HRSA
Health Resources & Services Administration

Welcome to Behavioral Health Technical Assistance (BH TA) Virtual Peer Learning Office Hours

Supported by the HRSA Bureau of Primary Health Care (BPHC), Office of Quality Improvement (OQI)

Vision: Healthy Communities, Healthy People

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Virtual TA/Office Hours
UDS Depression Measures:
How to Measure Them & How to Meet Them

Chantal Laperle, MA, CPHQ, PCMH CCE, CTL

Amber Murray, BSN, MA – Virtual TA/Office Hours Task Lead & Facilitator

July 25, 2002

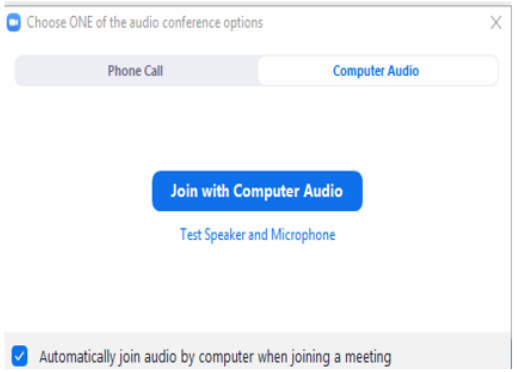
Vision: Healthy Communities, Healthy People

Housekeeping

To establish an audio connection:

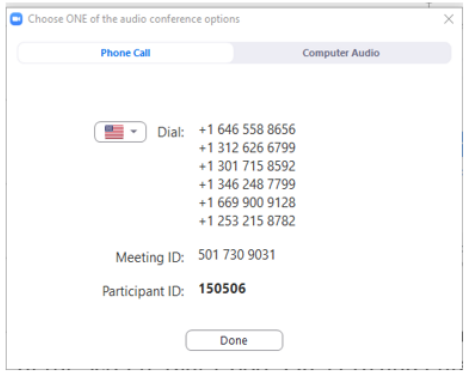
By computer:

- Click **Join with Computer Audio**.

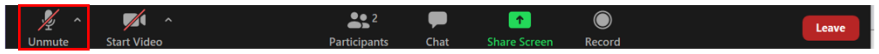


By phone:

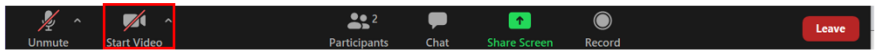
- Click the **Phone Call** tab, dial a listed phone number, and enter **Meeting ID** and **Participant ID**.



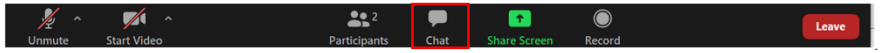
- You will begin muted. To **unmute/mute**, click the **microphone** icon located at the bottom left of your Zoom window.



- We encourage everyone to keep their video enabled. Click **Start Video** to join by webcam.



- To ask a question using the **Chat** feature, click the **Chat** icon located at the bottom center of your Zoom window.



Notes:

- **Please participate and, if possible, be on camera.**
- **Please mute your phone line if dialed in for audio and remain on mute until you would like to speak.**
- **This TA event is being recorded.**

HRSA Health Center Program

Continuing Education

- We will be offering **1 CE credit** for your attendance at today's event.
- You **must** complete the Health Center Satisfaction Assessment to be eligible for CEs.
- **CE credits will be distributed within 3 weeks of the event.**

This course has been approved by JBS International, Inc. as a NAADAC Approved Education Provider, for educational credits. NAADAC Provider #86832, JBS international, Inc. is responsible for all aspects of their programming.

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HRSA Health Center Program

Virtual TA: Presenters & Facilitators

Presenter:
Chantal Laperle, M.A., CPHQ, PCMH CCE, CTL
Senior Program Manager
Advocates for Human Potential

Facilitator:
Amber Murray, BSN, MA
Technical Expert & Task Lead
JBS International, Inc.

Today's Agenda

- Welcome & Introductions
- Presenter Presentation
  - **UDS Depression Measures: How to Measure Them & How to Meet Them**
- Facilitated Discussion
- Announcements
  - Office hours for this event
  - Future TA events
  - Satisfaction assessment form

Source: iStock

Polling Question #1

What are the main reasons for your participation in today's Office Hours? Select all that apply.

1. General information on the topic from the presenter
2. To engage in discussion with other health centers
3. To raise questions about this topic as it relates to my health center
4. To listen and learn about the experiences of other health centers

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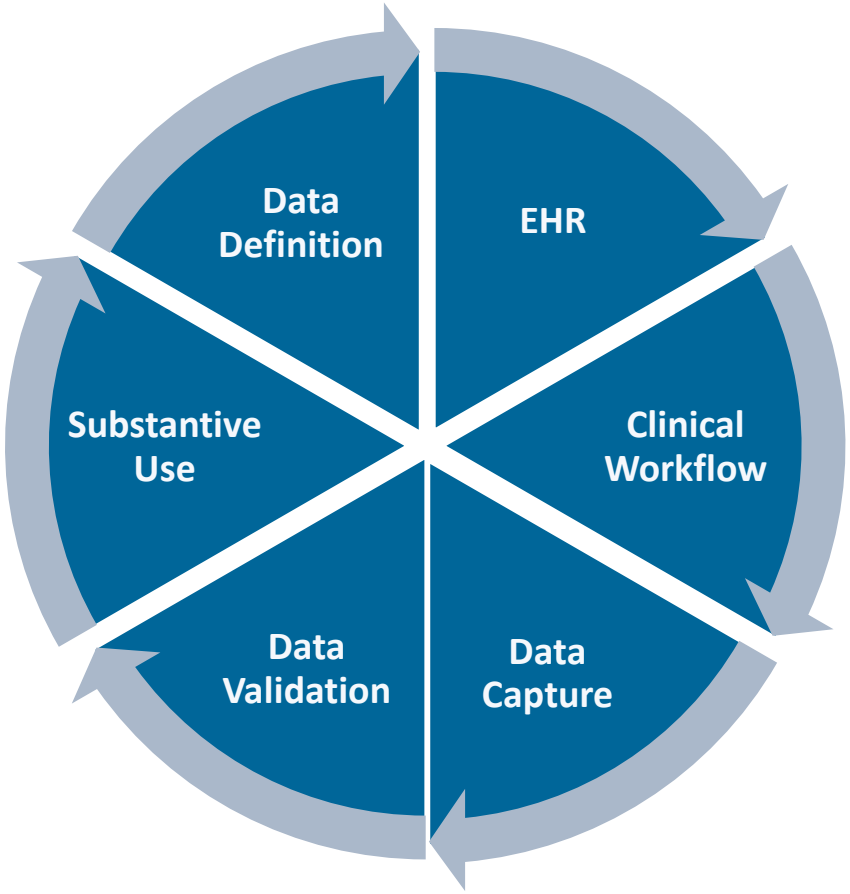
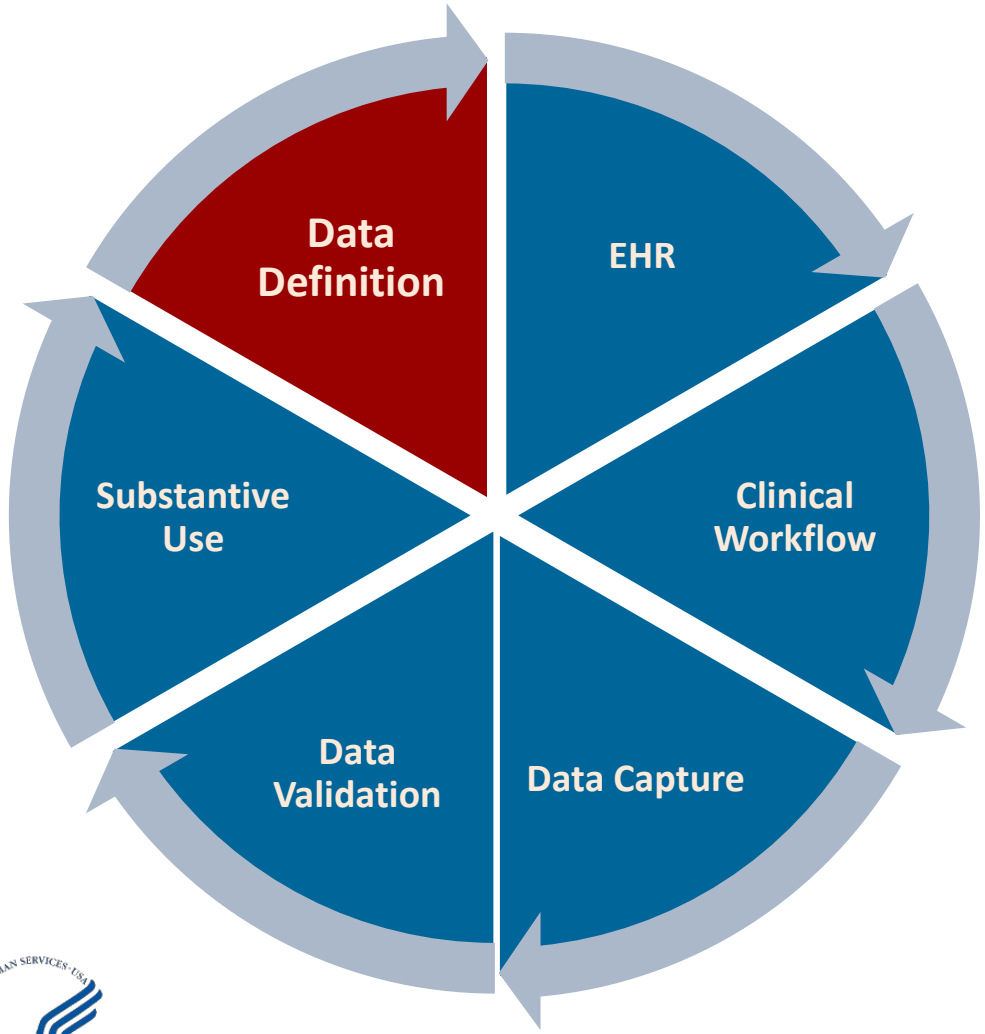
Depression Screening Data Life Cycle



Data Definition



Data must be defined if it is going to be useable

- Must be in the correct form
- Must be in the correct place within the EHR
- Must be attributable (patient, provider, location, date etc.)

Reports must be defined

- Attribute
- Numerator
- Denominator
- Exclusions

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UDS Table 6B Chronic Disease Management

1. Identify patients with the disease or condition.
2. Determine whether those patients meet the other specifications for inclusion in the measure, meaning they don't meet any exclusions or exceptions.
3. For those included, determine whether they have received the specified care or service.
4. For those who have received the specified care or service, determine whether the outcome has been documented.

Data Definition

6B, Line 21 Preventative Care and Screening: Screening for Depression & Follow Up Plan

Percentage of patients aged 12 years and older screened for depression on the date of the visit or 14 days prior to the visit using an age-appropriate standardized depression screening tool and, if positive, had a follow up plan documented on the date of the visit

- **Denominator (Universe):** Patients aged 12 years and older with at least one medical visit during the measurement period.
- **Numerator:** Patients who: were screened for depression on the date of the visit or up to 14 days prior to the date of the visit using an age-appropriate standardized tool and, if screened positive for depression, had a follow up plan documented on the date of the visit. *Note: Include in the numerator patients with a negative screening and those with a positive screening who had a follow-up plan documented.*
- **Exclusions:** Patients who have been diagnosed with depression or bipolar disorder.
- **Exceptions:** to participate Medical reason(s), including patients: who are in urgent or emergent situations where time is of the essence and to delay treatment would jeopardize the patient's health status or whose cognitive Patients who refuse, functional, or motivational limitations may impact the accuracy of results.

2021 National Average: 67.42%

Major Changes from 2021 to 2022: None
Major Difference between UDS and eCQM: None

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Data Definition

6B, Line 21a Depression Remission at Twelve Months

Percentage of patients aged 12 years and older with major depression or dysthymia who reached remission 12 months (+/- 60 days) after an index event

- **Denominator (Universe):** Patients aged 12 years and older **with a diagnosis of major depression or dysthymia** and an initial PHQ-9 or PHQ-9 modified for teens score greater than 9 during the index event and at least one medical visit during the measurement period Note: Patients may be screened using PHQ-9 and PHQ-9M up to 7 days prior to the office visit, including the day of the visit.
- **Numerator:** Patients who achieved remission at 12 months as demonstrated by a 12-month (+/- 60 days) PHQ-9 or PHQ9M score of less than 5.
- **Exclusions:** Patients with a diagnosis of bipolar disorder, personality disorder emotionally labile, schizophrenia, psychotic disorder, or pervasive developmental disorder Patients who died or who received hospice or palliative care services or who were permanent nursing home residents.

2021 National Average: 13.84%

Major Changes from 2021 to 2022: None
Major Difference between UDS and eCQM: None

Polling Question #2

Which Depression Measure does your health center struggle with the most? Select one.

1. 6B, Line 21 “Preventative Care and Screening for Depression & Follow Up Plan”
2. 6B, Line 21a “Depression Remission at Twelve Months”
3. Equally challenging

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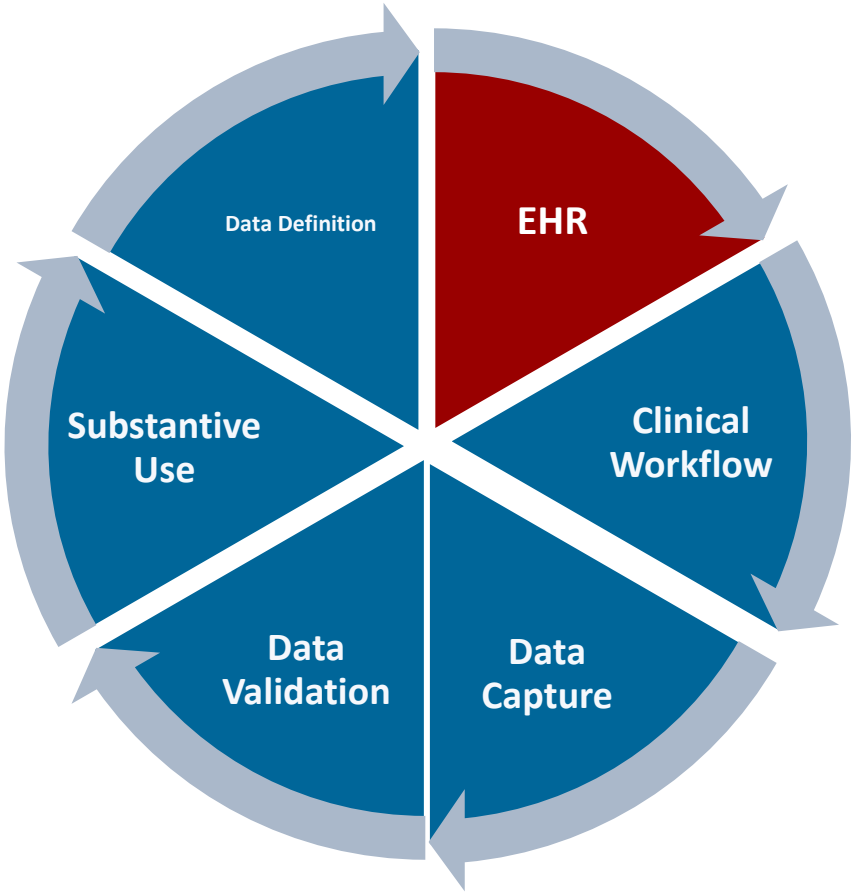
Electronic Health Record (EHR)



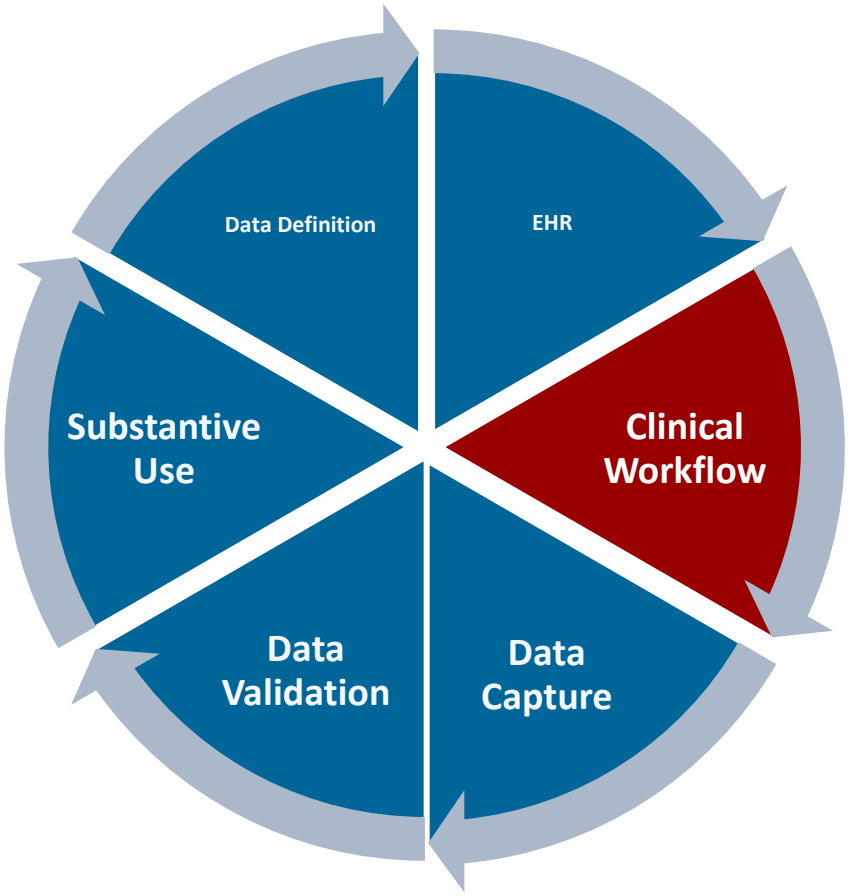
- Keep up to date with upgrades and patches
- Importance of an EHR team to ensure EHR is “source of truth”. This team is responsible for functionality, security and quality improvement
- EHR Team Members should include:
  - IT
  - Clinical leadership
  - Operations
  - Finance / Billing
  - Quality Improvement
  - Data Analysts

EHR

- **All EHRs have multiple reporting capabilities**
  - Certified reports – Primarily CMS electronic Clinical Quality Measures (eCQMs)
  - Other vendor developed reports – e.g. . Million Hearts, UDS
  - Capability to “write” customized reports
  - Reporting capability of EHR may be supported by data warehouses and other reporting tools.

- **EHR must be regarded as the Data “Source of Truth”**

Clinical Workflow



- Clinical workflows – all processes that contribute to the delivery of services
- The alignment of workflows in EHR configuration
- Clinical workflows need to be developed collaboratively across functions and with the input of all stakeholders if all need are to be met:
  - Front Desk
  - Primary Care Providers
  - Care Coordinator
  - Behavioral Health

Workflow stakeholders includes everyone who inputs or extracts data in the EHR as part of a patient visit or as a result of the visit

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Clinical Workflow

6B, Line 21 Preventative Care and Screening: Screening for Depression & Follow Up Plan

Who: Using your support staff; front desk, medical assistants using a list of target patients flagged within your health record.

What: Providing the screening tool via the patient portal, on paper or a tablet at check-in, lets patients complete the screener at their own pace. A standardized depression screening tool can be completed up to **14 days prior to the encounter** for review during the eligible encounter. Care team members can provide patients assistance with completing, given the care team understands the purpose and importance of the PHQ 9 and has been trained in engaging patients to complete the screener accurately.

Where: At check in, in exam room or via patient portal. Staff can then enter the information into the EHR or ensure completion if done via tablet or portal, so that it is available to the provider for the visit. Providers would then be flagged to intervention based on results.

When: **National Guidelines require it once per year (or once during measurement period). Although studies have not established an optimal frequency, but have suggested guidelines:**

- For patients with a history of depression, it is suggested screening ***at each visit***.
- For patients at intermediate risk, such as patients receiving regular care for chronic medical conditions such as diabetes or heart disease, it is reasonable to screen ***at least once each year***.
- For patients in generally good health who only see their primary care physicians sporadically, it may make sense to **screen at each visit**, although it is likely that a person who rarely sees a physician may not necessarily schedule an appointment to see a primary care physician within weeks or even months of onset of a depressive syndrome. For such individuals, it may more sense to incorporate periodic web-based 'health checks.'"

How: Developing patient registries, monitoring reports that are accessible and easy for staff to read/understand that identifies patients who need screening.

Thase, M, *JAMA*.2016, https://jamanetwork.com/journals/jama/fullarticle/2484316

Clinical Workflow

6B, Line 21a Depression Remission at Twelve Months

Who: Using your support staff; front desk, medical assistants using a list of target patients flagged within your health record. This measure is for patients **with a diagnosis of major depression or dysthymia.**

What: For this UDS measure, the **PHQ-9 must be used** as apposed to the depression screening measure which does not specify a required tool, but this measure does.

Where: At check in, in exam room or via patient portal. Staff can then enter the information into the EHR or ensure completion if done via tablet or portal, so that it is available to the provider for the visit. Providers would then be flagged to intervention based on results.

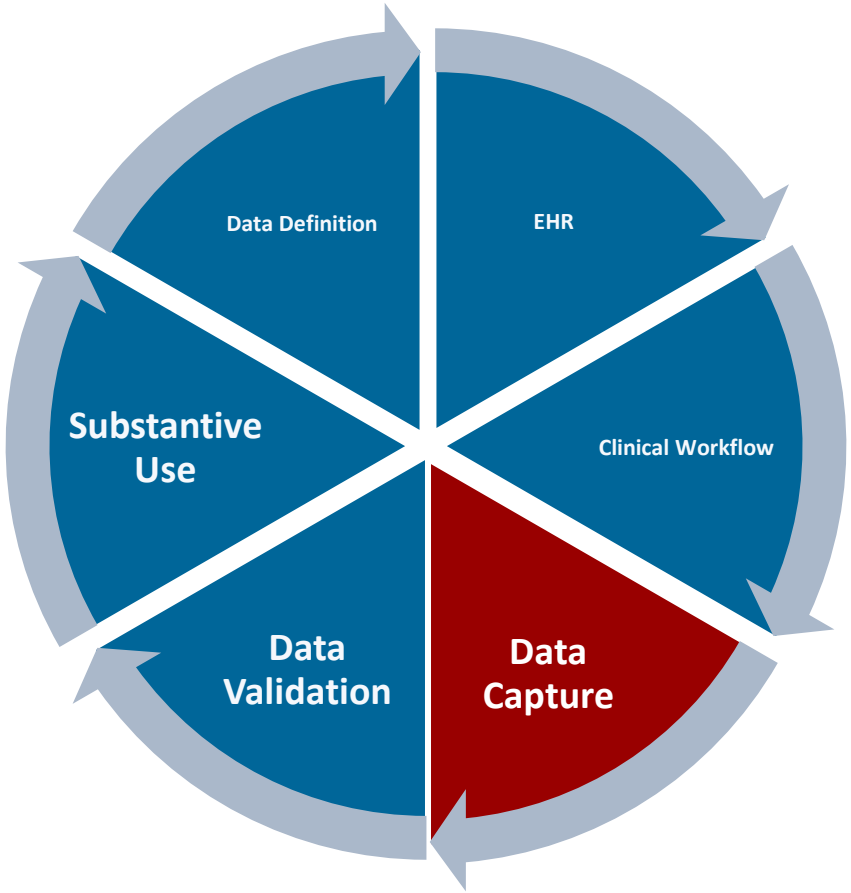
When: Patients may be screened using PHQ-9 that can be **completed up to 7 days prior** to the encounter with the provider (including telehealth visits)**.** A similar process as depression screening can be used to administer. If **multiple PHQ-9 scores** are captured within the 60-day window (12 months from the index event +/-60 days), use most recent score. It's a common workflow for depression screenings to be done as part of **preventive visits**.

National Guidelines require it once per year (measurement period), although studies have not established an optimal frequency, but have suggested guidelines

For patients with a diagnosis of major depression or dysthymia, it is suggested screening *at each visit*.

How: Developing patient registries, monitoring reports that are accessible and easy for staff to read/understand that identifies patients who need screening.

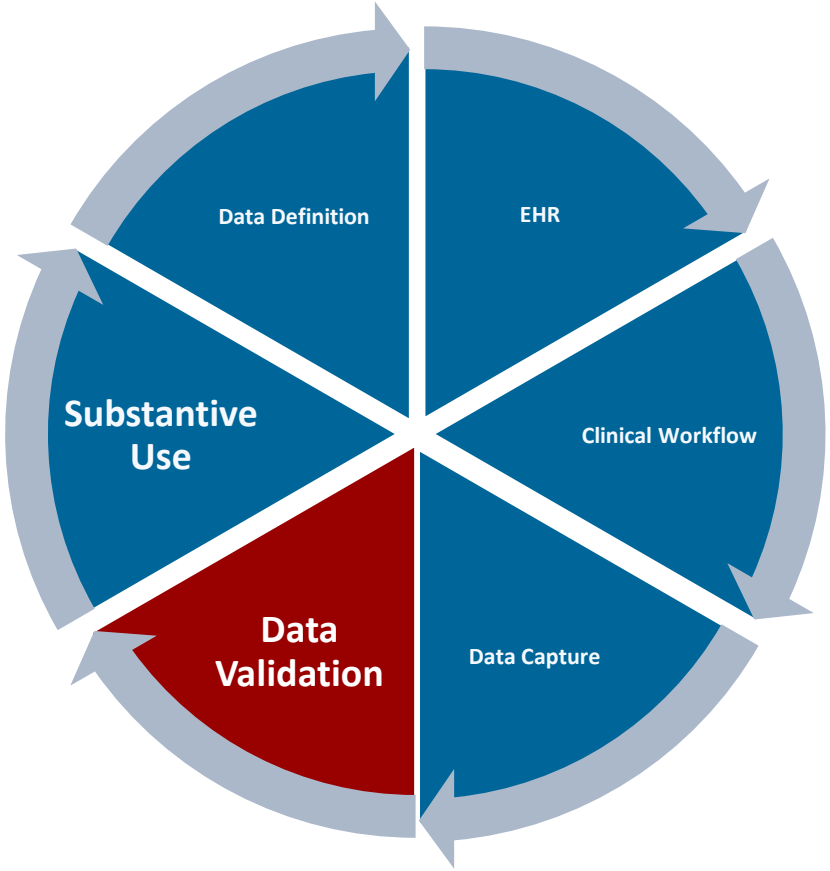
Data Capture



- The correct person putting the correct data in the correct form in the correct place!
- Data capture linked very closely with Clinical Workflows:
  - Must operate consistently:
    - ✓ Staff changes or absences
    - ✓ Busy / not busy
  - Often defined by documented protocol
  - Must not “expand” until burdensome
  - Exceptions must be formally managed

Good data is CONSISTENT data!

Data Validation



- Data validation is the process of ensuring that an EHR operates on clean and correct data.
- It is a constant and continual process
- Data can be verified by:
  - Data audits to ensure that data is accurate and consistent
  - Understanding trends and identifying “outliers”
  - Comparing data from multiple sources
  - Confirming by manually sampling
  - Comparing data to state and national benchmarks
  - Formal corrective action taken when data is found to be problematic

Data Validation - Potential Data Issues

Validating your Data Audit Tool http://www.hiteqcenter.org/Resources/HealthITEnabledQI/ValidatingDataAccuracy/tabid/141/Default.aspx

Report Missing Values	Timing	Non-Compliant Value	Documentation in the Wrong Location
Report not picking up patients from all sites/report not pulling follow-up data	Report not pulling data from correct time frame	Report pulling values such as when patient refused depression screening and is counted as compliant	Follow-up provided, but documented as free text instead of a checkbox
Documentation in Invalid Form	**No Service Provided**	**Exclusion Issue**	**Service Incomplete**
Follow-up provided, but documented as free text instead of a checkbox	Report is not pulling when screening and follow-up was provided, or report is correct and no service provide	Report is pulling patients with a diagnosis of depression or currently in treatment for depression.	Report is pulling only screening information and not picking up follow-up provided.

Common Reporting Issues

Including Patients with Screening Test Results:

- That were negative
- That were positive and had a follow-up plan documented

Universe (Denominator) in Question

- Are you including all medical patients over 12 from all your sites? Typically look for the universe as a percent of estimated medical patients being greater than 75% and less than 90%. Less than 70% and greater than 95% suggests exclusions may be incorrect.
- Have all the patients included had at least one medical visit during the measurement period?
- Are you excluding patients with current diagnosis of depression?
- Are you excluding patients currently in treatment for depression?

Common Reporting Issues

Compliance Rate in Question

- Are you counting only positive depression screenings? (which would result in a lower compliance rate)
- 100% Compliance rate?
- Is your workflow mapping properly – is the right data getting to the right place
- Have you validated your data?

Documented Follow-up for a Positive Depression Screening Must Include One or More of the Following:

- Additional evaluation for depression
- Suicide Risk Assessment
- Referral to a practitioner who is qualified to diagnose and treat depression
- Pharmacological interventions
- Other interventions or follow-up for the diagnosis or treatment of depression

Data Validation - The Path Forward

Resolving Numerator Issues

- Improving your Workflow
- Ensuring structured data
- Enhancing your EHR report programming

Resolving Denominator/Universe Issues

- Ensuring structured data
- Enhancing your EHR report programming

Preventing Clinical Issues

- Establishing Protocols and clinical decision-making
- Training

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Polling Question #3

What part of your data collection and reporting processes may need to change to meet the UDS depression reporting requirements? Select all that apply.

1. Modifications to the EHR
2. Modifications to Clinical Workflows
3. Improve compliance in Data Capture
4. Use of data validation to identify inconsistences
5. More effective and efficient use of data

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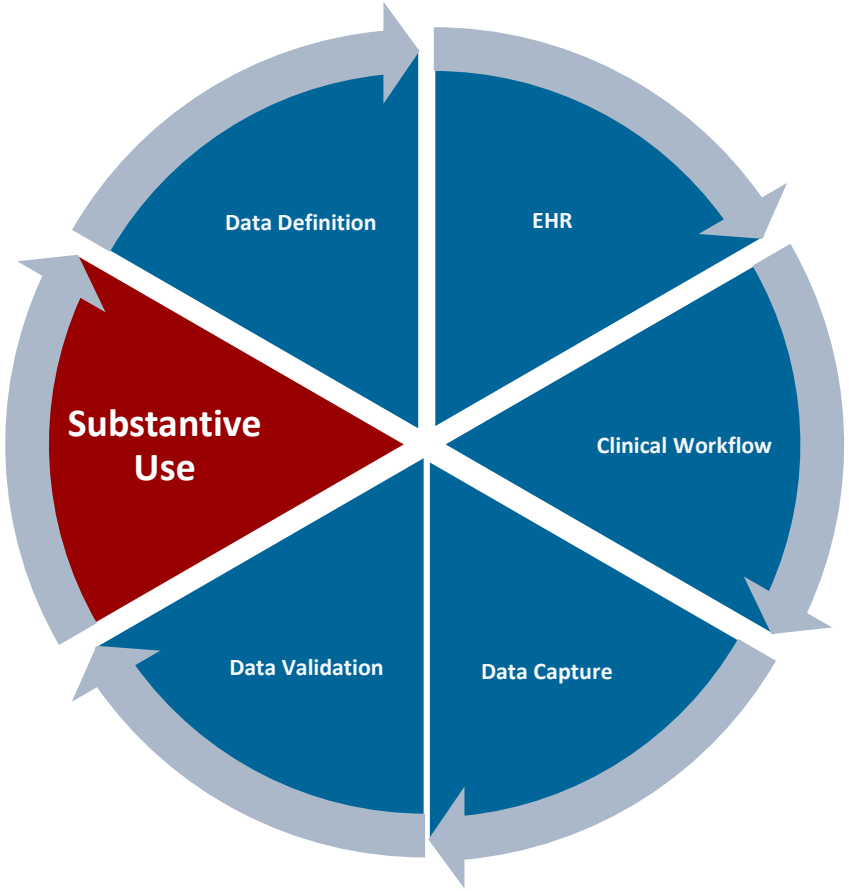
Substantive Use



The Data you are Collecting, Reporting and Using is Important and Meaningful.

- Manage patient's health and behavioral health
- Identify prevention needs of healthy patients
- Support management of patients with chronic conditions
- Supports integration of primary care and behavioral health services
- Supports improvement activities
- Also supports Public Health and Population Health activities

Questions?

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BPHC-BH TA Portal

https://bphc-ta.jbsinternational.com/

- Request TA
- Access Learning Management System (LMS) modules
- Learn more about BH TA options
  - One-on-One Coaching
  - E-learning Webinars
  - Strategies for Community Outreach
  - Virtual Site Visits to Improve Outcomes
  - Join a Community of Practice (CoP)

TA Opportunities for Health Centers

- One-on-One Coaching
- Communities of Practices (CoPs)
- Virtual Intensive T/TA
- SDoH Roundtables

Resources

- **2022 UDS Program Assistance Letter (PAL) (PDF - 675 KB)**
  An overview of updates to the CY 2022 UDS reporting
- **2022 UDS Changes Technical Assistance Webinar Recording** and **Presentation Slides** (PDF - 1 MB)
  A detailed overview of important UDS reporting changes
- **2022 UDS Manual (PDF - 3 MB)**
  UDS reporting instructions manual for CY 2022 UDS reporting
- **2022 UDS Tables** - PDF (PDF - 1 MB) and Excel (XLSX - 984 KB)
  UDS reporting tables for CY 2022 UDS reporting.

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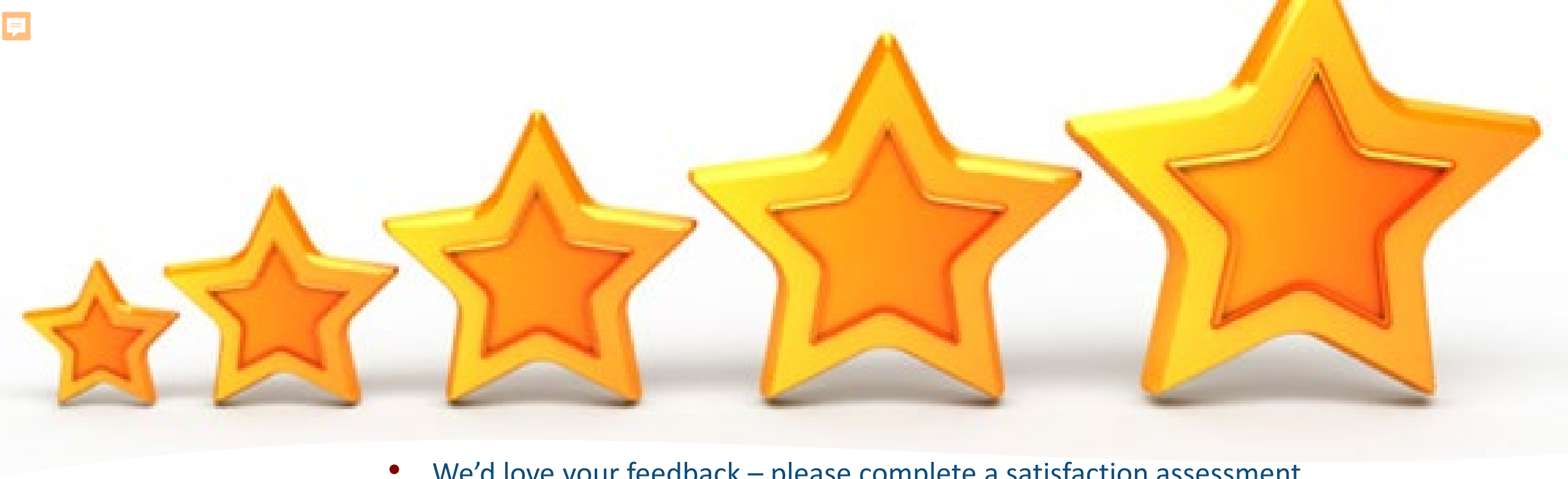

BHTA Satisfaction Assessment

- We'd love your feedback – please complete a satisfaction assessment.
  - https://survey.alchemer.com/s3/6624870/Health-Center-TA-Satisfaction-Assessment-Office-Hours-General
- Remember! – if you want to obtain CEUs for your time today, you must complete a satisfaction assessment.
- There are two ways navigate to the assessment:
  1. Follow the link provided in the chat here.
  2. You will be emailed a link from us via Alchemer, our survey platform.

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CE Revisited

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Thank You!

Please submit questions to
Amber Murray: amurray@jbsinternational.com

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