

## Population Health Project Request

<b>Requestor Name:</b> James Ritter	<b>E-mail Address:</b> jritter@sandiego.edu <b>Phone:</b> 9497349663	Request Date: 4/8/24
<b>Name of Request:</b> <b>Preventive Care and Screening: Screening for Depression and Follow-Up Plan</b>		Metric/s Impacted by Request 00672-07-E-MSSP   Process
<b>CLINICAL LEAD SPONSOR: (Name/Title, Group or Committee)</b> XYZ Health		
<i>Specific Request Brief Description:</i> <i>What is needed?</i> Clinical Decision Support tools and PCP training to identify patients for Depression screening, CDS to additionally provide tools to assist administration of said screenings.		
<i>SITUATION, BACKGROUND, ASSESMENT, RECOMMENDATION (SBAR)</i>		
<i>Situation: What is the justification for this new metric and/or registry.</i> Primary Care Providers are the first line of defense against depression screening.		<i>Background: What relevant factors or challenges led up to this request?</i> Depression has a high disease burden and is very prevalent. Regular screenings and follow-up care can improve outcomes dramatically.
<i>Assessment: How will this metric and/or registry improve the current situation and quality performance?</i> By screening patients for depression and providing follow-up care, PCPs can target patients that would otherwise and potentially catch depression in its earliest stages.		<i>Recommendation: Please attach and additional information that will help in describing/scoping the effort.</i> Please see Yang et al., 2019
<b>Date Required / Reason:</b> May 1, 2024 / CDS and training start date.		
<i>SERVICE AREA</i>		<i>IMPLEMENTATION IMPACT/EFFORT</i>
<input type="checkbox"/> <b>Information Services - Yes CDS development</b> <input type="checkbox"/> <b>Reporting – Yes, Data Mining and Aggregation</b> <input type="checkbox"/> <b>Project Management – Yes CDS Dev and Training</b> <input type="checkbox"/> <b>Other</b> <input type="checkbox"/>		<b># &amp; Types of people Impacted by this Project:</b>  <b>Training Effort:</b> <input type="checkbox"/> <b>None – Front Office Staff</b> <input checked="" type="checkbox"/> <b>Written Communication – CDS Programmers</b> <input checked="" type="checkbox"/> <b>Classroom Training – Super Users How Many? - 7</b> <input type="checkbox"/> <b>Classroom Training – All – 30</b>
<i>PROJECT SERVICE LINE IMPACT</i>		
<b>(Choose All that Apply)</b> <input type="checkbox"/> <b>Quality</b> <input type="checkbox"/> <b>Patient Experience</b> <input type="checkbox"/> <b>Safety</b> <input type="checkbox"/> <b>Data Integrity</b> <input type="checkbox"/> <b>Efficiency</b> <input type="checkbox"/> <b>Effectiveness</b> <b>Explanation:</b> CDS alerts (Efficiency), CDS assessment (Quality), Recommendation for further screening (Effectiveness),		

<i>SIGNATURES (Required)</i>		
<p>Requestor: <u>James Ritter</u> Title: <u>Screening for Depression &amp; Follow Up</u> Date: <u>4/8/24</u></p> <p>Approval by Sponsoring Committee Representative</p> <p>Name: _____ Title: _____ Date: _____</p>		

**Population Health Intervention Checklists (One for each intervention)**

**Justification Checklist**

1	<b>Quality Measure(s):</b> What measure(s) are you planning to change with this intervention?	The target measure aims to quantify the proportion of patients (12 or older) that have been screened for depression AND if positive, recommended for follow-up care.
2	<b>Rationale</b> What are the clinical, quality, and/or financial grounds and supporting evidence for the intervention? Please attach any guidelines, studies, etc.	Due to the high prevalence and disease burden of depression, it is imperative to identify and treat the disorder in its earliest stages. Primary care providers are the first line of defense in detecting mood disorders, and without them, many individuals' symptoms go undetected. The purpose of this measure is to increase screenings and treatment planning for depressions.
3	<b>Baseline Data:</b> Describe your plans for baseline data	Baseline data will be collected by generating a registry of active patients based on (1) age and (2) no previous diagnosis of depression or bipolar disorder (3) no recent depression screening (last 14 days). These patients will be targeted for screening. Additionally, collect data on the proportion of all patients (active or not) that have ever been screened for depression in PCP setting, and what proportion of those patients were recommended for follow-up care.
4	<b>Measure Target:</b> What is the definition of success in terms of the quality measure(s)?	Success is defined as >90% screening of eligible patients during the measurement period, and >90% follow-up care administered for those positive with depression.

**Intervention Checklist**

1	<b>The Who (Denominator)</b> Define the selection criteria for the cohort of patients to be included in this intervention	<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <b>Registry Inclusion</b>  <b>Inpatient</b>  <b>Ambulatory</b>  <b>Primary Care</b>  <b>Age Start</b>  <b>Age End</b>  <b>Gender</b>  <b>Social Determinants</b>  <b>Diagnoses</b>  <b>Lab Values</b>  <b>Medication</b>  <b>Procedures</b>  <b>Exclusions</b> </div> <div style="width: 50%;">           &gt;12yo, no history of MDD, active pt.            No            Yes            Yes            12            N/A            N/A            N/A            N/A            N/A            N/A            N/A            N/A            No history of MDD or Bipolar Disorder         </div> </div>
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2	<b>The What</b> (Numerator) What value in the patient chart with indicate that the measure is complete	Lab Order N/A Medication N/A Procedure Order N/A Outreach N/A Questionnaire PHQ-9 Completed Assessment PHQ-9 Completed Immunization N/A Examination N/A Chart Documentation If positive, PT recommended for follow-up care Other N/A
3	<b>The When</b> (Timing) If the intervention to be repeated, what is the schedule or trigger for repeating?	Screening must occur on date of encounter (or 14 days prior) If positive, a follow-up plan must be documented on day of administration
4	<b>How</b> (EHR tools) Which EHR tools will be required to move the measure?	Intervention scheduler Yes Intervention order Dynamic order set No Bulk order No Bulk message No Risk score Yes, Remind PT and Providers of Screening Report Yes, for each patient Alert Yes, for each patient, esp. If positive Work queue Yes, for identified patients Other No No
5	<b>By Whom:</b> Will this create new work? For whom? Does it automate an existing task?	MD Possibly (Assessment) PharmD No Registered Nurse Possibly (Assessment) Lic.Vocational Nurse Possibly (Assessment) Front Office No Scheduler Yes (Follow-up appointments) Care Manager Yes (Coordinated Care) Patient Yes, if positive, needs to go to follow-ups Automation Yes, CDS to automate provider notification and assessment tools Other

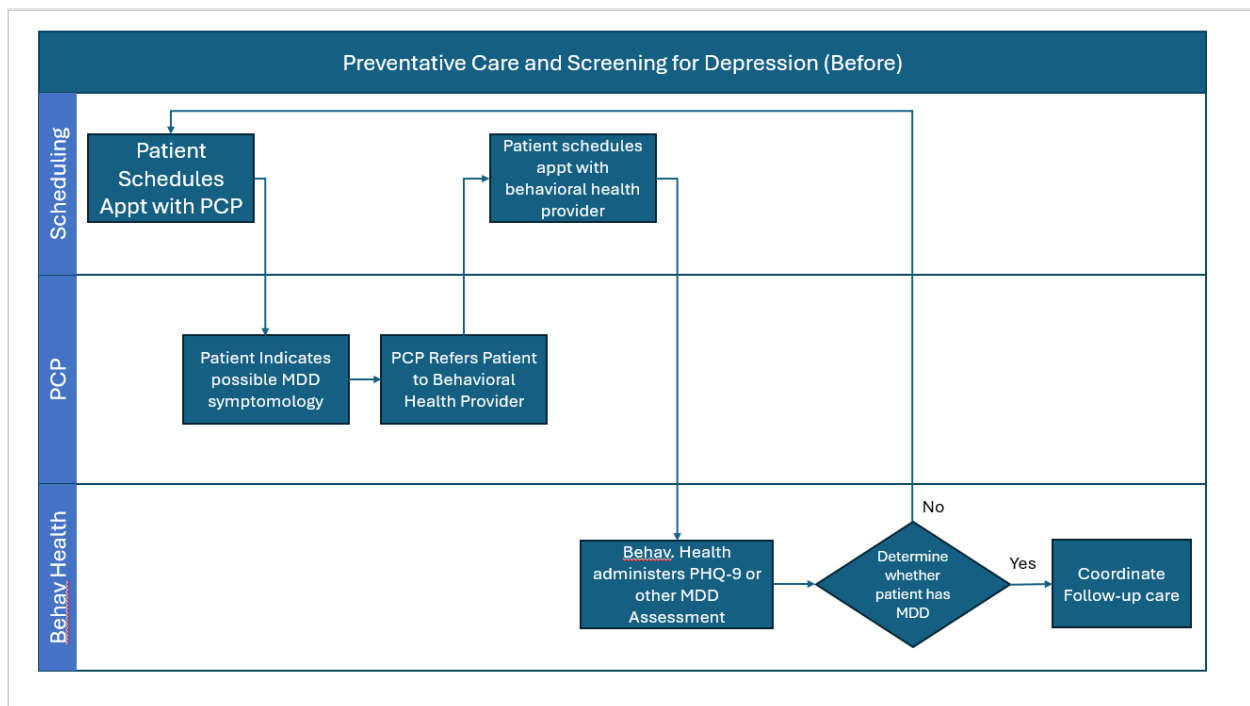
#### Project Management checklist

1	Primary stakeholders: Who are the primary group(s) or committee(s) that have a stake in this new workflow?	Administration, Behavioral Health Coordinators, Providers
2	Established level of consensus? Do stakeholders all agree on need and priority?	Yes, due to low complexity and high patient volume, and importantly, importance of depression screening!

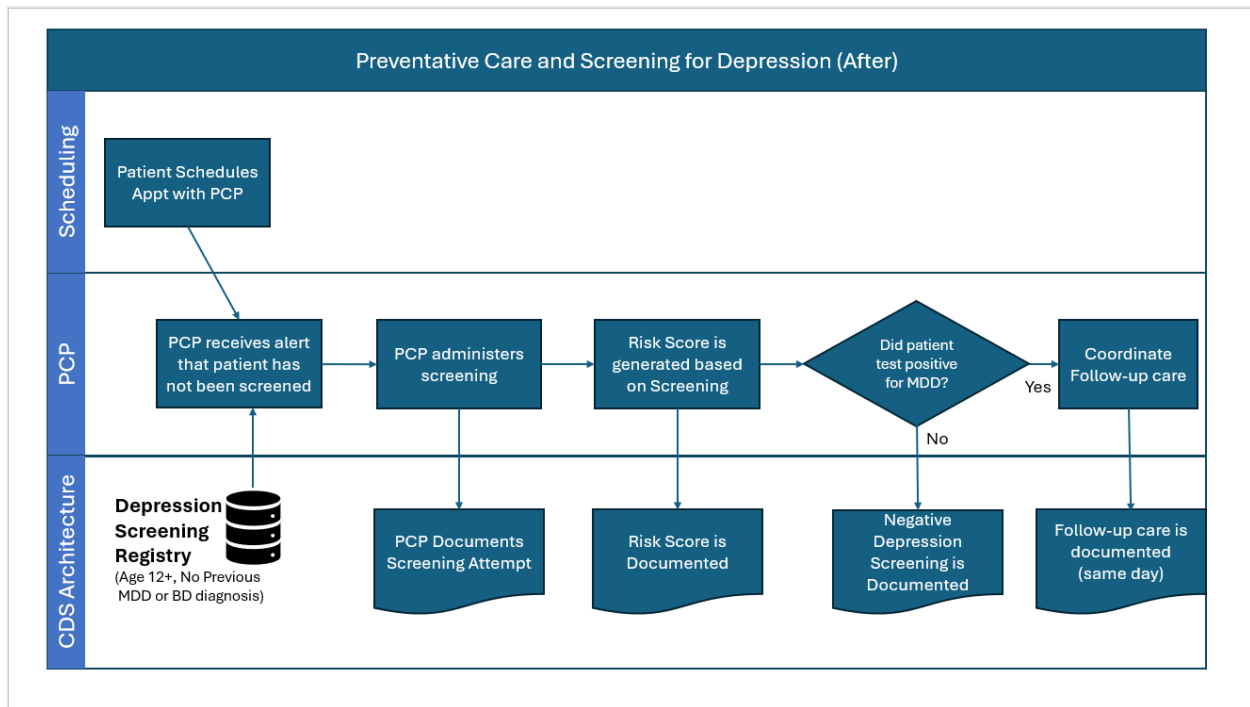
3	Impact on patient experience? What change will the patient be aware of?	Patient may notice an increased focus on mental health care
4	Impact on provider/caregiver experience? +/- tasks, efficiency, usability, etc.	Adds an extra screening that must be done, increasing overall patient time during that visit. If administered properly, can improve Provider-patient relationship
5	Financial Cost?	Yes, due to CDS development time, project management, and staff training requirements
6	Financial Benefit?	Possibly, not significant

## Workflow Diagrams

### Before



## After



## Risk Assessment Score

Providers would use the (Patient Health Questionnaire) PHQ-9 to generate a risk assessment score for patients, determining how to proceed with the measure. According to Kroenke et al., “the...[PHQ-9]...is a new instrument for making criteria-based diagnoses of depressive and other mental disorders commonly encountered in primary care (2001, p. 606).” This assessment scores patients based on the severity of symptoms for each of the nine criteria presented in the DSM-IV. The authors conclude, “in addition to making criteria-based diagnoses of depressive disorders, the PHQ-9 is also a reliable and valid measure of depression severity (p. 606).” See Appendix A for a sample PHQ-9 assessment (Stanford Medicine, 2005).

A patient’s PHQ-9 score will function as this measure’s risk assessment score and determine whether/how follow-up care will proceed. PHQ-9 severity scores can be classified using the criteria presented in Table 1. Patients with minimal depression severity (PHQ-9 score 1 – 4) will not be selected for follow-up care. Patients with mild to severe depression (PHQ-9 score 5 – 27) will be selected for follow-up care, with patients experiencing Moderately Severe to Severe depression (PHQ-9 score 15 – 27) receiving priority over those experiencing Mild to Moderate depression (PHQ-9 score 5 – 14).

**Table 1**

*PHQ-9 Depression Severity Scores*

Depression Severity	PHQ-9 Score Range
Minimal	1 – 4
Mild	5 – 9
Moderate	10 – 14
Moderately Severe	15 – 19
Severe	20 – 27

## References

- Kroenke, K., Spitzer, R. L., & Williams, J. B. (2001). The PHQ-9: validity of a brief depression severity measure. *Journal of general internal medicine*, 16(9), 606–613. <https://doi.org/10.1046/j.1525-1497.2001.016009606.x>
- Stanford Medicine. (2005). PATIENT HEALTH QUESTIONNAIRE (PHQ-9).  
[https://med.stanford.edu/fastlab/research/imapp/msrs/\\_jcr\\_content/main/accordion/accordion\\_content3/download\\_256324296/file.res/PHQ9%20id%20date%2008.03.pdf](https://med.stanford.edu/fastlab/research/imapp/msrs/_jcr_content/main/accordion/accordion_content3/download_256324296/file.res/PHQ9%20id%20date%2008.03.pdf)
- Yang, M., Loeb, D. F., Sprowell, A. J., & Trinkley, K. E. (2019). Design and Implementation of a Depression Registry for Primary Care. *American journal of medical quality : the official journal of the American College of Medical Quality*, 34(1), 59–66.  
<https://doi.org/10.1177/1062860618787056>

## Appendix A

### PATIENT HEALTH QUESTIONNAIRE (PHQ-9)

ID #: \_\_\_\_\_

DATE: \_\_\_\_\_

Over the last 2 weeks, how often have you been  
bothered by any of the following problems?  
(use "✓" to indicate your answer)

	Not at all	Several days	More than half the days	Nearly every day
1. Little interest or pleasure in doing things	0	1	2	3
2. Feeling down, depressed, or hopeless	0	1	2	3
3. Trouble falling or staying asleep, or sleeping too much	0	1	2	3
4. Feeling tired or having little energy	0	1	2	3
5. Poor appetite or overeating	0	1	2	3
6. Feeling bad about yourself—or that you are a failure or have let yourself or your family down	0	1	2	3
7. Trouble concentrating on things, such as reading the newspaper or watching television	0	1	2	3
8. 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	1	2	3
9. Thoughts that you would be better off dead, or of hurting yourself	0	1	2	3

add columns  +  +

(Healthcare professional: For interpretation of TOTAL, TOTAL:   
please refer to accompanying scoring card).

10. If you checked off <i>any</i> 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	_____



## Appendix A (continued)

### PHQ-9 Patient Depression Questionnaire

#### For initial diagnosis:

1. Patient completes PHQ-9 Quick Depression Assessment.
2. If there are at least 4 ✓s in the shaded section (including Questions #1 and #2), consider a depressive disorder. Add score to determine severity.

#### Consider Major Depressive Disorder

- if there are at least 5 ✓s in the shaded section (one of which corresponds to Question #1 or #2)

#### Consider Other Depressive Disorder

- if there are 2-4 ✓s in the shaded section (one of which corresponds to Question #1 or #2)

**Note:** Since the questionnaire relies on patient self-report, all responses should be verified by the clinician, and a definitive diagnosis is made on clinical grounds taking into account how well the patient understood the questionnaire, as well as other relevant information from the patient.

Diagnoses of Major Depressive Disorder or Other Depressive Disorder also require impairment of social, occupational, or other important areas of functioning (Question #10) and ruling out normal bereavement, a history of a Manic Episode (Bipolar Disorder), and a physical disorder, medication, or other drug as the biological cause of the depressive symptoms.

#### To monitor severity over time for newly diagnosed patients or patients in current treatment for depression:

1. Patients may complete questionnaires at baseline and at regular intervals (eg, every 2 weeks) at home and bring them in at their next appointment for scoring or they may complete the questionnaire during each scheduled appointment.
2. Add up ✓s by column. For every ✓: Several days = 1 More than half the days = 2 Nearly every day = 3
3. Add together column scores to get a TOTAL score.
4. Refer to the accompanying PHQ-9 Scoring Box to interpret the TOTAL score.
5. Results may be included in patient files to assist you in setting up a treatment goal, determining degree of response, as well as guiding treatment intervention.

#### Scoring: add up all checked boxes on PHQ-9

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

#### Interpretation of Total Score

Total Score	Depression Severity
1-4	Minimal depression
5-9	Mild depression
10-14	Moderate depression
15-19	Moderately severe depression
20-27	Severe depression

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