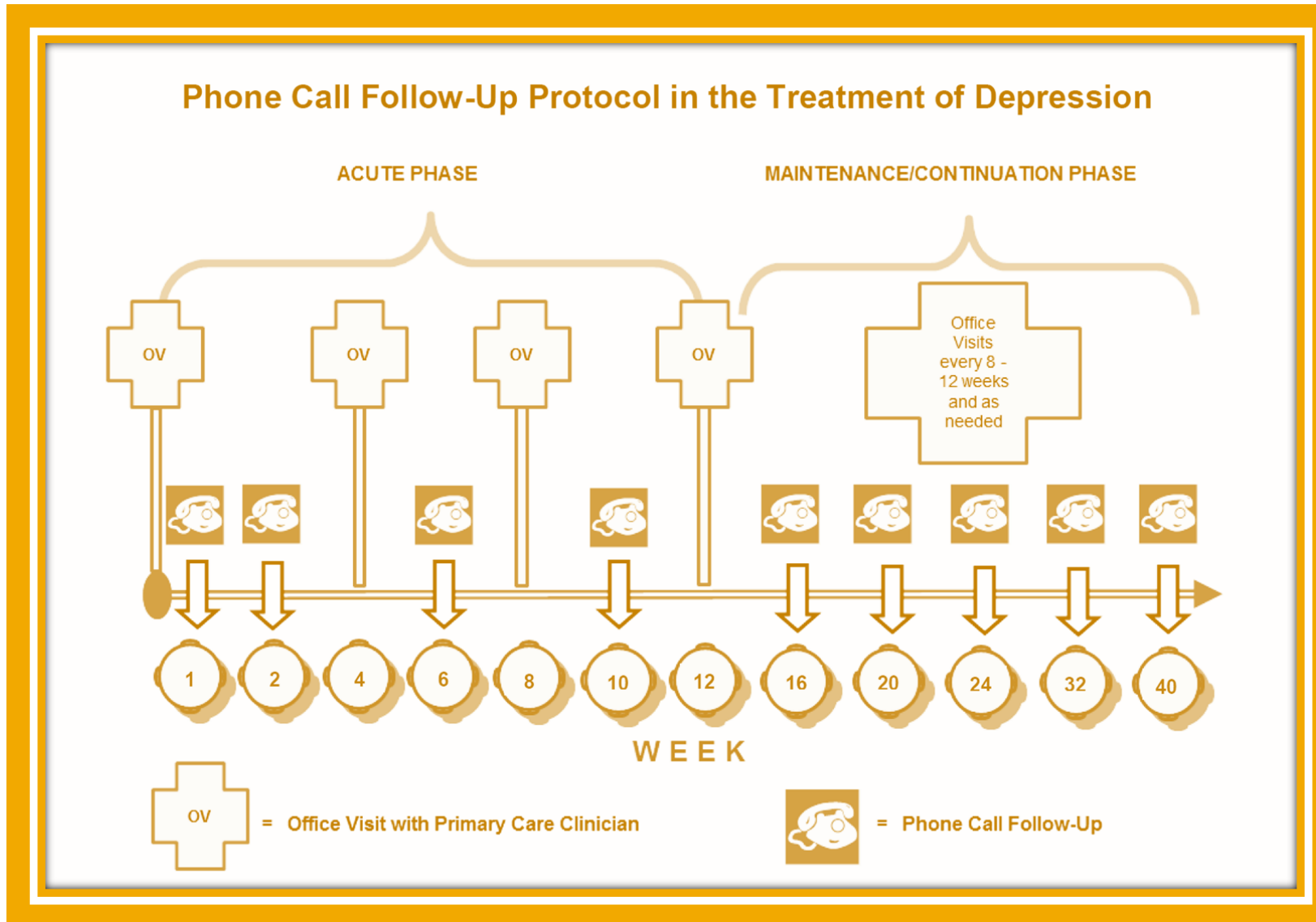
Date Provider Initials Type of Visit	PHQ Scores & Tx phase repeat PHQ q 4-6 wks and prn	* Medication Flow (see indicators for med Δ below)	* Psychotherapy Flow (see indicators for Tx change below)	Next scheduled Follow-Up visit Type of Visit
Date: _____ Provider: _____ • Office Visit ○ Depression ○ Other Reason • Phone Call	Score: _____ • Watch/Wait • Acute phase Tx • Cont. Phase Tx • Maint. Phase Tx	• New Rx: _____ • Dosage changed to: _____ • Dosed: _____ • No Change	• Community Mental Health Center • PCP Behavioral Health • Private Counseling ○ New Referral ○ Current Patient	Next scheduled visit due: _____ Type of visit: • Office Visit • Phone Contact
Date: _____ Provider: _____ • Office Visit ○ Depression ○ Other Reason • Phone Call	Score: _____ • Watch/Wait • Acute phase Tx • Cont. Phase Tx Maint. Phase Tx	• New Rx: _____ • Dosage changed to: _____ • Dosed: _____ No Change	• Community Mental Health Center • PCP Behavioral Health • Private Counseling ○ New Referral ○ Current Patient	Next scheduled visit due: _____ Type of visit: • Office Visit • Phone Contact
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Track **ongoing management** of patients being followed by the primary care team.

Source: Community Care of North Carolina's "Adult Depression Toolkit for Primary Care", 2018

SAMPLE PHONE CALL FOLLOW-UP PROTOCOL



**Review Results
of Screening
Tools**

**Encourage
Adherence to
Treatment Plan**

**Provide Ongoing
Patient Education**

**Identify Barriers
and Problem
Solve Solutions**

**Measure
Treatment
Response**

**Monitor
Remission –
Identify
Exacerbation**

Source: Community Care of North Carolina's "Adult Depression Toolkit for Primary Care", 2018

Documentation and Health Information Sharing



EHR Documentation Basics

Structured Data Fields

- Check with your EHR vendor regarding how to document to ensure the screening and results is shared with the health information network



Standard Codes

- Level 2 CPT & HCPCS- Procedures section of Portal
- LOINC codes - History section of Portal
- ICD10 codes - Conditions section of Portal

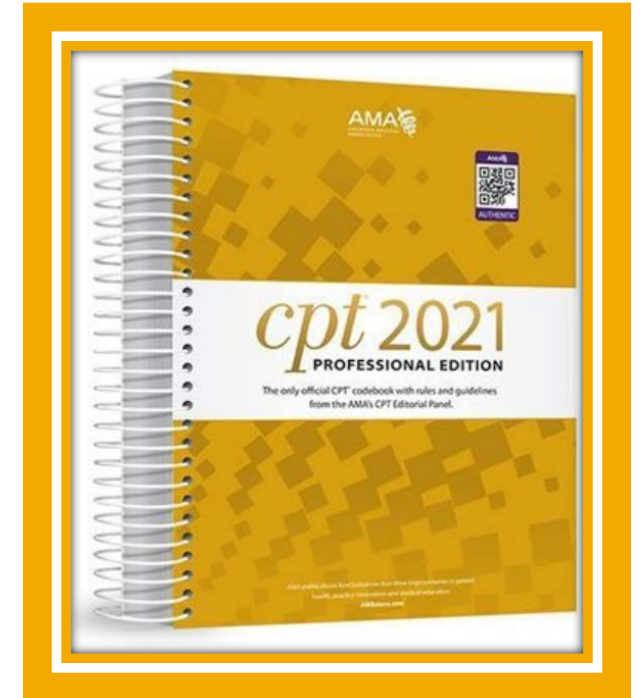
Provider Portal

- Allows extended care team to quickly view depression screening results, to inform follow up care.
- Check the Encounters to see if the patient has had a follow up visit with a behavioral clinician – and – if so, the Continuity of Care Document may be found in the Documents tab.

Through the use of Hixny data, your patients experience better coordinated, comprehensive care resulting in improved outcomes.

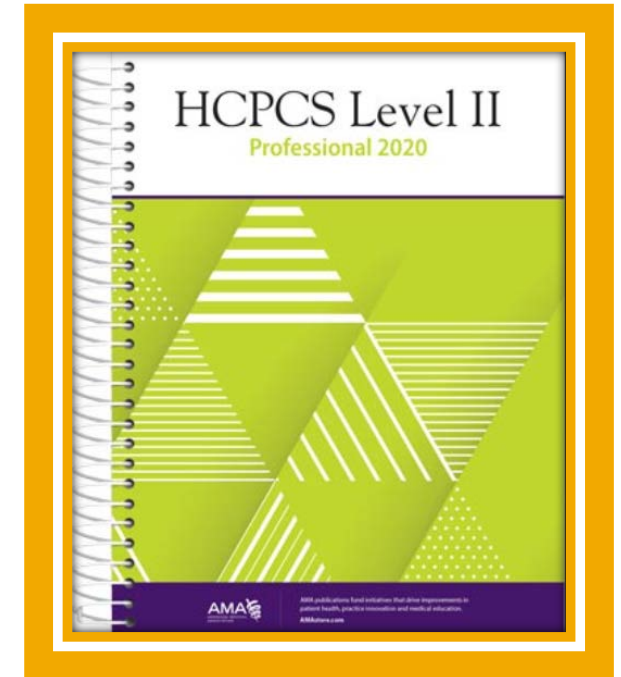
Coding – CPT II

- 1220F Patient screened for depression
- 3085F Suicide risk assessed
- 3351F Negative screen for depressive symptoms
- 3352F No significant depressive symptoms
- 3353F Mild to moderate depressive symptoms
- 3354F Clinically significant depressive symptoms
- 3725F Screening for depression performed
- 4063F Antidepressant pharmacotherapy considered and not prescribed
- 4064F Antidepressant pharmacotherapy prescribed



Coding – HCPCS



- G0444 Annual depression screening, 15 minutes
- G8431 Screening for depression, positive w/follow up plan documented
- G8510 Screening for depression, negative, follow up not required
- G8511 Screening for depression, positive no follow up plan completed – no reason given
- G9717 Documentation stating the patient has had a diagnosis of depression or bipolar disorder
- S3005 Performance measurement, evaluation of patient self assessment, depression



Coding – ICD-10

- Z13.21 Encounter for Screening for Depression

▼ Patient Health Questionnaire: Over the last 2 weeks, have you been bothered by any of the following problems?

 Feeling down, depressed, or hopeless	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="button" value="Patient declines to answer"/>
	<input type="button" value="Unable to screen (add comment)"/>		
 Little interest or pleasure in doing things	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="button" value="Patient declines to answer"/>
	<input type="button" value="Unable to screen (add comment)"/>		

If the answer to either question above is "Yes", click the link below to print the PHQ-9 for the patient to complete and transcribe below.

▼ PHQ-9: Over the last 2 weeks, how often have you been bothered by any of the following problems?

PRINT PHQ-9 Form (520308)

<input type="checkbox"/> PHQ-9 response transcribed below	<input type="button" value="Patient declines to answer"/>	<input type="button" value="Unable to screen (add comment)"/>
<input type="button" value="Patient undergoing treatment"/>		

Please [CLICK HERE TO PRINT the PHQ-9 form](#) for the patient to complete, then enter their responses below.

Little interest or pleasure in doing things	<input type="checkbox"/> 0=Not at all	<input type="checkbox"/> 1=Several days	<input type="checkbox"/> 2=More than half the days	<input type="checkbox"/> 3=Nearly every day
Feeling down, depressed, or hopeless	<input type="checkbox"/> 0=Not at all	<input type="checkbox"/> 1=Several days	<input type="checkbox"/> 2=More than half the days	<input type="checkbox"/> 3=Nearly every day
Trouble falling or staying asleep, or sleeping too much	<input type="checkbox"/> 0=Not at all	<input type="checkbox"/> 1=Several days	<input type="checkbox"/> 2=More than half the days	<input type="checkbox"/> 3=Nearly every day

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**Screen During
Annual Well
Visits**

**Screen Patients
w/Chronic
Conditions
More
Frequently**

**Reduce Stigma
w/Universal
Screening.**

**Target
Communication
Materials.**

**Maintain List of
CBOs &
Resources.**

**If Referral to
Behavioral
Consultant is
Needed:
Schedule Appt for
Patient
Consider
Telepsychiatry
Use Collaborative
Care Agreements**

**Schedule 30-
day Follow Up
in 2-3 Weeks.**

**Always Follow
Up With “No
Shows”.**

Thank You

Hixny®



Brenda Stiles RN BSN, PCMH CCE
Director of Clinical Quality Improvement
and Practice Transformation
Adirondacks ACO



Best Practice – Practice Representatives

- Plattsburgh Medical Care – Josh Rose



2021 Topics: Looking Ahead

- Potential EHR vendor
- Suggestions ????





Additional Resources

- AHI website: <https://ahihealth.org/>
 - *Recordings and slides from meeting are posted on the site.
- AHI COVID newsletter – Mondays
- AHInformer newsletter – every other Thursday
- ADK ACO website: <https://www.adirondacksaco.com/>
- Adirondacks ACO newsletter - monthly

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