**Section 4:** **PHQ-9 Screening**

* Objective: Identify improvements and workflow changes around PHQ-9 screening
* Due by Thurs. 11/30 to your Improvement Advisor
* Resources: Many resources are on the CalHIVE BHI website ([Learn](https://www.pbgh.org/calhive-bhi/#learn))

| **Area** | **Team Response** |
| --- | --- |
| **Population & Frequency**1. Which patients are routinely being screened for depression?
2. What frequency does screening occur?
3. When is the PHQ-9 used (e.g., after a PHQ-2 screening)? Who or what triggers the PHQ-9 screening?
4. How does the PHQ-9 align with any other patient screenings (e.g., social needs, alcohol, substance use, anxiety)?
 | * *Current state:*
1.
2.
3.
* *Changes needed (can complete internally or in IA meetings):*
 |
| **Screening Workflows**1. Who administers the PHQ-2/PHQ-9 screening?
2. Is there an opportunity for patients to self-administer the screening (via tablet, kiosk, EHR, printed survey)?
3. How will the rendering medical provider be notified of score results?
4. If you have a workflow diagram, please upload to your Box folder.
 | * *Current state:*
1.
* *Changes needed (can complete internally or in IA meetings):*
 |
| **Post Screening**1. What happens after the PHQ-2/PHQ-9 screening? How does it depend on the patient score?
2. What patient resources are available for a positive PHQ-9 screen?
3. What happens if a patient scores positive on Question 9 of the PHQ-9 (scores 1, 2 or 3)? Is there a different process if patients self-administer the PHQ-9?
4. How do you send external referrals?
 | * *Current state:*
1.
2.
* *Changes needed (can complete internally or in IA meetings):*
 |
| **Screening Follow-Up**What is your follow-up process to monitor PHQ-9 positive scores…1. If patients start a new medication?
2. If patients change a medication dose?
3. If patients refuse medications?
4. If a patient misses an appointment?
5. How do you track, outreach to and engage patients who require a future follow-up PHQ-9 based on their score?
6. How do you track patients referred externally to the community?
7. If you have a workflow diagram, please upload to your Box folder.
 | * *Current state:*
1.
2.
3.
4.
* *Changes needed (can complete internally or in IA meetings):*
 |
| **Documentation**1. Where is the data documented in the medical record?
2. Who enters the score?
3. Is electronic submission an option (if in office or remote)?
 | * *Current state:*
1.
2.
* *Changes needed (can complete internally or in IA meetings):*
 |
| If selecting CoCM: | *Skip if selecting PCBH* |
| 1. How will referrals to CoCM be handled?
2. How will we ensure creation of a registry, and using it to achieve measurement-based care?
3. How will we train the Behavioral Health Manager on the PHQ-9 process?
4. How are we currently billing/coding for PHQ-9?
5. What will be the process for patient consent?
 | * *Current state:*
1.
2.
3.
* *Changes needed (can complete internally or in IA meetings):*
 |
| If selecting PCBH: | *Skip if selecting CoCM* |
| 1. How will referrals to PCBH be handled?
2. What will be the process for the Behavioral Health Consultant for the PHQ-9?
3. How are we currently billing/coding for billing/coding for PHQ-9?
4. What will be the process for patient consent?
 | 1.
2.
3.
4.
* *Changes needed (can complete internally or in IA meetings):*
 |

**Action Plan**

Outline the next two months' action steps

| *Due Date* | *Lead & Task* |
| --- | --- |
|  | * Lead:
* Task:
 |
|  | * Lead:
* Task:
 |
|  | * Lead:
* Task:
 |
|  | * Lead:
* Task:
 |
|  | * Lead:
* Task:
 |
| *Changes Needed* | *Lessons Learned* |
|  |  |