

A collection of various Halloween-themed cookies. There are several pumpkin-shaped cookies in white and orange, some with gold or green icing details. A ghost cookie is white with black eyes and a mouth. A witch cookie is purple with a green and brown swirl on top. A spiderweb cookie is black and white with a purple spider. There are also cookies shaped like leaves and candy corn.

Tell us your...

- Favorite Halloween costume you've ever worn
- Favorite Halloween movie
- Favorite Halloween candy



Thursday, October 26 ; 11:00 am – 12:00 pm PT

Depression Screening

CalHIVE BHI BeeHIVE Webinar



California Quality
Collaborative

Tech Tips



Welcome!

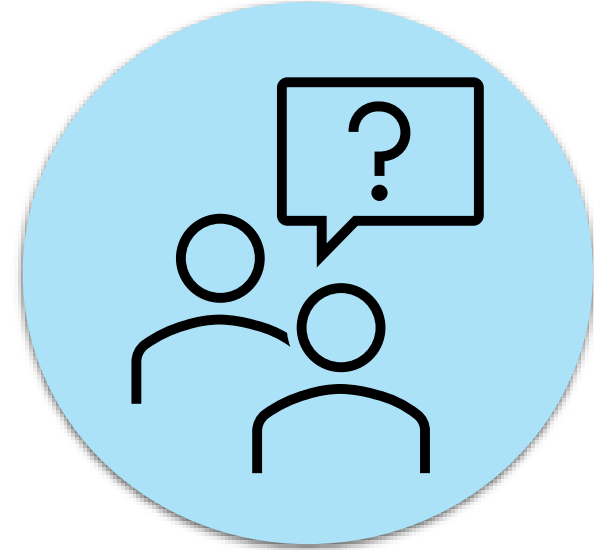
Add your organization
to your name

Turn on video if
possible



Join in

Chat in or feel free to
come off mute to
contribute



Need help?

Direct message
Anna Baer
if you have any
technical issues

Who's on the line?



CHINESE HOSPITAL



San Francisco Health Network

SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH

San Francisco



Community Memorial HEALTHCARE

SHARP



Scripps



Riverside Family Physicians

Los Angeles



perلمانclinic++

San Diego



California Quality Collaborative

Our Agenda

Today, we'll:



Review depression screening practices and challenges from two collaborative members



Share questions and lessons learned around depression screening

Engaging today



- Turn your camera on if comfortable and able
- Share questions through chat or come off mute (Q&A)

Provider Perspective – Altais Family Care Specialists



Cristina Rosales

PA-C, QI coordinator

Scripps Outpatient Depression Screening

About Scripps

Integrated Health Care System in San Diego

5 Hospitals

22 Outpatient Clinic Locations

276 Primary Care Providers

1.5M outpatient visits annually



The Journey

- Work began in mid 2018 as part of a Quality Improvement project to improve Medicare Shared Saving Program Quality Scores related to Depression screening
- PHQ2/9 was built as a Smart form in EPIC to capture discrete data including overall score and follow up.
 - Goal was to screen all patients 18+ at least once per calendar year
- Best Practice Alert (BPA) was created to “fire” for MA’s during the rooming process in Primary Care, to remind the MA to screen for depression



The Journey

- Original workflow required the MA asking the PHQ2/9 questions and documenting in EPIC or having the patient complete a paper form and transcribing the responses into
- Provider facing BPA's alerted the provider to a score ≥ 10
- Depression Screening and Follow Up performance was added to Wellness dashboard for visibility.
- Go Live Nov 2018



Early Learnings

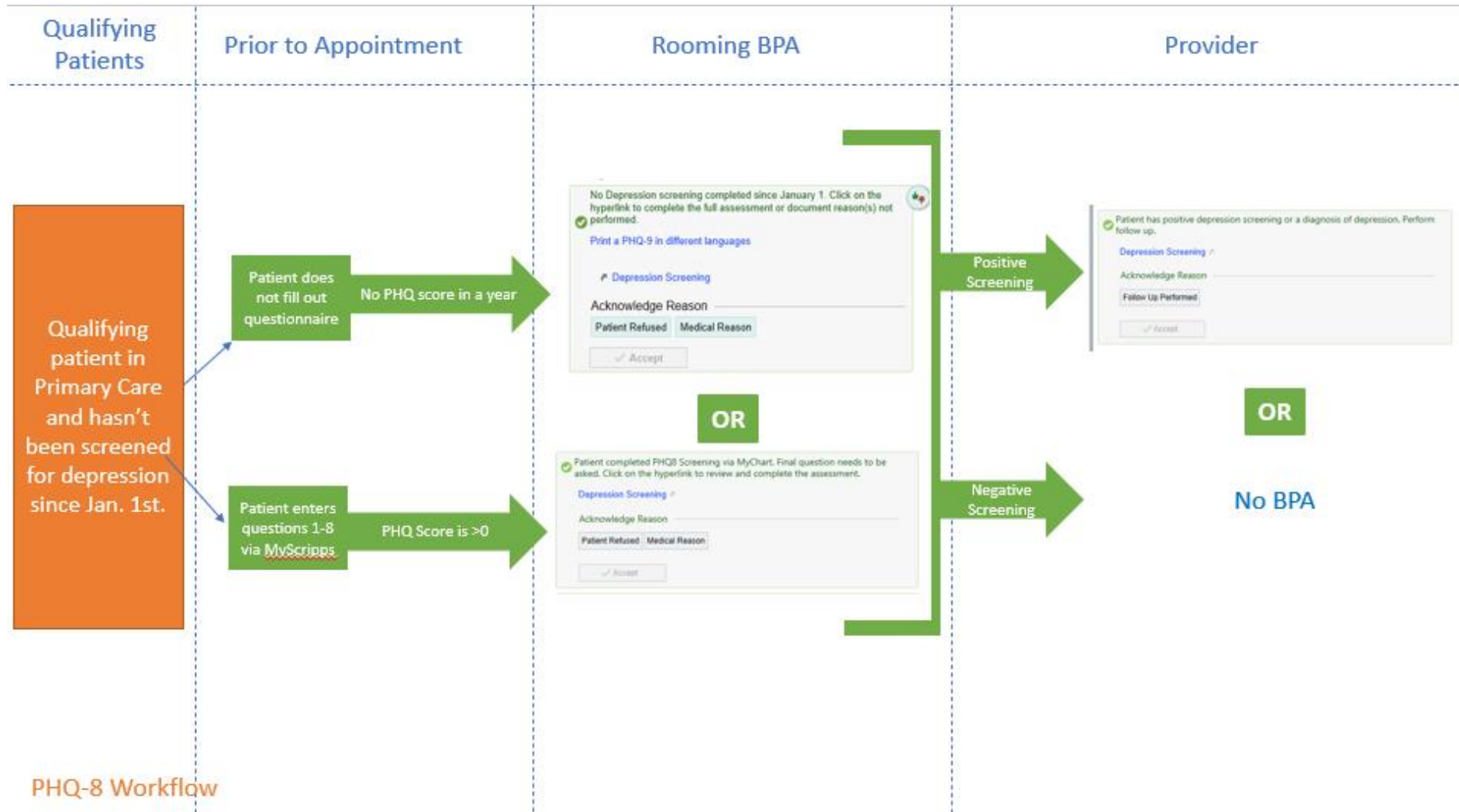
- Because the BPA was firing for all Primary Care visits for patients 18+, rooming took longer
- Patient throughput was bogged down
- Primary Care Providers were not happy
- Primary Care staff were not happy
- Workflow was turned off 2 weeks after Go Live, so we could regroup

Early Enhancements

- Limited population to be screened to align with performance requirements
 - Population reduced to approximately 60,000 patients
- Develop capability to send modified MyScripps PHQ2/9 Questionnaire in advance of appointment
- Develop additional BPA's to support patient submitted questionnaires to ensure questionnaire completion and provider awareness of scores

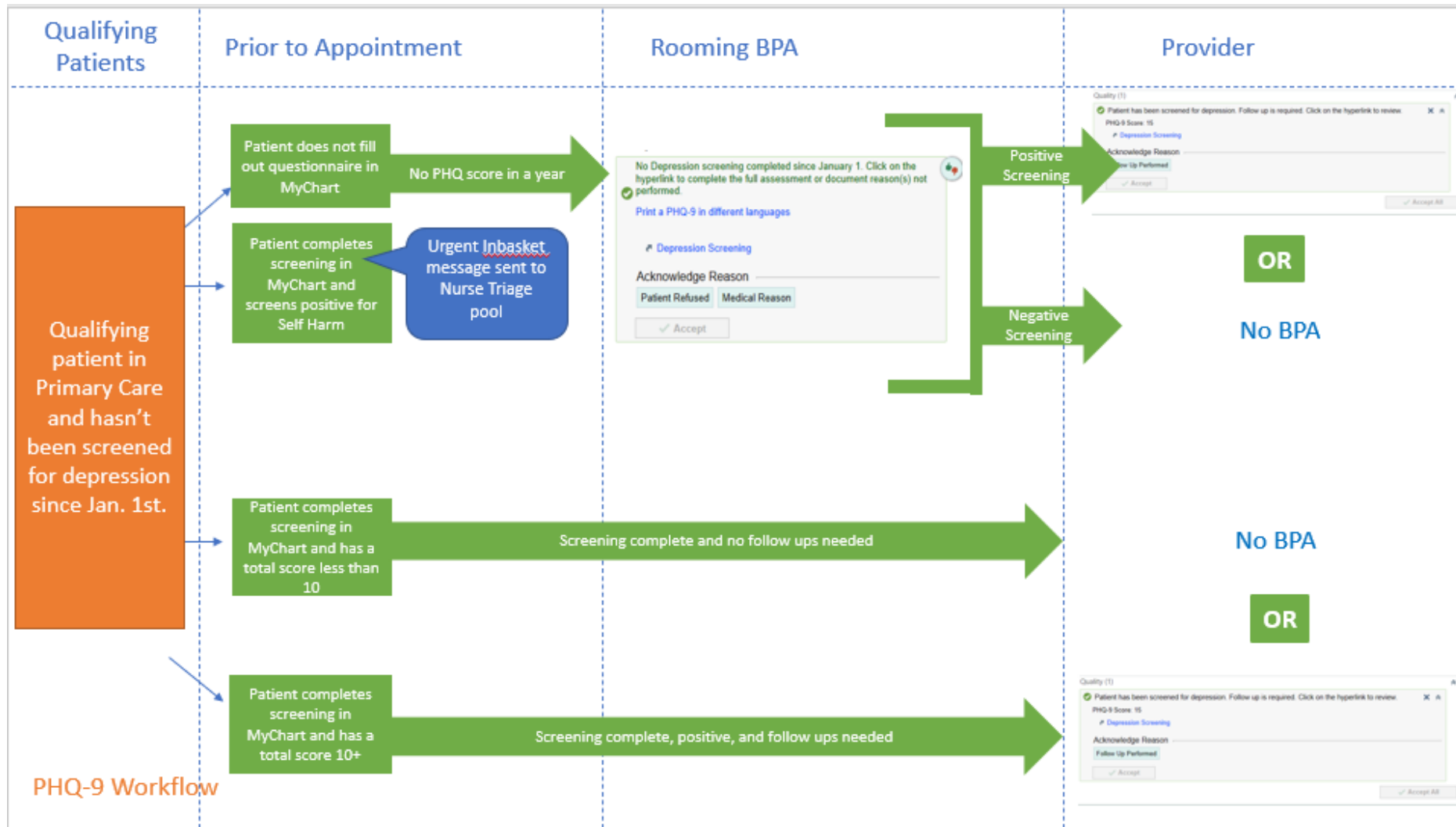


Initial Depression Screening workflow



PHQ-8 Workflow

Updated MyScripps Depression Screening workflow



POPULATION MANAGEMENT
Powered by **Epic** HEALTHY PLANET



PHQ2/9 Smart Form

Depression Screen

Time taken: 10/9/2023 1054 Responsible Show I

PHQ-9 Depression Screening
Frequency of the following problems over the past two weeks:

Completed: 10/6/2023

Little Interest or Pleasure in Doing Things

0=Not at all 1=Several days 2=More than half the days 3=Nearly every day

Feeling Down, Depressed, or Hopeless

0=Not at all 1=Several days 2=More than half the days 3=Nearly every day

Trouble falling or staying asleep, or sleeping too much

0=Not at all 1=Several days 2=More than half the days 3=Nearly every day

Feeling tired or having little energy

0=Not at all 1=Several days 2=More than half the days 3=Nearly every day

Poor appetite or overeating

0=Not at all 1=Several days 2=More than half the days 3=Nearly every day

Feeling Bad About Yourself - or That You are a Failure or Have Let Yourself or Your Family Down

0=Not at all 1=Several days 2=More than half the days 3=Nearly every day

Trouble Concentrating on Things, Such as Reading the Newspaper or Watching Television

0=Not at all 1=Several days 2=More than half the days 3=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

0=Not at all 1=Several days 2=More than half the days 3=Nearly every day

Thoughts That You Would be Better off Dead, or of Hurting Yourself in Some Way

0=Not at all 1=Several days 2=More than half the days 3=Nearly every day

PHQ-2 Score: 2

PHQ-9 Score: 9

Additional Screening Questions:

In the past year have you felt depressed or sad most days, even if you felt okay sometimes?

Yes No

If you checked off any problems, how difficult have these problems made it for you to do your work, take care of things at home, or get along with other people?

Not difficult at all Somewhat difficult Very difficult Extremely difficult

Has there been a time in the past month when you have had serious thoughts about ending your life?

Yes No

Have you EVER, in your WHOLE LIFE, tried to kill yourself or made a suicide attempt?

Yes No

Score	Depression Severity	Treatment Recommendation
5-9	Mild	Support, educate to call if worse, monitor during next visit

This patient is showing signs of suicidal, threatening, or aggressive behavior. Click the hyperlink to review the Scripps Red Flag Policy:

[Adult Red Flag Policy](#)

[Pediatric Red Flag Policy](#)

Depression Screen Exceptions

Patient is in an urgent or emergent medical situation

Patient refuses to participate

Situations where the patient's functional capacity may impact the accuracy of the results

-----Below this line is for PROVIDERS only-----

Depression Follow-Up

Follow-up with primary MD for Depression Pharmacological interventions

Patient currently under the care of mental health professional Needs Suicide Risk Assessment

Referral to mental health Positive screening addressed, no changes indicated, will monitor

Mild depression, no further follow-up required

Follow-up Performed You can use the following SmartPhrase to document this screening in your note: .QUALITYSCREENINGS

Scores Total

Help Text

Follow Up Documentation



POPULATION MANAGEMENT
Powered by **Epic** HEALTHY PLANET



Recent Adult Depression Screening Enhancements

- Expand Screening to 65+ for one medical group.
 - Working toward screening all adults 18+
- Moved from Smart Data Element data capture to flow sheet rows for better trending and consistency in various workflows
- Performance Targets part of Quality Improvement Initiative for FY24

Adding Pediatrics to the Screening process - PHQA

- PHQ-A built in Epic to mirror PHQ2/9
- Administered during well child visits for adolescents 12+
- Screening conducted on paper (patient completes) during visit and MA transcribes
 - Self Harm question not included
 - Provider asks self harm/better off dead question
- Go Live Nov. 2020
- Separate performance metric and performance targets displayed on wellness dashboard for 12-17 population

Pediatric Depression Screening PHQ-A

D Depression Screen PEDS

PHQ-9 Depression Screening

Frequency of the following problems over the past two weeks:

Feeling down, depressed, irritable, or hopeless?

0 - not at all
 1 - several days
 2 - more than half the days
 3 - nearly every day

Little interest or pleasure in doing things?

0 - not at all
 1 - several days
 2 - more than half the days
 3 - nearly every day

[Expand Additional PHQ9 Questions](#)
[Collapse Additional PHQ9 Questions](#)

Trouble falling asleep, staying asleep, or sleeping too much?

0 - not at all
 1 - several days
 2 - more than half the days
 3 - nearly every day

Poor appetite, weight loss, or overeating?

0 - not at all
 1 - several days
 2 - more than half the days
 3 - nearly every day

Feeling tired or having little energy?

0 - not at all
 1 - several days
 2 - more than half the days
 3 - nearly every day

Feeling bad about yourself - or feeling that you are a failure, or that you have let yourself or your family down?

0 - not at all
 1 - several days
 2 - more than half the days
 3 - nearly every day

Trouble concentrating on things like school work, reading, or watching TV?

0 - not at all
 1 - several days
 2 - more than half the days
 3 - 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?

0 - not at all
 1 - several days
 2 - more than half the days
 3 - nearly every day

Thoughts that you would be better off dead, or of hurting yourself in some way

0 - not at all
 1 - several days
 2 - more than half the days
 3 - nearly every day

PHQ-2 Score:

PHQ-9 Score:

Additional Screening Questions:

In the past year have you felt depressed or sad most days, even if you felt okay sometimes?

Yes
 No

If you are experiencing any of the problems on this form, how difficult have these problems made it for you to do your work, take care of things at home or get along with other people?

Not difficult at all
 Somewhat difficult
 Very difficult
 Extremely difficult

Has there been a time in the past month when you have had serious thoughts about ending your life?

Yes
 No

Have you EVER, in your WHOLE LIFE, tried to kill yourself or made a suicide attempt?

Yes
 No

Score	Depression Severity	Treatment Recommendation
5-9	Mild	Support, educate to call if worse, monitor during next visit

This patient is showing signs of suicidal, threatening, or aggressive behavior. Click the hyperlink to review the Scripps Red Flag Policy:

[Adult Red Flag Policy](#) #
[Pediatric Red Flag Policy](#) #

Depression Screen Exceptions

Patient refuses to participate

Patient is in an urgent or emergent medical situation

Situations where the patient's functional capacity may impact the accuracy of the results

.....Below this line is for PROVIDERS only.....

Depression Follow-Up

Follow-up with primary MD for Depression
 Referral to mental health

Pharmacological interventions
 Positive screening addressed, no changes indicated, will monitor

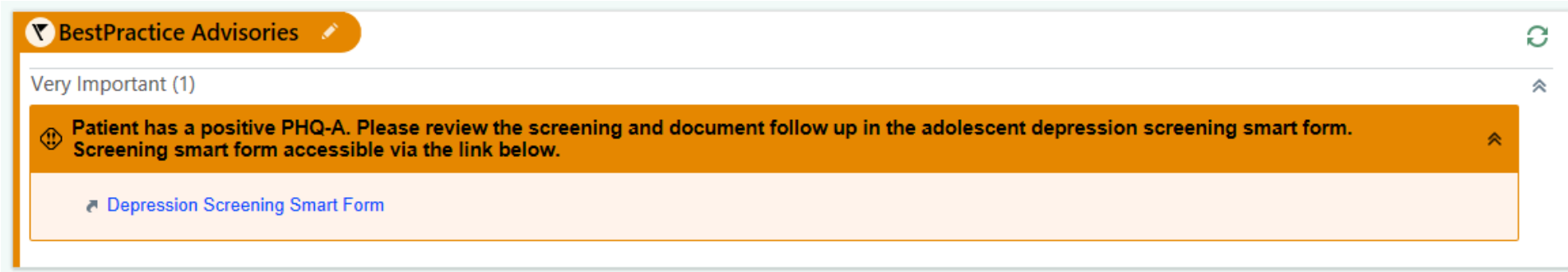
Patient currently under the care of mental health professional
 Mild depression, no further follow-up required

Needs Suicide Risk Assessment

Follow-up Performed You can use the following SmartPhrase to document this screening in your note:
 .QUALITYSCREENINGS

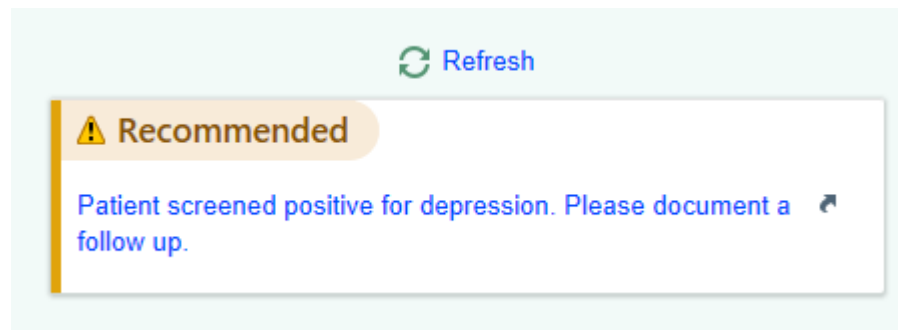
PHQ-A – Recent Enhancements

Provider facing BPA for positive PHQ-A



The screenshot shows a 'BestPractice Advisories' panel. At the top, it says 'Very Important (1)'. Below that, there is a warning icon followed by the text: 'Patient has a positive PHQ-A. Please review the screening and document follow up in the adolescent depression screening smart form. Screening smart form accessible via the link below.' Underneath this text is a blue link that says 'Depression Screening Smart Form'. There are refresh and expand icons in the top right corner of the panel.

Close encounter validation if follow up not indicated on smart form



The screenshot shows a 'Recommended' advisory box. At the top of the box is a warning icon and the word 'Recommended'. Below that, the text reads: 'Patient screened positive for depression. Please document a follow up.' There is a refresh icon and a link icon at the top right of the advisory box.

Edinburgh Depression Screening – Go Live Nov 21

✓ Patient is post partum and does not have a completed depression screening since discharge. **Please complete the screening.**

Document Do Not Document Complete Edinburgh Depression Screening Collapse

Edinburgh Postnatal Depression Scale: In the Past 7 Days

Patient refused Screening?

No Yes Unable

1. I have been able to laugh and see the funny side of things.

0=As much as I always could 1=Not quite so much now 2=Definitely not so much now
3=Not at all

2. I have looked forward with enjoyment to things.

0=As much as I ever did 1=Rather less than I used to 2=Definitely less than I used to
3=Hardly at all

3. I have blamed myself unnecessarily when things went wrong.

3=Yes, most of the time 2=Yes, some of the time 1=Not very often 0=No, never

4. I have been anxious or worried for no good reason.

0=No, not at all 1=Hardly ever 2=Yes, sometimes 3=Yes, very often

5. I have felt scared or panicky for no good reason.

3=Yes, quite a lot 2=Yes, sometimes 1=No, not much 0=No, not at all

6. Things have been getting on top of me.

3=Yes, most of the time I haven't been able to cope at all
2=Yes, sometimes I haven't been coping as well as usual
1=No, most of the time I have coped quite well
0=No, I have been coping as well as ever

7. I have been so unhappy that I have had difficulty sleeping.

3=Yes, most of the time 2=Yes, sometimes 1=Not very often 0=Not at all

8. I have felt sad or miserable.

3=Yes, most of the time 2=Yes, quite often 1=Not very often 0=No, not at all

9. I have been so unhappy that I have been crying.

3=Yes, most of the time 2=Yes, quite often 1=Only occasionally 0=No, never

10. The thought of harming myself has occurred to me.

3=Yes, quite often 2=Sometimes 1=Hardly ever 0=Never

Edinburgh Postnatal Depression Scale Total

Acknowledge Reason

Patient refused

Accept (1)

Rooming BPA

✓ Patient is post partum and does not have a completed depression screening since discharge. **Please complete the screening.**

Document Do Not Document Complete Edinburgh Depression Screening

Acknowledge Reason

Patient refused

Accept

Provider facing BPA

BestPractice Advisories

Quality (1)

✓ **Patient has been screened for depression. Please review the patient's answers and follow up as necessary.**

High Score
Total Score: 20
The thought of harming myself: **Sometimes**

Open SmartSet Do Not Open Postpartum Depression Preview

Review Edinburgh Answers

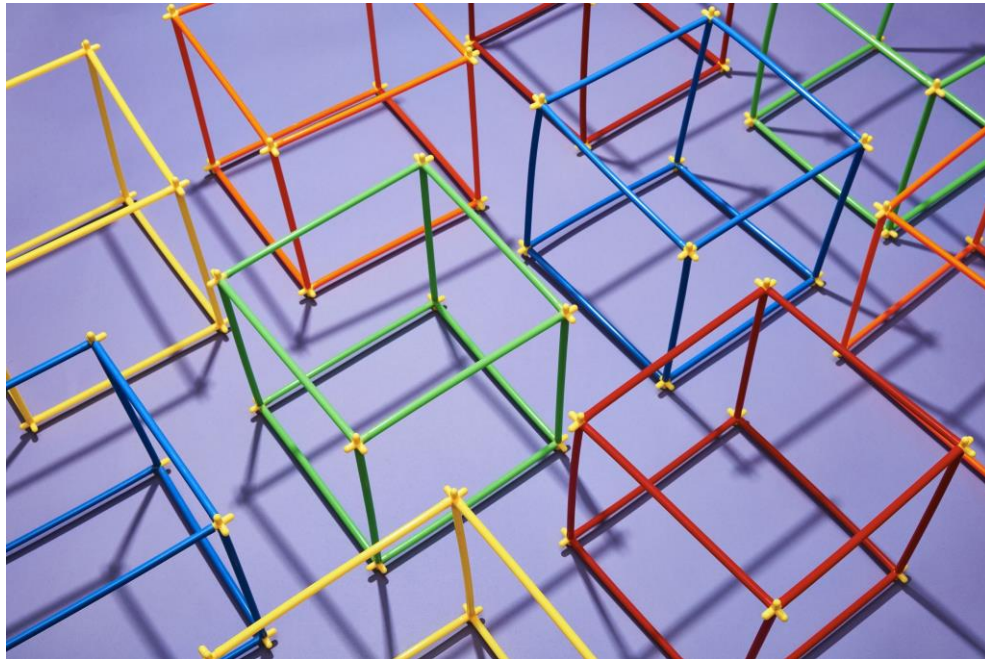
Acknowledge Reason

Patient Refused Medical Reason Answers Reviewed

Accept



Peer Sharing

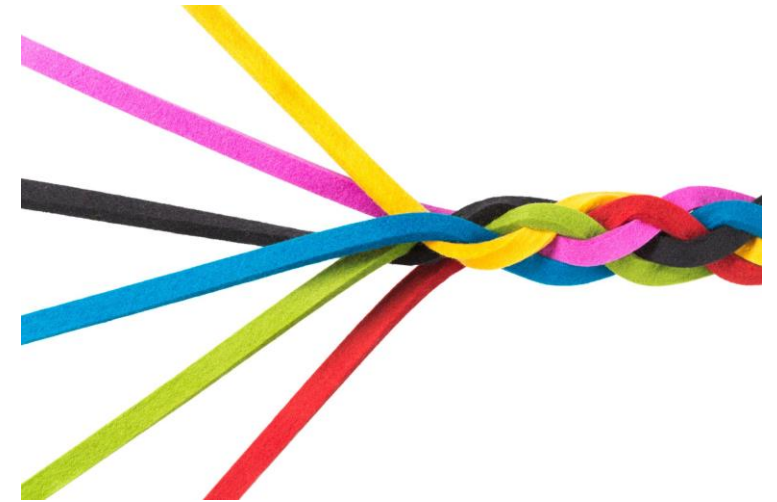


What questions do you have for your peers about depression screening?

Reflection Time

The lessons learned
starting too big

Please share in the
chat something
you learned today



Liked hearing about
how MA's did some
role plays. Great idea

Add option of unable to
complete due to medical
reasons. Build in follow
up plan for +PHQ
screening.

Q4 2023 Sprint: PHQ-9, Billing & Coding

OCTOBER

Improvement Advising

- Complete Implementation Plan Section 3: Staffing
- Review screening workflows and determine needed improvements
- Begin pilot site engagement

Thurs. 10/5 – Test 2 Data Reporting Office Hours

Tues. 10/10 (11-12)

CalHIVE BHI Commons – PHQ9 Workflows

- Review workflow best practices based on selected BHI model

Friday, Oct 13 – Measurement File Submission Deadline

Thurs. 10/26 (11-12)

[OPT] BeeHIVE Webinar – Depression Screening

- Share current practices and challenges around depression screening

By. Fri. 10/31

BHI Implementation Plan Section 3 - Staffing

- Due to IA

NOVEMBER

Improvement Advising

- Complete Implementation Plan Section 4: PHQ-9 Screening
- Evaluate screening documentation and coding practices

Tues. 11/14 (11-12)

CalHIVE BHI Commons – BHI Billing and Coding

- Review billing, coding and credentialing requirements specific to BHI model
- Identify changes needed at your org

Tues. 11/28 (11-12)

[OPT] Beekeeper's Corner Webinar – BHI Billing and Coding

- Share questions around billing and coding for CalHIVE BHI team and peer cohort

By. Thurs. 11/30

BHI Implementation Plan Section 4 – PHQ-9 Screening

- Due to IA

DECEMBER

Improvement Advising

- Complete Implementation Plan Section 5: BHI Billing & Coding
- Confirm fulfillment of program deliverables for Payment 1: Program Year 1

Tues. 12/12 (11-12)

CalHIVE BHI Commons – Hello 2024, Goodbye 2023

- Celebrate wins and accomplishments of 2023
- Preview 2024 program milestones and events

By. Fri. 12/29

BHI Implementation Plan Section 5 – BHI Billing & Coding

- Due to IA

Improvement Advising

Webinars

In Person Events

Data / Reporting

Assignments

Thank you!

Program Advisor



Peter Robertson
Senior Director,
Practice Transformation

probertson@pbgh.org

Improvement Advisors



Kristina Mody
CalHIVE BHI Director
Associate Director,
Practice Transformation

kmody@pbgh.org

Program Administration



Michael Au
Senior Manager,
Care Transformation

mau@pbgh.org

Clinical Advisor



Julie Geiler
CFHA Technical
Assistance Associate &
Policy Coordinator

jgeiler@cfha.net



**Daniela Vela
Hernandez**
CFHA Technical
Assistance Associate

dvhernandez@cfha.net



Anna Baer
Program Coordinator,
Care Transformation

abaer@pbgh.org

Data Reporting



Jose Ordonez
Manager,
Data Analytics

jordonez@pbgh.org



Felicia Skaggs
Senior Manager,
Behavioral Health
Integration

fskaggs@pbgh.org



Erika Lind
Manager,
Care Transformation
Events and Learning

elind@pbgh.org