



Adolescent Office Report Tool & Assessment

developed by the

Oregon Pediatric Improvement Partnership (OPIP)

Oregon Pediatric
Improvement Partnership

Introduction

The purpose of the START Adolescent Health Project Office Report Tool is to identify processes used by practices and track the implementation of processes that are related to screening for depression and substance abuse, brief interventions, referral to treatment, and referral tracking. This tool is anchored to an office report of the systems and processes that are in place and that are implemented through this quality improvement project.

For the purposes of this project, a 'practice' is defined as a single physical location (e.g. three locations administered by a single organization are considered to be three separate practices). This important distinction allows for the collection of information specific to each separate practice as it relates to office systems and processes.

How to Complete the Office Report Tool

Many of the Items in the Office Report Tool are structured in a similar manner:

- The Item – An office process on which the respondents are being asked to identify the degree to which they have implemented the process in their practice.
- Example – Unless otherwise noted, the examples are meant to further describe the Item; they are not intended to describe what a practice must do in order to respond that they use a standardized process all of the time). However, some “examples” are designated as a “**REQUIREMENTS OF A STANDARDIZED PROCESS**”, meaning that these elements MUST be present for a practice to describe its process as “standardized.”
- Responses - Most Items in the Office Report Tool ask practices to select ONE RESPONSE from the variations on the following four responses:
 - “The practice **DOES NOT**...” – The practice as a whole and providers in the practice do not perform the office process;
 - “**SOME providers** in the practice use a process.... **ONLY when there is a concern**” – Because some providers only use processes in response to concerns as they occur, there is no agreement within the practice as to a single, standardized approach for this office process (i.e. providers use different processes).
 - “The practice has a **STANDARDIZED** process.... that is used **SOME of the time**” - All providers agree to use the same office process; therefore, the process is *standardized* across the practice. *However*, the process is not used consistently by all providers.
 - “The practice has a **STANDARDIZED** process.... that is used **ALL of the time**” - All providers agree to use the same office process; therefore, the process is *standardized* across the practice. *Additionally*, the process is used consistently by all providers.

Some Items in the Office Report Tool are open-ended questions meant to collect additional detail as to how practices have implemented the specific office process.

IMPORTANT NOTE ABOUT THE TEAM APPROACH TO ANSWERING THE OFFICE REPORT TOOL

Studies have shown that office report tools can be inaccurate and unreliable if one person in the office completes the tool.

It is ***IMPERATIVE THAT THE RESPONSES ARE COMPLETED BY A PRACTICE TEAM*** to ensure consensus and shared understanding of what exists. Often the various responses lead to the most meaningful conversations and learnings about what processes do and do not exist.

- 1) Developers of office report tools recommend (at a minimum) champions at the **physician, nurse, office manager, and front-office level** review and provide input the responses.
- 2) This core team is also a helpful infrastructure for subsequent quality improvement work, as it includes champions at the various levels within the office work flow that are central to ensuring sustained change.

Name of Practice: _____

Use of Adolescent Completed Tools

1. The practice uses a standardized process by which adolescent completed self-assessments or questionnaires are collected.

Example of a standardized process for adolescent completed self-assessments – The practice has a policy regarding the setting in which specific self-assessments are completed (e.g. at all well visits, sports checks, and opportunistically at sick visits) and the periodicity at which these self-assessments are completed (e.g. annually).

- The practice DOES NOT use a standardized process by which to collect adolescent completed self-assessments
- SOME providers in the practice use *processes* with which to collect adolescent completed self-assessments ONLY when there is a concern
- The *practice* has a STANDARDIZED process to collect adolescent completed self-assessments that is used SOME of the time
- The *practice* has a STANDARDIZED process to collect adolescent completed self-assessments that is used ALL of the time

Privacy and confidentiality (AAP Mental Health Practice Readiness Assessment, YAHCS)

2. The practice ensures its adolescent patients can speak to their provider privately (meaning one on one, without a parent or other people in the room) at all well visits.

Example of a standardized process to ensure a private encounter – The practice has a policy which states that the provider and adolescent will meet privately during every well visit.

- The practice uses NO process to ensure its adolescent patients can speak to their provider privately (meaning one on one, without a parent or other people in the room) at all well visits
- SOME providers in the practice use a *process* to ensure its adolescent patients can speak to their provider privately (meaning one on one, without a parent or other people in the room) at well visits ONLY when there is a concern
- The *practice* has a STANDARDIZED process that is used SOME of the time to ensure its adolescent patients can speak to their provider privately (meaning one on one, without a parent or other people in the room) at well visits
- The *practice* has a STANDARDIZED process that is used ALL of the time to ensure its adolescent patients can speak to their provider privately (meaning one on one, without a parent or other people in the room) at *all* well visits

3. The practice uses a standardized process for explaining the rules of conditional confidentiality with the adolescent and parents.

Example of standardized process for explaining the rules of conditional confidentiality – The practice provides adolescents and their parents/ guardians with a document that informs adolescents that the contents of private encounters with providers are not shared with anyone (including their parents) without the adolescent's knowledge and permission, and informs parents that providers will not share the contents of private encounters with them without the adolescent's knowledge and permission.

- The practice uses NO process for explaining the rules of conditional confidentiality with the adolescent and parents
- SOME providers in the practice use a *process* for explaining the rules of conditional confidentiality with the adolescent and parents ONLY when there is a concern
- The *practice* has a STANDARDIZED process that is used SOME of the time for explaining the rules of conditional confidentiality with the adolescent and parents
- The *practice* has a STANDARDIZED process that is used ALL of the time for explaining the rules of conditional confidentiality with the adolescent and parents

4. The practice uses a standardized process to maintain confidentiality in documentation provided to the adolescent and parents (e.g. after visit summaries, patient portals, chart notes, etc.).

Examples of standardized processes to maintain confidentiality in *examples* of documentation – The practice does not include the contents of private encounters on the patient’s after visit summary; the practice restricts parent access to their adolescent child’s patient portal once they reach a designated age; the practice restricts access to the contents of private encounters in chart notes.

NOTE: This question is intended to assess the practice’s *overall approach* to maintaining confidentiality in its documentation, not to assess specific processes for each specific documentation method.

- The practice uses NO processes to maintain confidentiality in documentation provided to the adolescent and parents (e.g. after visit summaries, patient portals, chart notes, etc.).
 - SOME providers in the practice use *processes* to maintain confidentiality in documentation provided to the adolescent and parents (e.g. after visit summaries, patient portals, chart notes, etc.) ONLY when there is a concern
 - The *practice* has a STANDARDIZED process that is used SOME of the time to maintain confidentiality in documentation provided to the adolescent and parents (e.g. after visit summaries, patient portals, chart notes, etc.)
 - The *practice* has a STANDARDIZED process that is used ALL of the time to maintain confidentiality in documentation provided to the adolescent and parents (e.g. after visit summaries, patient portals, chart notes, etc.)
5. Please provide an example of a process the practice uses to maintain confidentiality in documentation provided to the adolescent and parents.
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Depression

Screening and Severity Measure (PCPCH 3C – Mental Health, Substance Abuse, & Developmental Services, NCQA PCMH 2011 Item 2C9, 2C7, AAP Mental Health Practice Readiness Assessment)

6. The practice uses a validated tool to screen for depression.

Specific examples of validated tools for depression screening:

- PHQ-2 (OR PHQ-A OR PHQ-9 ONLY IF the practice uses it in place of the PHQ-2 *for screening purposes only*)
 - Pediatric Symptom Checklist
 - The practice DOES NOT USE a validated tool to screen for depression
 - SOME providers in the practice use tools to screen for depression ONLY when there is a concern
 - The *practice* uses the SAME validated tool to screen for depression SOME of the time (as defined by the practice’s processes on when to conduct screening)
 - The *practice* uses the SAME validated tool to screen for depression ALL of the time (as defined by the practice’s processes on when to conduct screening)
7. Please identify the tools that the practice uses to screen for depression (*check all that apply*).
- PHQ-2
 - PHQ-A (rather than the PHQ-2 *for screening purposes only*)
 - PHQ-9 (rather than the PHQ-2 *for screening purposes only*)
 - Pediatric Symptom Checklist
 - Other (please specify) _____

8. The practice documents the results of the depression screening tool in a chart in a standardized manner.

Example of documenting in a standardized manner – The practice has a written policy that describes where providers and staff are to record data from screens and what data are to be recorded (e.g. a raw score and an interpretation of that score).

- The practice DOES NOT document the results of the depression screening tool in a chart
- SOME providers in the practice document the results of the depression screening tool in a chart ONLY when there is a concern
- The practice documents the results of the depression screening tool in a chart in a STANDARDIZED MANNER SOME of the time
- The practice documents the results of the depression screening tool in a chart in a STANDARDIZED MANNER ALL of the time

9. The practice uses a validated severity measure for depression¹.

Specific examples of severity measure for depression:

- PHQ-A
- PHQ-9
- Columbia Depression Scale
- BECKS Depression Inventory

- The practice DOES NOT USE a severity measure for depression
- SOME providers in the practice use a severity measure for depression ONLY when there is a concern
- The practice uses the SAME severity measure for depression SOME of the time when indicated by a depression screening result
- The practice uses the SAME severity measure for depression ALL of the time when indicated by a depression screening result

10. Please identify the severity measures for depression used by the practice (check all that apply).

- PHQ-A
- PHQ-9
- Columbia Depression Scale
- BECKS Depression Inventory
- Other (please specify) _____

11. The practice documents the results of a severity measure for depression in a chart in a standardized manner.

Examples of documenting in a standardized manner – The practice has a written policy that describes how providers and staff are to record data from the severity measure for depression and how data are to be recorded (e.g. results from the severity measure for depression are indicated with a raw score and an interpretation).

- The practice DOES NOT document the results of the severity measure for depression in a chart
- SOME providers in the practice document the results of the severity measure for depression in a chart ONLY when there is a concern
- The practice documents the results of the severity measure for depression in a chart in a STANDARDIZED MANNER SOME of the time
- The practice documents the results of the severity measure for depression in a chart in a STANDARDIZED MANNER ALL of the time

12. The practice uses a standardized process to address patients with a positive depression screen result (i.e. uses a severity measure for depression) and a positive result on a severity measure for depression (e.g. office treatment plan or referrals).

REQUIREMENTS OF A STANDARDIZED PROCESS – The practice 1) designates the score threshold on their validated screening tools and severity measures for depression at which follow up steps (e.g. using a severity measure for depression, developing an office treatment plan) are conducted, and 2) designates whether the treatment offered to patients following a positive result on a severity measure for depression (e.g. referral, counselling, medication, etc.) will be provided internally or externally (e.g. referral) to the practice.

- The practice uses NO process to address patients with a positive depression screen result and a positive result on a severity measure for depression (e.g. office treatment plan or referrals)
- SOME providers in the practice use a process to address patients with a positive depression screen result and a positive result on a severity measure for depression (e.g. office treatment plan or referrals) ONLY when there is a concern
- The practice has a STANDARDIZED process that is used SOME of the time to address patients with a positive depression screen result and a positive result on a severity measure for depression (e.g. office treatment plan or referrals)
- The practice has a STANDARDIZED process that is used ALL of the time to address patients with a positive depression screen result and a positive result on a severity measure for depression (e.g. office treatment plan or referrals)

Office Treatment Plans (PCPCH 3D – Comprehensive Health Assessment & Intervention, NCQA PCMH 2011 Item 2C6, AAP Mental Health Practice Readiness Assessment)

13. The practice uses a standardized approach to develop office treatment plans to address *depression*.

Examples of an office treatment plan – Providers in the practice identify treatment options based on the severity of the adolescent’s depression e.g. mild symptoms – establish non-depressive patterns of behavior, mitigate risk factors and stressors; moderate symptoms – behavior modification and psychotherapy or medication; severe symptoms – remove access to all lethal means, refer to mental health provider.

- The practice DOES NOT use a standardized approach to develop office treatment plans to address *depression*
- SOME providers in the practice develop office treatment plans to address *depression* ONLY when there is a concern
- The practice uses a STANDARDIZED approach to develop office treatment plans to address *depression* SOME of the time
- The practice uses a STANDARDIZED approach to develop office treatment plans to address *depression* ALL of the time

14. The practice maintains up-to-date contact information for referral and community based resources available to patients *experiencing depression*.

Examples of referral and community based resources for which to maintain contact information – Psychiatrists, psychologists, adolescent medicine specialists, community and school based mental health professionals, youth recreational programs, family and peer support programs, employee assistance programs, and mental health care coordinators.

- The practice DOES NOT maintain up-to-date contact information for referral and community based resources available to patients *experiencing depression*
- SOME providers in the practice maintain up-to-date contact information for referral and community based resources available to patients *experiencing depression*
- The *practice* maintains up-to-date contact information for referral and community based resources available to patients *experiencing depression* that is used SOME of the time
- The *practice* maintains up-to-date contact information for referral and community based resources available to patients *experiencing depression* that is used ALL of the time

15. The practice uses a standardized process with which to conduct referrals for eligible adolescent patients *experiencing depression*.

REQUIREMENT OF A STANDARDIZED PROCESS – Provision of information about the screening and provisional diagnosis tool results to the organization receiving the referral.

Example of standardized processes – The practice uses a single referral form to communicate information to the organization receiving the referral (e.g. reason for and urgency of the referral, relevant clinical information, general purpose of the referral, necessary follow-up communication or information).

- The practice DOES NOT use a standardized process with which to conduct referrals for eligible adolescent patients *experiencing depression*
- SOME providers in the practice use a process with which to conduct referrals for eligible adolescent patients *experiencing depression* ONLY when there is a concern
- The *practice* uses a STANDARDIZED process with which to conduct referrals for eligible adolescent patients *experiencing depression* SOME of the time
- The *practice* uses a STANDARDIZED process with which to conduct referrals for eligible adolescent patients *experiencing depression* ALL of the time

16. The practice uses systems and assigns staff roles to track the status of patient referrals *for depression*.

Examples of roles associated with referral tracking – The practice confirms the method and timing by which organizations receiving the referral will communicate back to the practice (e.g. a report), contacts organizations for updates and to receive reports if they have not been provided, and documents agreements with organizations if co-management is needed.

- The practice DOES NOT use systems nor assign staff roles to track the status of patient referrals *for depression*
- SOME providers in the practice use systems and assign staff roles to track the status of patient referrals *for depression* ONLY when there is a concern
- The *practice* uses STANDARDIZED systems and assigns staff roles SOME of the time to track the status of patient referrals *for depression*
- The *practice* uses STANDARDIZED systems and assigns staff roles ALL of the time to track the status of patient referrals *for depression*

17. The practice is able to query, sort, and view clinical data on its current patient population by subgroups, so as to identify adolescents at risk of or experiencing *depression*.

Examples of subgroups – Patient age (e.g. to identify adolescents in its active patient panel), diagnoses related to depression, treatments related to depression (e.g. medications).

- The practice *IS NOT* able to query, sort, and view clinical data on its patient subgroups, so as to identify adolescents at risk of or experiencing *depression*
- SOME providers* in the practice query, sort, and view clinical data on its patient subgroups, so as to identify adolescents at risk of or experiencing *depression* ONLY when there is a concern
- The practice uses STANDARDIZED processes to query, sort, and view clinical data on its patient subgroups, so as to identify adolescents at risk of or experiencing *depression* SOME of the time
- The practice uses STANDARDIZED processes to query, sort, and view clinical data on its patient subgroups, so as to identify adolescents at risk of or experiencing *depression* ALL of the time

18. The practice is able to query, sort, and view clinical data on its current patient population by results on *depression* screening tools and/or severity measures.

Examples of screening and severity measure results – Identify all patients in the practice with a PHQ-2 score of 3 and above; identify all patients in the practice that received a positive result on a screening or severity measure.

- The practice *IS NOT* able to query, sort, and view clinical data on its current patient population by *depression* screening tool and/or severity measure results
- SOME providers* in the practice query, sort, and view clinical data on their current patient population by *depression* screening tool and/or severity measure results ONLY when there is a concern
- The practice uses STANDARDIZED processes to query, sort, and view clinical data on its current patient population by *depression* screening tool and/or severity measure results SOME of the time
- The practice uses STANDARDIZED processes to query, sort, and view clinical data on its current patient population by *depression* screening tool and/or severity measure results ALL of the time

19. The practice is able to query, sort, and view clinical data on its current patient population by actions taken following a positive *depression* screen and/or severity measure result.

Examples of actions following a positive screen and/or severity measure result - If a office treatment plan was developed; if and where a referral was made.

- The practice *IS NOT* able to query, sort, and view clinical data on its current patient population by actions taken following a positive *depression* screen and/or severity measure result
- SOME providers* in the practice query, sort, and view clinical data on its current patient population by actions taken following a positive *depression* screen and/or severity measure result ONLY when there is a concern
- The practice uses STANDARDIZED processes to query, sort, and view clinical data on its current patient population by actions taken following a positive *depression* screen and/or severity measure result SOME of the time
- The practice uses STANDARDIZED processes to query, sort, and view clinical data on its current patient population by actions taken following a positive *depression* screen and/or severity measure result ALL of the time

Substance abuse

Screening (PCPCH 3C – Mental Health, Substance Abuse, & Developmental Services, NCQA PCMH 2011 Item 2C7)

20. The practice uses a validated tool to screen for *substance abuse*.

Example of validated tools for substance abuse screening:

○ CRAFFT

- The practice DOES NOT USE a validated tool to screen for substance abuse
- SOME providers in the practice use tools to screen for substance abuse ONLY when there is a concern
- The *practice* uses the SAME validated tool to screen for substance abuse SOME of the time (as defined by the practice's processes on when to conduct screening)
- The *practice* uses the SAME validated tool to screen for substance abuse ALL of the time (as defined by the practice's processes on when to conduct screening)

21. Please identify the validated tools the practice uses to screen for *substance abuse* (check all that apply).

CRAFFT

AUDIT

CAGE

Other (please specify) _____

22. The practice documents the results of the substance abuse screening tool in a chart in a standardized manner.

Examples of documenting in a standardized manner – The practice has a written policy that describes where providers and staff are to record data from screens and what data are to be recorded (e.g. a raw score and an interpretation of that score).

- The practice DOES NOT document the results of the substance abuse screening tool in a chart
- SOME providers in the practice document the results of the substance abuse screening tool in a chart ONLY when there is a concern
- The *practice* documents the results of the substance abuse screening tool in a chart in a STANDARDIZED MANNER SOME of the time
- The *practice* documents the results of the substance abuse screening tool in a chart in a STANDARDIZED MANNER ALL of the time

23. The practice uses standardized process to address patients with a positive substance screen result (e.g. brief interventions, treatments, referrals).

REQUIREMENTS OF A STANDARDIZED PROCESS – The practice 1) designates the score threshold on their validated substance use screening tool at which follow up steps (e.g. offering a brief intervention, referring to treatment) are conducted, and 2) designates whether brief interventions or treatments (e.g. referral, counselling, medication, etc.) for a positive substance abuse screen offered to patients will be provided internally or externally (e.g. referral) to the practice.

- The practice has NO process to address patients with a positive substance screen result
- SOME providers in the practice uses processes to offer brief interventions for patients with a positive substance screen result (e.g. brief interventions, treatments, referrals) ONLY when there is a concern
- The practice has a STANDARDIZED process that are used SOME of the time to offer brief interventions for patients with a positive substance screen result (e.g. brief interventions, treatments, referrals)
- The practice has a STANDARDIZED process that are used ALL of the time to offer brief interventions for patients with a positive substance screen result (e.g. brief interventions, treatments, referrals)

Brief intervention (PCPCH 3D – Comprehensive Health Assessment & Intervention, NCQA PCMH 2011 Item 2C6, AAP Mental Health Practice Readiness Assessment)

24. The practice uses a recognized brief intervention model to address *substance abuse*.

Example of a recognized brief intervention model – A brief negotiated interview whose purpose is to motivate behavior change by raising the subject, providing personal feedback, promoting self-efficacy, and negotiating a plan.

- The practice DOES NOT use a recognized brief intervention model to address *substance abuse*
- SOME providers in the practice use a recognized brief intervention model to address *substance abuse ONLY when there is a concern*
- The practice has STANDARDIZED the use of a recognized brief intervention model to address *substance abuse* that is used SOME of the time
- The practice has STANDARDIZED the use of a recognized brief intervention model to address *substance abuse* that is used ALL of the time

Referral & Referral Tracking (PCPCH 5E – Referral & Specialty Care Coordination, NCQA PCMH 2011 Items within Element 4 and 5, AAP Mental Health Practice Readiness Assessment)

25. The practice maintains up-to-date contact information for referral and community based resources available to patients experiencing *substance abuse issues*.

Examples of referral and community based resources for which to maintain contact information – Psychiatrists, psychologists, adolescent medicine specialists, substance abuse specialists, community and school based substance abuse professionals, youth recreational programs, treatment facilities, and family and peer support programs.

- The practice DOES NOT maintain up-to-date contact information for referral and community based resources available to patients experiencing *substance abuse issues*
- SOME providers in the practice maintain up-to-date contact information for referral and community based resources available to patients experiencing *substance abuse issues*
- The practice maintains up-to-date contact information for referral & community based resources available to patients experiencing *substance abuse issues* that is used SOME of the time
- The practice maintain up-to-date contact information for referral & community based resources available to patients experiencing *substance abuse issues* that is used ALL of the time

26. The practice uses a standardized process with which to conduct referrals for eligible adolescent patients experiencing *substance abuse issues*.

REQUIREMENT OF A STANDARDIZED PROCESS – Provision of information about the screening results to the organization receiving the referral.

Example of standardized processes – The practice uses a single referral form to communicate information to the organization receiving the referral (e.g. reason for and urgency of the referral, relevant clinical information, general purpose of the referral, necessary follow-up communication or information).

- The practice *DOES NOT* use a standardized process with which to conduct referrals for eligible adolescent patients experiencing *substance abuse issues*
 - SOME providers* in the practice use a standardized process with which to conduct referrals for eligible adolescent patients experiencing *substance abuse issues* ONLY when there is a concern
 - The *practice* uses a STANDARDIZED process with which to conduct referrals for eligible adolescent patients experiencing *substance abuse issues* SOME of the time
 - The *practice* uses a STANDARDIZED process with which to conduct referrals for eligible adolescent patients experiencing *substance abuse issues* ALL of the time
27. The practice uses systems and assigns staff roles to track the status of patient referrals *for substance abuse*.

Examples of roles associated with referral tracking – The practice confirms the method and timing by which organizations receiving the referral will communicate back to the practice (e.g. a report), contacts organizations for updates and to receive reports if they have not been provided, and documents agreements with organizations if co-management is needed. NOTE: the same person could be assigned to track referrals for both depression and substance abuse.

- The practice *DOES NOT* use systems nor assign staff roles to track the status of patient referrals *for substance abuse*
- SOME providers* in the practice use systems and assign staff roles to track the status of patient referrals *for substance abuse* ONLY when there is a concern
- The *practice* uses STANDARDIZED systems and assigns staff roles SOME of the time to track the status of patient referrals *for substance abuse*
- The *practice* uses STANDARDIZED systems and assigns staff roles ALL of the time to track the status of patient referrals *for substance abuse*

Ability to identify vulnerable sub-populations (PCPCH 5A – Population Data Management, NCQA PCMH Element 2-3, AAP Mental Health Practice Readiness Assessment)

28. The practice is able to query, sort, and view clinical data on its current patient population by subgroups, so as to identify adolescents at risk of or experiencing substance abuse issues.

Examples of subgroups – Patient age (e.g. to identify adolescents in its active patient panel), diagnoses related to substance abuse, treatments related to substance abuse (e.g. medications).

- The practice *IS NOT* able to query, sort, and view clinical data on its patient subgroups, so as to identify adolescents at risk of or experiencing *substance abuse issues*
- SOME providers* in the practice use processes to query, sort, and view clinical data on its patient subgroups, so as to identify adolescents at risk of or experiencing *substance abuse issues* ONLY when there is a concern
- The *practice* uses STANDARDIZED processes to query, sort, and view clinical data on its patient subgroups, so as to identify adolescents at risk of or experiencing *substance abuse issues* SOME of the time
- The *practice* uses STANDARDIZED processes to query, sort, and view clinical data on its patient subgroups, so as to identify adolescents at risk of or experiencing *substance abuse issues* ALL of the time

29. The practice is able to query, sort, and view clinical data on its current patient population by *substance abuse* screening tool results.

Examples of screening results – Identify all patients in the practice with an SBIRT score above a designated threshold; identify all patients in the practice that did not receive a negative result on a screening tool.

- The practice *IS NOT* able to query, sort, and view clinical data on its current patient population by *substance abuse* screening tool results
- SOME providers* in the practice query, sort, and view clinical data on their current patient population by *substance abuse* screening tool results ONLY when there is a concern
- The *practice* uses STANDARDIZED processes to query, sort, and view clinical data on its current patient population by *substance abuse* screening tool results SOME of the time
- The *practice* uses STANDARDIZED processes to query, sort, and view clinical data on its current patient population by *substance abuse* screening tool results ALL of the time

30. The practice is able to query, sort, and view clinical data on its current patient population by actions taken following a positive *substance abuse* screen result.

Examples of actions following a positive screen result - If a brief intervention was performed; what brief intervention was performed; if a follow-up plan was developed; if a referral was made and related information (e.g. the organization receiving the referral).

- The practice *IS NOT* able to query, sort, and view clinical data on its current patient population by actions taken following a *substance abuse* screen result
- SOME providers* in the practice use processes to query, sort, and view clinical data on its current patient population by actions taken following a positive *substance abuse* screen result ONLY when there is a concern
- The *practice* uses STANDARDIZED processes to query, sort, and view clinical data on its current patient population by actions taken following a positive *substance abuse* screen result SOME of the time
- The *practice* uses STANDARDIZED processes to query, sort, and view clinical data on its current patient population by actions taken following a positive *substance abuse* screen result ALL of the time

Care coordination (PCPCH 5C – Complex Care Coordination, NCQA PCMH 2011 Items within 5, AAP Mental Health Practice Readiness Assessment)

31. The practice uses a standardized process for promoting two-way communication between other practices and mental health care providers.

Examples of processes to promote two-way communication – fax back forms to request specialist feedback, telepsychiatry, participation in child psychiatry consultation networks, electronic exchange of key clinical information (e.g., problem list, medication list, allergies, diagnostic test results) between practices, providing an electronic summary of the care record to other practices.

- The practice DOES NOT use a process for promoting two-way communication between other practices and mental health care providers
- SOME providers* in the practice use a process for promoting two-way communication between other practices and mental health care providers ONLY when there is a concern
- The *practice* has a STANDARDIZED process for promoting two-way communication between other practices and mental health care providers that are used SOME of the time
- The *practice* has a STANDARDIZED process for promoting two-way communication between other practices and mental health care providers that are used ALL of the time

32. The practice uses a standardized process for facilitating the development of written care plans for substance use and depression for its adolescent patients.

Examples of activities related to developing care plans – The practice includes youth, family, school, relevant specialists, and other agencies in developing care plans; the practice establishes and documents necessary agreements and procedures with those involved in the care plans.

- The practice DOES NOT use a process for facilitating the development of written care plans for substance use and depression for its adolescent patients
- SOME providers in the practice use a process for facilitating the development of written care plans for substance use and depression for its adolescent patients ONLY when there is a concern
- The practice has a STANDARDIZED process for facilitating the development of written care plans for substance use and depression for its adolescent patients that is used SOME of the time
- The practice has a STANDARDIZED process for facilitating the development of written care plans for substance use and depression for its adolescent patients that is used ALL of the time

Quality Improvement (PCPCH 2D – Quality Improvement, NCQA PCMH Element 6, AAP Mental Health Practice Readiness Assessment)

33. The practice has a multi-disciplinary quality improvement team.

Examples of components of a multi-disciplinary quality improvement team – membership from most staff disciplines (e.g. different provider types, nurses, office staff, care coordinators, etc), family involvement.

- The practice DOES NOT have a multi-disciplinary quality improvement team
- SOME providers in the practice convene PROJECT SPECIFIC quality improvement teams ONLY when there is a concern
- The practice has a STANDING multi-disciplinary quality improvement team with stable membership that meets at IRREGULAR intervals
- The practice has a STANDING multi-disciplinary quality improvement team with stable membership that meets at REGULAR intervals

34. The practice provides resources to support a multi-disciplinary quality improvement team.

Examples of resources to support a multi-disciplinary quality improvement team – honoraria for participants, scheduling flexibility to allow participants to attend meetings.

- The practice DOES NOT provide resources to support a multi-disciplinary quality improvement team
- SOME providers in the practice provide resources to support a multi-disciplinary quality improvement team ONLY when there is a concern
- The practice provides resources to support a multi-disciplinary quality improvement team SOME of the time
- The practice provides resources to support a multi-disciplinary quality improvement team ALL of the time

35. The practice uses a formal quality improvement process.

Example of a formal quality improvement process – The practice develops a strategic plan for improvement that considers timing and integration of multiple improvement strategies, and identifies a validated quality improvement methodology (e.g. PDSA (Plan Do Study Act), Lean).

- The practice DOES NOT use a formal quality improvement process
- SOME providers in the practice use a quality improvement process ONLY when there is a concern
- The practice has a formal quality improvement process that is used SOME of the time
- The practice has a formal quality improvement process that is used ALL of the time

36. The practice establishes quality improvement goals and action plans.

Example of using quality improvement goals and action plans - The practice sets goals and acts to improve performance, based on available clinical information and available resources. The goal is for the practice to reach a desired level of achievement based on its self-identified standard of care.

- The practice DOES NOT establish quality improvement goals and action plans
- SOME providers in the practice establish PROJECT SPECIFIC quality improvement goals and action plans ONLY when there is a concern
- The practice establishes PRACTICE-WIDE quality improvement goals and action plans SOME of the time
- The practice establishes PRACTICE-WIDE quality improvement goals and action plans ALL of the time

37. The practice uses data and clinical quality measures to identify and monitor improvements to a clinical process.

Example of using data and clinical quality measures to monitor improvements – The practice identifies clinical quality measures to track as part of its quality improvement processes tracks data over time, the practice collects data on those measures at specified intervals, the practice reviews these data at specified intervals and identifies next steps based on these data.

- The practice DOES NOT use data and clinical quality measures to identify and monitor improvements to a clinical process
- SOME providers in the practice use PROJECT SPECIFIC data and clinical quality measures to identify and monitor improvements to a clinical process ONLY when there is a concern
- The practice establishes PRACTICE-WIDE data and clinical quality measures to identify and monitor improvements to a clinical process for SOME of its quality improvement activities
- The practice establishes PRACTICE-WIDE data and clinical quality measures to identify and monitor improvements to a clinical process for ALL of its quality improvement activities

38. As part of the practice’s efforts to identify and monitor improvements to a clinical process, does the practice use data and clinical quality measures related to depression and/ or substance abuse?

- No
- Yes

39. If Yes, what clinical quality measures does the practice use?

¹ Kroenke, K. & Spitzer, R.L. (2002). The PHQ-9: A new depression and diagnostic severity measure. *Psychiatric Annals*, 32, 509-521.