

CCBHC-E National Training and Technical Assistance Center

Building Infrastructure for Clinical Quality Measures: Session 2

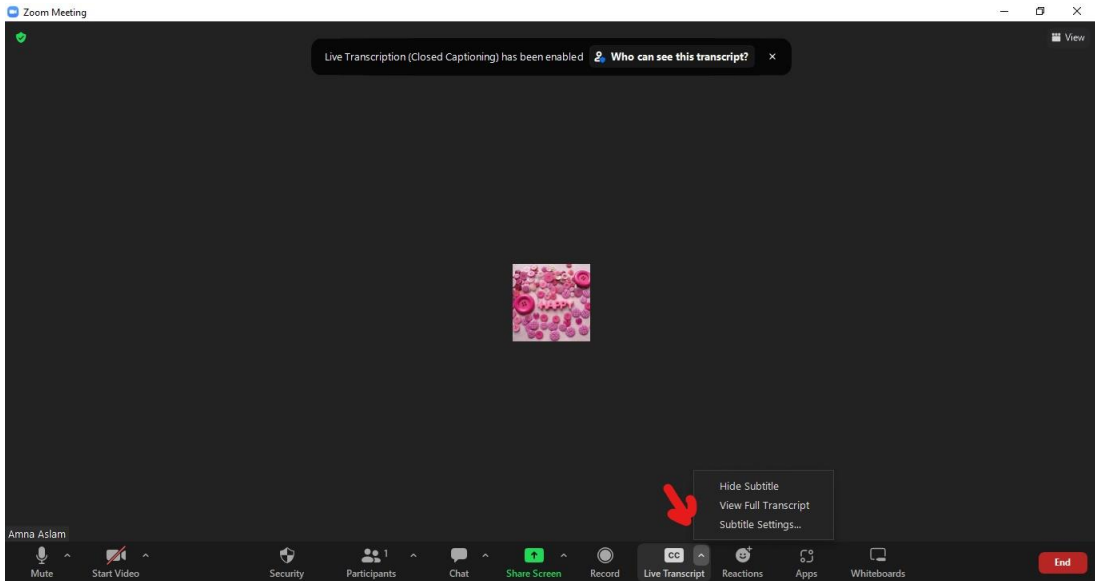
November 20th, 2024

CCBHC-E National Training and Technical Assistance Center

Funded by Substance Abuse and Mental Health Services Administration and operated by the National Council for Mental Wellbeing

Acknowledgements and Disclaimer

This session was made possible by Grant Number 1H79SM085856 from the Substance Abuse and Mental Health Services Administration (SAMHSA). Its contents are solely the responsibility of the authors and do not necessarily represent the official views, opinions, or policies of SAMHSA, or the U.S. Department of Health and Human Services (HHS).



Next to “Live Transcript,” click the arrow button for options on closed captioning and live transcript.

Series Speakers:

- Peggy O'Brien, PhD | Substance Abuse and Mental Health Services Administration
- Shweta Palakkode, MPH | Substance Abuse and Mental Health Services Administration
- Leigh Fischer, MPH | TriWest
- Jim Zahniser, PhD | TriWest
- John Gavino, LCSW, Director of CCBHC Fidelity and Compliance | Family & Children's Services, Inc.

Clinic-Collected-Required Measures:

Screening for Depression and Follow-Up Plan (CDF-AD & CDF-CH)
Depression Remission at Six Months (DEP-REM-6)

Shweta Palakkode, MPH and Peggy O'Brien, PhD
Substance Abuse and Mental Health Services Administration
U.S. Department of Health and Human Services

November 20, 2024



SAMHSA
Substance Abuse and Mental Health
Services Administration

CCBHC Quality Measure Resources



[SAMHSA CCBHC QM
GUIDANCE &
WEBINAR WEBSITE](#)



[2024 TECHNICAL
SPECIFICATION
MANUAL](#)



[2024 QUALITY
MEASURE REPORTING
TEMPLATE](#)



[2023 CERTIFICATION
CRITERIA](#)



[FAQS ON QUALITY
MEASURES](#)

Screening for Depression and Follow-Up Plan (CDF-AD & CDF-CH)



CDF-AD Measure: Description and Source

The CDF-AD measure calculates the percentage of clients ages **18 and older**, with no history of depression or bipolar disorder, **screened for depression** on the date of the encounter or 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.**

- Source: Based on CMS Medicaid Adult Core Set Measure (2023), stewarded by CMS

CDF-CH Measure: Description and Source

The CDF-CH measure calculates the percentage of clients ages **12 to 17 years**, with no history of depression or bipolar disorder, **screened for depression** on the date of the encounter or 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.**

- Source: Based on CMS Medicaid Child Core Set Measure (2023), stewarded by CMS

CDF-AD & CDF-CH Examples of Standardized Depression Screening Tools

A normalized and validated depression screening tool developed for the population in which it is being utilized. Examples of depression screening tools **include but are not limited to:**

- **Adult Screening Tools (age 18 and older)**
 - **Patient Health Questionnaire (PHQ-9)**, 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), and Computerized Adaptive Diagnostic Screener (CAD-MDD).
- **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), and PRIME MD-PHQ2
- **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, and Zung Self-rating Depression Scale.

CDF-AD Measure: Case Study



CCBHC Alpha needs to understand who to include in the denominator and numerator for the CDF-AD measure.

- ❑ Client G is 45-years old **with a history of depression**. CCBHC Alpha will not need to screen the client, as the requirement for the measure is to only screen clients with no history of depression. The client is not included in the numerator or denominator.
- ❑ Client H is 45-years old **without a history of depression or bipolar disorder**. CCBHC Alpha will need to screen the client using an age-appropriate, standardized, and validated depression screening tool, as the requirement for the measure is to screen clients with no history of depression, and if positive, document a follow-up plan on the date of eligible encounter. Alpha will screen Client H either on the date of encounter or 14 days before the encounter. Upon screening, Alpha learns that Client H has a **negative screen** for depression. Client H is included in the denominator and in the numerator.
- ❑ Client J is 45-years old **without a history of depression or bipolar disorder**. CCBHC Alpha will need to screen the client using an age-appropriate, standardized, and validated depression screening tool, as the requirement for the measure is to screen clients with no history of depression, and if positive, document a follow-up plan on the date of eligible encounter. Client J has a **positive screen** for depression. Alpha **should develop and document a follow-up plan to address the depression during the encounter**. Client J is included in the denominator and numerator.
- ❑ *Clients are only screened once during the measurement year, not all encounters.

Depression Remission at Six Months (DEP-REM-6)



DEP-REM-6: Description and Source

The DEP-REM-6 measure calculates the percentage of clients (12 years of age or older) with **Major Depression or Dysthymia** who reach **remission six months (+/- 60 days)** after an Index Event Date.

- Source: Based on CMS MIPS CQMS #370 (2023), stewarded by MN Community Measurement (CBE #0710), modified for Depression Remission at Six Months (CBE #0711)

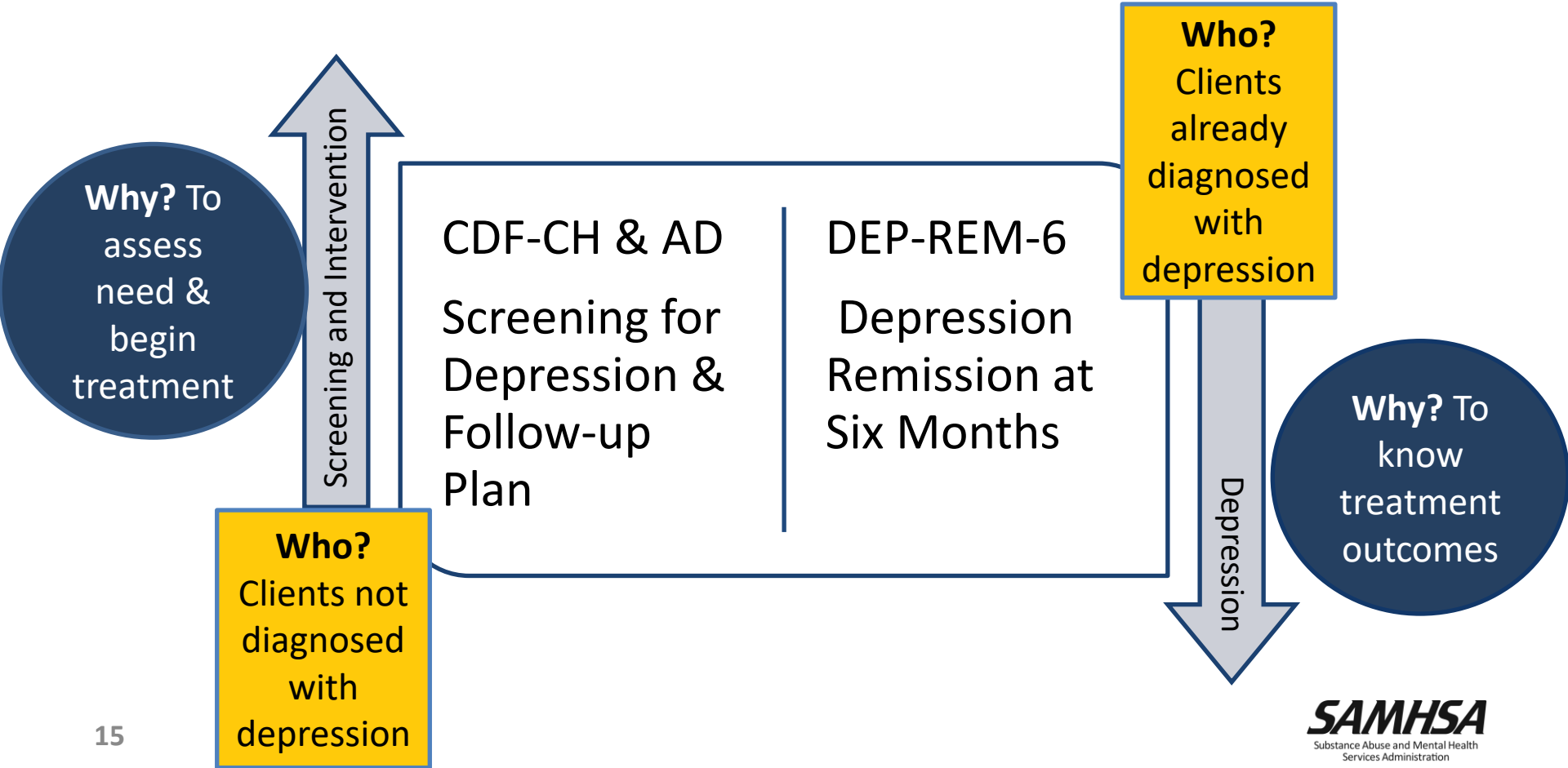
DEP-REM-6 Measure: Case Study



CCBHC Beta needs to understand who to include in the denominator and numerator for the DEP-REM-6 measure.

- ❑ Client G is 45-years old with no history of depression or bipolar disorder. He was screened using the PHQ-9 (which satisfied the CDF measure), **with a score of 4**. CCBHC Beta does not need to screen Client G at six months **for the DEP-REM-6 measure**, which only requires six-month follow-up screening for clients with an active diagnosis of major depression or dysthymia **and** an initial PHQ-9 score greater than 9.
- ❑ Client H is 45-years old. She was screened using the PHQ-9 and had a score greater than 9 documented during the measurement year. At that time, she was diagnosed with Major Depressive Disorder. The combination of a PHQ-9 greater than 9 and a diagnosis of depression identified the Index Event Date. In six months (+/- 60 days), CCBHC Beta screens Client H again using the PHQ-9 tool to understand if the client is in remission for depression. Upon screening, CCBHC Beta identifies a **PHQ-9 score greater than 9**. Client H is included in the denominator but not in the numerator of the DEP-REM-6 measure.
- ❑ Client J is 45-years old and had the same experience as Client H, except that, upon re-screening, CCBHC Beta identifies a **PHQ-9 score less than 5**. Client J is included in the denominator and numerator of the DEP-REM-6 measure and is considered to be in remission.

Key Differences in CDF and DEP-REM-6 Measures



Comparison of Standardized Instruments

Purpose: Annual depression screening for clients without diagnosed depression

Purpose: Follow-up screening for clients with diagnosed depression to determine remission

CDF: Measures Provide Examples

- Adult Screening Tools (age 18 and older)
 - **Patient Health Questionnaire (PHQ-9)**, 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), and Computerized Adaptive Diagnostic Screener (CAD-MDD).
- 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), and PRIME MD-PHQ2
- 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, and Zung Self-rating Depression Scale.

DEP-REM-6 Requires

Either can be used for all age groups.

- **Patient Health Questionnaire – 9** item version (PHQ-9), available at <https://www.phqscreeners.com/>
- OR
- **Patient Health Questionnaire – 9 Modified** for Teens and Adolescents (PHQ-9M), available at https://www.psychiatry.org/File%20Library/Psychiatrists/Practice/DSM/APA_DSM5_Severity-Measure-For-Depression-Child-Age-11-to-17.pdf

When? Once a year on date of encounter
or 14 days before

When? Four to Eight months after combined diagnosis and PHQ-9 > 9



CCBHC Gamma is attempting to streamline the use of screening tools for CCBHC quality measurement and avoid redundancy in screening for CDF-AD and CDF-CH and DEP-REM-6 measure.

- ❑ Client A is a 30 years-old and has **no history of depression**. CCBHC Gamma screens the client using **PHQ-9** in the measurement year. Client has a **positive screen for depression** (e.g., a PHQ score of 10). Client A is put on a treatment plan. Client A is included in the denominator and numerator of CDF-AD.
- ❑ As Client A had a PHQ-9 score of 10 during the index event date and received a diagnosis of depression, the **client meets the criteria for remission screening under the DEP-REM-6 measure. At six months (+/- 60 days)**, Client A is screened using PHQ-9 to understand if she is in remission for depression. Upon screening, CCBHC Gamma identifies that Client A has PHQ-9 score less than 5. The client is now in remission for depression and is included in the denominator and numerator of DEP-REM-6.
- ❑ The **PHQ-9 tool** was used to screen for **both the CDF measure and DEP-REM-6 measure**.
- ❑ If the client is of **ages 12-17**, the same method can be followed using a PHQ-9 or PHQ-9M screening tool.

Bonus Slides

CDF-AD & CDF-CH

CDF-CH Measure: Practice Example

Denominator

Number of people receiving CCBHC service in Measurement Year (MY)	2,500
Of those, service was one of the appropriate encounter codes	2,250
Of those, ages 12-17 at date of service	500
Of those, already diagnosed with depression or bipolar disorder	225
Denominator	275- 15=264

CDF-CH rate = $236/264 = .89$ (89%)

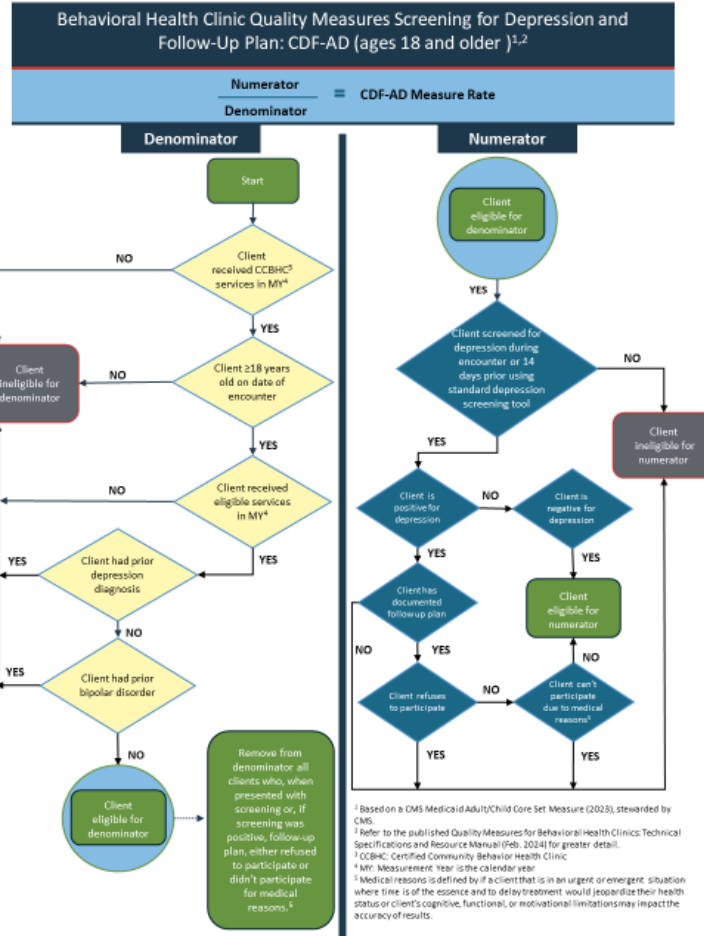
Numerator

Number in Denominator	275
Screened during encounter (or up to 14 days before), no depression	125
Screened during encounter (or up to 14 days before), yes depression and follow-up plan	100
Screened during encounter (or up to 14 days before), yes depression and NO follow-up plan	35
Not screened for depression during encounter	15- 15
Numerator	236

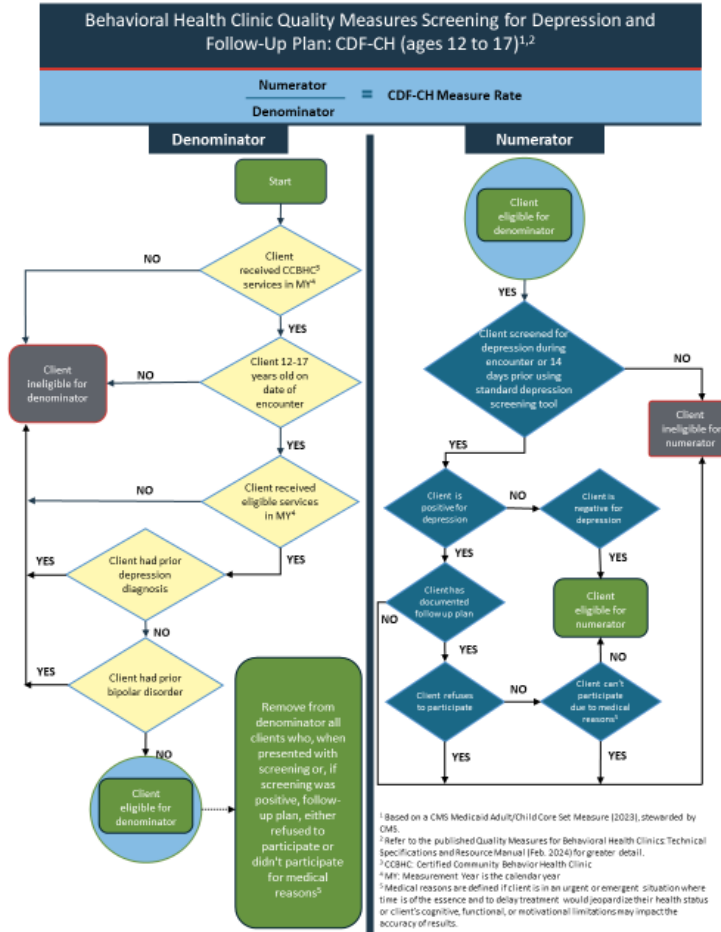
BUT, Exceptions!

Not screened, because:	15
Refused	4
Urgent	9
Other medical excuse	2
Total Exceptions	15
Screened despite medical excuse (Keep in D and N)	3

CDF-AD Measure: Flow Chart



CDF-CH Measure: Flow Chart



DEP-REM-6

DEP-REM-6: Practice Example

Denominator

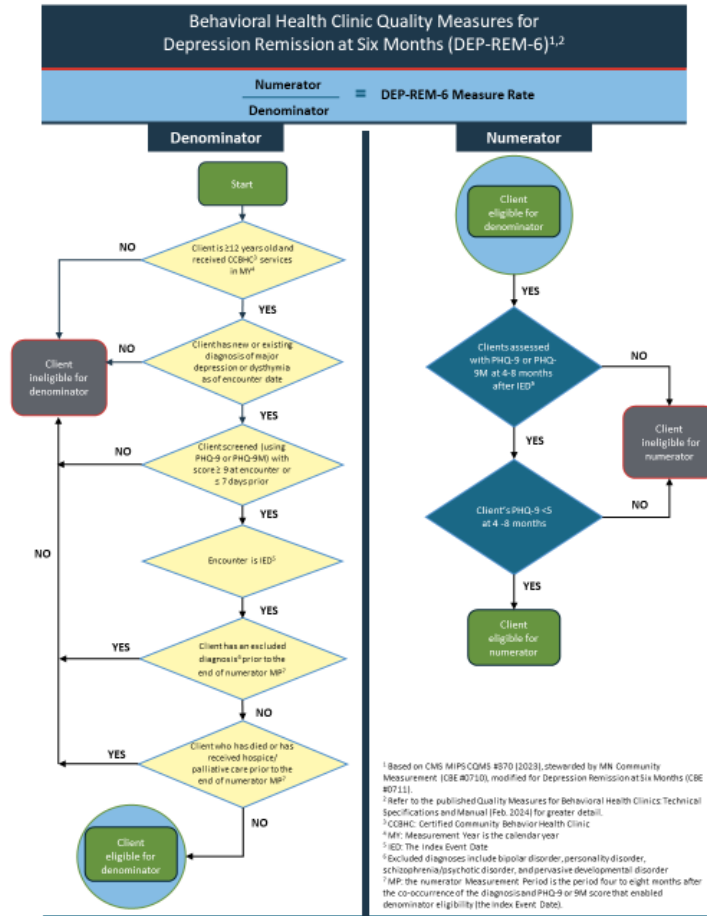
Number of people receiving CCBHC service in Measurement Year (MY)	2,500
Of those, service was one of the appropriate encounter codes	2,300
Of those, 12 or older at date of service	2,100
Dx of MDD or Dysthymia AND PHQ-9 > nine (9) documented same date (or up to seven days before) as the service	1,850
Of those, excluded as already diagnosed with bipolar disorder, etc	-400
Denominator (1,850 – 400)	1,450

Numerator

Number in Denominator	1,450
Screened six months (+/- 60 days) and score < five	700
Screened six months (+/- 60 days) and score five or more	425
Not screened six months (+/- 60 days)	325
Numerator	700

DEP-REM-6 rate = $700/1,450 = .48$ (or 48%)

DEP-REM-6 Measure: Flow Chart



Thank You

SAMHSA's mission is to lead public health and service delivery efforts that promote mental health, prevent substance misuse, and provide treatments and supports to foster recovery while ensuring equitable access and better outcomes.

Direct Quality Measure Questions to:

CCBHCMeasuresSubmission@samhsa.hhs.gov

www.samhsa.gov

1-877-SAMHSA-7 (1-877-726-4727) • 1-800-487-4889 (TDD)

Session 1 Recap: Establishing a Data Infrastructure

NATIONAL
COUNCIL
*for Mental
Wellbeing*



Why CQM Data is Important

- Establishes a baseline
- Separates empirical evidence from anecdotes
- Allows monitoring of changes to ensure that improvements are sustained
- Indicates whether changes lead to improvements
- Allows comparisons of performance across sites/clinics/states

Steps to Establishing a Data Infrastructure



Establish your quality measures team/workgroup.



Determine data needs and sources.



Identify data collection methods.



Develop a data plan and workflows for data collection, analysis, and communication.



Pilot workflows and identify areas for improvement as needed.



Revisit steps to test changes or to address other issues as they arise.



Celebrate successes along the way!



Building Infrastructure for Clinical Quality Measures



Learning Objectives

- Share our best practices, learned lessons, process of developing the infrastructure for collecting and reporting the clinic collected required Quality Measures.

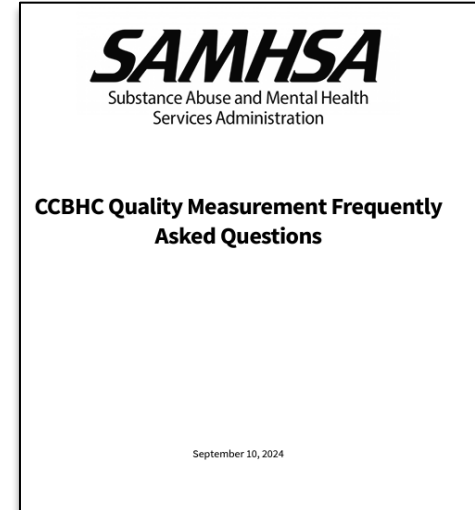
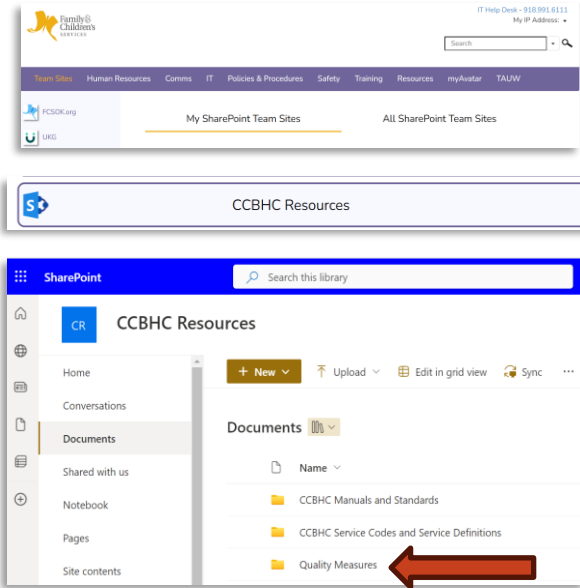
**Certified
Community
Behavioral
Health Clinics**



Quality Measures Guidance and Webinar Series

Quality Measures Specifications

- Review the Specifications (Feb 2024) and FAQs (Sept 2024)
 - [Quality Measures for Behavior Health Clinics - Technical Specifications and Resource Manual](#)
 - [CCBHC Quality Measurement Frequently Asked Questions](#)



Quality Measures Webinars


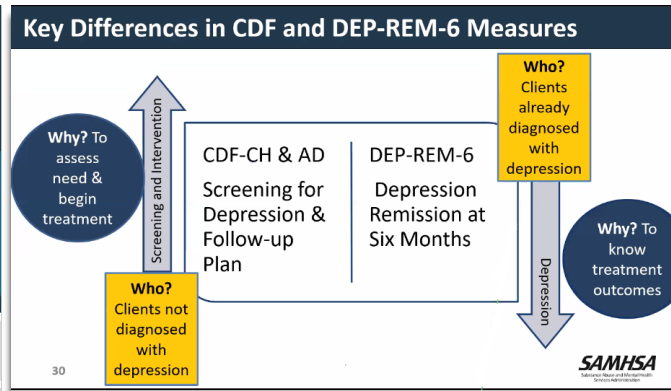
- Review the webinars (Oct & Nov 2023, March 2024)

Clinic-Collected Required Measures - webinar #2

Clinic-Collected-Required Measures:
 Screening for Depression & Follow-up Plan (CDF-AD and CDF-CH)
 Depression Remission at Six Months (DEP-REM-6)

Peggy O'Brien and Shweta Palakkode
 Substance Abuse and Mental Health Services Administration
 U.S. Department of Health and Human Services

November 1, 2023
 2:30-4:00 PM ET

Comparison of Standardized Instruments

Purpose: Annual depression screening for clients without diagnosed depression	Purpose: Follow-up screening for clients with diagnosed depression to determine remission
CDF: Measures Provide Examples <ul style="list-style-type: none"> Adult Screening Tools (age 18 and older) <ul style="list-style-type: none"> – Patient Health Questionnaire (PHQ-9), Beck Depression Inventory (BDI or BDI-II), Center for Epidemiologic Studies Depression Scale (CES-D), Depression Scale (DEP-9), 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 (QIDS-SR), Computerized Adaptive Testing Depression Inventory (CAT-DI), and Computerized Adaptive Diagnostic Screener (CAD-MDD) Adolescent Screening Tools (12–17 years) <ul style="list-style-type: none"> – Patient Health Questionnaire for Adolescents (PHQ-A), Beck Depression Inventory-Primary Care Version (BDI-PC), Mood Rating Questionnaire (MRQ), Center for Epidemiologic Studies Depression Scale (CES-D), Patient Health Questionnaire (PHQ-9), Pediatric Symptom Checklist (PSC-17), and PRIME MD-PHQ2 Perinatal Screening Tools <ul style="list-style-type: none"> – 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, and Zung Self-Rating Depression Scale. 	DEP-REM-6 Requires <p>Either can be used for all age groups.</p> <ul style="list-style-type: none"> – Patient Health Questionnaire – 9 item version (PHQ-9), available at https://www.phqscreeners.com/ <p>OR</p> <ul style="list-style-type: none"> – Patient Health Questionnaire – 9 Modified for Teens and Adolescents (PHQ-9M), available at https://www.psychiatry.org/File%20Library/Psychiatrists/Practice/DSM/APA_DSM5_Severity-Measure-For-Depression-Child-Age-11-to-17.pdf
When? Once a year on date of encounter or 14 days before	When? Four to Eight months after combined diagnosis and PHQ-9 > 9

SAMHSA

Q: Do the CDF measures require that screenings be done on every encounter?

A: In the final version of the specs, we have modified an earlier FAQ to make it clear that, for purposes of the quality measure, depression screening is required at least once per Measurement Year/Measurement Period, not at all encounters.

Direct Quality Measure Questions to:
CCBHCMeasuresSubmission@samhsa.hhs.gov



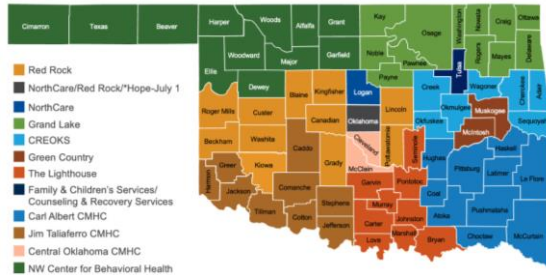
Quality Measures Workgroups

- Family & Children's Services (FCS)
 - Director of CCBHC
 - Executive Vice President of Continuous Quality Improvement (CQI)
 - Business Intelligence (BI) Team
 - Senior Program Director of Children's CCBHC
 - Vice President of Access
 - Director of CQI
 - Front line staff



Other Quality Measures Workgroups

- Oklahoma Department of Mental Health and Substance Abuse Services (ODMHSAS)
- FCS CCBHC Network of Champions
- FCS CCBHC Training with Supervisors and Data Specialists



CCBHC Clinic Collected Required Quality Measures 2025

Time to Services (I-SERV)
Social Drivers of Health
Unhealthy Alcohol Use: Screening and Brief Counseling
Screening for Depression & Follow-up Plan
Depression Remission at Six Months
Tobacco Use: Screening and Cessation Intervention
Weight Assessment and Counseling

Family & Children's SERVICES logo

Let's Move the Needle!

Family & Children's SERVICES logo

Chat Messages

- Kelly Mounce 43:42
Wellness billing too. :)
- Terrie Grigsby 43:54
We then are able to be better for the 6mo follow up with OM

Why? To assess need & begin treatment

Screening and Intervention

CDF-CH & AD
Screening for Depression & Follow-up Plan

DEP-REM-6
Depression Remission at Six Months

Who?
Clients already diagnosed with depression

Depression Symptoms

Why? To know treatment outcomes

Who?
Clients not diagnosed with depression/
bipolar

Service Codes

- Crosswalk service codes (HCPCS/CPT codes to EHR codes)
- Coordinate with Billing department, EHR department, and Data Team
 - Add service codes to EHR and programs
 - EHR form creation and auto populate codes
 - BI Data Team for Eligible Service Encounter Codes
 - Train staff on definition and use of codes

Screening for Depression and Follow-Up Plan (CDF-AD)

Table CDF-B. Codes to Document Depression Screen

Code	Description
G8431	Screening for depression is documented as being positive and a follow-up plan is documented
G8510	Screening for depression is documented as negative, a follow-up plan is not required

Table CDF-C. HCPCS Code to Identify Exclusions

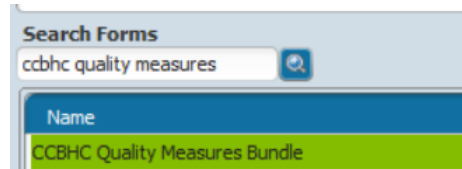
Code	Description
G9717	Documentation stating the patient has had a diagnosis of depression or has had a diagnosis of bipolar disorder

Table CDF-A. Codes to Identify Outpatient Visits

CPT	HCPCS
59400, 59510, 59610, 59618, 90791, 90792, 90832, 90834, 90837, 92625, 96105, 96110, 96112, 96116, 96125, 96136, 96138, 96156, 96158, 97161, 97162, 97163, 97165, 97166, 97167, 99078, 99202, 99203, 99204, 99205, 99212, 99213, 99214, 99215, 99304, 99305, 99306, 99307, 99308, 99309, 99310, 99315, 99316, 99318, 99324, 99325, 99326, 99327, 99328, 99334, 99335, 99336, 99337, 99339, 99340, 99401, 99402, 99403, 99483, 99484, 99492, 99493, 99384, 99385, 99386, 99387, 99394, 99395, 99396, 99397	G0101, G0402, G0438, G0439, G0444

Form Creation

- EHR Quality Measures Form
 - Copyrights and approvals to use forms and to embed in our EHR
 - EHR vendors sometimes have these forms
 - EHR Team collaboration
 - Required sections on forms
 - Auto populate service/reporting codes
 - Testing of the form
 - Data pulled into data warehouse and the Power BI reports
 - Bundle forms together (ASC, SDoH, CDF-AD/CH, DEP-REM-6, etc)



The screenshot shows a search interface titled "Search Forms". Below the title is a search input field containing the text "ccbhc quality measures" and a magnifying glass icon. Below the search field is a table with a header row "Name" and one data row "CCBHC Quality Measures Bundle".

Name
CCBHC Quality Measures Bundle

Screening for Depression Follow Up: (CDF-CH &AD)

Total Score

Score Interpretation

- 0-4 Minimal depression
- 5-9 Mild depression: Few, if any, symptoms in excess of those required to make diagnosis and symptoms result in only minor impairment in occupational functioning or social/relationship functioning.
- 10-14 Moderate depression: Symptoms in excess of the minimal number required for the diagnosis that often keep the person from doing things they need to do.
- 15-19 Moderately severe depression
- 20-27 Severe depression: Nearly all symptoms of major depressive disorder, and symptoms markedly interfere with daily functioning (with or without psychotic features).



Screening for Depression Follow Up: (CDF-CH &AD)

- Due to a positive depression screening, the follow up plan for the treatment of depression includes:
 - Refer to a provider for additional evaluation

- Schedule new therapy session or refer to therapy
- Schedule Prescriber visit
- Schedule next CM appt
- Schedule rehab services
- Schedule staffing/treatment team
- Education regarding medication treatment
- Recommend myStrength modules
- Refer to Primary Care Physician



Screening for Depression Follow Up: (CDF-CH &AD)

Date of Service
10/23/2024 T Y

Data Row For
 New Service

Practitioner
JOHN GAVINO (003928)

Service Charge Code
(G8431) Depression Screen - Positive

Status
 Draft Final

Location
Office

Program of Service
Hope Team

Duration
10

Date of Service
10/23/2024 T Y

Data Row For
 New Service

Practitioner
JOHN GAVINO (003928)

Service Charge Code
(G8510) Depression Screen - Negative

Status
 Draft Final

Location
Office

Program of Service
Hope Team

Duration
10

Screening for Depression & Follow-up Plan

- Percentage of clients 12 years and older who were **screened** for depression AND if **positive (score 10 or above)**, a **follow-up plan** is documented.
- Annual depression screening for clients.

Who?
Clients not diagnosed with depression/bipolar

Instructions

How often have you been bothered by each of the following symptoms during the past TWO WEEKS? For each question input a score for the answer that describes how you have been feeling based on the following scale.

0 for "Not at all", 1 for "Several days", 2 for "More than half the days", and 3 for "Nearly every day"

1. Feeling down, depressed, or hopeless?	1
2. Little interest or pleasure in doing things?	1
3. Trouble falling asleep, staying asleep, or sleeping too much?	1
4. Poor appetite, weight loss, or overeating?	3
5. Feeling tired, or having little energy?	2
6. Feeling bad about yourself - or feeling that you are a failure, or that you have let yourself or your family down?	1
7. Trouble concentrating on things like school work, reading, or watching TV?	3
8. Moving or speaking so slowly that other people could have noticed? Or the opposite - being so fidgety or restless that you were moving around a lot more than usual?	1
9. Thoughts that you would be better off dead, or of hurting yourself in some way?	0

Total Score

Score Interpretation

- 0-4 Minimal depression
- 5-9 Mild depression: Few, if any, symptoms in excess of those required to make diagnosis and symptoms result in only minor impairment in occupational functioning or social/relationship functioning.
- 10-14 Moderate depression: Symptoms in excess of the minimal number required for the diagnosis that often keep the person from doing things they need to do.
- 15-19 Moderately severe depression
- 20-27 Severe depression: Nearly all symptoms of major depressive disorder, and symptoms markedly interfere with daily functioning (with or without psychotic features).



Why? To assess need & begin treatment

Screening for Depression & Follow-up Plan

- *Due to a positive depression screening, the follow up plan for the treatment of depression includes:*



Depression Care Pathway

Entrance

Entrance Date
10/03/2024

Pathway Level
 Moderate (PHQ Modified score 10-19; CESDC score 10-21)

Immediate Next Steps

- Schedule new therapy session or refer to therapy
- Schedule Prescriber visit
- Schedule next CM appt
- Schedule rehab services
- Schedule staffing/treatment team
- Education regarding medication treatment
- Recommend myStrength modules
- Refer to Primary Care Physician

Screening for Depression Follow Up: (CDF-CH &AD)

Start date: End date:

Program(s):

Episode status:

Clinician(s):

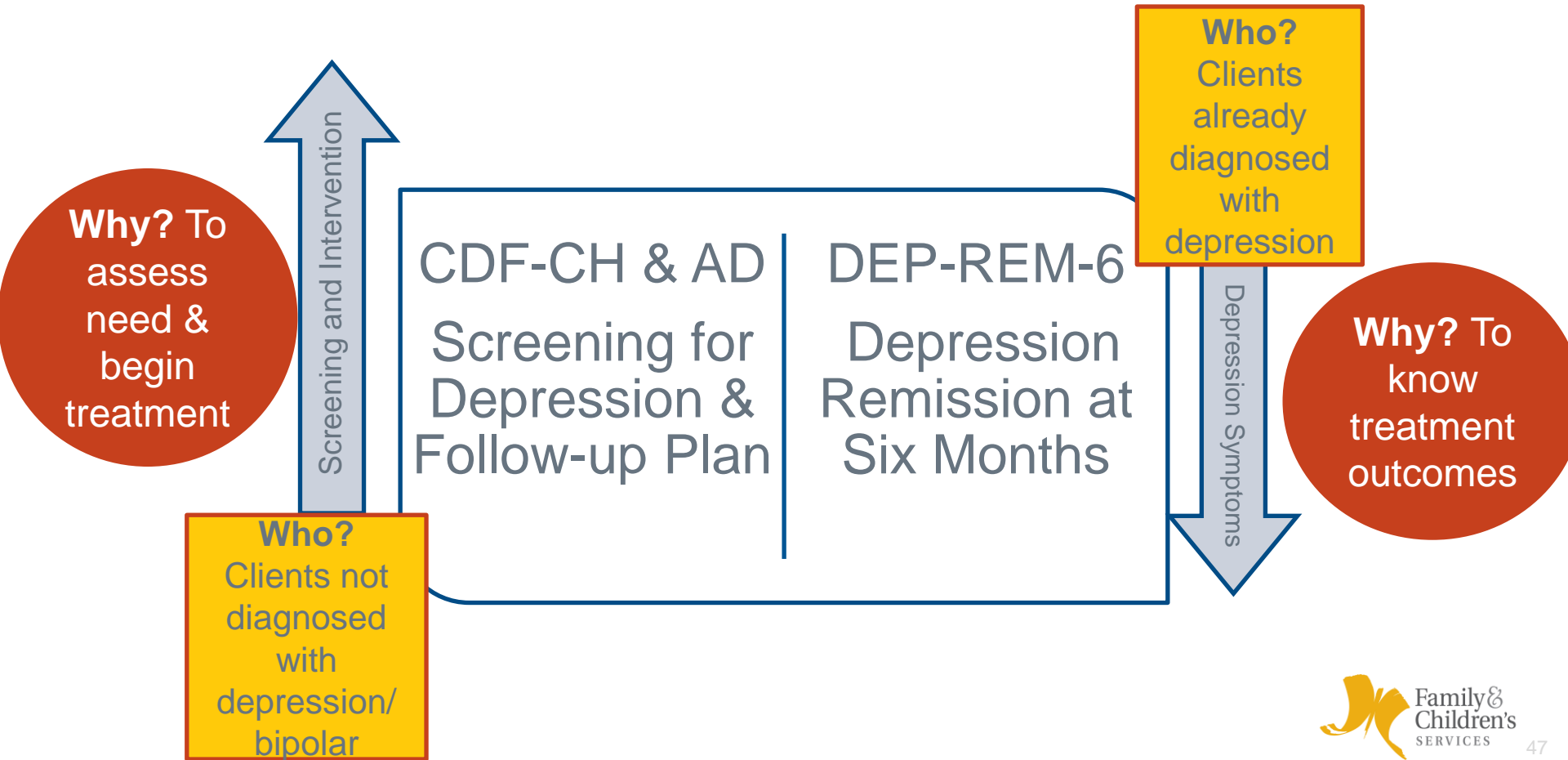


PHQ Modified Outcomes Report

Overall Summary Statistics	Total PHQs	Improved	Unchanged	Declined	% Improved	% Improved or Unchanged
	11376	5364	3705	2307	47%	80%

Program	Current Assessment Date	Current Score	First Assessment Date	First Score	Score Improvement	Most Recent TX Plan Expiration	Future Appointment
MHC Intake	7/30/2024	0	12/14/2021	0	—	1/29/2025	HERNANDEZ,ANGELINA Med Injection 2025-01-03 09:00 AM
Womens Justice Team	7/12/2024	0	10/17/2017	21	▲	1/11/2025	
Adult Bridge	7/10/2024	15	6/28/2017	8	▼	1/9/2025	
MHC Intake	8/26/2024	6	6/18/2021	14	▲	2/25/2025	
Live Well	7/19/2024	5	2/21/2019	17	▲	1/18/2025	JONES,MELANIE Individual Counseling 2024-11-15 10:00 AM
MHC Adult Psychiatry	10/16/2024	18	8/12/2019	24	▲	11/14/2024	HERNANDEZ,ANGELINA Med Injection 2024-11-13 09:40 AM
MHC Intake	8/7/2024	7	11/6/2017	18	▲	2/6/2025	YOUNG,LANA Individual Rehab Treatment 2024-11-14 12:00 PM
MHC Adult Psychiatry	8/26/2024	7	11/6/2017	18	▲	2/6/2025	YOUNG,LANA Individual Rehab Treatment 2024-11-14 12:00 PM
MHC PACT 1	9/8/2024	2	10/9/2018	9	▲	3/31/2025	
MHC Intake	7/16/2024	3	9/6/2019	3	—	1/15/2025	GONZALEZ,DANIEL Care Coordination 2024-11-13 01:30 PM
	10/8/2024	12	11/14/2017	4	▼	4/16/2025	PARSONS,KAETE-MARIE Individual Rehab Treatment 2024-11-27 01:00 PM
	9/30/2024	6	5/20/2020	24	▲	3/29/2025	
MHC Adult Psychiatry	9/30/2024	8	5/20/2020	24	▲	3/29/2025	
MHC Intake	10/31/2024	0	5/22/2018	0	—	5/24/2025	STROH,ANDREA Individual Rehab Treatment 2024-12-02 08:00 AM
Pre Admit Substance Abuse Adults	11/11/2024	8	10/27/2017	10	▲	11/29/2024	
MHC Intake	8/21/2024	0	11/19/2018	24	▲	3/10/2025	MATHEWS,KIA Wellness Resource General 2024-11-18 01:00 PM
	8/19/2024	9	8/19/2024	9	—	2/18/2025	WATKINS,DEBRA Individual Counseling 2024-11-18 09:30 AM
MHC Adult Psychiatry	7/31/2024	12	5/1/2017	10	▼	4/29/2025	BRADLEY,MARISSA Follow Up Psychiatry 2024-11-13 10:00 AM
MHC Intake	10/30/2024	13	5/1/2017	10	▼	4/29/2025	BRADLEY,MARISSA Follow Up Psychiatry 2024-11-13 10:00 AM
MHC Adult Psychiatry	7/3/2024	7	5/18/2017	11	▲	5/6/2025	
MHC Intake	11/7/2024	11	5/18/2017	11	—	5/6/2025	
Live Well	8/26/2024	19	1/22/2018	15	▼	2/25/2025	YOUNG,LANA Targeted CM - SMI/SED/MIN 2024-11-15 09:00 AM
	7/22/2024	21	9/14/2018	20	▼	1/21/2025	CLARK,JODY Therapeutic Behavioral Service - PRSS 2024-11-14 01:00 PM
Adult Psych non-physician	7/1/2024	6	7/17/2017	19	▲	5/7/2025	COOLEY,FERNANDA Doxy - F/U 2024-12-03 02:30 PM
MHC Adult Psychiatry	8/23/2024	18	7/17/2017	19	▲	5/7/2025	COOLEY,FERNANDA Doxy - F/U 2024-12-03 02:30 PM





Crosswalk Service Codes

Depression Remission at Six Months (DEP-REM-6)

The DEP-REM-6 measure calculates the percentage of adolescent patients 12 to 17 years of age and adult patients 18 years of age or older with Major Depression or Dysthymia who reach Remission Six Months (+/- 60 days) after an Index Event Date.

Based on CMS MIPS CQMS #370 (2023), stewarded by MN Community Measurement (CBE #0710), modified for Depression Remission at Six Months (CBE #0711)

Numerator Options: Below codes are for 12 months.

Performance Met: Adult patients 18 years of age or older with major depression or dysthymia who reached remission at twelve months as demonstrated by a twelve month (+/-60 days) PHQ-9 or PHQ-9M score of less than 5 (G9609)

OR

Performance Not Met: Adult patients 18 years of age or older with major depression or dysthymia who did not reach remission at twelve months as demonstrated by a twelve month (+/-60 days) PHQ-9 or PHQ-9M score of less than 5. Either PHQ-9 or PHQ-9M score was not assessed or is greater than or equal to 5 (G9610)

Denominator

At a client encounter during the Measurement Year (CPT or HCPCS):

90791	Not in Avatar
90792	Not in Avatar
90832	Not in Avatar
90834	Not in Avatar
90837	Not in Avatar
99202	We have this code 703 - 99202 new pt EM px low-mod
99203	We have this code 704 - 99203 new pt EM px moderate
99204	We have this code 705 - 99204 new pt EM px mod-high
99205	We have this code 706 - 99205 new pt EM px mod-high
99211	Not in Avatar
99212	We have this code 708 - 99212 est pt EM px minor
99213	We have this code 709 - 99213 est pt EM px low-mod

Depression Remission at Six Months (DEP-REM-6)

- Have an active diagnosis of Major Depression or Dysthymia (ICD-10-CM): F32.0, F32.1, F32.2, F32.3, F32.4, F32.5, F32.9, F33.0, F33.1, F33.2, F33.3, F33.40, F33.41, F33.42, F33.9, F34.1
- **At a client encounter** during the Measurement Year (CPT or HCPCS): 90791, 90792, 90832, 90834, 90837, 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215, G0402, G0438, G0439, 99384*, 99394*, 99421, 99422, 99423, 99441, 99442, 99443, 96156, 96158, 96159

AND NOT

Denominator Exclusions:

Clients with an active diagnosis of Bipolar Disorder any time prior to the end of their numerator Measurement Period or, if the Provider also is reporting the Twelve Month Remission measure, their Measure Assessment Period:

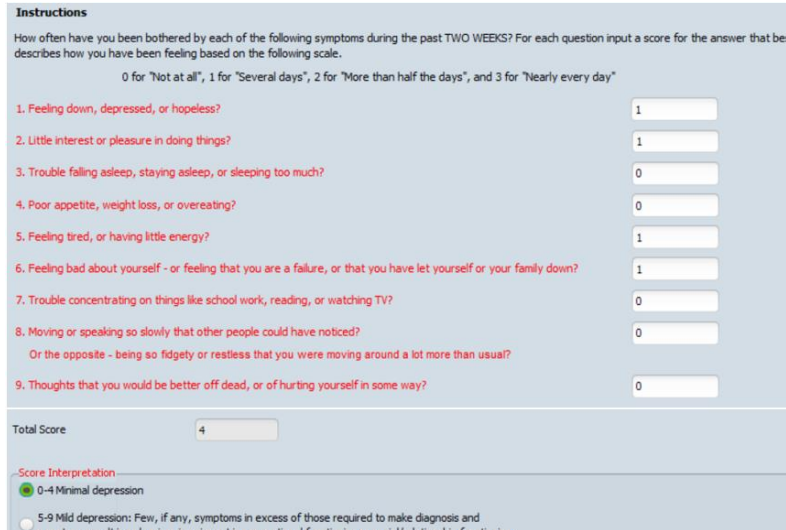
- The following codes would be sufficient to define the Denominator Exclusion of Bipolar Disorder: F30.10, F30.11, F30.12, F30.13, F30.2, F30.3, F30.4, F30.8, F30.9, F31.0, F31.10, F31.11, F31.12, F31.13, F31.2, F31.30, F31.31, F31.32, F31.4, F31.5, F31.60, F31.61, F31.62, F31.63, F31.64, F31.70, F31.71, F31.72, F31.73, F31.74, F31.75, F31.76, F31.77, F31.78, F31.81, F31.89 or F31.9

Depression Remission at Six Months

- Percentage of clients 12 years and older with a diagnosis of Depression who reach readmission six months (+/- 60 days) after an index even date.
- **Index Event Date** – the date on which both the first instance of elevated *PHQ greater than nine* (same encounter date or 7 days prior) AND *diagnosis of Depression* or Dysthymia during the MY.
- **Remission** - PHQ9/9M score of less than five.

Who?
Clients already diagnosed with depression

Why? To know treatment outcomes



Instructions
How often have you been bothered by each of the following symptoms during the past TWO WEEKS? For each question input a score for the answer that best describes how you have been feeling based on the following scale.
0 for "Not at all", 1 for "Several days", 2 for "More than half the days", and 3 for "Nearly every day"

1. Feeling down, depressed, or hopeless?	1
2. Little interest or pleasure in doing things?	1
3. Trouble falling asleep, staying asleep, or sleeping too much?	0
4. Poor appetite, weight loss, or overeating?	0
5. Feeling tired, or having little energy?	1
6. Feeling bad about yourself - or feeling that you are a failure, or that you have let yourself or your family down?	1
7. Trouble concentrating on things like school work, reading, or watching TV?	0
8. Moving or speaking so slowly that other people could have noticed? Or the opposite - being so fidgety or restless that you were moving around a lot more than usual?	0
9. Thoughts that you would be better off dead, or of hurting yourself in some way?	0

Total Score: 4

Score Interpretation
● 0-4 Minimal depression
○ 5-9 Mid depression: Few, if any, symptoms in excess of those required to make diagnosis and

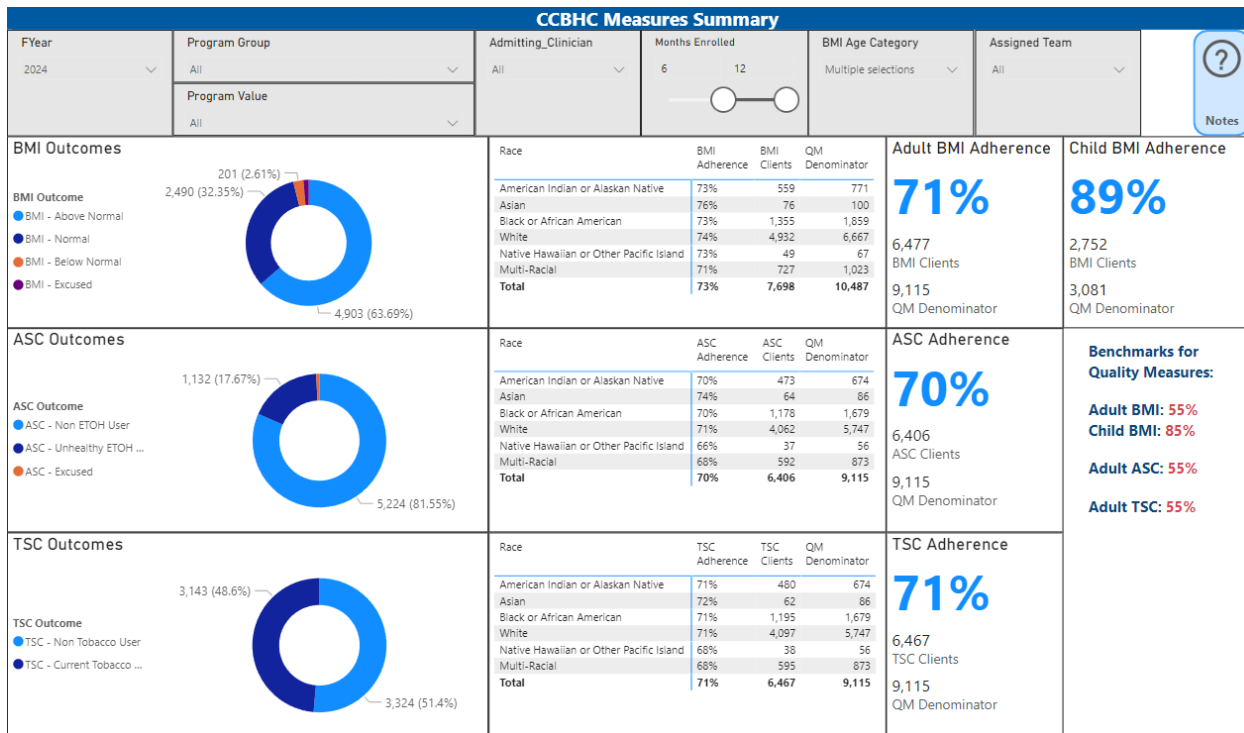


Depression Remission at Six Months

		Index screening may be 7 days before first possible IED																			
Months:		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20
		MY																			
		Denominator MP: 12 mo MY																			
		Numerator MP: 6 mo +/- 60 days after IED																			
If IED=x, R may be measured:	x				R	R	R	R	R												
If IED=x, R may be measured:		x				R	R	R	R	R											
If IED=x, R may be measured:			x				R	R	R	R	R										
If IED=x, R may be measured:				x				R	R	R	R	R									
If IED=x, R may be measured:					x				R	R	R	R	R								
If IED=x, R may be measured:						x				R	R	R	R	R							
If IED=x, R may be measured:							x				R	R	R	R	R						
If IED=x, R may be measured:								x				R	R	R	R	R					
If IED=x, R may be measured:									x				R	R	R	R	R				
If IED=x, R may be measured:										x				R	R	R	R	R			
If IED=x, R may be measured:											x				R	R	R	R	R		
If IED=x, R may be measured:												x				R	R	R	R	R	

IED: Index Event Date; MY: Measurement Year; MP: Measurement Period; R: Six Month Remission may be measured, depending on date, 4-8 months after IED (6 months (+/- 60 days)).

Reports



Reports

Adult Client Quality Measures Summary for State Reporting

Adult Client Quality Measures Summary for State Reporting

Adult Client Quality Measures Summary for State Reporting										Adult Client Quality Measures Summary for State Reporting												
Notes	FYear	QM Needs	Admitting Clinician	Episode Status	Program	Program Group	Admitting Clinician	Episode Status	Program	Program Group	Admitting Clinician	Episode Status	Program	Program Group	Admitting Clinician	Episode Status	Program	Program Group	Admitting Clinician	Episode Status	Program	Program Group
Assigned_Team	2025	QM Due	GOULDAMANDA (005372)	Episode is Open	Adult bridge	All	GOULDAMANDA (005372)	Episode is Open	Adult Bridge	All	GOULDAMANDA (005372)	Episode is Open	Adult Bridge	All	GOULDAMANDA (005372)	Episode is Open	Adult Bridge	All	GOULDAMANDA (005372)	Episode is Open	Adult Bridge	All
Months Enrolled	Latest Care Plan Type	Latest Care Plan Date	QM Needs Label	BMI Screener & Follow Up Count	Latest BMI Outcome	Latest BMI Screener Date	TSC Screener & Follow Up Count	Latest TSC Outcome	Latest TSC Screener Date	ASC Screener & Follow Up Count	Latest ASC Outcome	Latest ASC Screener Date	Program Value	Admitting Clinician	Appointment Date	Clinician	Appointment Program	QM Client Count				
1	Comprehensive Care Plan (Initia)	11/28/2023	QM Due	0	0	0	0	0	0	0	0	0	Adult Bridge	GOULDAMANDA (005372)	10/17/2024	WHIDBY,NICHELE (005421)	Adult Bridge (3612)	1				
1	Comprehensive Care Plan (Initia)	10/10/2024	QM Due	0	0	0	0	0	0	0	0	0	Adult Bridge	GOULDAMANDA (005372)	10/18/2024	GOULDAMANDA (005372)	Adult Bridge (3612)	1				
1	Comprehensive Care Plan (Initia)	10/1/2024	QM Due	0	0	0	0	0	0	0	0	0	Adult Bridge	GOULDAMANDA (005372)			Adult Bridge (3612)	1				
2	Comprehensive Care Plan (Update)	2/12/2024	QM Due	0	0	0	0	0	0	0	0	0	Adult Bridge	GOULDAMANDA (005372)	10/18/2024	WHIDBY,NICHELE (005421)	Adult Bridge (3612)	1				
2	Comprehensive Care Plan (Initia)	9/10/2024	QM Due	0	0	0	0	0	0	0	0	0	Adult Bridge	GOULDAMANDA (005372)			Adult Bridge (3612)	1				
2	Comprehensive Care Plan (Initia)	9/20/2024	QM Due	0	0	0	0	0	0	0	0	0	Adult Bridge	GOULDAMANDA (005372)			Adult Bridge (3612)	1				
2	Comprehensive Care Plan (Initia)	2/27/2024	QM Due	0	0	0	0	0	0	0	0	0	Adult Bridge	GOULDAMANDA (005372)			Adult Bridge (3612)	1				
2	Comprehensive Care Plan (Initia)	9/11/2024	QM Due	0	0	0	0	0	0	0	0	0	Adult Bridge	GOULDAMANDA (005372)			Adult Bridge (3612)	1				
2	Comprehensive Care Plan (Initia)	9/17/2024	QM Due	1 BMI - Normal	9/18/2024	9/18/2024	1 TSC - Non Tobacco User	9/18/2024	9/18/2024	0	0	0	Adult Bridge	GOULDAMANDA (005372)			Adult Bridge (3612)	1				
2	Comprehensive Care Plan (Initia)	8/2/2024	QM Due	0	0	0	0	0	0	0	0	0	Adult Bridge	GOULDAMANDA (005372)			Adult Bridge (3612)	1				
2	Comprehensive Care Plan (Initia)	8/7/2024	QM Due	0	0	0	0	0	0	0	0	0	Adult Bridge	GOULDAMANDA (005372)			Adult Bridge (3612)	1				
2	Comprehensive Care Plan (Initia)	9/30/2024	QM Due	0	0	0	0	0	0	0	0	0	Adult Bridge	GOULDAMANDA (005372)	10/18/2024	RATLFF,DEBORAH (005809)	Adult Bridge (3612)	1				
2	Comprehensive Care Plan (Initia)	9/20/2024	QM Due	0	0	0	0	0	0	0	0	0	Adult Bridge	GOULDAMANDA (005372)	10/15/2024	FOSSARD,SARAH (005987)	MHC Adult Psychiatry (3003)	1				
2	Comprehensive Care Plan (Initia)	9/11/2024	QM Due	0	0	0	0	0	0	0	0	0	Adult Bridge	GOULDAMANDA (005372)			Adult Bridge (3612)	1				
2	Comprehensive Care Plan (Initia)	9/5/2024	QM Due	0 BMI - Normal	5/10/2023	5/10/2023	0 TSC - Non Tobacco User	5/10/2023	5/10/2023	0 ASC - Non ETOH User	5/10/2023	5/10/2023	Adult Bridge	GOULDAMANDA (005372)			Adult Bridge (3612)	1				
2	Comprehensive Care Plan (Initia)	9/5/2024	QM Due	0	0	0	0	0	0	0	0	0	Adult Bridge	GOULDAMANDA (005372)			Adult Bridge (3612)	1				
2	Comprehensive Care Plan (Initia)	9/5/2024	QM Due	0	0	0	0	0	0	0	0	0	Adult Bridge	GOULDAMANDA (005372)	10/15/2024	KANTOR,SHELLEY (004944)	Adult Bridge (3612)	1				
3	Comprehensive Care Plan (Update)	3/1/2024	QM Due	0 BMI - Normal	1/18/2023	1/18/2023	0 TSC - Non Tobacco User	1/18/2023	1/18/2023	0 ASC - Non ETOH User	1/18/2023	1/18/2023	Adult Bridge	GOULDAMANDA (005372)			Adult Bridge (3612)	1				
3	Comprehensive Care Plan (Update)	4/16/2024	QM Due	0	0	0	0	0	0	0	0	0	Adult Bridge	GOULDAMANDA (005372)	10/17/2024	WHIDBY,NICHELE (005421)	Adult Bridge (3612)	1				
3	Comprehensive Care Plan (Initia)	3/14/2024	QM Due	0	0	0	0	0	0	0	0	0	Adult Bridge	GOULDAMANDA (005372)	10/17/2024	WHIDBY,NICHELE (005421)	Adult Bridge (3612)	1				
3	Comprehensive Care Plan (Initia)	8/29/2024	QM Due	0	0	0	0	0	0	0	0	0	Adult Bridge	GOULDAMANDA (005372)	10/14/2024	COOLEY,FERNANDA (004129)	MHC Adult Psychiatry (3003)	1				
3	Comprehensive Care Plan (Initia)	10/1/2024	QM Due	0 BMI - Above Normal	6/21/2024	6/21/2024	0 TSC - Current Tobacco User	6/21/2024	6/21/2024	0 ASC - Non ETOH User	6/21/2024	6/21/2024	Adult Bridge	GOULDAMANDA (005372)	10/16/2024	BRADLEY,MARISSA (005882)	MHC Adult Psychiatry (3003)	1				
3	Comprehensive Care Plan (Initia)	8/22/2024	QM Due	0	0	0	0	0	0	0	0	0	Adult Bridge	GOULDAMANDA (005372)			Adult Bridge (3612)	1				
3	Comprehensive Care Plan (Update)	8/14/2024	QM Due	0	0	0	0	0	0	0	0	0	Adult Bridge	GOULDAMANDA (005372)	11/8/2024	TRIPLETT,NACHELLE (005885)	Adult Psych non-physician (3103)	1				
3	Comprehensive Care Plan (Initia)	8/2/2024	QM Due	0 BMI - Normal	11/10/2021	11/10/2021	0 TSC - Non Tobacco User	11/10/2021	11/10/2021	0 ASC - Non ETOH User	11/10/2021	11/10/2021	Adult Bridge	GOULDAMANDA (005372)	10/21/2024	WHIDBY,NICHELE (005421)	Adult Bridge (3612)	1				
3	Comprehensive Care Plan (Initia)	8/13/2024	QM Due	0 BMI - Above Normal	2/22/2023	2/22/2023	0	0	0	0	0	0	Adult Bridge	GOULDAMANDA (005372)			Adult Bridge (3612)	1				
3	Comprehensive Care Plan (Initia)	3/25/2024	QM Due	0 BMI - Above Normal	4/16/2024	4/16/2024	0 TSC - Non Tobacco User	4/16/2024	4/16/2024	0 ASC - Unhealthy ETOH Use	4/16/2024	4/16/2024	Adult Bridge	GOULDAMANDA (005372)			Adult Bridge (3612)	1				

Workflow Development

- Develop walk through of your system. Client perspective/staff perspective and resources.
- Minor and major changes that will occur.
- How will staff know which clients are due for QM, when are they due, how frequent, who sends the reports (Data Specialist on teams), when to review the reports?
- Which staff will obtain the QM, where, when, and how within the clinic workflow.
- Train staff on documentation. If possible, make it easy for them such as required fields, auto populate service codes, etc.



Top Performers and Feedback

- Service code report to show who our top 30 staff.
- Obtain feedback on the measures and workflows.

Position	Svc Count	Clients
Family Support Provider	566	560
Therapist	652	521
Therapist	944	476
PRSS	986	463
Care Coordinator	857	437
Nurse	849	400
Therapist	396	392
Care Coordinator	821	387
Therapist	670	331
Therapist	593	298
Care Coordinator	584	293
Therapist	561	280
PRSS	606	262
Care Coordinator	494	237
Nurse	537	236
Care Coordinator	465	234
PRSS	462	231
Case Manager	465	224
Care Coordinator	462	223
Nurse	424	214
Case Manager	515	205
Care Coordinator	412	204
Care Coordinator	462	200
Nurse	418	197
PRSS	466	185
Therapist	394	159
Therapist	402	157
Therapist	487	151
Therapist	442	134
Care Coordinator	429	121

Position (Top 30 Staff)	Count
Care Coordinator/Case Manager	11
Therapist	10
Nurse	4
PRSS	4
Family Support Provider	1
Grand Total	30



Interview and Discussion

