

PHN 2023 Quality Improvement Initiative: Depression Screening & Follow-up



Information Session

Pediatric Health Network



A few notes about today's session:

- All lines are muted throughout the presentation.
- Please use the chat box to ask questions or make comments.
- We will be recording the session.
- Today's recording and materials will be posted to the [PHN website](#) following the presentation.

Why focus on Depression Screening & Follow-up?

- There is a mental health crisis occurring in this age group*, and screening for depression is the first step toward treatment.
- We heard from you!
- PHN's Behavioral Health Team, led by Dr. Lee Beers, is identifying solutions for practices.
- This measure is in our CareFirst VBC contract, and there is room for improvement.

*AAP-AACAP-CHA Declaration of a National Emergency in Child and Adolescent Mental Health

Project Goals

Optimize Patient Care	Improve rates of Depression Screening & Follow-up for patients 12 and up
Documentation & Billing	Ensure that practices are capturing the screening and any follow up
Provider Education	Providers will engage in evidence-based, patient-centered learning on national trends in behavioral health and gain skills in engaging patients and families
Resources	PHN will provide practices with individualized coaching and organize EMR- or software-based workgroups to share strategies

Depression Screening and Follow-Up for Adolescents and Adults (DSF)

Measure Definition: The percentage of members 12 years of age and older who were screened for clinical depression using a standardized instrument and, if screened positive, received follow-up care.

Two rates are measured:

- Depression Screening: The percentage of members who were screened for clinical depression using a standardized instrument.
- Follow-Up on Positive Screen: The percentage of members who received follow-up care within 30 days of a positive depression screen finding.

Follow-Up Options

Any of the following on or 30 days after the first positive screen:

- An outpatient or telephone follow-up visit with a diagnosis of depression or other behavioral health condition.
- A depression case management encounter that documents assessment for symptoms of depression or a diagnosis of depression or other behavioral health condition.
- A behavioral health encounter, including assessment, therapy, collaborative care or medication management.
- A dispensed antidepressant medication.

OR

- Receipt of an assessment on the same day and subsequent to the positive screen.

AIM Statement

AIM Statement Template

We will increase/decrease what? In which group or population? From how much (baseline)? To how much (target)? By when (date)?

Current Initiative AIM Statement Example

PHN practices will increase the rate and capture of depression screening and follow-up for positive scores, in patients 12 years of age and older 10% from baseline by October 31, 2023, and sustain for 6 months.

Initiative Outline

March 27-October 31

April & May: Brainstorm your practice's approach to the initiative using QI methodology.

June, July, & August: Conduct PDSA Cycles. A minimum of 2 PDSA forms are required.

September & October: Adopt and Sustain. Choose one successful intervention to adopt practice-wide.

Initiative Outline

April & May: Brainstorm your practice's approach to the initiative using QI methodology.

- Quality Improvement Team Leaders will meet with PHN team to review QI methods and tools.
- Coaching will be available to assist in identifying barriers/best practices.
- Deliverables include:
 - an AIM statement
 - QI worksheets (i.e., a KDD, fishbone, or process map)
- We estimate this will take 4-6 weeks.

June, July, & August: Conduct PDSA Cycles. A minimum of 2 PDSA forms are required.

September & October: Adopt and Sustain. Choose one successful intervention to adopt practice-wide.

Initiative Outline

April & May: Brainstorm your practice's approach to the initiative using QI methodology.

June, July, & August: Conduct PDSA Cycles. A minimum of 2 PDSA forms are required.

- QITLs will meet with PHN team and present QI worksheets (KDD, etc.) and discuss strategies for PDSA cycles.
- Coaching will be available to assist with PDSA forms and using Arcadia.
- EMR- or software-based workgroups will meet to discuss coding.
- Deliverables include:
 - 2 PDSA Cycle Forms

September & October: Adopt and Sustain. Choose one successful intervention to adopt practice-wide.

Initiative Outline

April & May: Brainstorm your practice's approach to the initiative using QI methodology.

June, July, & August: Conduct PDSA Cycles. A minimum of 2 PDSA forms are required.

September & October: Adopt and Sustain. Choose one successful intervention to adopt practice-wide.

- QITLs will meet with PHN team to share updates and best practices from PDSA cycles.
- Coaching will be available/encouraged to help identify an intervention to adopt and implement practice-wide.
- EMR- or software-based workgroups will meet to discuss coding.
- Deliverables include:
 - The PDSA worksheet for the intervention to be adopted and a brief plan for the adoption and sustain phases.

QI Team Leader Participation Requirements

Project Launch & Project Close Meetings (each 1 hour)

3 Quality Improvement Team Leader meetings (each 1 hour)

PDSA Cycles (minimum of 2)

PHN Coaching

EMR/Software-based Workgroups

Quality Improvement Team Leaders

Responsibilities include:

- Practice or local team organization
- PHN QI Initiative liaison
- Run PDSA Cycles

In your project application due March 17, please identify a QI Team Leader.

Provider Participation Requirements

Project Launch & Project Close Meetings (each 1 hour)

PDSA Cycles (minimum of 2)

3 Educational Webinars (each 1 hour)

Educational Webinars

Potential topics include:

- Discussion on the national trends, barriers, and best practices for the DSF measure
- Having difficult conversations with patients and families
- Efficient use of VMAP/BHIPP/DCMAP resources

We want to hear from you! PHN will continue to evaluate educational needs as the project unfolds.

Earn MOC Part 4 credit

- Participating providers are eligible for MOC Part 4 credit (25 points)

Tools

Arcadia population health platform

- Email PHN.Arcadia@childrensnational.org to get access!

PHN Talks! Teams platform

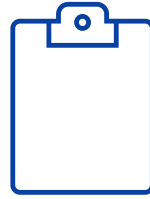
- Join [here](#).

Next Steps



Identify Quality Improvement Team Leader.

Submit [project application](#) by **March 17**.



If you have not already, please fill out the [PHN Annual Practice Survey](#), required for this project.



Kickoff Meeting with all participants and Team Leaders on Monday, March 27 at 12pm.

Thank you!

Please contact the PHN QI Team with any questions:
PHN@childrensnational.org