UT Southwestern Medical Center

Depression Screening as the 6th Vital Sign

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Agenda

- UT Southwestern Overview
- Why now and why in Primary Care?
- Depression as a Co-Morbid Chronic Disease
- Using Measurement Based Care (MBC) in the Primary Care Setting
- VitalSign6 Demonstration
- VitalSign6 flourishes under Texas DSRIP
- Stakeholder Partnership/Implementation
- Scaling the Project
- Outcomes

UT Southwestern Overview

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- 2 Hospitals: William P. Clements Jr. University Hospital and Zale Lipshy University Hospital
- 74 ambulatory clinics
- Clinical Affiliation Program (UTSCAP): 150 community-based, independent physicians enrolled.
- Teaching Hospitals affiliated with UTSW:
  - Parkland Memorial Hospital
  - Children's Medical Center
  - Dallas VA Medical Center
- UT Southwestern Medical Center has three degree-granting institutions
- 20 DSRIP Projects: 3 Hospital, 2 Workforce, 8 UTSCAP, and 7 Ambulatory Projects

Overview of VitalSign^6

Comprehensive program for the identification and treatment of depression in primary care clinics.

VitalSign^6 utilizes a web based application, VS^6, to administer the Patient Health Questionnaire and Measurement Based Care (MBC)

- ✓ Assessment of depressive symptoms,
- ✓ Antidepressant treatment side effects,
- ✓ Antidepressant treatment adherence

Epidemiology of Major Depressive Disorder (MDD)

- Affects 13 – 16% adults during their lifetime
- Incidence increases sharply between age 12 and 16
- Mean age of onset is 30 yrs.
- Women have twice the risk of men

Lifetime MDD prevalence rates (NESARC 2001-2002)

- Native Americans- 19.17%
- Hispanics – 9.64%
- Whites – 14.58%
- Blacks – 8.93%
- Asians or Pacific Islanders – 8.77%

Epidemiology of MDD continued

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- Amongst those with lifetime MDD
  - 40.3 % had history of alcohol use disorder
  - 17.2 % had history of drug use disorder
  - 30 % had history of nicotine dependence

2001-2002 National Epidemiologic Survey of Alcohol and Related Conditions (NESARC)

Epidemiology of MDD contd.

- Over one-quarter of individuals with a diagnosis of MDD report not having even a single asymptomatic week during follow-up lasting up to 12 years
- For most individuals who have experienced major depression it is chronic and/or recurrent
- For most individuals with a diagnosis of MDD, depression starts in second or third decade of life and impairs work productivity

Burden of Major Depressive Disorder

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- One of the leading causes of disability worldwide
- Globally, MDD accounts for one-tenth of all years-lived-with disability (YLD)
- By 2020, MDD is projected to be the second leading cause of disability
- In the United States, disability associated with MDD has increased 40% over the last two decades

Major Depressive Disorder is Costly

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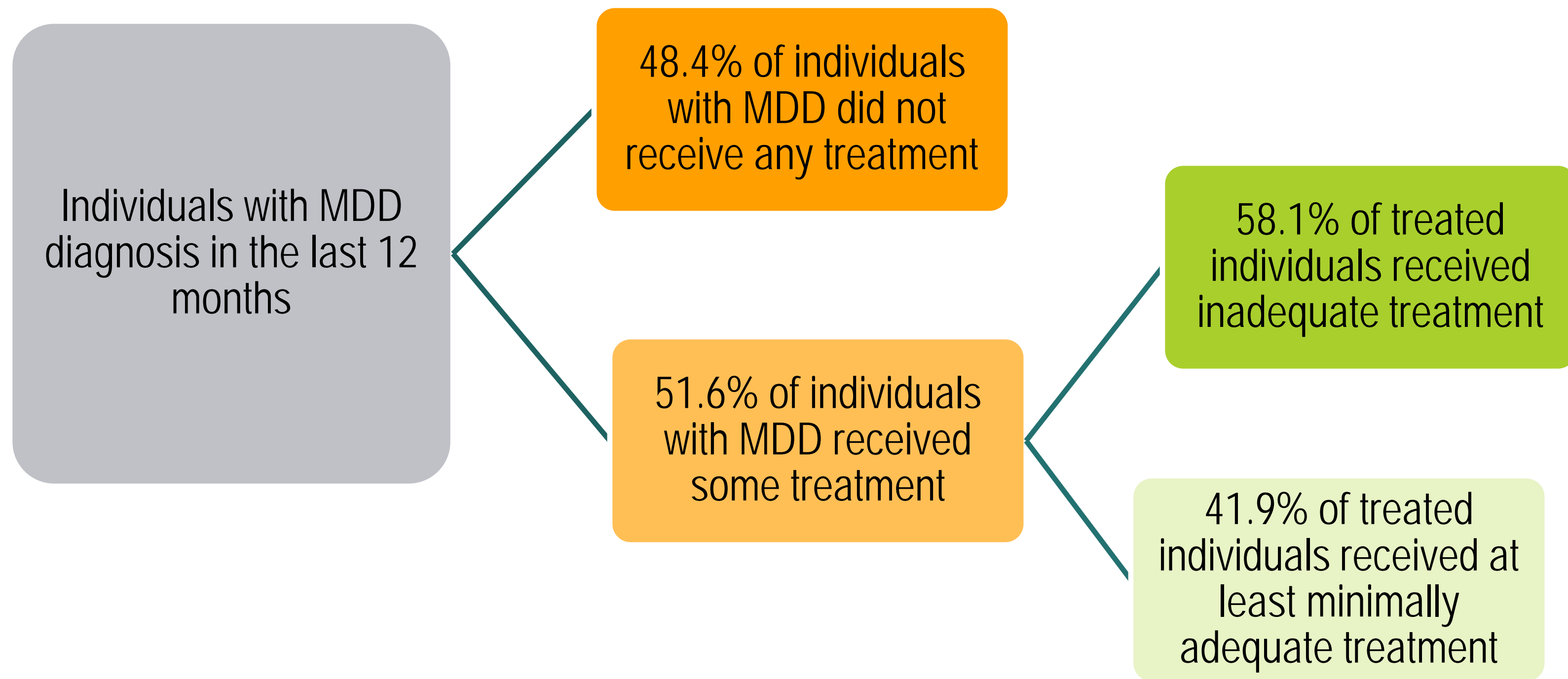
- Per 2006 German study(1), annual average per patient direct cost of treatment was €2750
- Per 2008 Swedish study(2), annual per-patient cost was €17,279
- Cost increases with increasing severity of depression

1. Depress Res Treat. 2014;2014:730891. doi: 10.1155/2014/730891. Epub 2014 Sep 9. **Resource utilisation and costs of depressive patients in Germany: results from the primary care monitoring fordepressive patients trial.** Krauth C[1], Stahmeyer JT[1], Petersen JJ[2], Freytag A[3], Gerlach FM[2], Gensichen J[4].
2. J Affect Disord. 2013 Sep 25;150(3):790-7. doi: 10.1016/j.jad.2013.03.003. Epub 2013 Apr 21.**The societal cost of depression: evidence from 10,000 Swedish patients in psychiatric care.** Ekman M[1], Granström O, Omérov S, Jacob J, Landén M.

Major Depressive Disorder (MDD) Is Still Largely Untreated

* Only 21.6% of all community dwelling individuals with MDD in this study received adequate treatment



Kessler RC, et al. *JAMA*. 2003;289(23):3095-3105.

Prevalence of psychiatric disorders in low-income primary care practices

Psychiatric disorder	General Primary care population	Low-income population
At least one psychiatric disorder	28%	51%
Depression and Related Mood disorder	**16%**	**33%**
Anxiety disorder	11%	36%
Alcohol abuse	7%	17%
Eating disorder	7%	10%

*35% of individuals with a psychiatric diagnosis saw their PCP in the past 3 months.

Mauksch, L. B., et al. (2001). Mental illness, functional impairment, and patient preferences for collaborative care in an uninsured, primary care population. Journal of Family Practice, 50(1), 41-47.

Why VitalSign[6]

- And Yet..
- The STAR*D study showed it is possible to provide high quality treatment in primary care setting with outcomes equal to those provided by specialty care [1,2,3].
- Therefore, the MBC approach is highly recommended for primary care settings.

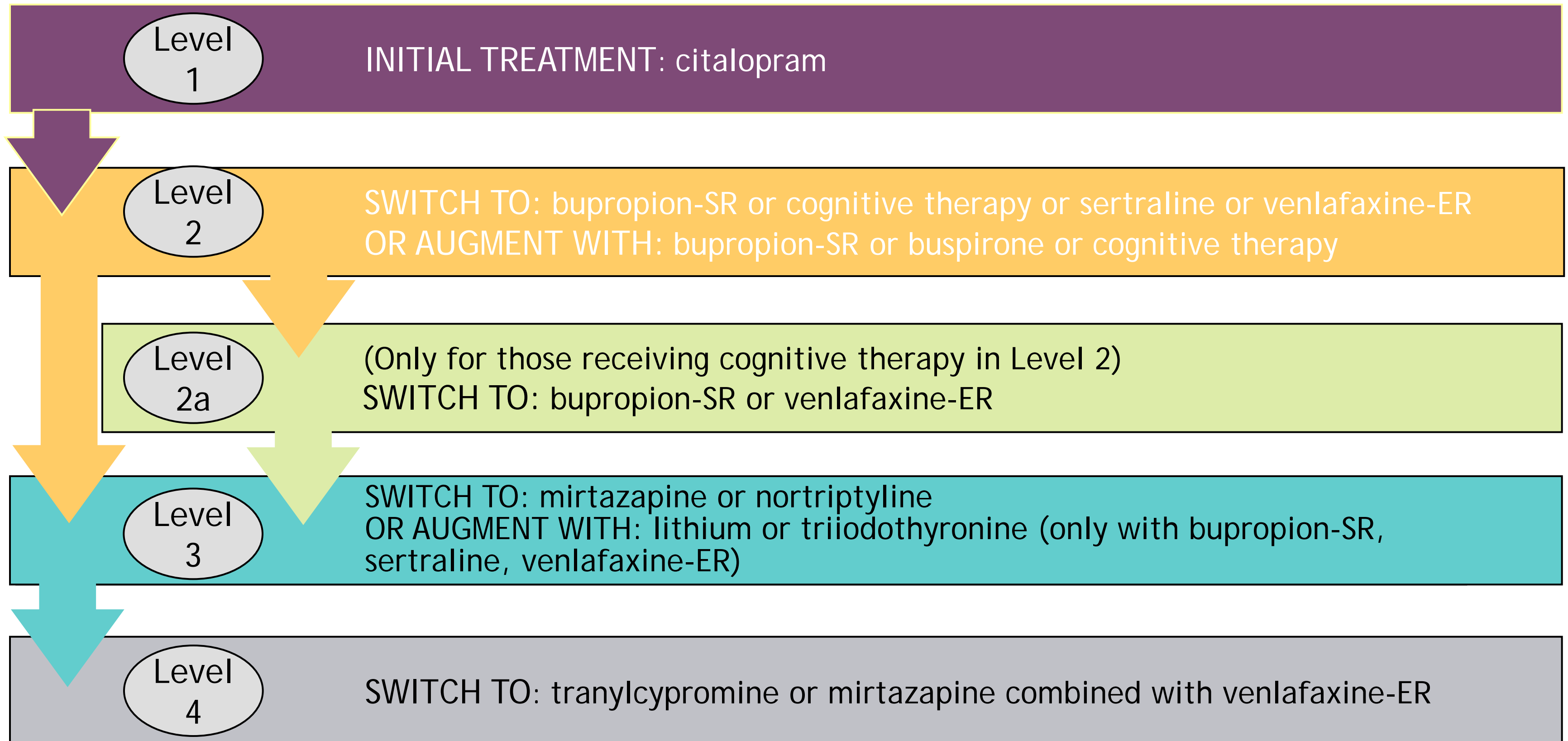
[1]Trivedi, et al Am J Psychiatry 2006; [2]Trivedi et al New England Journal of Medicine 2006; [3]Gaynes et al 2009

Sequenced Treatment Alternatives

to Relieve Depression

http://www.star-d.org

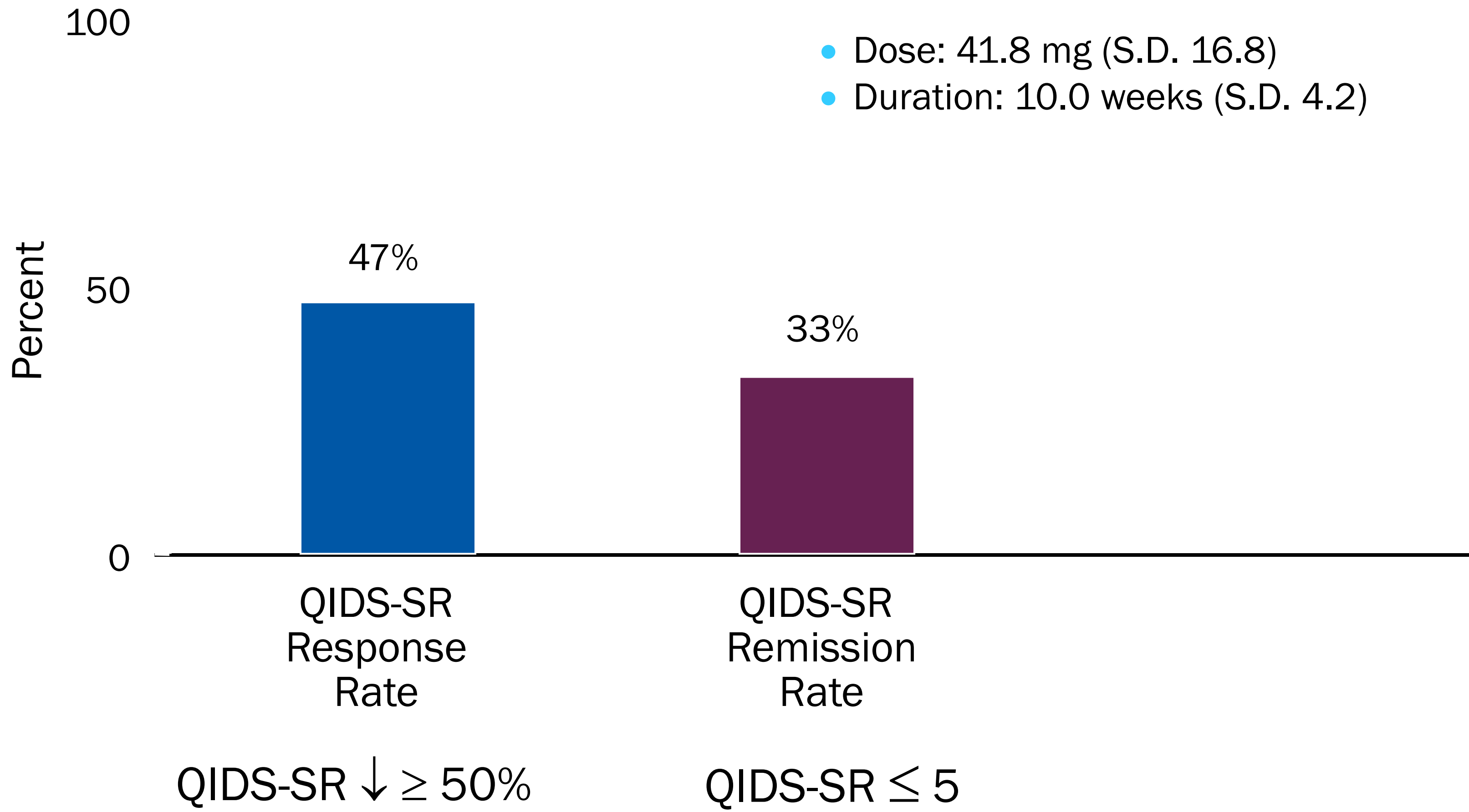
STAR*D: Treatment Algorithm



STAR*D=Sequenced Treatment Alternatives to Relieve Depression.

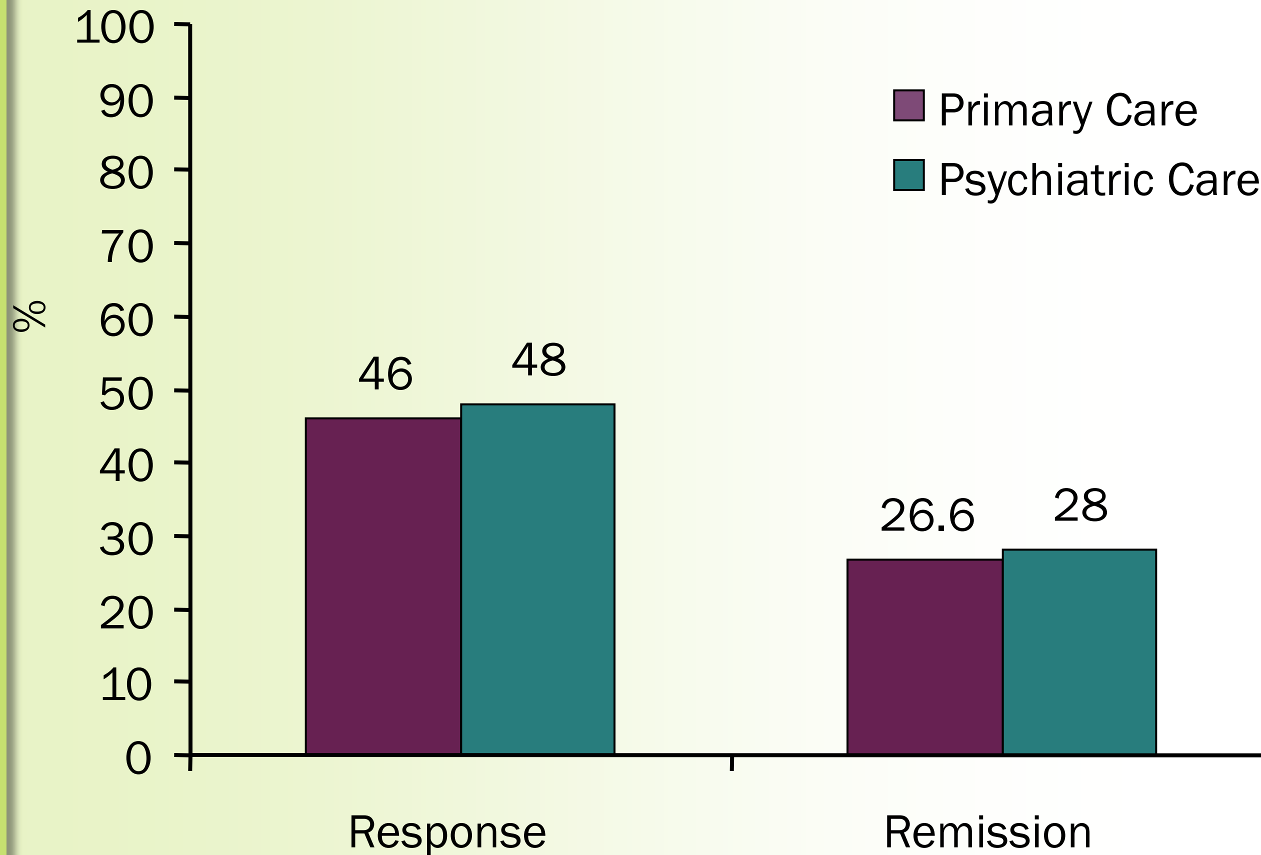
Rush AJ et al. *Am J Psychiatry*. 2003;160:237.

Measurement-Based Care in STAR*D Citalopram Treatment of Depression



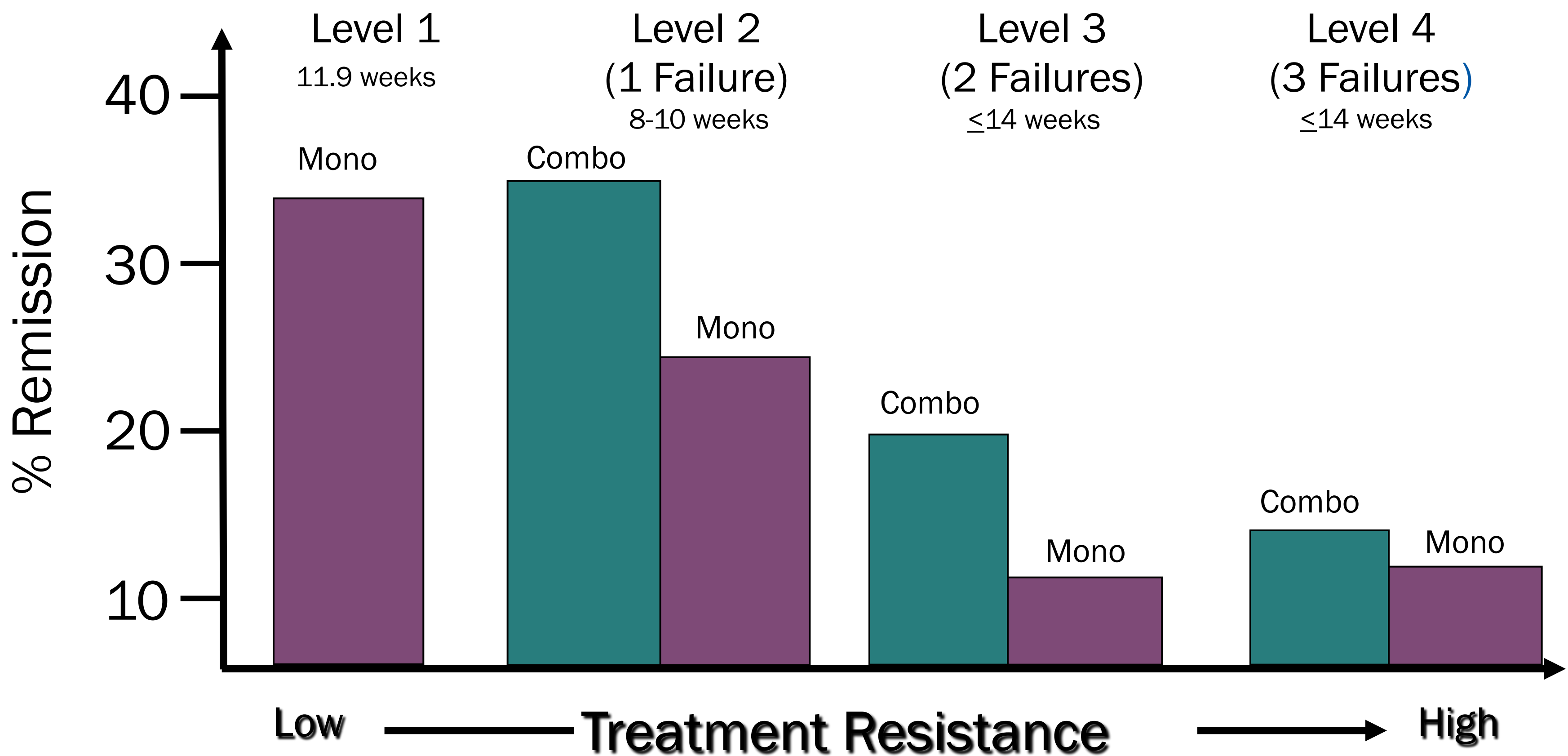
Trivedi MH, et al. *Am J Psychiatry.* 2006;163:28-40.

Similar Outcomes in Primary and Psychiatric Care Settings



N = 2,876

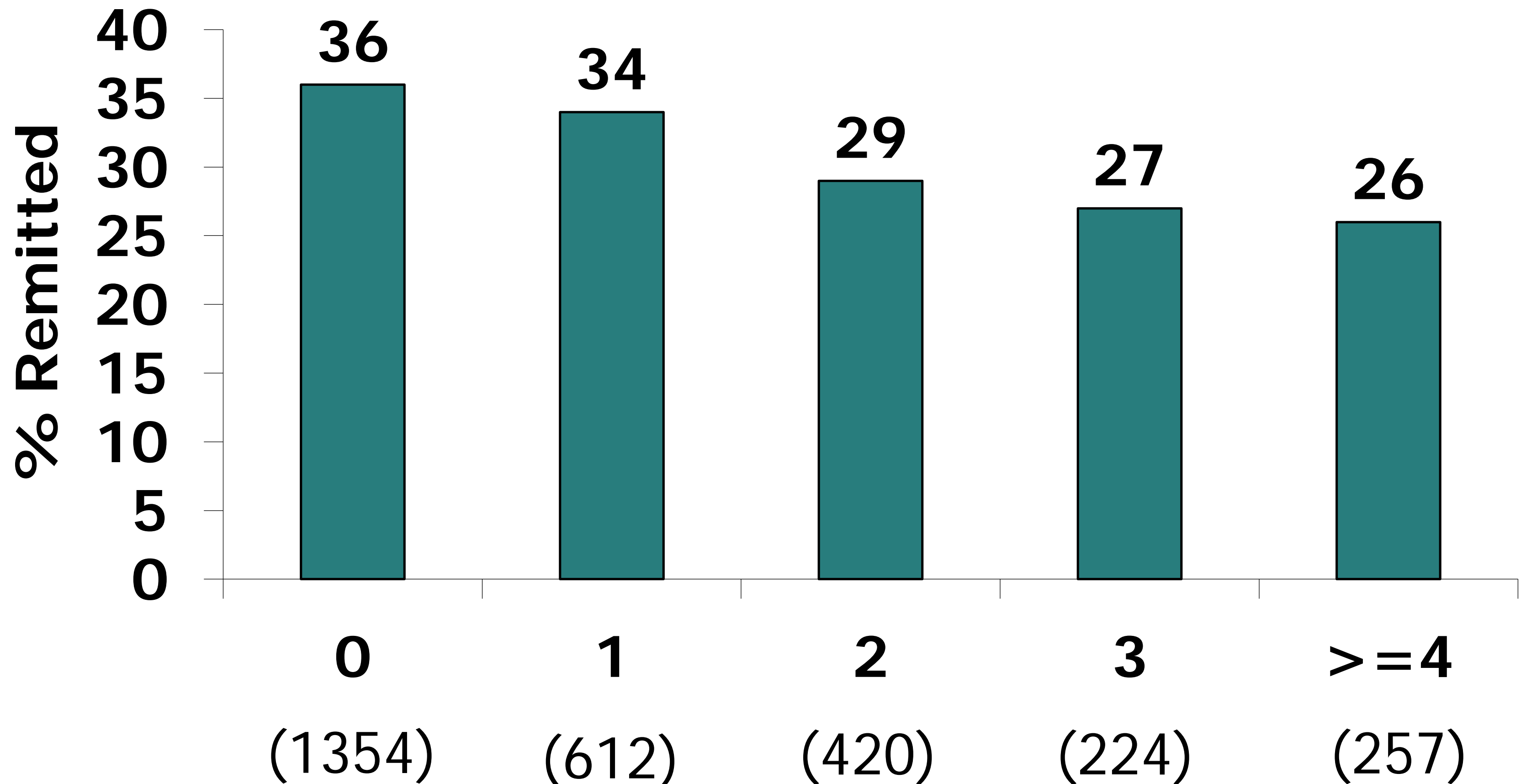
STAR*D Clinical Study Results
Remission Rates: Combination vs Monotherapy



Mono = monotherapy
Combo = combination treatment

McGrath et al. 2006
Rush et al. 2006
Nierenberg et al. 2006
Trivedi et al. 2006a
Trivedi et al. 2006b

Remission[a] Rates (L-1) By Number of GMCs[b]

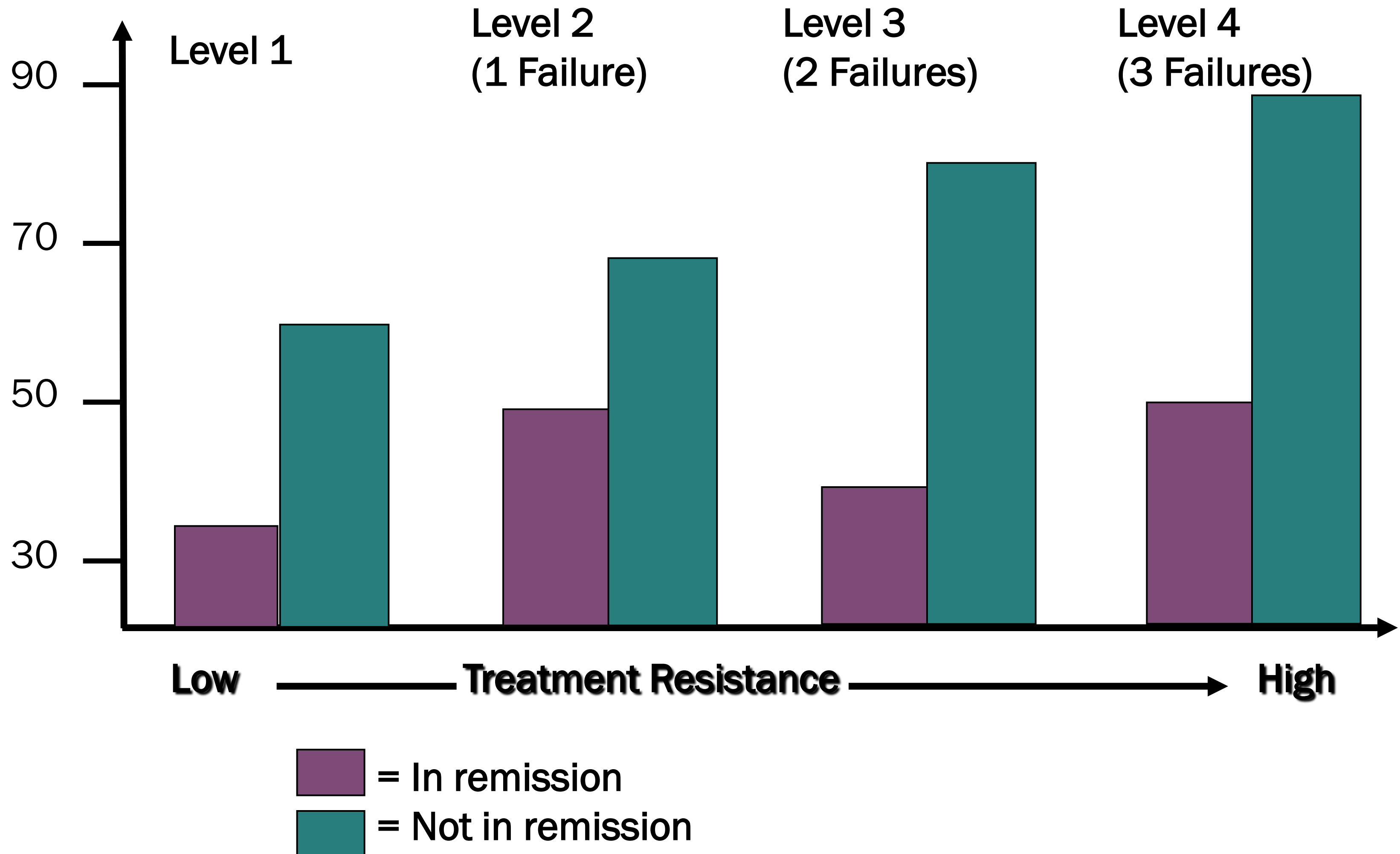


$x^2 = 16.6$ p=.0023

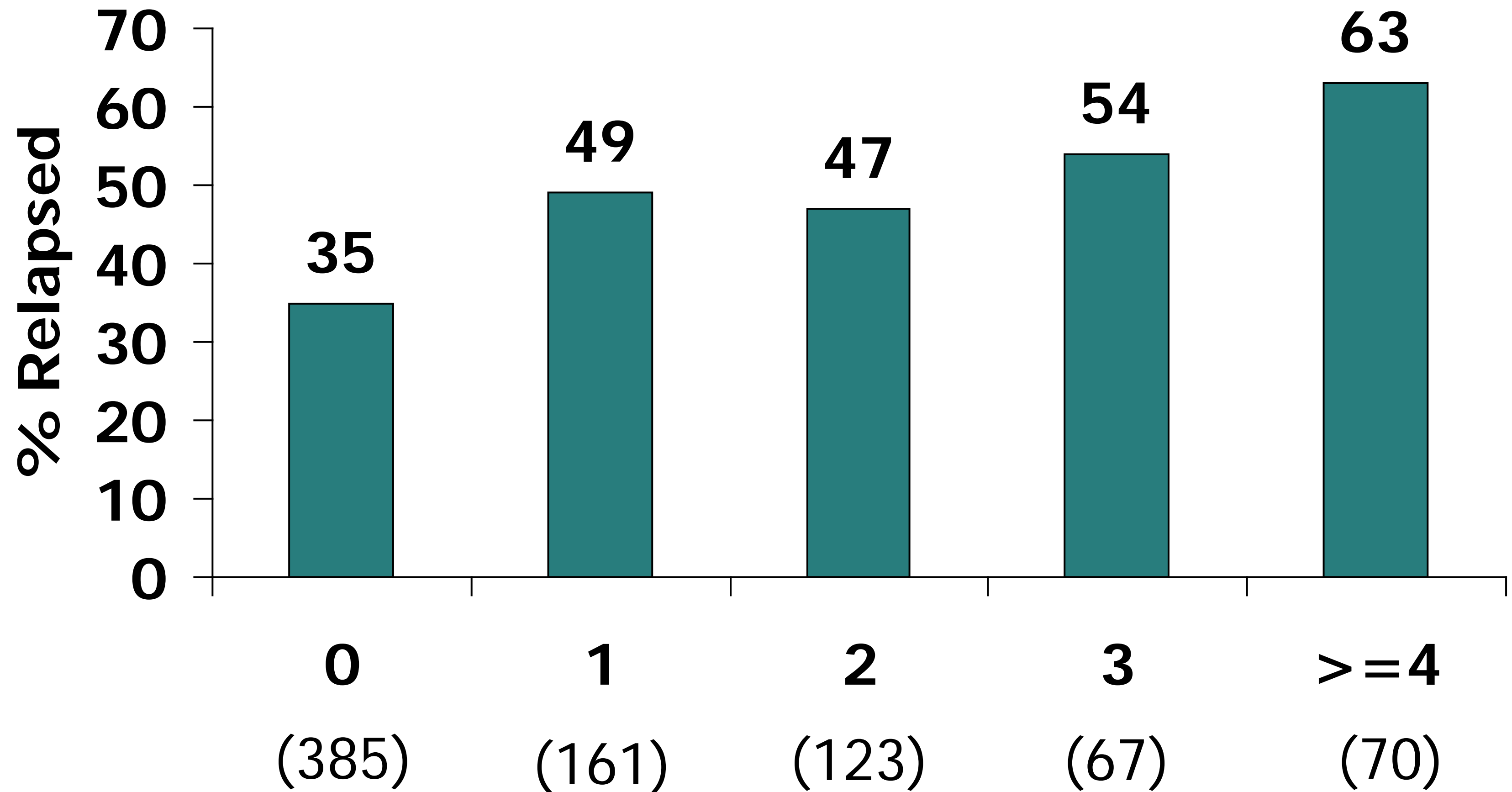
[a] By QIDS-$SR_{16} \leq 5$.

[b] By the Cumulative Illness Rating Scale (CIRS).

STAR*D Clinical Study Results
Relapse Rates (QIDS-SR$_{16}$ $\geq$11)



Relapse[a] Rates (L-1 Follow-up) by Number of GMCs[b]



[a] By QIDS-$SR_{16} \geq 11$
[b] By the Cumulative Illness Rating Scale (CIRS).

Why is it important to screen for depression?

- General Medical Conditions are associated with
  - high rates of depression and anxiety
  - impairs self-care and compliance with treatment of their chronic disease
  - Major cause of ER visits, readmissions
- Poverty and poor health are associated with higher rates of mental disorders.
- Hispanics and other ethnic minorities
  - disproportionate burden of disability
  - lower follow up rates, lower remission rates
- **For most people their primary care physician is their only contact with the health care system**

Co-occurring mental and medical illness are common.

Complex Relationship Between Chronic Medical Illness and Depression

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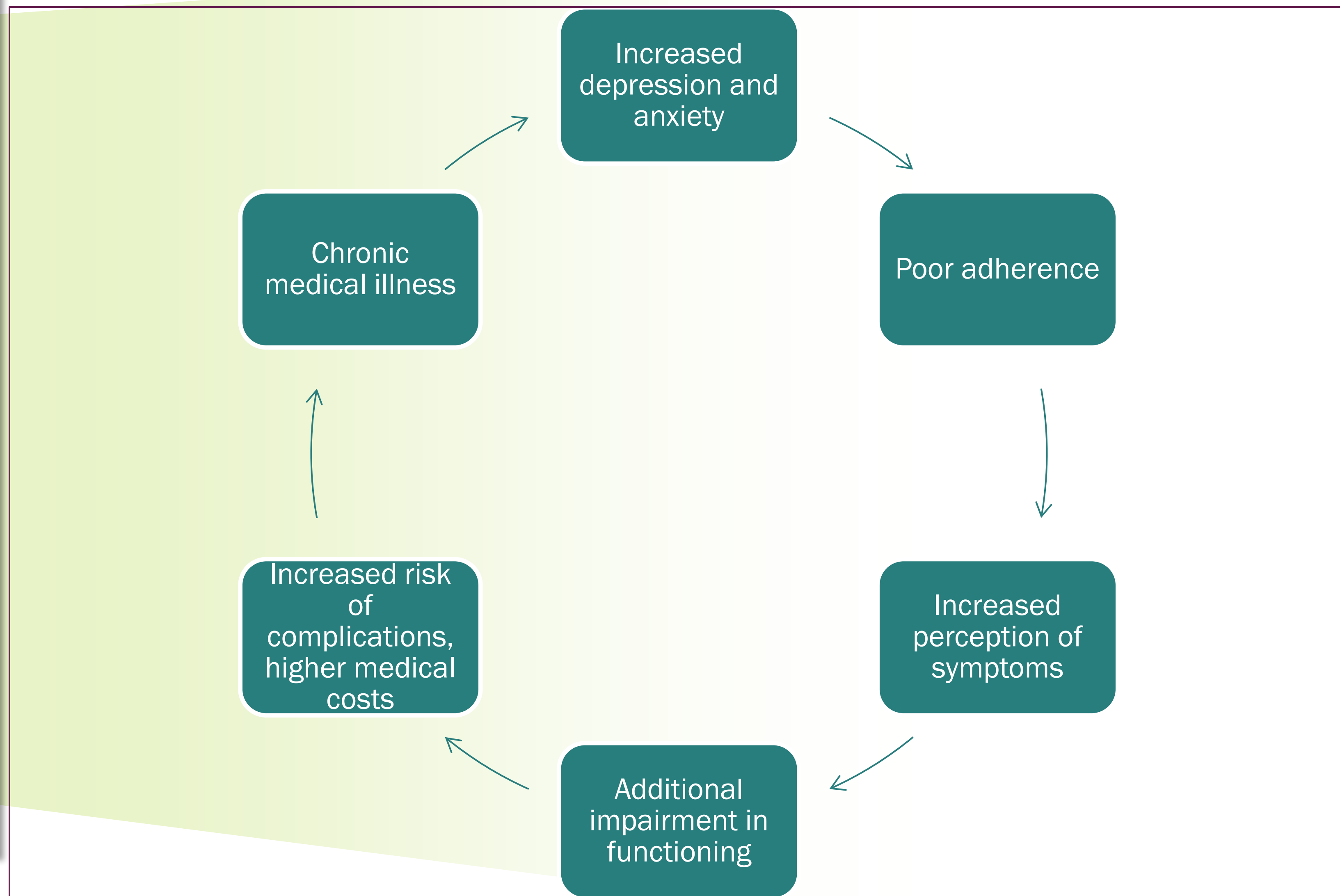

Spectrum of Symptoms in Depression

Mood and Anxiety Symptoms

- Sadness and tearfulness
- Loss of interest
- Anxiety / Irritability
- Hopelessness
- Concentration difficulties
- Guilt
- Suicidal ideation

Physical Symptoms

- Tiredness / fatigue
- Sleep disturbances
- Headaches
- Psychomotor activity changes
- GI disturbances
- Appetite changes
- Body aches and pains

✓**Individuals suffering from depression can present with emotional and/or physical symptoms**

APA. *DSM-V*;

Measurement-Based Care (MBC)

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- Routine Assessment of Symptoms and Side Effects
- Timely Adjustments of Dose or Type of Treatment
- Algorithm with Critical Decision Points
- Timely Revisions in Sequence Depending on Outcomes

Patient Health Questionnaire-9 (PHQ-9) Symptom Checklist

Over the last 2 weeks, how often have you been bothered by the following problems?	Not at All	Several Days	More than Half the Days	Nearly Every Day
a. Little interest or pleasure in doing things	☐	☐	☐	☑
b. Feeling down, depressed, or hopeless	☐	☑	☐	☐
c. Trouble falling or staying asleep, or sleeping too much	☐	☐	☑	☐
d. Feeling tired or having little energy	☐	☐	☐	☑
e. Poor appetite or overeating	☐	☑	☑	☐
f. Feeling bad about yourself, or that you are a failure . . .	☐	☐	☐	☐
g. Trouble concentrating on things, such as reading . . .	☐	☐	☐	☑
h. Moving or speaking so slowly . . .	☑	☐	☐	☐
i. Thoughts that you would be better off dead . . .	☐	☑	☐	☐
Subtotals:		3	4	9

Total: 16

Kroenke K, et al. *J Gen Intern Med.* 2001;16(9):606-613.

FIBSER—Burden Item

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- FIBSER 5–6 = Unacceptable
- FIBSER 3–4 = Attention Required
- FIBSER 0–2 = Acceptable

3. Choose the response that best describes the degree to which antidepressant medication side effects that you have had over the last week have interfered with your day to day functions.

No impairment	Minimal impairment	Mild impairment	Moderate impairment	Marked impairment	Severe impairment	Unable to function due to side effects
☐ 0	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6

Abbreviation: FIBSER = Frequency, Intensity, and Burden of Side Effects Ratings

https://outcometracker.org/library/FIBSER.pdf.

Patient Adherence Questionnaire-9

1. How often have you taken your medication (or medications) during the last week? Please check the description that best describes your medication use.

☐ a. I have taken my medications every day without missing a day.

☐ b. I have missed taking my medications only one day.

☐ c. I have only missed taking my medication two days.

☐ d. I have missed taking my medications three or four days.

☐ e. I have missed taking my medications five or more days.

☐ f. I have stopped taking my medications.

2. Have you made any changes in how you take your medication (medications)? Please check any that apply for the past week.

☐ a. I have reduced my dose at times because I am feeling better.

☐ b. I have reduced my dose at times because of the medication's side-effects.

☐ c. I have increased my dose at times because I am feeling worse.

☐ d. I have not taken my medication as directed because I cannot afford it.

☐ e. I have always taken my medication as prescribed.

APA Guideline Recommendations for Treating Adults With Major Depressive Disorder

- Two new treatment guidelines for major depressive disorder (MDD) emerged in 2010:
  - An updated practice guideline from the American Psychiatric Association[1]
  - A universal treatment algorithm for MDD from an international panel of psychiatric experts[2]

- These guidelines recommend[1,2]:
  - Switching or augmentation after an inadequate response to an optimized initial antidepressant trial
  - Using an atypical antipsychotic as an augmentation option
  - Repetitive transcranial magnetic stimulation and exercise
  - Using measurement-based care to detect unresolved symptoms

1. American Psychiatric Association. Practice guideline for the treatment of patients with major depressive disorder. 3rd ed. Arlington, VA: American Psychiatric Association; 2010. http://psychiatryonline.org/data/Books/prac/PG_Depression3rdEd.pdf. Accessed August 6, 2014.
2. Nutt DJ, Davidson JR, Gelenberg AJ, et al. *J Clin Psychiatry*. 2010;71(suppl E1):e08. doi: 10.4088/JCP.9058se1c.08gry.

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THE VS6 APPLICATION

Patient Rated Tool

Tap the Login Bar

Admin | **Patients - Training Clinic** | Log Out

Search...

Last PHQ-9 Start 09/17/2014 | Last PHQ-9 End 03/20/2015

Search / Add Patient | G,R,E | Clinic TEST: Training Clinic

	PHQ Req'd	MRN	First Name	Last Name	DOB	F/U Re
Start PHQ-9 Rx	Yes	90097355	Test	Zzzageten	01/01/1998	Yes - M
Start PHQ-9 Rx Edit	Yes	Didnt hey	Gomer	Pyle	12/12/1987	Yes - M
Start PHQ-9 Rx	Yes	90097347	TEST	ZZZAGEFIFT…	01/01/1993	Yes - M
Start PHQ-9 Rx Edit	No	98765444	Homer	Simpson	03/18/1955	Yes - M
Start PHQ-9 Rx Edit	Yes	0192837465	Optional Forms	Test	12/01/1997	No
Start PHQ-9 Rx	Yes	90097352	Test	Zzzagesix	01/01/2002	No
Start PHQ-9 Rx Edit	No	7788	Johnny	Cash	02/26/1932	No
Start PHQ-9 Rx Edit	Yes	12345678…	Bart	Simpson	03/11/1977	No
Start PHQ-9 Rx Edit	Yes	913728	Bozo	Clown	05/05/1989	No
Start PHQ-9 Rx Edit	No	789	Hungry	Seven	07/08/1969	No
Start PHQ-9 Rx Edit	No	27931	Thirteen Year Old	Test	03/01/2002	No

1 | 1 - 11 of 11 items

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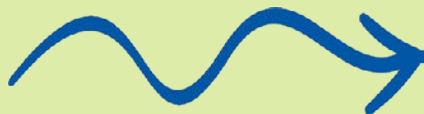

The Patient List screen opens

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Patient Health Questionnaire

Instructions

Please check one box for each statement.
Over the last 2 weeks, how often have you been bothered by any of the following problems?

	Not at all	Several days	More than half the days	Nearly every day
1. Little interest or pleasure in doing things	☑	☐	☐	☐
2. Feeling down, depressed, or hopeless	☐	☑	☐	☐

- In this case the PHQ-2 screen is **negative** (<3)
- No more questions are required
- The "Submit" bar is presented
- The patient taps "Submit" and the screen is complete

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Patients | vital sign6 **Follow-up Plan** | PHQ-9 History | Log Out

Patient Information

Clinic:	Non-Affiliated Clinic
Patient Name:	Fred Flintstone
DOB:	09/29/1969
MRN:	999666
Assessment Date:	03/19/2015
Visit Type:	Office Visit
Provider Name:	Ronny Pipes

Measures

PHQ Score: 1 — Minimal or No Symptoms

PHQ-2 Score: 1

PHQ-9 Score: [not given]

	Not at all	Several days	More than half the days	Nearly every day
9. Thoughts that you would be better off dead, or of hurting yourself.	☐	☐	☐	☐

Not

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The application opens to the scores and meanings for the questionnaires the patient just completed.

Major Depressive Episode Checklist

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Spanish | Major Depressive Episode Checklist | Print | Close

*Symptoms must be present for most of the day, nearly every day for at least two weeks.

Answer	No.	Item
YES [x] or NO [ ]	1.	Depressed mood most of the day, nearly every day, as indicated by either subjective report (e.g., feels sad, empty, hopeless) or observation made by others (e.g., appears tearful) • Note: In children and adolescents, can be irritable mood
YES [x] or NO [ ]	2.	Markedly diminished interest or pleasure in all, or almost all, activities most of the day, nearly every day (as indicated by either subjective account or observation)

*If the answer to either question is YES, continue to the following questions below.

Check all that have been present for most of the day, nearly every day for at least two weeks.

Check	No.	Item
[ ]	3.	Significant weight loss when not dieting or weight gain (e.g., a change of more than 5% of body weight in a month), or decrease or increase in appetite nearly every day • Note: In children, consider failure to make expected weight gain
[x]	4.	Insomnia or hypersomnia nearly every day
[ ]	5.	Psychomotor agitation or retardation nearly every day (observable by others, not merely subjective feelings of restlessness or being slowed down)
[x]	6.	Fatigue or loss of energy nearly every day
[x]	7.	Feelings of worthlessness or excessive or inappropriate guilt (which may be delusional) nearly every day (not merely self-reproach or guilt about being sick)
[x]	8.	Diminished ability to think or concentrate, or indecisiveness, nearly every day (either by subjective account or as observed by others)
[x]	9.	Recurrent thoughts of death (not just fear of dying), recurrent suicidal ideation without a specific plan, or a suicide attempt or a specific plan for committing suicide

Answer	Item
YES [x] or NO [ ]	Five (or more) of the preceding symptoms have been present during the same 2-week period and represent a change from previous functioning; at least one of the symptoms is either (1) depressed mood or (2) loss of interest or pleasure.
YES [x] or NO [ ]	Do the symptoms cause clinically significant distress or impairment in social, occupational, or other important areas of functioning?
YES [ ] or NO [x]	Is the episode attributed to the physiological effects of a substance or another medical condition?

Continue

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It's also available in Spanish

Diagnostic and Coding Instructions for MDD

Diagnostic & Coding Instructions for MDD

Close

*Symptoms must be present for most of the day, nearly every day for at least two weeks.

1. The first three digits are 296.
2. The fourth digit is either 2 (if there is only a single major depressive episode) or 3 (if there are recurrent major depressive episodes).
3. The fifth digit indicates the following: 1 for mild severity, 2 for moderate severity, 3 for severe without psychotic features, 4 for severe with psychotic features, 5 for in partial remission, 6 for in full remission, and 0 if unspecified.

Severity/course specifier	Single episode	Recurrent episode*
Mild	☐ 296.21 (F32.0)	☐ 296.31 (F33.0)
Moderate	☑ 296.22 (F32.1)	☐ 296.32 (F33.1)
Severe	☐ 296.23 (F32.2)	☐ 296.33 (F33.2)
With psychotic features**	☐ 296.24 (F32.3)	☐ 296.34 (F33.3)
In partial remission	☐ 296.25 (F32.4)	☐ 296.35 (F33.41)
In full remission	☐ 296.26 (F32.5)	☐ 296.36 (F33.42)
Unspecified	☐ 296.20 (F32.9)	☐ 296.30 (F33.9)

Recurrent: *For an episode to be considered recurrent there must be an interval of at least 2 consecutive months

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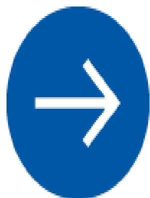
iPad 4:45 PM 76%

Patients | vital sign Follow-up Plan | PHQ-9 History | Log Out

CPT Codes | 99213 – Established Patient Level 3 Office Visit × | CPT Reference

Check all that apply:

Measurement Based Care for Depression in Primary Care	☑
Pharmacological Treatment	☑
Non-pharmacological Treatment	☐
Treatment Refused by Patient; Monitor and Reevaluate	☐
External Specialty Care Referral	☑
Psychiatry	☐
Evidence-based Psychotherapy	☑
Other Therapy	☐
Unspecified	☐
Monitor and Rescreen at Next Visit	☐
No Follow-up Indicated	☐



Submit Follow-up

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Once you have checked all of the appropriate treatment options, tap “Submit Follow-up.“

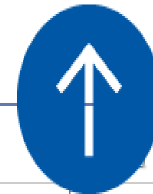
Since this patient is reporting drug use - consider using the Drug Abuse Screening Test (DAST) and evaluate for drug abuse.

Since this patient is reporting alcohol misuse during the past 3 months - consider using the Michigan Alcohol Screening Test (MAST) and evaluate for alcohol abuse.

Since this patient is reporting a significant level of pain - consider using the PFIBS to monitor this patient.

CPT Codes

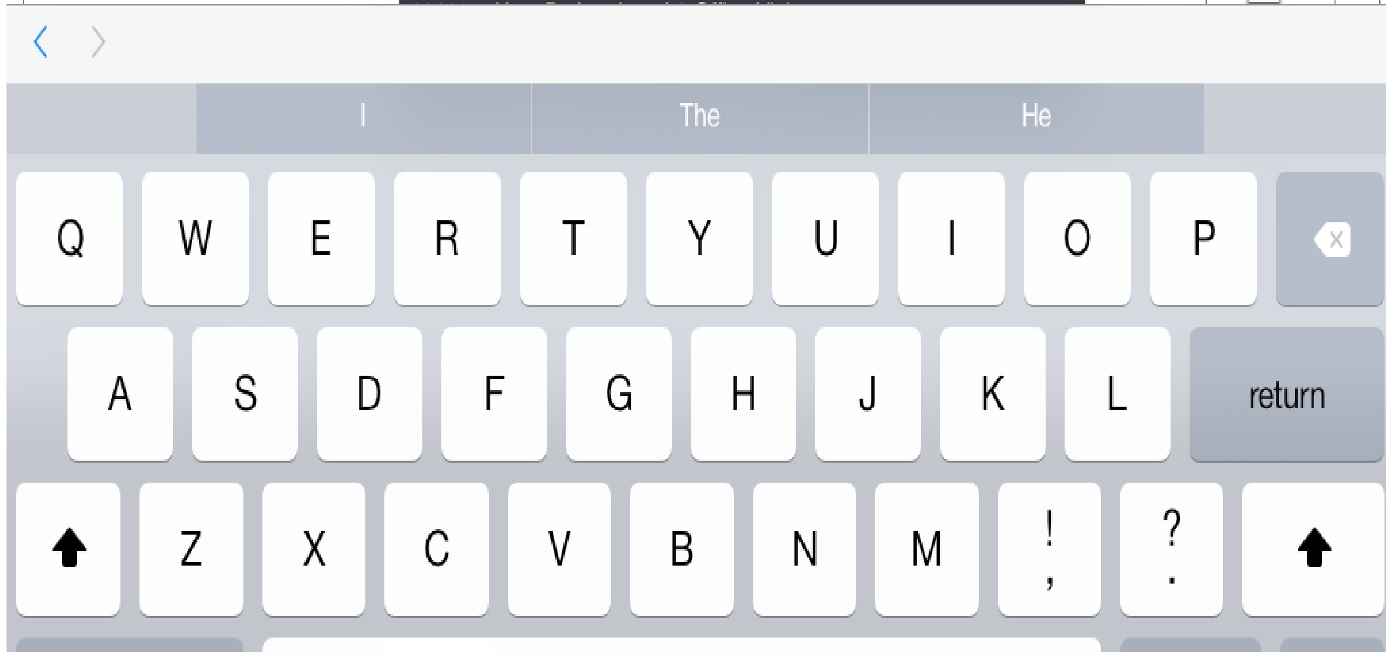
- G0444 - Annual Depression Screening
- 99240 – Health Risk Assessment
- 99201 – New Patient Level 1 Office Visit
- 99202 – New Patient Level 2 Office Visit



Check all that apply:

Measurement Based Care for

External Specialty Care Referr



Tap the "CPT Code Reference" button to see these pages. . .

vital sign CPT Codes Reference Sheet

Close

Established Office Patients (99211-99215)

These codes are used to bill for established patients being seen in the office. An established patient is defined as someone who has been seen by you or a physician in the same specialty in your group within the previous three years. There are five levels of care for this type of encounter which all require documentation of TWO components. The fact that only two out of three key components are needed means that you can save a considerable amount of time by streamlining your documentation. Most physicians under-code and over-document these visits. Again, "time" can only be used as a component if > 50% of the total face-to-face time with a patient was spent providing "counseling and coordination of care;" otherwise, the three components must be "history," "exam," and "medical decision-making."

Level	E/M Code	History	Physical Exam	MDM	Time
1	99211	None	None	None	5
2	99212	Problem Focused	Problem Focused	Straightforward	10
3	99213	EPF	EPF	Low	15
4	99214	Detailed	Detailed	Moderate	25
5	99215	Comprehensive	Comprehensive	High	40

Depression Screening codes

G0444 – Can be used once per year for annual depression screening. Specific to patients with Medicare.

99240 –Can be used at each visit in which a "health risk assessment" tool is administered. Some commercial insurances are categorizing the PHQ-9 and other similar depression screening and monitoring tools as "health risk assessments." **One of the ICD codes for the patient encounter must include V79.0, though, which is the diagnostic code for depression screening.** Can be used as an "add-on" to an E&M code or as a stand-alone

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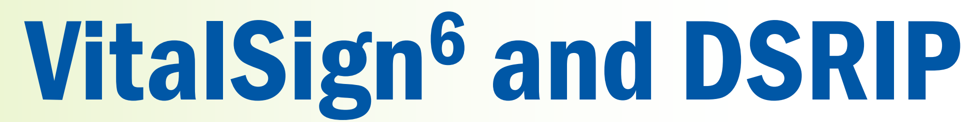
VitalSign6 and DSRIP

DSRIP Terms

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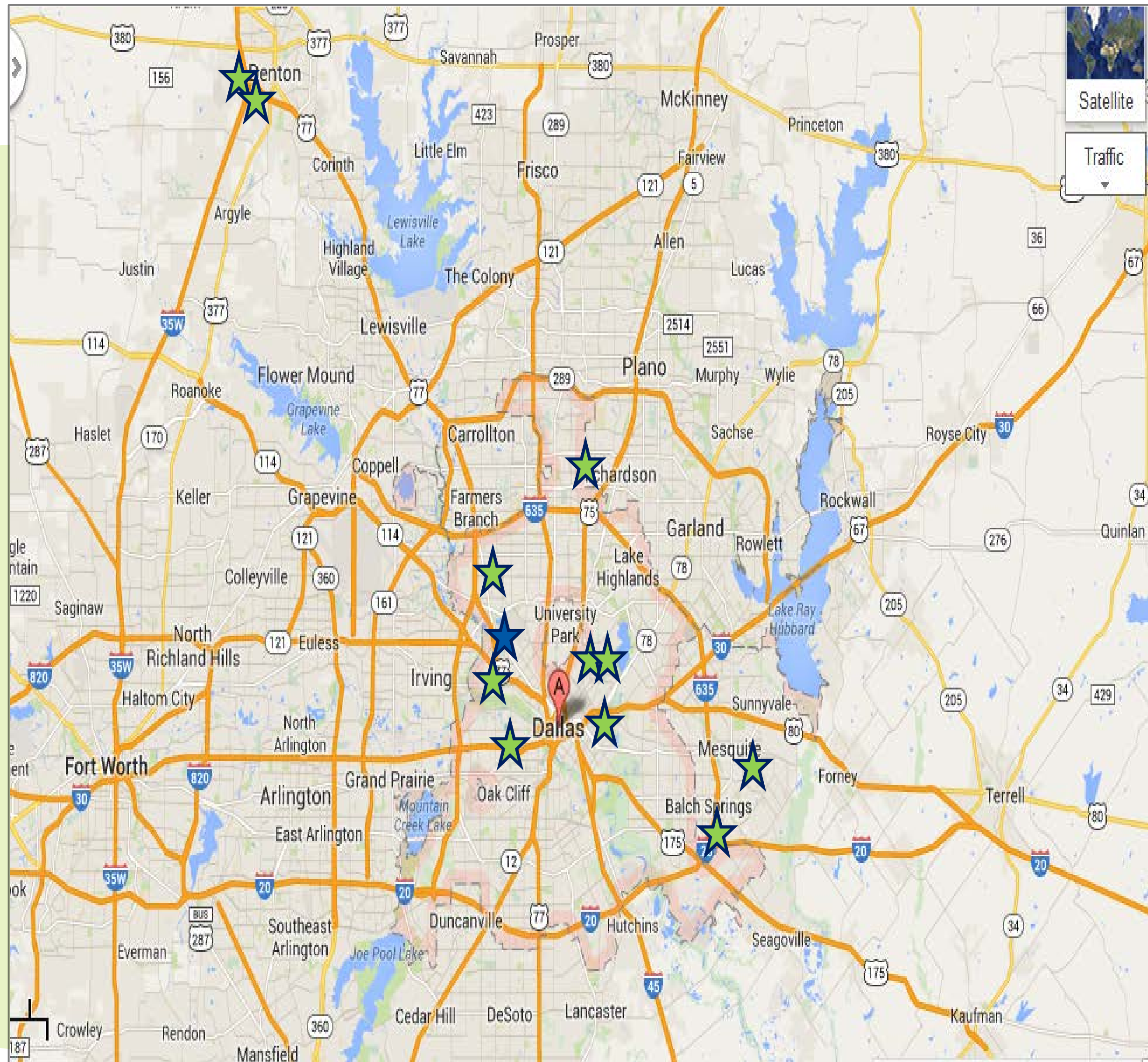
DSRIP Terms	TEXAS	NEW YORK
DY1	October 2012	April 2015
Network Structure	Single Providers working with Regional Health Partnerships (RHP)	PPS - Provider Performing Systems
Medicaid Expansion State	No	Yes
Patient Attribution	No	Yes
Eligible Patients	Medicaid, Low-Income, Uninsured	Medicaid and Uninsured
Medicaid, Low Income, Uninsured threshold	Established by each DSRIP Project	DSRIP Required threshold to participate
Valuation	IGT model	PMPM model
Provider Networks Required	No	Yes
Clinical Improvement	Category 3 Measures	Domain 3

Active Waiver Clinics



UTSW ★

Clinic ★

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10 Steps to VitalSign^6 Implementation

1. Introductory Meeting
2. Presentation to Providers
3. Execute MOUs and BAAs
4. Complete Workflow Integration Assessment
5. Mandatory Depression Specific Trainings
6. VitalSign6 Application Training
7. Launch Planning Meeting
8. iPad Setup
9. 2 Weeks of Soft Launch
10. GO LIVE

Implementation Process

Introductory Meeting

Introduction to VitalSign⁶ Project

The need for Depression Screening in Primary Care

The impact on General Health Conditions

Treating Depression in Primary Care

Algorithm Base Treatment

Overview of Measurement Based Care (MBC)

Target Audience: CEO, owner, lead provider of primary care clinic

Presentation to Providers

VitalSign⁶

Benefits to Participation

Current state of screening and treating depression in Primary Care

Meaningful Use Certification requirements

Why is it important to screen for depression?

Why screen in Primary Care?

Target Audience: Practice Manager and all clinic prescribers and providers

Sign MOUs and BAAs

Key Step

Completion of Workflow Integration Assessment

Mandatory Depression Specific Training

Overview of Depression

What is Depression?

Signs and Symptoms of Depression

Depression as a chronic condition

Why annual screening is important

How depression impacts health

What it means if you are diagnosed with depression

Managing Depression in Primary care

Online

All clinic staff

1 hour, CME credits available

Introduction to Measurement Based Care

Acute Care Twelve Week Protocol

MDD Diagnosis Confirmation

- Patient Health Questionnaire (PHQ)
- Frequency, Intensity, and Burden of Side Effects Rating (FIBSER)
- Patient Adherence Questionnaire (PAQ)
- Generalized Anxiety Disorder 7 Item Scale (GAD-7)
- Concise Associated Symptom Tracking Self Report (CAST SR)
- Pharmacological Intervention
- Behavioral Intervention

All clinic staff

1 hour, CME credits available

Depression Screening Tools and the Basics of Diagnosing

Introduction to Screening

- The Approach: Where, When, and How
- Documenting and Communicating Results

Screening Instruments

- PHQ-2 and PHQ-9

Screening Results

- Negative Screen
- Positive Screen
- Score Interpretations
- How to Confirm MDD

How to Conduct a Diagnostic Interview

- Rapport Building
- Risk Assessment and Safety Planning
- MDD Symptom Identification
- Ruling out Other Diagnoses

Online

1 hour, CME credits available

Measurement Based Care for Depression: Treatment Decisions and Tactics

Rationale for MBC

Components of MBC

MBC Measures and their Uses

- PHQ-9
- PAQ
- GAD-7
- FIBSER
- CAST-SR

General Medical MBC Guidelines

- Treatment Goals for MDD
- Critical Decision Points

Treatment Algorithm

- Acute Treatment Phase
- Continuation Phase
- Maintenance Phase

Online, 1 hour, CME Credits Available

Online, 1 hour, CME Credits Available

Application Training

Searching for patients

Pulling up patient records

Adding new patients

Administering PHQ -2

Documenting Diagnosis and follow up plan

Understanding the PHQ-2, PHQ-9, FIBSER, GAD-7, CAST-SR, PFIBS, Substance Use, CHRT and PAQ

Face to Face

120 minutes

All clinic staff

VitalsSign6:
Aligning Quality Efforts

Policies, Systems, and Environmental Changes in Healthcare

Meaningful Use and ACO:

Clinical Quality Measures

- Screening for clinical depression (ACO #18)
- Utilization of the PHQ-9 tool
- MDD diagnostic evaluation
- Antidepressant medication management
- Depression remission at 6 months
- Depression remission at 12 months (ACO #40)

HRSA-funded Health Centers

- Expected to have ongoing quality improvement and assessment programs that include clinical services and quality management
- Percentage of patients aged 12 and older screened for clinical depression using an age appropriate standardized tool AND follow-up plan documented

More reasons to implement screening for depression

NCQA Patient Centered Medical Home Standards

PCMH 1: Enhance Access and Continuity

- Comprehensive assessment includes depression screening for adolescents and adults

PCMH 3: Plan and Manage Care

- One of three clinically important conditions identified by the practice must be a condition related to unhealthy behaviors (e.g., obesity) or a mental health or substance use condition.

PCMH 5: Track and Coordinate Care

- Track referrals and coordinate care with mental health and substance abuse services.

Source: Standards and Guidelines for NCQA's Patient-Centered Medical Home, 2011 (Rev. 7/29/13), Appendix 2

Medicare Part B

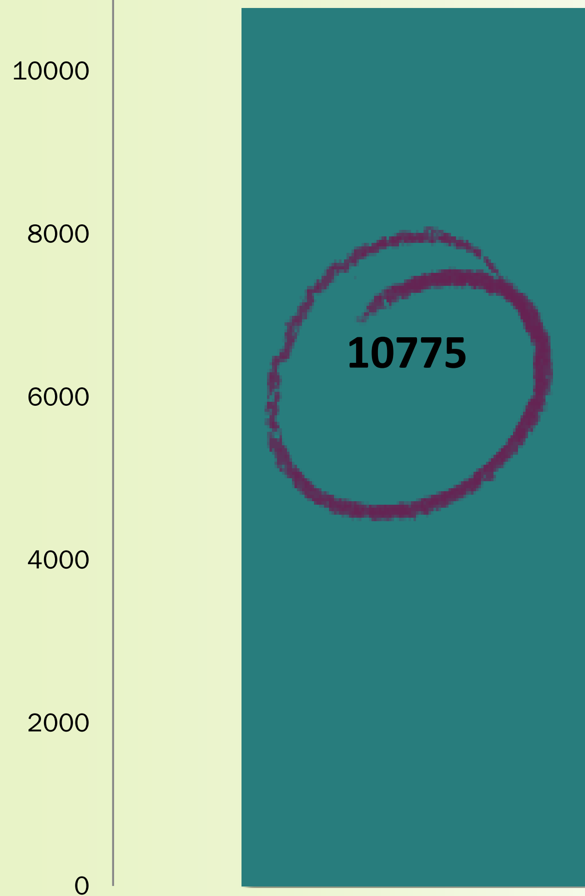
- Covers annual screening up to 15 minutes for depression screening for Medicare beneficiaries in primary care settings when staff-assisted depression care supports are in place to assure accurate diagnosis, effective treatment, and follow-up.

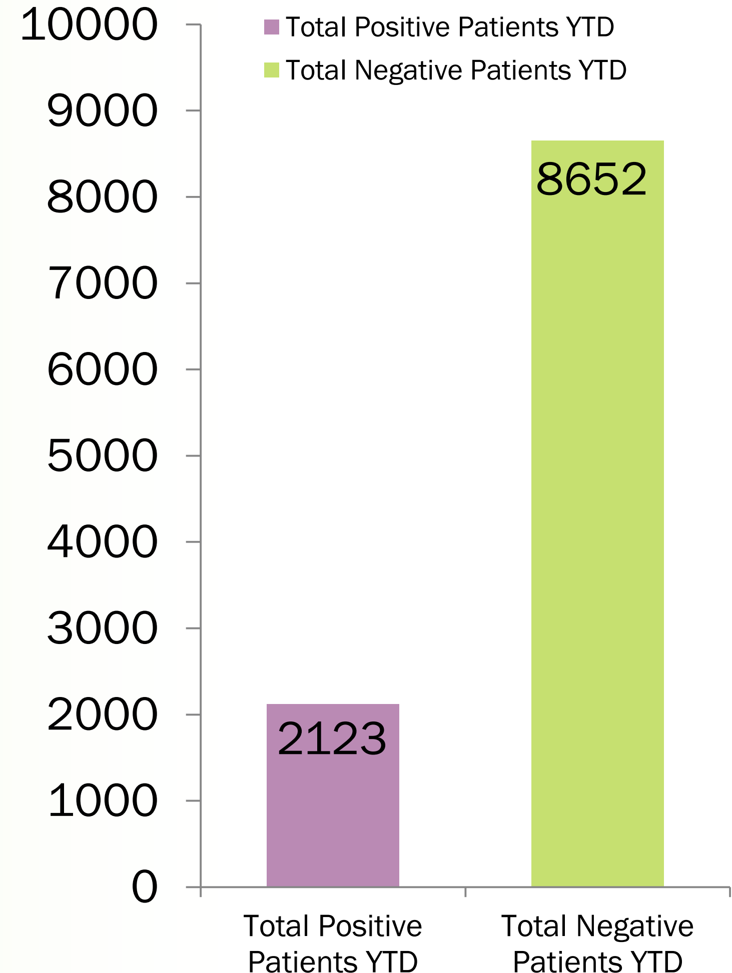
Accountable Care Organization Quality Measures

- Preventive Health: Measure #18: Depression Screening
- Mental Health Disease Module #40: Depression Remission at 12 months

VitalSign^{6} Outcomes Data and Continuous Quality Improvement

VitalSign^6 Screening Data – TOTAL (Total, Positive, Negative) August 21, 2014 – July 31, 2015





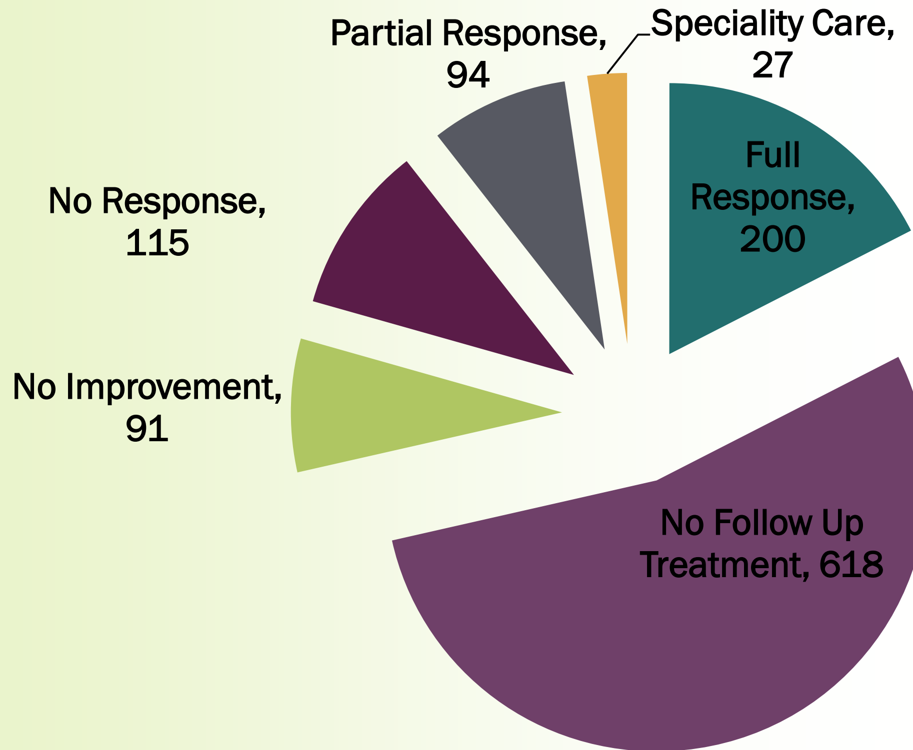
Screening Data by Months
(Total, Positive, and Negative)
August 21, 2014 – July 31, 2015

Month	Sum of Total Patient	Sum of Negative Patient	
Aug-14	19	17	2
Sep-14	111	91	20
Oct-14	344	269	75
Nov-14	650	497	153
Dec-14	970	787	183
Jan-15	1304	1032	272
Feb-15	1288	1036	252
Mar-15	1296	1044	252
Apr-15	1202	954	248
May-15	1367	1108	259
Jun-15	1174	958	216
Jul-15	1050	859	191

Y-axis: 0, 200, 400, 600, 800, 1000, 1200, 1400, 1600

Treatment Response Rates for Individuals using Measurement Based Care

August 21, 2014 – July 31, 2015



Full Response: Greater than or equal to 50% decrease in PHQ9 score	**No Improvement:** PHQ9 score unchanged or worsened
Partial Response: 49%-25% decrease in PHQ9 score	**No Follow-up Treatment:** Patients screened positive but with no follow up visit date
No Response: Less than 25% decrease in PHQ9 score	**Specialty Care:** Patients screened positive and referred to specialty care

Thank you!