

Epic Library

Clinical Quality Measure Quick Guide: (PI/MIPS/UDS) - CMS2-Preventive Care and Screening: Screening for Clinical Depression and Follow-Up Plan

This Clinical Quality Measure (CQM) has been updated for 2020 reporting with the following changes:



A patient can be screened for depression up to 14 days prior to the qualifying encounter, in addition to during the encounter.



For more PI/MIPS information, see [CMS Objectives and Measures](#).

For more UDS information, see [2020 UDS Manual](#).

Table of Contents

- [CMS2v9: Preventive Care and Screening for Depression and Follow-up Plan](#)
- [Workflows](#)
 - [Considerations](#)
 - [Exclusions and Exceptions](#)
- [General Reporting Criteria \(PI/MIPS/UDS\)](#)
- [PI/MIPS Specific Reporting](#)
- [UDS Specific Reporting](#)
 - [UDS Report Format](#)
 - [HRSA Guidance](#)
- [UDS Report Troubleshooting](#)

CMS2v9: Preventive Care and Screening for Depression and Follow-up Plan

Measure	Percentage of patients aged 12 years and older screened for depression on the date of the encounter or 14 days prior to the date of the encounter using an age appropriate standardized depression screening tool AND if positive, a follow-up plan is documented on the date of the eligible encounter
Numerator	Patients screened for depression on the date of the encounter or up to 14 days prior to the date of the encounter using an age appropriate standardized tool AND if positive, a follow-up plan is documented on the date of the eligible encounter
Denominator	All patients aged 12 years and older at the beginning of the measurement period with at least one eligible encounter during the measurement period
Exclusions	Patients with an active diagnosis of depression or bipolar disorder are excluded

Exceptions

- Patient refuses to participate

OR

- Patient is in an urgent or emergent situation where time is of the essence and to delay treatment would jeopardize the patient's health status

OR

- Situations where the patient's functional capacity or motivation to improve may impact the accuracy of results of standardized depression assessment tools. For example: certain court-appointed cases or cases of delirium

Workflows

The measure guidance now allows for screenings to be completed up to 14 days prior to the visit via [MyChart](#).



For more information on how to send questionnaires and file the data to the patient's chart, see [MyChart; Sending Questionnaires](#) and [MyChart: File Patient Questionnaires to Flowsheets](#)

For office visits:

1. Within an encounter, access the **Screenings** or **Flowsheets** activity from the **Rooming** tab and complete a depression screening:

2. If the screening score is negative, nothing further is needed to meet the measure.

3. If the screening score is positive, complete one of the following as a follow-up:

- a. Use the SmartPhrase **.MUUDS** or **.DEPRESSIONASSESSFOLLOWUP** and choose the option for Depression Follow-up

The following were addressed in today's visit:

Depression screening: (CMS 2 Depression Screening and Follow Up: 23033)

Weight management: (BMI follow-up or exclusion: 10985)
 (WEIGHT SCREENING AND FOLLOW UP - PED (MU & UDS): 11031)
 (Fluoride varnish applied: 21763)
 (Current Medications Documentation Exception CMS-68: 21764)
 Depression screening: (CMS 2 Depression Screening and Follow Up: 23033)
 Tobacco counseling: (Tobacco counseling: 10984)
 Diabetic foot exam: (foot exam: 5761)
 Flu vaccine not given: (INFLUENZA IMMUNIZATION REASONS NOT GIVEN ADULT (MU-NQF-0041): 11041)
 Patient is on (Hospice care: 21765)
 HIV Linkage to care: (HIV LINKAGE TO CARE: 22993)

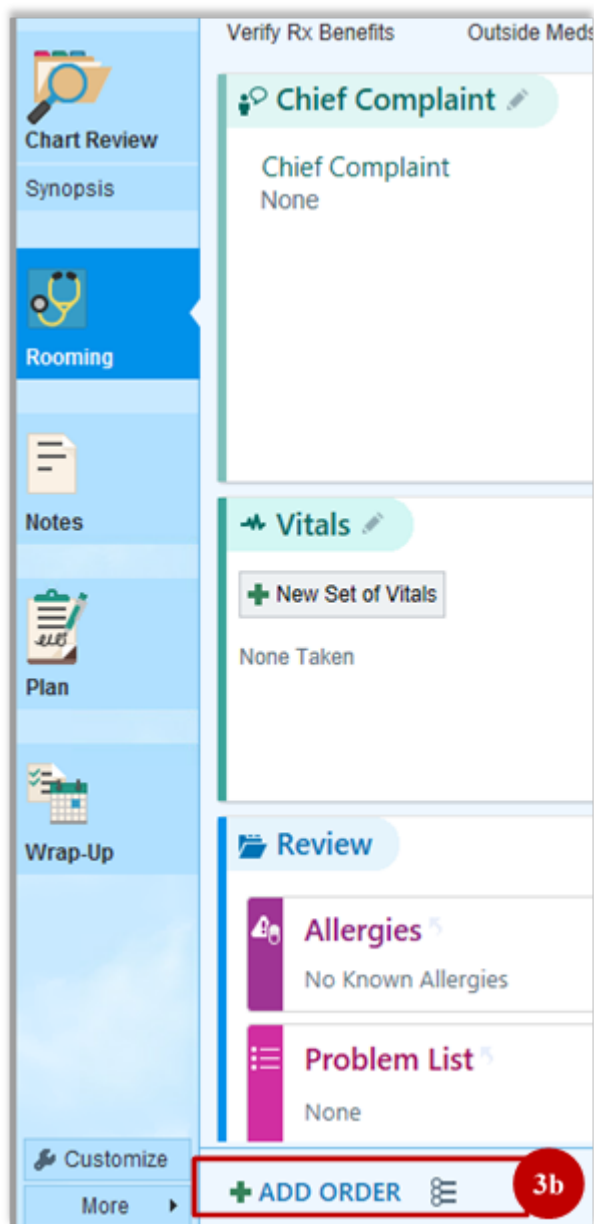
Depression screening: (CMS 2 Depression Screening and Follow Up: 23033)

(DEPRESSION FU PROVIDED (MU CMS-2): 17398)
 (DEPRESSION SCREENING NOT COMPLETED (MU CMS-2): 17396)

Depression screening: (DEPRESSION FU PROVIDED (MU CMS-2): 17398)

Counseling / education in visit
 Behavioral health referral / coordination
 Medication start or adjustment
 Assessed, no additional follow-up needed
 Additional evaluation performed

b. Place order for referral to specialist for BH services or medication via **Visit Taskbar**



Use the wrench setting to customize the order of options, and favorite frequently used functions. This is the fastest and most efficient way to meet this measure.



1. Click the **wrench** to set your most frequently used flowsheets to avoid searching for them each time.

OR

2. For common orders, click the **star** to add it as a favorite with your most frequent options defaulted in.



For more information on how to audit SmartPhrase usage see, [Auditing Smart and DotPhrase Usage](#)

Health Maintenance Considerations

As a reminder to complete the depression screening, the [Health Maintenance](#) Depression Annual Screen is available. The [health maintenance](#) contents document is also accessible in Hyperspace under the [Health Maintenance](#) activity.



- For more information on how to use Quality Measures Management to help troubleshoot issues, see [VIDEO: Quality Reporting – Quality Measures Management](#)
- For more information, see [Health Maintenance](#)

Exclusions and Exceptions

Document an exclusion or exception in one of the following ways:

1. Add a diagnosis of depression or bipolar disorder to a patient's [problem list](#) prior to a qualifying encounter.

2. Use the SmartPhrase .MUUUDS to document the reason the screening was not completed.

3. In the PHQ-2, note that the patient refused.



For more information on how to use Quality Measures Management to help troubleshoot issues, see [VIDEO: Quality Reporting – Quality Measures Management](#)



OCHIN Recommended Workflow Diagrams:

- [WORKFLOW: PI/MIPS/UDS: CMS2: Preventative Care and Screening: Screening for Clinical Depression and Follow-Up Plan](#)

General Reporting Criteria (PI/MIPS/UDS)

OCHIN reviews code set changes and will escalate questions to CMS and HRSA as needed.



For more information on which codes have been reviewed, commented on, and the final decision, see [Quality Reporting System Changes Wiki](#).

PI/MIPS Specific Reporting

PI (MU)/MIPS reporting can be accessed from the Promoting Interoperability and/or [MIPS Dashboard](#) in Epic, as well as directly from Reporting Workbench.



- For more information on running PI (MU) reports, see [COLLECTION: Quality Reporting - PI \(MU\) Reporting Support](#)
- For more information on running MIPS reports, see [COLLECTION: Quality Reporting - MIPS Reporting Support](#)



For more information, please see [eCQI Resource Center](#).

UDS Specific Reporting

To help our member health centers successfully report UDS data, OCHIN provides a number of reports on data captured in the OCHIN-hosted Epic Practice Management (PM) and Electronic Health Record (EHR) applications.

UDS reports will be released on a rolling schedule through September 2020. Once available, this report can be accessed from [Business Objects](#), in the UDS Reports 2020 folder.

- **UDS Table 6B** - UDS Table 6B - Depression Screening and Follow Up – CMS 2v9

If you are interested in reviewing the changes made to a particular report have your report writer copy down to their folder the “OCHIN Supported Reports - Stored Procedure Documentation” in [Business Objects](#). This report can be found via the following path: [Business Objects](#)> OCHIN Library> Report Documentation > Stored Procedures

folder. Running this report will show the stored procedure and the change log of any stored procedure we have. Please note the stored procedure is read in SQL.

The data pulled and displayed in these reports are for UDS reporting. While additional information may be available, the report format itself has been optimized for the UDS reporting environment.



- For more information on running UDS reports, see [Collection: Quality Reporting – UDS Reporting Support](#)
- For more information on which codes have been reviewed, commented on, and the final decision, see [Quality Reporting System Changes Wiki](#).
- For more information on report updates, see [Reporting Fixes and Regulatory Reporting Updates](#).

UDS Report Format

Section L—Depression Measures				
Line	Preventive Care and Screening: Screening for Depression and Follow-Up Plan	Total Patients Aged 12 and Older (a)	Number Charts Sampled or EHR Total (b)	Number of Patients Screened for Depression and Follow-Up Plan Documented as Appropriate (c)
21	MEASURE: Percentage of patients 12 years of age and older who were (1) screened for depression with a standardized tool <i>and</i> , if screening was positive, (2) had a follow-up plan documented			

Note: Include patients with birthdate on or before January 1, 2008.

Denominator (Universe): Columns A and B

- Patients aged 12 years and older with at least one *medical* visit during the measurement period.

Numerator: Column C

- 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*. Include in the numerator patients with negative screenings.
 - if screened positive for depression, had a follow-up plan documented on the date of the visit.
- Include in the numerator patients with a negative screening and those with a positive screening who had a follow-up plan documented.

Exclusions/Exceptions

- Denominator:
 - Patients with an active diagnosis of depression or a diagnosis of bipolar disorder.
- 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.

- Whose cognitive or functional capacity or motivation to improve may impact the accuracy of results of standardized assessment tools.

HRSA Guidance



Reading this overview is not a substitute for reading the full UDS Manual. Please see, [2020 HRSA UDS Manual](#) for more detailed information.

- Use the most recent screening results.
- The depression screening must be completed on the date of the visit or up to 14 days prior to the date of the visit and must be reviewed and addressed in the office of the provider on the date of the visit.
- If the screening result is positive, additional evaluation, assessment, referral, treatment, pharmacological intervention, or other [interventions](#) or follow-up must be addressed in the office of the provider on the date of the visit.
- Standardized depression [screening tools](#) are normalized and validated for the age appropriate patient population in which they are used and must be documented in the medical record.
- Adolescent [Screening Tools](#) (12–17 years):
 - Patient Health Questionnaire for Adolescents (PHQ-A)
 - Beck Depression Inventory – Primary Care Version (BDI-PC)
 - Mood Feeling Questionnaire (MFQ)
 - Center for Epidemiologic Studies Depression Scale (CES-D)
 - Patient Health Questionnaire (PHQ-9)
 - Pediatric Symptom Checklist (PSC-17)
 - Primary Care Evaluation of Mental Disorders (PRIME MD) – PHQ-2
- Examples of [screening tools](#) for ages 18 and older:
 - PHQ-9
 - Beck Depression Inventory (BDI or BDI-II)
 - CES-D
 - Depression Scale (DEPS)
 - Duke Anxiety-Depression Scale (DADS)
 - Geriatric Depression Scale (GDS)
 - Cornell Scale for Depression in Dementia (CSDD)
 - PRIME MD-PHQ-2
 - Hamilton Rating Scale for Depression (HAM-D)
 - Quick Inventory of Depressive Symptomatology Self-report (QID-SR)
 - Computerized Adaptive Testing Depression Inventory (CAT-DI)
 - Computerized Adaptive Diagnostic Screener (CAD-MDD)
- Perinatal [Screening Tools](#)
 - Edinburgh Postnatal Depression Scale
 - Postpartum Depression Screening Scale
 - PHQ-9
 - BDI
 - BDI-II
 - CES-D

- Zung Self-Rating Depression Scale
- Follow-up for a positive depression screening must include one or more of the following:
 - Additional evaluation or assessment 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.
- Although a Patient Health Questionnaire (PHQ-9) may follow a PHQ-2 as a new screening, if the result is positive, then a compliant follow-up plan is still required.
- Documentation of a follow-up plan “on the date of the visit” can refer to any reportable visit, not only a medical visit.

UDS Report Troubleshooting

- Patients in the Denominator whose records document that they were screened for depression with PHQ-2, PHQ-9, M3, or Edinburgh, and one of the following is true:
 - The outcome of the screening is negative.
 - The outcome of the screening is positive in one of the following ways:
 - PHQ-2: At least one of the two questions is answered with a “yes”
 - PHQ-9: The total score of all questions is ≥ 10
 - Edinburgh: The total score of all questions is ≥ 10
 - M3: The screening question is answered as Positive (In)
 - And the patient received a follow-up plan on the same day as the positive depression screening in one of the following ways:
 - Referral: A referral order is documented for depression care follow-up
 - Antidepressant prescription: A medication order is documented for antidepressants
 - Completed CSSRS
 - If question one is yes, then questions two through six must be answered
 - If question one is no, then only questions two and six must be answered
 - A behavioral health/mental health visit occurred the same day as the positive screening
 - **Note:** If there is more than one depression screening documented in the reporting period, only one screening needs follow-up in order to be included in the numerator.
- For more information on [telehealth](#) visits, please see [Table 5](#).

Uploaded by Jessie Robertson on 1/8/2019, 2/27/2019, 5/1/2019, 8/27/19, 10/8/19, 1/7/2020, 1/27/2020, 7/30/2020

» [Epic Library](#)

